

**International Conference on  
Medical Professionalism in Challenging Times:  
Blending Local Values with Global Standards  
27-29 October 2016**



**CONFERENCE PROGRAMME GUIDE**



International Conference  
on

**Medical Professionalism in Challenging Times:  
Blending Local Values with Global Standards**

# **Conference Programme Guide**

October 28-29, 2016

**University of Health Sciences Lahore, Pakistan**

*Compossed by:*  
**Office of the Pro-Vice Chancellor, UHS**

# Content

**05**

About  
University  
of Health  
Sciences  
Lahore

**15**

Programme

**07**

Messages

**51**

Keynote  
Speakers

**69**

Abstracts

**115**

Guidelines

**119**

House Keeping

**122**

Organizing  
Committee





## ABOUT UNIVERSITY OF HEALTH SCIENCES LAHORE

University of Health Sciences Lahore is an internationally recognized student centered research university with a mission of improvement of Health Care delivery to populace. The University regulated and coordinates the activities of medical education, training & research institutions throughout the province of Punjab. It is also the provincial authority of Punjab which conducts Medical College Admission Test (MCAT) every year.

University is placed # 2 in Higher Education Commission of Pakistan's National University Ranking for 2012 and 2013 in the field of medical and health sciences.

The university offers undergraduate and postgraduate level course in medicine, pharmacy, dentistry, allied health sciences, bio-medical engineering and nursing.

University of Health Sciences, Lahore was inaugurated on October 2, 2002. Currently, there are more than 52,000 students registered and 72 institutes affiliated with the University.









## **PROF. DR. MUKHTAR AHMED**

Chairman, Higher Education Commission, Pakistan



It is indeed my pleasure to congratulate University of Health Sciences, Lahore, Pakistan, for organizing Third Annual International Conference on Medical Education and welcome all the delegates both from within Pakistan and across the world. I am really impressed by the galaxy of scholars of international repute that the University has invited at this occasion and I welcome them all.

With the advancements in medical research, curriculum updating and introduction of inter-active teaching methodology, it has become equally important to re-visit the whole enterprise of medical education from a global perspective. Internationalization of education has made it an imperative to infuse ethical values of trusteeship, honesty, justice, fairness, humility, sincerity, dignity, respect of life, honour and identity in the teaching material, teaching methodologies and medical practice. Medical education should equip a graduate in healing of total human being – not only biological and physical phenomenon but equally spiritual and moral dimension of life. I hope this international conference on medical professionalism will lead not only to branding of this intellectual academic endeavour but also create awareness about blending of global professional standards with local values.

International Conference on Medical Professionalism being organized by University of Health Sciences is an initiative to bring together leading educationists from different health professions to create a culture of partnership and networking.

I hope that assembly of such an array of experts in diverse areas of health education facilitating workshops and sharing their scientific achievements will lead to develop energetic linkages and friendships.



## **PROF. DR. SHABBIR AHMED LEHRI**

President, Pakistan Medical and Dental Council

This is a critical time for the future of the medical profession, with unprecedented challenges arising from the changing expectations of patients, government and managers. Doctors remain ‘professionals’ but the traditional image of what this means in practice – a selfless clinician, motivated by a strong ethos of service, equipped with unique skills and knowledge, in control of their work and practicing all hours to restore full health to ‘his’ or ‘her’ patients – is increasingly outdated.

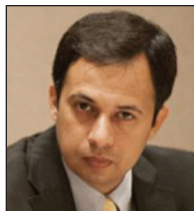
While individual doctors remain highly trusted, the profession as a whole needs to demonstrate better its overriding duty to serve patients’ interests and to show that it can respond to changing public and political expectations. To sustain and build trust in the profession, doctors need to ensure that their practice reflects the behaviour expected of them.

Drawing on discussion and debate among a wide range of stakeholders, this International Conference on recent challenges to the profession, would explore how a new compact between key stakeholders might be formed, and offer a way forward to redefining medical professionalism for the future. Above all, it is intended to encourage further debate on this vitally important issue.

I congratulate University of Health Sciences Lahore and its visionary leadership on organizing this International Conference on Medical Professionalism and sincerely hope that it will explore new avenues in this modern and critical aspect of medical education. I also welcome the foreign delegates and wish them a safe journey.

## **NAJAM AHMAD SHAH**

Secretary, Specialized Healthcare & Medical Education  
Department  
Government of the Punjab



On behalf of the Government of the Punjab, I extend a warm welcome to the participants of International Conference on Medical Professionalism, being organized University of Health Sciences Lahore.

The monumental scientific and technological advances that impacted the healthcare professions in recent years have created countless new opportunities for managing and treating life threatening illnesses. Healthcare science is experiencing leaps of unprecedented magnitude; this, together with advances in communication and information technologies has promoted the emergence of new techniques in medical education the world over.

By convening this Conference, the organizers seek to promote a cross-cultural dialogue, facilitate UHS contribution to medical education, and integrate our medical community into the global healthcare industry.

The organizers of this important conference deserve to be commended for their initiative to bring together prominent scientists and associated partners across the globe under one roof for a debate on a critical aspect of medical education.



**PROF. DR. MOHAMMAD  
NIZAMUDDIN**

Chairman, Punjab Higher Education Commission

University of Health Sciences Lahore being a leading institution of higher learning in Pakistan specifically in terms of mobilizing awareness and interest in health professions education must take pride in organizing this International Conference on Medical Professionalism. I, in my capacity of Chairman, Punjab Higher Education Commission, immensely feel proud to see the motivation, commitment and courage that UHS has demonstrated in coming out so far so strongly to accept the challenge and create history in this part of the world. This is an initiative that UHS itself would cherish as gift for the development of health and higher education sector in Punjab.

For this, I sincerely congratulate the visionary leadership of University of Health Sciences Lahore demonstrating confidence in intellectual capacity and in the human resource from Pakistan but more importantly integrating with emerging trends in this field by successfully bringing leading experts in the world. I trust that recommendations emanating as a result of this august gathering will go a long way to bring excellence in medical education in Punjab and enhance collaboration at wider level.

Though not being a medical expert but by having a quick glance of the conference programme, I recognize that gathering is just not a conventional scientific conference with rich contents but spans to courses and workshops on selection of contemporary topics in the field leading to provide real intellectual stimulus.

I welcome the participants and speakers from all across the world who will be provided a unique opportunity to see this beautiful gift of nature named Lahore.

## **MAJ GEN (R) PROF MUHAMMAD ASLAM**

Vice Chancellor, University of Health Sciences Lahore



It is indeed a pleasure and an honour to host this Third International Conference on Medical Education and welcome all the delegates both from within Pakistan and across the world. It is indeed a pride for us to invite some of the top authorities in medical education from around the world and I welcome them all.

Most notable feature in these conferences organized by the University of Health Sciences Lahore (UHS) is the mobilization of a large number of leading experts in the field of medical education. We all agree that sustained efforts in the field will have visible impact on health care, health care delivery and more importantly the matters related to curriculum planning, faculty development, leadership and accreditation by sharing experience with wider group of audience and experts. The approach taken by UHS is to promote culture of collaboration and networking among institutions. We are committed to promote interaction of Pakistani professionals with health professional educationists worldwide.

I sincerely believe that this conference would lead to provide a credible, continual platform for health profession's educators for sharing research and experiences in varying perspectives in developing countries and I hope some long term collaborations, networks and friendships will be developed through which the profession will benefit a great deal.

I once again extend a warm welcome to all our guests and hope that the conference will meet their expectations.



## **PROF. DR. JUNAID SARFRAZ KHAN**

Pro-Vice Chancellor

University of Health Sciences Lahore

Medical professionalism or the lack of it is the single most important discourse in the health professions in the current time globally. Incidences of professional misconducts around the world are being reported more commonly now than even before and are one of the reasons behind the challenge the profession faces to its autonomy. “Professionalism” is a buzzword but a concept very difficult to explain and even more difficult to teach and measure. It is heavily dependent on cultural norms, societal values and the moral compass of not just the health practitioners but the entire community of practice, the industry and the clientage. There is no single quick-fix to this challenge. It requires a multifaceted approach, whereby academic and healthcare industrial institutional values are strengthened from the very grass-root level to the top through appropriate policy making, implementation of rules and regulations, reward and punishment systems. Unless we establish a continuity in our organizational values system from primary education all the way through tertiary education and healthcare delivery institutions, promoting role models and value laden belief systems across the board we will not be able to meet up to this challenge.

I would go even further to state that we need to make a national commitment to change the social moral fabric into one that is imbued with the best possible values. This conference is but one small step in that effort.





# Programme



# International Conference on

**“Medical Professionalism in Challenging Times: Blending Local Values with Global Standards” at University of Health Sciences Lahore, Pakistan, 27-29 October 2016**

## Conference Day-I

**Friday, October 28, 2016**

**Session-I: (09:00 am – 10:20 am) October 28, 2016**

### Inaugural Session

**Venue:** Shams Auditorium, UHS

**Inaugural Tea (10:20 am-10:50 am)**

**Venue:** Front Lawn, UHS

<b>Session-II: (10:50 am – 1:00 pm) October 28, 2016</b> <b>Plenary Presentations : PL01 - PL06</b>	
<b>Venue:</b> Shams Auditorium <b>Speakers:</b> Dr. M. Iqbal Khan, Dr. Umer Ali Khan, Dr. Junaid Sarfraz Khan, Dr. Janet Grant, Dr. Riaz Qureshi, Dr. Lubna A. Baig	<b>Teaching &amp; Learning</b> <b>Oral Presentations:</b> OP11-OP17 <b>Venue:</b> Workshop Room 30, UHS
<b>Professionalism</b> <b>Oral Presentations:</b> OP01-OP10 <b>Venue:</b> Video Conference Room, UHS	
<b>Parallel Sessions</b>	
<b>Nursing Forum</b> <b>Oral Presentations:</b> OP18-OP26 <b>Venue:</b> Nursing Workshop Room 67, UHS	

**01:00 pm – 02:00 pm Lunch & Juma Prayer**  
**Venue:** Front Lawn, UHS

<p><b>Venue:</b> Shams Auditorium  <b>Speakers:</b> Dr. Gominda Ponnampuruma, Dr. Syed Moyn Aly, Dr. Alam Sher Malik, Dr. Kay Mohanna</p>		
<p><b>Session-III : (02:00 pm – 03:50 pm) October 28, 2016</b>  <b>Plenary Presentations : PL07- PL11</b></p>		
<p><b>Parallel Sessions</b></p>	<p><b>Research Plan Presentation (I)</b>  <b>Oral Presentations:</b> OP27-OP37  <b>Venue:</b> Video Conference Room, UHS</p>	<p><b>Research Plan Presentation (II)</b>  <b>Oral Presentations:</b> OP38-OP48  <b>Venue:</b> Workshop Room 30, UHS</p>
	<p><b>Panel Discussion (PD1)</b>  <b>Topic:</b> Sharing Experiences of Integrated Curriculum Implementation  <b>Venue:</b> Senate Hall, UHS</p>	

**Tea Break & Networking (03:45 pm – 4:05 pm)**  
**Venue:** Front Lawn, UHS

<p><b>Session-IV: (04:05 pm – 06:00 pm) October 28, 2016</b>  <b>Plenary Presentations : PL12- PL16</b></p>		
<p><b>Venue:</b> Shams Auditorium  <b>Speakers :</b> Dr. M. Saiful Bahri Yusoff, Dr. Usman Mehboob, Dr. Rahila Yasmeen, Dr. Rehan Ahmed Khan, Dr. Amina Ahmad</p>	<p><b>MHPE Batch V(I)</b>  <b>Oral Presentations:</b> OP49-OP58  <b>Venue:</b> Workshop Room 30, UHS</p>	<p><b>MHPE Batch V (II)</b>  <b>Oral Presentations:</b> OP59-OP68  <b>Venue:</b> Video Conference Room, UHS</p>
	<p><b>Panel Discussion (PD2)</b>  <b>Topic:</b> Assessment of Professionalism in Postgraduate Education  <b>Venue:</b> Senate Hall, UHS</p>	
	<p><b>Parallel Sessions</b></p>	

### **Banquet & Networking**

By Registration and Invitation

**Friday, October 28, 2016**

(08:00 pm – 10:00 pm)

**Venue:** University of Health Sciences Lahore

**Note:** Please bring your invitation card



<p>Session-VI (11:00 am – 01:25 pm) October 29, 2016</p> <p>Plenary Presentations : PL22 – PL28</p> <p>Venue: Shams Auditorium</p> <p>Speakers: Dr. Ahsan Sethi, Dr. Brekhna Jamil, Dr. Sonia Ijaz Haider, Dr. John R. Boulet, Dr. Ali Gazni, Dr. Javed Akram, Dr. Muhammad Aslam</p>		
Parallel Sessions	<p>Panel Discussion (PD3)</p> <p>Title: “Challenges in establishing Liver Transplant Programs in Pakistan”</p> <p>Moderator: Dr. Hafiz Farooq Butt</p> <p>Venue: Video Conference Room, UHS</p>	<p>Conference Workshop</p> <p>Title: “Stress Management”</p> <p>Facilitator: Prof. Dr. Imran Ijaz Haider</p> <p>Venue: Workshop Room 30, UHS</p>
	<p>Physiotherapy Conference Workshop</p> <p>Title: “Scientific Communication in Physical Therapy: Writing and Editing”</p> <p>Facilitator: Dr. Muhammad Salman Bashir &amp; Dr. Rabiya Noor</p> <p>Venue: Senate Hall, UHS</p>	
<p>01:25 pm – 02:15 pm Lunch &amp; Prayer Break</p> <p>Venue: Front Lawn, UHS</p>		
<p>Session-VII: (02:30 pm – 03:50 pm), October 29, 2016</p> <p>Closing Ceremony</p> <p>Venue: Shams Auditorium, UHS</p>		

UHS 3 <sup>rd</sup> International Medical Education Conference 2016 Programme	
<b>Registration Desk Opening Hours</b> Venue: Main Reception UHS Date: October 28, 2016 Starting Time: 07:30 am	
<b>Opening Ceremony:</b> Date: October 28, 2016 Time: 09:00 am – 10:20 am Venue: Shams Auditorium	<b>Closing Ceremony</b> Date: October 29, 2016 Time: 02:30 pm – 03:50 pm Venue: Shams Auditorium
<b>Abbreviations:</b> PCW: Pre-conference Workshop CW: Conference Workshop OP: Oral Presentation PP: Poster Presentation PD: Panel Discussion	



## DETAILED PROGRAM

Pre-Conference Workshops, Thursday, October 27, 2016

### Morning Sessions

Time	Code	Titles & Facilitators	Venue
09:00 am to 12:00 noon	PCW01	Assessment of Medical Students in an Integrated Curriculum: Modified Essay Questions (MEQs) (Dr. Alam Sher Malik)	Conference Room Admin Block, Allama Iqbal Medical College, Lahore
09:00 am to 12:00 noon	PCW02	Strategies to curb plagiarism in research and use of Turnitin (Mr. Asif Munir)	Lecture Theater 1, Amna Inayat Medical College, Lahore
09:00 am to 12:00 noon	PCW03	Effective Planning - within Ethical Domain (Dr. M. Saeed Shafi)	Room # 3, Akhtar Saeed Medical and Dental College, Lahore
09:00 am to 12:00 noon	PCW04	Aligning assessment with teaching: Selection of the appropriate assessment instrument (Dr. Usman Mahboob)	Conference Room, Avicenna Medical College, Lahore
09:00 am to 12:00 noon	PCW05	How should we study the Hidden Curriculum? (Dr. Gulfreem Waheed)	E-Library, Avicenna Medical College, Lahore
09:00 am to 12:00 noon	PCW06	Going beyond original research article: exploring other forms of scientific writings (Dr. Farooq A. Rathore)	Conference Room, CMH Lahore Medical College, Lahore
09:00 am to 12:00 noon	PCW07	Becoming a reflective practitioner – the journey is as important as the destination (Dr. Nausheen Bakht & Dr. Syed Shahid Nafees Zaidi)	Lecture Hall, CMH Lahore Medical College, Lahore
09:00 am to 12:00 noon	PCW08	Workplace based assessment (Dr. Brekhna Jamil)	Room No. 112, CPSP Regional Centre Lahore
09:00 am to 12:00 noon	PCW09	Assessing ethical reasoning (Dr. Gominda Ponamperuma)	Council Room, Fatima Jinnah Medical University, Lahore
09:00 am to 12:00 noon	PCW10	Team Based Learning (Dr. Musarrat Ul Hasnain & Dr. Sumera Badar)	Department of Medical Education, Fatima Jinnah Medical University, Lahore

09:00 am to 12:00 noon	PCW11	Know Your Teaching Style (Dr. Kay Mohanna)	4th Floor Conference Room, FMH College of Medicine & Dentistry, Lahore
09:00 am to 12:00 noon	PCW12	Professionalism in an undergraduate medical course: an integrated portfolio based approach (Dr. Zarrin Siddiqui)	Dental Conference Room, FMH College of Medicine & Dentistry, Lahore
09:00 am to 12:00 noon	PCW13	Research Ethics (Dr. Iram Manzoor)	OSPE Room 4th Floor College Building, FMH College of Medicine & Dentistry, Lahore
09:00 am to 12:00 noon	PCW14	Designing a contextual curriculum for medical professionalism (Dr. Janet Grant)	Physiology Department, KEMCANN, King Edward Medical University, Lahore
09:00 am to 12:00 noon	PCW15	Standard Setting for Performance-Based Assessments (Dr. John R. Boulet)	Pathology Department, King Edward Medical University, Lahore
09:00 am to 12:00 noon	PCW16	Good teaching to Great Teach- ing: Crossing the Fence (Dr. Sonia Ijaz Haider)	DME Workshop Room, Lahore Medical & Dental College, Lahore
09:00 am to 12:00 noon	PCW17	Ensuring the validity of Multiple Mini Interviews (MMI); A step by step guide (Dr. Sobia Ali)	Dental Workshop Room, Lahore Medical & Dental College, Lahore
09:00 am to 12:00 noon	PCW18	Professionalism: Physician- Pharma Relationship (Dr. M. Iqbal Khan)	Academic Council Room, Lahore Medical & Dental College, Lahore
09:00 am to 12:00 noon	PCW19	Leadership in Education (Dr. Aamir Bashir)	Skills Lab, Lahore Med- ical & Dental College, Lahore
09:00 am to 12:00 noon	PCW20	Simulation-Based Skill Enhancement Training on Hysteroscopy Gynecology (Dr. Zohra Khanum)	Room # 1, NEOTEC IMS
09:00 am to 12:00 noon	PCW21	MCQs Writing (Dr. Alia Bashir)	Sahiwal Medical College, Sahiwal

09:00 am to 12:00 noon	PCW22	Secrets of Body Language: Role of body language in communication (Dr. Gohar Wajid)	Lecture Hall 2, opposite ENT ward on 1st Floor , Shaikh Zayed Hospital, Lahore
09:00 am to 12:00 noon	PCW23	Medical Writing (Mr. Shoukat Ali Jawaid)	Main Conference Room on 1st Floor, Shaikh Zayed Hospital, Lahore
09:00 am to 12:00 noon	PCW24	Conducting Literature search and Literature review (Dr. Rehan Ahmed Khan)	Senate Hall, University of Health Sciences Lahore
09:00 am to 12:00 noon	PCW25	The eagle has landed: measuring success (Dr. Amina Ahmad)	Room # 33, Computer Lab, University of Health Sciences Lahore
09:00 am to 12:00 noon	PCW26	Developing Department of Medical Education in a Medical School (Dr. M. Saiful Bahri Yusoff)	Medical Board room of 3rd Floor, Medical Block, UCMD, University of Lahore
09:00 am to 12:00 noon	PCW27	How to improve Emotional Intelligence (Dr. Samina Malik)	Engineering Department Board Room opposite the Mosque, University of Lahore
09:00 am to 02:00 pm	PCW28	Simulation-Based Skill Enhancement Training on Laparoscopic General Surgery (Dr. Farooq Butt & Dr. Nadeem Aslam)	Services Institute of Medical Sciences, Lahore

### Afternoon Sessions

Time	Code	Title & Facilitator	Venue
02:00 pm to 05:00 pm	PCW29	Professionalism in Medical Education (Dr. M. Saeed Shafi)	Conference Room, Avicenna Medical College, Lahore
02:00 pm to 05:00 pm	PCW30	Tools to Measure Educational Environment (Dr. Gulfreen Waheed)	E-Library, Avicenna Medical College, Lahore
02:00 pm to 05:00 pm	PCW31	How to detect and avoid scien- tific misconduct and plagiarism in medical research and writing (Dr. Farooq A. Rathore)	Conference Room, CMH Lahore Medical College, Lahore

02:00 pm to 05:00 pm	PCW32	Story telling as a medical education intervention (Dr. Nausheen Bakht & Dr. Syed Shahid Nafees Zaidi)	Lecture Hall, CMH Lahore Medical College, Lahore
02:00 pm to 05:00 pm	PCW33	Developing cognition, meta-cognition and emotional intelligence skills among students (Dr. Gohar Wajid)	Room No. 205, CPSP Regional Centre Lahore
02:00 pm to 05:00 pm	PCW34	'Mentorship' (Dr. Umar Ali Khan)	CPSP Regional Centre Lahore
02:00 pm to 05:00 pm	PCW35	The Mini-Clinical Evaluation Exercise (Mini-CEX) Dr. Lubna A. Baig	Department of Medical Education, Fatima Jinnah Medical University, Lahore
02:00 pm to 05:00 pm	PCW36	Improving The Quality Of MCQ's Through Post Exam Item Analysis (Dr. Rehan Ahmed Khan)	OSPE Room 4th Floor College Building, FMH College of Medicine & Dentistry, Lahore
02:00 pm to 05:00 pm	PCW37	"Medical Ethics" (For MBBS & BDS Students only) (Dr. Iram Manzoor)	Conference Room 4th Floor College Building, FMH College of Medicine & Dentistry, Lahore
02:00 pm to 05:00 pm	PCW38	Team Based Learning (Dr. Musarrat Ul Hasnain & Dr. Sumera Badar)	Conference Room, Rashid Latif Medical College
02:00 pm to 05:00 pm	PCW39	Simulation-Based Skill Enhancement Training on Endo Urology ( Dr. M. Muzammil Tahir)	Room # 2, NEOTEC IMS
02:00 pm to 05:00 pm	PCW40	Ethical issues in Patients with Ambiguous Genitalia (Islamic & Western perspectives) (Dr. Shehzad Anwer)	Services Institute of Medical Sciences, Lahore
02:00 pm to 05:00 pm	PCW41	Qualitative Research (Dr. Muhammad Shahzad Ch.)	Room # 30, University of Health Sciences Lahore
02:00 pm to 05:00 pm	PCW42	Developing tools for assessing professionalism (Dr. Syed Moyn Aly)	Video Conference Room, University of Health Sciences Lahore

02:00 pm to 05:00 pm	PCW43	Embracing Cultural aspects of Professionalism. What are the elements, and how much do they matter? (Dr. Usman Mahboob)	Senate Hall, University of Health Sciences Lahore
02:00 pm to 05:00 pm	PCW44	Feedback (Dr. Brekhna Jamil)	Medical board room of 3rd Floor, Medical Block, UCMD, University of Lahore
02:00 pm to 05:00 pm	PCW45	Principle Centered Leadership (Dr. Samina Malik)	Engineering Department Board Room opposite the Mosque, University of Lahore

### **Conference Workshops, Saturday, October 29, 2016**

11:00 am to 01:30 pm	CW01	Stress Management (Dr. Imran Ijaz Haider)	University of Health Sciences, Lahore
----------------------------	------	--	---------------------------------------

**Conference Day-I**  
**Friday, October 28, 2016**

09:00 am To  
10:20 am  
Oct 28, 2016

**Session-I: Inaugural Session**

**Venue:** Shams Auditorium, UHS

**Moderator:** Prof. Dr. Nadeem Hafeez Butt, AIMC, Lahore

Time	Program
09:00 am	Recitation from the Holy Quran
09:05 am	Introductory remarks by Prof. Dr. Junaid Sarfraz Khan, Pro-Vice Chancellor, UHS
09:10 am	Welcome remarks by President CCME, Dr. Musarrat Ul Hasnain
09:15 am	Welcome address by Maj. Gen. (R) Prof. Muhammad Aslam, Vice Chancellor, UHS
09:20 am	Investigating Islamic countries' scientific publications in medical and health sciences from a bibliometric viewpoint by Dr. Mohammad Javad Dehghani (President, Regional Information Center for Science and Technology, Islamic World Science Citation Center, Shiraz, Iran)
09:35 am	Address by the Guest of Honor
09:45 am	Address by the Chief Guest
10:15 am	Vote of thanks by Prof. Dr. I. A. Naveed, Director, Medical Education, UHS

**Inaugural Tea (10:20 am-10:50 am)**

**Venue:** Front Lawn, UHS

**Conference Day-I**  
**Friday, October 28, 2016**

**10:50 am To  
01:00 pm  
Oct 28, 2016**

**Session-II: Plenary Presentations**

**Venue: Shams Auditorium, UHS**

**Co-Chair:** Prof. Dr. Faisal Masud, Vice Chancellor, King Edward Medical University, Lahore

**Co-Chair:** Prof. Dr. Sardar Fakhar Imam, Vice Chancellor, Fatima Jinnah Medical University, Lahore

**Moderator:** Dr. Shahzad Anwer, Services Institute of Medical Sciences, Lahore

Time	Code	Speaker	Topic
10:50 am	PL01	Dr. Faisal Masud	Professionalism in the Medical Community: Lessons from Personal Experiences
11:05 am	PL02	Dr. M. Iqbal Khan	Philosophy and principles of medical ethics an Islamic perspective
11:20 am	PL03	Dr. Umar Ali Khan	Alif Laam Meem
11:35 am	PL04	Dr. Junaid Sarfraz Khan	Medical Professionalism: the singularity measured in its multiplicity
11:50 am	PL05	Dr. Janet Grant	Medical professionalism: Resolving the contradictions
12:10 pm	PL06	Dr. Riaz Qureshi	Professionalism in a Cultural Context
12:30 pm	PL07	Dr. Lubna A. Baig	Creating a balance between local context and global standards: how far can we go?
12:50 pm	<b>Questions &amp; Answers</b>		

**Parallel Sessions-II**

10:50 am To  
01:00 pm  
Oct 28, 2016

## Session-II: Parallel Oral Presentations Professionalism

**Venue:** Video Conference Room , UHS Lahore

**Judges:** Dr. Gominda Ponnampereuma & Prof. Dr. Khalid Masood Gondal

**Moderator:** Dr. Sarah Ghafoor

Time	Code	Titles & Presenters
10:50 am	OP01	Patients' Satisfaction Assessment about Physicians' Professionalism (Umme Salama Moosajee, Nida Shamsi, Sana Z. Sajun, Hiba Ashraf)
11:00 am	OP02	Measuring empathy of medical students studying different curricula; a causal comparative study (Ayesha Ayub)
11:10 am	OP03	Medical errors; causes, consequences, emotional response and resulting behavioral change (Attia Bari, Rehan Ahmed Khan, Ahsan Waheed Rathore)
11:20 am	OP04	Bioethics in a university teaching hospital today. (M. Amjad Chaudhary, Naila Kanwal, Adnan Khatak)
11:30 am	OP05	Supervisee Perspective of The Supervisory Relationship and its Impact on their Personal and Professional Development (Seema Qayyum, Usman Mahboob)
11:40 am	OP06	Medical Ethics: Student's perceptions about ethical practices and its inclusion in undergraduate curriculum. (Iram Manzoor, Shamia Zeeshan, Amina Iqbal, Saffa Ilyas, Muslim Abbas)
11:50 am	OP07	Multiple Mini Interviews (MMI) for selection of undergraduate Medical Students: influence of Gender on the scores of multiple stations (Qurat ul Ain, Rehan Ahmed Khan, Gohar Wajid)
12:00 noon	OP08	Professional competencies of Pakistani dentists: Graduates perspective. (Saima Chaudhry)
12:10 pm	OP09	Is professionalism one of the emerging trends amongst medical teachers today? (Mian Muzammil Hussain, Junaid Sarfraz Khan)
12:20 pm	OP10	Your professionalism is not my professionalism; Comparison of Recommendations for Professionalism Lapses Among Saudi & Scottish Medical Students (Kamran Sattar, Sue Roff)

## Certificate Distribution



10:50 am To  
01:00 pm  
Oct 28, 2016

## Session-II: Parallel Oral Presentations Teaching & Learning

**Venue:** Workshop Room 30, UHS

**Judges:** Prof. Alam Sher Malik & Dr. Musarrat Ul Hasnain

**Moderator:** Dr. Sumera Badar

Time	Code	Titles & Presenters
10:50 am	OP11	Medical students and Social Media: Shouldn't online Medical Professionalism be integrated in Undergraduate Curriculum? (Nazish Imran; Anam Fatima; Khalid Cheema; Aftab Asif)
11:00 am	OP12	Student Perception on Use of Facebook as A Method For Teaching in a Course of Physiology For BDS (Komal Ata)
11:10 am	OP13	Undergraduate medical student's perceptions of academic learning environment in various medical colleges of Pakistan using DUNDEE ready educational environment measure (Adnan Riaz , Sadia Amir)
11:20 am	OP14	Post Graduate Residents' Perception Of The Clinical Learning Environment; Use Of Postgraduate Hospital Educational Environment Measure (PHEEM) In Pakistani Context (Attia Bari, Rehan Ahmed Khan, Ahsan Waheed Rathore)
11:30 am	OP15	Learning Styles at Different Levels of Medical Education (Kiren Khurshid, Junaid Sarfraz Khan)
11:40 am	OP16	Faculty-Related Factors Influencing Students' Motivation To Learn: Students' Perspectives In Shaikh Khalifa Bin Zayed Al-Nahyan Medical & Dental College, Lahore (Noora Hassan Hezam AlAqmer, Junaid Sarfraz Khan, Sibgha Zulfiqar)
11:50 am	OP17	Study Habits of Medical Students in Studying Physiology Using ASSIST (Faraz Ahmed Bokhari, Muhammad Luqman, Junaid Sarfraz Khan)

## Certificate Distribution

10:50 am To  
01:00 pm  
Oct 28, 2016

## Session-II: Parallel Oral Presentations Nursing Forum

**Venue:** Nursing Workshop Room 67

**Judges:** Ms. Hadja Kamra , Ms. Parveen Akhtar

**Moderator:** Ms. Samina Kausar

Time	Code	Titles & Presenters
10:50 am	OP18	Knowledge of nurses about dengue management (Kamran Munawar)
11:00 am	OP19	Nurses Awareness of Cultural Competent Care (Tahira Sagheer)
11:10 am	OP20	Association of child's nutritional status with Immunization and mother's Nutritional knowledge (Farah Batool)
11:20 am	OP21	Perception of critical care nurses about performance autonomy in tertiary care hospitals, Lahore (Tahira Ghaffar)
11:30 am	OP22	Factors Promoting Retention Of Nurses In Private Hospitals Of Lahore (Zainab Arshad)
11:40 am	OP23	Effectiveness of Basic training session regarding the awareness of Ebola virus disease among nurses of public tertiary care hospitals of Lahore (Habib ur Rehman)
11:50 am	OP24	Preventing central line infections in hemodialysis patients: A survey of nurses' knowledge and practices in accordance to CDC guidelines (Kainat Asmat)
12:00 noon	OP25	Knowledge of nurses about work related stress and its impact on personal life (Munazza Cheema)
12:10 pm	OP26	Comparison of access site pressure pain at puncture site in patients undergoing coronary invasive procedures: transradial approach versus transfemoral approach (Shagufta Tasnim)

## Certificate Distribution

**01:00 pm – 02:00 pm Lunch & Juma Prayer Break**

**Venue:** Front Lawn, UHS

02:00 pm To  
03:50 pm  
Oct 28, 2016

### Session-III: Plenary Presentations

**Venue:** Shams Auditorium, UHS

**Co-Chair:** Prof. Dr. Khalid Masood Gondal, Senior Vice President, CPSP, Lahore

**Co-Chair:** Prof. Dr. Aftab Mohsin, Principal, Gujranwala Medical College, Gujranwala

**Moderator:** Prof. Dr. Aliya Bashir, Sahiwal Medical College, Sahiwal

Time	Code	Speaker	Topic
02:00 pm	PL08	Dr. Zarrin Siddiqui	Assessment of Professionalism: Using a longitudinal approach
02:20 pm	PL09	Dr. Gominda Ponamperuma	Markers of professionalism
02:40 pm	PL10	Dr. Syed Moyn Aly	Teaching and Assessing professionalism: The snake and ladder game
03:00 pm	PL11	Dr. Alam Sher Malik	Ethics and Professionalism–Teaching & Assessment in Medical Schools
03:20 pm	PL12	Dr. Rukhsana W. Zuberi	Clinical Supervision on the Run
03:40 pm	Questions & Answers		

### Parallel Sessions-III

02:00 pm To  
03:50 pm  
Oct 28, 2016

### Session-III: Parallel Oral Presentations

#### Research Plan Presentation-I

**Venue:** Video Conference Room, UHS

**Judges:** Dr. Janet Grant & Dr. M. Saif ul Bahri Yusoff

**Moderator:** Dr. Sidrah Saleem

Time	Code	Titles & Presenters
02:00 pm	OP27	Identifying amotivational factors in undergraduate medical teachers (Syed Imran Hussain Andrabi)
02:10 pm	OP28	To Identify The Qualities PBL Participants Expect Their PBL Leaders To Have : A Synopsis (Tayyaba Azhar, Junaid Sarfraz Khan, Samina Malik)
02:20 pm	OP29	Performance of Pediatrics' residents as clinical teachers: Final year MBBS students' perspective by using augmented standard faculty development program questionnaire (Faheem Afzal)
02:30 pm	OP30	The transformation of the Professional Identity of MHPE Graduates after being in practice (Junaid Sarfraz Khan, Alia Amin, Sadia Sharif)
02:40 pm	OP31	Perceptions of CME Participants about the Improvement of Patient Care Through CME Activities in Lahore District (Shazia Tufail, Junaid Sarfraz Khan)
02:50 pm	OP32	Validation of Urdu Translation of DREEM inventory in a Medical College in Lahore, Pakistan (Meher-un-nisa, Junaid Sarfraz Khan)
03:00 pm	OP33	Perception of Medical students towards faculty as role models in human values in medical teaching and clinical practice. (Agha Shabbir Ali, Nosheen Fatima, Hammad Riaz, Ali Haider, Farhat Altaf, Mohamad Ali)
03:10 pm	OP34	Relationship between the DREEM score and academic performance of Final year MBBS students at Khawaja Muhammad Safdar Medical College, Sialkot (Tahir Siddique, Junaid Sarfraz Khan)
03:20 pm	OP35	The frequency of stressors in obstetrics and gynecology postgraduate trainees in King Edward Medical University (Shamila Ijaz Munir, Junaid Sarfraz Khan)
03:30 pm	OP36	Factors Responsible For Absenteeism of Final Year Students of Services Institute of Medical Sciences in Evening Duties in Paediatrics (Muhammad Khalid Masood)
03:40 pm	OP37	The reasons of decline in surgical bedside teaching in the final year students of public sector medical colleges of Lahore. (Sajid Hussain)

#### Certificate Distribution

### Session-III: Parallel Oral Presentations

#### Research Plan Presentation-II

**Venue:** Workshop Room 30, UHS

**Judges:** Dr. Usman Mehboob & Dr. Lubna A. Baig

**Moderator:** Dr. Nadia Naseem

Time	Code	Titles & Presenters
02:00 pm	OP38	Understanding of Medical Students of the term integration in integrated modular system (Madiha Amjad, Junaid Sarfraz Khan )
02:10 pm	OP39	Dental and Paradental students' perception of the educational environment in FMH Dental College as measured by Dundee Ready Educational Environment Measure (DREEM) (Zahid Iqbal, Junaid Sarfraz Khan)
02:20 pm	OP40	Frequency of Internet Addiction Disorder and its relationship with academic performance among medical students. (Andleeb Khanam)
02:30 pm	OP41	Identification of Practice Gaps Existing Between Dental Education and Immediate Dental Practice in Pakistani Dental Graduates (Sarah Ghafoor)
02:40 pm	OP42	Association of Anxiety and Depression With Academic Achievement In Medical Students (Zafar Hussain Tanvir)
02:50 pm	OP43	Enablers and barriers to academic research innovation in public sector medical universities of Punjab (Nadia Naseem)
03:00 pm	OP44	Assessment of Professionalism related to Academic Integrity in Undergraduate Medical Students (Nargis Iqbal)
03:10 pm	OP45	Comparison of effectiveness of power point and white board with talk as a learning tool for lectures in MBBS students. Sadia Maqsood Awan
03:20 pm	OP46	Effect of Undergraduate medical students' learning approaches on their performance in summative assessment at SKZMDC, Lahore (Tayyaba Muzaffar, Musarrat Ul Hasnain)
03:30 pm	OP47	Is Team Based Learning (TBL) academically effective in applying basic medical concepts to clinical sciences? (Madiha Ahmad)
03:40 pm	OP48	Attributes of A Good Medical Teacher Improve Student Learning At Undergraduate Level (Shahid Farooq)

### Certificate Distribution

02:00 pm To  
03:50 pm  
Oct 28, 2016

**Session-III: Parallel Panel Discussion**  
**Panel Discussion (PD1)**

**Topic:** Sharing Experience of Integrated Curriculum Implementation

**Venue:** Senate Hall, UHS

**Moderator:** Dr. Saima Ch.

**Participation:** Lahore Medical & Dental College, Lahore  
FMH, College of Medicine & Dentistry, Lahore  
Avicenna Medical College, Lahore  
Shalamar Medical & Dental College, Lahore

**Tea Break & Networking (03:50 pm – 04:05 pm)**

**Venue:** Front Lawn, UHS

04:05 pm To  
06:00 pm  
Oct 28, 2016

### Session-IV: Plenary Presentations

**Venue:** Shams Auditorium, UHS

**Co-Chair:** Prof. Dr. Farid Ahmad Khan, Principal, SKZMDC, Lahore

**Co-Chair:** Prof. Dr. Sardar Muhammad Alfareed Zafar, Principal, PMC, Faisalabad

**Moderator:** Dr. Sumera Badar, Punjab Medical College, Faisalabad

Time	Code	Speaker	Topic
04:05 pm	PL13	Dr. M. Saiful Bahri Yusoff	Preventing Burnout, Building Professional Resilience among Students in Higher Education
04:25 pm	PL14	Dr. Usman Mahboob	Professional Dilemmas
04:45 pm	PL15	Dr. Rahila Yasmeen	Promoting a culture of Professionalism: Helping students to learn Professionalism in challenging millennium
05:05 pm	PL16	Dr. Rehan Ahmed Khan	Teaching Professionalism in Undergraduate Integrated Modular Curriculum: Sharing the Experience
05:25 pm	PL17	Dr. Amina Ahmad	Accountability: a self-regulated phenomenon or else?
05:45 pm	Questions & Answers		

### Parallel Sessions

04:05 pm To  
06:00 pm  
Oct 28, 2016

## Session-IV: Parallel Oral Presentations

### Research Plan Presentations

#### MHPE (BATCH-V) I

**Venue:** Workshop Room 30, UHS

**Judges:** Dr. Syed Moyn Aly & Dr. Gohar Wajid

**Moderator:** Dr. Aamir Bashir

Time	Code	Titles & Presenters
04:05 pm	OP49	Contemporary teaching strategies and communications in dental education (Khurram Nadeem)
04:15 pm	OP50	Lectures and Small Group Discussions (interactive sessions): A comparative study in subject of Pathology among undergraduate students of Central Park Medical College. (Asim Mumtaz)
04:25 pm	OP51	What is impact of level of job satisfaction of faculty members in Sahiwal Medical College on student's achievement? (Ahmad Zeeshan Jamil)
04:35 pm	OP52	Student's feedback for teacher performance in his Teaching context (Ajmal Farooq)
04:45 pm	OP53	Evaluation As Valid Tool For Improving Teacher's Efficacy In A Government Medical College (Shandana Tarique)
04:55 pm	OP54	Career choice among medical students and factors influencing their selection (Iqbal Ahmad Azhar)
05:05 pm	OP55	Why medical students drop a class, student's perception (Shazia Rasul)
05:15 pm	OP56	Provision of Handouts At The End of Lecture An Effective Teaching And Learning Practice (Shaherzad Sohail)
05:25 pm	OP57	Reflection on PowerPoint presentation- as a tool for teaching and learning. (Sabeen Farhan, Junaid Sarfraz Khan, Samina Malik, Sabeen Jamshed)
05:35 pm	OP58	Outcome of Recommended Structured Template for a New Problem Based Learning, Daily Formal Teaching Session for Surgical Residents (Suhail Niaz Khan Niazi, Junaid Sarfraz Khan)

### Certificate Distribution



04:05 pm To  
06:00 pm  
Oct 28, 2016

**Session-IV: Parallel Oral Presentations**  
**Research Plan Presentation**  
**MHPE (BATCH V) II**

**Venue:** Video Conference Room , UHS Lahore

**Judges:** Dr. Ara Tekian & Dr. Zarrin Siddiqui

**Moderator:** Dr. Iram Manzoor

Time	Code	Titles & Presenters
04:05 pm	OP59	Critical Thinking in classroom: a teaching and learning experience– Case Study (Fawad Ahmad Randhawa)
04:15 pm	OP60	Comparison of Learning Approaches in 4th Year MBBS students of Lahore (Naureen Omar)
04:25 pm	OP61	Practice of Written feedback to medical students as an instructional strategy: The students' Perspective (Anum Fatima)
04:35 pm	OP62	Students Perception Of Educational Environment In An Undergraduate Medical College Using DREEM (Dundee Ready Education Environment Measure) (Sofia Waheed Khan)
04:45 pm	OP63	Impact of introducing Integrated Education System in medical colleges on Student Performance (Nazli Hameed)
04:55 pm	OP64	Comparison of Anxiety & Depression Amongst Medical Students With Students of other Postgraduate Disciplines (Somer Masood)
05:05 pm	OP65	Learning style preference among undergraduate dental students' and their performance in various formative assessment methods used at Institute of dentistry, CMH Lahore Medical College (Saira Atif)
05:15 pm	OP66	Role of Self-directed Learning in Today's Teaching Practices: To make the learner perform better in and beyond the student-life (Fazeela Shahzad)
05:25 pm	OP67	Effectiveness of Smartphone internet facility for e-learning among post graduate students. (Farhat Naz)
05:35 pm	OP68	Lack Of Teaching Expertise In Medical Teachers (Muhammad Anwar)

**Certificate Distribution**

04:05 pm To  
06:00 pm  
Oct 28, 2016

**Session-IV: Parallel Panel Discussion**  
**Panel Discussion (PD2)**

**Topic:** Assessment of Professionalism in Postgraduate Education

**Venue:** Senate Hall, UHS

**Moderator:** Prof. Dr. Zohra Khanum

**Participants:**

Maj. Gen. (R) Prof. Muhammad Aslam

Prof. Dr. Khalid Masood Gondal

Prof. Dr. M. Iqbal Khan

Prof. Dr. Abdur Rasheed Mian

Prof. Dr. Aamir Zaman Khan

Prof. Dr. Aftab Mohsin

Prof. Dr. Abrar Ashraf

**Banquet & Networking**

*By Registration and Invitation*

Friday, October 28, 2016

(08:00 pm to 10:00 pm)

**Venue:** University of Health Sciences Lahore

**Note:** Please bring your invitation card

**Conference Day-II**  
**Saturday, October 29, 2016**

**09:00 am to  
10:45 am  
Oct 29, 2016**

**Session-V: Plenary Presentations**

**Venue:** Shams Auditorium, UHS

**Co-Chair:** Prof. Dr. Abdul Majeed Chaudhary, Principal, Lahore Medical & Dental College, Lahore

**Co-Chair:** Prof. Dr. I. A. Naveed, Director Medical Education, University of Health Sciences, Lahore

**Moderator:** Dr. Hummad Hussain, UHS, Lahore

Time	Code	Speaker	Topic
09:00 am	PL18	Dr. Kamran Sattar	Standing out with Professionalism
09:20 am	PL19	Dr. Kay Mohanna	Values Based Healthcare Education: a framework for thinking with
09:40 am	PL20	Dr. Ara Tekian	What we know and don't know about instruction/ educational strategies: Creating your research agenda
10:00 am	PL21	Dr. Gohar Wajid	Framework for action for reforming undergraduate medical education in the Eastern Mediterranean Region including Pakistan
10:20 am	PL22	Dr. Khalid Masood Gondal	How professionalism is being addressed by electronic monitoring system of CPSP for PG residents
10:40 am	Questions & Answers		

**Parallel Sessions-V**

09:00 am to  
10:45 am  
Oct 29, 2016

## Session-V: Parallel Oral Presentations Assessment & Evaluation

**Venue:** Video Conference Room , UHS Lahore

**Judges:** Dr. Rehan Ahmed Khan & Dr. Kamran Sattar

**Moderator:** Dr. Mansoor Ghani

Time	Code	Title & presenter
09:00 am	OP69	Correlation Of Non-Functional Distractors With Difficulty Index And Discrimination Index In Multiple Choice Questions. (Muhammad Zafar Iqbal, Rehan Ahmed Khan)
09:10 am	OP70	Processes and Procedures adopted to maintain high standards of assessment by faculty of medicine, Quets International University Perak, Malaysia (Rukhsana Hussain Malik, Alam Sher Malik)
09:20 am	OP71	Evaluation Of The Impact Of 'Learning Skills Course' In Enhancing The Learning And Performance Of Medical Undergraduates (Raza Younus, Junaid Sarfraz Khan, Ian Willis, Janet Strivens)
09:30 am	OP72	Aim for Success, not Perfection. Academic Performance of Pakistani and Foreign National Medical Students – A Comparative Analysis (Farida Munawar , Naureen Akbar, Shahnaz Qureshi)
09:40 am	OP73	Assessment of Communication Skills of Den PMTAL and Medical Undergraduate Students: An Alarming Necessity of Introducing Communication Skill Course in Curriculum (Qurat ul Ain, Rehan Ahmed Khan, Gohar Wajid)
09:50 am	OP73a	Perception of professionalism by Obstetrics and Gynecology residents at Postgraduate medical institute/Lahore General Hospital, Lahore (Noreen Akmal)

## Certificates Distribution

09:00 am to  
10:45 am  
Oct 29, 2016

## Session-V: Parallel Oral Presentations Research Development

**Venue:** Workshop Room 30, UHS

**Judges:** Prof. Dr. Abdul Majeed Ch. & Prof. Dr. Syed Hasan Shoaib

**Moderator:** Dr. Amina Ahmad

Time	Code	Titles & Presenters
09:00 am	OP74	Building a Culture of Research: A Focus Group Discussion (Samina Malik, Saman Saeed)
09:10 am	OP75	Roles Of Medical Education Department-A Faculty's Perspective (Saima Batool )
09:20 am	OP76	UHS Survey "To determine the percentage of professionally active female doctors and reasons for those who are not pursuing their career" (Amina Ahmad, Umaira Ahsan, Adila Anwar)
09:30 am	OP77	What do Narratives written by junior doctors reveal? (Nausheen Bakht)
09:40 am	OP78	Exploring the relationship between learning styles and collaborative blended learning Methodology in undergraduate Pathology (Fauzia Sadiq)
09:50 am	OP79	Medical Students' Perceptions of Formative Assessment...A Qualitative Study (Faiza Siddique)

## Certificates Distribution

09:00 am to  
10:45 am  
Oct 29, 2016

**Session-V: Parallel Conference Workshop**  
**Physiotherapy**

**Venue:** Senate Hall, UHS

**Moderator:** Dr. Zahid Bhatti

**Workshop Coordinator:** Dr. Hafiz Muhammad Asim

**Topic:**

“Scientific Communication in Physical Therapy: Writing and Editing”

**Facilitator:**

Dr. Muhammad Salman Bashir & Dr. Rabiya Noor

**Tea Break (10:45 am – 11: 00 am)**

**Venue:** Front Lawn, UHS

**&**

**Poster Presentations (PP01-PP06)**

**Venue:** Main Rotunda, UHS

## Poster Presentations

**Venue:** Main Rotunda, UHS

**Judges:** Dr. Saqib Mehmood, Dr. Amina Ahmad

**Moderator :** Dr. Rabia Anjum

Code	Titles & Presenters
PP01	Prevalence and antibiotic susceptibility profile of <i>Pseudomonas aeruginosa</i> isolated from different clinical samples in district Peshawar. (Abdul Jabbar)
PP02	What are the contributions of South Asian physiatrists to the international rehabilitation literature in the last decade? An online survey. (Sermad Ahmad Mangat, Shahbaz Ali Nasir, Mubashir Shahid, Hassaan Altaf)
PP03	Learning To Cure With Care: Awareness Of Faculty And Medical Students About Student's Privileges/Roles Related To Patient Safety. (Ayesha Ayub, Rehan Ahmed Khan)
PP04	Correlation of Multiple Mini Interviews (MMI) Scores with Problem Based Learning (PBL) Scores of First Year Medical Undergraduate Students. (Qurat ul Ain, Rehan Ahmed Khan, Gohar Wajid, Hasan Shoaib)
PP05	Undergraduate Medical Students' Perception of Patient Safety. (Rizwana Kamran, Mohamed M Al-Eraky)
PP06	Analyzing Postgraduate Residents' Communication Skills by Using Video Recording. (Attia Bari, Rehan Ahmed Khan, Ahsan Waheed Rathore)

11:00 am to  
01:25 pm  
Oct 29, 2016

## Session-VI: Plenary Presentations

**Venue:** Shams Auditorium, UHS

**Co-Chair:** Prof. Dr. Javed Akram, Vice Chancellor, Shaheed Zulfiqar Ali Bhutto Medical University, Islamabad

**Co-Chair:** Prof. Dr. Tariq Rafi, Vice Chancellor, Jinnah Sindh Medical University, Karachi

**Moderator:** Brig. Dr. Ihsan Ul Haq Wafa, University of Health Sciences Lahore

Time	Code	Speaker	Topic
11:00 am	PL23	Dr. Ahsan Sethi	Postgraduate qualifications in medical education: Is the juice worth the squeeze?
11:20 am	PL24	Dr. Brekhna Jamil	Ethical sensitivity of fresh graduates: Do we care for?
11:40 am	PL25	Dr. Sonia Ijaz Hiader	Assuring Teaching Quality-A vital component of Professionalism
12:00 noon	PL26	Dr. John R. Boulet	The Contribution of Pakistani Educated Physicians to the International Workforce
12:20 pm	PL27	Dr. Ali Gazni	Science production in high-impact universities: Analyzing the scientific publication of top universities of the world and Pakistan
12:40 pm	PL28	Dr. Javed Akram	Professionalism in Medical Community: Lessons from personal experiences
01:00 pm	PL29	Dr. Muhammad Aslam	University Ranking
01:20 pm	Questions & Answers		



## Parallel Sessions-VI

11:00 am to  
01:25 pm  
Oct 29, 2016

### Session-VI: Parallel Panel Discussion

**Topic:** Challenges in Establishing Liver Transplant Programs in Pakistan (PD3)

**Venue:** Video Conference Room, UHS Lahore

**Moderator:** Dr. Hafiz Farooq Butt

#### Participants:

Prof. Dr. Arshad Kamal Butt

Dr. Tariq Ali Bangish

Dr. Amer Latif

Dr. Muhammad Akif Dilshad

11:00 am to  
01:25 pm  
Oct 29, 2016

**Session-VI: Parallel Conference Workshop**  
**Stress Management**

**Facilitator :** Dr. Imran Ijaz Haider

**Venue:** Workshop Room 30, UHS

11:00 am to  
01:25 pm  
Oct 29, 2016

**Session-VI: Parallel Conference Workshop**  
**Physiotherapy**

**Venue:** Senate Hall, UHS

**Moderator:** Dr. Zahid Bhatti

**Workshop Coordinator:** Dr. Hafiz Muhammad Asim

**Topic:**

“Scientific Communication in Physical Therapy: Writing and Editing”

**Facilitator:**

Dr. Muhammad Salman Bashir & Dr. Rabiya Noor

**01:25 pm – 02:15 pm Lunch & Prayer Break**

**Venue:** Front Lawn, UHS

02:30 pm to  
03:50 pm  
Oct 29, 2016

### Session-VII: Closing Ceremony

**Venue:** Shams Auditorium, UHS


**Moderator:** Dr. Allah Rakha, UHS Lahore

Time	Program
02:30 pm	Tilawat
02:35 pm	Reflections by Foreign Keynote Speakers
02:55 pm	Address by Prof. Dr. Junaid Sarfraz Khan, Pro-Vice Chancellor, UHS
03:05 pm	Address by Maj. Gen. (R) Prof. Muhammad Aslam, Vice Chancellor, UHS
03:10 pm	Address by the Guest of Honor
03:25 pm	Address by the Chief Guest
03:35 pm	Vote of Thanks by the President Elect, CCME, Prof. Dr. Syed Hasan Shoaib
03:40 pm	Distribution of Souvenirs

**Closing Tea (03:50 pm – 04:15 pm)**

**Venue:** Front Lawn, UHS





# **Keynote Speakers**



## **Ethics and Professionalism– Teaching & Assessment in Medical Schools**

### **Prof. Dr. Alam Sher Malik**



Ethics and Professionalism (E&P) are essential and integral part of medical practice. Therefore it is imperative that medical students should be adequately and effectively trained in these areas before they graduate.

Because there are few, if any, automatic and agreed-upon answers for the knotty ethics issues related to treating patients, physicians' training must prepare them to think through the ethical implications of difficult medical choices and to be aware of their own and patients' values.

Ethical issues arise when not all values can be respected. The values in conflict must then be prioritized and the essence of 'doing ethics' is to justify breaching the values that are not respected. Clearly there is need of training the medical students to adopt a right approach in facing such situations.

Teaching E&P is as challenging as practising them. The curriculum, apart from addressing the international values and norms, must teach the future physicians to respect the cultural norms and religious beliefs of the patients and the family dynamics of the population under consideration.

There are a number of methods of teaching E&P which should be applied throughout the course. Case-based approach has been found to be most effective and may be applied through case conferences, discussion on triggers, standardised or actual patient interviews, role-playing sessions and early patient exposure. Role modelling, as part of hidden curriculum, is a strong and effective method of training students through "osmosis".

Formal assessment of P&E is essential to give it its due importance in the curriculum and ensure that learning has taken place. The effective methods of assessment include scenario-based problem-solving sessions which can be executed through structured essay questions, OSCE, direct observation, interviewing the patient or videotaping of clinical case examinations. The 360 degree approach is a useful method of continuous assessment.

As medical science is giving greater control over health and disease and the patients expectations are continuously raising, the ethical dilemmas facing physicians and patients are going to be more complex. Our pluralistic international society has no established religion or secular system that resolves our ethics questions about medical care. Our religious and cultural diversity means that we will often disagree as we work out the answers. To face these challenges we need wisdom, not knowledge alone, and wisdom is the realm of ethics – thus E&P is a dynamic field that would keep on evolving, raising unprecedented issues with more innovative solutions or approaches to solutions.

## What we know and don't know about instruction/ educational strategies: Creating your research agenda

**Dr. Ara Tekian**



As we think of future directions in research, we should carefully review the literature about what we already know, so that we could move the field forward. This keynote address will focus on the literature on instruction/ educational strategies and identify key questions that needs further exploration. There are significant number of studies published on instructional methods, such as PBL, TBL, case-based discussions, workplace learning, collaborative learning, technology-enhanced learning (simulations, online learning, etc.); or strategies, such as active learning and engagements, self-directed learning, massed vs spaced learning, learning from reflection, supervision, mentoring, and coaching, motivational influences on learning, or formal and informal learning. Additionally, we know about important theories and conceptual frameworks, such as cognitive load theory, deliberative practice with feedback, Kolb's experiential learning theory, or community of practice theory.

What we do not know are how many of these methods and strategies actually work; or under what conditions they are effective. For example, we should stop thinking about "technology enhanced learning" as a separate entity. If we develop a face-to-face course but ask students to watch a YouTube video before class, or email them a PDF file and ask them to read it, and subsequently have a role-play activity (or short procedural activity, depending on the topic), is this a face-to-face course? Or is it a technology-enhanced course? Over 20 years ago, we used pig's feet and oranges to learn suturing, and role play to learn communication skills, and we just did it. Today we do the same, but we have fancy names like "simulation-based education" and "flipped classrooms." When does "traditional" end and "technology enhanced" begin? It is important to understand how to use these tools effectively (when and where to use them), and how to design good tools. But that is a very different mindset (research orientation) than trying to study them as if "technology enhanced" were something special.

Another such topic is "motivation in learning" which is vitally important. Too many people treat "motivation" as a unitary construct, when in reality, it is very complex. There are many different facets of motivation, each of which has different assumptions, theories, and implications. If we are going to advance the science of motivation, we need to clearly understand our conceptual position (lens), identify relevant work, and deliberately plan studies that will advance the field in that specific theory. Just studying "motivation" is going to create a mess!

We cannot ignore the issue of translating what we already know into practice in a broad way. This is a problem in clinical medicine, and it is a problem in education. Everyone knows that most teachers do not use best practices – not much work has been done, other than preaching from the pulpit and guidelines (like AMEE) to change this; but these practices usually reach only the already-converted. Making this a focused research agenda, perhaps using tools for dissemination (such as online modules) or creating easy-to-use "best practice templates", would be fruitful.

This keynote address will provide a menu of meaningful research questions that could



create a new research agenda on instruction and/or educational strategies and help advance our field.

### **Framework for action for reforming undergraduate medical education in the Eastern Mediterranean Region including Pakistan**

#### **Dr. Gohar Wajid**

Pakistan is one of the Member States of the WHO Eastern Mediterranean Region. Pakistan adopted resolution RC62/3 on framework for action on reforming of undergraduate medical education in the EMR. The framework for action identifies seven strategic priorities for strengthening undergraduate medical education in the Region, including Pakistan. The priority areas include governance, social accountability and accreditation, curriculum development, student assessment and programme evaluation, and faculty development and enabling environment. The framework for action also identifies short term and medium term objectives and how WHO can provide technical support to achieve these objectives. My presentation will discuss the framework of action and propose the development of a national plan of action for strengthening undergraduate medical education in Pakistan.



#### **Markers of professionalism**

#### **Dr. Gominda Ponnampereuma**

Professionalism has now come to stay as an integral part of any modern health professions curriculum. As such, we now need to know, at any given point within the curriculum, whether a student is progressing well in terms of professionalism. To do so, we need to assess professionalism, so that both the students and teachers have certain measures or indicators, as 'markers' that could be used to map a student's progress (or at least absence of deterioration) in terms of professionalism. Self, peers, teachers, examiners and patients could generate these markers.



Assessment of professionalism through the aforementioned markers, however, is shrouded with controversy. Some of the thorny issues surrounding assessment of professionalism that has been well explored in the literature (but perhaps with no clear cut answers) are: can professionalism be assessed at all; should professionalism be assessed holistically or in terms of its constituent parts; should professionalism be assessed positively or negatively; who should assess professionalism; how, when and where should professionalism be assessed; should professionalism be assessed summatively or formatively; how should the results of assessment of professionalism be best interpreted; and are there ways of overcoming the subjectivity in assessing professionalism?

This plenary session will address the above controversial issues in light of the current understanding and interpretation of the best practice guidelines, developed based on existing evidence.

## Medical professionalism: Resolving the contradictions

### Dr. Janet Grant



The title of this conference has set us a contradiction to analyse: local values vs. global standards.

What are the implications of this apparent contradiction? It might seem to imply that:

- There are no universally applicable, absolute standards
- Global standards are set without values
- Local practice is values-based
- Local is contextual.

To resolve this, we might best consider the dialectics of development. This is a philosophical approach through which the analysis of contradictions is the starting point for problem-solving. It has been associated with the greatest philosophers in western and eastern traditions.

This is a particularly powerful approach in circumstances where the topic in focus is values-based rather than evidence-based. This is particularly acute in relation to medical professionalism which has a cultural and contextual basis that is not recognised in most writings on this topic. There is no agreed definition of professionalism and such definitions as there are tend to be developed within western professional cultures and practices.

We will examine how medical professionalism is thought of and the tensions that this might give rise to.

Given this, decisions must be made on the basis of contextual analysis. That will involve deciding what you might want to do (your thesis), looking at other ideas and things that might impede you (the antithesis), and then reaching a conclusion that takes both into account (your synthesis).

The conference title also refers to challenging times. In relation to medical professionalism, this might refer to:

- Contextual challenges of human and material resources
- Political challenges of power, ownership and leadership
- Ideological challenges of changing values and beliefs
- Practical challenges of implementing what is needed
- Personal challenges of doing what is right professionally and personally.

We will consider each of these in relation to the contradictions that must be resolved between global and local factors.

## The Contribution of Pakistani-Educated Physicians to the International Health Workforce

### Dr. Jack R. Boulet



Many physicians educated in Pakistan complete their graduate training in the United States (US) and then go on to practice medicine outside of Pakistan. Based on the American Medical Association (AMA) Masterfile, there are nearly 12,500 physicians in active practice in the US who obtained their medical degree in Pakistan. Most of these physicians (52%) attended 1 of 3 medical schools (Dow Medical College, King Edward Medical University, Aga Khan University Medical College).

International medical graduates (IMGs) must be certified by the Educational Commission for Foreign Medical Graduates (ECFMG) to be eligible to enter accredited graduate medical education (GME) programs in the US. The certification process includes credential verification and successful completion of the United States Medical Licensure Examination (USMLE) Steps 1 and 2. Over the past 5 years (2011-2015), the number of ECFMG applicants from Pakistan has increased from 814 to 1101 (35% increase). In 2015, 765 ECFMG certificates were issued to individuals who graduated from medical schools in Pakistan.

Objectives:

1. To describe the role of Pakistani-educated physicians in the US healthcare workforce
2. To summarize trends in ECFMG applications and certificates issued from individuals attending medical school in Pakistan
3. To provide an overview of USMLE performance (Step 1, Step 2 CK, Step 2 CS) by individuals educated in Pakistani medical schools
4. To discuss workforce issues related to physician migration

### Values based practice: a framework for thinking with

### Dr. Kay Mohanna



Values might be seen to be those guiding principles that govern an individual's behaviours; those preferences that an individual considers to be important and help navigate between potential courses of action. Notwithstanding the way the term is often employed in the literature to imply a positive driver, those values might be positive or negative. Additionally the field of healthcare is not exempt from debate on what 'counts' in the hierarchy of values and upon whose values practice should be based. In fact healthcare might be seen as a prime example of an activity that is bound to be fraught with difficulties over differences in values, such is the complex nature both of the human condition and systems designed to support it. The over-arching field of values-based medicine is not new, and probably extends back beyond Hippocrates, but work has been done to design a way of thinking about such a plurality of influence that might usefully be incorporated into the way we think about professionalism and leadership development, specifically values-based practice (Fulford 2004).

Fulford defined values-based practice (VBP) as 'the theory and skills base for effective health care decision making where different (and hence potentially conflicting) values are in play' (Fulford 2004). As a model it has already been incorporated into one area of the NHS, being used to underpin the development of the 2004 Values Framework for the National Institute of Mental Health in England (NIMHE 2004). Crucially it is an action-orientated model for problem solving which starts from the premise of mutual respect for differences of values, what Fulford calls the democratic principle. It avoids the risk that 'anything goes' by excluding those values incompatible with that mutual respect (including decision-making on grounds irrelevant to the choice being made, such as racism). The emphasis in the decision making is on good process rather than pre-set right outcomes and involves ten 'pointers' to good process to achieve that point of balanced decision-making. These ten pointers will be discussed in this talk and are four clinical skills; two aspects of relationships; three principles of the relationship between evidence and values and one aspect of partnership based decision-making.

### **How professionalism is being addressed by electronic monitoring system of CPSP for Post Graduate Residents**

#### **Dr. Khalid Masood Gondal**

College of Physicians and Surgeons Pakistan is the main Post Graduate body of the country providing around 85% specialist need. CPSP presently is offering 73 fellowship programs. Currently over 20,000 residents are going through structured training process under supervision of over 3000 accredited supervisors. CPSP tried to address the issue of variation of training through electronic log book monitoring system. Professionalism is an important competency and CPSP has made compulsory course on this for trainee. Recently the college has introduced effective system of feedback and through this feedback System College addresses issue of professionalism. In formative and summative assessment, there are specific stations related to professionalism. In current presentation we are going to discuss how CPSP E log system addresses professionalism.



### **Creating a balance between local context and global standards: how far can we go?**

#### **Dr. Lubna Baig**

The world federation for Medical Education (WFME) launched the trilogy of global standards in 2003 and a second era was published in stages from 2011 to 2015. These standards are generic guidelines for improving quality of undergraduate medical education. In our context Pakistan Medical and Dental Council (PMDC) sets the accreditation standards which at this time do not completely match the WFME standards. Core competencies were defined and adopted by the developed countries in the 1990s. PM&DC and HEC published the core competencies for UME in Pakistan in 2011, which have not been adopted nationally as of today. Core competencies all over inclusive of PM&DC and HEC address professionalism. The PM&DC and HEC core competencies addressing



professionalism do not give details on their operationalization. This paper will focus on the need for developing contextual details on further defining professionalism and its operationalization in the Pakistani context.

## **Philosophy, principles, practice and teaching of medical ethics- an Islamic perspective**

**Dr. Mohammad Iqbal Khan**



Ethics is a Greek word derived from the word *ethikos* means theory of living. Ethics or moral philosophy is the systematic endeavor to understand moral concepts and justify moral principles that control or influence a person's behavior. Medical ethics is an applied branch of ethics or moral philosophy which attempts to unravel the right and wrongs of different areas of health care practice. In other words, it deals with the moral principles that medics should adhere to in their sphere of interactions. The scope of medical ethics is wide and includes development of ethical codes and guidelines, promotion of ethical practices and prevention of ethical breaches. It encompasses physicians' relationship with patients, colleagues, related industry, society and state at large. Ethical environment pays in terms of good standards of practice and care along with generation of new and beneficial knowledge i.e. *Ilm-e-Naa'fe*. Essential elements of this environment are professional competence, good collegial and patient relationship along with compliance of other professional and ethical obligations including research and development being conducted in ethical environment.

Fast-moving societal and technological changes in the 21st century are restructuring the Health profession. These drifts will particularly impact on preparation of health care professionals and most importantly the physicians. The volume of medical knowledge is increasing as does the range and complexity of treatment options. At the same time, community requirements and expectations from the physician are amplified manifolds. To keep the pace, health care professionals must acquire the skills to critically analyze new developments, keep up to date in their field, practice on the basis of best evidence available and be able to explain and justify their advice to patients. Apart from acquiring knowledge and skills, proper morals, dedication, altruism, and empathy without discrimination are crucial components of a medic's life. Ethical issues related to medical education, practice and research entails understanding of the importance of trust, integrity, honesty, truthfulness and effective communication in all professional relations. A health care professional must understand his personal responsibility and limitations of his cognitive and psychomotor skills. He should be well aware of when, where and how to seek appropriate help and uphold professional boundaries with patients. A medic should comprehend issues related to the religious beliefs and practice of patients, students and other healthcare professionals. He must recognize and avoid all forms of unfair discrimination and areas of potential conflict of interest in practice. Physician must appropriately respond to clinical errors, adverse incidents and firmly adhere to the fiduciary responsibility of the physician.

Medical knowledge and Islamic scholarship have been interrelated for centuries, whereby moral and ethical values based on Islamic principles have served as guide to medical profession in letter and spirit. In Islam, ethics is not independent of *Shari'ah* i.e. Islamic law but, rather part and parcel of it. Medical ethics draws its essence from Islamic teachings which call for honesty, sound performance, and God fear. Islamic concept of medical

ethics entails social and communal norms within the frame work of Shari'ah, commonly recognized as noble characteristics and upright traditions. Teaching of medical ethics demands comprehensive curriculum with incorporation of Islamic perspective at graduate and postgraduate levels. Medical practice needs sound understanding of contemporary medical education and research. While well conversant competent and God fearing doctor are in a position to achieve enormous rewards, on the other hand without knowing right and wrong it is unsafe and unethical to carry out any medical practice, as any mishap may take place any time leading to serious consequences. The Islamic ethical principles are much comprehensive and deeper than the Western principles. More over in western concepts, ethics does not carry any legal and jurisprudence bindings which may be punishable by the court of law while in Islamic injunctions, ethics might be essential part of law and punishable if violated.

Key words: medical ethics, philosophy, professionalism, teaching, learning, Islamic perspective, guidelines.

### **Promoting a culture of Professionalism: Helping students to learn Professionalism in challenging millennium**

#### **Dr. Rahila Yasmeen**

By the end of the presentation the participants will be able to understand the importance of Medical Professionalism and strategies to teach and measure it. Professionalism is multifaceted and depends upon the local context and culture. Delineating the behaviors and context that define professionalism can facilitate staged, level- appropriate curriculum. Teaching Professionalism to medical students in this challenging era is a challenge for the teachers. Teaching professionalism occurs best in real-life contexts or high fidelity simulations. The curriculum of professionalism must be thought out innovatively along with its measurement tools and must be align with each other. Its curriculum must be vertically integrated in the medical curriculum and clearly articulated at institutional level. The ultimate goal of teaching 'Medical Professionalism' should be the demonstration of this competency inherently by the students/doctors in real-life medical practice.



### **Teaching Professionalism in Undergraduate Integrated Modular Curriculum: Sharing the Experience**

#### **Dr. Rehan Ahmed Khan**

Context: Pakistan has more than 100 medical schools. More than 98% medical schools have traditional medical curriculum, with very less emphasis on professionalism, medical law and research in the early years. With the aim of sensitizing students to these important pillars of healthcare in a step-wise manner, a need was felt to develop and implement a module in an integrated manner. For this purpose, 'PERL' module has been developed and implemented.



A 'hub and spoke management model' was used, consisting of a central curriculum committee with contributions from as many relevant individuals as possible to develop 'PERL' module. We introduced a longitudinal module PERL for the first 3.5 years of MBBS program to educate undergraduate students about these important issues in the early years of medical school.

Impact: Faculty has noticed a significant change in students' understanding of ethical principles of medical practice, protection of patient rights, sociocultural and religious sensitivities and laws governing healthcare. Understanding the basic principles of epidemiology have also generated interest in research. Professionalism, Ethics, Research and Medical Law are the essentials of curriculum which are neglected in our part of the world. Their introduction to the students in early part of medical school ignite interest in research and help understand medical professionalism early in their careers.

### **Medical Professionalism in a Cultural Context**

#### **Dr. Riaz Qureshi**

MB.BS(Kar), DCH(Lon), DTM&H(Lon), FRCGP(UK)  
Professor Family Medicine Aga Khan University  
Visiting Professor Imperial College, London



The 3 fundamental principles of Medical Professionalism are:

1. Patient welfare
2. Patient autonomy
3. Social justice

To apply these three principles appropriately requires:

1. Professional competence
2. Honesty with patients -- integrity
3. Patient confidentiality
4. Caring attitude
5. Scientific knowledge
6. Maintaining trust
7. Setting and maintaining professional standards and improving access to care
8. A just distribution of finite resources
9. Managing conflict of interest including respect for colleagues

Cultural Influences on Medical Professionalism:

These depend on community's social values and moral norms.

Confidentiality Concepts may not be the same in the east as in the west, however its principles are applicable in most cultural settings. For example, insistence on eye contact, uncovering of face in females, undressing of female patients and refusal to share confidential information with the spouse or a relative may not be acceptable in some eastern cultures.

Different cultural settings pose special problems in ethical issues related to research, advertising of medical services, certification of sickness and other documents, dealing with pharmaceutical industry, referrals to specialists, laboratory tests and prescribing.

In conclusion, the essential elements of medical professionalism related to professional competence, good relationship with patients and colleagues and observance of professional ethical obligations apply to all cultures.

**Key Words:** Medical Professionalism, Culture and Medical Professionalism, Medical Professionalism and Culture.

### **Medical Professionalism: the singularity measured in its multiplicity**

**Dr. Junaid Sarfraz Khan**



In this presentation, the role of values in defining Medical Professionalism shall be discussed. The presentation shall try to develop an understanding of relationship of Personality, Values, Beliefs and Behaviors and will carry on to explain through this lens the relationship between societal values and professionalism within communities of practice. The presentation shall also identify challenges faced by Medical Professionalism and recommend solutions.

### **Ethical sensitivity of fresh graduates: Do we care for?**

**Dr. Brekhna Jamil**



The aim of teaching ethics to the doctors is to make them recognize the humanistic and ethical aspects of medical careers. In order to achieve this intention, dental educators acknowledge that dental students must acquire complex knowledge base and sophisticated perceptual motor skills of dental profession. So ethics teaching and assessment should be given due importance. Ethics in dentistry is also ignored and not given due importance. A study was planned to evaluate ethical sensitivity of freshly graduated dentists. All freshly graduated dentists doing house job at dental college, were assessed for ethical skills. After an informed consent taken related to their willingness for participation, data collection from each participant was obtained through a standardized questionnaire containing Vignettes/ scenarios. Mean age of the participants was 23 years. About 53% freshly graduated dentists in the study were found to be ethically sensitive whereas, 47% were partially sensitive to ethics. There is a need to do curricular modifications in terms of instructional strategies and assessment related to ethics teaching in order to increase ethical sensitivity of our dental graduates. Due to an obvious association between ethics and patient care, it is important to assess ethical sensitivity of the students before they begin their clinical experiences.



## **Assuring Teaching Quality – A vital component of professionalism**

### **Dr. Sonia Ijaz Haider**

Professionalism is defined by a set of standards concerning practices, knowledge and values. It also embraces scholarship of teaching and ethical practice, and encourages teachers to commit to the ongoing improvement of their own practice. Teaching quality necessitates regular training of educators to remain informed about professional knowledge, practice, responsibilities and commitments. However lately, a gradual decline is observed in the quality of teaching. This decline in teaching quality inadvertently compromises elements of professionalism because both of them are inextricably interlinked with each other. Therefore it is imperative to ensure effective measures are taken to sustain quality teaching.



## **Teaching and Assessing professionalism: The snake and ladder game**

### **Dr. Syed Moyn Aly**

The presenter explains evidence about how best to teach and assess professionalism and goes on to highlight educational practices which must be avoided while teaching professionalism.



### **“Alif Laam Meem”**

### **Dr. Umar Ali Khan**

These days professionalism is understood in general that it is based on characteristics of qualifications, standards and duty to public interest. One of the most common definitions is by Sir Alan Langlands: those occupations ‘where a first degree followed by a period of further study or professional training is the normal entry route and where there is a professional body overseeing standards of entry to the profession.’<sup>1</sup> When we say Professional Education it means very high standards of education with training in real life scenarios. Students learn both ‘what/why’ and the ‘how’ bringing together knowledge and know-how.



Knowing and understanding the challenges which one faces in this fast commercial world is the first step in responding to these challenges. In responding or adapting to these challenges one has to be appropriate and key element of society.

Nowadays it has become a fashion to question the motives, ethics and values of our professional people. Values is defined as “Important and lasting beliefs or ideals shared by the members of a culture about what is good or bad and desirable or undesirable. Values have major influence on a person’s behavior and attitude and serve as broad guidelines in all situations. Some common business values are fairness, innovation and community involvement.”<sup>2</sup> Under these definitions we have to judge our self where we stand in “Medical Professionalism in Challenging Times: Blending Local Values with Global Standards”

“Indeed in that is a lesson for those who have vision”. Surah Noor 44

## **Professional Dilemmas of Oral and Maxillofacial Surgery in Conservative Cultural Context.**

### **Dr. Usman Mahboob**



Professional dilemmas are contextual and varies with culture. The aim of this study is to explore professional dilemmas and ethically difficult situations faced by maxillofacial surgeons in conservative society of Pakistan.

#### **Methods**

A narrative inquiry approach was used with in-depth interviews of nine maxillofacial surgeons involved in teaching and clinical work in tertiary care hospitals of public, private and armed forces hospitals. The interviews were transcribed verbatim and data cleansing was done. Qualitative narrative analysis of interviews was done manually.

#### **Results**

Thirty-five different situations were shared by the participants. The dilemmas were categorized according to roles and identity of participants as clinicians, educator, assessor and multiple roles. The majority of dilemmas were related to clinical role of our participants.

#### **Conclusion**

The situations narrated by participants are not very different from those reported by surgeons, physicians and nurses. The situation related to identity is peculiar to maxillofacial surgeons here in Pakistan and may be due to emerging speciality in the region. Lapses in professionalism were there and remediation processes, feedback mechanisms, and faculty development are needed to decrease these incidences.

#### **Key words:**

Professionalism, professional dilemmas, oral and maxillofacial surgeons, maxillofacial surgery, conservative society.

## **Assessment of Professionalism: Using a Longitudinal approach**

### **Dr. Zarrin S. Siddiqui**

The attributes of Professionalism will be presented from the perspective of the academics and educators and how they affect the gender equity and equality within an institution.



## **Accountability: a self-regulated phenomenon or else?**

### **Dr. Amina Ahmad**

Aim of the talk: To discuss global emphasis on social accountability of medical schools, explore the challenges posed and possible ways to foster the culture of accountability in the local context. The talk is organized around the growing global concern over patient safety, which has a two-fold influence on medical education: the way medicine is practiced and the degree to which doctors are now publicly accountable. This wave of accountability is against the backdrop of new sets of challenges for the 21st century, which are: improving quality, ensuring equity, relevance and effectiveness in healthcare delivery, reducing the mismatch with societal priorities, re-defining roles of health professionals and providing evidence of the impact on people's health status. However, fostering a culture of accountability is not without challenges. Hence, the talk will also aim to share unique challenges posed in the local context and evidence-based solutions to overcome these challenges.

Keywords: Social Accountability, Challenges, Self-regulation



## **Standing out with Professionalism**

### **Dr. Kamran Sattar**

American Board of Internal Medicine (ABIM) states, Patient welfare, Patient autonomy, Social justice, as fundamental principles of Professionalism and according to the General Medical Council (GMC) medical students have certain privileges and responsibilities therefore, different standards of professional behaviour are expected of them. Furthermore, Arabian teachers and students feel that professionalism education remains as a gap in formal curricula (Arabian LAMPS). Considering the importance of the issue, the GMC is currently reviewing its student guidance on professionalism as well as the Committee of Deans of Medical Schools in the Kingdom of Saudi Arabia established a task force to develop a national competency framework for doctors. Professionalism is heart and soul of the medicine therefore, today's doctors need to act according to professional values more than ever before. In today's world, now the emerging question is how to train medical students to act along the professional guidelines? To answer this question and let the best attributes be inculcated within the target audience, the first challenging step is to comprehend the level of students' cognizance and know their perception of what is good and what is not. It is thus imperative that



professionalism is incorporated into the medical curriculum with the development of a method for teaching professionalism by enabling students and faculty members to share positive examples of professionalism in a comfortable environment that reflects the authentic experiences of physicians.

### **Postgraduate Qualifications in Medical Education: Is the Juice Worth the Squeeze?**

**Dr. Ahsan Sethi**

With a rapidly changing educational landscape and the accreditation of medical educators now required by regulatory bodies, there is a growing trend towards the professionalisation of medical education. Subsequently, the number of institutions offering postgraduate qualifications in medical education is increasing. This study explores the impact of such courses in medical education on healthcare educators.



The study design was mixed methods (explanatory model). The data being initially collected through an online survey of students (approximately 1000) from the Centre for Medical Education, Dundee who graduated between 2008 and 2012, followed by in-depth semi-structured interviews.

The graduates reported a highly significant ( $P < 0.001$ ) improvement in self-efficacy for educational practices. Their involvement in educational scholarship increased as well. There were significant differences between graduates with a certificate and those with a masters on several items. The qualitative data suggested transformational changes in practices and development as a teacher, researcher, leader and learner.

This is the first detailed study on the impact of postgraduate qualifications in medical education on healthcare educators worldwide. The graduates reported improvement in their educational practices and scholarship activities. Many have been promoted into senior management and leadership positions with greater educational responsibilities and productivity.

**Key words:** Healthcare Educators, Identity, Medical Education, Postgraduate Qualifications.

### **Preventing Burnout, Building Professional Resilience among Students in Higher Education**

**Dr. M. Saiful Bahri Yusoff**

Burnout is characterised by emotional exhaustion, depersonalization, diminished interest and compromised personal accomplishment that eventually lead to detrimental consequences to various facets of well-being – professional, physical, emotional, mental, intellectual, spiritual and community. Professional resilience is the ability of individual to positively adjust and cope with workplace adversity such as in higher education institutions, thus becoming an essential quality to buffer the impacts of burnout. The author conducts a systematic review on students' burnout, coping and well-being in higher education. Impacts of burnout on professionalism and strategies for building professional resilience were discussed. The implications for strategizing faculty



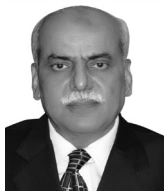
and student development activities to promote professional resilience and to reduce burnout were also discussed. It was hoped by preventing burnout and building professional resilience would lead to improvement of professional behaviours among students in higher education.

**Science production in high-impact universities: Analyzing the scientific publication of top Universities of the World and Pakistan.**

**Dr. Ali Gazni**



**Professionalism in the Medical Community: Lessons from Personal Experiences**  
**Dr. Faisal Masud**



**University Ranking**  
**Dr. Muhammad Aslam**



**Clinical Supervision on the Run**  
**Dr. Rukhsana W. Zuberi**



**Professionalism in the Medical Community: Lessons from Personal Experiences**  
**Dr. Javed Akram**



# ***Abstracts***





## **Work related stress among nurses and its impact on their personal health**

**Munazza Cheema, Mansoor ghani**

Nursing is a stressful profession by nature because a nurse faces a large number of stressful situations every day. Stress at work can be positive leading to increased productivity. However, when this stress becomes excessive, it has negative impact on personal and professional life of an individual.

**The purpose of the study is to explore the factors contributing to work related stress among nurses and impact in their personal life.**

The cross- sectional descriptive study design was used. Data was collected by using structured self-administered questionnaire .155 nurses were selected from two tertiary care hospitals Jinnah Hospital, Sir Ganga Ram Hospital. Non-probability purposive sampling technique Data was analyzed by using software Statistical Package for Social Sciences (SPSS) version-20. To summarize the results, mean  $\pm$  SD (Standard Deviation), frequencies, percentages and graphs are used.

Stress with its consequences has influenced the aspects of participants' life, including emotions, behaviors, and physical health but correlation result showed that factors contributing to work related stress among nurses with impact on nurses' personal life. Result was not significant.( p value.0.065)

Work stress has an effect on physical and mental health of nurses. So they need to be provided persistent administrative support, appropriate training programs to handle potentially stressful environment in the health care setting  
Key Words: work related stress, work load. Stressor

---

## **Knowledge of Nurses on the Management of Dengue Fever in Tertiary Care Hospitals of Lahore and Rawalpindi**

**Kamran Munawar, Mansoor Ghani**

Dengue fever is very dynamic in nature and producing life threatening results in Pakistan and other part of the world and require great attention by the health care professional. As majority of the patient comes to tertiary care hospitals for the treatment and management of the disease. The best and cheapest way to combat the disease is to spread its knowledge and awareness. Dengue related mortalities and economic challenges can be minimized and even prevented with proper awareness and management by nurses and knowing there level of knowledge is a great edge in understanding the impact of this disease on health professionals.

The proposed study design for this study is cross sectional descriptive study design. A sample of 280 staff nurses working in tertiary care hospitals were selected from Lahore and Rawalpindi hospitals by using method of non-probability convenient sampling. Data was collected by self-administered questionnaire. The data was analyzed by SPSS version 20 and Microsoft Excel. Data was represented in the form of figures, tables, graphs, statistical association was found by using Chi-Square test among level of knowledge and demographic variables.

The results indicate that a major proportion of staff nurses 227 (76%) were having poor level

of knowledge as they scored less than 50% of scores on knowledge based questions and only 4% were found with excellent knowledge according to arbitrary scale.

The findings of study suggest that there is an inadequate knowledge of diploma nurses working in great strength in tertiary care hospitals of Lahore and Rawalpindi and there is a need to build a proper educational training programme for diploma nurses

**Key Words:** dengue fever, dengue hemorrhagic fever, knowledge

---

#### **Nurses Awareness of Culturally Competent Care ---by: Tahira Saghir**

Nursing profession is one of the professions which is, continuously developing and uniformly acclimatizing to not only socio-cultural norms and expectations but also adapting the new medical treatments and expansions. Nurses are professionally trained for patient's care and respect (Anderson, 2012). But in the recent era, to tackle people from different demographic, diverse ethnic groups and economic status is a challenge for health care providers. To handle such trans-cultural community the nurses must be culturally competent.

To assess the awareness of trained nurses regarding Culturally Competent Care in selected Hospitals of Punjab.

The descriptive, Cross-Sectional Survey was used to assess the awareness of trained nurses regarding Culturally Competent Care in selected Hospitals of Punjab. A modified, semi structured questionnaire was used as study tool. A sample of 133 nurses was selected for the study by using convenience sampling technique.

Results showed that 66% of the participants did not feel comfortable while discussing different lifestyles & life practices with cross cultural clients and 33% feel easy with clients some time.

Culturally diverse population in Pakistan is offering a great challenge in the delivery of culturally competent care to the patients from multi-cultural background as it is found from present study that in Pakistan, nurses has low degree of professional cultural awareness those who have average cultural awareness that is self-learned from experience and higher education. If the provision of high quality care is the aim of nurses, they must have knowledge and skill in the delivery of culturally competent nursing care.

---

#### **Association of child's nutritional status with Immunization and mother's Nutritional knowledge. Farah batool**

Malnutrition is one the major public health problem in developing countries. In Pakistan greater than 38% of the children are under weight and stunted. Nutrition problems are at times due to lack of nutritional knowledge of mothers. The current study is being done to assess the nutrition status of children of 6 months to 5 years of age in District Kasur.

**Objectives:** To determine the association of child's nutritional status to immunization and mother's nutritional knowledge.

**Methods:** A community based cross sectional descriptive survey was done on mothers having children 06 months to 5years of age residing in the rural area of Mustafa abad, District Kasur. Convenience sampling technique was used and sample size was 100. For data collection a questionnaire was designed. Nutritional status of children was measured in term of stunting, wasting and under weight, according to the WHO's criteria of malnutrition – NCHS. Data were entered in SPSS and analyzed.

**Results:** For those mothers who had well nutritional knowledge, the children's height and weight were well correlated against the mothers who showed poor nutritional knowledge. The immunization coverage of this area was good.

**Conclusion:** malnutrition is prevalent in our children. Nutritional status of the children has a definite association with the Mother's Nutritional knowledge and immunization.

**Keywords:** Malnutrition, under Nutrition, Nutritional knowledge, under-5 children, Anthropometry, stunting, wasting, underweight, Immunization.

---

### **Is Professionalism one of the emerging trends among Medical Professionals / Teachers' today?**

**Muzammil Hussain, Junaid Sarfraz Khan**

**Background/Introduction:** What does it mean to be a good professional and to exhibit professionalism in your area of practices? Contingent to the situations, professionalism evoke various definitions and images to different professionals. In recent epoch, medical professionalism has grown as an emerging trend in medical teachers, researchers, clinicians and it is a way to correspond to corporate transformation. Medical professionals and teachers have not developed a consensus on a common definition of professionalism yet. Eventually the authors try to create a consensus on the definition of professionalism.

The potential ingredients of professionalism are knowledge, skill, ways of practicing, professional experience, cultural & regional values, mentorship and attitudes within a defined set of rules. Some other medical professionals reflect the term professionalism in a sagacity of continuous learning, sense of responsibility, ethics, dress code sense and behaviors towards patients, seniors, peers and other paramedical staff. The connotation of professionalism is also named as a training of a person following a certain norms and regulations of an institute but also keeping in view of societal norms. Role of parents, peers, teachers, religion, and his role models cannot be ignored in the development of Professionalism in a professional.

**Purpose:** Professionalism is a mastery of complex knowledge, skills and attitudes and how to exhibit it on the workplace. The purpose of this paper is to investigate the definitions and concept of professionalism and its importance in the view-point of medical professionals in practice.

**Design/Methodology:** It is a qualitative nature of study. We collect different ideas, definitions of professionalism from various medical professionals through questionnaire survey in Lahore. Random Sampling technique is used in order to collect data.

**Research Limitations/Future Research:** This study is comprised on medical professionals only; the future study can be done on other professionals i.e. Law professionals, engineering professionals, business professionals, social science professionals etc. The present study focused on medical professionals of Lahore region, it can be expended for other regional areas of Pakistan. Limited financial and time constraints are also major research limitations. **Practical Implications:** The present study will help to develop a sense of professionalism among doctors, nurses and allied health professionals in order to provide better services of public healthcare opportunities in Pakistan. This study will help the medical teachers to develop better teaching techniques with contemporary requirements.

**Key Words:** Professionalism, Knowledge, Skill, Practice, Attitude, Healthcare Professionals  
**Paper Type:** Research paper

---

### **Perception of critical care nurses about performance autonomy in tertiary care hospitals, Lahore**

**Ghaffar, Tahira, Kausar, Samina, Sagu, Yasmin, Ghani, Mansoor, Fatima, Anum, Khan, Shaier**

Nursing profession has long been considered as backbone of the health care system because nurses have to play a broad and fundamental role in patient care which includes several independent functions to make autonomous clinical decisions in the nursing sphere of practice and interdependent decisions in those spheres where nursing overlaps with other specialties thus, this situation requires nurses to be autonomous in making clinical decision and action in a controlled manner while keeping in line with legal, ethical, and practice standards of the profession.

**Objectives:** This study determines ICU nurses' perception of autonomy; describes the status of autonomy among ICU nurses in performance of nursing tasks for patient care and autonomy in unit operation. It also identifies the factors that may enhance or hamper autonomy among ICU nurses.

**Methodology:** A descriptive survey approach was used to examine the perception of ICU nurses about autonomy. A modified, semi structured questionnaire was used as study tool. A sample of 100 ICU nurses was selected for the study by using convenience sampling technique.

**Results:** The results showed that almost all the nurses perceived autonomy as a freedom to make clinical decision, choices and actions to provide quality care. The majority of the respondents (about 92%) reported that they are more autonomous in decision-making and actions concerning patient care than units' management on the whole. Besides this, flexible and employ friendly hospital policies, supportive nursing leadership and ample professional knowledge are perceived as autonomy enhancing factors while lack of it may impede nurses' professional autonomy.

**Conclusion:** The current study provides insight about the concept of autonomy from the perspective of ICU nurses who seem to be more autonomous in patient care tasks than unit operations.

**Keywords:** Autonomy, Perception, ICU Nurses, Tertiary Care Hospital

---

## **Factors Promoting on Retention of Nurses in Private Hospitals of Lahore**

**Zainab Arshad**

This study examines the factors that influences or promoting the retention of nurses in their current job.

We conducted descriptive cross- sectional study of nurses (N = 150) from three private hospitals that were Shalamar Hospital, Ghurki teaching hospital and Farooq hospital of Lahore. Subjects were given questionnaire containing 20 questions. We included Register Nurses for this quantitative study.

Result revealed that a huge number of nurses i.e, 137 (91.3%) from total (n-150) considered that they will not leave their current organization, while 13 (8.6%) of them considered leaving their organization for different reasons. The intention of leaving was moving to abroad and public sectors were higher than the retirement and other causes. The most important reasons for retention in their current organization “Safe working environment, Health care benefits (medical aid and insurance), Respect from management and physicians/doctors and “Opportunity and reward system” were on top.

Improvements in nurses’ work environments in hospitals have the potential to simultaneously reduce nurses’ high levels of job burnout and risk of turnover and increase patients’ satisfaction with their care.

**Keywords:** retention of nurses, shortage of nurses, turnover, workforce

---

## **Practice of Written feedback to medical students as an Instructional Strategy: The Students’ Perspective**

**Dr. Mansoor Ghani**

**Anum Fatima**

Teaching and learning process encompasses the feedback as an important instructional strategy. Feedback is an important tool that provides helpful information describing someone’s performance in a given task that is intended to guide their future achievements and progress in that same or related activity. Written feedback from the teachers provides learners’ an opportunity and insight into his or her actions and ultimately their consequences because the purpose of feedback is formative assessment, and, it is an essential constituent of deliberate practice concept. The objective of this study is to identify the students’ perceptions about practices of provision of feedback and its utilization by medical students.

The proposed study design for this study is cross sectional descriptive study design. A sample of 200 medical students, 3rd Professional (MBBS) will be selected from Wah Medical College and Rawalpindi Medical College Rawalpindi by using method of probability purposive sampling. Data will be collected by modified Assessment Experience Questionnaire (AEQ) developed by Gibbs and Simpson. The data will be presented in the form of percentages and frequencies for qualitative variables. Gibbs and Simpson method of analysis will be used for Assessment experience Questionnaire (AEQ).

The outcome of this study will highlights the areas of deficiencies with the utmost aim is to develop the capacity of the student to recognize and appraise any gaps and leave to the student the responsibility for planning and carrying out any remedial action that may be needed.

Key Words: provision, utilization, instructional strategy.

---

### **Exploring the relationship between learning styles and collaborative blended learning Methodology in undergraduate Pathology**

**Dr. Fauzia Sadiq**

**Background:** Teaching Pathology to undergraduate medical students is an ever-evolving process. The challenge of conveying large amount of conceptual knowledge within restricted time period in a way it is understood effectively and interpreted comprehensively by a student is paramount. The purpose of this research is to examine students' perceptions on the collaborative blended learning methodology (CBLM) and its use in relation to the students' individual learning style in the subject of systemic Pathology. This study will test the hypothesis that students with different learning styles (visual, auditory, read/write and kinesthetic) have different perceptions about Collaborative blended learning methodology. CBLM is based on social constructivist theory where class tasks or assignments are designed for participants to work collaboratively on complex tasks to construct knowledge, based on useful mind maps, schemas, and using information and communication technology (ICT) for an effective learning experience.

**Methods:** VARK learning style questionnaire (VARK 7.1) will be administered to the 4th year MB.B.S students studying Pathology in LMDC in the beginning of the session through non probability purposive sampling. The 2nd questionnaire regarding their perceptions about Collaborative Blended Learning Methodology will be distributed to the students at the end of the systemic Pathology module conducted through Collaborative Blended Learning Method. **Data analysis:** Data will be analyzed using SPSS version 20. The preferences of the various VARK components, will be analyzed by descriptive statistics. Student t-test will be used to compare the VARK scores for the male and female students. Descriptive data analysis regarding perceptions of the students will be done by calculating means, Standard deviation and percentages. Pearson's Correlation will be used to analyze the different learning styles and their perceptions and preference for CBLM as teaching-learning methodology. **Study outcome:** Utilization of CBLM as an effective teaching strategy in teaching systemic Pathology and also in General Pathology. Results of this study will be helpful for guiding teaching faculty in aligning their instructional strategies with learning styles of the students and in using variety of Modes of Information Transfer instead of traditional teaching.

**Keywords:** Collaborative Blended Learning methodology (CBLM), perceptions, learning styles.

---

### **Comparison of Learning Approaches in 4th Year MBBS students of Lahore** **Dr Naureen Omar (MHPE- V), University of Health Sciences Lahore**

Students are categorized as surface and deep learners based on the motives and methods

used by them. Identifying the learning approach of students is pertinent for teachers as by implementing different strategies, deep learning approach can be inculcated in students increasing the effectiveness of teaching and deliverance of better quality learning. Surface learners result due to fear of failure, rote learning and retaining subject based on assessments. Deep learners have intrinsic motivation, conceptual learning with maximal understanding. Few studies have been conducted especially in Lahore Pakistan, my study aims to identify and compare the learning approaches of 4th Year medical students in public and private medical colleges of Lahore.

A cross sectional study will be conducted using Biggs's Revised Two-Factor Study Process Questionnaire (R-SPQ-2F) to collect data from 330 4th Year MBBS students of two public and four private medical colleges of Lahore, selected by simple random sampling after taking permission. Fifty to fifty five students giving consent will be selected from each college by systematic random technique. SPSS 20 will be used to analyze twenty items questionnaire, categorizing them into two major scales (deep, surface) and four subscales (deep motive and strategy, surface motive and strategy) rated on a five point Likert scale. Mean, standard deviation, Pearson correlation coefficient and student t test will be applied, p-value < 0.05 will be considered significant. Questionnaire reliability will be assessed by Cronbach's alpha.

This study will identify and compare student learning approaches and gaps within teaching methods. Information generated will help faculty for devising strategies promoting deep learning approach in their respective curricula. Study is scheduled to complete within six – eight months.

---

### **Learning style preference among undergraduate dental students' and their performance in various formative assessment methods used at Institute of dentistry, CMH Lahore Medical College**

**Dr. Saira Atif**

Students learn and process information in a variety of ways known as learning styles. These learning styles are related to attitudes and behaviors of the learners towards learning context and cover different learning modalities, designs, strategies, and preferences. Learners have their own peculiar learning style, and if the teaching methodologies and assessment tools conform to their learning style, their performance will improve. These information regarding learning styles of the students can motivate teachers to modify their teaching strategies and their preferred mode of instruction to help in developing appropriate learning strategies and opportunities.

VARCK is one of the tools that have proved to be valuable in identifying learners own preferred learning style. It is a standard tool frequently used to understand learners' learning styles. Their preference can be uni-modal, bi-modal, tri-modal or quadri-modal. There have been no previous studies on learning style preferences of undergraduate dental students at CMH Lahore Medical College. We have designed this cross sectional study to see if the preference of learning styles has any effect on students' performance in different types of assessment methods used.

Knowledge of individual learning style can enhance self-awareness among learners and teachers about their strengths and weaknesses and can augment their educational experience. It is important to understand the various learning styles of the learners to cater

for their different learning needs.

---

### **Student's Feedback for Teacher Performance in his Teaching Context**

**Dr. Ajmal Farooq**

**Objective 1-**To find out teacher performance in a teaching session by feedback from his students **2.**To draw conclusion and make suggestions for changes to improve teaching methods of a teacher using this feedback **Rationale.** Even teachers are not exempted from their evaluation and we think feedback about their performance should be used **Methods:** The study will be conducted at Gujranwala medical college from Jan 2017 to October 2017 A written questionnaire on teaching methods in different places(lecture/indoor/outdoor/operation theatre )will be used to get feedback from students of Final year M.B.B.S. for a full academic session with working 8 months and total of 96 feedback units will be collected SPSS version 17 will be used for statistical analysis of these. A total cost of 82600 is estimated **Results:** all feedback subunits comprises of different questions will be analyzed and results will be drawn to use it for discussion and compare it with results in other studies **Conclusion:** Final conclusions and suggestions will be made on analysis of collected feedbacks for changes in teacher performance **Keywords:** Teacher performance, student's feedback

### **Faculty-Related Factors Influencing Students' Motivation to Learn: Students' Perspectives In Shaikh Khalif Bin Zayed Al-Nahyan Medical & Dental College, Lahore** **Noora Hassan Hezam AlAqmer, Junaid Sarfaraz Khan, Sibgha Zulfiqar**

**Background:** It is generally assumed that medical students are motivated by internal rather than external factors and therefore the role of teachers in motivating the students is neglected. This study aimed at finding out pre-clinical students' perceptions about faculty-related factors that influenced their motivation to learn.

**Methods:** This qualitative study was conducted in Shaikh Khalifa Bin Zayed Al-Nahyan Medical and Dental College, Lahore from July to October 2015. Four focus groups discussions were conducted by the principle investigator, with 7-8 pre-clinical students in each group. Each session lasted for 30-45 minutes, and was recorded, transcribed, and analyzed into themes.

**Results:** The faculty-related factors influencing motivation to learn were categorized into themes and subthemes. Emerging themes were teaching style, audiovisual aids, teacher's personality, contents, assessment tests, and administration. Motivating teaching styles included interactive strategies promoting students' participation, incorporating clinical scenarios, helping the students to construct new knowledge on previous one, regular tutorial discussions on lecture topics, team-based learning, and encouraging students' presentations. Effective audiovisual aids were the use of animations, videos, relevant pictures & use of white board along with multimedia. Students were motivated by the empathic teachers who praised their achievements, and were open to questions. When it came to contents, students linked exam-oriented and scenario-based contents to enhanced motivation. Good quality assessment tests were motivating if their marks were included in the summative assessment. Administrative factors included comfortable air-conditioned environment, well planned test schedules without overburdening the students, openness to students and responsiveness to their needs. Interestingly, forcing attendance of classes did



not motivate the students to learn.

**Conclusions:** There are many factors that influence motivation of students to learn including teaching style, audiovisual aids, teacher's personality, contents, assessment tests, and administrative decisions. Taking these factors into consideration might improve students' learning.

**Key words:** Pre-clinical, Motivation, learning, Medical, faculty

---

## **Perception of professionalism by Obstetrics and Gynecology residents at Postgraduate medical institute/ Lahore General hospital, Lahore**

**Dr Noreen Akmal**

Professionalism has its roots in early medicine from the time of Hippocrates. it is a very important attribute for the doctors. The definition of professionalism continues to evolve with changes in medicine. A qualitative study, based on focus groups was conducted on Obstetrics and Gynecology residents of Postgraduate Medical Institute /Lahore General Hospital, Lahore. Obstetrics and Gynaecology department of PGMI Lahore is providing postgraduate training for FCPS, MS and DGO courses, to approximately 60 residents. Residents from all three courses were included in focus group discussion. All the interviews were transcribed and themes were identified.

---

## **Reflection on PowerPoint presentation- as a tool for teaching and learning.**

**Sabeen Farhan<sup>1</sup> and Junaid Sarfaraz<sup>1</sup>, Samina Malik<sup>2</sup>**

**<sup>1</sup>Corresponding author: Dr. Sabeen Farhan, Associate Professor of Medicine, Gujranwala Medical College**

As a student I have seen the era of traditional teaching via black boards, white boards, transparencies, 35 mm slides with projectors. Looking back I feel I did learn from it! The teacher had to come prepared. Perhaps it was less interactive and more didactic but interestingly I still after all these years, remember many things taught way back as they were so well taught. As I grew up, I saw the introduction of PowerPoint in lectures at medical colleges. We were awed by this and went to all lectures where such presentation was given perhaps because it was an innovation. Then I saw the paradigm shift where all teaching shifted to PowerPoint presentations and traditional teaching became obsolete.

Now it is expected that all presentations are in PowerPoint and this has led to many problems. I have observed and attended many lectures: good, bad and ugly, but with time I see the quality of presentations is deteriorating. Overcrowded slides, poor choice of font size / background / colors, irrational use of animations and cartoons make the presentation lose its impact. Sometimes a lot of reading from the slides never establishes the connection of a good teacher with the students and such presentations serve no purpose but to cause cognitive overload and confusion!

Perhaps the problem is that we don't know how to use this tool effectively and allow our teaching to be overshadowed by the presentation. This has led to the concept of 'Death by Power-Point' whereby learning of students is significantly compromised and this certainly is a matter of great concern. This is a serious matter and there is a dire need to address

this issue; otherwise it will have grave consequences on the outcome of students' learning.

---

**Outcome of Recommended Structured Template for a New Problem Based Learning,  
Daily Formal Teaching Session for Surgical Residents**  
Suhail Niazi, Junaid Sarfaraz Khan

**Background & Objectives:** Students face different faculty members daily for their learning at post-graduate level. The difference in approach by each teacher can render difficulties in grasping the core knowledge. A newly proposed 30-minute Problem Based Learning session with Patient Centered Approach for surgery residents is suggested for all faculty. The faculty members are supposed to implement in their teaching practice a formal template for the presentation. The template structure will be developed by a group of residents and faculty to include best teaching practices. The goal of the current study is to suggest, help implement and monitor how much that faculty follows the template in teaching sessions. To explore the outcome of implementation of a recommended template structure for formal surgical teaching session based on Problem based Learning.

**Methods:** From January, 2017 to December, 2017, on the start of new teaching year in Depart of Surgery, Allama Iqbal Medical College / Jinnah Hospital Lahore, a research assistant trained in education will monitor and aid the faculty to a mapped template for use in teaching sessions and will determine how frequently the teachers included each of the elements in the recommended template structure. The assistant will be chosen from outside the surgical department so as to minimize biases.

**Results:** It will be determined what percentage of the sessions used the teaching template's suggestion of using computer slides (e.g., a Powerpoint presentation). It will be observed how many of the sessions will provide specific recommendations about patient care, reinforcement of learning points, a test or a quiz, provided references and directions for further reading, provided take-home messages, and used a clinical case vignette presentation to introduce the keyword. The most common visuals are the use of a picture and a chart or a graph. We also expect that most of the sessions will have active involvement of residents. With respect to time and slide limitations mentioned in the template, it will monitor if the sessions finished within the recommended time limit of 30 mins and if it recommends 10 or fewer slides.

**Data Analysis:** The responses will be converted into single-lined statements and entered in an excel sheet. Thematic analysis will be performed and the results will be displayed in the form of stacked bar charts.

**Conclusion:** Compliance to newly recommended structure by the faculty is expected to be variable. Despite this, the sessions will be well received and will become a permanent part of the residency curriculum more than two years after their implementation.

**Key words:** Problem based Learning, PowerPoint presentation, Template.

---

## **Study Habits of Medical Students in Studying Physiology Using ASSIST** **Faraz Ahmed Bokhari, Muhammad Luqman, Junaid Sarfraz Khan**

Pakistan has seen an explosion in the number of medical colleges, especially in the private sector – a phenomenon more blatant in Punjab province. It is important to identify differences in learning approaches/styles in students based on various backgrounds. There is evidence that the use of a single instructional strategy for all types of learning preferences undermines the learning process. Therefore teachers and students becoming aware of learning styles will play an instrumental part in academic success.

**Material And Methods:** This is a cross-sectional, comparative, questionnaire-based study, done in two private-sector medical colleges of Lahore (Punjab) and one in Peshawar (KPK). The learning approaches were assessed using the Approaches and Study Skill Inventory for Students (ASSIST). Students of first and second year were included in this study and were explicitly asked to fill the questionnaire keeping in view their learning habits while studying physiology.

**Results:** After scrutiny 426 questionnaires were selected out of 437. Most of the students were found to be employing deep approach while studying physiology (40.61%), followed by strategic approach (37.56%) and surface approach (21.83%). On further stratification of data, most male and female students were found to be deep (20.42% males, 20.19% females) and strategic (18.08% males, 19.48% females) learners. Similarly, most first and second students were found to be deep (23.94% first year students, 16.67% second year students) and strategic (21.36% first year students, 16.2% second year students) learners. On testing with various socioeconomic parameters: majority of students belonging to households with lesser than Rs. 200,000/month household income were found to be deep (27.16%) and strategic (26.17%) learners, students whose fathers had higher education were also deep (32.38%) and strategic (30.24%) learners, students having relatives who were doctors were also found to be deep (25.13%) and strategic (21.03%) learners. Interestingly, students with more than two siblings were found to be predominantly deep (25.68%) and strategic (24.69%) learners. Lastly, students from Punjab province as compared to KPK province were found to be mainly deep (25.59%) and strategic (23.47%) learners.

**Conclusion:** Teachers should consider testing for prevalent study approaches amongst their student body and adjust teaching methodologies in teaching physiology accordingly. Additionally students should also be made aware of their respective learning styles/approaches in order to promote self-directed learning.

---

## **Effectiveness of Smartphone internet facility for e-learning among post graduate students.**

**Professor Farhat Naz**

The role of Mobile learning (m-learning) in medical education is being appreciated across the globe. Moreover, it is essential to highlight that this is an era of teaching with technology. Smartphone functions are comparable with laptop computers and provide an easy access to the internet. Apart from the use of apps and e-readers, a large variety of learning resources can be accessed and downloaded through smart phone internet facility. However, an awareness about it's appropriate utilization for academic purposes is essential as it assists in enhancing self-directed learning which is helpful in making the students a life-long learner. To describe the overall accessibility and attitude of postgraduates students relating to the

use of smart phone internet facility for e-learning in improving their knowledge and clinical skills. This cross sectional descriptive study will be carried out among the post graduates residents of Lahore General hospital including all specialities. Ethical committee approval will be sought. Informed consent will be taken by the participants. A self-administered questionnaire will be administered to the students which will include demographic information and items relating to the perceived level of IT ability and accessibility. Data will be entered and analyzed through SPSS 21. The demographic categorical variables will be presented in the form of frequency and percentage tables. The composition in terms of gender and year of training year will be displayed in form of pie charts and bar charts. Moreover, the items relating to the ability and accessibility of smart phone internet facilities will be examined by conducting reliability analysis.

---

### **Role of Self-directed Learning in Today's Teaching Practices: To make the learner perform better in and beyond the student-life**

**Dr. Fazeela Shahzad**

In my opinion, one of the important challenges in today's professional teaching is to motivate new learners for self-directed learning (SDL). For this purpose first of all, teachers have to reflect on and analyze their own teaching practices and instructional strategies. They need to teach in a broader context. In this perspective, cognitive strategy, metacognition and motivation are three driving forces which will work synergistically. Do we emphasize on significance of Self-directed Learning among learners in today's Teaching Practices: to meet global challenges in professional education. It will be a purposeful descriptive study in form of a survey. A questionnaire will be designed consisting of certain various personality features which are important to be present in a Self-directed learner. A briefing for SDL features, its outcome and significance in achieving their learning outcomes in college and beyond will be given in first year in medical school. Voluntary participation of students will be preferred. Feedback on Proforma will be taken in start of term. In the second year voluntary participants will be selected for sample group who have gone through need of SDL and were supposed to be implementing it to achieve effective learning outcomes. Frequency of certain features of SDL will be evaluated in these adult learners. Previous years grades of students will be analyzed for effective outcome of utilization of these features in achieving their learning goals. Statistical analysis will be done to measure outcomes of proposal.

---

### **Career choice among medical students and factors influencing their selection**

**Dr. Iqbal Ahmad Azhar, Mhpe V, Uhs Lahore**

The objective of the study is to explore student's intentions regarding career choices and influence of different factors on selection of career among final year MBBS students of Amna Inayat Medical College. It is a mixed- qualitative and quantitative cross sectional descriptive study will be conducted in Amna Inayat Medical College final year session 2016. Total no of students will be 100 from final year MBBS class from both genders. Students will be selected through non –probability, convenience, maximal variability sampling technique. Those willing participants will be give questionnaire. For convenience only those students will be enrolled for study that is present in class on that day. Their answers will be analyzed quantitatively and qualitatively. For qualitative analyses the answers will b categorized into groups. A coding schedule of categories will be set up, clustered into emergent themes: e.g. "Choices", "Work", "Family", "Leisure" and "Quality of personal life". Statistical expert

will put all author's interpretations to the test of plausibility studies and confidentiality. For Quantitative analysis a total of Descriptive statistics will be given in terms of frequency and percentages for nominal variables, means and standard deviations for numerical variables respectively using SSPE version 20. This study will give intended choice of a specialty by medical student as his/her career and it is important for the planning of the workforce of health-care services. This may help health planners the needs of young doctors and taking suitable steps in fulfilling requirements in restructuring the postgraduate medical education and residency programs to fulfill requirements of health care system.

Key words: Life style, career choices, medical students.

---

### **Lack Of Teaching Expertise In Medical Teachers**

**Muhammad Anwar , MHPE(Batch V), University of Health Sciences Lahore**

Useful education is an important requirement of any institution for its academic excellence. Teaching is a full time job and it does not spare time to allow evening clinical practice that's why teachers of medical college has no time evening clinical practice and in this general practitioner doing clinical practice in evening timings are more financially stable than any professor of medical college. Furthermore there is no feedback evaluation system from student and minimum teachers are appoint in medical college. The objective of this study will be to find out the teaching expertise in teachers of a medical College. All teachers of medical college of either clinical specialty or basic science will be included in this study after scrutinized by inclusion criteria and after taking written consent from them. I will take history about teaching expertise; teaching training workshop according to Proforma (attached). The data will be entered on a specially designed Proforma (attached). SPSS-19 will be used for statistical data analysis. Frequency and percentage will be computed for sex. Age, duration of teaching experience will be presented as Mean  $\pm$  SD. Level of significance used will be 5%.

### **Factors Responsible For Absenteeism of Final Year Students of Services Institute of Medical Sciences in Evening Duties in Paediatrics**

#### **Short Statement of Problem**

Final year students of Services Institute of Medical Sciences are not much interested in bedside teaching in Paediatrics wards after morning hours; they are not regular and have poor attendance in evening clinical duties in Paediatrics wards and emergency.

#### **Indicate research hypothesis/question**

Why final year students of Services institute of Medical Sciences are not attending evening duties in Pediatrics?

#### **Rationale for proposed study**

Bedside teaching is very important for medical students and they are assigned evening duties in Paediatrics in Services Institute of Medical Sciences so that they can interview and examine patients individually or in small groups under supervision of near peers to learn clinical secrets and to become self directed and deep learners. Most students don't attend these duties. The study is aimed to find out the reasons of this absenteeism. Once reasons are identified, remedies can be suggested to improve attendance in evening classes to make students self directed and deep learners. This will not only improve their learning to perform better in examination but will also result in better patient care.

#### **Objectives**

The objectives of this study is to explore the factors which are responsible for absenteeism

of final year students of Services Institute of Medical Sciences in evening duties from Pediatrics wards and emergencies during their rotation in final year.

#### Research Design: Qualitative phenomenological

**Methodology:** This qualitative study will be conducted in department of Paediatrics Service institute of Medical Sciences. Ethical approval will be taken from Hospital Ethical Committee and students will be included in study after briefing them about the present research. The students other than final year and not willing to participate will be excluded from study. Non probability purposive sampling technique will be used and in depth interviews of students will be taken until saturation point is reached. Field notes will be taken by researcher during interview and data will be transcribed. The collected data will be analysed by content analysis. Data from interviews will be coded and grouped into major and minor categories and key words will be identified. The process will be repeated for every transcript until no new category (theme) is found.

#### Anticipated results and their significance

A number of students related, teacher related, patient related and environment related factors are expected to be recognised and remedies will be suggested to improve attendance in evening duties and this will result in improved performance in examination and better patient care by future doctors.

**Key words:** absenteeism, medical students, evening duties, bedside teaching

---

### **Enablers and barriers to academic research innovation in public sector medical universities of Punjab** **Nadia Naseem**

**Background:** It is quite unfortunate that Pakistan is lagging behind in terms of research and development as compared to other developing countries in the world as well as South Asia. Despite enjoying a competitive advantage, the Research and development institutes in Pakistan have failed to make an innovative impact in academic research. In the light of literature, it is evident that there are many barriers and impediments to innovation that have to be overcome in order for Universities to successfully innovate.

**Aim:** Thus, the researcher of the current project hopes that by analyzing different factors that promote or impede innovation process/ activities in medical universities, a better understanding and insight of this problem and its consequences could be provided.

**Objectives:** This cross-sectional study will be a combination of a descriptive and exploratory research that aims to (1) describe and explain the factors that promote or impede academic research innovation among four leading medical universities of Punjab (2) generate recommendations related to the explanation of the phenomenon of factors promoting and/ or impeding the innovation process.

**Methodology:** This research will be executed with a qualitative research approach. Questionnaires and interview questions will be developed by adopting AMEE Guide No. 87 involving focus groups and panel of experts from the Universities. Respondents will be the faculty/ specialists and Chairpersons/ Heads of Academic Departments of University of Health Sciences Lahore, King Edward Medical University Lahore, Fatima Jinnah Women

Medical University Lahore and Isra Medical University, Islamabad.

Data collection tools will include survey questionnaires, detailed in-depth interviews and secondary data sources such as university's database, websites, newsletters and/or official documents related to sustainable research innovation.

A multivariate analyses through multiple linear regression and correlation analysis will be used to analyze the data collected from the (semi)structured questionnaires and/or interviews to evaluate the relationship between dependent variables (promoting and impeding factors) and several independent variables.

**Outcome and Utilization:** The study can offer a unique and dynamic opportunity for exploring the need based strategies to implement in the field of academic research innovation and possible commercialization in future. Recognizing these barriers and enablers will improve the long term effectiveness and productivity of research and its diffusion—increasing the opportunities for subsequent innovation and research impact of Pakistani medical universities in the world.

---

### **Impact of introducing Integrated Education System in medical colleges on Student Performance**

Nazli Hameed, MHPE , Batch V, University of Health Sciences Lahore

Currently, most medical colleges in Pakistan including CMH Lahore Medical College are following the conventional discipline-based education system. In the recent years effort has been made to shift to an integrated system. The model helps students identify clinically significant information and association of clinical relevance helps in the retention of basic science knowledge. However, the medical education department has been unable to adopt this method of teaching due to several challenges such as lack of trained staff for an integrated curriculum, limited resources, lack of trained medical educationists, opposition posed by existing faculty members since they have not been trained according to the program's requirements. Our objective is to deduce whether introducing an integrated MBBS program at undergraduate level is more effective than the conventional discipline-based system in helping students perform better in clinical examinations.

---

### **'Death by Power-Point'- a local perspective.**

Sabeen Farhan<sup>1</sup> and Junaid Sarfaraz, Samina Malik

**Background:** There has been a paradigm shift in the modes of oral presentations in the past decade. Now speakers and audiences both expect PowerPoint presentations in all lectures and medical meetings. Poorly designed PowerPoint presentations with stream of bullets coupled with cartoons and animations not only fail to clarify the key concepts but rather distract the audience, causing 'Death by PowerPoint'!

**Objectives:** To explore students' perspectives about impact of PowerPoint presentation on learning.

**Methods:** Ten students, two from each year (male and female) at Gujranwala Medical College will be enrolled in the study. Students' interviews will be conducted confidentially

and audio recorded after informed consent, in a friendly environment (over a cup of tea). Students' perceptions and opinions about their learning by PowerPoint presentations will be extracted.

Data Analysis: The responses will be converted into single-lined statements and entered in an excel sheet. Thematic analysis will be performed and the results will be displayed in the form of stacked bar charts.

Results: The expected results are that poor PowerPoint presentation significantly hampers students' learning and makes the students confused.

Key words: PowerPoint presentation.

---

### **Provision of Handouts at the End of Lecture An Effective Teaching and Learning Practice** **SHAHERZAD SOHAIL**

Background and objectives: Provision of handouts at the end of lecture is considered an effective learning and teaching technique by many teachers but many consider it is not beneficial. There are advantages and disadvantages of providing handouts to the student. Some teachers use them but others not. Thus the focus of the research will be to find out student perception about the provision of handouts and do teachers really need to provide handouts to the students after the lecture

Methods: A questionnaire based cross-sectional study will be conducted in Shalamar Medical and Dental College Lahore to find out the student's opinion about the provision of handouts at the end of lecture.

Results: The perception of 400 students from Shalamar Medical And Dental College will be obtained and results will reveal whether the students consider them useful or useless.

Conclusion: Depending on the results we will conclude whether our students like handouts or not and should teacher provide handouts to the students.

Keywords: handouts, learning technique ,lectures

---

### **Attributes of a Good Medical Teacher Improve Student Learning at Undergraduate Level**

#### **Abstract (Summary Of The Proposal)**

There is no better way of learning than teaching and no teaching can be accomplished without an effective and good teacher. The thing which compelled me to think on this topic was my own and my students experience in their classes. We found that somehow the other our learning improves with the teachers who exhibits the attributes of a good teacher. Though there are many attributes which one can resort to but here in this study we are going to go about the attire, communication skills and knowledge of the teacher. I am going to go to students to ask them to rate these attributes individually and then tell us about their learning improvement as shown by improved class attendance. This task will be accomplished by distributing a research questionnaire to the Medical Students of fourth year and final year at King Edward Medical University. I expect to find it a useful relationship which will help us guide the teachers of today for adopting these attributes in order to enhance the learning experience of their students. This will help us to improve the state of Medical Education Nationwide.



## **Evaluation as Valid Tool for Improving Teacher's Efficacy in a Government Medical College** **Shandana Tarique**

Objective of the study is to assess the impact of evaluation on teacher's efficacy. It is a prospective observational study to be carried out at Gujranwala Medical College during 32 weeks of academic year of final year MBBS. Faculty of department of Medicine and Allied will be included. Teacher evaluation will comprise of student feedback and peer observation. Student feedback will be based on Tripod Student Survey and peer observation will be based on domains mentioned in Marzano's teaching evaluation model. Likert scale will be used to score. Scoring will be carried out in two phases that is at 12th and 24th week of academic year. Teacher efficacy will be assessed on basis of difference between the two scores. Reflection by teacher will also be recorded. Data will be analyzed by paired student t-test keeping  $p \text{ value} \leq 0.05$ . The study is planned to develop a teacher evaluation plan to guide and motivate teacher with aim to improve student learning.

---

## **Why Medical Students Drop A Class, Student's Perception** **Shazia Rasul, Junaid Sarfraz Khan, University of Health Sciences Lahore**

With advent of medical education, the teaching has been focused on students and teaching has been in the process of shifting from teacher-centered approach to student-centered approach.<sup>1</sup> So as a result, the teaching methodology of classroom teaching that has also been changed. From traditional teacher centered, totally teacher controlled class room teaching has now been converted to student centered, students friendly, more interactive, objective and goal oriented. Even after a gross change, we still have certain students who don't come to class regularly. The objective of the study is to investigate different reasons which causes medical students to drop a class in student's point of view.

This study will be done in Shalamar Medical & Dental College and undergraduate students including second year to final year will be enrolled. The inclusion criteria will be students who will have less than 80% attendance. The students who will be having more than 80% attendance will be excluded from the study.

This is an observational cross sectional study; all the collected data will be entered and analyzed by SPSS. The results will be in the form of percentages and will be depicted as bar or pie chart. This study will help us to identify the problems of our students, that will lead to solution and ultimately improve student's attendance in classes and hence student's learning.

---

## **Students Perception of Educational Environment in an Undergraduate Medical College Using Dreem (Dundee Ready Education Environment Measure).** **Sofia waheed khan, MHPE Batch V , University of Health Sciences Lahore**

It is universally accepted that educational environment is the most important part of a curriculum. It plays a vital role in the process of effective learning. The educational environment is primarily affected by physical factors but in addition social and psychological factors also influence the environment. The objective of the study is to assess the students perception of educational environment in an undergraduate medical college using DREEM (Dundee Ready Education Environment Measure). The objective of the study is to assess the students perception of educational environment in an undergraduate medical college

using DREEM (Dundee Ready Education Environment Measure). This cross-sectional study will be conducted at Rashid Latif Medical College, Lahore, which is a private sector medical college. Duration of a study will be six months. Hundred undergraduate students from each session will be included in the study (five year MBBS program). Internationally validated English version of the DREEM questionnaire will be used for data collection. The data will be entered in SPSS version 17. DREEM total score will be measured by mean and SD will be calculated. Independent sample test will be applied to compare the scores between both genders and between various MBBS classes.

---

### **Comparison of Anxiety & Depression Amongst Medical Students with Students of Other Postgraduate Disciplines**

**Somer Masood**

MHPE Batch V, University of Health Sciences, Lahore

Depression and Anxiety amongst Med School students not only affects their own personal and family lives, but also may have serious impacts on health behaviour of the community in general. Furthermore, depression may seriously affect physicians' professional function. Among all postgraduate students, medical students have an exceptional position. Objective of the study is to determine the prevalence of anxiety & depression among medical students, and compare its level with students of other postgraduate fields. This cross-sectional study will be conducted at King Edward Medical University & Government College University from the date of approval of the synopsis. Total 200 students would be included in the study, 100 from King Edward Medical University & other 100 from Government College University through non-probability, consecutive sampling. Data would be entered and analyzed through SPSS version 21. Mean and standard deviation will be calculated for quantitative variables like age, HADS score (overall, for anxiety and depression) while frequency and percentage would be calculated for categorical variables such as gender, and presence of depression and anxiety. There is a high prevalence of depression and anxiety symptoms in medical students, making them a high-risk, vulnerable group. This reflects the need for widespread implementation of remedial measures by DEPARTMENT OF MEDICAL EDUCATION of Medical Universities in particular, including Faculty education & training, assessment and provision of mental health services. The provision of this soft skill in medical teachers teaching and learning cannot be underestimated. In the long run the effort to promote students well-being would not only help the affected individual but it would be of great benefit to the patient, the teacher as well as the profession.

---

### **Correlation Of Multiple Mini Interviews (Mmi) Scores With Problem Based Learning (Pbl) Scores Of First Year Medical Undergraduate Students**

**Dr. Qurat ul Ain**

Many researchers have already determined the predictive validity of MMI scores with clinical performance based assessments such as the Objective Structured Clinical Examination (OSCE) and other licensing examination for both undergraduate and postgraduate participants. But association of MMI scores with the pre-clinical year is still under established. However evaluation of PBL includes cognitive, non-cognitive and higher cognitive abilities (like communication skills, critical thinking, team work, motivation to study), therefore this study aims to correlate the scores of MMI and PBL of 1st year MBBS students to establish its predictive validity

The objective of this study is to develop awareness about multiple mini interviews- The multiple mini interview(MMI) is an interview format that uses many short independent assessments, typically in a timed circuit, to obtain an aggregate score of each candidate's cognitive and extra cognitive abilities or skills. In 2001 the McMaster University Medical School began developing the MMI system, to address two widely recognized problems. First, it has been shown that traditional interview formats or simulations of educational situations do not accurately predict performance in medical school. Secondly, when a licensing or regulatory body reviews the performance of a physician subsequent to patient complaints, the most frequent issues of concern are those of the non-cognitive skills, such as communication skills, critical thinking, ethical decision making, professionalism and ethical/moral judgment etc. Since it has been widely adopted by medical, dental, pharmacy, and veterinary schools around the world, there is high need of introducing this entrance exam system in our settings.

**Methods:** It is a correlational study finding associations between MMI scores in which students were scored by global rating on validated and reliable rubrics and PBL scores on self-administered scale assessing higher cognitive abilities. This study will use archival data for establishing the predictive validity. The data will be analyzed on SPSS version 20 using correlational statistics and regression analysis will be executed to find out the prediction validity.

**Results/ conclusion:** This research is a concept paper to be presented as research proposal, however if association will be found among the two variables, then a validated prediction will be made that MMI scores can predict pre-clinical scores. This is most prevalent trend globally, all medical and dental colleges should be benefited by its utmost importance in our settings of Pakistan.

---

### **Learning to Cure With Care: Awareness of Faculty and Medical Students About Student's Privileges/Roles Related To Patient Safety**

Ayesha Ayub, Rehan Ahmed Khan

Patient safety has become a major concern for medical education and is considered to be an essential part of medical curriculum. knowledge about patient safety, ability to take responsibility, awareness about medical errors and development of ethical professional skills are now the areas on which medical educators are focusing internationally. learning of medical students is in context with patient care and safety. students gain more knowledge and skills about patient management when they become a part of the patient care team and attain better.

professional attitudes. Medical students at undergraduate level are often confused about how, when and to what extent they can interact with the patients. They are usually not aware of their rights, educational duties and ethical and legal responsibilities towards the patient  
**Objective:** To determine the level of awareness of faculty and medical students about student's privileges/roles with respect to patient safety.

#### **Methodology**

**Study Design:** Qualitative Case study.

**Study settings:** Islamic international medical college

**Study approvals and duration of study:** Approval will be taken from ethical committee of

Islamic International Medical College and total duration of study will be 6 months.  
Instrument used: 6 Focus group discussions with 6 members in each group. Questions to be asked will be finalized after consultation from senior clinicians and medical educationists and will be in accordance to WHO curriculum guide for patient safety  
Sample: Professors, Assistant professors and senior registrars of different departments who are involved in teaching undergraduate medical students will be included in study.  
Final year MBBS students having more than 85% attendance in wards will be included in study.

Data collection procedure: The views of all the participants will be recorded, transferred into written data and reconfirmed from them. After that themes will be derived from the whole data.

Key words: students' privileges, Patient safety, Students, Faculty, Awareness.

---

### **Assessment Of Communication Skills Of Dental And Medical Undergraduate Students: An Alarming Necessity Of Introducing Communication Skill Course In Curriculum**

**Dr. Qurat ul Ain – Shalamar Medical and Dental College, Lahore (presenting Author name for oral presentation)**

**Dr. Rehan Ahmed Khan – Riphah International University, Islamabad**

**Dr. Gohar Wajid – University of Dammam, KSA**

The effectiveness of treatment pivotally lies on the effective communication between doctors and patients. These skills are less researched in dental and medical undergraduate students in Pakistan. This study aims to assess communication skills of dental and medical students in Pakistan.

Methods: In this cross sectional study two dental and two medical colleges\* were surveyed. Thirty students from each institution were assessed through direct observation using simple random sampling method. A validated Liverpool Communication Skills Assessment Scale (LCSAS) was used for data collection. The scale checked student-patient encounter using 12 items under headings of 'introduction, general communication skills, respect and empathy, questions and giving information'. A four category system (unacceptable, poor, acceptable and good) was used for ratings. Data was analyzed using descriptive statistics and independent t test on SPSS version 20.

Results: There were 120 students (mean age  $23.75 \pm 1.03$ ) from four different colleges. Overall, the communication skills of both dental and medical students were rated 'unacceptable to poor'. However on five general categories of the scale, mean values of dental students were slightly high in introduction, general communication skills and giving information to the patient ( $1.12 \pm .009$ ) ( $1.64 \pm .72$ ) and ( $1.04 \pm 1.75$ ) respectively. Medical students performed better on scale of respect and empathy and answering the questions to the patients ( $1.13 \pm .09$ ) and ( $1.03 \pm 0.50$ ) respectively. Out of 12 items of the scale, the significant difference between dental and medical students was observed on 3 points - introduction of self and role, audibility and enunciation and use of clear language - with p values ( $p < 0.00$ ) ( $p < 0.038$ ) and ( $p < 0.05$ ) respectively. However no significant difference in gender communication skills was observed.

Conclusion: Lack of emphasis on teaching communication skills at curriculum level, led to communication failure, it is strongly recommended that a Communication Skills Course for both dental and medical students' be integrated in their curriculum at the earliest.

Key words: Communication skills, undergraduate curriculum, dental and medical students, assessment, LCSAS

---

### **Multiple Mini Interviews (MMI) for selection of undergraduate Medical Students: influence of Gender on the scores of multiple stations**

**Dr. Qurat ul Ain – Shalamar Medical and Dental College, Lahore (presenting Author name for oral presentation)**

**Dr. Rehan Ahmed Khan – Riphah International University, Islamabad**

**Dr. Gohar Wajid – University of Dammam, KSA**

**Dr. Hasan Shoaib- University college of Medicine, Lahore**

The purpose of the study is to determine the influence of Gender on the scores of the multiple mini-interviews (MMI) and determine the effect of the six different multiple stations on the final scores of multiple mini-interviews

#### **Methods**

In this study, Archival data of MMI scores of the applicants for admission of year 2015-2016 is evaluated. Data was analyzed using descriptive statistics and independent t test on SPSS version 20. Almost 300 students' data/ record of scores were evaluated who took part in Multiple Mini interviews for taking admission in Shalamar Medical and Dental College.

#### **Results**

There were 300 students (mean age  $18.75 \pm 20.03$ ) belonging from different socio-economic background. 52% were Female applicants and 42% male applicants. Overall, the MMI score was 'acceptable to good'. However some students performed extra ordinary. On six stations, female applicants were slightly high in communications skills, team work and motivation to study with mean $\pm$ SD values of  $(1.12 \pm .009)$   $(1.64 \pm .72)$  and  $(1.04 \pm 1.75)$  respectively. Male applicants performed better on stations of Ethical Decision making, showing empathy and on the station of critical thinking  $(1.04 \pm 0.50)$   $(1.13 \pm .09)$  and  $(1.03 \pm 0.50)$  respectively. Out of 6 stations, the significant difference between male and female applicants mean scores was found at percentage of 75%, 55% and 35% - with p values ( $p < 0.00$ ) ( $p < 0.038$ ) and ( $p < 0.05$ ) respectively.

#### **Conclusion**

There is a great influence of Gender on the scores of the multiple mini-interviews (MMI) that varies on the six different multiple stations at different percentages and hence has effect on the final scores of multiple mini-interviews.

Key words: multiple mini-interviews. MMI, Gender influence, medical entrance exam, undergraduate entry test

---

### **Patients' Satisfaction Assessment about Physicians' Professionalism**

**Umme Salama Moosajee, Nida Shamsi, Sana Z. Sajun and Hiba Ashraf**

Research Associate, Global Health Directorate, Indus Health Network, Karachi - Pakistan  
Consultant (Presenting Author), Department of Family Medicine, The Indus Hospital, Karachi - Pakistan

Program Manager (Corresponding Author), Interactive Research and Development, Karachi - Pakistan

sana.sajun@irdresearch.org - Indus Hospital Research Centre, Korangi Crossing, Karachi,

Pakistan.

Consultant, Department of Family Medicine, The Indus Hospital, Karachi - Pakistan

### Continuous Professional Development

Patient satisfaction is a key determinant in assessing medical professionalism. A common validated tool used to gauge physician's performance is the General Medical Council's Patient Questionnaire (GMC-PQ). It uses nine core behavioral and clinical attributes such as politeness, attentiveness, decision involvement, trustworthiness and clinical assessment. The tool uses a 5-point Likert scale to score performance. This study aimed to determine medical professionalism using the GMC-PQ as a feedback mechanism for a physician's continuous professional development.

**Methods:** A survey was conducted in the Family Medicine Department and Diabetes Program at the Indus Hospital, a free of cost tertiary care hospital in Karachi. The GMC-PQ was translated into Urdu and administered as a post-consultation survey on 358 consecutive patients. A total of two consultants, two diabetologists, three residents and three medical officers were assessed. Analysis was done using SPSS v16. Mean percentage scores were calculated based on the type of health care provider (HCP).

**Results:** Two-thirds of the patients interviewed were women. HCP scores ranged from 76% to 87%. Highest scores were given for politeness (87%) followed by attentiveness (85%). Overall residents had the highest mean scores (84.2%), followed by diabetologists (82.4%), consultants (82.1%) and medical officers (79.1%). In clinical competency, the medical officer scored lower than the rest of the HCPs (mid-70s vs mid-80s). In confidentiality, irrespective of HCP type, all scores were in the mid- to high- 70s.

**Conclusion:** Overall, patients were satisfied with the HCP they consulted with. Interestingly, the residents scored the highest in comparison with the rest. The results were useful in benchmarking our doctors performance. The tool also helped identify areas of professional improvement as well as providing personalized feedback reports to doctors in order for them to continue improving their services. Next steps include expanding the specialties surveyed.

**Keywords:** GMC-PQ, medical professionalism, patient satisfaction

---

### Building a Culture of Research: A Delphi Study

Samina Malik and Saman Saeed

**Background:** Hanover Research has methodically examined successful practices in the direction of developing a culture for research in higher education. The current Delphi study was conducted to explore the recommendations of final year medical undergraduates regarding the contribution of

i) Institutional factors, ii) role of faculty and iii) impact of leadership towards research culture development.

**Aims and Objectives:** To formulate an undergraduate model of research culture by receiving the input of final year medical students being the real stake holders at the academic and professional interface.

**Subjects and Methods:** A qualitative Delphi study was conducted by a purposive sample of 14 final year medical students with equal ratio of males and females at University College of

Medicine and Dentistry, University of Lahore in 3 rounds under supervision of 2 medical teachers. Consensus was obtained by content analysis and numerical analysis of their recommendations about factors responsible for developing a research culture in a medical school.

Results: Among institutional factors, majority (60%) supported that research culture cannot be promoted without giving early exposure or introduction to research at pre-medical or first year medical school level. Another 30% believed that awareness of useful community based research or topic of interest should be promoted by the curriculum. Around 10% stressed that there should be approachable affiliated funding agencies, teaching methodology should inculcate critical thinking and role models should be invited to share their success stories. Regarding the role of faculty, around 50% proposed that they should be trained in research conduction in order to ensure participation of students in small groups. Remaining 50% expressed that faculty should be able to motivate their students by sharing their own work of national and international level to make the students competent enough to match international standards. Finally, the impact of leadership was measured. A total of 70% suggested that research leader should be expert in teaching and conducting research, no matter he has a medical or non-medical background. Around 20% expressed that research leader should have good communication skills to come down to the level of students. Finally 10% endorsed that he should keep himself available for contact and distant guidance, he should take responsibility and must encourage the students to participate. He should have a grip on diverse and useful research areas and should arrange visit of students to research centers through collaboration. He should respect the opinions of young minds and should be able to resolve their academic conflicts and also avoid language barriers. Conclusion: Institutes should support a curriculum which gives early exposure to research. They should hire research oriented faculty trained in research conduction. Research leader should have command over his subject and should be able to deliver by good communication skills.

Key words: Research-culture, Delphi-study, Focused group discussion

---

### **Evaluation of the Impact of 'Learning Skills Course' In Enhancing the Learning and Performance of Medical Undergraduates**

**Dr Raza Younus, Prof. Junaid Surfraz Khan, Dr Ian Willis, Dr Janet Strivens**

Medical students are challenged by information overload, performance based diverse curricular activities and demands of medical professionalism in healthcare provision. The objective of the study was to evaluate the impact of 'learning skills course' in enhancing the learning and performance of medical undergraduates.

#### **Methodology:**

A six months long 'Learning Skills Course' was embedded in the curricular framework of thirty (30) randomly selected second year medical students at Avicenna Medical College. The range of skills developed included: Motivation, Self-Regulated Learning, Reading strategies, Summarization, Peer Assisted Learning, and Examination Skills. The educational strategy included: Pre-Workshop Reflective writing, Workshop, Portfolio-Based Assignments, regular meetings to review assignments and feedback. Open and closed ended Questionnaire-based Feedback was obtained and thematic (qualitative) analysis was performed. Student Scores on three standard examinations before and after the course were compared. The results were also compared with thirty (30) students in control group.

#### **Results / Findings:**

Paired t-test comparing Pre & Post-Course examination revealed a p-value <0.001 showing significant impact of workshop on scores. Independent t test revealed p-value 0.028 indicating higher improvement in scores in experimental group as compared to control group. Thematic analysis of pre-course reflective writing by students revealed majority of students not using the strategies (on their own) which was significantly changed upon completion of the course, as demonstrated in portfolios and feedback. Thematic analysis of student feedback revealed enjoyable learning experience, students motivated to learn independently and in peer assisted groups, enhanced confidence, self-efficacy in reading and summarization, students valuing the experience of helping peers in difficulty, and improved performance in examination.

#### Conclusion:

It is concluded that embedding a context based 'Learning Skills Course' in the curriculum facilitates the development of transferrable learning skills and values needed as per local and global standards in students to be employed in medical profession.

**Key Words:** Learning Skills, Study Skills, Student Support

- Authors Institutional Affiliations: Dr Raza Younus (University of Lahore), Prof. Junaid Surfraz Khan (ProVC University of Health Sciences, Dr Ian Willis (Head of Educational Development, University of Liverpool) & Dr Janet Strivens (National Teaching Fellow, University of Liverpool).

---

### Student Perception on Use of Facebook as a Method For Teaching in a Course of Physiology For Bds

**Background:** Facebook has emerged as the most commonly used social media tool in the student population worldwide, used largely for entertainment purposes, this platform can prove to be active and efficient tool for student learning. The objective of this study was to understand first year student perceptions about using Facebook as a learning tool to assist in the course of Physiology.

**Methods:** at start of BDS 1st year(n=60) at UMDC , Faisalabad, a facebook page was created and students invited to join . The facility was used for group discussions and various tasks throughout the year and after send up examination a standardized questionnaire based on Likert scaling was administered to the students.Data was analysed using SPSS 22 by using Chi-square tests, frequencies and descriptive statistics. P value was significant if <0.05.

**Results/findings:** 85% students rated the page as effective. The results also show that convenience , ease of use and relevance had a significant ( $p<0.05$ ) influence on students choice to use facebook and the factors in this specific course were coordination between students and faculty, communication and resources sharing ( $p<0.05$ ) which prompted more use of facebook for educational purposes furthermore, the qualitative questions also revealed student satisfaction with regards to facebook as a learning tool.

**Conclusions:** the study showed that facebook usage for a physiology course produced positive results with most students being satisfied by their learned material.

**Key words:** integration, technology, facebook, physiology, blended learning



---

## **Medical students and Social Media: Shouldn't online Medical Professionalism be integrated in Undergraduate Curriculum?**

**Nazish Imran; Anam Fatima; Khalid Cheema; Aftab Asif**

Medical Professionalism teaching needs to be adapted for the 21st-century medical students. The use of social media by medical students brings about new responsibilities with respect to online medical professionalism. Understanding students' current use & perceptions regarding social media & medicine can be the first step in taking measures to implement online medical professionalism training.

The aim of the study was to assess current social media use by medical students in a large public sector Medical University in Lahore, Pakistan & evaluate their perceptions regarding various aspects of its use.

**Methods:** Following informed consent, a self-administered questionnaire was administered to all the medical students in the Institution. Questionnaire included various aspects of their social media usage (reasons, types and frequency of social media use, presence of personally identifiable information, privacy settings, importance of social media in medicine) in addition to socio demographic information, Data was analyzed by using SPSS 17 version.

**Results:** Total respondents were 734 with 515 (70%) female medical students. Almost 95% of respondents were using social media regularly; majority (541, {78%}) for personal use, 48{6.9%} for professional use while 100 students (13.6%) acknowledged using it for both personal and professional use. Facebook was the most frequently used social media (97.3%) by our respondents followed by YouTube (77%), Twitter (39%), Blogger (24%) & LinkedIn (16%) respectively.

Majority of students have personal identifiable information available online including real name (94%), birthdate (81%); current Institution (89%) & own picture (50%). Almost 87% students admitted to changing default private settings on their social media account. If a patient sends a friend request, majority of medical students would decide to accept on individual basis (68%), some would decline (26.8%) while 5% would automatically accept without any concern. A large number of medical students had their Institution teachers in their friend list. Statements regarding social media use being increasing in medicine, an easy way to acquire knowledge, important for the professional development of physicians, its contribution in improving the quality of healthcare and creativity in medical profession, physicians actively using social media being more popular among their colleagues were strongly endorsed by majority of medical students while they didn't acknowledge that social media use also bring professional and legal risks to physicians or may be too time consuming. Willingness to seek ways to use social media in practice for professional purpose was limited among responding medical students.

**Conclusion:** Students have limited knowledge regarding online medical professionalism and various international recommendations regarding its use by medical students. With increasing social media use, more explicit and structured approaches to promoting online medical professionalism in medical students need to be developed to assure this competency in all young physicians. Results of the study can be used as a basis for measures to integrate professionalism training in our undergraduate medical curriculum.

---

## **Undergraduate Medical Student's Perceptions Of Academic Learning Environment In Various Medical Colleges Of Pakistan Using Dundee Ready Educational Environment Measure**

**Dr. Adnan Riaz<sup>1</sup> and Dr. Sadia Amir**

Educational environment has great effects on the student learning process. The analysis of educational environment gained a lot of attention in recent past years and it is an effective indicator of the quality of learning as well as teaching processes. Dundee Ready Education Environment Measure (DREEM) questionnaire is been widely accepted and used as a tool for the assessment of learning environment. Objective of the study is to determine the perception of undergraduate medical students studying in four different medical colleges of Pakistan about their academic learning environment by using Dundee Ready Educational Environment Measure (DREEM).

**Methodology:** Dundee Ready Education Environment Measure (DREEM) questionnaire was used to collect information about the academic learning environment of four different medical colleges of Pakistan, including Islam medical college Sialkot, Sahiwal medical College Sahiwal, Sialkot medical college Sialkot, Services institute of medical sciences, Lahore. DREEM questionnaire were distributed among undergraduate MBBS students from all professional years of these four medical colleges.

**Results:** Total 1165 students completed the DREEM questionnaire overall response rate of 89.61%. Among respondents, there were 489 (41.98%) male and 676 (58.02%) female students. The age of the respondents ranges from 20 to 26 years. The overall Mean score of DREEM of these four medical colleges was 128.26/ 200 this indicates the perception of students about academic learning environment is more positive than negative. The highest rated item was teachers are knowledgeable the lowest rated item was support system for students who stressed.

**Conclusion:** The information acquired from the present study has revealed that although the overall perception of the students of these medical colleges is more positive than the negative but still there are certain areas which need improvement for the better learning process.

**Key words:** DREEM, Learning Environment, Undergraduate Medical Students, perception  
**Ethical committee approval number:** Bio/IMC/252-26-09-16

---

## **Prevalence and antibiotic susceptibility profile of *Pseudomonas aeruginosa* isolated from different clinical samples in district Peshawar**

**Abdul Jabbar**

**Department of Medical Lab Technology, University of Haripur**

**Backgrounds:** *Pseudomonas aeruginosa* is extremely and exceedingly virulent opportunistic microorganism and most commonly causing nosocomial infections. The patients effected by this pathogen are frequently immuno-compromised and often hospitalized. The infected patient need timely and empirical antibiotic regimen to guarantee better results. The purpose of this study was to find the sensitivity and resistance pattern of *Pseudomonas aeruginosa* to various groups of drugs in clinical samples.

**Methods:** Different types of clinical specimens including pus, blood, urine, fluids and

different swabs were collected from patients. All the clinical isolates of *Pseudomonas aeruginosa* were tested for their sensitivity against antimicrobials including: amikacin (30ug), ceftazidime (30mcg), cefoxitin (30ug), ceftriaxone (30ug), cefipime (30ug), ciprofloxacin (5ug), co- amixoclave (30ug), gentamicin (10ug), imipenem (10ug), meropenem (10ug), sulzone (105ug), fosfomycin (50ug) and piperacillin-tazobactam (110ug) of standard strengths.

Results: The most sensitive antibiotics are Piperacillin-tazobactam (90.4%), followed by Sulzone (86.6%), amikacin (82.8%), imipenem (82.8%), meropenem (80%), ceftazidime (71.4%), fosfomycin (69.5%), cefipime (67.6%), ciprofloxacin (71.6%), gentamicin (63.8%), cefoxitin (56.1%), co-amixoclave (54.2%) and ceftriaxone (2.8%).

Conclusions: There is growing resistance to different types of drug therapy. Combinations of antibiotics are suitable approach for empirical treatment in suspected *Pseudomonas aeruginosa* infections.

Key words: *Pseudomonas aeruginosa*, nosocomial infections, drugs, sensitivity, resistance pattern

---

## **Measuring Empathy of Medical Students Studying Different Curricula; A Causal Comparative Study**

**Ayesha Ayub (Demonstrator community medicine)**  
**MBBS**

**Rehan Ahmed Khan (Professor of Surgery)**  
**MBBS, FCPS (Pak), FRCS (Ire), JM-HPE (Ned), MSc HPE (UK)**

**Department of Community medicine, Independent Medical College Faisalabad.**  
**Islamic International Medical College, Riphah University.**

Background: Empathy is considered as an essential component of medical education as it effects the relationship between doctors and patients. Patient participation which depends upon this mutual relationship plays a major role in accurate diagnosis and management hence important for maintaining the standards and ensuring safety of both doctors and patients. How to increase empathy in medical students, is a question, the accurate answer to which is still in debate and effects of educational interventions in training period have been advocated.

Objective: To determine the difference in empathy level of undergraduate medical students studying two different curricula, one from integrated modular system having ethics and professionalism as a separate subject during their educational journey and 2nd from traditional discipline based system which don't have any such intervention.

Methodology: The TORONTO EMPATHY QUESTIONNAIRE was used to calculate empathy scores. The responses were scored between 0 to 64 by taking sum of all the 16 questions. T-test was used to compare the mean score and empathy levels between the groups.

Results: A total of 160 students were included (80 from each institute). Students enrolled in the integrated modular system had a higher mean empathy score than students in the discipline-based system (44.2 versus 39.7,  $P < 0.001$ ).

Conclusion: Interventions during the educational journey about empathy have positive

influence on students' personalities and their future practices. Incorporating ethics and professionalism in curriculum and teaching students during their educational journey about empathy is important to shape their professional identities and results in improved healthcare facilities and patient care.

**Key words:** Empathy, Undergraduate medical students, Educational intervention, curriculum

### **Roles of Medical Education Department-A Faculty's Perspective**

**Saima Batool, Rehan khan, Muhammad Ahsan Raza, Gohar Wajid**

**Background:** Pakistan like many Asian countries is investing in medical education to address increased societal needs and to meet the requirement of national and international accrediting bodies. Establishing medical education departments is part of this investment. The research question was "What is the faculty's perspective about the roles of medical education department?"

The objective of this study was to explore the Faculty's views about the roles of medical education department and their suggestions for its future endeavors.

**Methods:** A qualitative case study design was chosen for this study. Heterogeneous group of faculty members from basic and clinical sciences departments of University College of Medicine, Lahore were invited for this study. They represented a variety of disciplines, and seniority levels. They were queried about their perception of the roles of medical education department and were encouraged to give suggestions for better functioning of department. Data was collected by audio recording through focus group interviews. Data analysis was done using NVIVO 11 software. Initially 55 nodes/codes emerged which were then condensed to 35 nodes. Out of these three main themes emerged.

**Results/findings:** The themes that emerged from the interviews were: (1) Faculty's perception about roles of medical education department, (2) Faculty's experiences with the medical education department and (3) Faculty's suggestions to improve the functioning of medical education department. Roles of medical education department identified by the faculty were mainly related to faculty development, curriculum planning and implementation, student support, policy making for student induction, improving teaching strategies and student assessment. Faculty development not only encompassed faculty training but also provision of opportunities for Research and curriculum development. Student support was found to be a neglected role and faculty members suggested it to be an important area to be looked upon by medical education departments.

**Conclusion:** The study concludes, in view of literature available that the institutions must ensure consultation with faculty members and should take proactive measures to sustain change, including giving ownership and team building among the faculty members.

**KEY WORDS:** Faculty, perspective, role, medical education department.

---

**Medical Errors; Causes, Consequences, Emotional Response and Resulting Behavioral Change**

**ATTIA BARI (Associate Professor Paediatric Medicine)**

**MBBS, D.C.H, M.C.P.S, F.C.P.S. (Paediatric Medicine)**

**REHAN AHMED KHAN (Professor of Surgery)**  
MBBS, FCPS (Pak), FRCS (Ire), JM-HPE (Ned), MSc HPE (UK)

**AHSAN WAHEED RATHORE (Professor of Paediatric Medicine)**  
MBBS, DCH, MRCP (UK), MRCPCH (UK), FRCP

Background: "To err is human." Medical errors are inevitable and can have a disastrous effect on patient, treating doctor, nurses and the institution as well.

Objective: To determine the causes of medical errors, the emotional and behavioural response of Paediatric Medicine residents to their medical errors and to determine their behaviour change affecting their future training.

Methodology: This cross sectional study was conducted at the Children's Hospital, Lahore in January 2016. Postgraduate residents were asked to complete the questionnaire about their medical errors and responses to their errors in three domains: emotional response, learning behaviour and disclosure of the error.

Results: Total 130 residents participated. Majority 128(98.5%) described some form of error. Serious errors that occurred were 24(18.5%), 63(48.5%) minor, 24(18.5%) near misses, 2(1.5%) never encountered an error and 17(13%) mentioned cause and effect of error but did not specify the type of error. Disclosure to senior physician and patient's family was quite low. Fatigue due to long duty hours 85(65%), inadequate experience 66(52%) and inadequate supervision 58(48%) were common causes. Increased vigilance and increased information seeking was a positive behaviour change. Those who did not disclosed their errors showed more defensive attitude with seeing fewer patient and avoiding similar patients ( $p<0.001$ ), ordering more tests ( $p=0.045$ ) and keeping the errors to themselves ( $p=0.024$ ).

Conclusion: Residents encounter medical errors at all levels of training. Fatigue due to long duty hours, lack of experience, job over load and inadequate supervision by senior were major causes of these errors. Residents who attribute their error due to fatigue or job overload did not show any constructive change in their behaviour. Medical errors committed by residents resulted in negative emotions but there was positive change in their behaviour, which resulted in improvement in their future training and patient care.

Key words: Medical errors, emotional response, error disclosure.

---

### **Bioethics in a University Teaching Hospital Today** **Prof. M Amjad Chaudhary, Naila Kanwal Adnan Khata**

**OBJECTIVE:** TO measure bioethics in a university teaching hospital today.

**INTRODUCTION:** The Hippocratic Oath is one of the oldest binding documents in the History of science. Its principles are held sacred by doctors to this day. This trend is decreasing these days because of the multi organizational set up where responsibilities are shared. It is considered less important to take oath from doctors. It creates gap in morale to serve spiritually and the basic concept and connection is lost.

Ethics is the Philosophic consideration with the question of right and wrong. Medical ethics is also known as bioethics which outlines the standards and principles and rules of conduct that governs physicians and surgeons behaviors. The practice of medicine and the conduct of biomedical research and technology however deal with the core principle. THIS study reflects the bioethical status in the country 's one of the best university hospital.

**MATERIALS AND METHODS:** Prospective cross sectional study involving all PGs of various specialties in a university teaching hospital.

**RESULTS:** The total of 300 PG Trainees were included in the study. The proforma was composed of 5 closed ended questions. Out of these 300 PGs 265(88.4%) were taken oath while 35(11.5%) did not. The Specialty oath was taken by 131(43.7%) only. 237(79%) of PGs used to greet the mothers and primary care takers of the patient. 204(68%) of PGs considered the religious values of the patients during management of the patient. 141(47%) of the PGs managed to keep the parents or primary care taker during the resuscitation and invasive procedures to the patient.

**CONCLUSION :** Majority of the PGs follow the Bioethics principles while there is need to completely follow by all the PGs.

---

### **Supervisee Perspective of the Supervisory Relationship and Its Impact on their Personal and Professional Development**

**Dr. Seema Qayyum** (presenting author)

Associate Professor Pediatric Ophthalmology

**Dr. Usman Mahboob**

Assistant Professor

**Dr. Seema Qayyum**

**Background:** The key to successful supervision is supervisory relationship providing the base which lays the foundation of the steep learning curve required for the transformation of the resident into a competent professional. This study was conducted with twofold objective of investigating the perception of supervisee of the quality of their supervisory relationship and the degree of correlation between it and the supervision outcome of personal and professional development of the supervisee.

**Methods :** A quantitative correlational cross sectional study was conducted in the setting of Children Hospital & Institute of Child Health, Lahore, the participant being the residents enrolled for the completion of FCPS-II training. The instrument used was self-reporting supervisory relationship questionnaire which was divided into six subscales having 67 Likert scale items. The six subscales were safe base, structure, commitment, reflective education, role model and formative feedback.

**Results:** The questionnaire was distributed to 115 residents out of which 92 responded, with a male: female ratio of 3:1. Most of the participants rating of the structure (29.3%), reflective education (22.8%) and formative feedback (22.8%) revealed their dissatisfaction of these attributes of supervisory process. A majority of participants (56.5%) were however, satisfied with the role model subscale. A significant number of participants were neutral towards their supervisory relationship indicating a lack of understanding of the supervisory process. The respondents who gave low scores to their supervisory relationship also scored low on the supervision outcome indices ( $r=0.77$ ).

**Conclusion:** The presence of a positive supervisory relationship should not always be taken for granted as there are impediments at multiple levels for adequate supervision. There is a need to train the faculty in the art of supervision paying emphasis on the educative and feedback element of the supervisory process. The residents also need training to develop an understanding of the supervisory process.

**Key words:** Supervisory relationship, Supervisor, Supervisee, Residents

**Processes And Procedures Adopted To Maintain High Standards Of Assessment By  
Faculty Of Medicine, Quest International University Perak, Malaysia  
Prof Dr Rukhsana Hussain Malik and Prof Dr Alam Sher Malik  
Quest International University Perak, Malaysia**

**Background:** The institutions of higher education around the globe incessantly strive to develop human capital of the highest quality. 'Standard' is an essential component in a quality assurance system to determine the expected level of attainment of quality based on international best practices and on a set of criteria. Internal institutional audit ensures not only the attainment of the 'Bench-marked standards' but also motivates to achieve the 'Enhanced standards' to fulfil the demands of all stake holders.

**Methods**

Processes and procedures adopted in the student assessment system of the Faculty of Medicine (FoM), Quest International University Perak (QIUP) are:

**Before Examination:**

Step 1: Development of Table of Specification for number of questions and their types from various disciplines

Step 2: Formulation of Table of Specification for the distribution of topics of a discipline according to various assessment tools to ensure complete coverage of all the learning outcomes using various teaching/learning methods

Step 3: Conduct of three tier vetting of questions and their model answers to ensure validity and reliability and minimize ambiguity

Step 4: Preparing two sets of examination papers to ensure confidentiality

**After Examination:**

Step 5: Blinded double marking of all subjective questions to ensure fairness

Step 6: Double checking the "Master Sheet" of objective questions to avoid human error

Step 7: Quick checking of the OMR report of all objective questions to detect mistakes

Step 8: Analysing the difficulty and discrimination index of all objective questions to detect any flaws

Step 9: Enhancing the quality of the analysed questions before submitting to question bank

**Results**

These measures have helped the Faculty in detecting

- Inadequate information in the Master sheet
- Improper filling of the Master sheet for correct responses
- Filling of the wrong answers in the Master sheet
- Mixing-up of Master sheets

Abstract Track Categories: Assessment, Standard setting, Accreditation standards

---

**Correlation Of Non-Functional Distractors With Difficulty Index And Discrimination Index In Multiple Choice Questions  
Muhammad Zafar Iqbal & Rehan Ahmed Khan**

Well-constructed MCQs play pivotal role in assessing students' higher cognition. The level of difficulty of MCQs and their extent to discriminate among high and low scoring students can be found out through item analysis. Item analysis can assess different parameters of MCQs which affect the quality of an MCQ. Present study was focused to study such parameters with prime objective of assessing the correlation of difficulty index and

discrimination indices with non-functional distractors of MCQs.

**Methods:** This quantitative correlational study was conducted on 943 MCQs which were assessed in professional examination of 20 subjects. The MCQs were analyzed for non-functional distractors, difficulty index (P), discrimination index (DI) and correlation between them. The statistical analysis was done through SPSS version 22 and correlation was found through Pearson's correlation formula.

**Results:** Difficulty index of 943 items was calculated; 415 test items (44%) were in easy range, 412 test items (43.69%) were in moderate range and 116 test items (12.30%) were in difficult range. Whereas, 278 test items (29.48%) had high discrimination index, 362 test items (38.39%) had moderate discrimination index and 303 test items (32.13%) had poor discrimination index. A positive correlation of 0.720 was found between NFDs and difficulty index. On the other hand, a negative correlation of 0.315 was found between NFDs and discrimination index.

**Conclusion:** More number of implausible distractors decrease the difficulty of test items and mostly fail to discriminate between high scoring and good scoring students and eventually decrease the quality of an MCQ. Considering the effect of NFDs on item difficulty and discrimination power, it is essential to use well-constructed MCQs in assessments which have plausible distractors so that the assessment standards can be raised.

**Key words:** Assessment, MCQ, Item Analysis, Discrimination Index, Difficulty Index, Non-functional Distractors

---

### **Post Graduate Residents' Perception of the Clinical Learning Environment; Use of Postgraduate Hospital Educational Environment Measure (Pheem) In Pakistani Context**

**Attia Bari** (Associate Professor Paediatric Medicine)

MBBS, D.C.H, M.C.PS, F.C.PS. (Paediatric Medicine)

**Rehan Ahmed Khan** (Associate Professor of Surgery)

MBBS, FCPS (Pak), FRCS (Ire), JM-HPE (Ned), MSc HPE (UK)

**Ahsan Waheed Rathore** (Professor of Paediatric Medicine)

MBBS, DCH, MRCP (UK), MRCPC (UK), FRCP

**Background:** The clinical educational environment plays a vital role in postgraduate learning process. PHEEM has been used in only few institutes in Pakistan. The tool required minor modifications to be valid for the Pakistani context to evaluate perception of postgraduate residents, which was done after permission from the authors of PHEEM.

**Objective:** To evaluate the perception of Post-graduate residents' about the clinical educational environment of The Children's Hospital, Lahore Pakistan by Using PHEEM inventory and to investigate the association of their perception with different specialities and years of residency.

**Methodology:** 160 postgraduate residents participated. Residents were asked to complete PHEEM questionnaire. We calculated the residents' individual perception scores and compared the means of both individual domain and global score of PHEEM by different specialities and different levels of residency training year. The survey was anonymous. Data was analysed using SPSS version 20.

**Results:** A total of 160 residents completed the questionnaire, majority 114(71.3%) being



the Paediatric Medicine residents. The residents perceived their educational environment positive as the PHEEM yielded a global mean score of 88.15/160, with each subclass score; Autonomy: 29.27/56, Teaching: 34.35/60 and Social Support: 21.58/44. Autonomy and teaching were rated most highly by Paediatric Diagnostic residents (32.23 8.148) and (36.23 9.010) respectively. Social support was rated highest by Paediatric Surgery residents (24.36 4.653). Lowest rated scores of all three domains were from Paediatric Medicine residents. The results showed a good environment and teachers with good clinical skills but also highlighted negative perception about poor catering facilities, work load and lack of feedback. There was no significant difference of perception between different specialities ( $p=0.876$ ), or different years of residents (0.474).

**Conclusion:** PHEEM can be used to identify areas of strengths and weaknesses in a hospital environment. The results can then be used to improve the existing hospital environment.

**Key words:** Postgraduate resident, educational environment, PHEEM

---

### **Medical Ethics: Student's perceptions about ethical practices and its inclusion in undergraduate curriculum.**

**Prof. Iram Manzoor, Dr Shamia Zeeshan, Dr Amina Iqbal, Dr Saffa Ilyas, Dr. Muslim Abbas**

Medical Ethics is a neglected subject in undergraduate curriculum of Medicine and Dentistry in Pakistan. Recent trends of emerging ethical dilemmas in clinical practices indicate the need to include this important subject in undergraduate and post graduate curriculum.

**OBJECTIVE:** To assess the student's perceptions about ethical practices and its inclusion in undergraduate curriculum in students of first year at Fatima Memorial Hospital College of Medicine and Dentistry, Lahore.

**METHODOLOGY:** A cross sectional survey was conducted on 176 students after IRB clearance, on the first day of entry in medical college. A non probability, Purposive sampling technique was used to include 130 MBBS and 46 BDS students. A self-administered questionnaire was used to collect data. SPSS version 20 was used apply Chi square test  $p$  value of  $\leq 0.05$  was considered to be significant.

#### **RESULTS:**

In a total of 176 participants, female predominance was observed (64.8%). Important professional traits for doctors, identified were Clinical knowledge (100%), Honesty (100%), Integrity (99.4%), ability to become lifelong learner (94.9%), team leader (83.5%) and humane attitude towards patients (83.5%).

Training in Medical Ethics was considered essential by 99% of the students irrespective of the gender ( $p=0.333$ ). About 37.5% of the students believed that ethical review committees should play an important role in training them. 76.1% of the participants believed that module of medical ethics should be included every year. Seminars (39.8%) & lectures (31.3%) were considered the best instructional tools ( $p=0.455$ ).

There was no statistical difference observed in knowledge of medical ethics between two genders. Disclosure of diagnosis in case of risk ( $p=0.842$ ), Maintenance of privacy during examination ( $p=0.55$ ) Health care provision regardless of religious beliefs ( $p=0.89$ ), consent for procedures ( $p=0.842$ ), euthanasia (0.669), DNRR with debilitating diseases ( $p=0.218$ ), consent before exposure (0.628) and reporting ethical misconduct ( $p=0.814$ )

**CONCLUSION:** Students are well aware of ethical dilemmas in clinical practice before

entering medical and dental college. They strongly believe that Medical ethics should be part of their curriculum at undergraduate level.

**KEY WORDS:** Medical Ethics, Undergraduate students, Curriculum.

---

### **To Identify The Qualities PBL Participants Expect Their PBL Leaders To Have : A Synopsis**

**Tayyaba Azhar<sup>1\*</sup> and Junaid Sarfaraz<sup>1</sup>, Samina Malik**

**Background:** Problem based learning is an instructional method which initiates students' learning by solving an authentic problem. Students develop problem solving skills and also experience the real world issues / clinical scenarios that they will face in their future practice. The students generate their own learning objectives by analyzing the problem. Students are divided into small groups of 8 to 10. They assume different roles like: group leader, scribe and group members. **Aims & Objectives:** To discover the leadership attributes from students' perspective. **Benefit:** To inculcate leadership traits among students. **Methods:** A purposive sample of 30 second year medical students will be selected in conduction of a supervised qualitative study. Three rounds of focus group discussion will be conducted after consent of temporary audio/video recording to extract precisely the perception of every group member. The discussion will be converted into script format and will be entered in the excel sheet. Thematic analysis will be performed and results will be displayed in the form of stacked bar charts. **Expected Results:** The top 5 desired attributes may be: 1) communicator; 2) respectful; 3) unbiased; 4) collaborator (within the group members and with the scribe) and; 5) problem-solver. The top 5 undesired qualities may be: 1) discourager; 2) humiliating person; 3) poor time-keeper; 4) distracting approach and; 5) favoritism.

**Keywords:** PBL, leader, learning

---

### **The transformation of the Professional Identity of MHPE Graduates after being in practice**

**Dr. Junaid Sarfraz Khan, Dr Alia Amin, Dr. Sadia Sharif**

The MHPE program is established to train the health professionals as medical educators empowering them with the skills to work in for the diverse health care educational systems. In that scenario it becomes vital liability of the medical educators to impart their positive and constructive role to the fullest extent for the progression of health care education. Which can be better operationalized they would recognize their professional identity.

"Professional identity" is often interpreted in the terms of individual's perceptions of themselves and what they wish to become. It refers to the characteristics which may reflect combination of identities, helping them adopt the roles and responsibilities of the new role. It is the way they implement what they know and the way, they want to be known to the world by changing their behavior and performing their work. It is about the self-actualization based on the self-concept of one's attributes, beliefs, motives, and experiences in that particular profession.

This study aims at in-depth understanding of the concept of "professional identity" and its

transformation as ‘educators’ for the MHPE graduates, which this program is committed to endow them.

#### Research Question

Does the MHPE program change the professional identity of its students?

#### Aims and Objectives

This study aims at contributing a better understanding of the concept of transformation of the “professional identity” of MHPE graduates. The objectives of this study are to:

- To define the attributes of medical educator’s identity as perceived by the MHPE graduate.
- To understand the perceptions of the MHPE graduates about their professional identity as educators.
- To understand the factors implicated in the transformation of professional identity of the health professionals completing the MHPE program.
- To explore the phenomena of medical educator’s professional identity formation and transformation encompassing the processes, facilitators and barriers.

#### Rationale of the study

Understanding this phenomenon through knowing the personal perspectives based on the subjective experiences of the MHPE graduates about developing educator’s identity will be helpful in clarifying the concepts. It will also be beneficial for devising the educational implications for the MHPE program targeted towards maximizing the participation of medical educators in the communities of practice.

#### Research Design

The current educational investigation will be a phenomenological study to be explored using a qualitative research approach through enriched description of the core of the lived experience of the studied phenomenon.

#### Methods of data collection and analysis

Data shall be collected using semi structured interviews. Thematic Analysis shall be used for analyzing and interpretation of the data, anticipated results and their significance.

---

### **Perceptions of CME Participants about the Improvement of Patient Care Through CME Activities in Lahore District**

**Dr. Shazia Tufail**

Assistant Professor, Gynae/Obs, CMH Lahore Medical College

Continuing medical education (CME) helps those in the medical field maintain competence and learn about new and developing areas of their respective fields. But often, the continuing medical education activities happen outside of the context of the care delivery system and, are not always solving the problem of the day. Over the last 2 years, there has been a marked awareness about the importance of CME activities in Pakistan. In Punjab alone, about 2000 CME activities were conducted in 2015. But the effect of these academic activities on patient care and health care practices in ground reality remains unexplored. The primary objective is to explore the perceptions of CME participants about the improvement of patient care through CME activities while the secondary objective is to explore the factors hampering or favoring improvement of patient care through CME activities.

The research question that we intend to answer through this study is:

How do the CME participants think CME activities improve patient care in Lahore district?

**Methods:** This study will be carried out at University of Health Sciences (UHS), Lahore for 6 months. General practitioners (GPs) involved in the CME activities conducted by the UHS will be included in the study. After written informed consent, semi-structured in-depth interviews with CME participants will be conducted individually based on a set of 6 pre-determined open-ended questions on an Interview Protocol. Interviews will be recorded and then transcribed. They will be sent back to the interviewee for review. Data analysis will be done concurrently with data collection. Themes will be identified after coding and thematic analysis will be performed. Data collection will be stopped at the point of data saturation when no new themes emerge. Triangulation will be done throughout data collection and analysis.

**Key words:** CME, patient care, general practitioners

---

### **Validation of Urdu Translation of DREEM Inventory in a Medical College in Lahore, Pakistan**

**Dr.Meher-un-nisa , Junaid Sarfraz Khan**

University of Health Sciences Lahore

**Abstract; Background:** Context and language affect the learning environment which itself plays a significant role in students understanding and learning. Since the last few decades, DREEM, a validated tool to assess learning environment has been used in English followed by its translation in multiple languages to assess its validity in different cultures and languages. We in Pakistan, have our own cultural values and Urdu is our national language. Our learning environment is affected by our own values, culture and language. **Objectives;** This cross sectional study aims to find out validity of Urdu translation of DREEM questionnaires to evaluate learning environment in Fatima Jinnah Medical University, Lahore. **Methodology:** Urdu translation of DREEM has been done by two independent experts (one subject expert and one language expert) along with help of computer program inpage Urdu 2013.Using convenience sampling technique, 650 undergraduate students (200 from 1st year, 200 from 3rd year and 250 from final year) were included in the study. After informed consent, DREEM questionnaires in English were given to the study participants and their response was recorded as Response A. After two weeks, DREEM questionnaires in Urdu were given to the same group of students for their response which was recorded as response B. The universal DREEM score,5 sub scores in English(Response A) and Urdu version (Response B) of DREEM and item score of each question was calculated and compared with each other to assess its validity in Urdu and compared it with that in English. **Data Analysis;** Data has been analyzed using computer program SPSS Version 20 for windows. Paired t-test has been applied to compare two groups. **Results;** Item score, sub scores and gross DREEM score of both groups show that DREEM translation in Urdu is as valid as in its original version in English with necessary modifications according to context and culture.**Conclusion;** Translated version of DREEM in Urdu is as valid as in its original version in English with some modifications according to context and culture may be done where required.

**Key Points;** DREEM, validation, Urdu, English

---

**Perception of Medical students towards faculty as role models in human values in medical teaching and clinical practice**

Prof. Agha shabbir Ali , Dr. Nosheen Fatima, Dr. hammad riaz, Dr. Ali Haider, Dr. farhat

altaf, Mohamad Ali  
PGMI, Ameer U Din Medical college, Lahore General Hospital

Medical community and society always is concerned about decreasing trend of human values in young medical graduates and clinicians. Such mandatory qualities are traditionally learnt from role modeling of teachers for medical students. This study examine currently to what extent medical students perceive their teachers as humanistic physicians and teachers.

Methods: The study was conducted in medical students of Ameer ud Din Medical College and Postgraduates students of PGMI in discipline of Pediatrics and Gyane-obs. Students were asked to what extent they agreed or disagreed that the majority of their teachers behaved as humanistic physicians and teachers. Through a determined Performa, total 50 students were included in this study that includes both undergraduates as well as postgraduate students.

Results: Over all 43% students (undergraduates+ postgraduates ) did not agree that their teachers behaved as humanistic caregivers with patients or were good as role model in teaching doctor-patient relationship. 40 % students (undergraduates +postgraduates residents) were not agreed that their teachers valued good conduct with them and were supportive to students in difficulties. There was statistical difference in the response of undergraduates and post graduate students regarding comments about clinicians concern about overall well being of patients 68% Vs 52% and help the patients to overcome their problems other than health problems 68 % vs 48 %.

Conclusion: Alarmingly high number of students are viewing their teachers as not a role model in future. Although not statistically significant but large number of undergraduate students rate teacher student relationship as not exemplary.

Key Words: Faculty, medical students, role models, human values.

### **What Do Narratives Written by Junior Doctors Reveal?** **Dr Nausheen Bakht**

Background: Stories are effective educational tools used since times immemorial. They entertain, enlighten, notify, report, update, inform, educate, teach, instruct, train, change and alert. Sharing narratives facilitates dissemination of experience and vicarious learning. To become reflective practitioners, doctors need to tell and share their narratives with their patients and among themselves. My study intends to look at narratives written by doctors from policy and practice viewpoint. My research question is what do narratives written by junior doctors reveal?

Methods: In response to hospital administration's call to participate in a story-writing competition, 80 stories were collected from HOs and PGRs of CMH Lahore from December 2014 - April 2015. The prompt was 'my most moving encounter with healthcare settings.' Accounts which had a reflective content were short-listed and compiled as a data set. Keeping the insightful narratives in view, I intend to carry out narrative analysis on this data set and discern themes by using NVivo. Representative texts of all stories will be presented and one most representative story per theme will be discussed. Grounded theory and interpretivism will be utilized.

**Results/ findings:** The pilot study carried out on 10 stories revealed that half of the stories were written from the viewpoint of doctors, 30% from attendants and 10 % each from student and patient perspective. Mood in 60% stories was sad. The themes were hidden curriculum, professionalism dilemmas, inter-professional relationships and workplace environment.

**Conclusions:** From policy making and practice standpoint, incorporating views of junior doctors holds a lot of promise as they work at grass root level. Their opinions facilitate a deeper understanding of healthcare issues from a fresher angle. This can help administration in resorting less to regulatory or punitive actions and more towards timely corrective action and adopting best practices.

**Key words:** stories, narratives, doctors stories, doctors narratives, policy, practice

---

### **The Frequency of stressors in obstetrics and gynaecology postgraduate trainees in a teaching hospital of Lahore.**

**BACKGROUND:** It is a well known fact that obstetrics and gynaecology post graduate training is a stressful period. (Veasy et al., 2002) A trainee is expected to work efficiently during lengthy hours of duty, in uncomfortable working environment and with uncooperative attendants of patients. Also there is stress of learning, doing research for dissertation and passing the postgraduate examination in due course. To balance personal life with such demanding job is not easy and causes many professional and personal tensions resulting in drop out or repeated failures in the examination. Due to this stress the number of graduates entering into obstetrics and gynaecology training is also decreasing in the west. (Lambert et al., 2013).

To improve the health and mental soundness of trainees, the European Union implemented the European Working Time Directive (EWTD) ensuring the employee's right to an average weekly working time of a maximum 48 hours over a four-month period. This gave relief to trainee at one hand but on the other hand raised the concerns regarding reduction in training and learning opportunities. (Moss et al., 2011) But this directive has not been implemented in Pakistan and there is no support system available for the residents to cope with these stresses.

**RESEARCH QUESTION:** What is the frequency of different stressors in obstetrics and gynaecology postgraduate trainees in a teaching hospital in Lahore.

**RESEARCH DESIGN:** It will be a cross sectional observational study. A Copenhagen burnout inventory questionnaire (annex 1) will be used to take responses of obstetrics and gynaecology postgraduate trainees in King Edwards Medical University, Lahore regarding stress factors in their training.

**METHODOLOGY:** The Copenhagen burnout inventory will be used to assess frequency of different stressors and the level of stress in the residents. All the obstetrics and gynaecology postgraduate trainees in KEMU will be briefed about how to fill the questionnaire and it will be given to all the trainees consenting to participate. The responses will be turned into values. The demographic data will be entered into SPSS version 13 and means and median of constant variables will be calculated. The frequency of each stress factor will be calculated and presented in a tabulated form.

**RESULTS AND SIGNIFICANCE:** The result will give an idea about which stress factors are common and which are rare and then we can work towards modifying current policies and

developing a support system to lower these stressors.

**KEY WORDS:** stressors, postgraduate, trainee, obstetrics and gynaecology

---

### **Exploring the relationship between learning styles and collaborative blended learning Methodology in undergraduate Pathology**

**Background:** Teaching Pathology to undergraduate medical students is an ever-evolving process. The challenge of conveying large amount of conceptual knowledge within restricted time period in a way it is understood effectively and interpreted comprehensively by a student is paramount. The purpose of this research is to examine students' perceptions on the collaborative blended learning methodology (CBLM) and its use in relation to the students' individual learning style in the subject of systemic Pathology. This study will test the hypothesis that students with different learning styles (visual, auditory, read/write and kinesthetic) have different perceptions about Collaborative blended learning methodology. CBLM is based on social constructivist theory where class tasks or assignments are designed for participants to work collaboratively on complex tasks to construct knowledge, based on useful mind maps, schemas, and using information and communication technology (ICT) for an effective learning experience.

**Methods:** VARK learning style questionnaire (VARK 7.1) will be administered to the 4th year MB.B.S students studying Pathology in LMDC in the beginning of the session through non probability purposive sampling. The 2nd questionnaire regarding their perceptions about Collaborative Blended Learning Methodology will be distributed to the students at the end of the systemic Pathology module conducted through Collaborative Blended Learning Method. **Data analysis:** Data will be analyzed using SPSS version 20. The preferences of the various VARK components, will be analyzed by descriptive statistics. Student t-test will be used to compare the VARK scores for the male and female students. Descriptive data analysis regarding perceptions of the students will be done by calculating means, Standard deviation and percentages. Pearson's Correlation will be used to analyze the different learning styles and their perceptions and preference for CBLM as teaching-learning methodology. **Study outcome:** Utilization of CBLM as an effective teaching strategy in teaching systemic Pathology and also in General Pathology. Results of this study will be helpful for guiding teaching faculty in aligning their instructional strategies with learning styles of the students and in using variety of Modes of Information Transfer instead of traditional teaching.

**Keywords:** Collaborative Blended Learning methodology (CBLM), perceptions, learning styles.

---

### **Is Team Based Learning (TBL) academically effective in applying basic medical concepts to clinical sciences?"**

**Madiha Ahmad, MHPE; Batch IV/ A**

**Introduction:** Small group discussion has always been the essence of medical teaching, more so in the clinical years. When employed to complement larger group teaching, it augments learner's concepts to grasp difficult and complicated points. Learner to instructor ratio is decreased and basic concepts are integrated with clinical ones to equip health professional

students get acquainted with what lies in store for them.

**Objective:** To assess academic effectiveness of team based learning strategy at integrating basic and clinical sciences.

**Study Design:** Cross-sectional analytical.

**Place and duration of study:** University of Health Sciences, Lahore. October 2016 – November 2017.

**Subjects and Methods:** A team based learning strategy with conventional lecturing method will be applied to 150  $\pm$  7, 2nd year MBBS students in one module of about 7-9 weeks with 3 lectures per week. TBL will be conducted in batches of 38  $\pm$  7 each, for two days. In the duration of the module, 2 TBL sessions 3 weeks apart are planned.

Students will be fully oriented in the pre-requisites and protocols of TBL. The same group will be taught another topic only by conventional lecturing method to the same 150  $\pm$  7, 2nd year MBBS students alongwith regular small group tutorial discussion that does not involve TBL.

The results at the end of module for both topics based on the same pattern (Written: MCQ and SEQ and Viva Voce) will be taken.

**Results:** Data will be analyzed by SPSS.

**Conclusion:** This will be based on the results obtained.

**Key Words:** Team Based Learning, small group discussion, integration.

---

## **Assessment of Professionalism Related to Academic Integrity in Undergraduate Medical Students**

**Dr.Nargis Iqbal MHPE IV A**

To determine the prevalence of lapses in academic integrity among under graduate medical students and to compare the differences in responses regarding lapses between first year and final year MBBS students and in relation to gender.

### **METHODOLOGY:**

This quantitative cross sectional study will be conducted in ALLAMA IQBAL MEDICAL COLLEGE between first year and final year MBBS students by giving a self reported 47 items adapted validated and customized Dundee poly professionalism Inventory 1 questionnaire in the class room after informed consent and taking permission from the ethical committee of UHS and AIMC, assessing their academic dishonesty for example cheating ,plagiarism and unprofessional behavior.

### **DATA ANALYSIS:**

The data will be analyzed using SPSS version 20 .Descriptive statistics will be used to check the frequency percentage and responses with confidence interval for all quantitative variables. The difference of responses regarding lapses in academic integrity between two groups .Group A students of first year and group B students of final year will be carried out by using independent t test. The p value will give the probability of null hypothesis, being true and it will be calculated by using various statistical tests.

### **OUTCOME:**

The result will highlight the importance and utility of customized Performa of Dundee Poly professionalism Inventory 1 in Pakistan and will also highlight the importance of issues / lapses in relation to academic integrity between two classes so that re medial action can be taken in time to improve professionalism in future doctors.

### **KEY WORDS**

Medical professionalism , academic integrity , academic misconduct, medical students



---

### **Building a Culture of Research: A focus group discussion** **Samina Malik, Saman Saeed and Waqas Latif**

**Background:** Hanover Research has methodically examined successful practices in the direction of developing a culture for research in higher education. The current focused group discussion was conducted to explore the recommendations of final year medical undergraduates regarding the contribution of:

i) Institutional factors, ii) Role of faculty and iii) Impact of leadership towards research culture development.

**Aims and Objectives:** To formulate an undergraduate model of research culture by receiving the input of final year medical students being the real stake holders at the academic and professional interface.

**Subjects and Methods:** A focused group discussion was conducted by a purposive sample of 14 final year medical students with equal ratio of males and females at University College of Medicine and Dentistry, University of Lahore in 3 rounds under supervision of 2 medical teachers. Consensus was obtained by content analysis and numerical analysis of their recommendations about factors responsible for developing a research culture in a medical school.

**Results:** Among institutional factors, majority (60%) supported that research culture cannot be promoted without giving early exposure or introduction to research at pre-medical or first year medical school level. Another 30% believed that awareness of useful community based research or topic of interest should be promoted by the curriculum. Around 10% stressed that there should be approachable affiliated funding agencies, teaching methodology should inculcate critical thinking and role models should be invited to share their success stories. Regarding the role of faculty, around 50% proposed that they should be trained in research conduction in order to ensure participation of students in small groups. Remaining 50% expressed that faculty should be able to motivate their students by sharing their own work of national and international level to make the students competent enough to match international standards. Finally, the impact of leadership was measured. A total of 70% suggested that research leader should be expert in teaching and conducting research, no matter he has a medical or non-medical background. Around 20% expressed that research leader should have good communication skills to come down to the level of students. Finally 10% endorsed that he should keep himself available for contact and distant guidance, he should take responsibility and must encourage the students to participate. He should have a grip on diverse and useful research areas and should arrange visit of students to research centers through collaboration. He should respect the opinions of young minds and should be able to resolve their academic conflicts and also avoid language barriers.

**Conclusion:** Institutes should support a curriculum which gives early exposure to research. They should hire research oriented faculty trained in research conduction. Research leader should have command over his subject and should be able to deliver by good communication skills.

**Key words:** Research-culture, Focus group discussion

---

**Effect of undergraduate medical students' learning approaches on their performance in summative assessment at SKZMDC, Lahore**  
**Dr. Tayyaba Muzaffar**

**Background:** The concept of Surface, strategic and deep approaches to learning has been used for many decades and played a role of foundation stone in many researches, development of various theories and practices, mostly in higher education institutions.

**Problem:** Medical teaching and learning is a dynamic process which demands continuous effort of teachers as well as students. The task of retaining a lot of medical knowledge and its effective interpretation requires paramount change in the domain of medical education, with a transition from subject-based, didactic lectures to the problem-based, interactive, student-centered approach. That's the reason; most of medical colleges' curricula are acquiring innovative methodologies of teaching and learning to varying degrees (Dlouhá & Burandt, 2015). While starting the medical studies, most of the students are still confused whether they should acquire superficial approach to cover the huge syllabus of first professional examination or adopt deep approach to make their sound foundations for future studies.

**Rationale:** A learning approach implants the student's intention, while starting a task or carrying it out. Increased workload may encourage the students to adopt a surface approach to fulfill their academic requirements. Sometimes we observe that the student scoring good marks in formative assessment are not able to get through their summative assessment. After exhaustive search of literature, very few studies about the learning approaches and the performance of students in summative assessment in medical institutes of Pakistan were found.

**Objective:** To determine a correlation between the learning approaches of undergraduate medical students and their performance in summative assessment.

**Research question:** Does any correlation exist between the learning approaches of undergraduate medical students and their performance in summative assessment at SKZMDC, Lahore?

**Research design:** The cross-sectional questionnaire-based study will be conducted at Sheikh Khalifa Bin Zayed Al Nahyan Medical and Dental College (SKZMDC), Lahore, from September 2016 to March 2017. First and second year medical students will be involved. We will use the questionnaire, adapted from the Approaches and Study Skills Inventory for Students (ASSIST), available online (Centre for Research on Learning and Instruction, University of Edinburgh, at: [www.etl.tla.ed.ac.uk/questionnaires/ASSIST.pdf](http://www.etl.tla.ed.ac.uk/questionnaires/ASSIST.pdf)). This questionnaire will help us to classify the study habits of undergraduate medical students into surface, strategic and deep approaches. Scores obtained for theory and practical examination will be recorded and correlated with the learning approaches.

**Data Analysis:** Data collected will be entered and analyzed by using the Statistical Package for Social Sciences (SPSS) version 20.0. Data for marks in theory & practical and the scoring for three learning approaches will be described by using mean  $\pm$  SD if distributed normally and by median if not normally distributed. Data for gender will be described by using frequencies and percentages. Marks of students among three categories will be compared by using one way ANOVA. Their ASSIST scoring will be correlated with marks obtained in summative assessment by using Pearson correlation coefficient. By using chi-square test, grades, gender and year of student will be related to their learning approaches. P- value  $\leq$  0.05 will be considered as statistically significant.

**Conclusion:** Correlation between the students' learning approaches and their performances in the summative assessment will be found out. Weak student can be identified and the appropriate actions will be taken. This study will be helpful to improve the standards of learning and in return of assessment tools. If the students with the superficial approach are found to be best scorers, we will have to reevaluate our assessment techniques and

standards. This study may provide the statistical evidence required for stimulating future studies.

---

**Dental and paridental students 'perception of the educational environment in FMH Dental College as measured by Dundee Ready Educational Environment Measure (DREEM)**

**Dr. Zahid Iqbal**

The educational environment of any institute influences its curriculum. The targets of a curriculum may not be achieved if the educational environment is not given due consideration. Furthermore the educational environment is a dynamic phenomenon which changes time to time. Various instruments have been utilized to investigate educational environment. Of these, only the DREEM (Dundee Ready Educational Environment Measure) questionnaire is specific to the unique environment experienced by students in healthcare-related courses.

The proposed study will be conducted at FMH college of Dentistry with the aim to compare the dental and paridental student's perception of educational environment by using DREEM questionnaire.

It will be a cross sectional quantitative survey design. The collected DREEM score will be analyzed using SPSS version 22. Student's t-test will be applied for the comparison of the scores.

The results of the study can be used to make some recommendations and suggestions for the educational environment of the institute. It can also indicate the better areas and areas in need of improvement.







## Oral Presentation Guidelines

Please use the information below to guide the construction of your oral presentation.

Oral presentations will be strictly limited to 10 minutes total. Please plan on a 7-minute talk, followed by no more than a 3-minute question-and-answer period with audience members. The session chair will conclude your talk at exactly 10 minutes, regardless of where you are in the presentation or question set. A general rule of thumb is to allot half a minute per slide, so your total slide count should be between 15 and 20. Please use the following guidelines to construct your presentation:

- Acceptable formats: PPTX (PowerPoint 2007/2008 or 2010/2011) or PDF
- Be sure you have embedded any multimedia objects (e.g., movies) in the slides
- You may use any theme, although we recommend dark text on a light background
- Be sure to provide your name on the title slide
- Please number your slides

### Technical Content

- Title effectively communicates subject matter
- Purpose/objectives clearly stated
- Applicability or relevance of work identified
- Concise explanation of methods/analysis used
- Methods used clearly conveyed
- Conclusions supported by data

Please meet with the coordinator in the Business Center one hour before your scheduled presentation to have your presentation uploaded onto a shared computer. However, you are responsible for verifying the integrity of your uploaded files and testing that they will operate properly on a computer other than your primary PC; UHS is not responsible for checking to ensure your presentation has been uploaded correctly.

If you have questions on guidelines, please contact Conference Coordinator (0346-46 97 008).

### Poster Presentation Guidelines

- Each poster session author will be provided with a 4' x 4' poster board area and mounting pins. The board will indicate the poster number in upper right or left corner. Authors are responsible for mounting their posters on the morning of the 29<sup>th</sup> of October 2016 and removing them at the end of the Conference. Posters left up past that time will be discarded.
- All illustrations, charts, etc., to be posted should be prepared in advance as materials for these purposes will not be available at the meeting site. UHS will provide a reasonable supply of push pins, but we suggest authors provide their own if possible.
- Each poster must include text in a large enough font (~20 point font) to be read easily. Lettering on illustrations should be large and legible. Photographs should be a minimum of 5 x 7 inches. Material should be displayed in logical sequence (introduction, development, conclusion).
- Avoid overcrowding figures and cramming too many numbers into tables. Legends and titles should accompany all figures, tables, photographs, etc. in order to allow their immediate identification.
- No commercial activities or any advertising may be displayed on the posters. Non-compliance with this rule will result in the poster being removed.
- Authors may wish to bring extra copies of their data and conclusions. No duplication facilities will be available. Authors may also wish to provide sign-up sheets for attendees who may wish additional information, reprints, etc.
- The authors need not be present the entire time but if not, should post the hours when they will be at their poster.

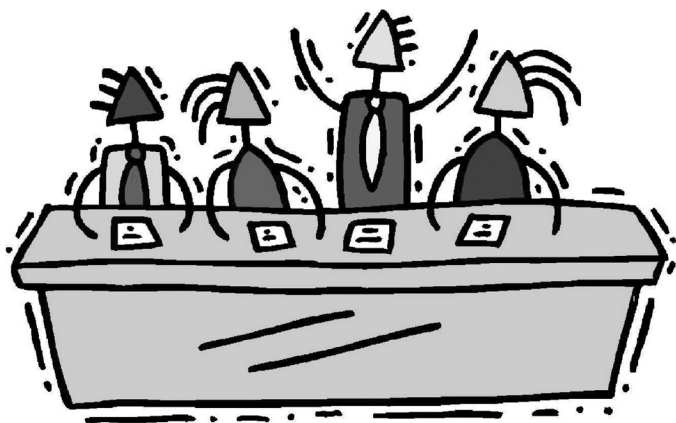






### Housekeeping Announcements

1. The password for protected Wi-Fi Internet facility on the University campus during the Conference is **mpc12345**.
2. Please keep your cell phone on 'Silent' mode during the sessions.
3. Limited facility of photocopying and taking out computer prints is available at the Business Centre (Room 46, 1st Floor).
4. No food or drinks are allowed in the auditorium or workshop rooms.
5. Smoking is strictly prohibited.
6. Conference mics at each session can be activated by pressing the "on" button.
7. On the day of their presentations, all speakers should check in at the Business Centre (60 minutes before the meeting starts). Please remember to pick up you're A-V materials before the end of the Conference.
8. If speakers have brought a laptop computer or other such electronic device with them, they will need to inform the official at the Registration Desk. This will allow the owner to remove the equipment from the building after the meeting and the official will verify that the item is not the property of the UHS.
9. Emergency telephone number is 0301-4693032.
10. The First Aid Centre is located in the Medical Center (Car Parking Area) of University of Health Sciences Lahore.
11. All luncheons and tea shall be served in the Front Lawn at the designated time provided in the Conference Program.
12. In case of any emergency, please contact the help desk in Room # 16 or the front desk (reception).



# Organizing Committee

## Organizing Committee

Patron:	Mr. Muhammad Ishaq Dar Chairman BoG, University of Health Sciences Lahore
Chairman:	Maj. Gen. (R) Prof. Dr. Mohammad Aslam Vice Chancellor, University of Health Sciences Lahore
President:	Prof. Dr. Malik Hussain Mubashar (HI, SI) Member, BOG, University of Health Sciences Lahore
Secretary:	Prof. Dr. Junaid Sarfraz Khan Pro-Vice Chancellor, University of Health Sciences Lahore
Convener:	Mr. Jaazib Hussain Bhatti, PSO to Pro-Vice Chancellor, UHS
Members:	Ms. Saima Tabbasum (UHS) Mr. Ijaz Hussain (UHS) Ms. Tahira Bano (UHS) Mr. Abdul Rahman (UHS) Mr. Mian Muzammil Hussain (UHS) Ms. Tayyaba Gulzar (UHS) Mr. Danish Mohsin (UHS)







**University of Health Sciences Lahore**

Khayaban-e-Jamia Punjab, Lahore 54600, Pakistan

UAN: +92 42 111 33 33 66

[www.uhs.edu.pk](http://www.uhs.edu.pk)