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**ABSTRACT NUMBER: PC1**

**Introducing New Teaching Methods At The Tashkent Paediatric Medical Institute**

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**Introduction:** To increase the professionalism of medical teachers, new methods (especially interactive methods), were introduced in teaching practical skills to students. To acquaint teachers with modern practical methods in medical education, interactive methods in the educational process of pre- and post-degree training, were inserted to stir up the creativity of teachers to optimize the educational process.

**Materials and Methods:** Since 2002-2003 the institute developed and followed new methods of teaching. Information technology was used: interactive methods of teaching (situational tasks, a gauge of a clinical situation with the description of patients, business games, bedside teaching in small groups, “Brainstorming sessions”), methods to learn concrete cases, the analysis of critical cases, methods of innovative technologies, trainings (role games, interviews, questioning).

**Results and Discussion:** Change of methodological and socio-psychological approaches for the training, promoting a rise in the involvement of the students that allows to optimize the educational process and to prepare a qualified doctor for practical public health services.

These new methodological approaches at the TashPMI have shown that the results of State Examinations for final, i.e. 7th year students between 2002 and 2005 increased on the average from 4.2 to 4.6 (where 5 is the highest possible grade).

**Acknowledgements:** We thank the group of teachers of the Tashkent Paediatric medical institute for the help in realization of the given researches.

**ABSTRACT NUMBER: PC2**

**The Importance Of Paediatrics In GP-Training In Uzbekistan**

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**Introduction:** To strengthen primary health care has become top priority in Uzbekistan. Therefore the TashPMI is currently changing the medical curriculum to include more GP training.

**Materials and Methods:** Until recently TashPMI graduates were specialists, either physicians, paediatricians, surgeons, or gynecologists, but now graduates must be ready to work in primary health care institutions, such as rural clinics or polyclinics.

**Results and Discussion:** This made us change our teaching program towards a syndrome approach. The structure of the lessons was also changed. More practical skills are now acquired by the students during their hours in the polyclinics. And with 43% of the population in Uzbekistan being less than 15 years of age, the teaching of pediatric knowledge and skills should be increased, which requires a new curriculum that includes pediatric cases. And in this phase of curricular change students are to have minimum knowledge and skills for the management of both common and emergency cases in primary care. GPs usually see paediatric patients who have symptoms such as temperature, coughs, diarrhea or rashes but often not serious diseases.

**ABSTRACT NUMBER: PC3**

**Method Of “Brainstorming” In Seminars In Pulmonology**

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**Introduction:** There are some areas in teaching medical students in medical educational institutes such as how to think logically, to defend his own standpoint, to find optimal
decisions in different situations which need to be strengthened. The use of interactive methods in the study process successfully solves these problems.

**Materials and Methods:** To activate in maximum manner the students by using “Brainstorming” in order to collect maximal set of different variants of ideas, decisions, problems’ decisions, some tasks. The method of “Brainstorming” is used in seminars of Infiltrative Lung Tuberculosis.

**Results and Discussion:** Students have the task to work out a “Differential diagnosis of infiltrative lungs tuberculosis”. Within 3 minutes students have to mention their main ideas related to the question without any sort of discussion. It is necessary to get as many proposals or ideas as possible which are then written on the board. Afterwards, collected proposals and ideas are discussed with teacher or trainer and among students. Proposals and ideas then are sorted by their features such as clinical, laboratory, etc. The use of the “Brainstorming” method within the limited time allows activating clinical thinking. To summarize it, all the students can express their ideas, proposals and their ways of medical reasoning.

**Acknowledgements:** We thank the group of the Tashkent Pediatric medical institute for the help in realization of the given researches.

**ABSTRACT NUMBER: PC4**

**Effectiveness Of Case Presentation As A Tool For Learning Therapeutics – A Feedback Analysis From Postgraduate Students In Pharmacy Practice**

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Introduction: During postgraduate pharmacy practice curriculum, post graduate students are exposed to vast information on therapeutics. To make learning effective and applicable to clinical practice, case presentations are chosen as a method of learning. The expected advantages of this learning methodology are many. It helps students to apply the knowledge acquired from applied therapeutics to provide pharmaceutical care. It also helps students to explain the considerations and precautions required for proper selection and dosing of drugs most frequently used for management of common disease states (Gonyeau MJ et al. 2006). However, it is a challenge for students to effectively evaluate and present a case. It is essential to obtain and evaluate feedback of students on the effectiveness of this learning methodology.

Objective: To analyze student’s feedback on case presentation as a learning method.

Materials and method: Case presentation is a used as a training methodology to teach applied therapeutics for pharmacy practice post graduates. Students present cases based on their theory topics. Cases are selected from the wards where the students attend ward rounds. They present the case based on SOAP format (Subjective, objective, assessment and planning) (Halt LL et al 1988). Students are evaluated during the case presentation based on their presentation skills, preparedness and response to question during the discussion.

A 8-question survey instrument was designed to evaluate students feedback on case presentation as a learning methodology. Response options for the question included strongly agree, agree, disagree, and strongly disagree. For evaluation purpose strongly agree and agree was considered as a positive response while disagree and strongly disagree was taken as a negative response. The questionnaire was administered to 17 students who completed 6 months of the course.

**Results and discussion:** Upwards of 90 % of the students commented that case presentation was an effective tool for learning therapeutics. Sixty one percent responded that it helps to learn disease better whereas 58.8 % felt that it helps to memorize dose of drugs better. Fourteen (82.3%) of the respondents noted that this method of training helps to reinforce the theory lessons. Majority (76.4 %) of the students opined that case presentation training has made them competent enough to assess a patient’s drug therapy. Most of the students (76.4 %) feel that this focused way of training a topic helps them to perform better in ward rounds. Sixty four percent of the students opine that case presentation training has increased their logical thinking capability and 88.2 % says that it helps in improving student’s presentation skills.

Conclusion: In general, the students considered case presentation as an effective methodology for learning therapeutics. Hence, theory classes needs to be supplemented with case presentations to ensure effective learning.

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**ABSTRACT NUMBER: PC5**

**The Experiential Approach: A Preferred Method To Inculcate Conceptual Knowledge Of Doctor - Patient Communication**

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Introduction

More than 25 years of accumulated evidence is available to guide the teaching of doctor-patient communication skills in medical institutions (Kurtz et al., 2005). Majority of this data was derived from Western populations which advocate an experiential (i.e. practical) approach to teaching communication skills rather than the didactic approach
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(Aspegren, 1999). In Malaysia, implementing formal training in doctor-patient communication in the medical curriculum is a recent phenomenon. To date, the efficacy of using a didactic or an experiential approach in teaching communication skills has not been established. The International Medical University is one of the first medical institutions in Malaysia to introduce a systematic doctor-patient communication training programme at the beginning and throughout the pre-clinical undergraduate curriculum. Recently, the training programme was revised to incorporate a more experiential approach to teaching communication skills (Lukman et al., 2006a). The aim of this study is to investigate which of the two teaching approaches: the didactic or the experiential is more effective in inculcating conceptual knowledge of doctor-patient communication.

Materials and Methods
This study adopts a cross-sectional between-group design. Two cohorts of medical students participated in this study. The Didactic Cohort, consists of students (n=176) who had not been exposed to the experiential mode of training. This cohort was recruited prior to the implementation of the revised training programme. Following the commencement of the revised programme, the Experiential Cohort (n=133), was recruited. When both cohorts were in their second year, the students’ conceptual knowledge of doctor-patient communication was assessed using the Communication Skills Video Assessment (CSVA). The CSVA involves watching a 7-min video clip showing a medical interview between a doctor and his patient. After viewing this clip, students were asked to complete a 20-minute pen-and-paper test regarding the doctor-patient encounter shown in the video. Two independent assessors, who were naive to this study, marked the CSVA according to a marking scheme. The total CSVA score of the Didactic Cohort was compared to that of the Experiential Cohort. Inter-rater reliability was also established.

Results
Intra-class correlation (ICC) coefficients indicate that there is moderate to good agreement between the 2 assessors when marking the CSVA. The correlations reached statistical significance at p<0.001 for most of the CSVA items. The ICC coefficients (for items reaching statistical significance) ranged between 0.23 and 0.94 when assessors marked the Didactic Cohort’s scripts. For the Experiential Cohort, the coefficients ranged between 0.33 and 0.97. T-test analysis of the first assessor’s CSVA scores reveals that the Experiential Cohort performed significantly better than the Didactic Cohort (t=3.20, p=0.001). The second assessor’s scores show a similar pattern (t=4.19, p<0.001).

Discussion
Overwhelming evidence in Western countries has shown that undergoing an experiential and integrated communication skills training that extends throughout the undergraduate curriculum enhances the practice of good doctor-patient communication (Laidlaw et al., 2006). This study provides evidence that supports the above claim within the Malaysian context. More specifically, the study demonstrates that an experiential approach to teaching communication skills is more efficient than the didactic method in inculcating conceptual knowledge of doctor-patient communication. Recently, conceptual knowledge of doctor-patient communication has been shown to predict performance in communication skills during the Objective Structured Clinical Examination (Lukman et al., 2006b). The emerging evidence from Malaysia suggests that medical institutions in this country adopt an experiential and continuous approach when training medical students in communication skills.

REFERENCES

ABSTRACT NUMBER: PC6
Setting-Up A Skills Lab At The TashPMI, Tashkent, Uzbekistan In Order To Prepare Students For OSCEs

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The medical curriculum at Uzbek medical school is currently seven years with students entering at the age of 17. The Tashkent Paediatric Medical Institute (TashPMI), an independent university under the Ministry of Health of the Republic of Uzbekistan, has for many years been educating medical doctors with the qualification of doctor-paediatrician. During their education the students receive relatively little practical experience in contacting, diagnosing and treating patients. After graduation they are allowed to practice at so-called polyclinics, where they often administer bad medicine and also experience great stress. It is only after these seven years that students can become postgraduates and specialize in different subjects with more patient-contacts. After 2 or 3 years they receive a Magister diploma – only some will continue to work for a Kandidat Nauk, i.e. equivalent to a Ph.D. or an MD.

To give students a better education that lets them learn practical medical activities, OSCEs have been introduced into the finals of the 5th, 6th and 7th year and for postgraduates; however, the lack of a SkillsLab prevented examiners from properly structuring stations in their particular subjects.
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such as cardiology, ENT, ophthalmology, orthopaedics, neonatology, etc. Traditionally, so-called practical examinations were oral examinations by an examiner who asked the student to perform an action on a manikin or interpret e.g. dermatological symptoms on a bolus, cf. picture below.

<table>
<thead>
<tr>
<th>7-year medical school</th>
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<tbody>
<tr>
<td>Final examination: State Examination (Bachelor degree)</td>
</tr>
<tr>
<td>Permitted to work in polyclinics (1st level of health care)</td>
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</tbody>
</table>

**Further qualification:**
- Three-year Master course or 2-year clinical Ordinatura (Specialisation)
- Work in hospitals (2nd level of health care)

**Further qualification:**
- After the magister exam
- dissertation research or three year “aspirantura” for “Kandidat Nauk” incl. dissertation (candidate of med. science)

**Doktorantura**
(2nd dissertation for the degree of Doktor Nauk, doctor of med. science)

During the last year the TashPMI was able to acquire a collection of manikins, CDs, visual aids that now allow the teachers to have practical exercises in the SkillsLab for the students but also to organize OSCEs as station examinations where there will be no interaction between the teacher and the students during the medical actions the student is required to do. It is planned to set up between 5 and 10 stations during the final 7th year examination: an examiner will have a checklist which reflects the actions and duties of the student who is asked to fulfil a certain task. If the students receive enough teaching hours within the modules of clinical subjects they should be able to learn certain actions and behaviours that will improve their medical diagnosis, clinical actions as well as decisions and treatments of patients.

Medical education is still in its infant stage in Uzbekistan, but we hope to slowly improve the learning condition of the students thereby reducing lectures and hierarchical teaching activities, allowing more clinical work for the students during their modules of clinical subjects. And with international cooperation we intend to change our undergraduate and postgraduate medical curricula to improve the medical education for our young doctors.

ABSTRACT NUMBER: PC7

Curriculum Reflection: Improving Problem-Based Learning

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**Background:** Since 2000, the University of Western Australia medical course has utilized Problem Based Learning (PBL) as a learning methodology. The format fosters student centred, active learning embedded in the context of common clinical scenarios. In many units, PBL is used in conjunction with other learning methods including lectures, laboratories, case-based learning and ward work. Some of these other methods are also student centred and involve active learning while others are more traditional or didactic in nature.

From the time it was introduced, year and unit level program evaluations have revealed mixed feedback from students and staff about the PBL on learning and the learning experience. In 2005, a review of the processes surrounding, impact on learning and outcomes of the use of PBL in the medical course was conducted. Descriptive data and qualitative feedback from a variety of sources (retrospective and current, published and unpublished) including a survey of 50 teaching staff and close to 600 students were considered.

**Purpose:** To present student and staff perceptions of PBL in the UWA medical course, discuss how these results informed the review and describe how the review process and its recommendations have revitalised the PBL process.

**Results:** Of the 689 students, 86% responded and 60% of the 70 staff responded. Overall staff perceptions of the PBL process were positive, however, 31% disagreed that the current PBL process promoted the development of critical thinking/clinical reasoning skills and 33% disagreed that the current process assisted students with the identification of their strengths and weaknesses. Of the staff, 60% agreed it was an effective use of their teaching time and that they adhered to the documented process. Only 40% agreed the students’ performance or knowledge was assessed at each tutorial. Most staff suggestions for change to the PBL process related to the need for different training for staff and students, the use of case vignettes, making objectives more achievable in the timeframe and more realistic scenarios.

For students, significant differences were noted for the mean ranking of most of the questionnaire items when analysed for differences between years (p<0.05). Items related to the intended outcomes of PBL demonstrated a high level of agreement in years 1, 2, 3 and 5 (approx 70%) that the PBL process encouraged students to develop independent information finding skills and to be collaborative in groups. However, the level of agreement declined for these items in year 4.

Across all years between 50 and 70% of student respondents agreed that PBL encouraged them to think outside the biomedical model and develop critical thinking and/or
clincial reasoning skills. Approximately 40% agreed (with the exception of year 5) that PBL assisted them in identifying their own strengths and weaknesses and that it was an enjoyable learning experience. Student respondents documented over 670 free text comments. Of these, 370 recorded positive aspects of PBL and 300 noted suggestions for change relating predominately to the tutorial processes.

Discussion: These descriptive data, together with retrospective data and qualitative feedback from a variety of sources, informed the collective responses of the review group in the form of recommendations for action by the Faculty. Many of the goals for implementing PBL in the medical course have been achieved. Recommendations have been made to revise tutor and case writer training, establish student training, rewrite cases to reflect real clinical scenarios in collaboration with the basic sciences, increase and vary the tutorial model being utilised to promote collaborative and contextual learning and revisit the intended purpose and processes of tutorial assessments. The review has enabled a structured Faculty wide reflection on curriculum design and the implementation of PBL as a learning methodology and resulted in several suggestions for revitalising the PBL process.

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ABSTRACT NUMBER: PC8

Research Types In Kermanshah University
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Introduction and Purpose: With regard to the university's role in producing scientists, this study was carried out to determine research characterizations in Kermanshah university of Medical Sciences in 1995-2004.

Methods and Materials: A descriptive cross-sectional study was done. All of the conlmerent research proposals during 1995-2004 were studied. An information form was used to collect data. The form contained some variables such as the researcher's position, researcher's degree, research methods, confirmation place. A data were analyzed by descriptive statistics.

Results: 350 research proposals were studied. 43.9% of research was done by specialists (the greatest ).1.4% of research by general practitioners (the least percentage). 94.8% of the research projects were applied and 64% were descriptive 4.7% of research were fundamental-developmental, 18.6% was experimental and the rest of it was analytical and descriptive methods. There was significant correlation co – efficient between researchers’ degree and type of research.

Conclusions: This study showed that the greatest percentages of research belonged to descriptive – methods. It is recommended to use descriptive results for analytical or experimental methods, doing this could tend to avoid repetitions in research.

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ABSTRACT NUMBER: PC9

PBL vs Lectures: The Age-Old Conflict From The Lens Of IMU Students
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Introduction: Problem-based learning (PBL) has been part of the mixed economy of learning at IMU since its inception in 1992. Other modes of learning include lectures, e-learning, clinical skills, practical sessions, supervised/unsupervised medical museum sessions and hospital visits. The aim of this study is to examine students’ perception of PBL and how it fares compared with lectures, the teaching mode that most students are familiar with.

Methods: A questionnaire of open-ended questions was given to 100 randomly chosen students per semester for all five semesters in Phase 1 (traditional preclinical equivalent) of IMU. Microsoft Excel was used for statistical analysis.

Results: The response rates were 63%, 81%, 89%, 47% and 56% for semesters 1 to 5, respectively. To the questions on what they liked / considered good about PBL, majority of students cited improvement of communication skills (22% / 26%), acquisition of additional information (19% / 21%) and fostering team work (32% / 19%). What they did not like about PBL / considered drawbacks to PBL were: time-consuming (25% / 21%), problems with group members (27% / 24%) and uncertainty with scope and content (19% / 26%).
The two main areas that students would like to see improved were facilitating skills of facilitators (30%) and the content and process of PBL (24%).

Students perceived that lectures provide clearer scope (33%), better understanding with additional knowledge (29%) and guidance by the lecturers (18%). On the drawbacks to lectures, the students commented on the quality of lecturers (27%), time-tabling (19%) and boring lectures (15%).

The students were asked to suggest what other teaching/learning activities they would like to be introduced in IMU. A large number of them preferred practical and dissecting sessions (38%) and tutorials (27%). Only 10% were satisfied with the current teaching/learning mix.

Lastly, the students were asked to indicate the level of mix (ratio) of lectures and PBL they would like to experience at IMU on a scale of 5 (1= all PBL, 3 the same weighting of lectures and PBL as currently contained in the curriculum and 5 = all lectures). The results showed that students appeared to be more in favour of PBL as they progress from Semester 1 to 5 (semester 1 - 3.5; semester 2 - 3.67; semester 3 - 3.48; semester 4 - 3.36 and semester 5 - 3.2).

Discussion: The positive views about PBL reinforced the role of PBL in the curriculum as students recognised that PBL can help them in improving communication skills and fostering team work. Although communication skills are deemed highly essential in the medical profession, there is a lack of such skills among doctors (Aminur Rahman, 2000). PBL also helps learners to interact with one another other and positively influence learning. The result of the questionnaire revealed that though PBL is generally well - received by students, its delivery in terms of facilitating skills, content and process was not satisfactory. It was interesting to note that students did not mention that it taught them how to learn – one of the main rationales of PBL. Even though IMU has regular workshops to train PBL facilitators, it is imperative to ensure that such training workshops are effective. Besides this, a process of peer review of PBL facilitators could be introduced in order to regularly give feedback to facilitators. Similarly, students should be trained in the PBL process and the importance of this method of learning explained to them at regular intervals. A system of quality control of PBL needs to be set up that also includes review of attainment of the learning issues by the students and this may lead to rewriting of the triggers should issues be missed by the students and evaluation of the resources for the trigger.

In the mixed economy of learning in IMU, students still rely heavily on lectures. This is not surprising as lecturers are usually the content experts whereas PBL facilitators are usually not. This attitude reflects the misconception of students that PBL are fact-finding sessions and that facilitators are the source. This goes against the philosophy of self-directed learning embraced by IMU and emphasizes the need for student training in PBL. Hurst (2001) pointed out that students who relied on lectures to solve problem would be lost once they leave educational institution as they won’t be able to find someone to lecture them on every medical problem they encounter. In fact, he implied that medical lectures are harmful to the process of learning depending on the ability of the lecturer and the emotional mind-set of the audience. It is thus of utmost importance that students are clear about the objectives of PBL and lectures; elimination of the parallel curriculum is a major step towards ensuring this.

The students had indicated that they would like to have more tutorials and practical sessions especially on dissections. This suggests that students felt a need for more guidance to assure they are learning the right things in the right way. Further research needs to be done to identify the underlying reasons for the apparent students’ lack of confidence in the curriculum delivery.

Although PBL in IMU is “going in the right direction”, student and facilitator buy-in of PBL needs to be strengthened. A system of quality control of PBL, with concrete evidence to show the effectiveness of PBL may shift the students’ preference to the conviction that an active, questioning mind always wins over a passive, inactive mind that merely sops up information without organizing it.

REFERENCES

ABSTRACT NUMBER: PC10

Initiatives In E-learning – The IMU Experience

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Objective: To review the current status of the e-learning infrastructure and content and its current and future roles in the delivery of the medical curriculum of the International Medical University (IMU), Kuala Lumpur, Malaysia.

Introduction: The IMU uses a hybrid curriculum, the delivery of which is predominantly by PBL and partly by didactic lectures. Early initiatives in e-learning were started in 1999, where some educational resources were made available to students through servers. In 2001, new e-learning strategies were initiated to complement the teaching learning activities and a whole suite of dynamic, interactive applications were developed and launched in a phased manner between 2003 and 2005. These included the development of a Reusable Learning Object (RLO) bank, self study modules, online formative assessments, a digital library of medical videos and images, interactive lectures and student portfolios. While budgetary constraints have currently limited the continued use of some of those applications, newer strategies and plans have been unveiled to launch a robust e-learning platform that would be optimal in cost and maximal in its functionality.

Current status of e-learning in the IMU:

Online Learning Interactive System (OLIS)

OLIS was the first e-learning initiative of the IMU where
educational resources were made available to students through University servers. It complemented and aided in curriculum delivery, but was largely text and images from books and lacked interactivity. Although still available to students, it is gradually being phased out.

Structured Independent Learning Online System (SILOS)
This online reporting system allows students to prepare customised reports as part of the requirements of the medical programme. It has a self-assessment module which contains questions uploaded by faculty related to their plenaries. This system is closely linked to the student e-portfolio where students can track their performance and progress electronically through their medical school years.

Assigned Independent Reading (AIR)
E-learning helps in the presentation of content and the facilitation of education processes. Assigned Independent Reading (AIR) is an electronic system designed to facilitate the education process. Students of each cohort are assigned a topic and are given references (weblinks, journal articles etc) to research the subject, assimilate the information and submit a concise summary based on the instructions given by the faculty/content expert responsible for prescribing the topic. Currently there are two AIR topics for the Foundation courses and one each for the system courses. Submission rates range from 86-99%, and the majority of students score grades of 3 & 4 (in a scale of 0-5).

Medical Online Formative Assessment (MOFA)
This assessment module consists of questions of varying formats (MCQ, SAQ, OSPE, True/False Matching, Fill in the Blanks & SAQ) all classified by discipline and categorised by keywords, difficulty level, course/system. It is customisable with facilities to create own exams or attempt exams pre-created by faculty and options for timed exams, number of exams per paper. Grading is online and integrated with the SILOS student e-portfolio.

Distributed learning
In order to overcome the difficulties encountered due to the geographic separation of the preclinical and clinical schools of the IMU, and to improve the effectiveness of integrated teaching and learning, internet, e-mail and video conferencing facilities have been added to link up the three main campus sites at Bukit Jalil, Seremban and Batu Pahat. This facility will be further expanded in the coming year to include Port Dickson Hospital.

Help Desk Support
The HelpDesk is the first line of support for all IT problems related to staff and students and as an interface between clients and the ICT services helps to troubleshoot small to medium sized problems. However, major issues are referred to the ICT department for resolution. The HelpDesk is currently developing the IMU-Net system and is also involved in training the new faculty members to familiarise themselves with the IMU’s e-learning system.

ICT infrastructure
Substantial investments were made on hardware and software to further enhance the ICT services in the area of delivery, reliability, quality and security. The entire new fourth floor in the Bukit Jalil campus has Wi-Fi access and state-of-the-art AV equipment. A dynamic digital signage has introduced in strategic locations of the campus in Bukit Jalil, through large flat screen LCD televisions for wider information dissemination to students, staff and visitors on the various activities (current and future) of the IMU. A new E-Lab has been commissioned with PC’s with the latest Intel Duo Core processors. Currently, a total of 210 PCs are available to students of the IMU.

New applications
The electronic Mentor-Mentee system and the Admissions system were two new applications launched during the latter part of 2006 to assist in the student admission and the mentoring process of the students by the faculty mentors. A major initiative towards integration of the various units of the University in one electronic framework was the initiation of the University Management Information System (UMIS) which would be a common platform designed to improve the timely availability of information to the right people (including students and parents) and the operational efficiency of the different processes in the University. The project is expected to be launched in mid-2007.

Imminent initiatives on the anvil
Creation of digital lectures (Articulate Presenter & Activate), conversion of all face-to-face lectures into electronic format (ppt. pdf, flash, html, .mmp, avi or mpeg), interdisciplinary teaching, revamping of the RLO Bank, telemedicine and expansion of the digital library resources are all scheduled for implementation in the course of 2007.

Conclusion
E-learning platforms and applications are globally becoming an important and integral part of curriculum delivery in medical schools all over the world and suitable adjustments and upgrades in equipment infrastructure and content development are constantly required to suit the dynamic demands of the curriculum, cost and student needs.

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ABSTRACT NUMBER: PC11

The Impact Of Clinical Training On Students’ Performance At Professional Examination:
A Comparative Study
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Introduction
Clinical competencies have always been the benchmark for measuring the quality of doctors. It is rather challenging for the educationist to meet up with the demand for assuring, high standard is achievable in medicine. It is believed that
with longer years of clinical training, the competencies in this area would also improve. Therefore, a uniform and reliable clinical/practical evaluation of medical students is always desirable (1). Objective structured clinical/practical examination (OSCE/OSPE) has been accepted as a useful assessment tool in which the components of clinical competence are tested using agreed check lists (2). In this study, we would like to see if the hypothesis stands true using the selected tool of assessment.

Materials and Methods
Results of a cohort of students at their 4th professional exam (end of semester 7) and 5th professional examination (end of semester 9) were analyzed and compared. The 4th examination is conducted after one year of clinical training consisting of theory papers, OSPE and OSCE. The 5th examination is performed at the end of two years of clinical training consisting theory papers, OSPE and OSCE. However we only analyzed the scores based on OSPE/OSCE in the two examinations which were testing the main components of clinical competencies such as history taking, physical examination, simple procedures, interpretation of lab results, patient management problems, communication, attitude etc. The scores in each examination were divided into quartiles to identify the poorest performing students, lower and upper average students and top performers.

Results
The sample is N=70. The mean scores for semester 7 students are 46.53 and semester 9 is 50.97. There is significant difference in the means of the two groups (p<0.001) (95% CI: -5.22 to -3.64). The correlation between the groups is also significant (p<0.001) which is 0.71. It has shown that the students in the first quartile which represents those with lowest score at the 4th examination mostly (58%) remain to be in the same quartile at the 5th examination after a year of further training. Majority of the students in the highest quartile remain to highly perform in the higher examination (70.6%). 55% of students with lower average scores also tend to remain in the same quartile or drop into lower quartile. However 45% has performed better in the higher examination. The students with upper average score in the 4th examination also tend to remain in the same quartile (44%) and about 38% of them drop into lower quartile in their 5th examination.

Discussion
Students’ performance seems to show some improvement with longer years of clinical training. However the students with poor scores tend to remain poor whereas those with top scores remain to score highly in higher examinations. It is also of concern as those who are average performers would have the tendency to perform less in further examination. The results should keep us alert to the fact that most students who are not performing would require extra training and guidance as to push their performance up the ladder. This study has also shown that clinical competence is multifaceted which makes it difficult to design assessment tools that have content validity. There are many factors which may contribute to this result pattern. Student’s ability to work harder and understand better with increasing number of years of learning and maturity could help improving the clinical skills. The tools of assessment must be fair in grading the students at the appropriate level, appropriate to the mode of study, has consistency and is internally and externally moderated. It should promote learning and measure intended learning outcomes (3).

REFERENCES

ABSTRACT NUMBER: PC12
Closing The Gap Between Private And Government Undergraduate Medical Education
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Context
Private undergraduate education has always been considered better than the government sector in most, if not all areas of education. Can this generalization be applied to private medical education in Pakistan?

Method
In 2006 in the cities of Lahore and Rawalpindi in Pakistan, in a qualitative study 63 students in third year and 72 in final year in the private sector (total 135) and 81 in third year and 66 in the final year (total 147) in the government medical colleges were interviewed. A focus group was not used as it was thought that individuals within the group might dominate them. Instead, the authors conducted in-depth individual interviews and the identities of the students and their institutions were kept a secret. The same type of interview questions was asked of both the private and the government medical students in both the third and final years of their institutions.

Analysis
The authors analysed the interviews through listening to the recordings and identifying common themes.

Results
There were no differences in the level of knowledge base, tutor support, social support, motivation and time management in the third year. The final year students in the private medical colleges were less confident of their knowledge base and in their abilities and competence in practicing medicine. Also, they thought that they were working less hard and spending more time in social activities
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as compared to their government sector counterparts. However, they were confident in passing their finals, in securing a house job or going abroad for higher education.

Conclusion
The private sector clinical years can be improved through integration with government sector in the larger government hospitals.

REFERENCES

ABSTRACT NUMBER: PC13

Full Body Dissection – Teaching More Than Just Anatomy

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Aim
To use dissection as a means of integrating vital components of medical students’ understanding and learning.

Introduction
Since the days of Virchow, there has been a striving to combine clinical medicine, anatomy and pathophysiology. The rapid increase in anatomical, clinical and pathological knowledge dictates that it is not possible for the teacher to be an expert in all disciplines. Consequently teaching of the disciplines is often separated and it is left to the student to amalgamate knowledge from these disciplines.

Method and Results
At the University of Auckland, the dissection laboratory is being used as the forum for integrative learning. Over the course of a year, students dissect and examine a complete body in groups of seven. As the students dissect, they are investigating not only the anatomy but also the disease processes and treatment methods. This involves study of the pharmacology, radiology, pathology and anatomy of their cadaver. At the start of the year the students are given the cadaver’s medication chart and cause of death. During the dissection, students may request radiology and laboratory investigations, providing reasons for the request. If these studies had been undertaken pre-mortem they are supplied, and are interpreted with the help of radiology registrars who act as demonstrators within the laboratory. A pathologist and a surgeon also attend the laboratory and are available to answer questions on gross pathological appearances and surgical procedures. Histological sections are taken from tissues of interest and examined microscopically by both the pathologist and the students.

At the end of the year, each group of students presents its mini-autopsy findings, which are compared and contrasted to the medical history and official cause of death. All reports, investigations and digital photographs are stored in a multimedia database for future class reference.

Conclusion
Full body dissection can be used to teach more than anatomy. The incorporation of premortem investigations and medication lists and teaching by clinicians and anatomists allows students to learn how to integrate the knowledge from a multitude of disciplines to gain a greater understanding of both the body and medicine.

ABSTRACT NUMBER: PC14

White Coat Ceremony, Adjustment Of Western’s Model In Islamic Context, An Iranian Experience

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Introduction
White coat ceremony is a recent phenomenon in medical education and has been a common practice in many American and European medical schools since 1993. The important objective of the white coat ceremony is to emphasize the need for personal duty and professionalism to accompany high academic standards as medical students learn to become physicians. The ceremony attempts to clarify the core values of altruism, duty and sympathy that doctors must acquire and practise. The coat signifies the need for physicians to possess not only the knowledge and skills required to care for patients, but also the empathy and compassion to treat them as human beings. Generally, this kind of experience takes place in western countries and is adjusted to their cultural, behavioural and religious values. Meanwhile, there is a paucity of data regarding this ceremony in countries with Islamic background and usually presented as a hidden curriculum in these countries. This study reports an experience of white coat ceremony establishment, adjusted within Islamic context in Hamedan Medical University, Hamedan, Iran.

Materials and Methods
At the beginning of internship periods in our medical school, we conducted two hours ceremony in Ekbatan university hospital in 2006. A programme includes two lectures by a Dean of the medical school and emeritus physician about the
importance of compassion and humility in medicine and expanded the students' knowledge about professionalism. This in followed by modified Hippocratic Oath read by the students and white coat worn symbolically by them. Finally the authority of medical practice is passed to student by presenting them the internship's stamp and a white coat. The context of the ceremony is adjusted to Islamic values (in clothing, oath, and presented ethics). In a cross-sectional descriptive study. The viewpoint of medical students and their satisfaction assessed toward white coat ceremony by a questionnaire was analyzed.

Results
Nearly 85% of students described the ceremony as an effective and valuable tool for emphasizing and clarifying their duty and role as a physician. 75% of students found it useful for promoting professionalism. Also, if served as a suitable transformational point from a medical student to an intern. Most of them wanted to schedule this ceremony in a formal medical curriculum. Finally, the satisfaction level of 80% of them was "good" and "very good".

Discussion
In the viewpoint of most medical students, this ceremony is highly valuable and useful for passing medical authority through student to internship and clearance of professionalism. Also most of them became satisfied by such kind of ceremony.

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ABSTRACT NUMBER: PC15
Attitude And Knowledge Of Kermanshah Faculty Members On Community Oriented Medical Education
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Introduction: During recent years with change in people's expectancy from health care services and presentation the new popular needs lead to searching for an effective and useful curriculum. It seems Community Oriented Medical Education (COME) is able to answer to these needs. Therefore, Iranian health ministry enforced COME in some Medical Sciences University. KUMS one whom nearly succeed. But it didn 't obtain all its desires. So, the study of reasons was necessary. In the other hand, faculty members are an important part of this plan. It was due to this, that we decided to evaluate their attitude and knowledge on COME in KUMS.

Methods: This descriptive-analytical study conducted on 210 faculty members. A questionnaire containing 3 parts for: 1- attitude evaluation, 2- knowledge evaluation and 3- demographic information were developed. The reliability of questioner through pilot study by test retest was determined and for validity used content validity. X2 and ANOVA were employed to analyze data gathered via these questionnaires. (p=0.05)

Results: According to the result of this study 170 subjects completed the questionnaire. 86.4% had a good attitude to COME but 61.3% knew it as well.There wasn't significant difference between colleges. However, faculty members with long record of service had knowledge higher than the others (p<0.002). 81.02% believed that there is a lot problem for performance COME.

Conclusion: T he results indicate that faculty members of KUMS have a good attitude and most have high knowledge regarding to COME, but they say performing it is difficult. Therefore, it needs strong and long support by managers and government and a main change in the educational system. In addition positive attitude of faculty members of KUMS can explain its relative success.

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