

ICME 2013

ABSTRACT BOOK

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PRE CONFERENCE COURSES

ESME Course 1 – Essential Skills in Medical Education

Facilitators: Ronald M Harden, John A Dent and Patricia Mary Lilley

Date: Thursday October 3, 2013

Timings: 09:00 – 12:30 hrs,

Abstract:

The course provides an overview of current approaches to medical education. It is aimed at those new to teaching and at teachers with years of experience who would like an update on current best practice and a greater understanding of the basic principles. The course recognizes that, with appropriate help, all teachers, even those with considerable experience, can improve their skills in teaching following the course in Mauritius. On completion of an assignment relating to their own teaching, participants receive the AMEE-ESME Certificate in Medical Education which is now recognized internationally. As part of the course participants are provided with a set of resources for use during the course in Mauritius and to support them in their subsequent work as a teacher or trainer in the healthcare professions.

ESME Course 2 –Master class on Computer-enhanced Learning

Facilitators: John E Sandars

Abstract:

Effective e-learning requires a skilful alignment of learner needs, learning context, innovative instructional and assessment methods, and available technologies. This full-day workshop will enable participants to develop, deliver, and evaluate e-learning activities using educational principles and a range of creative technologies. No extensive computer experience is required. Participants should come prepared to address a specific challenge they face in their teaching activities.

Objectives:

At the conclusion of the workshop, the participant will be able to:

1. Outline the steps involved in planning and developing an e-learning course or course component
2. Describe evidence-based principles of effective learning as they relate to e-learning
3. Select among various instructional approaches (including both computer-based and blended) to develop effective learning environments
4. Apply innovative and emerging computer-based technologies to enhance learning
5. Evaluate e-learning innovations, including e-learning usability testing

PRE CONFERENCE WORKSHOPS

PCW 01: Social Accountability and Quality Assurance in Health Profession Education

Facilitators: Somaya Hosny, Fareesa Waqar

Date: Wednesday October 2, 2013

Timing: 9:00 – 12:30 hrs (coffee break 10:30-11:00 hrs)

Abstract:

Objectives:

By the end of the workshop participants are expected to be able to:

- Define social accountability in medical education
- Identify the ten areas of global consensus of social accountability
- Test the conformity of their school curricula to the ten areas of global consensus of social accountability
- Recognize the different definitions in the field of quality
- Discuss the principles of quality assurance in medical education
- Describe the dimensions, levels and guidelines of an internal quality assurance system in medical education.
- Match the ten areas of global consensus of social accountability with the standards used for conducting self evaluation

PCW 02: Scholarship and Innovation in Medical Education

Facilitators: Vernon R Curran, Rahila Yasmeen

Date: Wednesday October 2, 2013

Timings: 09:00 – 12:30 hrs (coffee break 10:30-11:00 hrs)

Abstract:

Medical educators and teachers with educational projects that can be peer reviewed and disseminated will be guided through a six step process that includes setting goals, preparation, effective methods, obtaining meaningful results, effective presentation and reflective critique. Brief presentations of the steps involved in project development will be interspersed with small group work in which participants create and discuss their project plans. Participants will be provided with a workbook to facilitate project development and discussion.

Level of workshop: Novice and intermediate.

Who should attend: Medical educators and teachers with a project or who are interested in developing an educational project that can be peer reviewed and disseminated.

Intended learning outcomes: By the end of the workshop, participants will be able to articulate what scholarship means to them and their institutions; recognize the key principles of scholarship, outline the key elements including clear goals, adequate preparation, effective methods, meaningful results, effective presentation, and reflective critique; and have a clear plan for initiating and implementing a project.

Types of activities and form of interaction proposed. The workshop will combine brief presentations that introduce the fundamental principles of developing a scholarly project in a

structured way with small group work in which participants develop their own project plans guided by an experienced facilitator and researcher.

Structured Abstract (200 words):

What will be covered: Scholarly projects are materials, products and resources developed for educational purposes that have been successfully peer-reviewed and made public for use by others. This workshop will guide participants through the process of developing projects, beginning with defining scholarship and differentiating it from scholarly teaching; writing clear goals; preparing for the project by considering pedagogy, practicality and politics; determining appropriate methods; obtaining meaningful results; presenting the project; and reflecting on the outcomes. Brief presentations on the steps will be followed by small group work in which participants create and discuss their project plans. Participants will be provided with a workbook to facilitate project development and discussion.

PCW 03: Tools for teachers' professional development

Facilitators: John A Dent, Fahad Mudassar, Usman Mahboob

Date: Wednesday October 2, 2013

Timings: 13:30 – 17:00 hrs (coffee break 15:00-15:30 hrs)

Abstract:

This interactive workshop will explore faculty issues relating to staff development for education and consider common problems and practical solutions. Established processes developed in international centres will be presented step by step,

The workshop will explore these questions relating to teachers' professional development:

What is faculty development?

Who is involved in it?

What drives faculty development?

Why are development activities required?

How can staff training be delivered?

Perceived barriers to faculty development for education will be identified. Plenary sessions will illustrate a variety of practical approaches including face-to-face and half-day presentations, accredited courses, written guides, online resources and the use of the medical school and health service committee structure to raise the profile and awareness of professional development activities.

Buzz groups will work on practical methods of implementing these ideas to answer common problems in their own institutions and will look at additional scenarios illustrating particular issues in need of tailor-made solutions.

The workshop is relevant to anyone who has responsibility for organising or contributing to staff development activities.

PCW 04: Tutor Facilitation: Right styles at the right time for the right group of students

Facilitators: Gwee Choon Eng Matthew, Rehan Ahmed Khan

Date: Wednesday October 2, 2013

Timings: 13:30 – 17:00 hrs (coffee break 15:00-15:30 hrs)

Abstract:

Traditionally, the predominant mode of delivering instruction to students is through *lectures* which focus primarily on the *teacher* (as the content provider or sage-in-centre stage) and *teaching, and not on student learning*. In this instructional paradigm, students are mainly *passive* listeners and recipients of abundant content knowledge which has already been criticised as “...*information that taxes the memory, but not the intellect.*” (GMC, UK, 1993) As a consequence, student learning is highly *teacher-dependent*, mainly *discipline-specific* (or *compartmentalised*) and often by *rote* (memorise, recall and regurgitate factual knowledge in exams!). Today, however, students must learn *beyond just lectures* alone to enhance their power of reasoning so essential to medical and health professional practice in the 21st century. It is now an *imperative* of medical and health professional education that *students* be *actively engaged* in the *teaching-learning process* to *optimise* the educational outcomes of student learning, especially in the acquisition of *higher-order* learning outcomes in the *cognitive* domain (e.g. acquisition of *intellectual* or *critical thinking* skills), and also in the acquisition of “*soft*” skills in the *attitudes* (or *affective*) domain (e.g. communication, interpersonal, and teamwork skills).

A commonly used design to *engage students actively* in the teaching-learning process is that of *collaborative learning in small groups*, a learning strategy in which ‘*all teach and all learn*’. In such a learning environment, the teacher essentially takes on the role of *facilitator*(or *tutor*) “...*to expedite the intellectual and interpersonal process for the group.*” (Gresham and Phelp, 1996). However, an important factor contributing to the success of the *group performance* and, therefore, the *educational outcomes* of student learning, is the *active engagement of students* in the group learning process. Thus teachers, as facilitators, need to acquire *facilitation skills* which will enable them to *optimise student engagement* in collaborative small group learning. In this context then, it is critical for teachers to have a *clear understanding* of the different *tutor facilitation styles* and to *know when to apply the right style* at the *right time* for the *right group* of students in order to *optimise student engagement* in the group learning process.

PCW 05: Work Place based assessment of medical teachers

Facilitator: Trevor J Gibbs, Rahila Yasmeen, Fahad Mudassar

Date: Thursday October 3, 2013

Timings: 09:00 – 12:30 hrs (coffee break 10:30-11:00 hrs)

Abstract:

The constant challenge for anyone involved with assessment procedures is to make their assessment as “*real*” as possible; real in the sense that their assessments reflect real-world activities and real in that these methods provide a true picture of how the practitioners perform during real time activities.

Much of the historical approach to assessment, involving measuring the various parameters of competency, gave by definition a false picture; real performance was judged to be a subsequent, by-proxy measurement. The introduction of workplace-based assessment (WPBA),

introduced initially into the postgraduate / specialty training arena, now goes a long way in attempting to measure real performance. As its interest and application grows, many undergraduate health professions training establishments are also using the WPBA methodology; time alone will give a picture of their predictive validity. But what of faculty development? The same observations apply; a true picture of how the faculty member performs is necessary.

This interactive and participatory workshop intends to provide an overview of some methods used in WPBA and explores how they may be applied to faculty development in the future.

PCW 06: Program Evaluation-planning and methods

Facilitators: Robert G Carroll, Gohar Wajid, Ulfat Bashir

Date: Thursday October 3, 2013

Timings: 09:00 – 12:30 hrs (coffee break 10:30-11:00 hrs)

Abstract:

Program planning and evaluation are widely discussed topics in education, with a variety of procedures and models being utilized to plan and implement educational activities. The design of effective education is a complex and dynamic process. The developed plans are frequently subject to change based on new and evolving information. Thus, there is no generic model available for successful planning of all kinds of educational programs. However, there are procedures and steps commonly employed in the systematic development of educational activities. For example, the design of instruction, the development of an annual conference program, the planning of an in-service training session for teachers, or the development of a workshop for the continuing education, will be based on a process made up of differentiated but interrelated steps. Some of these steps may include; needs assessment, development of objectives, planning activities, implementation of activities, evaluation, feedback and modification.

Health professionals are frequently involved in the planning of a component, course/module or entire curriculum. They may even be asked to evaluate a course or a curriculum. This workshop provides an opportunity to the participants to learn the basics of program planning and evaluation using a model described by Galbraith, Sisco and Guglielmina in their book “Administering Successful Programs for Adults”.

Objectives:

The participants shall be able to:

- Perform needs assessment for program planning;
- Identify stakeholders for their programs;
- Frame objectives for their program;
- Design their own programs, and;
- Perform evaluation of their programs.

PCW 07: Setting Standards in written and performance based examinations

Facilitators: Zubair Amin, KF Danish, Yawar Hayat

Date: Thursday October 3, 2013

Timings: 13:30 – 17:00 hrs (coffee break 15:00-15:30 hrs)

Abstract:

Standards are special sets of score that determine the boundary between crucial pass and fail decision. Often, the boundary is set rather arbitrarily such as '50% mark is required to pass the examination.' However, this pre-set boundary ignores many potential variations such as question difficulty, expected level of competency, and nature of the task to be performed. The objectives of this workshop are to:

- Discuss the basic principles of standard setting
- Determine the pros, cons, and suitability of norm- and criterion-referenced standards
- Practice with selected standard setting procedures for written and performance based examinations.

This will be an introductory workshop on the fundamental tenants and of standard settings. Participants are expected to work around real examples.

PCW 08: ePortfolios; A tool for deepening learning, showcasing achievements and assessing competencies

Facilitators: Mark S Morton, Saad Naeem Zafar

Date: Thursday October 3, 2013

Timings: 13:30 – 17:00 hrs (coffee break 15:00-15:30 hrs)

Abstract:

Busy people often fail to learn something deeply because they move from one learning experience to another without stopping to reflect on their learning, or without pausing to make connections between different kinds of learning. As a result, they may find that they don't retain what they have learned, or that they have difficulty transferring their knowledge to real life situations. This is true whether the busy person is an undergraduate who is juggling five different courses each term, or a professional who is working full-time while simultaneously attending a series of professional development workshops. An ePortfolio can help to resolve this issue. Simply put, an ePortfolio is an online space where learners and professionals can present, arrange, reflect on, and share digital artifacts that represent their learning. The benefits of ePortfolios are twofold. First, they deepen learning by fostering critical self-reflection and by encouraging learners to make connections between different courses, or between courses and work experience. Second, an ePortfolio can highlight an individual's educational or career achievements when he or she is applying for a promotion, new position, or admission to an academic program. Additionally, educational institutions can benefit from ePortfolios because they provide compelling and detailed evidence of accountability by showing that students or staff members have achieved targeted competencies. Over the past five years, ePortfolios have become well-established, especially in North America: in 2011, nearly 50% of all U.S. universities used ePortfolio services. Recent studies have shown that ePortfolios improve learning outcomes, pass rates, and retention.

Free Conference Workshops

CW 01: Quantitative Research in Medical Education

Date: Friday October 4, 2013

Timings: 10:30-12:30 hrs

Facilitator: Rehan Khan

Abstract:

The aim of this workshop is to introduce the participants to basic research concepts in quantitative research methods in medical education. The main questions for discussion include; what are the key research aspects in medical education, what is their significance, and how can they be aligned with the topics of interest in health professions education. For clinicians this will enable them to understand the similarities and differences in approach of quantitative research methods in clinical medicine and medical education. This workshop will generate a discussion about the basic concepts used in quantitative research methods. The intended learning outcome will understand an outline of quantitative research that participants can take, to develop and nurture ideas and questions to design and conduct a research based on quantitative research methodology

Level of workshop: Introductory

CW 02: Qualitative Research Approaches; a paradigm in medical education research

Date: Friday October 4, 2013

Timings: 13:30-15:30 hrs

Facilitators: Rahila Yasmeen, Shamsunnisa Sadia

Abstract: The recent advances in medical education research explore the qualitative research approaches and these got popularity among the researchers. The reason of this is that, the qualitative research explores the social, relational and experiential phenomena in their natural settings. Qualitative research methods can contribute to theory building and to the study of complex social issues in methods education. Qualitative research encompasses an elective group of research approaches, including case study, ethnography, grounded theory, phenomenology, narrative research, action research and mixed methods. Hence the purpose of this workshop is to introduce the participants with the fundamental principles in selection and designing of approaches in qualitative research in medical education. The outcome of the workshop is that the participants will have an understanding of developing a research question and selection of qualitative research methodology.

Level of workshop: Introductory

CW 03: ASPIRE workshop,

Date: Saturday October 5, 2013

Timings: 13:30-15:30 hrs

Facilitators: Ronald M Harden, Patricia Mary Lilley, Trevor J Gibbs and Madalena F Patricio

Abstract:

This workshop will be led by Professor Ronald Harden, Pat Lilley, Trevor Gibbs and Madalena Patricio and will look at how the ASPIRE to Excellence programme meets the need to recognize internationally excellence in education in medical schools. The ASPIRE programme has been established to go beyond the traditional accreditation process and to recognize that the education programme in a medical school can be subjected to peer review against an agreed set of standards or benchmarks that identify world-class excellence in education. The ASPIRE initiative encourages and promotes outstanding performance and excellence in education. The approach recognizes that the characteristics of excellence will vary according to local contexts. The workshop will explore the criteria schools need to meet if they wish to be recognized for excellence in one or more of the following areas:

- Assessment of students
- Student engagement in the curriculum and in the medical school
- Social responsibility and accountability as a mission of the medical school

CW 04: Appreciative Inquiry in Physiology Teaching

Date: Saturday October 5, 2013

Timings: 13:30-15:30 hrs

Facilitators: Latha Rajendra Kumar, Rakesh

Abstract:

Appreciative inquiry (AI) is a positive change methodology for bringing about change in institutions where instead of asking, “What is the problem”, it is asked, “What is working around here for you in your set-up”. Appreciative Inquiry is a qualitative approach to organizational change that begins with a discovery of the strengths of an organization in order to build on them a more positive future.

The 4 D in appreciative inquiry includes Discovery: “The best of what is”, Dreaming: “What could be”, Design: “What should be”, Delivery: “Action plan and execute”. As a unique model, I will interlink the use of appreciative inquiry into the learning styles component. Discover their own learning style, Dream what might happen when they know their learning style, Design constructive strategies to use their learning style in optimizing learning and finally helping them with planning their Destiny of what will be.

Objective: How to teach physiology well and easily would be investigated using the appreciative inquiry learning style model. By creating awareness of learning styles among the students, conducting an appreciative inquiry to look into the positive benefits of knowing one’s own learning style and ask what’s working around in the teaching-learning processes in the institution for the student that is helpful to their own learning style.

CW05: Developing and evaluating PBL scenarios.

Date: Sunday October 6, 2013

Timings: 10:30-12:30 hrs

Facilitator: Muhammad Idrees Anwar

Abstract

Problem based learning is an important tool used almost in all countries of world. The success of PBL depends upon the quality of its trigger material like scenarios. The scenario must invite genuine inquiry. It drives learners to determine what they *think* they know about the described event, what they will *need* to know in order to identify problems, and how they will investigate the problem. The design and implementation of appropriate scenarios are central to effective problem-based learning.

One of task of a medical college faculty is to develop high quality PBL scenarios but very little formal training is usually provided. This workshop the faculty will be facilitated to develop PBL scenarios that are of high quality and then self-analyze the quality of their scenarios

PLENARY SESSIONS

Plenary Session

Date: Friday October 4, 2013

Timings 8:30-10:00 hrs

Title: Scholarship in healthcare professions education – science fiction or reality?

Speaker: Ronald M Harden

Abstract:

More than at any other time we see the need for changes in healthcare professions education in response to the advances in medicine, changes in healthcare delivery, pressures from the public and government and new educational thinking and technologies. Teachers have been identified as the key role players and the catalysts and the motivators to bring about the necessary visionary changes. The scholarship of teaching and learning has been promoted but there is no clear consensus as to what is meant by ‘scholarship of teaching and learning.’ Is this simply some sort of disguised form of science fiction or is it a reality? The presentation examines the implications of the concept and the different ways in which a teacher can demonstrate scholarship. It is argued that it is teachers who in the end will change the world of health care professions education by understanding and advancing it.

Plenary Session

Date: Saturday October 5, 2013

Timings: 8:30-10:00 hrs

Speakers: Johannes A Slabbert, Athol P Kent, Lawrence T Sherman, Khalid A. Bin AbdulRahman

Title: What would constitute excellence in 21st century professional health education?

Speaker: Johannes A Slabbert

Abstract:

The Commission on the Education of Health Professionals for the 21st Century has stated that, despite groundbreaking reforms in the past, our continuing rapidly changing supercomplex world is threatening the health security of all because professional health education has not kept pace of the corresponding demanding challenges it is facing because of fragmented, outdated, and static curricula. Although there is recognition that the problem is systemic, the Commission’s report regresses into a series of fragmented issues, which, it assumes, that adding them all – referred to as integration – will constitute its required systemic conceptualisation. However, holism can never be achieved by adding – or even “integrating” - its components.

Three major challenges face the transformation in health education: It has to recognise that professional health education has to happen fundamentally in its “classroom” practices – where

education actually happens when each individual learner learns. In that sense, the essential question to be answered is what exactly it means to be a learner in the supercomplex world of the 21st Century with an unknown future – in the “classroom”. The second challenge is to determine what will constitute systemic (holistic) professional health education. The final challenge is how to ensure transformation - in each individual learner. However, for this to be accomplished, a pivotal prerequisite is required. This prerequisite is the major challenge for the transformation of professional health education for excellence.

Join me on the journey to explore the way to excellent professional health education.

Title: Medical Education Reforms in Developing Countries – the Picture 10 Years Hence

Speaker: Athol Kent

Abstract:

Background: Is the contemplation of the future of Medical Education just idle speculation? This paper will argue that far from being a worthless exercise, it is essential that medical educators gather facts and intellectually deduce the direction of developments that will dictate the needs of our students in the near future.

Summary of content: The change drivers of medical reforms in the next decade will concern:

- The ever-increasing demand for greater resource allocation to health-care
- More doctors, nurses and health-care workers
- More funds being consumed by health as a function of every country’s GDP
- Demands for higher quality-of-life standards in aging societies
- Globalisation of educational standards through the wider use of English and Evidence-Based-Medicine
- The inevitable developed/developing divide plus urban/rural discrepancies
- Political change fuelled by social media and the rising status of women
- Preventative medicine and actuarial predictions of ill-health

Directions for leadership:

Universal standards of medicine and teaching

Teaching strategies with more reliance on student learning – both personal and peer

Developed/developing collaboration for mutual benefit – staff, students and assessments

The incorporation of Information Technology

- In pre-medical school preparation
- Selection of medical students
- Flipped classrooms and preparation for teaching
- Virtual assessments at a distance with the outsourcing of marking

Conclusions: The future medical demands are becoming predictable in terms of drivers that will shape and challenge Medical Education. Leadership is crucial in reflecting on how these predictors can be addressed to the advantage of the next generation of health carers.

Title: Importance of faculty evaluation in continuing professional development and continuing medical education

Speaker: Lawrence T Sherman

Abstract:

The key to measuring the success and impact of continuing professional development (CPD) and continuing medical education (CME) is appropriate assessment of educational activities and programs. There is a structured and widely used CME/CPD measurement strategy described by Moore and colleagues in 2009 that is based on earlier work in evaluating education done by Kirkpatrick. In these models, a pyramid-shaped model of evaluation is used. In the Moore model, there are seven levels of evaluation starting with the simplistic measurement of participation. This level has, for many years, represented the highest level of measurement and thereby used as a measurement of success. In the Moore model, levels progress to satisfaction, knowledge transfer, competence change, performance change, patient-level changes, and finally population health change.

Measuring the impact of the education certainly provides a measurement of the success of the faculty members used to design, develop and deliver the educational activities and programs. Designers of the education must take time and care to develop appropriate evaluation tools and methods that utilize appropriate questions and queries. Data provided by the learners in these post-activity surveys and evaluations can provide educators with valuable information about how well the faculty were able to: address the learning objectives, address comments and questions raised by learners, and also can assess the learners' perceptions of the style and format of the faculty and their presentations.

This session will provide participants with:

- A model for objective, standardized CME/CPD evaluation
- Examples of best practices in subjective evaluation of faculty qualities
- An overview of evaluation in ongoing faculty assessment

Title: Integrating Undergraduate with Postgraduate Education: Some Thoughts from Saudi Arabia**Speaker: Khalid A. Bin AbdulRahman****Abstract:**

Background: Saudi Arabia has witnessed a fast movement in medical education. Currently, there are more than thirty medical schools in the Kingdom of Saudi Arabia, twenty four public and seven private schools. Most medical schools have accepted high school graduates with the exception of one school that has both entry system (high school and graduate entry). The undergraduate program in almost all schools lasting for seven years. The first year is the pre-medical year followed by five years of medical program, whereas the last year is the internship year. There are fifty five residency training postgraduate programs, in all general and medical subspecialties. All these programs were offered under direct control of the Saudi commission for health specialties. The general residency programs lasting for four years, whereas the fellowship subspecialty programs lasting for two to three years. The current medical education system, in Saudi Arabia, does not support the integration between undergraduate and postgraduate medical education.

Objective: This paper aiming at introducing new thoughts that enhances the integration of undergraduate student learning with postgraduate education in the Kingdom of Saudi Arabia.

Methods: Two semi-structured focused groups were undertaken during the month of October 2010. The first one with a group of senior faculty members who actively involved in both undergraduate and postgraduate education from the four main medical specialties (Medicine, Surgery, pediatrics and Obstetrics & Gynecology). The other focus group with senior medical students and residents from the four main medical specialties.

Results: The following thoughts were came up out of the two focus group sessions;1. Elective courses in the main ten medical specialties should be offered all through the five year undergraduate medical program.2. Two elective courses, four weeks each, should be offered during summer period of each year.3. Clinical elective courses should be introduced during the pre-clinical phase of the medical program.4. The first six month of the internship year should be defaulted for the main four medical specialties (six weeks each), whereas the other six should be defaulted to elective courses based on the student career choice in postgraduate programs.5. Student must be oriented to medical specialties as early as the end of first year of their medical program.6. Medical schools should be considering the Saudi heath priority needs. Furthermore, the unwanted specialties have to be presented in very attractive format to influence student career choice.7. The special needs for female practicing physicians have to be reflected in both undergraduate and postgraduate education.

Conclusions: The seven thoughts that came up out of the focus group sessions are considered to be as baseline for a promising proposal in Saudi medical education.

Recommendations: These thoughts may be translated into action, if further supporting studies are carried out with quantitative methodology. The Saudi deans committee as well as the Saudi commission for health specialties should be playing a major role in this regard.

Plenary Session

Date: Sunday October 6, 2013

Timings: 13:30-15:30 hrs

Speakers: Jan van Dalen, Madalena F Patricio, Gwee Choon Eng Matthew

Title: Communication skills training: from ego to ecosystems

Speaker: Jan van Dalen

Abstract:

Communication skills training for the health professions results in improved skills and understanding, but transfer of this learning to a next phase in the curriculum is problematic. One of the most important factors influencing transfer is the context in which the skills are learned. When we learn new information, knowledge or skills, part of the context in which we learn is stored along with the new information. Retrieval of this new information is facilitated when the context in which the new information is needed resembles the context in which it was originally learned. What does context mean for communication skills? Is it the simple 'resemblance' of the situation in which we learn? The truth is: we don't know. Communication skills are acquired following principles of learning that are valid for other skills: practice, observation and feedback, and assessment is known to influence learning.

But -unlike other skills, like measuring blood pressure- students have been communicating all their lives before they came to our schools. In the keynote address some findings will be shared that attempt to illustrate the topic of context of communication in view of how people learn. Studies of actual and desired doctor patient communication from various places in the world (Uganda, Vietnam, Indonesia) will be compared and suggestions will be given for the direction that future research should be going.

Title: Welcome to a Global World Curriculum and the Social Responsibility of a Medical School

Speaker: Madalena F Patricio

Abstract:

Medical education is going through one of the most challenging phases in its existence due to the complexity of undergoing changes demanding a continuous effort towards adaptation and consequent reforms. Globalization, new approaches to teaching, learning and assessment, a more scientific approach in education and a new vision of medical schools are among the most exigent paradigm changes.

Globalization implies new borders, new opportunities and new visions for students and professionals. It also means an international dimension of health care and more mobility for teachers, students and medical doctors. Globalization demands a more 'harmonized and transparent curricula' with a move to 'outcome based education', curricula privileging the training of the Doctor as a 'global citizen' and the 'international collaboration of medical schools'. I would call this as a move to Global World Curriculum, a curriculum grounded in the concept of more collaboration between medical schools.

Under the "traditional approach" local teachers and medical students confined themselves to a local curriculum developed in their own countries. Nowadays medical education has become more internationalised with medical schools emphasising an international approach, which implies mobility of teachers and students and a curriculum that builds on exchanges between two or more countries with mutual recognition of degrees and periods of study acquired abroad. In this context not only are students moving away from the country where they are receiving their medical qualification but teachers are internationalising as well. Therefore the concept of 'Globalization' is intrinsically linked to 'Internationalisation' being an important force in higher education and a powerful challenge and opportunity for medical schools. This new vision of medical schools implies we now witness a growing society pressure for more Social Accountability requesting 'transparent medical curricula', the definition of the 'graduate's profile', the 'implementation of accreditation' and 'international recognition of medical schools' and the 'establishment of global standards'. The initiative on the 'Global Consensus for Social Accountability of Medical Schools' (www.healthsocialaccountability.org) medical and other schools defined as "socially accountable" will represent 'a new frontier of excellence and will work within a framework of quality, equity, relevance and effectiveness to improve health system performance and enhance the health status of all'. A key area of change regards a move to 'Outcome Based Education' where what matters is the 'product' instead of the 'process'. These changes raise questions needing an answer: To what extent can it be uniformity and harmonisation across countries in Medical Education? Should this move encourage "basic

minimum standards” at the expense of “Excellence” in medical education? The future may still be uncertain and the impact of the economic crisis may still be unpredictable but one thing is certain - medical schools if they are to succeed will need to recognize and be committed to the global, international and social dimensions of medical education.

Title: Outcome-Based Course Curriculum

Speaker: Gwee Choon Eng Matthew and Dujeepa Samarasekera

Abstract

“Outcome-based education (OBE) is a performance-based approach at the cutting edge of curriculum development and offers a powerful way of changing and managing medical education.” (Harden and Laidlaw, 2012, p. 37)

Traditionally, a commonly used approach to design the medical curriculum was *input-based* in which the course *content* is determined *first* by the *content (discipline) experts* and then delivered mainly through *lectures*. Many recurrent curriculum *‘problems’* in the *past*, in particular development of the *‘silo’ mentality* and creation of the *‘pre-clinical/clinical divide*, can be attributed to the *input-based* approach in curriculum design. However, there is now *compelling evidence* and *global consensus* that the *input-based* approach to the development and design of the medical curriculum is no longer appropriate, nor is it adequate, for the educational preparation of today’s medical students to graduate as tomorrow’s doctors equipped with the professional competencies to meet the demands and challenges in healthcare needs of contemporary society and, therefore, the delivery of healthcare in the 21st century. An *outcome-based* model is now strongly advocated for the design and delivery of the 21st century undergraduate medical curriculum. The *outcome-based* approach is essentially *performance-based*: the *desired attributes* of the doctor at the *end* of the course (i.e. the *end-product capability*) is first identified through *clear statements on the intended learning outcomes* (i.e. the *professional competencies* for future practice) *in terms of the knowledge, skills and attitudes to be acquired*. Specifying the *intended learning outcomes* is, therefore, *critical* to the design of an *outcomes-based* curriculum. *Relevant course content* is then selected *closely aligned* to the specified learning outcomes. Closely matching *teaching-learning* and *assessment strategies* are then designed for effective delivery of the course content to *optimize* student learning, as well as to *shift the educational paradigm* from the *assessment of* to the *assessment for* learning.

The presentation will review the *process, issues and challenges* associated with developing an *outcome-based* medical curriculum to meet the demands of 21st century healthcare needs. RM Harden and Jennifer M Laidlaw (2012). The need for an outcome-based approach. In: Essential Skills For A Medical Teacher An introduction to teaching and learning in medicine, p. 37, Elsevier, Churchill Livingstone.

SYMPOSIUM

Symposium 1: Integration in dental curriculum

Symposium 1A

Prospective Dental Curricula, the RAKCODS Experience

Speaker: Mustehsan Rehman

Abstract:

RAKCODS launched its BDS program in 2007 adopting a curriculum characterized by discipline-based, lecture-style teaching with insufficient attention paid to the development of critical thinking/problem-solving skills.

Curricula are dynamic and vibrant, therefore subject to continuous development embracing the recent advances in research outcomes, knowledge and clinical applications of new technologies leading to graduates bearing sound knowledge and highly competent dental professionals. In spite of its infancy, RAKCODS curriculum endured several changes in the last five years bringing the education programs more towards a competency-based curriculum taken into consideration the guidelines and recommendations set up by the visiting team from the Ministry of Higher Education for dental program accreditation. It is obvious that many of the currently taught dental programs suffer a stagnant, overcrowded type of dental curriculum. Weaning the traditional, purely didactic curricula need modification into a multi-disciplinary integrated curriculum.

RAKCODS has already started the initial transitional phase towards a fully integrated dental curriculum. First year students are currently engaged in clinics in the form of small group observation sessions with emphases on infection control and ergonomics in dentistry.

However, to achieve full integration major efforts need to be put in from various involved in the whole process. Probably, development and motivation of the faculty comes on top of the list and draw the roadmap of a successful integration. Education methodology and assessment forms may compromise the rapid transformation. Majority of students are multinationals with different backgrounds of pre-university teaching methodology and unfamiliar with the recent teaching approaches. Introduction of integrated curriculum with more students interaction will enhance the learning process

Symposium 1B

Riphah Dental School Curriculum - An Experience

Speakers: Ulfat Bashir, Yawar Hayat

Abstract:

The Dental school of Riphah started in the year of 2001, when the traditional curriculum with annual system was taken as guided by the Pakistan Medical & Dental Council (PMDC), in which four year of education with one year of Internship for clinical rotations. The Riphah Dental curriculum is mix and match of the traditional four year technical subjects and few courses of

Islamic Ethical Values. The so far Dental curriculum is more focused on clinical competencies and no room for future Researchers. The traditional BDS curriculum is lacking in many subjects like, Endodontics, Paedodontics, Oral Radiology, Infection Control & Sterilization, Dental Jurisprudence, Oral Diagnosis, Occlusion, TMJ, Statistics and Research Methodology and many others. The five year Dental curriculum has been approved by Higher Education Commission of Pakistan (HEC) and recently by PMDC, and a working group has been established the curriculum to be implemented at National level by the intake admissions of 2014. Riphah has also promoted faculty development in medical education, where three of the faculty members have completed their Master in Medical education. A group of Dental Experts of various subjects is established recently to work for the feasibility of integrated curriculum at Riphah dental school. The Integrated Dental curriculum is also a new dimension in Pakistan, where a lot of work and the consensus has to be made amongst various Pakistan Universities

Symposium 1C

Creating an Integrated Dental Curriculum: the Glasgow experience

Speaker: Vincent Bissell

Abstract:

In 2002 he was appointed as Associate Dean for Dental Education (now Director of Dental Education) at the University of Glasgow, UK and re-appointed to this position in 2009. He has successfully led the development and introduction of the 2004 BDS curriculum. He was appointed to a Chair in Restorative Dentistry and Dental Education in 2011. He is Convener of the Learning and Teaching Committee for the School of Medicine

Moving from a traditional preclinical-clinical curriculum, to one where the teaching of clinical and foundational sciences is truly integrated, is a complex and resource-intensive task that requires the full ownership and commitment of the academic faculty. It cannot be achieved without a shared understanding of what the final product of the curriculum is intended to be, and central to this understanding is a clearly articulated set of learning outcomes. Learning outcomes anchor the subsequent design of content, pedagogic approaches and assessment strategy. Learning outcomes are also the key to implementing integration since, through staging of outcomes and supporting outcomes, the students' progress in the journey of attainment can be envisaged. If integration is to be achieved, and its benefits realised, early clinical experience is also crucial. Creating room in the curriculum, for earlier clinical experience, for issues of topical importance, and simply for greater flexibility, will mean letting go of some curriculum content, and this can be difficult for teachers within the disciplines. This illustrates the "cultural" change that is also required, where the focus of teaching activity, loyalty and belonging, shifts from traditional discipline areas to the curriculum itself, as an expression of the entire student learning experience. This difficult transition requires strong leadership but can bring real benefits to a school and its students.

Symposium 1D

Ensuring the development of professional competence, and its defensible demonstration, through the use of state-of-the-art triangulated assessment management.

Speaker: Luke J Dawson

Abstract

In Dental education professional competence has frequently been developed through simply measuring the amount of time served combined with the numbers of procedures completed, on the basis that ‘the more one does the better one must get’. Yet, data suggest that simply doing more does not correlate with competence, and focusing on enhancing learner performance is a better approach. However, enhancing performance requires integrated triangulated longitudinal assessment at the level of the individual tasks that is both continuous and highly contextual. In addition, there is an absolute need for appropriate and timely personalized feedback to drive changes in self-regulated learning processes. Moreover, modern concepts of professional competence require not only development in the Clinical domain, but also in the domains of: Professionalism; Management & Leadership; Communication; and Applied Knowledge & Understanding. To address this complex burden of assessment there is an absolute need to have assessment at the core of the curriculum design, as well as robust and integrated systems of curriculum and assessment management, to ensure defensible and appropriate decisions over learner development.

Symposium 2: Curriculum Innovations

Date: Friday October 4, 2013

Timings: 16:00-17:30 hrs

Symposium 2A

Curriculum Reform – Re-introducing Humanity

Speaker: Athol Kent

Abstract:

Curriculum reform has many guises, from the introduction of new educational strategies to the incorporation of recent innovations within disciplines.

But whether reforms are macro-changes like Problem-Based Learning or detailed like teaching about Microbiomes, they challenge the Medical Educational flexibility of any curriculum to keep current and sensitive to the forces which shape the communities in which doctors must serve.

For example changes in the diversity of student populations required by political transformations or gender pressures, or imperatives to Social Accountability because of community forces, or Rural to Urban population shifts that demand the re-alignment of the work force – these all will shape the curriculum and test its responsiveness.

Topics such as communication, ethics and professionalism need to be woven into the curriculum as “Golden Threads” so that initial theoretical teaching can be reinforced in the clinical disciplines where they have application. The problem is that few disciplines see these non-factual and difficult-to-examine concepts as part of their syllabus and do not formally teach or examine them.

Students must experience the “rights’ of passage” that need to be formulated by every doctor personally and take an emotional toll of young learners. How we introduce space and facilitate

conversations about reflection, prejudice, abuse, compassion and sensitivity will challenge the most innovative curriculum. How we are approaching this dilemma at the University of Cape Town, South Africa, will be the basis of this lecture.

Symposium 2B

Why and How a More Humanized Medical Curriculum

Speaker: Madalena F Patricio

Symposium 2C

Transformation from traditional to integrated spiral modular curriculum according to the local context in a private medical school in Pakistan

Speaker: Rehan Khan

Abstract:

Background: Medical Education has gradually moved to the realm of evidence based practice and it is no longer acceptable to base educational decisions on opinion, intuition and personal preference.

Pakistan has 132 medical schools. At the time of independence in 1947, the number of medical schools in Pakistan was only 7. However this number has gone up to 132 in 2013. There has been a desire to bring reforms in the medical curriculum for a long time. Efforts have been made at the level of regulatory bodies but unfortunately they did not materialize. An urgent need has been felt across the country to go beyond Flexner's recommendations in medical education. This has been mainly due to interest in medical education of the all the stake holders due to enormous increase in the number of medical schools in the country.

In the background of this scenario, the top hierarchy in Islamic International Medical College decided to change the traditional curriculum to outcome based integrated spiral modular curriculum.

Discussion

Following questions will be answered during this talk:

- How were the curricular reforms decided?
- What Innovations were done?
- Who was the curriculum change done according to the local context?
- Who implemented the change?
- How was the change managed?
- What resistance/problems were encountered?
- How was the resistance/problems managed?
- What were the potential benefits?
- What we learnt from it?

Symposium 2D

PROBLEM BASED LEARNING [PBL]- The WHAT, HOW AND WHY: our Malaysian experience

Speaker: Nor Hayati Binti Othman

Abstract

The talk starts with a personal journey on why I am passionate about PBL. I am a pathologist and joined Universiti Sains Malaysia [USM] in 1987. USM when it was established in 1979 was the only university in Malaysia which uses PBL in the curriculum. Out of frustration of not knowing the advantage of this new [then] teaching-learning method, I went to University of New Mexico [UNM] in 1995-1996 to learn everything UNM could offer on PBL. Since returning from UNM, I have been made a key facilitator in PBL workshops for my university and in Malaysia. Currently there are more than 20 public and private universities in Malaysia and most if not all have converted to PBL curriculum; adopting/adapting from our experience. Students use “triggers” or scenario to define their own learning objectives in PBL. Subsequently they do independent, self directed study before returning to the group to discuss and refine their acquired knowledge. PBL is generally introduced in the context of a defined core curriculum and integration of basic and clinical sciences. PBL is not about problem solving per se, but rather it uses appropriate problems to increase knowledge and understanding. The process involves a series of defined steps. Group learning facilitates not only the acquisition of knowledge but also several other desirable attributes, such as communication skills, teamwork, problem solving, independent responsibility for learning, sharing information, and respect for others. PBL can therefore be thought of as a small group teaching method that combines the acquisition of knowledge with the development of generic skills and attitudes. Presentation of clinical material as the stimulus for learning enables students to understand the relevance of underlying scientific knowledge and principles in clinical practice. For PBL curriculum to work, all the staff members of the institution must believe in this method of teaching-learning.

Symposium 3: Computer Assisted Learning

Date: Saturday October 5, 2013

Timings: 10:30-12:30 hrs

Symposium 3A

e-Learning: Emerging Trends and Technologies – A Systematic Review

Speaker: Saad Zafar

Abstract:

The use of technology in education has increased rapidly in the recent years. The concept of e-Learning generally encompasses all forms of educational technologies related to teaching and learning including Multimedia Learning, Computer Based Learning, Internet Based Training, and other various forms of online and offline Virtual Learning Environments. The potential benefits of e-Learning are perceived to be flexibility of time and space, innovative instructional methods and the possibility of customization of instructions according to individuals need to name a few. Over the past decade experiences and efficacy of various forms of e-Learning methods and technologies have been reported. For this purpose we have systematically reviewed the literature published in the leading e-learning and medical education journals. In this session we present the results of a systematic review and synthesis of the lessons learned along with

highlighting the major trends and technologies used in education in general and medical education in specific.

Symposium 3B

Blended Learning: Enhancing Learning Outcomes by Developing Online Learning Activities and Face-to-Face Learning Activities that Reinforce Each Other

Speaker: Mark S Morton

Abstract:

Blended Learning is a pedagogical model that blends traditional face-to-face instruction with online instruction. A 2009 meta-analysis of 46 evidence-based studies found that Blended Learning is more effective than either face-to-face instruction alone or online instruction alone. To be effective, however, a Blended Learning course must be well designed: the face-to-face components and the online components must not simply run parallel to one another, but must weave together and build upon one another. A useful metaphor for Blended Learning is the “double helix” structure that we associate with DNA: the two strands spiral around one another and are connected by frequent sideways links. To achieve this kind of integration, the instructor of a blended learning course must first adhere to a “backwards design” process that includes three steps:

1. Identify the intended learning outcomes for the course;
2. Develop learning activities that will help achieve the intended learning outcomes, ensuring that the face-to-face activities and the online activities build upon one another;
3. Develop assessments that will measure the students’ success in achieving those learning outcomes.

This initial design process must then be supplemented by a secondary process that identifies both anticipated and unanticipated instructional challenges – that is, challenges that hinder students as they work toward the intended learning outcomes. Instructional challenges can be cognitive, motivational, systemic, or even social in nature: for example, “Students have misconceptions about course content” (cognitive); “Students don’t come to class prepared” (motivational); “Students lack prerequisite knowledge for the course (systemic); “Students don’t like to engage in group work” (social). In a Blended Course, the secondary design process that addresses these instructional challenges includes three steps that complement those of the first design process:

1. Identify the instructional challenges that are hindering students;
2. Develop learning activities that will help resolve the instructional challenges, ensuring that the face-to-face activities and the online activities build upon one another;
3. Develop assessments that will measure whether the learning activities are resolving the instructional challenges.

This session will cover the following:

- The tools that are typically available in Learning Management Systems will be described and/or demonstrated;
- The difference between formative assessment and summative assessment;

- The two design processes that are described in the foregoing section will be explained in detail, with reference to the learning theories and evidence-based studies that support them;

Practical examples of each design process will be shared using templates developed by the facilitator;

Symposium 3C

Implementing a new podcast initiative for medical students

Speaker: Marietjie de Villiers; Steve Walsh

Abstract:

Background: Making podcasts of lectures available to medical students can assist them to deal with information overload. We used enhanced non-segmented podcasts with a conceptual focus for receptive viewing for our second year MB,ChB class in 2012. This presentation shares our experience in implementing a podcasting initiative within an African context as part of the Stellenbosch University Rural Medical Education Partnership Initiative (SURMEPI).

Methods: We used Camtasia Relay to record the lecturers' PowerPoint slideshow together with the audio of their lecture, recording all seven lecture blocks during 2012 and producing a total of 585 podcasts. Data was collected from the students by means of a questionnaire and a focus group to evaluate the intervention.

Results: Students played the podcasts at 1.5 times normal speed, mainly for clarifying concepts not fully understood in class. Ninety five percent of students rated the podcasts as beneficial or extremely beneficial adjuncts to lectures. When asked whether they would like all lectures to be podcasted, 98% (n=209) answered yes. A fascinating aspect of podcasting use by our students was to evaluate quality in various ways. Copyright issues were a concern to lecturers. The availability of podcasts had little impact on class attendance.

Discussion: Providing podcasts of lectures to medical students greatly assisted them in their learning. The students identified an overwhelming need for podcasts. All podcasts were thus made available online to all students and faculty and it was decided that all lectures in the programme will be podcasted. We see the podcasts as one of the foundational enablers in our efforts to facilitate transformative learning in our undergraduate curriculum.

Symposium 3D

Digital Story Telling in Clinical Teaching

Speaker: Johannes Fredricus Marais Hugo

Abstract:

At the University of Pretoria in the final 18 months of the course, students do a 7 week block in District Health. This is done in 15 different districts distributed in a large rural province (Mpumalanga) where students work in maternity, emergency unit and district clinics. Reflection is important to make the best of such learning and students do several reflection tasks during the block. Students often complain about written reflection exercises. We therefore implemented Digital Story Telling as a final reflective task.

The aim of the DST task is to allow the integration of reflection and learning at the end of the block. Students present a digital story of their experience and learning during the block in the form of 5 to 7 pictures in a PowerPoint presentation of pictures taken during the block. When students return to the campus they go through all their reflections and integrate it into a reflective digital story that is presented to the group.

Student experiences will be presented in the discussion:

During the block, students consciously think of their experiences “in pictures” to the extent that they remember the experiences and the learning of the block as pictures and not in academic terms. Some reflection happens while taking the photograph, and then it is relived when the pictures are reviewed and chosen for the presentation. DST integrates reflection tasks in that way provide an opportunity to relive and come to terms with some of the experiences.

The DST method works well in the situation where students are going out of their known environment into labour wards, emergency units, overburdened clinics and mobile clinics in rural areas.

Proper orientation is necessary. Students appreciate the conciseness, simplicity and flexibility of DST and enjoy both the preparation and presentation of the stories.

Doing the DST at the end of the block works well as a completion and rounding off of the experience.

For tutors the DST is enjoyable, time efficient and very informative as to what students really experience and learn during the block. Teachers regard DST as that part of the block that provides most job satisfaction!

Symposium 3E

E-learning for the learner: the challenge of providing learner centered education in the Age of the Internet

Speaker: John E Sandars

Abstract

The Internet offers a wide range of potential learning resources, from web sites and blogs to social networks and media sharing sites, that can be rapidly accessed anytime and anyplace by a variety of technologies, from static computers to mobile devices. Many learners already make extensive use of this ubiquitous approach to provide personalised medical education but there are concerns about the quality of the learning experience. The creation of an effective learning experience requires the skilful application of educational theory and also the development of new digital competences by both educators and learners. It has never been more important for all medical educators to carefully craft both formal and informal learning in the Age of the Internet.

This presentation will critically explore how the exciting possibilities of the Age of the Internet can be practically translated into medical education.

Symposium 4: Ethics and Professionalism

Date: Saturday October 5, 2013

Timings: 13:30-17:30 hrs (coffee break 15:30-16:00hrs)

Symposium 4A

Ethics and Professionalism: A Global Ethical Perspective

Speaker: Anis Ahmed

Abstract:

Ethics refers to a normative evaluation of a person's actions, character and behavior. Ethics has direct relevance with professional performance of not only medical doctors but professionals in all disciplines. A medical practitioner interacts with his/her patients on the basis of an unwritten contract wherein confidentiality, sympathy, assistance in relieving pain, suffering and discomfort is an obligation. Situations calling for early trauma and health management are an everyday phenomenon. On the spot professional judgment has to be made with full sense of responsibility.

This paper makes an effort to understand meaning of ethical norms and values in a pluralistic socio-cultural context. It questions origination of classical utilitarian view of consequentialism and hedonism and its realization in the capitalist individual and social ethics. It advocates possibility of global ethical values and their inculcation in the personality of medical practitioners. It also suggests ethical role of medical professionals in social upliftment.

Symposium 4B

Professionalism doesn't exist

Speaker: Jan van Dalen

Abstract:

The traditional approach to medical education has always been to address different subjects in different courses, and leaving the integration of these subjects to the clinical phase.

Gradually the disadvantages of such a reductionistic approach have surfaced and since the past half century medical curricula have experimented with various ways of integrating the content. Ethics and professionalism seem to be present in every aspect of the medical profession, and therefore should require much attention in the medical curriculum. But what are good ways of addressing these topics? And when can they best be introduced to the students? Can the teaching of ethics and professionalism be integrated? Are there components of the curriculum that lend themselves well for integration with these aspects of medical profession? Or do ethics and professionalism require specific and separate attention?

Ethics and professionalism are largely dependent on their context. Ethics and professionalism in isolation don't exist. Consequently these aspects are best taught in context of the medical profession, in a case-based approach.

In the presentation a plea will be held for teaching ethics and professionalism in context, and examples will be shared how such teaching may be organized.

Symposium 4C

Conflicts, self-regulation, and professional attributes. Using 'tree' as a metaphor for understanding the 'process of professionalism'.

Speaker: Usman Mahboob

Abstract:

Professionalism is the ability of health professionals to manage intra and interpersonal conflicts, arising during their professional duties, in the best possible manner. It is a core component of any health professional, which is delivered through formal, informal and hidden curriculum at various levels of their training. The regulatory bodies and organizations put in efforts to maintain it through self-regulation, such as 'appraisal' and introducing 'revalidation' processes in the UK.

Self-regulation, as a concept is mostly considered as improving the 'self', i.e. the internal environment. It provides a framework for doctors to behave in a professional manner. The researcher has operationally defined it as, "Self-regulation in particular to health professionals is how we regulate ourselves to treat others." Thus self-regulation is more about improving self for others. However, it offers intrinsic and extrinsic rewards in the process.

The researcher did a cross-cultural qualitative study on professionalism with main themes around professional attributes, self-regulation and conflicts. The relationship of these themes to each other was called as, 'process, or activity of professionalism'. A model for the process of professionalism was developed, which will be explained using a 'tree' as a metaphor.

Symposium 4D**Ethics and Professionalism in Medical Education****Speaker: Omar Hasan K Kasule****Abstract**

The paper discusses the model of the traditional Muslim education based on a student being with the teacher all through the waking hours and being awarded permission to teach others, *ijazah*, at the end. The system was not only about transferring knowledge but also transferred behavior and attitudes by actual observation and interaction with a mentor. The paper argues that rules and regulations relating to ethics and professionalism can be taught as a curricular subject. The attitudinal, conceptual, and behavioral dimensions of professionalism and ethics cannot be taught didactically. These can be only be taught by interaction with righteous mentors whose words, actions, attitudes, and thoughts convey righteousness, ethics, and professionalism. The challenge is to develop ethics and professionalism by adapting the traditional Muslim education system. To achieve this, medical schools will have to be selective in recruiting who teaches their students especially in the crucial clinical phase and will have to monitor those professors to make sure they fulfill their mentorship roles. The paper argues that the source of ethics is the Law itself since Islamic Law unlike secular law integrates positive law and morality in one consistent system. Paradigms and principles of the Law will have to be integrated in the medical curriculum to achieve this. The paper presents the author's 7 dimensions of professionalism that reflect basic Islamic paradigms and the Islamic world-view, *al tasawwur al islami*: 1. Faith (*iman*), 2. Consciousness (*taqwat*), 3. Best character (*ahsan al akhlaq*), 4. Excellent performance (*itqaan al 'amal*), 5. Strife toward perfection (*ihsan*), 6. Responsibility (*amanat*), and 7. Self-accountability (*muhasabat al nafs*). It argues that medical schools develop instruments to monitor and assess the performance of students on criteria 3-7 that are measurable. Finally the paper discusses 10 dimensions in medical education 1. *Ihsan* (excellent quality) 2. *Takamul* (integration), 3. *Shumuliyat* (comprehensiveness), 4. *Tawazun*

(balance), 5. *E'itidal* (equilibrium), and 6. *tadafu'u* (action-reaction) 7. *khidmat* (service), 8. *qiyadat* (leadership), 9. *Talab al 'ilm* (continuous life-long learning through study and research) and 10. *Nashr al 'ilm* (disseminating knowledge).

Symposium 4E

Publication Ethics of Medical Research: From Basic Medicine to Clinical Trials

Speaker: Kusal K.Das, Tejaswini Vallabha and Manpreet Kaur

Abstract:

Research is the pillar of knowledge, and it constitutes an integral part of progress. It is the duty of the researcher to ensure that research is conducted in an ethical and responsible manner from planning to publication.

Academic publishing depends on absolute trust although strong intellectual, financial and sometime political interests compete with this trust. Authors trust editors to select learned peer reviewers, editors trust peer reviewers to provide fair evaluation and readers put their trust in the peer-review process and believe the content is honest and readable¹.

Publication ethics is an important aspect of both the research and publication world. It is specifically a serious issue in the field of medical sciences because published data may directly influence human health. Article 30 of the latest version of the WMA Declaration of Helsinki (2008) states that "Authors, editors and publishers all have ethical obligations with regard to the publication of the results of research"². Publication standards in medical research are addressed by various editorial associations, such as the Committee on Publication Ethics (COPE)³, World Association of Medical Editors (WAME) and the International Committee of Medical Journal Editors (ICMJE)⁴. Some of the notorious publicized scandals involving scientific misconduct forced editors, publishers and ethicists to continually improve publication ethics policies. Although scientific journals have an important role in protecting research integrity, they can only deal with the publication end of the research process whereas other watchdogs in the medical research enterprise have even more important role to play like facilitate proper training in research methodology and publication ethics for basic to clinical researchers. It may be noted that some experts are having views that journals should 'critique' clinical trials but should not 'publish' them⁵.

Researchers should be aware that editors of journals that follow the ICMJE guidelines may consider more detailed description of clinical trial results and results published in registries other than the primary registry (in the case of FDAAA, ClinicalTrials.gov) to be prior publication. Researchers and authors should familiarize themselves with these principles and follows them strictly. Any potential ethical issues in research and publication should be discussed openly within the research team⁶⁻⁷.

Strong editorial processes designed to manage the problems will foster a sustainable and efficient publishing system, which will benefit academic societies, journal editors, authors, research sponsors, readers, and publishers. One should agree that ethical publications do not develop by chance but by honest input from researchers to publishers.

Symposium 4F

Teaching Professionalism: Medical Ethics and Concept of Holistic Curriculum in a Medical School.

Speaker: Muhammad Iqbal Khan, Muhammad Saeed Shafi

Abstract:

The growing interest of learning and teaching professionalism is due to its profound impact in healthcare delivery system. Professionalism is that eminence which drives a person's appearance, personal and professional interactions, and portrays others with a first impression. The greater the degree to which a person exemplifies professionalism, the easier it will be for him to be set apart from people around him. This brilliant attribute will cause his superiors to take notice. The more a person or organization displays professionalism, the more opportunities for success it will have. In order to become an outstanding doctor, we must be able to do more than treat illness and disease. We need to be acquainted with how to relate to the people around us, both patients and staff. The doctors are no more considered, persons who mere visit the patients and manage their ailments. In modern times, physicians must also be capable business people; running practices and offices in a professional manner. Teaching errands related to medical professionalism should be foremost in the minds of medical teachers. Ignorance to these facts will have momentous impact on the medical profession and dreadful consequences in the society at large scale.

Summary of the Work done: Professionalism instruction has recently been introduced in the developed world. Azad Jammu & Kashmir Medical College (AJKMC) longitudinally integrated professionalism & Biomedical Ethics instruction and assessment in all modules of Integrated Modular Curriculum. It is still missing from the medical curricula of most of the medical schools of Pakistan. The majority of the medical schools in the west that address professionalism do so during orientation, often in a "white-coat ceremony" designed to symbolize the matriculating students' induction into the medical profession; while a number of schools in the west incorporate professionalism as a component of multiple courses. Less than a third of the medical schools in the west teach professionalism in a single course or as an integrated sequence of courses. There is no comprehensive data available about how professionalism and medical ethics is being taught at different levels of under and post graduate medical education in the west.

We designed the holistic integration of medical curriculum with professionalism at each spiral of graduate programs while similar assimilation continues into post graduate residency programs.

As a part of graduate program, the study of medical ethics spreads longitudinally to five years MBBS program. In first spiral (two years) general understanding of ethics, its importance, human behavior, disease and its perception, inter- personal relationships and general conducts and behavior of medics; are being integrated in all modules from foundation module to the Neuroscience & Behavior Module. In spiral two (third year) patient- physician relationships, the ethics of clinical practice and relationship with allied specialties and patients rights are included. In 3rd spiral (4th & 5th Year) ethics of human and animal research and relationship with pharmaceutical/ allied industries; contemporary issues, ethical concerns and characteristics of physicians are being integrated in different clerkship rotations.

More detailed studies of professional ethics as a science & research subject should address how to covenant with the future research findings in ethical environment and finding best practices in professional life. All believes, faith and moralities are finely integrated to meet the requirement of particular society. Assessment of professionalism is designed in the module and Block examinations using multiple assessment tools like MCQs, SAQs/SEQs and Integrated Performance Assessment (IPA).

Summary of Results

Though it is utterly important to acquire knowledge and expertise of different medical specialties but correct understanding and application of affective domain of medical profession is foremost important. Being an important component of medicine's contract with society, professionalism is required to make informed decisions for our patients.

Certain behaviors early in medical education do correlate with unprofessional behavior during a physician's career. We must be aware about such undesirable behaviors and let our students and trainees know why we're so concerned about them. Professionalism training and assessment must be integral part of Health Professions Curriculum at under and post graduate levels. The achievement in professionalism/ medical ethics must reflect in the final transcripts bestowed to the graduates after their exit examinations.

We evaluated our professionalism curriculum through a mix method approach at the end of spiral one and result will be presented in the conference.

Take-home messages:

Medical Ethics & professionalism instruction and assessment is an integral component of medical education. It is quite possible even in a resource constrained environment, to prepare professionally upright and ethical physicians.

Keywords: Integration, Learning outcomes, professionalism, attributes, medical education, ethics, undergraduate education, post graduate education

Symposium 5: Making Pass and Fail decisions in Integrated Curriculum

Date: Sunday October 6, 2013

Timings: 8:30-10:00 hrs

Symposium 5A

Beyond Psychometrics: Ethical, Legal, and Educational Consideration in Making Pass/Fail Decision

Speaker: Zubair Amin

Abstract:

Making the pass/fail decision is perhaps the most important decision that an educator is entrusted to perform during his career. The implication of that decision can have a long-term impact on the student. Much of the discussions surrounding pass/fail decision in high-stake examinations revolve around psychometric considerations and practicalities in determining the standard that an examinee needs to attain in order to pass the examination.

The decision making process is challenging. Integrated examination, a rapidly emerging global phenomenon in medical schools, adds another layer of complexity by the very nature that the

boundary in defining examination content, subject experts, and examiners in an integrated examination is less clearly marked.

This symposium would advance and broaden the conventional narrative surrounding pass/fail decision as a purely psychometric challenge. I would argue that pass/fail decision involves other important considerations beyond psychometrics; ethical, legal, and educational considerations should feature regularly in decision making process.

Symposium 5B

Methods of setting standards for making pass/fail decision

Speaker: Azra Saeed Awan

Abstract

Assessment of medical students needs to be comprehensive, so that we should be able to assess essential knowledge and clinical skills confidently.

As medical educators it is our duty to update ourselves on best evidence based practices and evolves assessment tools to clearly declare a student pass or fail. This has become very challenging and technical especially with advent of integrated medical curriculum. A standard is a special score that serves a boundary between good and bad performers (pass or fail). Credibility of standards would vary according to who sets the standard and the characteristics of the method used. With increasing levels of integration it is not easy to apply same method to all levels of examinations. As this involves judgment therefore the teachers should be satisfactorily trained in at least standard methods as Norm referenced and Criterion reference standards.

In Norm reference standards results revolve around the performance of the group but in criterion referenced standard there are pre defined test goals and levels of skills are set for passing.

The second one requires more technical expertise as using Angoff's method , borderline group methods and many others...

Interventions such as faculty training in assessment and standardization of marking schemes according to learning objectives will definitely uplift the learning, training and outcome of medical doctors.

Symposium 5C

Setting Standards on Pass Fail Decision in Integrated Curriculum

Speaker: Khalid Farooq Danish

Abstract:

Standard setting in educational assessment has a profound impact on the students learning and achievement of educational outcomes. In traditional education the standards were preset and no deliberate attempt was made to design assessments conforming to these standards.

However standard setting is now an important part of modern assessment designing processes. In our institution, standard setting methods have been used to determine cut off points for

decision of pass/fail and to determine the difficulty level of assessments. The discussion includes the use of standard setting methods in IIMC.

Symposium 5D

Effects of Pass Fail Decision in Integrated Curriculum on student's learning; adapting the concept of 'Assessment for learning'

Speaker: Rahila Yasmeen

Abstract:

Assessment is one of the driving factors for students to learn and decisions making students pass or fail have importance towards achieving the academic standards. But, Does these decisions effect the students self efficacy and future performance? This need to explored and discuss. In order to support student learning, classroom assessment needs to involve students deeply in the assessment process, provide specific, descriptive feedback during the learning, and include evaluative feedback as required to communicate and report progress over time. This helps build a shared language that everyone can use to describe growth and learning. When students are engaged in the assessment process, they learn to self-monitor their way to success.

Symposium 6: Accreditation and Quality Assurance

Date: Sunday October 6, 2013

Timings: 10:30-12:30 hrs

Symposium 6A

Speaker: Khalid A. Bin AbdulRahman

Symposium 6B

Speaker: Gohar Wajid

Symposium 6C

Assessment of Lecturers by Medical Students; Does it improve Lecturer's delivery?

Speaker: Olusoga A Sofola

Abstract:

Part of the tenets of Medical Education is to ensure that lecturers, both pre-clinical and clinical are able to deliver quality instructions to the students in order to aid learning. Many institutions carry out yearly assessment of their lecturers and part of the assessment is quantified towards the overall score of the lecturer, under teaching quality. Many times a subjective score is awarded which may not be a true reflection of the quality of the teacher. Structured questionnaires are available for this purpose with various complexities and a form has been designed for simplicity (fig 1). The questionnaires are usually administered at the end of the semester and the responses are scored from 1 (the least) to 5 (the maximum). The total scores are collated for each lecturer. From the array of questions, the obligations of the Institution are

also highlighted from students' responses to items such as adequacy and comfort of lecture room as well as provision of audio visual materials. In addition students are also asked to add comments if they so desire. From the results, it is possible to identify the quality of the teachers that range between the extremes of very poor to excellent. Why is the exercise useful? a) it allows identification of teachers with poor knowledge and/or poor subject delivery, b) it allows early identification of new lecturers who can easily be counseled and corrected, c) it is not punitive but corrective as deficient teachers can be put through a course on teaching techniques. This last item has been shown to improve the way these lecturers teach. Hence the assessment of lecturers is recommended for medical institutions as a way to improve teaching quality and hence that of the products ie the doctors, at the end of the programme.

Symposium 6D

Quality Assurance in Higher Education

Speaker: Fareeda Khodabocus

Abstract:

Along with funding, quality assurance has become one of the major issues in higher education today. Recent years in Mauritius have witnessed the expansion of higher education, increasing private participation in provision of education and demand for new skills on the local market. These developments have raised fundamental issues such as equity, quality and relevance of higher education programmes, development of the right type of skills, research capacity and financing. The Government of Mauritius recognizes the importance of developing higher-level skills, it places high importance on knowledge driven growth and innovation for its future development which demands for a proper framework for quality assurance to safeguard standards, programme approval and articulation agreements.

This paper resumes the insights gained by implementing the University of Mauritius Quality Assurance Framework and it gives an engaged, academic reflection on how quality assurance is deployed, assessed and improved in our institution. Discussions will align with the outcome of a recent external quality audit conducted for the Institution by a panel of external assessors for Tertiary Education. It is noteworthy that Quality assurance and development issues impact on the staff, resources, administration and culture of an academic institution. Therefore we must have a good balance between institutions as creators of knowledge to provide high quality university education for increasing numbers of employers and skills authorities which will improve relationships between educational institutions and employers and provide opportunities for workplace learning. This paper will offer proposals for better focusing quality to cope with the need for expansion and increase in access for our institution.

Symposium 6E

Institutional research office: how to get the maximum benefit

Speaker: S Gurumadhva Rao

Abstract

RAK Medical & Health Sciences University (RAKMHSU) is the first comprehensive Health Science University in United Arab Emirates, initiated by His Highness Sheikh Saud Bin Saqr al Qasimi, Supreme Council Member and Ruler of Ras Al Khaimah, and, the Chancellor of the University. RAKMHSU is accredited by the Commission for Academic Accreditation (CAA) under the Ministry of Higher Education & Scientific Research.

As per the CAA guidelines, the Institutional Research Office is one of the mandatory requirements meant for quality assurance. Its main function is to get the feedback from the students and faculty with reference to the Curriculum, Teaching, Assessment, and the infrastructure facilities.

In RAKMHSU, we have made an earnest attempt not only to get the feedback twice in a semester, but also to analyse the feedback and take specific rectifying measures, thus, completing the loop.

The feedback is systematically taken through well-organized questionnaires for each of the parameters for each college. Once the feedback is collected, it was distributed to the respective Deans, who are expected to share the information with each and every faculty, and thus, preparing an Action Taken Report. Based on this Action Taken Report, specific rectifying actions are identified and implemented based on the need and the feasibility of the process. All the specific rectifying actions taken are also shared with the students.

This process was implemented with all the earnestness for the last six years because of which, the students feedback showed considerable improvement in terms of number of positive feedback vs. negative feedback. The progress for the last six years is discussed in detail with specific rating scores.

FREE PAPER ABSTRACTS – ORAL

Title Academic and non-academic challenges faced by MBBS students of Melaka Manipal Medical College (Manipal Campus) in the 5th semester clinical training

Presenter Guruprasad Rao

Author(s) Guruprasad Rao, Maya Roche, Nurul Ain Binti Zainal Abidin, Nurul Nadiah Binti Roeslan, Khairul Bariah Binti Kassim

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ABSTRACT

Background and Aims: Melaka Manipal Medical College (MMMC) conducts a twin campus MBBS program consisting of first two and half years (Phase I) of basic sciences and basic clinical training in Manipal, India and the next two and half years (Phase II) of clinical training in Melaka, Malaysia. The 5th semester in Phase I is dedicated to basic clinical training in the affiliated hospitals of Manipal University in Manipal, Karkala and Udupi. The aim of the present study was to identify the academic and non-academic challenges faced by the MBBS students of MMMC during the 5th semester clinical training.

Methods Data was gathered through a questionnaire given to MBBS students of batch 27 (n=63) who were close to completion of 5th semester.

Results: Most of the students (95%) felt that communicating with patients in the local language was a major challenge whereas 43% felt that the long bus journey to the Karkala hospital was affecting their performance during the posting. About 11% of students said that they have been infected after interacting with patients. Most students opined that the curriculum at MMMC is comprehensive (84%) and that they had sufficient time for physical activities (73%). Although 56% of students felt that the number of patients they see is adequate to gain sufficient clinical knowledge, only 49% of them study for important cases before attending the posting.

Conclusion: Major challenges faced by 5th semester students of MMMC, Manipal include the language barrier with patients, the travel distance to one of the hospitals and a small risk of contracting an infection from the patients whereas they are satisfied with the curriculum and their time management skills.

Title Peer assisted learning (pal): a method to teach and improve clinical skills

Presenter Inamullah Shah

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ABSTRACT

Objective: To assess the effectiveness of peer assisted learning in teaching and improving physical examination training of final year undergraduate medical students.

Background: Mutual learning amongst peers is a common occurrence in undergraduate students but has not been formalized in its practice. Training a large number of students by limited faculty in a restricted time necessitates adopting a novel approach to improve the performance of students in practicing physical examination skills.

Subjects and Methods: A batch of 35 final year undergraduate students was selected for this pilot study. They were asked to form five groups with one of them acting as their chosen peer trainer (PT). After providing them the necessary resources and training, the PTs were asked to teach the skill to their groups. Students were randomly evaluated at end of each session. Any mistakes or deficiencies were rectified. Students were evaluated using 5-point Likert scale questionnaire, a mini clinical examination (mini-CEX) periodically and objective structured clinical examination (OSCE) at end of their surgical rotation.

Results: On a 5 point scale, the mean of students' rating on their confidence in performing physical examination was 4.5; on the structure of sessions 4.6 and on their ability to detect clinical findings 4.2. 100% students passed end of rotation OSCE. This shows that the PAL pilot study was successful.

Conclusion: We recommend PAL as an effective tool in learning clinical skills.

Title Understanding medical professionalism in the cultural context Author Details

Presenter: Usman Mahboob

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ABSTRACT

Background: Professionalism is considered as a core competency in today's medical world and in the Scottish Doctors model. The lack of an agreed definition makes its teaching and assessment difficult to integrate it into the curriculum. The topic has been defined by multiple organizations and individuals from some very simple definitions to range of principles, domains and dimensions. All these definitions considered multiple criteria which were further tested in a survey but the study failed to identify the reasoning behind the cultural differences in prioritizing the criteria for professionalism.

Methodology: This study used qualitative multiple case studies by applying an interpretive approach. Faculty members from three Scottish and three Pakistani medical schools were interviewed. We had focus group discussions with group of 7-9 medical students from each of these six medical schools. The data was analysed using a thematic analysis to identify the reasons for differences in approaches towards professionalism across two varied cultures.

Results: The results were broadly divided into the themes of attributes of a professional doctor, their approach towards their patients, colleagues and other health care professionals, their working in teams, self-regulation, their role in the society and within their families, dealing with ethical dilemmas and legally difficult situations, and resolving the conflicting situations at their work place.

Conclusions: The variance in understanding of professionalism was mainly due to working of the health professionals in two different healthcare systems. The cultural differences between the two countries were reflected in the healthcare systems.

Title of Study Clinical decision making' as a separate course for undergraduate medical graduates – our experience at rak college of medical sciences

Presenter Kannan Murugesan

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ABSTRACT

Background and Aim: Evidence based medicine (EBM) is required to be practiced by all clinicians of the present and future. We felt that our medical graduates should be strong followers of evidence based practice (EBP) to make clinical decisions

Methods: To achieve this outcome, “Clinical Decision Making” (CDM) course was designed and implemented from the second to final year at our medical school with 2 modules of CDM 1 and 2 with total 5 credits

CDM 1 allows students to understand the concept of EBM and helps them to learn about basic concepts of biostatistics, analysis and critique of research findings, medical laws and ethics. They also acquire skills of writing structured summaries of evidence during this module.

CDM 2 is a practical module, wherein the students formulate evidence based practice guidelines for diagnostic and management of clinical scenarios and actual patient problems in the hospital. This process happens during three years of clinical clerkship. Assessment is done.

Results: CDM course is followed in our institute since 2007 and our students use it to enable themselves to be confident physicians. The feedback from the students about this course is very positive. We hope that this will make them truly evidence based in their clinical decision making and thereby help in better care of the patients and the community.

Conclusion: CDM course in medical curriculum paves the way for medical students to learn, understand and follow EBP and also stimulates their scientific curiosity and confidence to be successful future physicians.

Title Computer-assisted learning, in Medical Education – Wings and shackles

Presenter Nabila Naser

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ABSTRACT

Introduction: Computer assisted learning (CAL) is an innovative approach to teaching and learning which uses computer technology as an aid to present, reinforce and assess material to be learned. It has a substantial interactive element to it.

CAL, as a method of teaching has been used in many subjects at the level of secondary education as an alternative to traditional teaching methods. In recent time, it has been included as a teaching –learning methodology for undergraduate medical education and has been acknowledged, rapidly, worldwide as an enhancer of learning process in medical education.

Though being widely used in many medical schools across the world, there have been problems in the effective implementation of CAL technologies into courses that follow traditional teaching methods.

Aim: The purpose of this literature review is to search the scientific literature to ascertain the reasons behind the lags in implementation of CAL technologies into traditional courses despite the accepted favorable outcomes in learning.

Method and Conclusion: Pubmed and other research repositories were searched for relevant texts, using the key words: Computer-assisted learning, undergraduate programs, and medical education. The research studies were reviewed and the hurdles in implementation were identified (Shackles) inspite of the value and benefits (Wings) it offers for better student learning during undergraduate medical education.

Title Perception, practices towards research and predictors of research career among Health Sciences University students : A cross-sectional study

Presenter Manal Sami

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ABSTRACT

Background: Published studies has documented about residents preferring to engage in other scholarly activities as compared to research. Furthermore, there has been a significant movement towards providing medical students with early research experience within the medical school curriculum.

Aim & Objectives:

1. To analyze as why do students choose to be involved in research.
2. To study what are the barriers to successful participation in research.
3. To analyze if students are adequately exposed to research methodology and research opportunities.

Material & methods: The questionnaire consisted of demographic details & closed-ended questions addressed to report the experience and attitudes of RAK University students were administered.

Results & conclusions: 32% mentioned that they have primary interest in research. 58% had been interested in scoring for a "competitive" professional course **61%** wish to involve in research as to facilitate admission to higher professional colleges, 52% of them wish to involve in research for fame and get prizes. 57% wish to involve in research because friends are participating 45% stated that research should not be an important criteria for acceptance to higher education .64% mentioned that mandatory research time should be set in curriculum.76% stated that adequate time in the University to pursue research was not there. 69% needs adequate training in research methodology in the University.

Title Lecture Handout Methodology an Instructional Tool in Undergraduate Medical Education

Presenter N.Hepzibah Kirubamani

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ABSTRACT

Lectures are now delivered through a number of innovative ways. In medical education, changes have occurred in planning and delivering lectures. Handouts are used as instructional tools, but little research has been done.

Aim of the study: To determine student's perceptions about lecture handouts, its effectiveness and students expectation.

Method : A study was conducted among the final year medical students (n=95) of Saveetha Medical college handouts provided to them just before lecture, so that students could have a better understanding, recollection of the subject and clinical scenario exercises. Evaluations of the handouts were based on a questionnaire containing tabulated and Liker scale analysis.

Results: Handout design revealed that 81.1% had perception about handout, 89.9% students expressed that, contents and clarity were adequate, 94% of them expressed that clinical scenarios exercise gave mental exercise.

Handout effectiveness revealed that understanding, recollection of the subject and clinical scenario exercise were 87 % and the methodology was rated at 92%

Understandability of the students, revealed that subject was made easy for 98%, lateral thinking initiation in 89%. Ninety four percent of students expressed it a useful supplement during revision. Clinical scenario exercise might be useful in realty was expressed by 98%.

Student's expectation: 94% welcomed lecture hand outs

Conclusion: Handouts made the lectures portable and enduring and lead to improved recall of information. Feedback proves the positive effectiveness and expectation. Handout proves to be an effective learning tool.

Title Using Psycho-education Strategies to Build Resilience and Enhance Clinical Learning: An Action Research Project.

Presenter Samantha McLeod

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ABSTRACT

Participants: Six final year undergraduate Physiotherapy students from two Australian Universities. Design & Intervention: The capacity to thrive, bounce back, or be resilient, has been shown to impact positively on learning performance and workplace transitioning. Students attended four 1.5 hour action research sessions, led by a clinical health psychologist who applied cognitive behavioural therapy, as well as positive and performance psychology principles to enhance resilience and learning performance. Students; 1) identified specific clinical learning challenges; 2) selected resilience-based strategies that were then 3) trialed, and evaluated, for the impact on their resilience and clinical learning performance.

Outcome measures: Each session was audio-recorded and transcribed. Thematic analysis and coding (by 2 researchers) was conducted on the action research group data, as well as diary

notes from each student-containing their trialed resilience strategies and the impact on their resilience and learning performance.

Results: Over the 4 sessions, challenges or 'problems', which were viewed to be outside of the students' control (and causing poor thinking capacity, anxiety, lack of confidence and frustration), were progressively perceived as manageable, normal, or at least expected elements of their clinical learning environments.

Conclusion: Psycho-educative interventions may be a useful adjunct to clinical education curricula because they can assist students to become more resilient and improve their transition to and performance in clinical workplace learning.

Title Application of In-Situ High-fidelity Simulation for Resuscitation Teamwork Training during Simulated Cardiac Arrests

Presenter Chih-Wei Yang

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ABSTRACT

Background and Aims: Survival from cardiac arrests depends mainly on the effectiveness of resuscitation performance. However, performance of resuscitation team is suboptimal, especially in general wards. This study is to demonstrate the effectiveness of in-situ high-fidelity simulation (HFS) for resuscitation teamwork training in general wards.

Methods: This is a before-and-after study design. Medical staffs in 13 general wards of National Taiwan University Hospital were all invited to attend the training courses. Trainees were grouped into 4-5 persons for each HFS session (simulated cardiac arrest in a general ward). Each session lasted 10 minutes, followed by video-assisted debriefing. One month later, a second HFS session was arranged for each group. Assessments for each trainee, including 10-point-scale self-efficacy questionnaires (Score S) and 10-point-scale teamwork global self-ratings (Score T), were used in both HFS sessions. Checklists of simulated performance (Score C) using 10-point scale were used to evaluate group performance during simulation sessions.

Results: During May 2012 to March 2013, totally 140 medical staffs (30 groups) were included for training courses and assessments. Assessments for each trainee improved significantly after in-situ HFS training (Score S 3.88 to 7.72 ($p < 0.001$), and Score T 5.05 to 7.18 ($p < 0.001$)). Resuscitation performance for each group during simulation also improved significantly (Score C 4.03 to 7.96 ($p < 0.001$)).

Conclusions: Application of in-situ HFS for resuscitation teamwork training is an effective modality in improving not only self-efficacy and teamwork self-ratings, but also group resuscitation performance.

Title Workplace based assessments- results of a survey of east of England anaesthetic trainees

Presenter Lucy Pearmain

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ABSTRACT

Background and Aims: UK medical training has transitioned from a time served apprenticeship model to that of competency based training. A 48-hour working week has also diminished time for training. Workplace based assessments (WBAs) present an opportunity to link teaching, learning and assessment. This may present difficulties for learners and trainers.

Methods: We sent an anonymous survey to all anaesthetic trainees (CT1 to ST6) within the East of England Deanery. Our objectives were; ascertain delivery of structured training, feedback regarding the trainees and trainers' use of WBAs.

Results: We received 50 completed surveys, a response rate of 25%. 64% of trainees, received training in a structured modularised manner. 50% of respondents were unable to complete required WBAs within the allocated module time. Contributing reasons included lack of supervised lists, on-call commitments and unwillingness of potential assessors. Technical difficulties and trainers poor completion of electronic WBA may explain why most trainees use solely paper (33%) or a mixture of paper and electronic (37%) based assessments. Trainees questioned the utility and learning opportunity presented by WBA and the continued variation in trainers approach to WBA.

Conclusions: Trainees face difficulties and struggle to accept WBAs as integral to their learning. Further alignment of local deanery and College WBAs requirements may lessen trainee confusion. Improved e-portfolio user friendliness and mechanisms to aid trainer completion of documentation is required. Trainees and trainers require ongoing education for the correct utilisation of WBA; emphasising reflection, delivery of developmental feedback and identification of future learning opportunities.

Title Quizzes to assess learning in Pathology at RAK Medical & Health Sciences University

Presenter Ibrahim Hachim

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ABSTRACT

Background: A quiz as a part of assessment can be used as an indicator of students' involvement and interest. Studies strongly support to use mini-examinations/quizzes as a tool to encourage and monitor students' progress.

Aim & Objectives: To analyze the attitudes and perception of RAK Medical & health Sciences university students towards quizzes as a part of assessment.

Material & methods: A quiz comprising multiple choice questions pertaining to objectives from the curriculum was administered during the first 15 min of class session.

Results & Conclusions: 87% of the students felt that the quiz in pathology as a part of assessment were necessary. 14% mentioned that the topics were too many to study for the quiz. 79% agreed that they studied only from lecture for the quiz. 24 % of them only read text books for the quiz while 14% referred other resources like internet /journals/other MCQ books

as they feel that it is of a great help in their learning .27% of the students feel that restricted response essay and Long essay type questions should be included in the quiz. 19% felt that with some more Improvements like adding video's can make the quizzes in pathology more informative and enjoyable.. 87% Students had positive perceptions and they feel that more faculty members should adopt quizzes as an assessment tool.

Title Educational Objectives Of International Medical Electives - A Systematic Literature Review

Presenter William Cherniak

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ABSTRACT

Purpose: Nearly Every North American Medical School Allows Their Students To Engage In International Medical Electives [IMEs]. In Spite Of The Growing Number Of Medical Students Participating In IMEs, Institutions Do Not Necessarily Provide Them With Any Curriculum Or Set Of Educational Objectives.

Methods: A Literature Review Was Conducted For Institutional IMEs Curriculum. Educational Objectives Were Collected And Sorted Into Pre-Determined Categories Of Pre-Elective, Intra- Elective And Post- Elective.

Results: From The Initial Search Strategy 247 Articles Were Returned. After Title And ABSTRACT Review, Eight Articles Were Selected For Full Text Review And Data Collection. Although Few Institutional Experiences Were Described, A Total Of 28 Educational Objectives For IMEs Were Identified. Five Pre- Elective Objectives Were Recognized; Only Cultural Awareness Was Listed By More Than One Article. Eighteen Intra- Elective Objectives Were Found, With Highest Consensus Between Institutions For Students Participating In Clinical Work, Understanding Different Health Care Systems And Understanding Cultural Differences In Treating Patients (75%). Five Post- Elective Objectives Were Identified. Reflecting On Experiences Through A Written Project Was The Most Accepted At 87.5%.

Conclusions: While The Majority Of North American Medical Schools Allow Their Students To Engage In IMEs, This Review Demonstrates That There Is Minimal Published Data As To How They Should Be Structured. Yet, Some Commonalities Did Exist. These Commonalities Can Be Used A Framework Upon Which Institutions Can Build Their Own Curriculums, Ultimately Helping To Ensure That Their Students Have A Meaningful Learning Experience While Abroad.

Title Evaluation Of Teaching Methods Of Human Gross Anatomy Among Medical Students, Interns And Residents In King Fahad Medical City Ksa

Presenter Mostafa Kandil Soliman

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ABSTRACT

Background: Due to the recent advances in medical education which led to reduction of the time allotted for basic medical sciences, new medical schools have to stop the use of cadavers in teaching practical anatomy. In the faculty of medicine, King Fahd medical city in Riyadh, Saudi Arabia a hybrid of problem based learning (PBL) and traditional learning is used. Anatomy is included in the basic medical teaching theoretically and practically

Objectives: This study was designed to evaluate teaching methods of gross anatomy to discover best way for integrating anatomical and clinical training

Method: This study was conducted on 159 male and female students, interns and residents. A structured questionnaire was submitted and data was analyzed.

Results: The students and resident doctors showed a preference for plastic models and plastinated samples on the practical side. Lectures and references statistically significant higher to increase the knowledge; seminars and lectures increase interaction between professors and students. Interns showed no significant difference between the practical methods in all the elements, but with resident doctors have significantly preference of seminars.

Conclusion: Students valued using plastic models and plastinated samples in practical sessions. Seminars and lectures were preferred by majority of postgraduates. To integrate anatomy and clinical teaching we recommend introducing virtual dissecting tables, using portable sonar and teaching living anatomy on simulated patients.

Title Assessment In The Clinical Phase Of An Outcome-Based Curriculum

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ABSTRACT

Background: The medical school at our university adopted outcome-based curriculum in 2008. The new curriculum consists of three phases; phase I which provides a basic science foundation, phase ii which is organ system-based and phase iii which is based on clinical clerkships. The curriculum is based on 'presentations', is integrated, and provides early clinical exposure. A new assessment system has been designed for phase iii. A challenge has been to align it with the broad ranging objectives including horizontal and vertical integration, while at the same time conforming to the principles of sound assessment.

Summary of the programme: A programme that is congruent with the learning objectives and based on continuous assessment of students was designed. A major feature of it was being both formative and summative. Tools selected for continuous assessment were mini-CEX, observed long cases, CBD, KFQS, MEQS, seminar presentations, case write-ups, and procedural skills. Integration was attempted in a staged manner by creating 3 blocks of similar specialties in the junior and senior clerkships and one final integrated examination. This consisted of MCQS, SAQS, and clinical examinations. The 'final grade' is heavily weighted towards phase iii but has a contribution from phases I and II.

Several challenges are faced in the implementation of this new assessment programme such as demand on faculty time, faulty training, and perception of students of the fairness of some of the assessment tools.

Title Perceptions Of Medical Student Selection – Analysis Of Key Stakeholders’ Attitudes And Perceptions Of Student Selection Processes

Presenter Jeffrey Brown

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ABSTRACT

While tests used for the selection of medical students continue to be scrutinized in regards to their suitability, validity and reliability, an examination of how those directly involved in the selection process perceive such tests has yet to be explored. The aim of this study is to investigate how key stakeholders (applicants, medical students, and doctors) perceive the validity of the tests used to select medical students and to identify factors that influence perceived validity. Surveys completed by 658 participants (applicants to medical school (n = 393), current medical students (n = 202), and doctors (n = 63)) provided data on perceptions to current selection tests (academic achievement, high school or university grades), measures of cognitive ability, and interviews. One-way anovas compared differences between groups. Perceived validity was assessed with correlations and regression analyses. Tests of cognitive ability were seen as the least valid and interviews as the most valid by all groups. Perceived validity was predicted by the extent participants thought the tests were susceptible to bias, by the type of skills they thought doctors required, and demographic factors. Stakeholders’ perceptions of the tests used to select medical students do not necessarily mirror currently available empirical evidence regarding the actual validity of these tests. Universities using these tests may need to provide more information to improve stakeholder perceptions.

Title Introducing a Hybrid Semester System in a Bachelor of Medicine program

Presenter Sadaf Fatima

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ABSTRACT

Background and Aims: With ever increasing demands of health care delivery system the traditional curricular strategies are not fulfilling the responsibility of preparing medical graduates to meet the future health needs of the country.

Finding it imperative to improve the undergraduate medical education, Ziauddin Medical College is in the process of making the curriculum more agile and responsive to the challenges of today’s world.

Methods: The traditional system of annual examinations has been replaced by a hybrid semester system. The academic calendar for the first three years of MBBS program is divided

into two semesters each, followed by examinations. An important feature of semester system at ZMC is integration which is done across the first three years initially. It is planned to extend the semester system, in the next phase, to fourth and fifth year covering all the Clinical disciplines.

In order to gain support of all its stakeholders a curriculum committee is formed which meets regularly on a monthly basis to discuss and plan processes and problems being faced by them. Student representatives are regular members of this committee.

Results: Student feedback is encouraging as they are enjoying their studies more. They feel it keeps them busy all year round with a uniform level of burden instead of the piling up of work by the end of a year. Faculty believes that content load for exams has lessened on the students and the results have improved.

Title The UKZN - MEPI Learning Centres (MLCs) of Excellence: A model for Decentralised Medical Teaching and Training

Presenter Umesh G Lalloo

Author(s) Umesh G. Lalloo, Nisha Nadesan-Reddy, Moise Muzigaba, Keshena Naidoo, Patrick McNeil, Sandy Pillay

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ABSTRACT

Background and Aim: 85% of South Africa's (SA) population is dependent on the public health care sector which is served by 30% of the country's doctors. Approximately 46% of the population live in underserved areas but each year only 2.9% of the local medical graduates return to work in these areas. We present a Medical Education Partnership Initiative (MEPI)-funded model to address these inequities in SA at a medical undergraduate level at the University of KwaZulu Natal (UKZN).

Methods: The programme involved building local capacity to host and supervise medical students during their 4th, 5th and 6th year of their decentralised training. The 2013 4th year Family Medicine curriculum focuses on ambulatory care in Primary Health Care facilities in rural and peri-urban sites in KwaZulu-Natal (KZN). The training programme entails the use of suitable pedagogical approaches to decentralised teaching, including; MOODLE, Telemedicine, bedside tutorials, written assignments and student diaries.

Results: Two peri-urban and five rural decentralised sites have been established around KZN. Between January and May 2013, 89 students received training at these centres. Preliminary assessment has revealed that the overall satisfaction of the students with decentralised training was high (83%), and that the majority of the students felt that small group tutorials (88.9%) and bedside teaching (86.7%) were effective teaching methods rather than lectures (70%) and MOODLE (73%).

Conclusion: Decentralised centres for teaching and training provide a feasible model for implementing curriculum innovations in medical training at UKZN.

Title Relationship Between Lecturing And Tutoring Skills Of Faculty In A Problem-Based Medical Program

Presenter Marwan Abu-Hijleh

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ABSTRACT

Background: In medical schools which adopt problem-based learning (pbl) as the main method of teaching, faculty are expected to perform as facilitators in small group tutorials applying “process” expertise, and as instructors for large group resource sessions (lectures) with a focus on “content” expertise. It is unclear whether both of these expertise skills are related, and whether tutoring effectiveness can be predicted based on lecturing skills.

Methods: The study included evaluation of faculty (n = 24) who participated in both tutoring and lecturing within a particular teaching unit (block) at arabian gulf university, bahrain. Each faculty is evaluated by around 45 medical students using likert scale (poor to excellent). Evaluation forms of tutoring skills included 9 items (educational role, group interactions, feedback, unit objectives, self-learning, communication, integration, role model and overall effectiveness). Lecturing skills included 7 items (lecture organization, content, interactiveness & clarity, knowledge expertise, class atmosphere, use of media, and time management). Statistical analysis was done using hierarchical multiple regression.

Results: The internal consistency reliability of evaluation forms for tutoring and lecturing skills were 0.98 for each. Providing a class atmosphere that facilitates student learning in the lecture was the most important predictor and accounted for 57% of the variance in overall effectiveness of PBL Tutors ($F = 31.99$, $R^2 = 0.574$, $\beta = 0.77$; $P = 0.000$). Delivering appropriate content in the lecture negatively correlated with stimulating group interactions in PBL tutorials ($F = 15.45$, $\beta = -0.81$, $P = 0.04$).

Conclusions: These findings have significant implications for recruiting tutors in pbl medical programs and for tutor training initiatives. Education administrators can use lecturing skills of faculty to determine their suitability as pbl tutors.

Title Academic misconduct during professional training: Need of formal ethic curricula in medical colleges

Presenter Ghulam Rehmani Lakho

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ABSTRACT

Background: Moral practices are desired attributes of an ethically competent physician. Academic and clinical competencies, and moral values such as honesty and integrity, are

anticipated outcomes of professional training. However, during training, academic misconduct such as cheating, plagiarism and falsifying documentation is common in medical colleges across the world and in Pakistan. The aim of this study is to assess prevailing attitudes and behaviors of medical students regarding academic misconduct.

Methods: A cross sectional study was conducted in medical students from one private (all five years) and one public (second and fifth years) sector medical colleges. A pre-coded questionnaire about attitudes and behaviors regarding plagiarism, lying, cheating and falsifying documentation was completed anonymously by the students. A total of 460 (260 from private and 200 from public medical college) students completed the questionnaires.

Results: Significant differences found in the attitudes and behaviors towards plagiarism, lying, cheating and stealing by type of medical college, seniority status and gender of students. Importantly, ability to identify acts of academic misconduct does not deter students from engaging in the behavior themselves.

Conclusions: Many students from both private and public medical colleges identify and refrain from academic misconduct. However, several believe that strict university policies force them to indulge in and accept academic misconduct. Academic misconduct appears to worsen as the students' progress through the curriculum. This study implies that focused efforts should be made in correcting the students' behavior and habits by designing instructional strategies and implementation of formal ethics curricula in medical colleges.

Title Development of an online research methods module for postgraduate medical students

Presenter Serela Ramklass

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ABSTRACT

Background: Training in research methods is fundamental to the development and implementation of an ethically sound research protocol. Previously, the design and delivery of the semester based research methods module for students in the medical master's programme was content-based, with face-to-face instruction. Increasing demands from the healthcare system whilst complying with requirements for completion of the fellowship training, resulted in little time available for student attendance at research lectures. An online module in research methods was designed to replace the traditional module.

Method: A 16-week online research methods module developed for first year medical registrars was introduced in May 2013. A variety of multimedia technology was used to present the content on the MOODLE platform. Content units culminate with responses to tasks that collectively generate the research protocol through e-portfolio submissions. Proposed dates for task submission guide the completion of the protocol. Training workshops were conducted to introduce students to the technology.

Results: Whilst the module design appears linear, the absence of deadlines for task submissions allows students the flexibility of forwarding responses as they elect to engage with the content. Dual feedback is provided from the module coordinator and postgraduate

supervisor. The module presents the opportunity for individual learning and for peer discussion within discipline-specific groups.

Conclusion: The module is enabling through improved access and flexibility. The quality of the learning experience is enhanced. Students require motivation to return to the site and supervisors require training on the technology.

Title Peer Teaching - Student experiences and perceptions at RAKMHSU

Presenter Lubna Nazli

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ABSTRACT

Background: Many medical schools have peer teaching and peer assisted learning as a part of the instructional philosophy. Literature has reported that it accrues many beneficial effects on the learning process during undergraduate medicine, like, better appreciation of the knowledge held by peers translating into target teaching at an appropriate level, a comfortable and safe environment leading to relaxed learning, enhanced intrinsic motivation and preparation of the future physicians for their role as educators. It also helps students develop role models.

Aim: Conducting a peer teaching session, to provide the students an opportunity for revision for their upcoming Continuous assessment (CA) in Anatomy and collection of feedback.

Methods: The content, which was going to be assessed in the CA, was divided into topics and allotted to the different teams, formed out of 100 students. The students were given clear guidelines about teaching the topic to their fellow students.

After the session a feedback form was administered, for evaluation of their perceptions about this new teaching –learning methodology and the results were analyzed

Results and Conclusions: The students prepared, presented and explained the concepts very well; they showed enthusiasm and interest and reported beneficial effects, like improved learning of content and acquisition of teaching skills and learning by observing peers and revision of the content for the upcoming assessment.

In view of the perceived benefits, Peer teaching should be implemented in formal or non-formal setting in undergraduate medical education.

Title The Young Doctor's Opinion Regarding The Stellenbosch University Medical Public Health Curriculum Concluded By An Internet-Based Survey

Presenter Bart Willems

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ABSTRACT

Background: The medical curriculum at Stellenbosch University should adapt to train students to effectively function in the South African health context. A public health (PH) approach to medicine is considered essential in developing countries. To strengthen the MB,ChB curriculum a situational analysis of the current PH teaching was needed. This included a survey of recent graduates. Aim: Gather their perspectives regarding the appropriateness of their PH learning.

Methods Essential PH competencies were identified from literature and expert consultation. An electronic questionnaire was designed containing essential competency questions. MB,ChB graduates qualifying from 2004-2010 were invited by email to participate (n=986).

Results: 38% of young doctors responded. The target population was represented well. Most recent graduates agreed that it is important to learn PH in the curriculum. In Likert scale questions participants judged PH learning adequate. Responses to the open-ended questions showed that they lacked PH knowledge, skills and the attitude to solve PH issues they encounter. They recommend practical training in real life environments and finding contextual solutions making it more fun and exciting. For them to take PH teaching seriously it has to be taught as an essential part of the curriculum.

Conclusion Graduates feel that they are not equipped to practice PH and act as health system change agents. Improve PH teaching by increasing importance of PH, creating practical learning opportunities in the right context. Opportunities should follow on each other effectively. The opinions of young doctors are essential to make the curriculum review process rigorous and comprehensive. Word count: 249 Funding sources: Stellenbosch University and Stellenbosch University Rural Medical Education Partnership Initiative (SURMEPI) Conflicts of interest: None

Title Quality Assurance and Attempts at Accreditation of Medical Education Programs: Sohag Medical School Experience.

Presenter Moustafa A. Abdel-lah

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ABSTRACT

Background and Aims: Accreditation of learning programs became an international requirement. Over the last decade significant change in high education in Egypt occurred. The aim of this study is to evaluate Sohag Medical School experience to obtain accreditation from the National Authority for Quality Assurance and Accreditation of Education (NAQAAE).

Methods:

- Internal audit and peer reviewing: of the group of plans, rules, and standards of the following two axes:
 1. institutional capacity; including the credibility of the available information
 2. educational effectiveness.
- Survey the concerned Stakeholders: including Students, faculty/ assistants, workers, community parties and representatives of labor market organizations.
- Reporting about implementation of the group of plans, rules, and standards of both axes.
- Exploratory visit by NAQAAE reviewers during the period 9-12 of May 2010, and accreditation visit during the period 17-20 of February 2013.

Results: Internal auditing and peer reviewing reports revealed that Sohag medical school made great strides in the direction of accreditation. Also, Stakeholders surveys showed their satisfaction about the level of performance in both axes. Exploratory visit report was greatly encouraging. The preliminary report of the Accreditation visit was highly satisfactory; waiting for the final decision of NAQAAE board.

Conclusions: In its Attempts at Accreditation of its Medical Education Programs; Sohag Medical School waiting for the result of the its fruitful efforts.

Title Exploring the potential of innovative multiple true false questions in assessment of Biochemistry for medical undergraduates

Presenter Chandrika D Nayak

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ABSTRACT

Background & aims: Multiple true false (MTF) questions are a standardized format of assessment. Though MTFs test a wide range of knowledge, in a short period of time, reports indicate some disadvantages. We designed an innovative missing link MTF or MLMTF which has an incomplete stem where a linking phrase is missing and when it is answered; students can attempt answering the bit statements.

Methods: The study was conducted among year I MBBS students of Melaka Manipal Medical College. Students were asked to study a topic in biochemistry and were assessed by both regular MTF and MLMTF, consecutively one after the other. Care was taken to maintain the standard of questions and to avoid repetition. Students were asked to give a feedback after the tests. Group A (n=8) included students with average scores of previous assessment exams >75%, group B (n=13) with scores between 60-75% and group C (n=7) with scores < 60%.

Results: Students of group C (90%) felt that traditional MTF was easier than MLMTF compared to groups B & C (88%; 83%). Group A (100%) preferred MTF because they felt they are more accustomed to it than groups B & C (88%, 90%). Groups A & C (100%) concurred in their views that it was more suited for competitive exams than regular exams.

Conclusion: Students opined that MLMTF questions are a bit more challenging and suited for competitive exams, and that they would prefer the routine MTFs for assessment as they are more accustomed to it.

Title Integrating A Behavioral Science Topic On Anger In The Medical College Neurosciences Module

Presenter Umme Kulsoom

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ABSTRACT

Background: Medical students, being young adults and by dint of their future profession, must have training in anger management. Rehman Medical College has an integrated modular system of education, where anger management could be taught in integration with the Neurosciences module.

Aim: The present study was conducted to determine the possibility of successful integration and outcome of the topic 'Anger' in the second year MBBS Neurosciences module.

Materials & Methods: A one-week integrated anger management course was introduced in the Neurosciences module for the second year MBBS, in consultation with all relevant basic, preclinical and clinical departments and faculty. The learning objectives, instructional strategies, venues and modes of assessment were developed in consultation with the Department of Medical Education. In addition to having multi-disciplinary and temporal coordination, a PBL component and mini-workshop sessions were incorporated. Correlation was achieved by a Friday seminar on 'Juvenile delinquency: Role of Pull on Anger' rounded off the week's activities. A structured assessment was conducted on Saturday.

Results: Overall attendance for the module was 95%. Students were able to achieve 90% passing score on assessment. Group activity in mini-workshop was highly successful with 100% passing scores. Students took an active part in the PBL activity with presentations and interactive Q&A panel session. Motivation and interest in the module remained high and 80% students were able to demonstrate anger management strategies effectively.

Conclusion: Integration of anger management in the neurosciences module is likely to be highly successful, well-received and effective for training future doctors.

Title Role Of Clinical Skill Center In Undergraduate Medical Education

Presenter Zainab Shafiq

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ABSTRACT

Background: Patients admitted to teaching hospitals have to undergo clinical procedures from medical students with no background in clinical examination, resulting in mutual dissatisfaction and the added risk of morbidity related to improper procedures. The Clinical Skills Center (CSC) is the most appropriate setting to overcome this problem by providing medical students extensive teaching and training in clinical skills prior to actual patient contact.

Aim: The present study aims to evaluate the role of the newly established CSC at Rehman Medical College (RMC) Peshawar Pakistan in producing clinically competent undergraduate medical students.

Methods: The first ever batch of 98 third year MBBS students of RMC who underwent training in the CSC from December 2012 to April 2013 were selected for the study. CSC performance was evaluated by students' scholastic and practical abilities (end of module OSCE), students' feedback and internal monitoring of the CSC training program in terms of the desired objectives.

Results: In the first OSCE examination, an overall pass percentage of 96% was obtained for generic and discipline-based stations. Results of the second OSCE assessment indicated passing

percentages of 92% to 98% in subjects of Medicine, Surgery, Pediatrics, Eye and ENT; the pass percentage for Obs/Gyn was 72%. Feedback analysis revealed student satisfaction level of 91.23% with the CSC program. Internal quality assurance indicated that all scheduled training courses were successfully implemented and met the desired objectives.

Conclusion: The newly established CSC has achieved the desired objectives and outcomes despite initial constraints of resources and trained manpower.

Title Journey Towards Integrated Medical Education At Rehman Medical College Peshawar Pakistan

Presenter Tariq S Mufti

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ABSTRACT

BACKGROUND: Rehman Medical College, a newly established institution, has tried to incrementally introduce an integrated organ system based teaching/training based on Harden's integration ladder. A hybrid modular approach has been adopted since 2010 with increasing success.

Aim: This paper aims at interim evaluation with reference to university assessment outcome.

Methods: The curricula of years 2010 and 2011, their internal evaluation, formative assessment, student / faculty feedback and university examination outcomes were included as data sources. Records of 200 MBBS students and their performances in internal and external evaluation were included; students with incomplete records and dropouts were excluded. Based on internal performances, students were classified into top 20, bottom 20 and the middle 60 percent. Correlation was done between parameters such as RMC admission criteria, internal performance and university assessment.

Results: Students and faculty were appreciative of integrated modular MBBS curriculum despite teething problems such as lack of optimum number of trained faculty and some resource constraints. Student feedback indicated some reservations about frequent internal assessments, as well as increased learning content. They were in favor of more self learning and dedicated time given to electives such as medical research. Correlation of internal and external assessments was fairly strong, ranging from 66% to 83% for different internal assessments. There were weak or no correlations between RMC admission criteria and student examination performances.

Conclusion: The innovative curriculum introduced at RMC is fairly robust, successfully implemented and facilitates student satisfaction and performances in external examinations.

Title Student Satisfaction with Faculty Instructions At Rehman Medical College Peshawar

Presenter Tariq S Mufti

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ABSTRACT

Background: Student satisfaction is taken as the most important denominator of defining quality control & success of a curriculum; an integrated curriculum particularly affects the students' reception and retention. Student satisfaction with teachers of different disciplines is representative of the overall instructional program.

Aim: The study was conducted to determine student satisfaction with an innovative MBBS curriculum.

Methods: The questionnaire based survey was conducted on first and second year MBBS students of Rehman Medical College; feedback forms containing 18 items of teacher performances were distributed to all 200 students. Scoring was on a 5-point Likert scale. A component of descriptive analysis was incorporated to allow for students' reflections and diversity. Scoring of individual teachers was based on categories of Satisfied, Uncertain and Dissatisfied.

Results: The response rate was 95% for first year and 91% for the second year MBBS class. Satisfaction with teachers ranged from 42% to 90%; overall satisfaction scores were 75% for first year and 72% for second year students. Second year students were less satisfied with teachers' failure to include text material from sources other than prescribed books & to provide knowledge in keeping with the Pakistani medical perspective. Of 149 Reflections, adverse comments on course content were 21%, on teacher attitude 24%, and on instructional modes 21%. Complete satisfaction with program was 23%.

Conclusion: Despite some reservations, students were fairly satisfied with the performances of their teachers; all reservations were remediable and would enhance the future learning experience for students.

Title Making molecular biology simple with multiple audio visual aids

Presenter Indira Adiga K

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Institution Melaka Manipal Medical College Manipal, India

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ABSTRACT

Background: Basic education in molecular biology is necessary for medical students to understand the molecular basis of health and disease. We, at Melaka Manipal Medical College, teach molecular biology as a part of biochemistry in the first year medical curriculum. Unlike other topics taught under biochemistry, teaching molecular biology is more challenging and time consuming as it requires visualization of complex, dynamic events happening in a cell.

Aim: To simplify teaching 'translation' by using a combination of traditional and computer assisted learning.

Methodology: Before the beginning of the class, students were provided with the hand-outs containing schematic representation of the flow of events that happen during 'translation'. Self-made power-point slides prepared on the topic were used during the class and at the end of the lecture; professionally made video on 'translation' was played for reinforcement. In this way, entire lecture on 'translation' was covered in a matter of 60 minutes and students' feedback was collected to assess the impact of various teaching modes on them.

Results: Out of total 250 students belonging to 2 different batches, 226 students responded to the feedback. Majority (93%) of the respondents felt that it was most appropriate to use the combination of hand-outs and animated power point presentation to teach this topic of molecular biology. Eighty four percent of the respondents agreed that playing of professionally made video on the topic at the end of the lecture worked as a revision session for them.

Conclusion: Class room teaching of molecular biology topics is simplified by using multiple audio-visual aids.

Title Analysis of Students perception of Learning Environment at University College of Medicine, The University of Lahore

Presenter Saima Chaudhry

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ABSTRACT

Background: Learning environments are shown to play an important role in the academic success of students. Dundee Ready Educational Environment Measure (DREEM) has been widely used to evaluate student's perception of learning environments in medical schools with variable results. The DREEM questionnaire has been reported to be valid in Pakistani setting. The aim of the present study was to evaluate undergraduate medical student's perception regarding the learning environment at University college of Medicine (UCM), The University of Lahore.

Methods: This questionnaire survey was conducted at UCM on first year to fourth year undergraduate medical students. After informed consent all the students present in the classes at a particular day filled the DREEM proforma. Data was analyzed and means were calculated for all students and for all the five student perception categories. Differences were computed between perceptions of students studying in different academic years.

Results: The DREEM questionnaire was completed by 298 students enrolled in Four years of MBBS program. Overall DREEM score of UMC students was 116.94. The Scores for students' perception of learning, course organizers, academic self perception, atmosphere and social self perception were 28.83, 24.60, 20.21, 27.54 and 15.74 respectively.

Conclusion: Undergraduate Medical Students at University Medical College have a more positive than negative perception of their educational environment.

Title Introduction Of Undergraduate Medical Research Curriculum At Rehman Medical College Peshawar

Presenter Iftikhar Qayum

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ABSTRACT

Background: Medical research is a low priority area in Pakistan, particularly at the undergraduate level. The graduate MBBS doctor hence suffers on the international arena in

having a dearth of research knowledge or output. Rehman Medical College (RMC) embarked on an innovative venture of including a medical research program in the MBBS curriculum since 2010.

Aim: The present study aimed to document the acceptability, success, outcome and future prospects of continuing an undergraduate medical curriculum.

Materials And Methods: The three years old program was evaluated through student and faculty surveys. Domains under study were acceptability of the program, implementation strategy, efficiency, outcome and future directions. Data from some student projects on topics related to the UG medical research program were also included.

Results: Students were enthusiastic and satisfied with the curricular program from first to third year MBBS as an aid to enhancement of self learning and problem solving skills. Fifty four student teams completed 30 research projects to date with 14 projects to be completed by end of year. Students won five first prizes at National Health Symposium 2012. A student research journal is in the pipeline. Some faculty members and students expressed doubts about the usefulness of the program and its possible negative effects on Annual MBBS examinations; however the majority of students and faculty wanted to maintain the program in future.

Conclusion: Inclusion of an undergraduate medical research curriculum proved to be a useful venture with good prospects for future continuity and further consolidation.

Title Publication Misrepresentation by Applicants to Residency and Fellowship Programs in Graduate Medical Education

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ABSTRACT

Background: Greater expectations for scholarly activities from residency and fellowship program directors have created a complex ethical pandemonium in united states. Medical students and residents “inflate” their cv to match institutional and program leadership’s desire to attract academically productive trainees.

Summary of work: medline/pubmed databases were searched for articles published from 1995-2010 containing the following key words: authorship, cv, fraud, fraudulent, ghost, misrepresentation, resume padding, and falsification; a total of 396 articles were identified. Twenty-three (23) articles with the above keywords were included in the. Data analyses were performed using mix (version 1.7).

Summary of results: the work of 7212 applicants was identified in 23 papers. There were 2674 claimed authorships (37%) with 389 of these claims being identified as misrepresented. We estimated a prevalence of 11.5% (95% ci = 8.5-14.5%) of wrongly claimed authorship. General surgery, pediatrics, gastroenterology, and emergency medicine had higher rates of misrepresentation; whereas, internal medicine, plastic surgery, ophthalmology and dermatology, and orthopedics were found to have lower rates among selected groups. Myriads of factors are attributed to misrepresentation: competitive advantage, high benefit-low risk ratio, accepted culture, innocent error and visa status.

Conclusions: innovative intervention by the eras system may provide protection against purposeful academic fraud. By allowing for ABSTRACTS/papers to be uploaded directly to the application, proper citations for papers authored, location of oral presentations, and the creation of a computer-based verification system.

Take-home message: The safeguards against misrepresentation include faculty mentorship of students/residents at their home institutions, redefinition of categories included on the eras application.

Title Item Analysis of Multiple Choice Questions (MCQs) Of Undergraduate Pharmacology Examinations in an International Medical School In India

Presenter Yeshwanth Rao Karkal

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ABSTRACT

Background and Aims: Evaluation is indispensable and different types of tests are used for this. Item analysis is widely used to improve test quality by observing the characteristics of a particular item and this can hence be used to ensure that questions are of an appropriate standard for inclusion in a test. Hence this study aims to evaluate the MCQS of an undergraduate pharmacology program.

Methods: 450 items were randomly selected and subjected to item analysis. Facility value (fv) and discrimination index (DI) were calculated by applying the appropriate formulae with the help of ms excel. Items were classified based on the a. Fv (into optimal items (fv=0.5), good items (fv=0.3-0.7), poor items (fv>0.7 or <0.3), b. Di (into very good items (DI >0.4), reasonably good items (DI 0.3-0.39), marginal items (DI 0.2-0.29), poor (DI <0.19) & incorrect/negative items (DI <0)), c. Fv & DI (into good items (fv 0.3-0.7, DI > 0.3) and poor items (fv <0.3/>0.7, DI<0.19)).

Results: 48.66% of the items analyzed were found to be 'good' based on the fv & 36% were 'good' based on the DI. The number of poor items was 34% based on the fv& 36% based on the DI. When both the parameters were considered together, 23% of the items were found to be 'good' & 17.11% were 'poor'.

Conclusion: 'Item analyses' can be utilized to improve already existing tests instead of developing new items everytime. Both facility value and discrimination index must be considered for testing an item. Item analysis helps to develop a good and useful bank for practical utility.

Title Faculty opinion about e learning and reasons for reluctance to its adaptation at Rawalpindi Medical College

Presenter Muhammad Idrees Anwar

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ABSTRACT

Introduction: Rawalpindi medical college (RMC) is also taking initiative to change with a view that E-learning can improve understanding and encourage deeper learning. The educationists of RMC feel that a lot of student and faculty time can be saved for skill teaching. The role of faculty in development, delivering and maintaining the e learning is very pivotal. Faculty resistance and reluctance to adopt and execute e learning can hamper all efforts of medical school.

Objective of this study is to assess the opinions for faculty to adopt e learning program at RMC and reasons for reluctance to adopt new system.

Materials and methods: 60 faculty members of RMC was enrolled for study by stratified random sampling. A group of 15 faculty members were enrolled for a focal group discussion and by Delphi technique a questionnaire was developed consisting of 18 questions. 14 questions used five point Likert scale consisting of: 1) strongly agree; 2) agree; 3) not sure; 4) disagree; and 5) strongly disagree. Four open ended questions were also included. After Ethical approval the questionnaire was circulated among faculty members and response analyzed by both qualitative and quantitative methods.

Results: Few of faculty members are reluctant to adopt e learning. Fear of increasing work load, computer literacy and time constraints were most common reasons for reluctance to adopt e learning. Less common reasons were a feeling that eLearning will not be able to deliver complete content of curriculum.

Title Perception of students to game based play in dentistry- a preliminary study.

Presenter Shahid Mitha

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ABSTRACT

Background: Educational games can offer many learning benefits to students. They can provide motivation and engagement with more ability to retain information. Tooth emergence/eruption was selected as the topic for an educational game for dental students due to its challenging nature and the need for long term retention and application.

Methods: Learning outcomes of the topic were identified and a series of assessment questions developed with various degrees of difficulties ranging from basic recall to applications based on Blooms' taxonomy. The educational game was based on the popular TV show "Who Wants to be a Millionaire", a real-time power point presentation was modified to accommodate the questions prepared. The students were given a plenary on theories of tooth eruption, the processes involved, in addition to sequences and dates of eruption followed by a briefing on game play preparation and learning outcomes. The class of 64 was divided into 4 groups (16 students each) and the game was carried out in two sessions.

Results: Of the class of 66 students, 54 students attended both sessions. 90% of students agreed the game was interactive and enjoyable, and that it helped in their learning process. 88% of the students agreed that they would like to participate in this kind of activity in the

future. However, students had relatively lower scores related to timely feedback (63%) and time allocations (72%).

Conclusion: Based on feedback obtained by students it can be concluded that the utilization of these types of interactive games can increase the students' engagement and improve their learning experiences.

Title Comparison of didactic lectures and Case based learning in an undergraduate Biochemistry course at RAK Medical and health Sciences University, UAE

Presenter Jeevan K Shetty

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ABSTRACT

Background and Aim: Biochemistry is one of the basic medical subjects in the first year and is one of the foundation sciences for the medical curriculum. Knowledge of biochemistry is extensively related in the context of clinical disease during medical practice, it needs to be taught and learned efficiently by medical graduates. Biochemistry is taught with multiple tools like didactic lecture, case based learning and problem based learning, seminars and small group discussion in RAK Medical Health Science University. Present study was designed to analyse and study the perceptions of the first year medical students about didactic lecture (DL) and case based learning (CBL).

Materials and methods: A total of ninety five first year MBBS students of 2012 -2013 batch were included in this study. Students were taught some topics of biochemistry in DL and some topics as CBL as part of their regular curriculum. They are administered with 14 items of questionnaire to know the perception of students on CBL and DL

Results: About 55% of students have given overall positive responses for CBL compared to DL (13%) and combined DL and CBL (28%). 80% of the students have agreed that CBL approach is very motivating than DL. About 36% students feel CBL should be teaching methodology and 39% agreed that both DL and CBL should be used in combination for better understanding of biochemistry in first year MBBS.

Conclusion: In conclusion, CBL can be a good substitute for teaching biochemistry for first year MBBS students, which can be used alone or in combination with DL to make the biochemistry more interesting and understandable to MBBS students.

Title Competency-Based Integrated Training: An 'Allostatic' approach To Education Of Health Professionals In Developing Countries

Presenter Mowadat Hussain Rana

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ABSTRACT

The traditional system of undergraduate and postgraduate training of health professionals (doctors, nurses, medical technicians, and paramedics), in developing countries is conducted in complete isolation from each other. It further divides the training into basic sciences, preclinical and clinical years. The result is a consistent downward trend in standards, as well as a hazardous schism amongst the members of the health team. A needs-based, integrated model based on the Competency-based Medical Education (CBME) principles can be an 'allostatic' response to this challenge. This model proposes a team oriented, patient-based medical education of undergraduate medical students, trainee nurses, and other health professionals from the outset. The model ensures overlaps as well as joint education of the trainee health professionals in hospital/clinical settings as active members of a health team. Such integration is brought about by creating overlaps and seamless merge of learning outcomes, based on competencies required to deal with clinical problems at various health care levels. The induction of first and second year medical students into health settings, alongside the trainee nurses, also promises to address the human resource constraints of hospitals in developing countries. This 'allostatic' shift proposes core competencies of scholarship, communication and counseling skills, research and medical writing skills, health advocacy and professionalism to be attained by all health professionals. This paper provides a clear blue print for setting up an integrated, modular, competency based medical education curriculum for the training of health professionals in developing countries, that could bring their training and health care standards at par with the developed world.

Title Academic Integrity: Pharmacy and Medical Students

Presenter Marcus Henning

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ABSTRACT

Students were asked about why they engaged in either to either honest or dishonest behaviors, and they were also asked to propose strategies for ensuring an honest learning environment. 433 pharmacy and medicine undergraduate students volunteered to participate in the study (a response rate of 66%). A phenomenological method was employed to analyze the open-ended commentaries and to create a set of emerging themes. In addition a matrix was devised to assess the types of motivation students' espoused to promote a honest learning environment. The most common form of rationalization for engaging in dishonest behaviors was pressure from parents or peers. The second rationale was feeling intrinsically pressured to succeed. Poor time management and lack of moral certitude were further reasons. The strongest reason for being honest was articulated as one of morality or being responsible. This was followed by fear (of being caught) or strict obedience to the law. Parental upbringing was also a strong system that promoted adherence to honest behaviors. The findings suggested that institutional mechanisms that focus on education awareness or monitoring plagiarism may ameliorate problems with many students but these systems may not work with other students. The findings suggest certain strategies for ensuring academic integrity at the student level,

which include: family and community involvement, minimizing high stakes competition, personalizing assessments, providing adequate scaffolding and peer-mentoring, and ensuring institutional support for students, and creating innovative professionalism related courses.

Title The Emergent Dental Therapy Curriculum: From Pathology To Possibilities

Presenter Pratima Singh

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ABSTRACT

Background And Aims: The Dental Therapy Profession Was Introduced To South Africa In The 1970s, To Redress Disparities In The Provision Of Dental Services To Disadvantaged Communities. It Is Argued That The Dental Therapy Curriculum At A Selected University Has Remained Moribund Over The Last Thirty Years In Spite Of The Dynamic Socio-Political Transformations In The Country.

Methods: Through The Interrogation Of Policy Documents And An Analysis Of The Emergent Literature In The Field Of Health Sciences Education, This Paper Offers Possibilities For A New Curriculum Which Responds To The Needs And Challenges Of The Country, And The Diverse Backgrounds, Abilities And Skills Of All Learners.

Results: From A Content Analysis Of The Data And A Review Of Newer Pedagogies, A Higher Level Of Curriculum Design Is Forwarded That Would Contribute To Producing Appropriately-Trained Professionals For The Health Care System Of South Africa Within A Discourse Of New Epidemiological Priorities.

Conclusions: This Paper Concludes That Curriculum In Higher Education Should Move Beyond Recycling Ideas As This Leads To Curriculum Closure. The Literature Suggests That Novelty And Originality Are Required To Move Forward The Fields Of Curriculum Theory And Development Within Health Science Education.

Title Innovative E-Assesment Conducted Through Yengage Portal

Presenter Latha Rajendra Kumar

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ABSTRACT

Background: E learning includes various categories of media that distribute text, audio, images, animation, technology applications and processes, computer-based learning, as well as local intranet/extranet learning. Information and communication systems motivate many e-learning processes. ILIAS (Integriertes Lern-, Informations- und Arbeitskooperations-System [German for "Integrated Learning, Information and Work Cooperation System"]) is an open source web-based learning management system (LMS). It supports learning content management and tools for collaboration, communication, evaluation and innovative assessment for University students.

Method: First year medical students were requested to register in Yengage. Twenty MCQ from cardiovascular system was preloaded in the Yengage portal and the students used their personal laptop to answer the questions within the stipulated time. The results were automatically loaded at the end of the assessment. Pre and post test was conducted to investigate the usefulness of the E- assessment.

Results: The students responded that the E- assessment was easy to assess, unique as they received immediate feedback, customized and flexible. There was significant difference in the post test score when compared to the pre-test score.

Discussion: Technology has created new methods of assessment for today's generation of students and these advances are here to stay.

Conclusion: It is possible to conduct online examinations in medical school regularly. The e-learning can enhance student interests and allows immediate feedback.

Implications: Since e-learning is not well established in India, we hope to create awareness and change the outlook of medical students in online teaching-learning and assessment programme.

Key words: ILIAS, Yengage, E-assessment

Title Introduction of infection control module for undergraduate medical students: experience at a rural medical college

Presenter Singh Suman P

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ABSTRACT

Background and Aims: Almost half of Health care associated infections can be prevented by following Infection Control protocols which are not formally taught to undergraduate medical student. Poor state of knowledge and practices in medical students about infection control has been shown in various studies. "Patient Safety Module" by WHO strongly recommends incorporation of infection control module in curriculum of medical schools as medical students ,the future doctors need to understand these concepts at an early stage to be able to incorporate them in their practice. We designed and implemented such a module for undergraduate students.

Methods: A four hour module for a batch of 90 students in their third MBBS was designed and implemented. The sessions focused on standard precautions, sterilization and disinfection of environment & patient care instruments, spillage management, biomedical waste management and needle stick injury. Student's feedback was taken in the form of written structured questionnaire along with the written assessment in the form of MCQ and short answer questions.

Results: The module was rated as excellent by more than 95% of the students. The topics included were perceived of immediate importance, usefulness & relevance by all the students. Majority of the students felt that such session must be conducted at regular interval more so during internship when they can have direct application of the infection control practices.

Conclusions: Implementation of infection control module in MBBS curriculum is strongly recommended by the authors.

Acknowledgement: We thank Dean, CEO and the students for successful implementation of the module.

Title Health care students' perception on interprofessional education

Presenter Bing-yan SHU

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ABSTRACT

Background and Aims: Inter professional education (IPE) is widely included in college curricula while in China, its performance on an early stage. The purpose of this paper is to describe students' perception on inter professional education.

Methods: The Interdisciplinary education perception scale (IEPS) was completed by 480 undergraduate students from different health majors (rehabilitation, nursing, preventive medicine, five and eight-year clinical medicine) in West China Clinical Medical School of Sichuan university.

Results: Between different majors analysis with ANOVA showed there were statistical difference on the subscale "competency and autonomy" ($F=6.076; P<0.05$). Further comparison showed that five-year clinical medicine students ($M=30.160, SD=5.974$) scored higher than other majors, with nursing ($M=26.600, SD=5.483$) showing the lowest scores. Clinical medicine students showed more perceived need for co-operation, especially compared with nursing and rehabilitation students. For different grades, analysis of variance showed that there were statistical differences on "perceived need for co-operation" subscale ($F=6.502; P<0.05$). Junior students got the highest score ($M=10.09, SD=1.980$) and sophomore ($M=9.81, SD=1.972$) the lowest. There was no gender difference on the perception about inter professional education.

Conclusion: Results indicated that nursing and rehabilitation students were less confident about their competency and autonomy and may value inter professional collaboration less important than other health professions. These findings may affect the design of IPE and suggest that educators should pay more attention to nursing and rehabilitation students when setting IPE curricula.

Title Trends of Public & Private Medical Colleges Training and National Primary Health Care Settings

Presenter Zile Rubab

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ABSTRACT

Background: A spurt of private and public medical colleges in Pakistan is responsive to prepare graduates to meet the challenges in education and health. Pakistan the sixth most populous

nation (185 million) is faced with diverse challenges of slow economic growth, unprecedented floods, earthquake and growing security risk. In contrast, medical education has experienced a burgeoning of private medical colleges in Pakistan.

Aim: To evaluate the MBBS program of private and public medical colleges in Pakistan towards preparing future physicians for primary health care services

Methods: The data from 72 official websites of Pakistan Medical and Dental Council (PMDC) recognized private medical colleges (43) and public medical colleges (29) of Pakistan were collected on mission statement, college outcomes, curriculum model, teaching strategies, PBL, medical education department, family medicine department, primary health care training by community medicine department, tertiary care hospital based teaching and training in different settings.

Results: Of 43 private medical colleges, all websites major emphasis was on air-conditioned classrooms, laboratories, modern libraries, and upto 1000 bedded hospitals .Only 49 % have stated professional outcomes, 23% training students in primary care and 7% have separate Family Medicine Department. Among 29 recognized public medical colleges, only one college has curriculum based on primary health care. No college has family medicine based teaching.

Conclusion: Despite accelerated growth of private and public medical colleges, the majority has ignored producing competent family physicians. Primary health care training implementing uniform curriculum model based on family medicine and community health problems is the need of time.

Title The role of technology and social media in CME and CPD

Presenter Lawrence T Sherman

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ABSTRACT

Technology enhances the ability of clinicians to practice medicine. Technology enhances the ability of medical educators to teach and for students to find, use and benefit from courses. Technology enhances the ability of patients to play an integral role in their own medical care. These three groups, clinicians, educators and patients, each follow inevitably intersecting journeys; technology is the common factor. The Medicine 2.0 environment is the common platform in which each of the three audiences can and should find the information, education and directions to enhance their individual journeys.

This highly interactive presentation will focus on the opportunities to: impact the velocity of these journeys, the quality of the intersection of these journeys, and provide suggestions for preparing these audiences to benefit from the times these journeys intersect. Examples of currently available tools and platforms for each audience will be reviewed and critiqued, and a provocative view into the future will form the crux of the presentation.

Clinicians are already developing personalized learning networks that use technology to transform the Point of Care to the Point of Education. The next step for these 2.0 clinicians will be to form technology-based learning communities where information is accessible in real-time, clinical educational materials are searchable and usable in formats that promote sharing and commenting about relevance, applicability and impact on patient care. This will ultimately

lead to a technology-based framework for ongoing professional education and development in which the learners drive the content and every educational intervention provides a data point for individual and aggregate measurement of success.

Medical educators are currently utilizing mobile, online and other digital platforms for the delivery of educational activities. Some of the more savvy medical educators are utilizing online and mobile platforms during other time points along the medical education continuum, including assessing the educational needs of learners, interacting before, during and after educational activities, and in measuring educational impact. Looking ahead, medical educators will be able to interact with individual and groups of learners in order to more directly assess and impact their educational needs. Technological platforms will provide medical educators with the tools and milieu to develop a more learner-centric framework for participating in ongoing continuing medical education (CME). This new environment will promote self-assessment, identification of appropriate educational activities to meet the needs identified, platforms for interactivity amongst the learners and between educator and learners, and ongoing, continuous evaluation data collection and analysis.

Finally, the 2.0 environment will provide patients with the opportunity to be key stakeholders in their own care. The phenomena of e-patients and participatory medicine will be supported and advanced. The current practice of research about disease information and management by patients will be replaced with an environment of qualified technological platforms that will permit patients to interact with their healthcare providers, to identify appropriate informational resources, to analyze options specific to their own health or illness, and to more capably participate in their own healthcare.

Title The 5 essential C's of Competency-based Curricula

Presenter Trevor John Gibbs

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ABSTRACT

As the interest in competency or outcomes-based curricula develops around the globe, curriculum developers need to be both confident and knowledgeable about the concept; experience suggests that this is not always the case. In this short presentation five essential factors are presented which the author believes are essential for the quality management of a truly outcomes-based curriculum.

Title Don't forget the learner: an essential aspect for developing effective hypermedia online learning in continuing medical education

Presenter John E Sandars

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ABSTRACT

There is increasing use of hypermedia online learning in continuing medical education (CME) that presents the learner with a wide range of different learning resources, requiring the learner to use self-regulated learning (SRL) skills. This study is the first to apply an SRL perspective to understand how learners engage with hypermedia online learning in CME. We found that the main SRL skills used by learners were use of strategies and monitoring. The increasing use of strategies was associated with increasing interest in the topic and with increasing satisfaction with the learning experience. Further research is recommended to understand SRL processes and its impact on learning in other aspects of hypermedia online learning across the different phases of medical education. Research is also recommended to implement and evaluate the learning impact of a variety of approaches to develop the SRL skills of hypermedia online learners in CME

Title Evaluation of a Pilot Peer Observation of Teaching Scheme for Chair-side Tutors at Glasgow University Dental School

Presenter Vincent Bissell

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ABSTRACT

Introduction: POT is a reciprocal process whereby one peer observes another's teaching and provides supportive and constructive feedback. Its underlying rationale is to encourage professional development in teaching and learning through critical reflection, by both observer and observed (Lubin 2002). Despite many POT schemes within higher education, there are no reports of its use in chair-side clinical teaching.

Aims: To establish and evaluate a POT scheme for chair-side clinical tutors at Glasgow University Dental School and outreach clinics.

Method: All paediatric dentistry tutors (14) were invited to take part. Participants were paired, each pair had pre and post observation discussions and attended 2 clinical teaching sessions where they were alternately observer and observed. A semi-structured interview was carried out. Audio recordings were transcribed and analysed.

Results: 12 observations took place. The scheme encouraged reflection on teaching practice both before and after observations and all participants found involvement in the scheme to have been an influential educational experience. Participants felt reassured that their teaching approach was similar to others. Some participants adopted new approaches to teaching following their POT experience. Peers were instrumental in encouraging their pair to cultivate exemplary aspects of their current practice. Participants agreed that POT was an appropriate method for developing teaching skills and standardising teaching.

Conclusions: The scheme was well received and effective. Participants were eager to repeat the POT process.

Title Effectiveness of an Inter professional Education Curriculum Model at Memorial University

Presenter Vernon Curran

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ABSTRACT

Background: Healthcare in the 21st century is best delivered by teams of professionals rather than individuals as it is not possible for one person to possess all the talents required for a holistic care. Inter professional learning has thus developed as a strong component of most modern medical curricula to ensure that doctors graduate with the proper sense of team work. Inter professional education (IPE) occurs when members (or students) of two or more health and/or social care professions engage in interactive learning activities to improve collaboration and/or the delivery of care. The Centre for Collaborative Health Professional Education, Memorial University has overseen the introduction, expansion and coordination of IPE curriculum at the pre-licensure education level across health and social care professional programs. This IPE curriculum combines small-group case-based learning, standardized patient (SP) interaction, large-group panel activities and practice-based inter professional learning experiences. The overall goal of the curriculum approach has been to promote inter professional collaboration in health and social care delivery.

Objective: A longitudinal review of attitudinal and satisfaction outcomes of a pre-licensure IPE curriculum approach that involves pre-clinical and clinical inter professional learning experiences for medicine, nursing, pharmacy and social work students.

Methods: A longitudinal baseline survey examining attitudes towards inter professional teamwork and IPE has been distributed to pre-licensure students across health professional programs. Students have also been asked to complete evaluation surveys following their participation in IPE activities.

Results: Students from across professions showed an increase in attitudes towards inter professional teams following involvement with IPE programming. Female students and students reporting prior experience with IPE report higher mean scores towards inter professional teamwork. Overall mean student satisfaction scores across IPE activities have increased gradually over time as a result of instructional modifications in response to student and faculty feedback. Greater student satisfaction has been reported for interactive and authentic learning activities such as case-based and SP learning.

Conclusions: Memorial's IPE curricular approach involves interactive inter professional learning that promotes inter professional collaboration. High levels of student satisfaction and positive attitudes towards inter professional teamwork suggest IPE has been integrated successfully within health professional education curriculum at Memorial University. The approach supports the principle of early-to-late exposure to elements of inter professional learning and IPE which is integrated with core curriculum.

Title Adverse Effects of Assessment

Presenter Zubair Amin

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ABSTRACT

Is assessment a necessary evil? Do we really calculate the risks/benefits ratio while planning and implementing assessment? Who is the ultimate stakeholder of assessment? What are the side-effects of assessment?

This presentation with personal anecdotes and real-life examples hope to generate thought provoking discussions about the potential side-effects assessment on students, teachers, and patients. You are invited to share your own experience as well.

Title Medical Scripting theory as a Method of Developing Diagnostic Skills in Clinicians

Presenter Luke J Dawson

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ABSTRACT

Background: Establishing a diagnosis is a fundamental clinical skill. Yet, undergraduate clinicians are often expected to gain it through being exposed to knowledge in lectures, and the observation of 'experts' on clinic. Results from clinical assessment suggested that this approach was not enabling our learners to meet the learning outcomes.

Method: Practical Action Research was used, and findings indicated a fundamental lack of alignment between the structure of the information in the lectures, and the contextual requirements of information usage in the clinic. Furthermore, data suggested a teaching strategy that facilitated learners to develop illness scripts would be beneficial. Therefore, existing lecture material was developed into a series of virtual lectures that followed specific organizational strategies. In addition, the time available for the original lectures was reorganized into an interactive session that used virtual patients, and relied on learner participation through audience participation handsets.

Results: The data demonstrate that the virtual lectures were well received by learners, with 85% finding them more useful than the traditional lectures. Furthermore, 96% of learners felt that the virtual lectures brought additional benefits. There was also an unprecedented level of enthusiasm for the interactive session, with 87% agreeing that the format helped them understand key points. In addition an improvement in assessment performance was noted.

Conclusion: The format of virtual lectures followed by interactive sessions has much to commend it, and should be considered for a method of developing diagnostic skill.

Title Curriculum Evolution: Reducing Curriculum Density at Brody School of Medicine.

Presenter Robert G. Carroll

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ABSTRACT

Brody School of Medicine in a community-based medical school (emphasizing primary care) in the USA that has a discipline-based preclinical curriculum. As part of a self-study, curriculum

density was identified as a problem in 2007, and a Curriculum Renewal process initiated to determine how to best address this issue. To date, there has been a 20% reduction in scheduled hours in the M1 year and a 14% reduction in the M2 year, and the number of unscheduled afternoons has more than doubled.

Table 1: Changes in curriculum density and time available for independent study

	Curriculum density in hours				Protected afternoons (as % of class days)		
	2009/10	2012/13	2013/14	Nat'l mean	2009/10	2012/13	2013/14
M1 Fall	418	330	335	400	4 (5%)	28 (39%)	43 (54%)
M1 Spring	418	363	In planning	400	25 (30%)	45 (58%)	In planning
M2 Fall	440	393	380	381	20 (25%)	34 (43%)	49 (62%)
M2 Spring	400	344	In planning	361	18 (25%)	36 (50%)	In planning

Key components of the change: 1) Curriculum renewal process extending over 3 years to insure faculty ownership of the curriculum changes, 2) A curriculum architecture mandate from the Executive Curriculum Committee that each week has a maximum of 25 instructional hours and that >40% of the afternoons be unscheduled to allow time for independent learning. 3) Curriculum mapping and communication among faculty and with learners to identify unplanned redundancies. 4) Changes also included introduction of a Problem-Based Learning course and an expansion of time devoted to Professionalism and Ethics.

Title Abuse in the Medical Workplace

Presenter Athol Kent

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ABSTRACT

Background: Abuse is present in the health care environment and students frequently report being exposed to it. However they dislike reflecting on it, resisting the challenge to explore their own thoughts, feelings and behaviours.

Summary of work: In helping students examine their own experiences and to become change agents, critical reflection is a key focus – facilitating a shift from consciousness to action. This action is vital in their student years, their internship and in their future role as health professionals.

Through student lead (but professionally facilitated) workshops we have created The Six Step Spiral as an innovative tool to reflect on alternative strategies for action.

It works by students choosing an incident then reflecting on it in a sequential process guided by probing questions.

Summary of results: Evaluations point to the usefulness of the Six Step Spiral. It provides a practical process for students to follow in responding to violations they observe in the workplace rather than frequently feeling helpless and vulnerable themselves.

Conclusions: Critical reflection about abuse can be successfully encouraged and shared by using the Six Step Spiral.

Take-home messages: Interactive visual frameworks are valuable vehicles enabling students to develop insights. This contributes to their long-term use of reflection on how to deal with abuse in the workplace and we suggest it could be usefully introduced to any Medical School's curriculum.

Title Faculty Development for Effective Teaching: Issues and Challenges in Pakistan

Presenter Gohar Wajid

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ABSTRACT

There is exponential increase in the number of medical and dental colleges over the past two decades in Pakistan (from less than 20 in 1990 to over 130 in 2013). The situation is not different in disciplines including nursing and other allied health sciences. This increase has raised two major issues related to the faculty development in Pakistan. First, there is shortage of properly qualified and trained faculty; second, the training of existing faculty to deliver high quality training is also questionable.

Focusing primarily on the development of faculty members as teachers, Pakistan health professions education system is facing some of the major challenges including the non-existence of formal teacher training and CME/CPD programmes, core teaching competencies, barriers to effective teaching, competency-based assessment, use of instructional technologies, continuing medical education, and research on teacher training and faculty development. If not dealt with carefully on urgent basis, the quality of medical education is likely to decline in the coming decades.

This presentation shall review the existing faculty development system in the country, issues and challenges in faculty development and suggest a framework to tackle with this gigantic challenge.

Title The Use of Standardized Patients for Teaching the Pelvic Examination to final year clerkship medical

Presenter Saadia Sultana

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ABSTRACT

Background: Keeping in view the sensitive nature of various examinations (e.g. breast, pelvic & testicular) and anxiety faced by novice learners and patients, we planned a training session for medical students using standardized patients during the clerkship course.

Aim of the Study: To compare the skills in pelvic examination technique between students who have had training with standardized patients and a control group of students trained using routine patients.

Methods: A comparative prospective controlled study was carried out by modified random sampling (systematic sampling) on students attending the course in Gynae/Obs patients at Railway Teaching Hospital. A group of students who received training and learnt pelvic examination with standardized patients were compared with a control group of students who were trained using routine patients.

Main Outcome Measures: Skills of medical students in pelvic examination. Results of OSCEs both the groups will be compared.

Results: The results have been entered into SPSS Version 17.00 for statistical analysis. The t tests will be applied to compare the difference in the mean scores between the two groups of students. We hope that students having training with standardized patients will be more skilled in performing a pelvic examination and better prepared to examine their own patients than students trained using routine/clinical patients. (Results will be submitted after statistical analysis in 2 weeks time.)

Conclusion: We will conclude our study in the light of results and statistical analysis.

Key words: Standardized patients, Pelvic Examination, Medical Students.

Title Patients' attitude towards medical students in a teaching hospital of Pakistan

Presenter Muhammad Nadeem Akbar Khan

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ABSTRACT

Background and Aim: MBBS students in 5th year are attached for clinical clerkship in different wards of tertiary care hospital affiliated with Islamic International Medical College to learn the techniques of history taking, examinations and other procedures. The aim of this research was to study the attitude of patients towards medical students who come for clerkship in a teaching hospital.

Methods: A descriptive cross sectional study was carried out in medical, surgery and Gynae departments of Pakistan Railway Hospital, from March 30, to May 30, 2013. Four hundred patients were included in the study through non probability convenient sampling. The patients were interviewed with the help of a self administered questionnaire comprising of Section I about their demographic characteristics and in Section II, questions were asked about their reaction and acceptability of medical students. The questionnaire was piloted on a sample of 15 patients to ensure the face validity and clarity. Few changes in the questionnaire were made. Data collected was entered into Statistical Package for Social Sciences (SPSS Version 17). Descriptive statistics were applied for all the variables to present the frequencies and

percentages. Cross tabulation was done between each of the `Patients` reaction towards students` variables and demographic variables.

Results: The data of 400 respondents has been collected and entered into SPSS for statistical analysis. Results will be submitted in about two week's time.

Conclusion: On the basis of our results conclusions will be drawn.

Key Words: Attitude of patients. Medical students. Clinical clerkship. Teaching hospital.

Title Our Lectures what do the students think

Presenter Fahd Mudassar Hameed

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ABSTRACT

One of the earliest instructional strategy in medical education is lectures. With the advent of constructivist approach to learning the classical one way lectures have been questioned. Interactive lectures are still in place as they are considered efficient means of transferring knowledge and understanding to a large number of students together] The efficacy of lectures is measured by what students have learnt as compared to what they have been taught. There are certain attributes of a good lecture which leads to improved learning such as activation of prior knowledge, use of flowcharts and diagrams, ensuring students active participation etc. This study has been done to reveal the perceptions and experience of our students regarding the lectures taken in our medical school. An attempt is made to bring forth the students' experience regarding the lectures from different aspects like the lecturers way of presentation, the use of multimedia. We were also interested to know how much the students come prepared for the lectures and finally upto which extent lectures are helpful in the learning of students. Usefulness of lectures was indirectly asked by asking whether the number of lectures should be increased or not.

Methodology: A revalidated questionnaire was distributed to the students of MBBS year 2. The response rate was 100 %. Questions were grouped under various headings and categorization (Excellent, Very Good, Good, Fair and poor) was done according to responses. Lecture as an instructional strategy and the presentation of lectures was regarded as "Good" by 39% and 42 % of students respectively. 36% of students commented the Multimedia preparation of lectures as "very good". Only 23% of students have mostly gone through the learning outcomes of a lecture before coming to attend it.

Conclusion: Lectures are an important instructional strategy .More insight is required in our lecturing process. This will improve the learning of students and the faculty may well be given feed back to improve their performance.

Title Identifying and comparing the different learning styles of health Professionals

Presenter Ayyaz Ahmed Bhatti

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ABSTRACT

Objectives: To find out the frequency of different learning style in students of first year medical, dental and rehabilitation students and to find out the difference in learning style of these professionals and to formulate future academic plan according to the needs of students.

Place and Duration of Study: Riphah International University Islamabad, Pakistan between February 2013 and June 2013

Methodology: It was a descriptive cross sectional study. A sample of 83 first year MBBS, 81 first year DPT and 36 BDS was recruited. Kolb's inventory (1985) was used for collection of data. It was analyzed by using SPSS 20.

Results: Out of 200 of total number the students 82.2% were female students. Frequency of learning style showed that 21.7% of MBBS students were assimilators, 22.2% of DPT students were Accommodators and 13.9% of BDS were Converger.

Conclusion: It is concluded that the majority of students of the different disciplines do not have single learning style. So teaching methodologies should be planned according to the learning styles of the students.

Key words: Kolb's learning inventory, learning style, accommodator, Diverger, assimilators, Converger.

Title Ethical Education for undergraduates: Perceptions of students and teachers of faculty of health & medical sciences

Presenter Kouser Firdous

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ABSTRACT

The faculty of medical & health sciences of Riphah International University Pakistan, has the mission statement "Establishment of State-of-the-Art Educational Institutions with a Focus on Inculcating Islamic Ethical Values". The graduating doctors are expected to be good practicing and enlightened Muslim medical professionals.

Different programs have been designed to impart ethical education to students and faculty members. Steps are taken to make the culture and environment conducive for the inculcation of Islamic ethical values.

Objective of study was to know how the students and teachers value the ethical education being imparted as formal and informal curriculum to undergraduates of the faculty of health & medical sciences.

Study design was survey based quantitative, study tool was structured pretested questionnaire which was administered to randomly selected 50 teachers and 300 students i - e 25% of study population, of constituted institutes which are Islamic International Medical College, Islamic International dental college and Riphah institute of Rehabilitation sciences. Data comprises of responses to questionnaire which were processed by SPSS and tabulated.

Data was collected, analysis is in process. Results of so far compiled data reveal that about 70% support need for ethical education to be imparted to undergraduates of faculty of health & medical sciences. Conclusion to be laid down after analysis.

Title Assessing the Long case based on SLICE (STRUCTURED LONG INTERVIEW AND CLINICAL EXAMINATION)

Presenter Rehan Ahmed Khan

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ABSTRACT

Background: Osler is a valid and reliable tool to assess long case. However in our local settings in undergraduate examination where examiners are not used to structure long case assessment and one examiner has to assess at least 15-20 students for long case in duration of 02 hours, we needed a tool which is more fit more the local needs.

Materials and Methods: An action research approach was used. Problem of structured examination in long case was required. OSLER was not meeting the needs in the local context. It was felt that more time was required to train the examiners in conducting the OSLER and time requirements were not met using this tool. Hence focus group discussion and interviews were held with the senior faculty and medical educationists to come with a new tool named SLICE.

Results: SLICE was used in assessing Long cases and was found to be valid and reliable tool. It was also found to be easier to be taught to the examiners.

Conclusion/Take Home Message: OSLER is a very good tool to assess Long case; however modifications/changes may be required for established tools in the local context so new or modified tools can be designed keep the soul and spirit of the structured and systematic examination alive.

Title Satisfaction of Final Year Students With Various Components Of Teaching

Presenter Fareesa Waqar

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ABSTRACT

Objective: The objective of this study was to evaluate final-year medical students' satisfaction with placement-based training in obstetrics and gynaecology during their placement at various hospitals across the twin cities.

Methods: The study was carried out between May 2011 and June 2012, at Islamic International Medical College Trust, Railway Teaching Hospital, Pakistan, including two other medical colleges in the twin city. All final-year medical students (n=99) were given a questionnaire to assess their satisfaction with clinical education and training in obstetrics and gynaecology during their placement at hospitals (named as A-C to maintain anonymity) across the twin cities. Students were required to respond to each question on a 5-point Likert scale.

Results: Overall satisfaction with clinical training in obstetrics and gynaecology was 54.97%. In hospital-A, the satisfaction of the medical students with teaching achieved scores of 64%. The approachability of teachers was the most highly scored overall. The satisfaction with assessment by teachers of three basic competencies including history taking, abdominal examination and pelvic examination was ranked at above 60% in two of the three hospitals. Access to IT facilities was available to medical students in all hospitals but hospital-A obtained the highest score.

Conclusion: The study shows that the teaching is not standardized in all the hospitals across the region. The agenda of the university does not always meet the agenda of the different health professionals in the trusts. A student-centered guideline about training in obstetrics and gynaecology should be formulated.

Title Vicarious learning during simulations: is it more effective than hands-on training?

Presenter Fareesa Waqar

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ABSTRACT

Context: Doctor–patient communication skills are often fostered by using simulations with standardized patients (SPs). The efficiency of such experiences is greater if student observers learn at least as much from the simulation as do students who actually interact with the patient.

Objectives: This study aimed to investigate whether the type of simulation-based learning (learning by doing versus vicarious learning) and the order in which these activities are carried out (learning by doing → vicarious learning versus vicarious learning → learning by doing) have any effect on the acquisition of knowledge on effective doctor–patient communication strategies.

Methods: The sample consisted of 33 undergraduate medical students (25 female, 8 male). They participated in two separate simulation sessions, each of which was 30 minutes long and was followed by a collaborative peer feedback phase.

Results: Vicarious learning led to greater knowledge of doctor–patient communication scores than learning by doing. The order in which vicarious learning was experienced had no influence. The inclusion of an observation script also enabled significantly greater learning in students to whom this script was given compared with students who were not supported in this way, but the presence of a feedback script had no effect.

Conclusions: Students appear to learn at least as much, if not more, about doctor–patient communication by observing their peers interact with SPs as they do from interacting with SPs themselves.

Title Measuring student’s perceptions about educational environment of an ‘under graduate rehabilitation sciences curriculum in Riphah College of Rehabilitation Sciences- Pakistan by means of DREEM’s inventory

Presenter Arshad Nawaz Malik

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ABSTRACT

Background: Educational environment is an integral and vital component and it makes an important contribution to the learning of students. The DREEM (Dundee Ready Educational Environment Measure) questionnaire is one of reliable and valid instrument for assessing the educational environment.

Aims Of Study: The main purpose of this study was to identify the perceived strength of educational environment of Riphah College of Rehabilitation Sciences Islamabad Campus.

Methods: The DREEM questionnaire was used for assessing the educational environment and a sample of 142 students from first year and final year of Doctor of Physical Therapy was recruited.

Results: The mean score for “perception of learning” were 2.70; “Perception of course organizers” was 2.58, “Academic self perception was 2.76, “Perception of atmosphere was 2.58 and “Social self perception” was 2.36.

Conclusions: It is concluded that overall environment of Riphah College of Rehabilitation Sciences is positive but there are some areas which need special concern for improvement.

Key Words: educational environment, study perception, learning perception, social self perception

Title Behavioural Management in Dentistry – a curricular design

Presenter Yawar Hayat Khan

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ABSTRACT

Background and Aims: Dental anxiety has been identified as one of the two most crucial barriers encountered by the general population in accessing dental health care. Dentists have been reported to use a number of behavioral management techniques to manage dental anxiety which may be either learnt during undergraduate or graduate training, or by observing other dentists, or by trial or error. Several of these techniques have been validated as being effective in relieving dental anxiety. It has been suggested that a course in behavioral management should be incorporated into the curriculum of dental schools.

The dental undergraduate curriculum needs to be revised in the light of current evidence such that behavioral management is incorporated within the current dental curriculum.

The aim of the present study was to design an evidence based ‘Behavioural management module’ to be incorporated into the undergraduate dental curriculum.

Methods: Current evidence based teaching methods were used to design a module for teaching ‘behavioral management’ at the undergraduate dentistry level.

Results: The instructional goals, knowledge, skills and attitudes of the course were defined. The course was divided into six modules with different teaching methods and assessment tools used.

Conclusion: Incorporation of the module will equip the dental students to manage dentally anxious students more confidently and appropriately, with less use of pharmacological interventions.

Title Quality of clinical feedback as perceived by students versus their supervisors in the operative dentistry clinical rotation

Presenter Alia Ahmed

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ABSTRACT

Background: Clinical supervision can be defined as an activity in the clinical setting which promotes learning and problem solving for the student at an undergraduate or post graduate level. It is also used for assessment. This important activity

Aim: This study aimed to see if various characteristics of clinical feedback received by the student are perceived as the same by both student and supervising faculty.

Methodology: A similar questionnaire was administered to students and supervising faculty containing questions related to the quality of clinical feedback received during the final year operative dentistry clinical rotation of two months. Statistical analysis was performed by SPSS version 17. A paired samples t-test was used to compare the results of student versus supervisor perceptions.

Results: Categories of feedback tested that were not statistically significantly different between student and supervisor were overall proficiency, upholding dignity of the student, respect for faculty and being a safe dentist and knowledge of the supervising faculty regarding individual strengths and weaknesses. Categories significantly different were ability of the supervisor to focus on the problem, amount of time without feedback, resolving conflicting feedback, ability to understand feedback, learning environment and level of respect given by the supervisors, which was in turn perceived as adequate by the supervisors themselves

Title An Assessment of Evidence Based Knowledge among Dentists

Presenter Muhammad Humza Bin Saeed

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ABSTRACT

Background & Aims: Evidence based health care is the conscientious use of current best evidence in making decisions related to patients and/or health care delivery. Numerous studies have suggested evidence-based care of patients can reduce patient complications and decrease healthcare costs by as much as 30%. The present study aimed at assessing the dentists'

knowledge of evidence based guidelines in three main areas: oral hygiene; caries prevention and routine recall intervals.

Methods: A questionnaire OHCRIT was designed and piloted at the Islamic International Dental College. The dentists' evidence based knowledge was assessed on a 13 item scale in the questionnaire. The questionnaires were distributed among all dentists at Islamic International Dental College.

Results: A total of 141 dentists were included in the study. The participants were divided into three groups: senior faculty; junior faculty and house officers.

The mean evidence based knowledge (EBK) score was 5.54 + 1.76. When the EBK scores were compared between the three different groups using one way ANOVA, no significant difference was found between the three groups ($p > 0.05$).

Conclusions: Counter to the general perception that with a progression in career, experience, seniority and qualifications, there would seem to be increase in evidence based knowledge of dentistry; this study suggests there is no association between these variables.

Title Role of Unseen Pretest Formative Assessment In Improving Clinical Interest And Final Scores Of Final Year Students

Presenter Azra Saeed Awan

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ABSTRACT

Objectives: To evaluate the role of unseen pretest formative assessment in improving clinical interest and final scores of final year students

Methodology: Final year medical students, in their fourth year of clinical work were divided into two groups just in the beginning. In addition to the usual clinical material, group A were provided with unseen pre-course assessment material. The B group was provided with study guide of pre-course assessment. The result was only conveyed as feedback paper. Their interest in clinical work and their performance was compared in two groups' methods at the end of their gynecological module and at final professional exams. Observational and quantitative study

Results: The performance of students of group A was far better than group B.

Conclusions: Formative Pretest assessment is a new tool used for the first time in clerkship and proves to be very effective in improving clinical performance in the form of interest and final scoring. Key point is to prepare goal directed pretest.

Key words: Pretest, formative assessment, unseen pretest

Title Does PBL make medical students Lifelong learners?

Presenter Khalid Farooq Danish

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ABSTRACT

Introduction: Our medical school has switched from traditional to integrated modular spiral outcome based curriculum. Problem based learning has been introduced as one of the main teaching/learning strategy. One of the major benefits of PBL mentioned in the literature is to make student a lifelong learner. However it is not easy to assess that PBL imparts this basic feature of adult learning in students. PBL is used as learning strategy in the first 02 years of medical curriculum, so that the lifelong learning capability can be assessed in the last three years of medical school.

Methods: This study will be quantitative cross sectional co relational study.

300 students from 3rd to final year MBBS will be distributed Revised Jefferson scale of Physician Lifelong learning (JeffSPLL) at the start of the lecture. The questionnaire will be collected at the end of the lecture.

Results: Data will be collected from JeffSPLL inventory. This will be entered into SPSS 18. Both non parametric and parametric analysis would be done. Non parametric analysis would include mean, median and mode of ages and gender of the participants.

Parametric analysis would be based on Pearson Co relation analysis to find a relationship between the PBL and developing the capability of Lifelong learning.

Discussion/Conclusion: Lifelong learning is multidimensional idea. Factors associate with lifelong learning include need recognition, undertaking research, self-motivation, practical abilities and personal motivations. The discussion will be based on the relationship between the development of lifelong learning skill and the process of Problem based learning.

Title An Evaluation of Effectiveness of Curriculum and Educational Strategies in Dental Colleges in Pakistan

Presenter Azhar Sheikh

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ABSTRACT

Background and Aims: The medical education world is slowly shifting from teacher based education systems to ones that encourage self learning in students. Curriculums are continuously improvised based on student performance in work environments. The purpose being to create better professionals who are more adept at solving problems than being equipped with textbook knowledge only. Pakistan's progress in curriculum modification is a relatively slow process. It is important for us to design curriculum that caters to our specific needs and allows students to develop critical thinking and enhance their problem solving skills. This project aims to determine the problems with the current system of education and its mode of administration. We hope results of this research will be able to put forward evidence based suggestions to overcome these shortcomings.

Methods: In this research, five aspects (curriculum, student awareness, faculty training, teaching strategies and the resulting outcome) of dental education were evaluated using especially designed questionnaires for faculty members, recent graduates (house officers) and

current students of third and final years. The project involved three dental colleges in Islamabad-Rawalpindi region.

Results: Among the faculty members, the majority of the participants had not even read the PMDC curriculum (56.9%). More than 80% of the house officers and undergraduate students that were included in the study had not read the PMDC curriculum. Only a very small proportion of the faculty members (13.9%) had received some form of faculty training.

Conclusion: Since the knowledge of the dental faculty and students is very limited with respect to dental education strategies and curriculum, the effectiveness of teaching methodologies is put in question. This study also puts forward suggestions to improve dental education system in Pakistan in the best possible way, taking into consideration, the limitations of our resources.

Title: Workplace Based Learning'; a legitimate forum for faculty development

Presenter Rahila Yasmeen

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ABSTRACT

This is an ABSTRACT of a Phd-HPE research proposal. In this research project we will use the influence of 'workplace' as a learning environment for faculty development and create a new model/approach (combination of formal & informal approaches) of faculty development. Such approaches to faculty development model the social & participatory aspects of learning through work and can be balanced with more traditional workshop-based activity focusing on skill rehearsal, dialogue and feedback (Clare Morris and David Blaney, 2010), through our studies we will explore and examine the effects (both learning process and outcomes) of faculty development approaches (both formal and informal) based on 'theories of social learning' on faculty/medical teacher's performance and relationships & networking created among them, all embedded in the workplace based learning environment.

Title Simulation Based Medical Education Applications in Turkey: What do the studies show?

Presenter Ozlem Midik

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ABSTRACT

Background and Aims: Today, simulation based applications are integrated into medical education. In this study, the aim was to evaluate the scientific studies including simulation methods used in our country's medical education, since the 2000's.

Method: Meta-analytical method was used in this study. 'Turkey, undergraduate medical education, simulation, simulated/standardized patient, clinical skills, manikin, model, animal models, cadaver, human simulator, role playing, video, computer' used as key words in the PUBMED, ERIC, Cochrane, EBSCO and Google scholar data basis both in Turkish and English. A code list was created via the analysis process and a catalog was designed including the codes

for each study evaluated. Catalogs were re-read and selected by considering the selection criteria. A descriptive analysis of the obtained data was conducted.

Results: We reached 44 articles between years 2002- 2013. The majority of studies (n=30) included preclinical period of undergraduates. Clinical skills education (n=27) consisted of the majority of simulation methods used in the programs. Most commonly used simulation types were mannequin (n=19) and simulated patient (n=12). Role playing, video, drama, computer, cadaver, written case simulation were others used. There was no data about the programs conducted with virtual patient or high tech simulations.

The majority of the articles were program evaluation study (n=34), in these studies, effectiveness of the programs were discussed via data for satisfaction and academic success. All the studies reported affirmative results about their simulation based programs. The number of studies about development simulation tool and their effectiveness assessments were little.

Conclusion: The studies/programs using simulation methods are increasing in our country. On the other hand, study designs evaluating the effectiveness of simulation are not sufficient and the reliability and validity studies of them are needed.

Title New faculty's professional development: What can they learn from unexpected experience?

Presenter Siti Rokhmah Projosasmito

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ABSTRACT

Background and Aim

New faculty recruited by medical education institution usually is an expert in the subject matter. However, only few of them or none was equipped with the educational knowledge. Experience alone would not produce a good teacher. According to Kolb's learning cycle, a critical reflection process of the experience is inseparable from learning process. Through reflection new faculty can learn from the past experience and make that as a way to develop their professionalism.

The aim of this study is to explore new faculty's on their professional development through reflection of their roles.

Method: This is a qualitative study. Data was taken from critical reflection, using Gibb's method, made by the new faculty as part of new faculty training program. Fifteenth faculties' reflection from unexpected experience in their role as a teacher were analyzed.

Result: From the analysis, it was found that 3 major theme were noted by new faculty. Interpersonal relationship between senior and junior staff, management issue and teaching skills.

Conclusion: Even reflection from unexpected experience can help new faculty to develop their professionalism and competence as a teacher. For the institution, this reflection can be used as consideration to develop the most suitable faculty training program that meet the new faculty need.

Title Ideal Mentor- perceptions of faculty and students

Presenter Shamsunnisa Sadia

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ABSTRACT

Background:

Mentoring implies a 2-way relationship between the mentor and the mentee. A successful partnership can lead to the professional development of both individuals. But there are important questions to be answered; who should be a mentor? Although the significance of mentoring programs has been realized in the developing countries, its role in the holistic development of our students is still not given its due importance in the developing countries. We aim to identify the qualities of an ideal mentor as perceived by our faculty and students and compare the perceptions of the two groups.

Methodology:

This will involve quantitative data collection using a survey.

Results:

The study will be cross sectional using “the Ideal Mentor Scale (Gail Rose, The University of Iowa, 1999)” in a survey to help faculty and students identify the relative importance of several mentor functions and characteristics. Approximately 75 survey forms will be filled in by 25 faculty members actively involved in teaching and 50 students who have been exposed to patient management in clinical settings. Data will be analyzed using SPSS v.16 statistical package (SPSS Inc., Chicago, IL)

Conclusion:

Knowing the perceptions of faculty and medical students in choosing a mentor can lead to development of criteria for choosing a mentor. This knowledge should foster more meaningful discussion and assist with developing mentoring programs in our part of the world.

Title Computer-assisted PBL-Case study

Presenter Yasser Elwazir

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ABSTRACT

Background: Until 2008, printed problems were used as the learning material in PBL classes in the Suez Canal Faculty of Medicine. As a part of its efforts to upgrade its educational system, we started converting the problems to digital format.

Objectives: To evaluate the perception of the students and instructors to the computer-enhancement of PBL classes

Methods: 60 students are involved in this study. A simulated patient is videoed telling the main complaint, followed by projection of the salient findings of the clinical examination and the investigations. These steps are intervened by questions for acquisition of clinical reasoning and

problem solving skills. Students deliberate to respond to the questions and then get feedback before moving to the next step. The outcome is done through evaluation of the students' satisfaction using a 15-item anonymous questionnaire, with a 5 Likert scale for each item.

Results: Analysis showed that a relatively high percentage of the students who filled the questionnaire perceive that these e-problems helped them to understand better (79 %), learn deeper and remember longer (61%), participate more in discussions (70%), render PBL sessions more interesting (79%), focus their discussion (63%), improve their achievement in problem solving exams (49%), and in written exams (39%). In the open-ended comments, students asked for more photos and animations and less text (36%), allow them to show their own electronic illustrations during the discussions (33%), ensure better technical support in case of network failure (34%), train all tutors on how to moderate discussions of e-problems (12%).

Conclusion: Introduction of computer-assisted learning in PBL classes improved the learning process as perceived by the students.

FREE PAPER ABSTRACTS - POSTER

Title Use of active teaching & learning methods in a Pathology Course –an experience at RAK medical & health Sciences University, UAE

Presenter Manal Sami

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ABSTRACT

Background: Providing students with more opportunities to apply their knowledge during their didactic training may accelerate their learning in the foundation years. The challenge is using classroom time for discussion of the application of concepts using real life examples. The overall goals are to improve student-teacher interaction.

Aim & Objectives: To analyze the perception of students regarding active learning methodologies in pathology course

Material and methods: A questionnaire based survey was done to analyze about: Section 1 utilized active learning in small class groups; section 2 used a more traditional style of teaching, and section 3 was taught with CBL but using large in-class groups.

Results: 67% agreed that the group seminar had potentially a profound effect on them as a learner. Overall 76% found such learning activities in pathology to be very good. 61% agreed that the PBL was very informative to the students in their learning. 71% strongly agreed that the CBL were very motivating. 63% strongly agreed that the learning activities like group seminars/role play/flash cards & interactive CD's will improve their self-confidence.

Conclusions: -30% of the students stated that they like the best teaching methodology to be the 'CBL. 15% preferred PBL while 10%, 8% and 6% liked best teaching methodology to be the group seminars, didactic lectures and role play respectively.

Title Impact of videos in learning Pathology at RAK Medical & Health Sciences University

Presenter Manal Sami

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ABSTRACT

Background:

In students' learning, medical educationist specifically emphasizes development of an innovative learning plan which can help them to become a lifelong learner. Many studies have determined that a video approach offered an inexpensive educational intervention to improve students' professional development.

Objectives:

A. To analyze whether teaching by video's increased the understanding of learning objectives included in the Pathology curricula.

B. To analyze the students' knowledge level about the topic based on scores obtained in the test given on the selected topic after video review.

Material & Methods: The Students were given the name of the topic and learning objectives related to the video a week before. Students participated in a pre-recorded video and completed self-assessment.

Results & Conclusions: 95% students felt that including videos in teaching had contributed in their learning of Pathology. To 84% of them; it helped in recognizing their own strengths and weaknesses and had motivated them to attend classes and also helped them as the useful feedback in understanding the topic. To 98% the videos helped to identify the important areas of the topics. To 35% only it helped in building their confidence in learning objectives. 91% feel that videos as an innovative assessment strategy. 64% students stated that their preferable learning style is visual therefore the video-recordings enhanced their learning remarkable.

Title Educating Allied Health Professionals A missing link in Patient Care

Presenter Riaz Hussain Dab

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ABSTRACT

Back ground and Aims: Patient care system needs team of medical doctors, nurses and Allied Health Professionals (AHPs). AHPs may be involved as technicians to manage diagnostic and therapeutic needs. Allied health professionals with minimum 4 years of education may be involved as technologists to bridge the gap between technicians and consultants. Many training schools of AHPs in Pakistan are required. Faisalabad and surroundings have almost 7 million populations. There is only one paramedical College working in Faisalabad which could not fill the need. So there was a dire need of launching an innovative programme of training AHPs.

Methods: A need assessment survey was conducted at government and private tertiary care hospitals situated in Faisalabad. A well-conceived interview schedule was designed to collect the data from the field by well-trained sociologists. A descriptive analysis was made from the collected data.

Results: Results revealed that about 90% respondents pointed out the shortage of trained AHPs. A high majority of respondents from different health outlets desired to enhance the skills of such health professionals.

Conclusion: Training programs in Medical Laboratory Technology, Radiography & Imaging Technology and Operation Theatre Technology has been started at Government College University Faisalabad, Pakistan in 2012. The community has responded well and there was tough competition for admission. It is expected that the graduates of this program will fill the gap. This program envisages as pyramid system, with 2 years Associate degree a base and apex is PhD in 8 years.

Title Empathy and lifelong learning in the preclinical students

Presenter Ozlem Midik

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ABSTRACT

Background and Aims

Empathy means understanding another person's feelings. Lifelong learning is defined as the individual's self-continuous renewal. Nowadays, both are approved to be important qualities for medical professionalism. The aim of this study was to determine level of empathy and life-long learning of the preclinical students and find any differences according to their gender, class, and participation in the optional program, if there were.

Methods: This study has been applied on 96 students (volunteers participating in sign language course and not participating in this program). In this experimental study random design was used and the student version of the JSPE was applied. The empathy scale includes 20 items to measure the three underlying constructs of empathy (perspective taking, compassionate care, and standing in patient's shoes). Lifelong Learning Tendency Scale includes 27 items and four sub-scales (motivation, perseverance, lack of self-regulation and lack of curiosity). In data analysis, Mann-Whitney U and Kruskal-Wallis was used.

Results: The mean score of students' empathy scale is low, and compassionate care in girls was higher than boys ($p=0.15$). Lifelong learning tendency scores of students were low and these scores varied among participating and not participating students ($p=0,000$). There were higher scores on the motivation scores of the participants. The students' scores of persistence in learning differed by their class, difference was found between the first and second classes ($p=0,000$).

Conclusions: There is a need for analysis in depth why students' empathy and lifelong learning levels is low for all kinds of educational activity. More studies should be included in medical education curriculum to stimulate their intrinsic motivations.

Key Words: medical student, professionalism, empathy, lifelong learning

Title Evaluation Of Integrated Student Seminar As A Teaching Learning Tool

Presenter Rakesh Mittal

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ABSTRACT

Background & Aims: Integrated Student Seminars, Student Centric Teaching Tools Though Conducted Frequently, Have Not Been Scientifically Evaluated For Their Effectiveness. This Study Was Planned To Obtain Feedback From Students & Faculty Regarding Its Effectiveness And Assess The Knowledge Gain Of Students.

Method: 5-6 Students Of MBBS II Profession Presented Seminar, Whose Preparation Was Guided By The Faculty. Before The Seminar A Prevalidated MCQ Test Was Administered To All The Students Of MBBS II Profession And The Same Test Was Administered At The End Of The Seminar (Post Test 1) And After 1 Month (Post Test 2). At The End Of Seminar, Feedback From

The Students And Faculty Was Taken On A Prevalidated Questionnaire Regarding The Effectiveness Of Integrated Student Seminar As A Teaching Learning Method.

Results: 58% Students Perceived This Method Of Learning As Good And 30% Considered It Satisfactory. 65% Faculty Expressed It As A Good Teaching Method And 30% As Satisfactory. Students Gave Feedback That It Improved Presentation & Communication Skills (91%), Created More Interest (81%), Better Understanding Of Topic (75%), Stimulated To Carry Out Literature Search (61%), Better Memory Retention (43%). A Statistically Significant Improvement In MCQ Tests Mean Score Was Observed (Pre Seminar Test – 10.7 ± 2.96 , Post Seminar Test 1 – 13.6 ± 2.42 , Post Seminar Test 2 – 12.9 ± 2.85 , $P < 0.001$).

Conclusion: Reformation In Teaching Learning Methods Is The Present Day Need; Integrated Student Seminar Is An Effective Learning Method. Adopting Such Innovative Programmes, Shall Refine The Existing Scenario Of Imparting

Title Faculty members in the process of change: What they hoped, what they found?

Presenter Ozlem Midik

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ABSTRACT

Background and Aims: Changes in program models of medical schools bring many problems and search solutions for them. As the change itself management of the process effectively or not is one of the major questions. In Medical School of Ondokuz Mayıs University, there was a process of change, from an integrated model towards problem based learning, since 2004. In this study, it is aimed to determine expectations and perceptions of faculty members about the management of the process of change.

Methods: It is a descriptive study including 106 participants. In the research a valid and reliable four point Likert type scale with 70 items, developed by Demiral was used to give two-sided scores for expectations and perceptions in each side. Data were analyzed by descriptive statistics, hypothesis tests including t- test and one way ANOVA.

Results: Of the participants 64.2% (68) were men and 43.4% (46) were professors. Among faculty members 9.4% (10) were employed in basic, 49.1% (52) in internal and 41.5% in surgical sciences. Of the participants 37.7% took place as in the management of the process of change, while 57.5% worked in any one of the educational committees. Faculty members' expectations were lower than their perceptions regarding the management of the change process ($p=0.00$). There were no differences in faculty members' expectations according to their gender, title, department, being a manager, playing a role in the change process and being a committee member. On the other hand, faculty members who played a role in the change process ($p=0.03$) and were a member of a committee ($p=0.04$), had lower perceptions about the change process than who did/were not.

Conclusions: Our results show that process of change was efficiently managed, and a better process of change was achieved than expected. Despite the overall high perceptions of faculty members, there is a need of explanation why those who were active in the process of change had lower perceptions.

Key Words: change management, medical faculty, perception, expectation

Title Distraction factors affecting the academic performance of students at Melaka Manipal Medical College, Manipal, India

Presenter Maya Roche

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ABSTRACT

Background: Academic excellence is what every institution desires from its students. Factors that distract students from academics tend to have a deleterious effect on learning and a successful career in the future.

Aim: To study the general perception of students regarding the distraction factors that prevail in the student community.

Methods: A questionnaire consisting of 9 items pertaining to the factors that distract students from academics was distributed to two batches of students i.e, one second year(n= 134) and the other in the first year (n=92) of the MBBS programme. The results were analysed and expressed as percentage.

Results: Both the batches of students opined that internet and online games were a major distraction factor (41% to 69%), followed by visual entertainment (18% to 64%). Effect of drugs and smoking on academic activities was minimum (2%). Effect of other distraction factors will also be discussed. However, students have minimised the time spent on the distracting activities when their grades suffered.

Conclusion: On an average, more than 50% of the students find the internet and online games to be a distraction factor, affecting their academic performance. It is a relief however, to know that students have stayed away from drugs and smoking. Nevertheless, advice regarding time and resource management is in order to further better the academic performance of the students.

Title Where Are Going Learning Motivation And Orientation In Last Term Students Of Dentistry Faculty?

Presenter Aysegul Karadayi Akar

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ABSTRACT

Background and Aims: A selective Medical Physics (MP) course was prepared for fifth term year students in Dentistry Faculty, in 2013. The aim of the course was determined as to raise awareness on radiation sources used in dentistry, to determine the frequency of radiation utility and to evaluate these subjects from preventive medicine side. We planned to use different methods such as educational presentation, homework, video monitoring-discussion

and participation in a research-writing research article. The subject of this study was the students' learning motivation and orientation that they showed during course period.

Methods: The students' feedback and observational notes were presented by descriptive analysis in this evaluation study.

Results: Most of the senior class students participated in the program (n=26) reported that they participated MP on a mandatory basis because other selective courses quotas were full. The students found more suitable short-term educational activities such as educational presentation and video monitoring due to no workload for them and useful for their professional life. Their exam scores, given after these activities, were higher than the other exams. However, even if the students defined homework and participation to research as 'attractive, dissimilar, effective', their motivation in participation in these practices and their scores at the end was low.

Conclusions: As the essential destination of the students is to complete faculty program to graduate, and to prepare specialization exam. Participants have ignored practices such as research, self-learning practices that time-consuming and did not contribute to learning. Therefore, it may not be false to say that students have strategic and orientated learning trends.

Key Words: learning motivation, learning orientation, program evaluation, dental education

Title Is the University of KwaZulu Natal's (UKZN) Nurse Initiated Management of Antiretroviral Therapy (NIMART) Training Programme effective in building capacity among Nurses?

Presenter Selvan Pillay

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ABSTRACT

Background and Aims: Nelson R. Mandela School of Medicine (NRMSM) has a PBL student centred learning environment. The curriculum is reliant upon efficiently delivered resources to students. The advent of information and communication technologies (ICT) has advanced the learning experience in a variety of aspects. This poster presents some of the ICT tools that have been developed / adapted for use at the NRMSM.

Methods: ICT tools deployed at NRMSM have the learning management system, Moodle as its core. The various tools in Moodle cater for the delivery of content, enhancement of communication and online assessment within a secured accessed controlled online environment.

The use of ICT in reducing language disparities has been identified as a key strategic area for development. Numerous tools including: IsiZulu – English Terminology Application (IETA), Mobi Site for smart phone terminology access, website hover technology, online courses and language collaboration systems are in various stages of development.

Results: 97% of students surveyed were of the opinion that ICT has improved their learning experience while 78% believed that ICT positively influenced their test performance. Qualitative research using focus group online discussions yielded a variety of positive

perceptions of ICT in medical education, ranging from positive experiences to recommendations for future applications.

Conclusions: The results obtained thus far provide a clear indication that ICT is an effective tool in narrowing the divides in a diverse student population. Further tools such as 3D virtual environment, student response systems and social media are now being investigated or developed.

Title Impact of a heutagogical approach to enhance student learning

Presenter Sanjay Kumar Sood

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ABSTRACT

Background and Aims: Advanced understanding of student learning process has transformed our approach in teaching. Heutagogy, one such novelty, advocates creating the right milieu for learning to happen. This concept is gaining pace and is gradually replacing the age old pedagogical methods. Teaching learning sessions can be made more interesting and meaningful by proper planning and innovative methods. We experimented with a concerted strategy to enhance student learning in a human physiology course.

Methods: We used modified team based learning (mTBL) method to teach renal physiology. Physiology lecture was replaced with preparatory self-reading, iRAT, gRAT and group discussions. Furthermore during the discussion concepts were simplified. This was followed by a computer simulation session and problem solving. We also evaluated student perception of mTBL by using a survey. This module was followed by formative assessment.

Results

The average score for most of the items in Likert scale were rated above 3.7. Most of the students viewed TBL session favorably. Mean \pm SD scores for various tests (Maximum 10) were: iRAT (n=86) 3.83 \pm 1.65; g RAT (n=10) 5.3 \pm 0.82; Practical test (n=96) 6.02 \pm 2.09; Quiz3 (n=99) 7.11 \pm 2.44; Quiz2 (n=101) 6.81 \pm 2.06. SPSS shows significant improvement in scores with this innovative teaching.

Conclusions: Student's feedback and results of comparative formative assessments show that mTBL enhanced learning. Our results also show that teaching learning sessions can be made very interesting and meaningful by proper planning and innovations. We conclude that medical students view mTBL favorably irrespective of their performance.

Title Performance and perception of the first year medical students about the team based learning in Anatomy

Presenter Vijayalakshmi S.B

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ABSTRACT

Back ground and Aim: Team based learning (TBL) possibly relies on student centered small group interaction more heavily than any other commonly used instructional strategy. It is being adapted in medical education to implement interactive small group learning. Present study was done to explore the perception and performance about TBL in teaching Anatomy.

Materials and Methods: This study involved a group of seventy first year MBBS students of RAK Medical and Health Sciences University, Ras Al Khaimah UAE. TBL was conducted in a topic of Anatomy as per the standard protocol that includes pre class study, readiness assurance followed by application of course content by small group discussion. Perception of TBL was determined by administering the eight items questionnaire and performance was analyzed by their scores in individual and group readiness assurance test and in course assessment scores.

Result: About 68.5% of students were able to learn and understand the topic effectively through TBL method. 73% students felt, interaction among the group members helped them to understand the course content better. About 62% were of the opinion that the lectures should be replaced with more and more TBL sessions in their teaching methodology. About 65% students were able to score well in the level 2 multiple choice questions in the in course assessment.

Conclusion: in conclusion, TBL facilitated the group learning among the first year MBBS students and it can be substituted as one of the important mode of teaching along with other teaching methodologies.

Title Readiness for Inter professional Education of Health Care Students

Presenter Chen-chen FENG

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ABSTRACT

Background and Aims: Inter professional Education (IPE) is universally acknowledged to be efficient in improving co-operation capabilities and it is widely included in university curricula. But in China, it is still at a primary level. The purpose of this paper is to describe students' attitudes and readiness for IPE.

Methods: The Readiness for Inter professional Learning Scale (RIPLS) was completed by 480 undergraduate students from five health care groups (nursing, rehabilitation, preventive medicine, five-year and eight-year clinical medicine) in West China Clinical Medical School of Sichuan university.

Results: Analysis of variance showed that there were statistical differences in different majors in negative professional identity subscale ($F=4.818; P<0.05$). Further analysis indicated that preventive medicine students scored significantly higher ($M=7.79, SD=3.35$). Nursing ($M=9, SD=2.07$), rehabilitation ($M=8.9, SD=2.26$) and senior students ($M=9.13, SD=2.21$) showed lower scores in role and responsibilities subscale. Students choosing their professions voluntarily ($t=-1.815; P?0.05$) and willing to take on their majors ($t=-2.085; P?0.05$) were more positive about teamwork and collaboration. There were no gender differences in the attitude and readiness for IPE ($p>0.05$).

Conclusions: Medical educators should consider disparities between different groups when setting inter professional education curricula, strengthen professional role and responsibilities especially for nursing and rehabilitation students as well as higher grades students. In addition, students' interests toward their professions should be also taken into consideration.

Title Evaluation Success rate of reposition sub mandibular gland ducts and removal of sublingual glands

Presenter Sarah Awni

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ABSTRACT

Aim: Drooling of saliva is defined as the inability to control oral secretion. It is not due to excessive production of saliva but it is a problem in coordinated control mechanism of oro-facial and palate lingual musculatures. This impaired neurological control results in poor swallowing function and leads pooling of the saliva in the anterior portion of the mouth. The aim of this study is to find out the success rate and the complications.

Methods: A retrospective audit of 22 patients with ratio M:F 1:1.4, Average age was 8

Results: 91% of patients had improvement in drooling. Pre-operative bibs changing ranged between 2 to 20/day with an average of 6 and median of 5, whilst post operatively change in bibs ranged between 0-11/day with an average of 2 and median of 1. Post operative hospital stay. 65% of patients stayed for one day, 25% for 2 days, 5% (one patient) remain for 4 days, 5% (one patient) remain for 6 days Post operative bleeding. 90% had no bleeding, 1 patient 5% post operatively minimum bleeding was documented, 1 patient (5%) closely monitored and was treated conservatively. 85% there were no numbness alongside the distribution of the Lingual nerve, however 15% noticed numbness. Other complications candidal infection in 1 patient, 1 patient suffered from sub mandibular gland swelling which resolved in 8 months and one case complaining difficulty in eating and ulceration due to dry mouth which managed increase fluid intake.

Conclusion: This surgical procedure proven to be successful in children with drooling problem. Prospective study with larger number is required for more robust results.

Title Prevalence of Bifid Mandibular Canals. A Retrospective Study 2000 Orthopantomographs

Presenter Sarah Awni

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ABSTRACT

Objectives: There have been various reports in the international literature regarding bifid and trifold mandibular canals. We could not find any such studies pertaining to the British general hospital patient population. It is useful to identify these anatomical variants as they may affect the efficacy of inferior alveolar nerve block anaesthesia. The configuration of the mandibular

canals is important in mandible surgical procedures.

Methods: This retrospective study reviewed 2000 digital orthopantomographs. The mandibular canals were examined with particular reference to the canal configuration in the region of the posterior molar teeth. The digital orthopantomographs studied were taken for a period of two years at Northampton and Kettering General Hospitals, it have been noticed that the Inferior Dental Canal radiolucency shows widening in the canal before it split into two canals area especially most of them the canal widens before it branch.

Results: 42 patients out of 2000 (2.1%) had bifid canals. Of these 17 (40%) were right sided, 12 (29%) were left sided and 13 (31%) were bilateral. 26 (62%) were female and 16 (38%) were male. No trifid inferior mandibular canals were found.

Conclusions: Digital imaging allows easy image manipulation including contrast, sharpness and magnification. This facilitated the examination of these orthopantomographs and may account for the greater prevalence of bifid mandibular canals seen in comparison to other studies. The risk of artifact needs to be considered and if a bifid inferior mandibular canal is evident, further imaging such as high resolution CT or MRI, should also be considered.

Presenter Indira Adiga K

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ABSTRACT

Background: Basic education in molecular biology is necessary for medical students to understand the molecular basis of health and disease. We, at Melaka Manipal Medical College, teach molecular biology as a part of biochemistry in the first year medical curriculum. Unlike other topics taught under biochemistry, teaching molecular biology is more challenging and time consuming as it requires visualization of complex, dynamic events happening in a cell.

Aim: To simplify teaching 'translation' by using a combination of traditional and computer assisted learning.

Methodology: Before the beginning of the class, students were provided with the hand-outs containing schematic representation of the flow of events that happen during 'translation'. Self-made power-point slides prepared on the topic were used during the class and at the end of the lecture; professionally made video on 'translation' was played for reinforcement. In this way, entire lecture on 'translation' was covered in a matter of 60 minutes and students' feedback was collected to assess the impact of various teaching modes on them.

Results: Out of total 250 students belonging to 2 different batches, 226 students responded to the feedback. Majority (93%) of the respondents felt that it was most appropriate to use the combination of hand-outs and animated power point presentation to teach this topic of molecular biology. Eighty four percent of the respondents agreed that playing of professionally made video on the topic at the end of the lecture worked as a revision session for them.

Conclusion: Class room teaching of molecular biology topics is simplified by using multiple audio-visual aids.

Title Preferences and Perceptions for Feedback among Students at RAK Medical & Health Sciences University, UAE

Presenter Ibrahim Hachim

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ABSTRACT

Background:Provision of effective and high quality feedback has been identified as a key element of quality teaching.Results indicated a diversityof preferences suggesting that a balanced approach in providing feedback would be most effective to meet individual needs.

Aim & Objectives:

1. To analyze the students' perceptions about the role of feedback
2. To study if there is a possible link between student feedback preferences and learning approaches.
3. To study the effect of feedback on student's attitude.

Material & Methods: A modified questionnaire used in previous studies using themes of our objectives as well as themes used in the literature was administered.

Results: 74% mentioned that they receive enough feedback from their faculty.63% feel that the feedback they receive is relevant to the goals as a student. 73% of the feedback had been in the form of verbal feedback from the faculty. 62 % of them feel that when faculty gives them feedback they care about them..95% feel that they deserve feedback when they had put in so many efforts into study and assignments. Only 43% feels that feedback had been evaluation of their strengths and weaknesses.52% of the students stated the feedback tells them expectation of the faculty.82% agreed that they need feedback to improve in future performance. For 65% verbal feedback was easier to understand.

Title Dentinal pin placement as an index of manual dexterity improvement between pre-clinical second year students and final year students

Presenter Alia Ahmed

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ABSTRACT

Introduction: Improved manual dexterity is a desired end result of pre-clinical and clinical training for dental students. This study aims to see if manual dexterity is actually enhanced by the use of an exercise in dentinal pin placement.

Methodology: Sixty second year students and sixty final year students were asked to view a pre-placement radiograph taken buccolingually. They were explained the steps of placement and criteria by which to judge the placement. They were then asked to place the pins. This was followed by two radiographs, one buccolingual and one mesiodistal to fully analyze the correctness of placement. Analysis was done on Adobe Photoshop to see perforations into the pulp and periodontium, distance from the outer surface of the tooth, and angulation of the pin.

The statistical analysis was done by SPSS version 17 with the paired samples t-test to compare the two sets of data.

Results: Final year students fared better in all categories of pin placement. Perforations, distances and angulations were significantly better for final year students with the p-value set at 0.05.

Conclusion: Manual dexterity improves with clinical experience.

Title Child Development and Implications for Behavioural Management in Dentistry

Presenter Muhammad Humza Bin Saeed

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ABSTRACT

Background: Cognitive development is the process of coming to learn and understand about the world. A new born child has all senses functioning at birth. There is evidence that infants start learning even during pregnancy. Cognitive and social development of children has been distributed into four different stages. The developmental stages have implications for behavioral management in dentistry.

Summary of Work: The study will illustrate the various stages of child development and the associated implications each stage has for behavioral management in dentistry

Discussion: Dentists' knowledge of child development and behavioral management techniques will better equip them to manage paediatric dental patients of different ages.

Conclusion: Behavioural management skills are integral in the management of the child dental patient. These skills must be integrated with the developmental stages of child development.

Take Home Message: Modules of child development and behavioral management must be incorporated into the curricula of dental schools.

Title The relationship between physical activity levels, sleep habits and academic performance in Physical Therapy students of Rawalpindi Pakistan

Presenter Furqan Ahmed Siddiqi

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ABSTRACT

Background: The physical activity level enhances the status of motivation and energy. The sleep and wake habits have also a strong impact on academic performance. The different level of activities in students are observed, there are various observation regarding the sleep habits and wakefulness of students.

Aims of the study: the main aim of this study was to determine the relationship of physical activity level, sleep habits and academic performance of physical therapy students.

Methods: a descriptive cross sectional study was conducted and a sample of 190 from first year and final year were taken by using systemic probability sampling. A self administrated

questionnaire, epworth sleepiness scale (ess) & rapid assessment of physical activity (rapa) was used to collect data.

Results: the epworth sleepiness scale score 25 % and 42% students were categorized in the level 6-8 and 9-11 respectively. The average score of students 33% and 21% were 71-75% and 66-70% marks respectively. 41% students having marks 71-75% lie in 9-11 sleep score.

Conclusion: it is concluded that students having good grades have less chances of dozing in day. The complete sleep has good effects on concentration of students towards study.

Key words: epworth sleepiness scale, grades, physical activity

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