

Record Appraisal of Program of Studies that Medical College Comply with Modern Standards

Sadaf Konain Ansari^{1*}, Sameer Ijaz², Anum Rafiq², Ayesha Akram², Ali Hamza Cheema² and Chudhry Zaid Riaz³

¹Assistant Professor and Head of Medical Education Department M. IMDC, Gujranwala (previously)/currently: Assistant Professor Medical Education Department, Sahara Medical College, Pakistan

²Lecturer Pharmacology Department M. IMDC, Pakistan

³Medical Officer Urology Department MITH, Pakistan

***Corresponding author:** Sadaf Konain Ansari, Assistant Professor and Head of Medical Education Department M. IMDC, Gujranwala (previously)/currently: Assistant Professor Medical Education Department, Sahara Medical College, Narowal, Pakistan

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ABSTRACT

Introduction: A private medical college “M. Islam Medical and Dental College” (M. IMDC) situated in Gujranwala has to clearly make how educational support is being established and specifically how they mean to guarantee teaching and learning capacity. For the purpose of this review process M. IMDC encourages the Quality Enhancement Cell (QEC) to perform program assessment of its undergraduates MBBS course “teaching to make sure learners’ improvements”.

Methods: M. IMDC has reviewed its policies and procedures statement features with the entire stakes holder including learners and teachers and makes changes to ensure there is a mutual understanding. The duration of review was two holistic years from 2020 to 2022 due to COVID-19 pandemic era. Feedback survey forms unanimously had taken from all registered students, faculty, staff, management team, Curriculum and Assessment Teams, Lower supporting staff, Students affairs and Other staff, Hospital staff and inpatient registered Patient and caretakers for the purpose of 360-degree feedback of Curriculum and assessment in order to established Quality Enhancement Cell (QEC).

Data Analysis: A qualitative analysis was performed and all statements are gathered to finalized the key findings and flaws with recommendations.

Results: Learners are getting high quality clinical observation and teaching while on ward-rotation deployment.

Conclusions: Besides Implementation of QEC was great efforts in order to maintains higher education standards.

Keywords: Feedback; Instructional Design; Self-Assessment; Skills; Small Group Discussion; Curriculum Design; Undergraduate Students

Abbreviations: QEC: Quality Enhancement Cell; SAR: Self-Assessment Report; TBL: Task-Based Learning; COD: Code of Conduct; MS: Medical Superintendent; SGD: Small Group Discussion; CPD: Continue Professional Development; QEC: Quality Enhancement Cell; TBL: Task-Based-Learning

Introduction to the Background

Quality enhancement is the organized monitoring and appraisal of a plan to guarantee that standards of excellence are being set up. Therefore, in higher education quality of a program was measured on the basis of students' understanding; skills on that intellect and performance. In this way an improvement of quality education system was built in itself which leads to the enhancement of undergraduates' learning [1]. Though there are guidelines for program evaluations, but they are not properly applied to every curriculum as this reviewing system is sensitive to that particular program (in this case is Medical Curriculum) of that institute and specific to institution's mission statement [2]. Although, this review process was aimed to produce a framework for the development of quality enhancement cell which would benefit the M. Islam Medical and Dental College, Gujranwala (M. IMDC) by:

1. Promoting a set of shared expectations and understandings about the nature of M. IMDC learning and teaching by using self-assessment report (SAR) of curriculum and assessment-a review process of all departments [3].
2. Identify areas in which further development is needed to support, change and enhance existing practices within undergraduate medical instructional strategies [3].

As, this evaluation was a measure of quality assurance promotion to confirm that medical college was complying with the criteria and requirements that are set out in accordance to Pakistan Medical Commission (PMC) and University of Health Sciences (UHS), Lahore [4]. For this purpose a student' survey was conducted along with the feedbacks from supporting staff, all faculty members, quality-teams, senior stakes-holders and self-assessment report of departments (SAR) [5]. This review process initiated by curricular assessment team for the development of a quality enhancement cell and the Institutional Review Board (IRB) committee exempted this entire review process from ethical endorsement; as it does not harm any human being or

any sensitive information which could damage any person or institutional departments' works. The duration of program's review period was two-years (2020 to 2022) because most of the learning and assessment was unchecked during the period of COVID-19 pandemic therefore review period was extended after the anonymous voting from academic council of M. IMDC.

Methods and Key Findings

Both teachers and learners praised the amenities they are receiving. Students like the clinical ward rotation and harmonization with theoretical work, case-based learning that was taught in the task-based learning (TBL) formats in wards and tutorial in the format of small-group-discussion sessions. However, there is still few misunderstanding about the "assessment-of-professionalism" and there was no proof of an unambiguous policy for patient and community participation appraising the MBBS program [6].

Areas of Virtuous-Training

During this survey a good practice was found with extraordinary and innovative models of work of case-based-learning related to UHS standards that would be technologically advanced further (case-based learning in fifth year is in the format of task-based learning (TBL) (Table 1).

Table 1: Areas of Virtuous-Training.

Sr. No.	Benchmarks	Virtuous- Training
1.	Standard-1: Learning Environment and Culture	Learners are getting high quality clinical observation and teaching while on ward-rotation deployment. (Read paragraphs 8)

Areas that are Functioning Fine

Furthermore, some areas are found thriving in function and not only meet the standards, but they are well rooted in the M. IMDC (Table 2).

Table 2: Areas that are Functioning Fine.

Serial. No.	Benchmarks	Functioning Fine areas
1	Criteria-1: Learning Environment and Culture	Student's feedback on Large Group Interactive Sessions (LGIS) facility was collected. That was particularly fascinated with the actual use of video conferencing to care learning-centered activities. (Read paragraph 16)
2	Criteria -2: Educational Governance and Leadership	The asynchronous teaching of M. IMDC is being well regulated. (Read paragraph 22)
3	Criteria -2: Educational Governance and Leadership	The methodology of undergraduate quality supervision was acclaimed by professors. (Read paragraph 28)
4	Criteria -3: Supporting Learners	Students have good access to clerical support. (Read paragraph 36)

5	Criteria -3: Supporting Learners	The participation of senior nursing staff in informal clinical teaching is valued by students. (Read paragraph 39)
6	Criteria -4: Supporting Educators	Clinical Professors are trained and with up-to-date knowledge at the time of inductions. It was found that academic teachers are also very supportive to their fellows with clinical workload (Read paragraph 47)
7	Criteria -5: Developing and Implementing core Curriculum and Assessments	Case-based learning that was taught as Task-based-learning (TBL) and Small Group Discussion (SGD) tutoring is well disseminated and was highly praised by students. (Read paragraph 53)
8	Criteria 5: Developing and Implementing core Curriculum and Assessments	The heterogeneity of community in the region is being addressed with Task-based learning (TBL) education. (Read paragraph 55)
9	Criteria -5: Developing and Implementing Core Curriculum and Assessments	Students like the clinical ward rotation and harmonization with theoretical work, case-based learning, and tutorial in the format of small-group-discussion sessions. Community visits are also aligning with practical works and learners value the support they obtain. (Read paragraph 57)

Prerequisite

When the desires result according to the standards are not accomplished, which was planned where serious action is required and

map to proof that was collected during the survey. The Quality Enhancement Cell (QEC) will monitor the progress of these desirable achievements with proof of documents (Table 3).

Table 3: Prerequisites.

Serial No.	Benchmarks	Prerequisite
1.	Criteria -2: Educational Governance and Leadership	M.IMDC must develop a time bound clear-cut policy to ensure endurance of patient and community involvement while train undergraduates. (Read paragraph 22 and 23)
2.	Criteria -5: Developing and Implementing core Curriculum and Assessments	M.IMDC must ensure that mentors and learners have a clear understanding about assessment of professionalism. (Read paragraph 63 and 64)

Commendations

These are the areas which needs improvement according to benchmarks' outline. These commendations highlight zones, a med-

ical institute (here it was M. IMDC) should report to progress in these regions, in line with finest practice (Table 4).

Table 4: Commendations.

Serial No.	Benchmarks	Commendations
	Criteria -2: Educational Governance and Leadership	M.IMDC should review its policies and procedures statement features with all the stakes holder including learners and teachers and makes changes to ensure there is a mutual understanding (Read paragraph 20)
	Criteria -4: Supporting Educators (Reference: 4.2)	M.IMDC has to clearly make how educational support is being established and specifically how they mean to guarantee teaching and learning capacity. (Read paragraph 48 and 49)
	Criteria -5: Developing and Implementing core Curriculum and Assessments	M.IMDC encourages the Quality Enhancement Cell (QEC) review of its basic sciences "teaching to make sure learners' improvements". (Read paragraph 56)

Discussion of Review' Outcomes

Learning Environment and Culture

1. The environment was conducive and supportive for students and instructors. Besides it was safe for patients. A sympathetic, caring culture that provides a high level of satisfaction in care and experience for patients and their families.
2. M. IMDC supports educational environment and culture value while students' training so that students are able to show what is anticipated in medical profession and to accomplish the essential outcomes of medical curricula.

Challenges (Criteria: 1.1)

1. M.IMDC has a code of conduct (COD) policy which is considered to be used by students and faculty or non-faculty to report any serious matters, whether related to teaching and learning or safety about patient cares.
2. Even with this (COD) policy, students did not have a complete understanding of the challenge procedure. Besides, a 'whistle blowing' action was found within students' community to describe the raising concern. In order to stop this, M.IMDC revised the policy regarding code of conducts (COD) and raising a concern/ challenge. This was accomplished by a widespread display of "COD" and included in printed form within their study guides.
3. It was found that some of students had raised concerns regarding their deployment in clinical ward rotation and had fear of being misjudged. The QEC will continue to monitor this in upcoming review.

Matter of Concern and Experiential Learning from Errors

1. M.IMDC has a proper strategy for dealing with experiential learning matters. Students are encouraged to provide feedback on all learning and teaching activities and assessments. Feedback from teachers was also collected and common matters of concerns were raised and changes were put into ongoing curricular instructions for approval from academic council. All these changes were documented in reporting format to medical education department and chairperson of academic council (that was a course and assessment review report format).
2. A full satisfactorily feedback was collected both from students and professors. However, a single case of raised concern was not appropriately handled due to senior faculty involvement. Apart from this a case of patient's assessment was disclosed by student and reported by concern physicians.

Feedback and Response

1. M.IMDC has continues feedback policy. This includes summative assessment (Send-Ups) feedback; feedback after every term-tests collected by tutors. Because of Pandemic period M. IMDC established both online and face-to-face learning

and teaching environment along with immediate feedback provisions.

2. Feedback from management and faculties highlights the areas of students' awareness regarding medical education program. After students' feedback, changes were made within the practicing MBBS program; especially after the COVID-19 pandemic time, where both face-to-face and cybernetic (online) teaching and learning was going on.

Adequate Clinical Management

1. M.IMDC has its own private teaching hospital named M. Islam Teaching Hospital (MITH) with adequate clinical faculty with highest level of competencies. These clinical faculties will provide sufficient time for students when they were deployed in ward rotations according to year of study.

Virtuous- Training-1: Learners are getting high quality clinical observation and teaching while on ward-rotation deployment.

Liability for Patient Care and Recognizing Undergraduates at Individual Stages

1. From final (5th) year class, only one student was asked to perform a clinical task without any given instruction. The feedback shows that students was well aware of his liability about patient welfare and recognize the responsibility of task, however, there was no pressure on him to do as similar as carried out by supervisor.
2. MITH based medical seniors and juniors' faculty shows that they ensured that hospital staffs are aware of the undergraduates' competencies when they begin their learning in the departments respectively.

Training

1. Both M.IMDC and MITH has a combine policy of student's deployment in clinics and training timeframe. In general, all students have got their clinical ward rotation timely. On the other hand, it was found during the survey and Self-Assessment Report (SAR) documentation that few students were not getting their deployment in some clinical electives. Few of them provided feedback that they wish to be picked for those rare clinical facilities.

Collaborative and Specialized Learning

1. From 2nd-years onwards students' elective components allows learners to increase awareness and hands-on experience of the responsibilities of healthcare professions. During these two-week electives of their own choices, they observe and learn the ethics and professionalism on practical grounds.
2. A large number of undergraduates agreed on statement that MBBS- program at M.IMDC was satisfactory because of its community work and visits to other healthcare facilities.

ty. Whereas, some of them reported in feedback survey that they do not find freedom of work in those healthcare facilities and community visits. This must be inspected in depth in future.

Adequate Time and Resources for Assessment

1. M.IMDC and MITH both had an agreeable policy for students' assessments which was planned according to curriculum course of teaching and learning through academic council. All the facilitators who examined the assessment of students were well trained. Besides there was no negative feedback both from teachers and learners regarding timely assessment and adequate facilitation.
2. Evaluation proceedings are measured in additional detail under criteria-5.

Resources Extent and Facilities

1. The covered area of M. IMDC and MITH was huge and had all essential facilities that requires for the implementation of MBBS program. Every lecture hall was equipped with multimedia, microphones and there was a facility from IT department to connect real-time lectures to online for those students who are unable to attend. It was appreciated by students.

Functioning Fine Areas-1: Student's feedback on Large Group Sessions facility was collected. That was particularly fascinated with the actual use of video conferencing to care learning-centered activities.

Technology Enriched Medical Facility and Learning

1. Students of MBBS program have access to skill laboratory where they have manikins and simulations for learning. All students' feedback positively regarding availability and learning facility on them.

Access to Educational Supervision

1. It was found through survey that all students have mentors and they help their mentees whenever, there was a need. . It was a regular yearly mentorship facility for students and every year this will change and shuffled with new mentors. However, a number of the undergraduates stated variability in the eminence of support delivered by teachers. This matter will further investigate in next SAR review process.

Educational Governance and Leadership (Criteria: 2)

1. Education management at M.IMDC constantly improves the quality and results of medical training by assessing performance beside the standards, indicating responsibility, and reacting when standards are not accomplished.
2. Both the Basic sciences and clinical disciplines are incorporated, allowing MITH and M.IMDC to address apprehensions

about patient safety, level of care, and the principle of training benchmarks.

3. M.IMDC ensures that training in MBBS undergraduate' program must be fair and rely on principles of distinctiveness as-well-as equality.

Application of Quality Enhancement Cell

1. This review process analyzing last 5-years M.IMDC assessment outcomes highlighting changes applied in curriculum and assessment since year 2020-to-2022 as part of improved procedure in transformational learning. This QEC development and reviewing initiation procedure in M.IMDC curriculum and assessment will follow from now on to monitor impact of innovations in teaching and training in future.
2. Though the policies and implementation within procedures will made changes, however, understandings the significance of innovation within assessment for professionalism and ethics was not clear {See Criteria- 5}. M.IMDC also made changes in its students' support program as well as hiring academic faculty with research backgrounds to achieve research related teaching and learning aim of its mission. This was not disclosed to all stakeholders. {See Criteria- 4}.

Commendation-1: M.IMDC should review its policies and procedures statement features with the entire stakeholder including learners and teachers and makes changes to ensure there is a mutual understanding.

Quality Obligation

1. M.IMDC quality policy was clearly described higher management role to monitor the entire education program. The Institutional Review Board (IRB) committee and assessment team set out the criteria for quality execution of the MBBS-programme. Moreover, all feedbacks from students and teachers were commonly states that the atmosphere is self-directed and responsive.

Bearing in Mind the Influence on Guidelines, Systems, Procedures

1. Before this QEC development process, M.IMDC recognizes that the innovation in assessment of professionalism and ethics has increased amount of work for its non-academic staff. Whereas, no faculty or other staff reported the workload pressure.

Functioning Fine areas -2

The asynchronous teaching of M.IMDC is being well regulated.

1. After the COVID-19 pandemics the management of both M.IMDC and MITH established a pool of patients and caretakers' feedbacks just to ensure a quality standard protocol for its management. These quality indicators in every discipline and at all level will now are monitored regularly via QEC.

Prerequisite-1: M.IMDC must develop a time bound clear-cut policy to ensure endurance of patient and community involvement while trained their undergraduates.

Appraising and Reviewing Curricular Evaluation

1. M.IMDC has its own assessment team who continuously review the learning and training to find any gap or during the period of COVID-19; an online learning and assessment in year 2020, when M.IMDC has purposely avoided making significant changes to its curricula and assessment frameworks. However, the senior management team confirms that a huge curricular change will be expected in the coming year especially in 2023 to update the programme to reflect contextual and contemporary priorities and issues.
2. Before this SAR review process of MBBS curriculum and assessment in 2021, M.IMDC under go with the Pakistan Medical and Dental Commission (PMDC); the regulatory and governing body of Medical institutions had its visit in 2019 for the acknowledgement of the delivering standard academic curriculum and training facilities. .
3. M.IMDC complies with the University of Health Sciences (UHS), Lahore; the Medical degree awarding university's quality guarantee methods, for example students' feedback after every summative examinations and the academic appraisal of the MBBS programme which was due in 2021. M.IMDC utilizes the quality data from stakeholders, annual student feedback' review, examination quality data and clinical ward rotation' reviews to inform need of state-of-the-art changes.

Gathering, Investigating and Using Records on Quality, and Unbiased Diversity

1. M.IMDC gathers data on multiplicity and equality for the purpose of generating audit reports. In addition, there was a ambiguity in monitoring of transferred' students' performance.

Procedural Methods to Observe Quality on Appointments

1. It was evident from Criteria-1, that M.IMDC has official agreements with its clinical faculty and has a method to observe the quality of their appointments. This was achieved by using students, junior faculty and staff feedbacks. Each discipline has its own departmental heads and they are accountable to Medical Superintendent (MS) of the hospital. Any raised issue will be resolved through appropriate methods and proper channel.

Functioning Fine Areas-3: The methodology of undergraduate quality supervision was acclaimed by professors.

Sharing and Documenting Information about Educational Eminence and Training

1. M.IMDC works under UHS-Lahore and follow all regulation policies regarding academic program. This helps PMDC to understand the benchmarks of quality education.

Observing Resources together with Teaching Time in Appointments and Organizational methods to Ensure Safe Cultural Environment

1. M.IMDC management ensures that clinical faculty have enough time and resources to supervised and train undergraduates when they are deployed in their clinical wards. This was achieved by checking quality supervision methods.

Sharing students' performance data within and outsides of M.IMDC

1. All departments of basic and clinical sciences share information internally about undergraduates when they passed or failed their internal summative and professional exit exams. QEC team will monitor the transfer of assessment blue print and alignment of this information about all students later in next review.

Registration with the PMDC / PMC

1. M.IMDC developed a new "health and conduct" policy 2021, which implies to all the enrolled students and employee including MITH staff. This reflects the change in their practicability of training outcomes guidelines towards patients' cares.
2. All the enrolled students of different sessional years determined that "health and conduct policy" is the part of clinical practice-course which they all have learned during their postings.

Supporting Learners (Criteria-III)

1. The participation of postgraduate trainees in informal clinical teaching is appreciated by undergraduates who are achieving their curriculum outcomes.
2. Students have good access to clerical support

Ethical Concerns and Practice of Medicine (Criteria: 3.1)

1. M.IMDC has a clear standard of communication and professional development skills program in their curriculum and assessment which was also a benchmark of UHS curriculum part. This was supported by the feedback survey covered early in review process.
2. Learning of professionalism and ethics through Small Group Discussion (SGDs) is a part of first to fourth year teaching program. All the students have their assessments of professionalism, ethics and communication skills through subject "Behavioral Science" in their third-professional exit exam. The ethics are part of "Code-of-Conduct" policy which was part of Criteria-1 (Criteria 1.1)

Students have Good access to Clerical Support (Criteria: 3.2)

1. Students' provides feedback that now they have students support committee at both educational and accommodation level. Some of them provide feedback on quality of variability in support but that was unbiased (Criteria-1).

Functioning Fine areas - 4: Students have Good Access to Clerical Support

1. All M.IMDC students have opportunity to get house job soon after completing their fifth year professional exit examination and none of them shows concerns regarding training in different specialties during that period.

Harassment and Undermining (Criteria: 3.3)

1. After the establishment of students and employee harassment policy none of the students had subjected to be harassed or undermined. Students are now well aware of the protection policy and reporting processes.

Auxiliary Evolution

1. Students from third-year MBBS praised that their clinical training period was overwhelming and this evolutionary support in theoretical part from senior nurses was more than enough which helps them to understand many things from the ground roots.

Functioning Fine Areas-5

The participation of senior nursing staff in informal clinical teaching is valued by undergraduates.

Information about Curriculum, Assessment and Clinical Placements

1. All students in M.IMDC have their study guides and detail of teaching and assessment are in placed within timetable for smooth execution of the MBBS program. Students provide positive feedback when they were asked to confirm it.
2. Students do not have a clear understanding about their professionalism assessment which is explained in details in Criteria -5.

Students Professional Development Growth and Performance Feedbacks

1. During this review all students provide positive response to their clinical supervisor and mentors regarding practical feedbacks on their clinical performance.
2. Another useful data was collected from all clinical ward placement of students when they provides details regarding on-the-spot good quality feedback on their clinical training, however, few students disclose variability in academic and

clinical facilitators feedbacks.

3. Though the assessment team and medical education departments are working hard to build a good quality multiple choice questions (MCQs) banks for all the subjects, however, this was not more than 68% and a lot harder work is yet to acquire this goal. This MCQs bank will be explored in Criteria-5.

Students' Support in their Poor Academic Performance

1. Each year the academic plan in M. IMDC was made inclusive of days and / or learning strategies for those students who are in difficult situation regarding their academic scores. Students cares was also mentioned in students' study-guides and in their terms-syllabus.

Guidance on Career

1. Most of the failed and poorly performed students were drop out from college and faced a difficult life. During this SAR process all subjects' departments takes initiatives to provides early feedbacks on students learning and their performance during learning that was a way before assessments , so that students are able to become confident and get the values of competencies required at that level of training, as per PMDC and UHS standards. Therefore, both teachers and students promote healthy environments and protect the basic rights for today and tomorrow's well-being of them. This initiatives of students' career support will be reviewed in next SAR evaluation process

Supporting Educators (Criteria-IV)

1. Clinical Professors are trained and with up-to-date knowledge at the time of inductions.
2. IMDC has to clearly make how educational support is being established and specifically how they mean to guarantee teaching and learning capacity.

Well Trained Clinical Teachers With up-to-date Knowledge (Criteria: 4.1)

1. All of the senior clinical faculties were well trained in their field of clinical work with up-to-date knowledge. Besides most of them were interested in continue professional development (CPD) and supportive to their fellows.

Functioning Fine areas-VI: Clinical Professors are trained and with up-to-date knowledge at the time of inductions. It was found that academic teachers are also very supportive to their fellows with clinical workload.

Availability of Teachers' Resources (Criteria: 4.2)

1. M.IMDC puts efforts to ensure that teaching faculty in both basics and clinical sciences should have high quality digital

and ground-level resources for their academic preparations and for their self-learning purposes.

- To fulfill this research based teaching capacity M. IMDC acquires non-medical teaching staff with strong doctoral research backgrounds. Therefore, a new culture of both students and faculty research learning will be continued side-by-sides.

Commendation-2: M. IMDC has to clearly make how educational support is being established and specifically how they mean to guarantee teaching and learning capacity.

Acknowledgement of Medical Educators Authorization

- The stakeholders and governing board members acknowledged the availability and authorization of medical educator placement as a separate entity of M.IMDC. This placement was a pre-requisite part of undergraduate's integrated curriculum and for the development of Quality Enhancement Cell (QEC) in M.IMDC.

Developing and implementing core Curriculum and Assessments (Criteria-V)

- M.IMDC adopts its governing university UHS core curriculum and assessment outlines in order to ensure that implemented curriculum and assessments are aligned so that students are able to accomplish the outcomes of their learning essential to graduates.
- Mandatory house job practicing program and assessment are implemented in M.IMDC and MITH so that graduates' junior doctors are able to prove what is expected in PMDC licensing exams.

PMDC and UHS Graduates 'Outcomes (Criteria: 5.1)

- The assessment teams are coupled with curriculum teams and ensure that the outcomes for medical education as defined in vision and mission of both PMDC as well as UHS were aligned with M.IMDC vision and mission and completed as per standards.

Mandatory House-Job Practicing Program (Criteria: 5.2)

- Higher management team from M.IMDC has a deep interest in the formation of a house-job program which was mandatory for all graduates and is pre-requisites to qualify the PMDC licensing exams. This program has outcomes which was built after students' views and scheduled for all graduates who entered in graduates' clinical training.

Integrated Designed Curriculum for MBBS Program

- A newly adapted teaching and learning approaches were introduced into the already on-going program which proves to be more useful and guarantees effectiveness.

Functioning Fine-Areas-VII: Case-based learning (as TBL) and small-group-discussion (SGDs) tutoring was well disseminated and highly praised by students.

- In year 2021, M.IMDC adapts a policy of an early exposure for 2nd year students with patients and the timetable was revised according to this schedule in their 3rd-terms learning' timeframe. Students are obliged to attend three, consecutive one-hour long out-patients departments for a period of six-weeks. This experiential exposure learning helps them to understand the professional ethics and basic decorum of healthcare system.
- Besides, all students provide a common reason of deficient cultural diversity among patients and this issue was addressed via scenarios of different cultures in their clinical deployment teaching through "Task-Based-Learning" (TBL).

Functioning Fine-Areas-VIII: The heterogeneity of community in the region is being addressed with Task-based learning (TBL) education.

- This survey's feedback shows that detainees of second-professionals and new third-year students of MBBS had concerns about deficient exposure to their basic science subject as they were not priorities and formally addressed to them. These concerns were properly mentioned in student's curriculum-feedback and a review of teaching program was specially made to find its improvement methodology.

Commendation-3:

M.IMDC encourages the Quality Enhancement Cell (QEC) review of its basic sciences "teaching to make sure learners' improvements".

Clinics Deployment of Undergraduates

- Students appreciate their full week deployments in clinics and this helps them to achieve their graduates' outcomes. Clinical teachers also confirm that students have enormous time to be engaged in hospital works, however, many clinical facilitators expressed the lacking of meaningful students' assessments due to limited time period of wards deployment.

Functioning Fine-Areas-IX: Students like the clinical ward rotation and harmonization with theoretical work, case-based learning (as TBL), and tutorial in the format of small-group-discussion (SGDs) sessions. Community visits are also aligning with practical works and learners value the support they obtain.

Assessing PMDC/UHS Outcomes for Medical Graduates

- All students are assessed on these competencies:
 - Skillful (clinical, cognitive and patient care skills)
 - Knowledgeable (scientific knowledge for good medical practice)

- C. Community Health Promoter (knowledge of population health and healthcare systems)
 - D. Critical Thinker (problem solving and reflective practice)
 - E. Professional (behavior and professionalism)
 - F. Scholar & researcher
 - G. Leader and Role Model
2. Students from third-to-fifth-year MBBS maintain a record-book of their clinical placement with patients that was called as subject log book. These cases were thoroughly reviewed and assessed by the facilitator of that subject specialist.
 3. Students are allowed to take electives of their chosen clinical fields from year two to four apart from their regular wards placements.

Unbiased, Consistent and Effective Assessments

1. Feedback provided by student's shows that they spend more time preparing their summative term-examinations and less focused on their other daily learning objectives which affects their attendance and performance. The reason provided by them was non-guided assessment tasks which makes them confuse. Whereas, the management team explained that they already had given them students' study-guides of relevant subjects which contains all the information content and reference books and online material for their learning and assessment objectives.
2. In the previous year students' professionalism was assessed only in their third professional year, whereas, from year 2021 all students' professionalism and ethics was assessed throughout their learning periods; in their daily classroom activities; labs works; clinical placement; class-formative assessments; clinical-formative assessments; and long or short cases.
3. The strategy adopted in year 2021 for the assessment of students' professionalism and ethics was lead to in an excellent result as students are now judged in each sessional 'year in context to their subject- wise assessments.
4. Students' session team and assessment team explained that this change was adapted after the midterm examination' feedback both from academic facilitators and students was taken on professionalism assessment.

Prerequisite-I1: M. IMDC must ensure that mentors and learners have a clear understanding about assessment of professionalism.

Conclusion

This review highlighted the importance of recognizing the change in medical curriculum and assessment which was inevitable. As mentioned above the QEC recognized the strong bonding among insti-

tutional environment sustainability and transformational dynamics of students' learning and assessment. Further, small and large scale feedbacks from every stakeholder inclusive of teachers and students are vital to consider whilst making any change in medical program. Adapting to measure professionalism and ethics in each session promotes synchronization of cognitive information and skills with the learners' performances. Besides, it was just the beginning of quality development framework that inculcates the stability and required continues monitoring until next review process. The MBBS program review's findings were shared with all the teaching disciplines and students. Moreover, this report was intended to be shared with the QEC department of its governing university; i.e. UHS, Lahore.

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Conflict of Interests

All Author(s) read and approved the final manuscript of review reports and declared that they have no conflict of interests.

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Sadaf Konain Ansari. Biomed J Sci & Tech Res



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