Letter to Editor

Transforming Faculty Evaluation in Iran's Medical Education: Challenges and Evidence-Based Solutions

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Dear Editor,

The quality of medical education in Iran's integrated system, established under the Ministry of Health and Medical Education (MOHME), is critical for producing competent graduates who directly impact public health (1). This system aims to create a seamless connection between medical education and healthcare delivery, ensuring that graduates are not only knowledgeable but also skilled in addressing the health needs of the population. Faculty performance is a cornerstone of this system, and effective evaluation is essential for identifying teaching strengths, addressing weaknesses, and enhancing educational outcomes (2,3). Regular assessments of faculty members help maintain high standards of instruction and foster a culture of continuous improvement. In Iran's context, where medical education aligns closely with healthcare delivery, robust evaluation systems are vital to ensure that teaching quality translates into professional competencies and community health improvements. Such systems not only facilitate the development of future healthcare professionals but also play a crucial role in responding to the evolving health challenges faced by the community. By prioritizing the evaluation of educational practices, the MOHME can ensure that the medical education system remains responsive and effective in producing graduates who are well-equipped to contribute to public health initiatives and improve overall health outcomes in the country.

Existing Challenges

Iran's faculty evaluation heavily relies on student questionnaires, a method criticized for subjectivity, bias, and limited reflection of learning outcomes (4,5). While these questionnaires are intended to gather feedback on teaching effectiveness, they often fall short in providing a comprehensive assessment of faculty performance. Studies in Iran, such as those conducted at Birjand and Jondishapoor Universities, highlight significant issues like personal biases, grading expectations, and superficial feedback processes, which reduce credibility and faculty engagement (6,7). For instance, students may rate faculty based on personal feelings rather than objective measures of teaching quality, leading to biased results that do not accurately reflect the educational experience. Furthermore, international research confirms that student evaluations often measure satisfaction rather than teaching effectiveness, with biases linked to factors such as class timing or student characteristics, including demographics and academic backgrounds (8,9). This reliance on subjective measures raises concerns about the validity of the evaluations and their ability to drive meaningful improvements in teaching practices.

The shift to online evaluations has further lowered participation rates, introducing sampling bias and questioning the representativeness of the results (10). With fewer students participating in these evaluations, the feedback collected may not accurately reflect the views of the entire student body, thus compromising the evaluation process. Additionally, Iran's integrated system emphasizes structural metrics, such as faculty numbers, over qualitative aspects like curriculum alignment or clinical relevance, as noted in both global and local studies (8,11). This focus on quantitative measures can overshadow the importance of assessing how well the curriculum meets the needs of students and the healthcare system. These challenges ultimately undermine the ability to improve teaching

quality and align education with health system needs. Without a more nuanced and comprehensive approach to faculty evaluation, it becomes difficult to ensure that medical education in Iran effectively prepares graduates to meet the demands of an evolving healthcare landscape.

Proposed Solutions

To address these issues, Iran's medical education system should adopt evidence-based, multidimensional evaluation models tailored to its integrated structure:

- **Outcome-based metrics**: Shift to assessing student learning outcomes (e.g., exam performance, clinical skills) to measure teaching impact objectively, as supported by global frameworks. For example, analyzing graduate success in professional settings can provide robust data (12).
- **Teaching e-portfolios:** Require faculty to maintain digital portfolios documenting teaching philosophy, activities, reflections, and evidence of impact, enabling holistic, self-directed assessments. Piloted successfully at Shahid Sadoughi University, this method promotes reflection and aligns with MOHME's promotion criteria while addressing resource limitations through digital tools (13).
- **Professional development**: Mandate continuous training through workshops and mentorship, addressing promotion challenges identified in Iranian universities. Faculty development programs can foster innovative teaching practices (14).
- **Technology and regular updates**: Use digital platforms for efficient data collection and establish committees to revise evaluation criteria, ensuring alignment with Iran's health system goals (15). For instance, technology-enhanced tools can improve participation rates. These solutions, grounded in local and global evidence, promote a dynamic, inclusive evaluation system that supports educational and health outcomes (16).

Conclusion

Transforming faculty evaluation in Iran's integrated medical education system necessitates a shift from subjective student assessments to objective, multi-source models that connect teaching to learning and health outcomes. By implementing outcome-based metrics and enhancing professional development opportunities for faculty, Iran can improve teaching quality and graduate competencies. Additionally, utilizing technology-enhanced tools will facilitate more comprehensive evaluations, incorporating diverse perspectives such as peer reviews. Collaborative engagement with stakeholders—including faculty, students, and healthcare professionals—will ensure these reforms are practical and sustainable. Ultimately, these changes will strengthen the medical education framework,

leading to a more competent healthcare workforce and better public health outcomes for the population.

Authors' Contribution
Conceptualization: Amin Beigzadeh, Sara Heydari, Zohreh Alavi.
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Writing–review & editing: Amin Beigzadeh, Sara Heydari, Zohreh Alavi.

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