



University of Health Sciences, Lahore

Examinations Department

Ref. No: UHS/CE-09/

Date: 25-03-2009

Subject: Minutes of Anatomy Faculty Meeting (BDS)

Venue: Workshop Room, UHS Lahore.

Date: 25-03-2009

Participants:

Prof. Dr. Attiya Mubarak	KEMU, Lahore.
Prof. Dr. Imtiaz Ahmad	PMC, Faisalabad.
Prof. Dr. Mamoona Naseem	FMH, Lahore.
Associate Prof. Mansoor Ali Khan	NMC, Multan.
Associate Prof. Dr. Khalid Mehmood Akhtar	PMC, Faisalabad.
Associate Prof. Dr. Nabila Kaukab	PMC, Faisalabad.
Assistant Prof. Dr. Uzma Naseer	LMDC, Lahore.
Assistant Prof. Dr. Rehmah Sarfraz	MIHS, Lahore.
Senior Lecturer Dr. M. Arshad Mumtaz	LMDC, Lahore.
Prof. I.A. Naveed	Director, Med. Ed., UHS Lahore.
Dr. Junaid Sarfraz Khan	CoE, UHS Lahore.

Proceedings:

Vice Chancellor UHS, Lahore convened a meeting at UHS at 10:00 a.m. to gather feedback on the Objectively Structured Performance Evaluation (OSPE) introduced from Annual 2008 Examinations as a feedback project and assimilate recommendations as well as the Final Format of OSPE in Anatomy for BDS Annual 2009 Examinations.

The Heads of Departments of Anatomy of all affiliated Public and Private Medical Colleges expressed their pleasure in introducing a more objective, standardized and uniform evaluation system and recognized the importance of change based on the Best Evidence Medical Education available. After thorough deliberation the forum constituted a committee comprising of the following members:

1. Prof. Dr. Attiya Mubarak (Convener)
2. Prof. Dr. Imtiaz Ahmad
3. Prof. Dr. Memoona Naseem (Secretary)
4. Dr. Mansoor Ali Khan
5. Dr. Khalid Mehmood Akhtar

The first meeting of the Committee will be held at UHS on Monday, the 13th of April, 2009 at 2:00 p.m. and there will be at least THREE meetings before the Committee will submit its report on the following two points of reference:

1. Review of the current BDS Curriculum in Anatomy and Revision according to the current needs of Dental Doctors and Patients. Efforts shall be made to develop a curriculum with pre-defined objectives which is goal oriented.
2. Developing a list of the minimum basic requirement for teaching and training based on this goal oriented Curriculum (Physical and Logistic).

All the members agreed that each Institution shall provide at least ONE complete set each of Short Essay Questions (SEQs), Multiple Choice Questions (MCQs) and OSPE within FOUR Weeks. These Questions shall be vetted by a Committee.

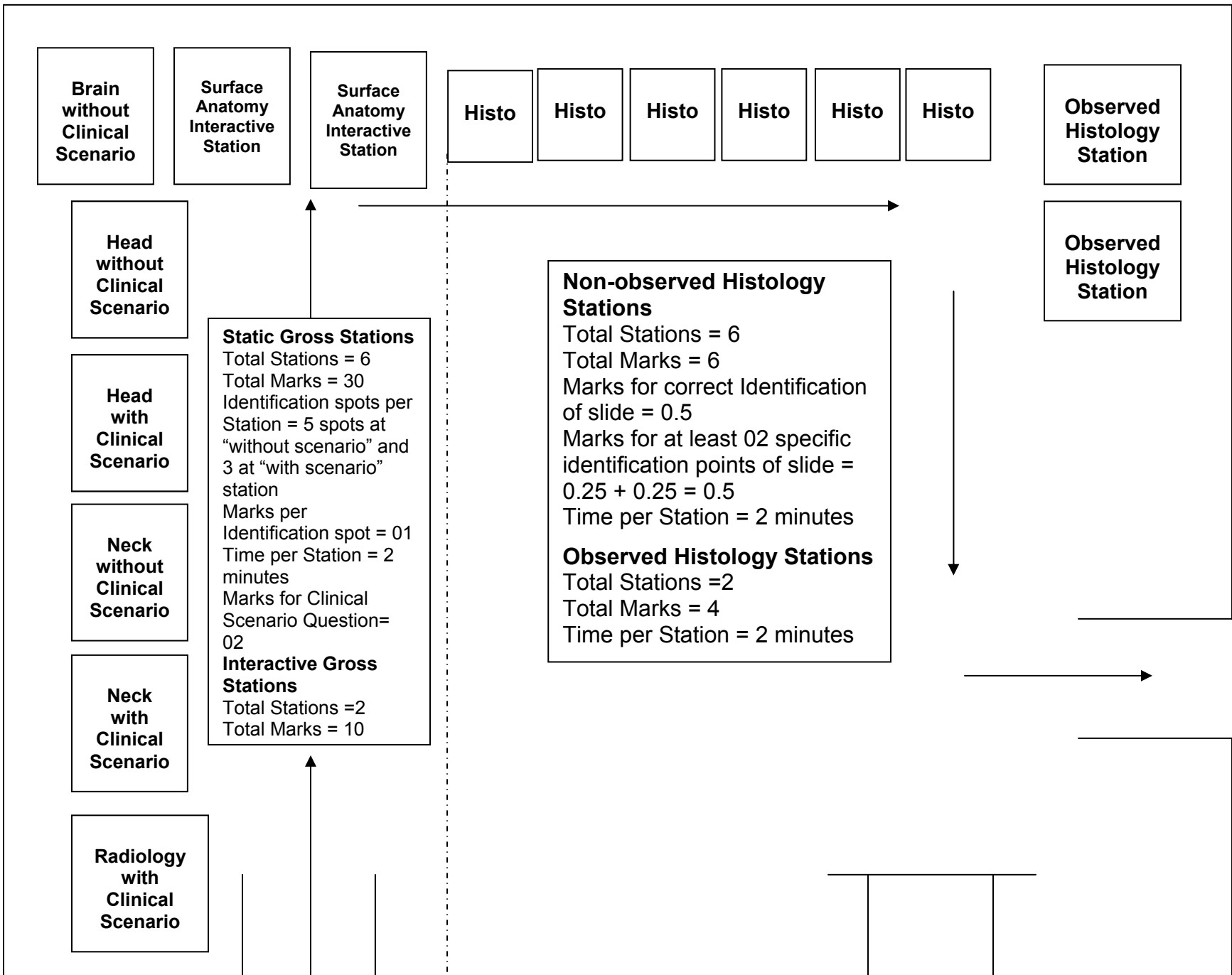
The Conduct and Format of the OSPE is attached for information and perusal.

The meeting ended on a note of thanks by the Chair.

Dr. Junaid Sarfraz Khan
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c.c:

- ASO to VC
- Registrar, UHS.
- Director Medical Education, UHS.
- Principals, All Affiliated Medical Colleges.



Conduct of OSPE

- The Batches for Major viva voce and Practical / OSPE exam will be same on any particular day and will be 25 students strong.
- The Practical Answer Books for OSPE stations will be sent separately to each centre one for each candidate.
- The candidates are to carry the Practical Answer Books from station to station and are to register their responses to each question at these desks separately on the same Practical Answer Sheet in the designated areas.
- Before leaving the Assessment Hall the candidate should deposit the Answer Book either at the “Marking Desk” or with the organizer as per decision of the convener.
- All candidates will complete a “Feedback Proforma” and deposit the same confidentially in the sealed collection boxes provided.
- The candidates leaving the OSPE Hall will not mingle with candidates awaiting assessment, who are to be kept under supervision in a separate holding bay.
- Each batch of the candidates while waiting for the OSPE in the waiting area should be briefed about the OSPE process and the layout of the OSPE hall as well as the flow of candidates through the hall. They are not to bring any mobile phones or any other technology that could be used for communication within the premises of the examination centre.
- Any student found having mobile phone or any other electronic medium should be removed from the OSPE examination centre and an Unfair Means Case registered against him/ her.
- Both the Internal and External Examiners shall sit together and assess each candidate thoroughly on all topics awarding marks independently for each topic for responses to questions asked by either one of them.

DISTRIBUTION OF MARKS:

Total Marks = 40

Total Stations = 08, 2 Interactive and 6 Static (2minutes at each station)

Each Station = 03-05 Identification Spots, each spot of 01 Mark which makes 05 Marks for each station
(At stations with scenarios the Scenario Question shall carry 02 marks)

STATION – 1 (Radiology):

05 Marks

03 identification spots (Each 01 Marks) & One Clinical Scenario of 02 Marks

- X-Rays of Head, Neck, Abdomen and Pelvis

STATION – 2 & 3 (Neck):

05 Marks for each station

05 identification spots per station (Each 01 Marks) **(Station 2)**

03 identification spots per station (Each 01 Marks) & Clinical scenario (02 marks)
(Station 3)

- Soft Parts and Bones

STATION – 4 & 5 (Head):

05 Marks for each station

05 identification spots per station (Each 01 Marks) **(Station 4)**

03 identification spots per station (Each 01 Marks) & Clinical scenario (02 marks)
(Station 5)

- Soft Parts and Bones

STATION – 6 (Brain and Spinal Cord):

05 Marks for this station

05 identification spots at this station (Each 01 Marks)

- Soft Parts and Bones

STATION – 7 & 8 (Interactive Surface Marking):

05 Marks at each Station

HISTOLOGY (10 Marks):

SPOTTING: 06 marks

06 Stations (each of 01 mark and 02 minutes at each station)

- Identify (0.5 mark)
- 02 Specific Identification points (0.25 + 0.25)

OBSERVED SPOTTING: 4 marks

02 Stations of Two Marks each (02 minutes at each station)

Includes handling of slides and microscopes and focusing of relevant structure / area.

VIVA VOCE:

At least 16 Questions carrying 2.5 marks each will be asked from each candidate with the following weightage:

- Neck - 4
- Head - 4
- Brain - 4
- General Embryology - 2
- Special Embryology - 2

The Internal & External Examiners shall sit together and take the viva voce examination of the candidate together. Each examiner will cover all topics, and award marks for each topic according to the format provided in the award sheet.

ANONYMOUS OSPE FEEDBACK PROFORMA

University of Health Sciences believes that the actual beneficiary of Medical Education is the Public of Pakistan. Therefore, the University has introduced clinically-oriented and community-based objectives in the teaching and learning strategies as well as the evaluation criteria. Replacing certain subjective components of the Practical Examination with Objectively Structured Performance Evaluation is yet another step by the University towards that goal.

The University also strongly believes that the students are the key stakeholders of the Medical Education Cycle therefore any improvement both qualitative and quantitative in Medical Education cannot be achieved without the input of our students.

The University has, therefore, developed an anonymous mandatory "Feedback Proforma" that the students are required to complete at the end of each OSPE and shall drop the same in the sealed boxes provided which will be delivered in confidence to the Examinations Department for study and analysis.

A copy of the "Feedback Proforma" is provided for your information and perusal.



STUDENT'S FEEDBACK FORM
UNIVERSITY OF HEALTH SCIENCES LAHORE

EXAMINATION: _____

SUBJECT: _____

OSPE SECTION

SA = Strongly Agree, A = Agree, U = Uncertain, DA = Disagree, SDA =

Instructions: COMPULSORY & ANONYMOUS, fill all sections and tick appropriate box.

1. PRE EXAMINATION ARRANGMENTS

a) Were you sent / conveyed information about time,
SDA SA A U DA
place and format in time?

2. EXAMINATION CONDUCT:

a) Waiting area (comfortable, provided with basic amenities etc.) SA A U DA

SDA

b) Timings observed punctually? SA A U DA

SDA

c) Instructions clearly conveyed prior to start of examination? SA A U DA

SDA

d) Conducting staff helpful / cooperative? SA A U DA

SDA

e) Instructions on stations were clear / concise? SA A U DA

SDA

f) Attitude of Examiner? SA A U DA

SDA

g) Organization of flow between stations? SA A U DA

SDA

h) Time provided in tasks? SA A U DA

SDA

**3. GENERAL ATMOSPHERE OF EXAMINATION HALL WAS
CONDUCTIVE TO SMOOTH CONDUCT OF OSPE?**

SA A U DA

SDA

**4. OVERALL CONDUCT OF EXAMINATION CANNOT
BE IMPROVED.**

SA A U DA

SDA

IF THE ANSWER IS ANYTHING BUT SA / A PLEASE EXPLAIN.

**5. CURRICULUM OF THE SUBJECT AND THE QUALITY
OF ITS TEACHING CANNOT BE IMPROVED?**

SA A U DA

SDA

IF THE ANSWER IS ANYTHING BUT SA / A PLEASE EXPLAIN.

6. ANY SUGGESTIONS FOR IMPROVING MEDICAL EDUCATION SYSTEM AT UHS?