THE INTERNATIONAL MEDICAL UNIVERSITY (IMU)

Nineteenth Professional Education Advisory Committee Meeting

29 – 30 October 2012

Deans’ Update

The following is a brief summary of key events that have taken place since the last PEAC meeting in October 2011:-

IMU 20th Anniversary
The IMU celebrates its 20th Anniversary this year and a number of activities to celebrate this important milestone have been held. There are other activities planned for the remaining of the year. Some of the activities that have been conducted include social events for IMU staff and for IMU partners, community service projects and staff awards for achievements including the following:-

- **Special (Noteworthy) Award**
  Encik Mohd Shariffuddin Al-Fajri Abdullah of Facilities Management Department, for the extra effort and miles put in demonstrating IMU’s core values of trust, responsiveness, unity, service and tenacity.

- **Research and Publications**
  Individual category:
  1st Prize : Dr Cho Min Naing
  2nd Prize : Professor Khor Geok Lin

  Broadly the criteria included senior authorships of papers and the total or cumulative impact factor obtained for papers published in the particular year.

School of Pharmacy and School of Health Sciences (SPHS)
The SPHS has grown significant over the last six years and it was recently spilt into two Schools on 27 August 2012. The two new Schools are School of Pharmacy and School of Health Sciences. These two new Schools should be better positioned now for further growth and development.

IRDI (Institute of Research, Development and Innovation)
The Institute of Research, Development and Innovation (IRDI) under the School of Postgraduate Studies and Research was officially launched by the Chancellor of IMU, Dato’ Seri Dr T. Devaraj on 19 September 2012. The primary aim of IRDI is to serve as a platform to support all research activities at IMU. The Institute will provide research directions, research management and oversight, consultancy and services to various stakeholders.
Award
In May this year, Associate Professor Dr Lum Siew Kheong was awarded the prestigious honorary fellowship of the Royal Australasian College of Surgeons. The College introduced this award in 1928 and to date only seven Asians – including Dr Lum – have been given this award. I understand that Dr Lee Kuan Yew was the first Asian to receive this award in 1973 and Tun Hussein Onn, the former Prime Minister was the first Malaysian to receive this award in 1978.

New Senior Appointments
The following are new senior appointments:

1. School of Medicine
   a. Dean of School: **Professor Dato Dr Kew Siang Tong** wff: 1st January 2012
   b. Dean (Acting), Medical Sciences (Acting): **Associate Professor Dr Srikumar Chakravarti** wff 26th July 2012
   c. Associate Dean (Acting) Medical Sciences: **Associate Professor Dr Gnanajothy Ponnudurai** wff 26th July 2012
   d. Dean, Clinical School: **Associate Professor Dr Zainurrashid Zainuddin** wff 1st January 2012
   e. Associate Dean, Clinical School: **Associate Professor Dr P Philip George A/L P George Joseph** wff 1st January 2012

2. School of Pharmacy
   a. Dean: **Professor Michael John Rathbone** wff 27th August 2012
   b. Associate Dean: **Associate Professor Dr Er Hui Meng** wff 27th August 2012

3. School of Health Sciences
   a. Dean: **Professor Khor Geok Lin** wff 27th August 2012
   b. Associate Dean: **Associate Professor Dr Winnie Chee Siew Swee** wff 27th August 2012

4. School of Dentistry
   a. Director, Oral Health Centre: **Professor Allan Pau Kah Heng** wff 1st March 2012
   b. Associate Dean, Oral Clinical Science: **Associate Professor Dr Seow Liang Lin** wff 1st March 2012

5. ICCE (IMU Centre for Continuing Education)
   a. Associate Director: **Associate Professor Dr Yiap Beow Chin** wff 1st September 2012
Highlights from Schools

School of Medicine

Medical Sciences (by Assoc Prof Srikumar Chakravathi, Acting Dean)

The new curriculum is currently underway for the medical programme. The objective of this new curriculum is to make it more current, relevant, clinical and compatible with those of the Partner Medical Schools so that PMS transfer of IMU students would be seamless.

1. Reorganisation of semesters one to five under 3 major blocks - foundation, system courses and a transition/clinical. Semesters -1 Foundation block; Semesters 2-4 Systems courses; Semester 5 Transition / clinical

   Semester 5 will be based on a similar concept as semester 10 i.e. preparing students for PMS. Through substantial exposure to real life clinical medicine (a four week clinical posting in semester 5) and activities to integrate basic sciences and clinical medicine (case discussions, Integrated medical seminars, clinico-pathological correlation sessions etc) it is hoped that students are able to better appreciate the relevance of basic sciences in clinical medicine and develop a holistic approach towards patient examination and patient care. Newer skills such as paediatric history taking and mini mental state examination will be included in semester 5 CSU teaching learning

2. Changes proposed to clinical skills training include a more holistic approach rather than a system-based approach to the learning of clinical skills and the introduction of progressive summative assessments to ensure that students have achieved expected clinical competency.

3. Introduction of Case-based learning in the system courses (in addition to PBL). Being more guided and structured it is hoped that CBL will allow students to explore problems more in depth and help them integrate basic and clinical sciences.

4. Introduction of portfolio: All assignments in different semesters will be collated into a learning portfolio that will contribute 30% the Professional examination. Reflective components will be introduced as part of Portfolio learning.

5. Examination: Very similar to the clinical programme, the theory part will be tested at the end of semester 4 and the clinical part will be tested at the end of semester 5. This can allow the students to focus more on developing their clinical skills pertaining to real life practices during semester 5

6. OSCE: Changes introduced to semester 5 OSCE will include longer stations (8 minute stations instead of usual 5 minute stations), direct observation of all history taking stations (not observed currently) and some stations with real patients (patients with stable physical signs).
Implementation of the Learning Model

The phased implementation of the Learning Model has been started from the modules towards the programme. The curriculum map of all the modules, based on broad theme based students learning outcomes, and individual outcomes of all teaching learning activities like PBL, Lectures, Clinical skill sessions, Medical Museum sessions, Laboratory sessions and Elearning self-study (OLIS) sessions have been completed for all the modules of Phase 1 Medical Programme beginning from Foundation I to the Nervous System modules. The managers, coordinators and faculties are following the map to ensure the delivery of the learning activities are done as specified in the outcomes minimizing duplication.

To optimize the use of the resources, the curriculum maps of the modules are being uploaded in the E-learning portal of IMU in a phased manner. The e-curriculum maps are based on themes and state the broad learning outcomes. Outcomes of individual lessons of various teaching-learning activities are linked with resources like PDF copies of lectures and interactive e-learning resources like OLIS. So far, e-curriculum maps with resources are available for the students for Foundation I and Foundation II modules. It has been planned that by 2012, e-curriculum maps of all the modules of Phase I medical program would be completed.

The assessment managers ensure that the broad student learning outcomes stated in the curriculum map are followed by content mapping during summative assessments. In certain modules, the formative assessments are available in the E-learning portal using ‘Moodle quiz’ software with interactive feedback system. Other modules are preparing for setting up of regular formative assessments.

To develop clinical reasoning and boost clinical skills, case-based learning initiatives incorporating E-learning resources are now being developed for all the modules. However, only major clinical problems would be covered in these CBL sessions.

A quality control system incorporating a template has been set up with the coordinators and academic managers are required to submit the progress of various components of the learning model every 6-months.

Implementation of new module (IMS) into Phase 1 medical programme

The Integrated Medical Seminars will be done in the forthcoming semester 5 as part of the semester activities.

Integrated medical seminars is another learning activity which attempts horizontal and vertical integration of concepts and information learned separately in a discipline-based approach such as practiced in Foundation Programme of the IMU Medical Sciences curriculum. (This is followed by an integrative organ-system based approach in semesters 3-5.) Unlike PBLs, topics are assigned to groups who identify learning issues, research these issues, assemble their facts and present them to the entire Semester 5 class in a large group discussion. Just like PBL, clinical triggers around a common theme are provided to each group to use as a basis for the learning activity.
The new learning activity, like PBLs, envisions a changed role for faculty. Instead of the traditional role of the "sage on the stage," the faculty will instead play the role of the "guide on the side." That is to say, faculty will be less involved in transmitting factual information and more involved in directing students to resources that the students can utilize to acquire the knowledge through self-directed study.

**Objectives**

1. Acquire knowledge of information resources and the tools available to support life-long learning
2. Develop skills in retrieving information
3. Integrate concepts and information across disciplines (and organ-systems) and use the knowledge in management of clinical situations
4. Develop an understanding of the relevance of basic sciences in the management of clinical problems

**Clinical skills training for students**

The Skills Centre focuses on training students for their clinical years in terms of knowledge, skills and the right attitude. Apart from standardised (simulated) patients, the Skills Centre has introduced real patients in the clinical teaching this year.

These patients are being presented to the students in the various sessions of physical examination, history taking as well as case discussion classes for semesters 4 and 5.

In addition, semester 4 students present cases that they have clerked at the Kuala Kubu Hospital and Gombak Hospital. These sessions are taken by clinicians from the Clinical School, Seremban. The expected competencies are:

1. Clinical reasoning
2. Hypothesis formulation (Differential Diagnosis)
3. Skills in presentation & case writing

**Clinical School (by Assoc Prof Zainur Rashid Zainuddin, Dean)**

1. **Teaching Learning Issues**

   With the new curriculum, Semester 6 – 9 students will be posted regularly to Hospital Tuanku Ampuan Najihah (HTAN), Kuala Pilah and will spend an average of a week stay at the hospital. Teaching-learning activities will be conducted by resident academic staff. The following departments send students to HTAN regularly: Internal Medicine, Surgery, O&G, Psychiatry, Ophthalmology and Paediatrics. The arrangement will help offload the congestion in Hospital Tuanku Ja'afar, Seremban. Hospital Batu Pahat will continue to be the teaching hospitals for Semester 10 students doing their senior clerkship. Also, there is plan to use Hospital Kluang for Semester 10 students for the coming semester starting September 2012. For Internal Medicine discipline, one group of students will spend one week in Kluang per each posting, whilst students from other disciplines will spend a day per week in Kluang. With the new curriculum, Semester 5 students will spend 4 weeks each in one of the teaching hospitals, September 2013. We have identified Hospital Kluang. Besides the need for more faculty, there will be logistic challenges, including having resident
faculty in Kluang, and optimal use of faculty as Semester 5 students only spend 12 weeks every semester doing hospital posting. This will also bring Semester 5 and Semester 10 students together. It allows the integration of phase I and II curriculum in order to achieve a seamless transition from phase I to phase II. Hence, acquire a campus in Kluang is inevitable. Proposal for Kluang campus was presented and approved by the management.

2. Community Services (CS)

- Three IMU Community Services were organized in Kg Tekir, Labu, Negeri Sembilan. The project provided health screening services to the community and tracked the nutritional status of children in the village.

- In commemorating the IMU 20th anniversary celebrations, instead of the usual CS held in villages, this year’s CS in Batu Pahat was in the form of a cycling carnival. It aimed of promoting a healthy lifestyle living among the community.

- Two Eye-screening services were held at the Welfare Home, Seremban. The activity provides medical students with opportunities in geriatric exposure.

- Other community services include a secondary school programme on adolescent sexual health and breast cancer patients’ support programme for HTJ.

3. Hosting MRCP PACES examination and MRCPCH Part I Programme

- On 25 - 26 April 2012, IMU Clinical School together with Hospital Tuanku Jaafar Seremban hosted the The MRCP PACES Examination of Royal Colleges of Physician UK for the third time.

- Similarly, Department of Paediatrics is planning to organize MRCPCH Part I Programme Preparation in Nov 2012 to cater to January 2013 examinations.

4. Physical Development of Clinical School

The following are physical development planning for the school:

- CS Seremban:
  i) Upgrading of toilets on Levels 1,2,3 & 5, pantries and staff common room
  ii) Landscaping work and pruning of trees
  iii) Link bridge between CS and HTJ

- CS Batu Pahat (new premise):
  i) Tarmac compound for car park
  ii) External toilet
  iii) Landscaping and signage

- CS Kluang:
Currently, it is still in the midst of planning. The proposal has been done, submitted and vetted. The option on the availability and prospective premise for the upcoming Kluang campus is yet to be confirmed pending the suitability of several other options which are currently being looked into.

5. IMU 20th Anniversary Celebrations

The International Medical University turns 20 years old this year, 2012. In conjunction with this, the Clinical School, Seremban and Batu Pahat have conducted and planned several activities through the year. The activities include the list below:

- **CS Seremban:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>9 June 2012</td>
<td>Public Forum on “Family &amp; Health”</td>
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<tr>
<td>15 Sept. 2012</td>
<td>Blood Donation Campaign &amp; Public health screening</td>
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<tr>
<td>7 Oct. 2012</td>
<td>Health Awareness Day</td>
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<tr>
<td>3 Nov. 2012</td>
<td>Appreciation Dinner &amp; Launching of the publication of General Health Handbook</td>
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- **CS Batu Pahat:**

<table>
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<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>14 April 2012</td>
<td>Cycling And Health Carnival</td>
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<tr>
<td>12 May 2012</td>
<td>Appreciation Dinner</td>
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**School of Dentistry (by Professor Toh Chooi Gait, Dean)**

The dental programme has made good progress exceeding many of the quality targets set. Some of the quality targets had been raised this year as advised by PEAC members in the last review. In January, the School carried out a SWOT analysis prior to developing strategic and action plans for the next few years. These were reviewed recently and revised with guidance provided from the IMU ASPIRE core team.

**SWOT Analysis of School of Dentistry**

a) **EDUCATION**

In the area of education, the strengths include:

1) a contemporary outcome-based curriculum that has incorporated a number of novel innovations such as competency tests, measurement of professional
practice based on patient, peer, supervisor and support staff evaluations, communication skills workshops, conduct of clinical audits for patient records, peer-assisted learning and inter-professional learning (e.g. dental and chiropractic students in the study of ergonomics) that sets the School apart from other local institutions;

2) excellent facilities equipped with state of the art technology to support students’ learning and attract patients;

3) the delivery of the curriculum that is student-centred utilizing a wide variety of active learning activities such as e-learning, PBL, CBL, TBL, video making, role play, debate, interactive seminar, community service, simulation exercises, postings to public and private dental clinics, hospitals and dental laboratories;

4) good student learning experience full time in IMU or transferring to reputable partner dental schools after completion of Phase 1;

5) well qualified, dedicated and enthusiastic staff with diverse backgrounds and a good proportion of whom possess more than five years of academic experience to share ideas and experiences that resulted in sprouting of innovations.

The areas of concern and how they are addressed include:

1) The Malaysian Qualification Agency monitoring panel has expressed concern about the high percentage of international staff and had recommended to limit the percentage of staff who are non-citizens to 70%.
   a. As there is acute shortage of dentists in Malaysia with required qualifications to be employed as academics, trainee positions have been approved to recruit dentists with basic degree to be trained as academics.
   b. Staff have started planning to introduce postgraduate programmes to meet the needs of IMU and the nation.

2) With the high percentage of international staff from diverse backgrounds with the majority exposed only to traditional curriculum and delivery methods, most do not have prior knowledge or experience of pedagogy/andragogy of IMU.
   a. A buddy system has been established whereby a member of staff will contact the appointee to provide advice and assistance for the new staff in transferring and adapting to the IMU environment. A booklet on information about IMU and Malaysia with useful information that will assist the staff to settle in the country was developed (Appendix A) and sent to the staff by the buddy prior to their arrival.
   b. This year another staff handbook on protocols and practices in the School of Dentistry (Appendix B) was developed and given to the staff on arrival to familiarize him/her with the various practices in the School. The staff is guided by his/her assigned buddy and for various types of duties, a role model is identified for the new staff to shadow. Feedback from new staff has been positive and staff settled in quickly in IMU with these handbooks provided that supplements those provided by HR department.
**b) HEALTHCARE**

In the area of HEALTHCARE, the strengths include:

1) a well-designed clinic creating an attractive welcoming ambience and equipped with technology and tools to assist diagnosis and delivery of care;
2) wide spectrum of services offered by both staff and students providing a one-stop center for ambulatory dental care;
3) clinical specialists in all major disciplines of dentistry;
4) competitive pricing of services ranging from nominal fees when treated by students to fees within Malaysian Dental Association recommended price range for services by staff.

The areas of concern and action plans to address them include:

1) The Oral Health Centre is not located in a central area that will attract walk-in patients. Thus public awareness of the services offered by the Oral Health Centre is still low although there is a steady growth of new patients to the clinic from marketing efforts such as free dental screening during many weekend activities in IMU such as Open Day and health awareness talks.
   a. A dental publicity committee has been set up whereby staff will work with the marketing department to develop strategies and more innovative manner to increase public awareness and attract patients to IMU Oral Health Centre.
   b. Introduction of free dental emergency services
c. Strategic marketing of IMU as a one stop center for specialist services starting with dental implant service

2) There is insufficient case mix (e.g. full denture cases, child patients) from the registered patients to meet clinical training needs of the dental programme;
   a. implementation of free services for financially disadvantaged patients who are residents in institutions such as orphanages and old folks homes. Staff have visited these homes and screened the residents to identify their oral health needs. With agreement of patients and their caretakers, the patients are fetched to IMU to be treated by the students;
   b. partnership with the Malaysian Dental Association Foundation was established whereby the MDA Foundation donates a sum of money to sponsors the transport and free services for these financially disadvantaged patients.
   c. Partnerships established with other dental clinics and hospitals to post students for increased clinical experience. Besides the hospital in Seremban, students are also posted to University of Malaya Oral Surgery Department, the oral surgery department and specialist polyclinic of the Tuanku Mirzan Hospital of the Ministry of Defence, successful private dental specialists and general practitioners.
c) **RESEARCH**

In the area of RESEARCH, it was recognized that

1) IMU has good infrastructure to support research activities with funds allocated this year to support purchase of some basic equipment for physical/mechanical testing of materials;

2) With establishment of IRDI, support for research activities will be increased with regular research training workshops and employment of statistician to provide support for researchers;

3) IMU provides seeding funds for staff to embark on research that will allow them to carry out some preliminary investigations that will support bigger external grant applications;

4) There are experienced staff with track record in research that dental staff can work with for multidisciplinary collaborative research projects.

The areas of concern and how they are addressed include:

1) Staff had been busy developing new teaching/learning materials for the course as well as carrying out academic administration such as planning timetables manually with limited research output;
   a. IMU is looking for IT solutions to free staff from the laborious hours spent in planning and managing timetables
   b. As the programme reaches its final year most of the teaching/learning materials have been developed and efforts now required to modify and improve would be easier than developing new materials from scratch thus providing some free time for research activities.

2) There are many staff who do not possess adequate research training nor experience to plan and carry out research;
   a. A research workgroup has been established in the school that makes effort to capture research and publication activities of staff, organizes regular meeting for staff to discuss research related matters and stimulate staff to carry out research. The workgroup also vets research protocols and assist staff in refining research protocols before submission for grant application.
   b. Staff are encouraged to attend research-based workshops to hone their skills and join existing or new research initiatives to acquire research skills and experience.

3) The database and journal subscription in dentistry are relatively limited.
   a. There has been significant improvement in acquisition of electronic database and journal subscription that are dentally relevant.
   b. The library staff have responded to requests to conduct workshops for dental staff to use Refworks.

The School of Dentistry also recognizes a number of opportunities available that will assist it to grow and strengthen the areas of weakness. Initial discussions with partner dental schools have been made to collaborate in enhancing the undergraduate programme, collaborate in development of split-site postgraduate programmes and research activities. The School has received the mandate to organize the 5th National Dental Students’
Scientific Conference in 2013. This has created much enthusiasm amongst staff and students and a number of good research projects have started engaging the dental students.

The Malaysian Qualification Agency has approved IMU’s application for increase in student intake to 75 students with 45 places for IMU-PDS track and 30 places for full IMU track. However the number of PDS places for the IMU dental programme has decreased from 29 places to 25 places as the University of Western Australia has changed its 5-year undergraduate programme to a 4-year graduate programme and is still uncertain as to how IMU students would articulate into their programme. Increased efforts will be made to increase the partner dental schools as the demand remains high for this track.

The School also recognizes looming threats with the increase of private dental schools (there are now 6 private dental schools besides the 6 public dental schools) and a few more in the pipeline of gaining approval to start. Such development poses threats to staff retention as well as student applicants for the IMU programme. The fees charged for the IMU dental programme has been increasing each year and is more than double that of other private dental schools. Despite this move, IMU has seen an increase in applicants especially those with good academic records for the dental programme for both full IMU track and IMU-PDS track. With the intake of students with good academic records, there is no academic attrition seen. However the non-academic attrition remains an area to be addressed and this year, 4 students from the IMU-PDS track had withdrawn from the DT1/12 cohort to accept offers of direct entry to dental programme overseas. Such attrition usually occurs in the first semester but too late for these places to be replaced by fresh students. During exit interview, the students had professed that they liked studying in IMU but their parents had insisted that they should take up the overseas offer as they served as cheaper options than the IMU-PDS track as fees in the IMU-PDS track are now higher than dental schools in the UK or Hong Kong. For the 2013 intake, an extra student will be offered for the IMU-PDS track and 2 students for the full IMU track to defray non-academic attrition.

Summary and Conclusion

The School of Dentistry expects to receive the final monitoring visit from the MQA on 18-20 September 2012. The School carried out a SWOT analysis to recognize the strengths developed, identify gaps to be closed, anticipate threats in the horizon and identify opportunities for future development and growth. Many initiatives planned to close the gaps have made good progress and many processes in the dental school are being reviewed for more efficient execution. Efforts by the School’s Publicity Committee led by the Director of Oral Health have seen significant increase in patient pool for the Oral Health Centre. Staff continued to introduce innovative teaching/learning activities into the dental programme and a few that have initially been introduced in the past and evaluated have been accepted for publication in indexed dental education journals. For next year, there are plans to review the programme and further consolidate the integrated curriculum, develop a couple of postgraduate programmes and build research capability and capacity.
School of Pharmacy (Prof Michael Rathbone, Dean)

School of Pharmacy 2013-2015 Strategic Plan

A School of Pharmacy 2013-2015 Strategic Plan was developed by Professor Michael Rathbone, Dean, School of Pharmacy and School of Pharmacy staff. To achieve this, a series of workshops/discussions were held from July through to September 2012, to engage senior School of Pharmacy members and IMU School of Pharmacy staff to develop consensus on the strategic direction and plans. The mission of School of Pharmacy five year strategy is to be “An iconic School of Pharmacy providing a quality, innovative, research-led curriculum that professionally prepares students to become competent, ethical, caring interprofessional partners committed to serving society”. Briefly, eight Strategic Themes were identified as being the crucial activities that needed to be addressed in order for the School to achieve its goals. The ultimate goal for the School of Pharmacy Strategic Plan is to raise teaching levels (through E-Learning and research initiatives) which ultimately raise performance levels of students to prepare them to function effectively and professionally in an increasingly complex and changing world.

Awards

Wong Pei Se was awarded her PhD from the University of Strathclyde in July 2012.

Student Recognition Activities

Academic excellence is the cornerstone of our University, and every year we are proud to celebrate the success of our students. Since 2008, the School of Pharmacy, along with several local pharmaceutical companies, has conducted the Pharmacy Book Prize Awards to recognise the outstanding achievements of the Bachelor of Pharmacy students across various academic categories. To date RM50,000 sponsorship money has been presented in the form of prizes from the IMU and various local pharmaceutical companies.

The School also encourages awareness of pharmacy professionalism among its students. The annual IMU White Coat Ceremony for BPharm students was held in September 2012. In the ceremony students pledged to embrace and develop professional values and attributes, and each student was symbolically robed in a white laboratory coat to signify their entry into the pharmacy professional healthcare community. The students also recited an Oath.

The School of Pharmacy, along with the IMU Alumni Association and the Malaysian Pharmaceutical Society-Young Pharmacist Chapter, had its first Pharmacy Professional Day on 23rd April 2012, for the graduating students to renew their pledge with the “Oath of a Pharmacist” to mark the transition from trainee pharmacist to practitioners. The Oath acted as a reminder to the students of the values, skills and qualities that are needed to serve others through the profession of pharmacy.
New Senior Appointments

As of 1 January 2012, Professor Michael Rathbone was appointed as Professor of Pharmaceutical Technology and Head, Division of Pharmacy.

As of 27th August 2012, Professor Michael Rathbone was appointed Dean, School of Pharmacy.

Highlights from the School of Pharmacy

1. BSc Pharmaceutical Chemistry (Hons) Programme

The process has been initiated for Royal Australian Chemical Institute accreditation of the BSc Pharmaceutical Chemistry (Hons) Programme.

A curriculum review was undertaken resulting in a new BSc Pharmaceutical Chemistry programme curriculum. The curriculum review was initiated in the month of November 2011 and was completed in March 2012. The revised curriculum was introduced in September 2012.

The curriculum review was carried out in response to recommendations provided by the MQA accrediting body. The review exercise took into account feedback from students and lecturers from semester 1 to semester 6. The proposed changes in each module included revision of lecture content and delivery methods without affecting learning outcomes. The proposed new curriculum was presented to the Pharmaceutical Sciences Curriculum Assessment Committee for review, following which it was presented to the Faculty Board and Senate for approval. After the approval was received from the Faculty Board and Senate, the new curriculum was implemented from June 2012 onwards.

Important features of the new curriculum included: redesign of Module content to assure students were not exposed to more than 20 credits per semester; introduction of two short semesters, one before semester 1 and the other after semester 6; introduction of a new module “Pharmacognosy” to replace the Complementary Medicine module; extension of the industrial attachment to 8 weeks; incorporation of biopharmaceutical drug components into “Pharmaceutical Biotechnology-I” module and; re-shuffling of several modules from one semester to another in order to even out the students’ workload.

In line with the changes in curriculum, the assessment was also reviewed. The review exercise took into account feedback from students and lecturers. The proposed changes in the assessment for each module were carefully studied by the respective module coordinators and associated lecturers to ensure that the learning outcomes would still be assessed appropriately through the revised format. In summary, the removal of class test from the in-course assessment and an increasing number of Multiple Choice Questions (MCQ) of various types was included to reduce subjectivity in marking and broad coverage of content. Skills such as writing, reasoning, and problem solving skills were assessed in coursework components.
The PC1/09 cohort of BSc Pharmaceutical Chemistry graduated in September 2012.

One of our first cohort (PC1/08) students has submitted an application to join University of Sydney MPharm programme which allows the graduates to register with the Pharmacy Board of New South Wales as well as the Singapore Pharmacy Council. If successful he will begin his studies in July 2013.

The attrition rate from the original number in the first year is shown in the below table.

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<tr>
<th>Cohort</th>
<th>Total number of students admitted</th>
<th>Total number of students graduated</th>
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<tbody>
<tr>
<td>PC1/08</td>
<td>20</td>
<td>12+1*</td>
</tr>
<tr>
<td>PC1/09</td>
<td>18</td>
<td>12+1#</td>
</tr>
</tbody>
</table>

* One student is repeating with PC1/10 Cohort.
# One student is repeating with PC1/10 Cohort.

The BSc Pharmaceutical Chemistry (Hons) Programme has attracted an increasing number of suitably qualified applicants. The September 2012 student intake into the programme was 45 students.

2. BPharm (Hons) Programme

A curriculum review was undertaken resulting in a new BPharm (Hons) curriculum. The review started in November 2011. The curriculum review process involved Module Coordinators discussing with associate lecturers or content experts with Dean input. As part of the curriculum review assessment was also reviewed. The revised curriculum was presented to PSCAC, Faculty then Senate before being implemented.

Important features of the new curriculum included: the incorporation of interprofessional learning and; the strengthening of learning of community practices including community services and patient safety.

In line with the changes in curriculum the assessment was also reviewed. The review exercise took into account feedback from students and lecturers. Assessment outcomes included the addition of formative peer evaluation incorporated into Year 3 Community and Primary Care module.

The revised curriculum changes were implemented in July 2012.

The BPharm (Hons) programme continues to attract a high number of well-qualified applicants. The total intake for 2012 (July and September intakes combined) was 193 students.
Student Achievements

BPharm + MPharm students won second prize in the National Pharmacy Quiz in November 2011. This was a competition between Malaysian Schools of Pharmacy in which more than 10 Schools participated in the event.

Credit Transfer

Credit Transfer agreements were finalized with the University of Otago, New Zealand and Queensland University, Australia following approval by the local accreditation body. The first batches of students transferred to complete the 3rd and 4th year of their studies at Otago University (1 student) and Queensland University (4 students).

Academic Staff

The School of Pharmacy continues to recruit new staff to meet the needs of programme delivery and to assure MQA requirements of 1:10 staff: student ratio. That ratio is close to being achieved. Problems remain in the area of recruitment of sufficient numbers of suitably qualified staff for the Pharmacy Practice Department. This adds pressure to existing staff.

Research Activities

Pharmacy staff supervised 5 Bachelor of Medical Sciences students in 2011.

32 student projects were completed in the Semester 7 Research Project Module. Of these, 2 groups undertook their projects at a foreign institution.

Pharmacy had a total of 6 external funds (Total: RM696,790) approved by the IMU-Joint Committee on Research and Ethics from January to August 2012. This was an increase from the 5 projects (Total: RM629,150) approved in the previous year.

The total number of IMU publications in ISI journals from January to May 2012 was 30 with a total impact factor (IF) of 43.191. Of these, 4 (IF: 7.729) were from the School of Pharmacy.

Continued Professional Development (CPD) Courses

Eight CPD courses were conducted by the School of Pharmacy from January to August 2012. These included:

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<th>Department</th>
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<td>1</td>
<td>April</td>
<td>Basic qPCR workshop</td>
<td>Life Sciences</td>
<td>18-19 April 2012</td>
</tr>
<tr>
<td>2</td>
<td>April</td>
<td>Mulligen Concept : The Upper Extremity Cervical and Thoracic Spines</td>
<td>Life Sciences</td>
<td>21-22 April 2012</td>
</tr>
<tr>
<td>3</td>
<td>May</td>
<td>Workshop on “Practical Strategies For Conducting Pharmacy Practice Research”</td>
<td>Pharmacy Practice</td>
<td>9 May 2012</td>
</tr>
</tbody>
</table>
### Other matters

The staff and students have participated in the Guardian Health Campaign this year; and have undertaken several Community Service Projects.

### School of Health Sciences (Prof Khor Geok Lin, Dean)

#### Nutrition and Dietetics

The BSc (Hons) Nutrition and Dietetics will successfully graduate its first cohort of students in Sept 2012. A total of 48 students will graduate with 2 students obtaining First Class Honours. These students were successful in securing the best IMU dietetics student prize and 2 scientific poster presentations prizes for their research projects at the Malaysian Dietitians’ Association Annual Conference in June 2012.

In March 2012, the Malaysian Qualifications Agency (MQA) appraised the BSc (Hons) N&D programme for the purpose of granting full accreditation. In response to the recommendations by the MQA, the curriculum has been revised to decrease the total credits from 143 to 136 based on notional hours. The new curriculum strengthens elements of reflective learning, professionalism and ensures congruence with IMU core values and the ASPIRE, as well as takes into account stakeholders’ feedback. The new curriculum will be implemented for the ND1/12 cohort starting September 2012.

A new program i.e. BSc. (Hons) Nutrition was launched in June 2012 to offer students an opportunity to study nutrition science and its applications. As nutritionists, they will contribute to the country’s efforts in promoting healthy lifestyles and prevention of risks of chronic diseases.

The N&D Division has recruited additional 4 lecturers, including three lecturers with dietetics qualifications (one with PhD, two with Masters), and a lecturer with PhD in Nutrition. This will assist to strengthen the staff student ratio for clinical training at the final semesters as well as capacity building to have more lecturers with PhD.
Since Jan, faculty members have achieved success in securing two contract research with international food companies for a total amount of RM465,000. One of the studies is being conducted while the other is waiting for the research agreement to be formalized. A PhD student of Assoc Prof Dr Tony Ng will be graduating in September. Publications in peer-reviewed journals continued to be generated, and some faculty members have been invited to give presentations in national and international conferences.

The N&D Division has continued to be active in community service activities in 2012. The students and faculty have been very active in providing community service to several centers including SJKC Yak Chee, Rumah Shalom, PPR Kota Damansara, and supported the community service at IMU Kampung Angkat in Sungai Tekir. These activities were conducted together with other healthcare professionals from programmes such as Dentistry, Pharmaceutical Chemistry, Nursing and Clinical School. Smart partnership was also developed with industry to support the community service activities.

The Division has also continued the clinical dietetic services to IMU Medical Center and the outpatient clinic in Hospital Tuanku Jaafar, Seremban allowing opportunities for faculty practice and students’ training.

The N&D Division has continued to be a leader in continuous professional development in raising the standards of dietetic practice in Malaysia to be at par with global developments. The Division collaborated with the Nutrition Society of Malaysia to host a very well attended evening talk by Dr Brian Wood from University of Strathclyde on “Roles of antibiotics, probiotics and prebiotics in health” in February 2012. The second CPD event held in April 2012 was a workshop entitled “Medical Nutrition Therapy Updates on Liver Disease” by Dr Sylvia Escott-Stump who is the President of the American Academy of Nutrition and Dietetics. This talk was attended by about 100 dietitians from around the country. A CPD was conducted by faculty members to BP Healthcare staff on nutrition and diabetes prevention in August 2012.

The N&D Division will continue to support the mission and vision of the School of Health Sciences to be the preferred health sciences school in the country. In the pipeline are plans to offer a Masters in Nutrition degree, whilst we continue to encourage students to pursue Masters or PhD programmes through research. The Division is also seeking opportunities to develop alliance with partner schools and industry partners to provide international mobility to students and enhance the experiential learning for students.

Nursing

In 2012 Nursing continues to maintain the standard of achieving a 100% pass rate with Nursing Board Malaysia - Professional Licensing Examination, and for the first time in IMU one student attained Excellent Performance for the Professional Licensing Examination. The outstanding performance of nursing graduates for the past years has created a positive impact on Singapore healthcare. A special exercise was initiated by a team from the National University Hospital of Singapore to conduct interviews for the whole group of graduating students, with the intention of offering them jobs in Singapore. The B Nursing programme has received approval from the MQA and Nursing Board Malaysia in March 2012. The reviewed curriculum will be implemented with effect from September 2012 for the new intake. In a recent update, the Pharmacy and Health Sciences programmes including Nursing will have two commencement dates i.e. July and September effective from year 2012 in order to ‘capture’ the local and international
markets for various pre university qualifications. MQA and/or MQA replacement modules will be offered before semester 1 or at the end of the programme.

A step in forward planning will see the Nursing team moving forward and continuing to focus of issues related to future quality improvements.

**Chiropractic**

The IMU Chiropractic Programme has completed 2½ years of classes (5 semesters) and will take in its fourth batch of students in January 2013. The size of the student intakes has been satisfactory thus far, with 30 students entering the programme in 2010, 43 in 2011 and 32 in 2012. Fortunately, the attrition rate has been low. The number of chiropractic students at IMU is expected to continue growing because of the Country’s increasing interest in the profession. Student recruitment efforts have been very successful this year, with about twice as many applications being submitted to date as compared to this time last year.

Because of the programme’s growth, faculty recruitment has been a high priority. New faculty who joined the chiropractic team over the past year includes Prof Peter Diakow, DC, EdD who will provide instruction in all chiropractic-related subjects. Also, Prof Michael Menke has accepted an employment offer and has submitted his documents for processing by the Malaysian government and Dr. Jenna Lemon will begin working as soon as her US immigration status has been sorted out. Other new clinical faculty members include Drs. Michael Hubka, who has been at IMU for about 6 months, and Andrew Dane, Dawn Dane, and Janice Chan, who will join IMU in September.

The IMU Chiropractic Programme has signed an MOU with the University of Glamorgan, in Wales, UK, which permits our students to transfer their credits to Glamorgan after 2 years at IMU. Then they will have to complete another 2 years at Glamorgan in order to earn their Master of Chiropractic degree. The University of Glamorgan is already an approved institution by the Division of Tradition and Complementary Medicine of the Malaysian Ministry of Health.

IMU also has transfer agreements in place with RMIT University in Melbourne, Australia and the Anglo-European College of Chiropractic (AECC) at the University of Bournemouth in the UK. Students who have completed 4 semesters (RMIT) or 5 semesters (AECC) at IMU can enter the third year of their five year programmes.

The IMU Chiropractic Centre has grown continuously since its inception. However, there have been staff changes which have resulted in stagnated growth at the Bukit Jalil location for the past several months. In addition, the clinical faculty has been required to teach more than they should because of the shortage of academic chiropractic faculty. Dr. Michael Hubka has assumed the role of Clinic Director and has been very well received by the current clinicians. A satellite chiropractic clinic was recently added, which is located in Taman Tun Dr. Ismael (TTDI) and is staffed by Drs. Mairianne Campbell and John Tinsley. The growth at TTDI has been fairly rapid and 2 new chiropractic clinicians will be added in September 2012.
Chinese Medicine

There are two batches of students in the Chinese Medicine programme. Out of the first cohort of 13 students, 8 have passed and are presently in semester 3. The second cohort of 12 students is currently in semester 2.

As of 31st July 2012, staff strength has increased to 7 full timers and 1 part timer. One more part timer is expected to join by August 2012. The faculty members continue to contribute to clinical services in the IMU Chinese Medicine Centre. The faculty members also participated in a number of local or international conferences to strengthen their professional skills in Traditional Chinese Medicine.

The Division of Chinese Medicine is in the process of establishing collaborations with local Chinese medicine organizations such as Malaysian Chinese Medicine Association and the Tung Shin Hospital for academic and educational cooperation.

Biomedical Science

The BSc. (Hons) Biomedical Science programme completed a major curriculum review in early 2012, taking into account pertinent comments from the PEAC, MQA and other stakeholders. Another rationale of the review was to groom potential students who are keen to pursue a graduate medical programme after the degree, with the objective to increase the quality of students registering for Biomedical Science. Redundant and irrelevant modules were removed or replaced with more appropriate modules, and some single-credit modules were merged to generate a single comprehensive module. More selectives are introduced and re-sequencing of modules across semesters was done to facilitate the progression of student learning.

Assessment format changes include a higher percentage of MCQs used in the EOS assessment in place of SAQ or essays to increase objectivity and validity of evaluation, without compromising students’ development of writing skills. Skills and competency (practical) assessments were incorporated into Microbiology and Clinical Biochemistry modules to test critical learning outcomes. The changes led to an overall reduction in assessment duration.

Thirty-five BM09 students from the second pioneering cohort are graduating in 2012. Two Biomedical Science credit transfer students to the University of Newcastle, Australia have also completed their programme and will have their convocation in October. A new articulation pathway with St. George’s University of London (SGUL) commenced in 2011 into the BSc Biomedical Science (Honours) programme and possible entry into the SGUL MBBS programme (subject to prevailing terms). The fifth cohort of students (BM1/12) begins Semester 1 in September and will undertake the revised curriculum of 121 credit units.

Medical Biotechnology

The BSc (Hons) Medical Biotechnology Programme continues to build its reputation as the only programme of its kind offered in the country. The Programme received its accreditation from the Malaysian Qualifications Agency in December 2010.
The Medical Biotechnology faculty team carried out a major revision of the curriculum to address recommendations made by the MQA in March 2012. As part of the quality assurance process, the new curriculum was then reviewed by two external reviewers namely, Prof John Marley (University of Queensland) and Dr Shaun Roman (University of Newcastle) in July 2012.

A total of 22 students from 2 cohorts have graduated (MB1/08 – 13 students and MB1/09 – 9 students). Out of 13 students who graduated in 2011 (MB1/08), 6 of them are currently employed by industry namely, Pfizer (M) Sdn. Bhd, BP Diagnostic Center, Flavoblitz Sdn Bhd, LCP supplies (M) Sdn Bhd, ACGT Sdn Bhd and Procter & Gamble. Another 4 of the graduates are pursuing Masters Studies in IMU, National University of Singapore, USM and Monash University, while one is employed as a research officer in the University Malaya Cancer Research Institute.

As for the MB1/09 cohort who will be convocating in September 2012, 3 are employed in TopGlove Holding, Kotrapharma (M) Sdn Bhd and AIA Shared Services Malaysia, while another 2 are pursuing in Masters in Computational and Theoretical Chemistry (UPM) and MBA programme at the Coventry University, UK. Two of the MB1/09 students gave presentations in the 16th International Annual Symposium on Computational Science and Engineering on 23-25 May 2012 held in Chiang Mai University, Thailand.

Based on the graduates’ profiles and employability, we are confident that the Medical Biotechnology Programme will continue to be the trusted programme with promising future.

Psychology

Out of the first batch of Psychology students who have graduated, 6 are undertaking their Master studies in various universities including University of Christchurch; NZ; Valdosta State University, Georgia, USA; University of Southampton; HELP University, Malaysia (2); and Bangor University (Wales, UK). One of these graduates is employed by United Nations (UNHCR) as a Re-Settlement Officer in Pakistan.

On 5th July 2012, MQA organized a psychology stakeholders’ workshop and invited HODs and programme coordinators of psychology programmes from public and private universities to discuss about programme standards for psychology. Dr Ke Guek Nee attended the workshop and shared standards agreed at the workshop. The endorsement of Psychology standards will be sent to all universities and MQA will set a timeline for universities to align with the requirements. An assessment exercise will be carried out by MQA to ensure the standards are met.

The Division of Psychology hosted a “Psychology Research Speed Networking Tea” on 24 March 2012 as a platform for the psychology community in the country to network and develop ideas and work on research collaboration. Seventy psychology faculties attended, from Monash University, Nottingham University, Sunway University, UCSI, UTAR, Perdana University, HELP University, UKM and IMU.

The faculty members have also been very active in IMU events and activities. These include the Career Day and the Health Awareness Day in March, and Roadshows held in Penang, Kota Kinabalu and Kuching in May. During the Open Day in June, Dr Ke gave a
talk while Mr. Saravanan Coumaravelou conducted Personality Assessment. Several Public Talks were given by faculty members including Alexius Cheang, Ms. Nicole Chen and Ms. Zuhrah Beevi. A total of 15 psychology students attended a one day workshop on “Healing Art: Workshop on Narrative Medicine” on 18 June 2012 and the workshop was conducted by Hospis. The objectives of the visits were to understand palliative care services provided by Hospis. In July, Nicole Chen successfully organized a two days’ workshop on ‘Using person centered expressive arts therapy workshop’ attended by 26 participants. The workshop was conducted by a certified expressive arts therapist, Ms. Fiona Chang from Hong Kong. In conjunction with the “The IMU Art Festival” last July, Nicole organized a half a day workshop attended by 35 children aged from 5 years to 13 years old. Ms. Zuhrah Beevi conducted two workshops on hypnosis in Seremban and Batu Pahat in July. The hypnosis workshops were conducted following invitation from Ms. Carina Lai (student counselor). The aim of these workshops was to provide information and skills on how to relax using hypnosis. A total of 20 and 30 participants attended the workshops in Seremban and Batu Pahat respectively.

The Division of Psychology has initiated research proposals within and outside the Division. Dr. Ke Guek Nee and Dr. Wong Siew Fan (Principal Investigator-Sunway University) have secured a FRGS Grant amounting to RM47,000 for a study on “A Job Embeddedness and Psychological Model for the Retention of Valuable IT Human Capital in the ICT Services Industry”. Dr Ke is also collaborating with the Malaysian Communication and Multimedia Commissions (MCMC).

Dr. Abdoul Aziz, Mr. Saravanan Coumaravelou and Ms. Nicole Chen have volunteered to render their services to the Human Biology Department’s community service at the Autism Centre.

The Division of Psychology has planned a 12 week industrial attachment for the PS109, PS110 and PS111 cohorts during the semester break period, starting from 11 June to 30 August 2012. A total of 14 students chose to go for industrial attachment. In-house supervisors have been identified according to students’ areas of interest.

Centre for Medical Education (CtME) (by Associate Professor Joachim Perera- Deputy Director Quality)

A. Faculty Development Activities (FDA)

Internal

Workshops, seminars, trainings sessions and lunch-time talks were organized regularly for Faculty development. The facilitators were mostly internal with few external facilitators. For the year 2011, 34 FDA’s were held (Appendix 1) and from January to September 2012, 30 FDAs were held (Appendix 2). Some of the FDAs were mandatory to the newly joined Faculty.

Four weekend retreats were held outside IMU, three on teaching learning and assessment and one on development and assessment of portfolios.
A ten day training course on Teaching and Learning was conducted for five faculty members from the Defense Services Medical Academy (DSMA), Yangon, Myanmar from 2nd July – 13 July 2012. On 2 July 2012, 8 delegates from the Ministry of Health and Family Welfare, Bangladesh also joined this training as observers. A two day workshop on PBL Philosophy, Trigger development and Process assessment was conducted at UCSI University, Kuala Lumpur Campus for their Medical Faculty academics in mid - June 2012.

B. International Medical Education Conference

15th Ottawa conference - Kuala Lumpur, March 9-12, 2012

IMU co-hosted the 15th Ottawa conference which was held at KL Convention Centre, March 9-13, 2012. Over 1200 participants attended this conference from over 40 countries. This is the first time the Ottawa conference was held in the Asian continent. About 381 orals, 164 posters and 8 IMU-RHIME innovations were presented at the conference.

C. Course on Leadership in Health Profession Education

A five day leadership course was held in IMU from 16th to 20th April 2012. Nineteen participants attended this course which was conducted for the first time in this region. Participants from South Africa, Iran, Saudi Arabia, Indonesia and Cyberjaya Medical University, Malaysia attended in addition to the participants from IMU. The course was conducted by four external facilitators and eight IMU facilitators. The course participants’ feedback was excellent. It has been decided to run this course annually.

D. Medical Education Research and Innovation Projects

The research group is meeting monthly to vet and advice the Medical Education Research projects and Innovation projects. From August 2011 to September 2012 eleven Medical Education Research projects and one Innovation project were approved by the committee.

E. Medical Education Research Clinic

Weekly clinics are run to guide the Faculty on Medical Education Research Proposals and Statistical Methods. There were 30 sessions conducted from August 2011 till August 2012.

F. Programme and course Evaluations

Periodic Programme and Course Evaluations and Faculty Evaluations were done and the feedback was given to the Course coordinators, Deans and Faculty for further actions to improve the quality. Evaluation was made compulsory for all IMU students. Questionnaire was reviewed and improved. All the evaluations were submitted on line using Zoomerang software. Measures were taken to improve the
G. Certificate, Diploma and Master in Health Professionals Education

Curriculum for all the above programmes was developed. The credit allocation is as follows.

a. Certificate in Health Professions Education (Blended Learning) – 20 Credits
b. Diploma in Health Professions Education (Blended Learning) – (20 Credits + additional 10 Credits = Total 30 Credits)
c. Master in Health Professions Education (Blended Learning) – (30 Credits + additional 10 Credits = Total 40 Credits)
d. Master in Health Professions Education (Face to Face) – (30 Credits + additional 10 Credits = Total 40 Credits)

The curriculum is submitted for the Board of Study in Health Professional Education for approval.

H. Book on Medical Education Research 2000-2011

In conjunction with the 20th Anniversary of the IMU a book containing publication and presentations on Health Professional Education from 2000-2011 was published.

School of Research and Postgraduate Studies (by Prof Chu Wan Loy, Associate Dean)

It has been a successful year for the School of Postgraduate Studies and Research (PGSR) in terms of training of undergraduate students under the Bachelor of Medical Science (BMedSci) programme, and postgraduate students under the MSc and PhD programmes. A total of 14 BMedSci students from the I1/2011 intake graduated in May 2012. Two of the students obtained First Class Honours while the remaining obtained Second Class Upper Honours. The students have transferred to Partner Medical Schools (University of Queensland, Australian National University and University of Warwick) to continue their MBBS programme. A total of 4 MSc and 2 PhD students graduated in May 2012. There were 10 MSc and 6 PhD students who enrolled into the postgraduate programmes (by research) between June 2011 and June 2012;

A new taught programme, MSc in Public Health was launched in September 2011 with the inaugural intake of 3 students. The programme is a 18 month programme over 3 semesters with 5 modules in the first semester, another 5 modules in the second semester and 2 modules in the third semester which includes a dissertation. The second batch comprising 2 students commenced the programme in March 2012.

Two other taught programmes, MSc in Analytical and Pharmaceutical Chemistry and MSc in Molecular Medicine have been approved by MQA. We are also preparing for the submission of the documents to MQA for another two taught programmes, MSc in Occupational and Environmental Health and MSc Tropical Medicine.
Research Activities

There has been significant progress in research activities at IMU as indicated by the external grants obtained and publications in 2012. There were a total of 54 journal papers and 21 conference presentations from IMU faculty as of 30 June 2012. The total impact factors from the indexed journal papers were 52.196 and the total H-index values were 1688. The breakdown of the papers according to Tier levels is as follows: Tier 1 – 23; Tier 2 – 9; Tier 3 – 3 and Tier 4 – 2. Of the conference presentations, there were 9 oral and 12 poster papers.

As of 30 June 2012, the total amount of external grants obtained was RM 994,847 and the revenue from testing services is RM 90,847. There were 8 projects funded by external grants, mainly from the Ministry of Higher Education (MOHE) and Ministry of Science, Technology and Innovation (MOSTI).

The PGSR coordinates all research activities at IMU, including postgraduate and undergraduate research. Before the commencement of any project, the proposals will be evaluated by the IMU Research and Ethics Committee (IMU-JC), which convenes every month. There were 228 proposals funded by internal grants and 18 proposals funded by external grants approved by IMU-JC between June 2011 and June 2012.

Strategic Planning

In alignment with the ASPIRE Strategic Plan, several workshops were organised to brainstorm on strategies to realign our research directions and enhance capability of our researchers. One of the major strategic initiatives is to establish the Institute of Research, Development and Innovation (IRDI) under PGSR. The Institute will be officially launched on 18 September 2012, in conjunction with the Seminar on Celebration of Research. The aim of IRDI is to serve as a platform to support all research activities at IMU. The Institute will provide research directions, research management and oversight, consultancy and services to various stakeholders. The specific objectives of IRDI are as follows: 1) To explore funding opportunities; 2) To liaise with industrial partners for contract research; 3) To provide supporting services to researchers (e.g. statistical and editing services); 4) To coordinate applications for both internal and external funding; 5) To coordinate the commercialization of potential research products and services; 6) To facilitate corporate communication to publicize our research. There will be four Research Centres set up under IRDI based on the identified thrust areas, namely Centre of Cancer and Stem Cell Research, Centre of Environmental and Population Health, Centre of Bioactive Molecules and Drug Discovery and Centre of Health Professional Education Research.

Quality Assurance (QA) activities

As part of the QA activities, the PGSR has been working towards achieving ISO 17025, which is the certification of the competence of testing and calibration laboratories. A forum with the officers from SAMM (Skim Akreditasi Makmal Malaysia), Department of Standards of Malaysia was held on 9 June 2011. An internal audit was held on 26 – 27 August 2011 while a Management Review meeting was held on 20 December 2011. This was followed by a Competency Test for technical staff on 15 May 2012. An Internal Audit has been scheduled for 25 – 26 September 2012.
CPD Activities

As part of the efforts of PGSR to enhance the research capability of IMU faculty, the following CPD workshops were held:

1. 8th Good Clinical Practice (GCP) Seminar – 9 – 11 September 2011
   The objective of this course was to provide certification of researchers prior to participation in clinical trials.

   The aim of this workshop was to highlight the best practices in the supervision of both undergraduate and postgraduate students.

3. Basic Laboratory Techniques in Parasitology – 21 – 22 May 2012
   This workshop aimed to train participants on the basic laboratory techniques in parasitology.

Future Plans

With the establishment of IRDI, the four Centres of Excellence will strive to excel in the identified thrust areas, namely Cancer and Stem Cell Research, Bioactive Molecules and Drug Discovery, Environmental and Population Health and Health Professional Education Research. The Commercialisation and Support Unit under IRDI will provide the support to enhance the capability of our researchers through various CPD courses. The Unit will also explore the potential of commercialising our research services and products. One of its major action plans is to establish strategic partnerships with the industry and other institutions. This will be in line with the initiative RO1 of the ASPIRE project, which aims ‘to identify and commercialise research leveraging upon strategic alliances’. We also anticipate that there will be significant development in clinical research, including the conduct of bioequivalence studies with the establishment of the IMU Academic Healthcare Centre. In terms of academic programme development, the PGSR is planning to develop a new postgraduate programme, the Doctor of Medicine (MD), for doctors who wish to pursue their postgraduate education through research.

Actions taken following PEAC 2011

The responses to be the recommendations made by PEAC in 2011 are summarized in Paper 3/12.
International Medical University

Welcome Dr Shaju Jacob
Our Core Values

TRUST

Trustworthy
We are trustworthy and stand for integrity, reliability and commitment

Responsive
We are responsive to change and people’s needs

Unity
We are united to achieve a common goal

Service
We are committed to providing outstanding service

Tenacity
We are tenacious in the pursuit of excellence

TRUST builds Tomorrow’s Leaders
We transform and inspire individuals to be tomorrow’s leaders
International Medical University Welcome YOU!
Welcome to IMU!

We are delighted you have joined us! International Medical University (IMU) is a world class organization dedicated to excellence in education, research and patient care. Your contribution is important to ensure our sustained success and growth.

We hope this information will put you on the path to becoming a successful contributor at School of Dentistry, IMU. We have a Buddy system here to facilitate your smooth transition to IMU life. Details of your designated buddy and other important contact numbers are given at the end of this welcome guide.

Again, welcome! We hope that your career here will be a gratifying one and that this orientation booklet will be a useful start to IMUnise you!
History of the IMU

The International Medical University (IMU) was originally established as the International Medical College (IMC) in April 1992.

The International Medical University (IMU) started as an exciting venture in medical education in 1991. A team of academicians led by Datuk Dr Kamal Salih, Dr Mei Ling Young, the late Dr Saidi Hashim with the help of Professor Ron Harden and Professor Ian Hart, two world-renowned medical educationists, conceptualised the International Medical College (IMC). Professor Ong Kok Hai joined the team later. This was a unique educational venture established in line with the Malaysian government’s objective of making the country a leading centre of educational excellence in the region and providing more Malaysian students the opportunity to achieve their aspirations to become doctors and healthcare professionals.

The calibre of the medical educationists and the reputation of the Board of Governors initially helped lend credibility to the project. But it was the progressive, systems based, integrated medical curriculum that caught the imagination of the Partner Medical Schools (PMS), which wanted to participate in this innovative although somewhat daring project. After 2 1/2 years of study in the IMC, students would be able to springboard to any of the reputable PMS in the UK and Ireland, New Zealand, Canada, the USA and Australia and receive the degree from the respective university.

The College was officially launched on 13 April 1992 by the then Malaysia’s Education Minister, YB Datuk Amar Dr Sulaiman Haji Daud in Kuala Lumpur. This was a pioneering effort involving a private medical training institution representing a totally new and innovative concept of international partnership for the twenty-first century. The IMC had the full support of the Ministry of Education and Ministry of Health. The institution also had the support of experienced and reputable members of the Board of Governors and members of the Academic Council which consisted of the Deans or their representatives from all the PMS which met at least once a year. With the help of Prof Ron Harden and Prof Ian Hart, an international search for the Foundation Dean started in 1992. An eminent professor of pathology, Emeritus Prof John S Beck from the University of Dundee was appointed the Foundation Dean of the IMC. Sir Patrick Forrest, Emeritus Professor of Surgery from the University of Edinburgh joined as the Associate Dean later. In 1993, the IMC took in its pioneer batch of 75 medical students.

In 1996, after the medical curriculum had run its full course and consolidated, the IMC felt it was timely to start a collaborative pharmacy programme with the University of Strathclyde, in response to the acute need of pharmacists in Malaysia. In 1998, the pioneer class of medical and pharmacy students graduated from the Partner Universities.

On 4 February 1999, the IMC was granted university status and became the International Medical University (IMU) thus providing an additional option for students to read the whole medical degree in Malaysia, the MBBS (IMU). The IMU Clinical School in Seremban took in its first cohort of 46 students in September 1999. The late YABhg Tun Dr Mohamed Zahir Haji Ismail, Speaker of the House of Representatives became IMU’s first Chancellor.

As the student population grew, the IMU moved from its campus in Petaling Jaya to a new and larger campus in Bukit Jalil on 1 January 2000. More PMS, particularly in Australasia and the UK then joined our consortium. Having established a reputation as a premier private medical university with high calibre international connections, the IMU strives to innovate in medically related education by developing novel curricula, new ways of delivery and assessment.
About the University

*International Medical University (IMU) is the pioneer private medical university in the country.*

The International Medical University began in 1992 as the International Medical College, or IMC, Malaysia’s first private medical college. IMC became a University in 1999, but the University has remained true to key elements of the IMC vision, which are to widen access to professional healthcare education, and to use innovative, integrated and student-centred means in providing that education.

This vision required strong links to be forged, from the outset, with reputable Partner Medical Schools committed to excellence and who share our educational philosophy. It was our progressive, systems based, integrated medical curriculum that first caught the imagination of our Partner Medical Schools, and today we collaborate with 26 such Schools in Australasia, North America, Ireland and the United Kingdom. We have a Partner Pharmacy School in Scotland and are establishing partnerships with some in Australia.

Since 1999 the University’s growth and development has been in developing clinical schools in Seremban and Batu Pahat, our own Honours degree courses in Pharmacy and Nursing, and in establishing research as a core activity, together with development of postgraduate research Masters and PhD programmes. We are already the preferred private school for medicine and pharmacy in Malaysia. Our growth has been supported by heavy investment in infrastructure development and expansion at Bukit Jalil and Seremban, and in the recruitment of staff of high calibre. In 2008, we have introduced Honours degree courses in Dentistry, Nutrition & Dietetics, Medical Biotechnology, Psychology, Biomedical Science and in Pharmaceutical Chemistry. In common with our MBBS, BPharm and BNursing, these new courses have been designed from first principles by our faculty. We believe our courses to be progressive and innovative, and we strive to use best practice in their delivery and assessment.

This year the University turns 17. We continue to seek to widen access to healthcare education, and to grow into a centre of healthcare educational excellence in the Asia-Pacific region.
Mace & Logo

**The University Mace**

The mace is the symbol of authority of the International Medical University (IMU). The globe at the top symbolises the international nature of the University. Gold denotes the quality of education provided by the IMU. The seven kris (traditional Malay weapon) represent the nations participating in the International Medical Consortium. The songket motif symbolises the country's cultural tradition. The bunga raya (hibiscus) is Malaysia’s national flower. The five facets of the mace signify the five continents of the world.

The second ring consists of the logo of the IMU to signify its new charter as a University. Below the second ring of the mace are the logos of the original five Partner Medical Schools which helped start this innovative medical programme.

The original International Medical College emblems are etched on each side of the brace in the middle ring of the mace. Below the third ring are the logos of the International Partner Universities involved through their medical schools in the International Medical Consortium.

The bottom part of the mace is carved in the shape of the Kelantanese gasing (spinning top), another symbol of Malaysian culture.

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**The Logo**

The initials IMU represent the name of the University. The three strips on the "I" represents the three pillars of **Innovation**, **Imagination** and **Insight**.

The serpent and staff are the traditional symbols for medicine, which is the educational focus of the University. The colour white denotes integrity.

The globe stands for international connections: the IMU as a member of the International Medical Consortium, both in terms of partnerships with many well-known foreign universities, as well as its international faculty and student body.

The tilted square represents the mortar-board, which is the symbol of academia in relation to the community. The colour blue in its two shades stands for peace and harmony.

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The Motto "**Together, Learning for Health**" is the IMU motto. The search for knowledge is a lifelong process. With the explosion in information, the growth of enabling technologies such as Information and Communications Technology and the globalisation of education, learning and discovery increasingly involve the sharing of resources and knowledge amongst communities of practice.
IMU Senior Management

YBhg Tan Sri Dato’ Dr Abu Bakar Suleiman, President

Dr Mei Ling Young
Provost

Prof Peter Pook Chuen Keat
VP & Executive Dean, Faculty of Medicine and Health

YBhg Prof Dato’ Dr (Mrs) ST Kew
Dean, Clinical School

Prof Victor Lim
Vice President Academic Affairs

Prof Toh Chooi Gait
Dean, School of Dentistry

Prof John Paul Judson
Dean, Medical Sciences

Prof Mak Joon Wah
Dean, Postgraduate Studies and Research

Prof Khoo Suan Phaik
Associate Dean, Oral Sciences

Prof Ramesh C Jutti
Dean (Teaching and Learning)
& Co-Director Centre for Medical Education

Prof Ong Kok Hai
Director of External Affairs

Prof Sambandam Elango
Associate Director and Chairman, Assessment Centre

Christy Chiu
Chief Financial Officer

Francis Wen
Head of Human Resource and Facilities Management & Administration

Kenneth Koh
Head of Business Development
The core of our teaching: A Student-Centered Approach

In student centered teaching, we plan our teaching, and our assessment around the needs and abilities of our students. The main idea behind the practice is that learning is most significant when topics are relevant to the students’ needs, and interests and when the students themselves are actively engaged in creating, understanding, and connecting to knowledge. Students have higher motivation to learn when they feel they have a real stake in their own learning. Instead of the teacher being the only, dependable source of information, then, the teacher shares control of the classroom and students are allowed to explore, experiment, and discover on their own. The students are not just memorizing information, but they are allowed to work with and use the information alone or with peers. Their diverse thoughts and perspectives are a necessary input to every class. The students are given choices and are included in the decision-making processes of the classroom. The focus in these classrooms is on options, rather than uniformity. Essentially, "learners are treated as co-creators in the learning process, as individuals with ideas and issues that deserve attention and consideration."
Before Coming to Malaysia:

**Driving License:** Instructions for converting driving license from Non Malaysians
- Expatriates with valid work permit exceeding one year from the Department of Immigration
- Spouses or children of expatriates with valid dependent passes exceeding one year from the Department of Immigration
- Spouses of Malaysians who are foreigners must have Permanent resident status to be eligible to apply

**Required documents:**
- Application Form ‘Lampiran B-2’ duly completed (available at the office reception free of cost)
- Certified copy of valid foreign driving license
- Certified copy of passport and relevant work permits/dependent passes
- Translated script (if the license is in other than English language) in English or Bahasa Malaysia by the Embassy of the issuing country or licensing authority

- Please check the compatibility for exchange of driving license

Call 0060- 3-8886-6400 for enquiry at Putra Jaya for any details

**Documents to carry**
1. Passport copy and original
2. Malaysian Visa in passport copy and original
3. Job offer letter copy and originals
4. Consulate endorsed copy of the original license from the country of origin

After Reaching Malaysia:

**The Buddy System:** To make your transition to Malaysia more comfortable, we have introduced the buddy system to help ease you into the IMU. Your buddy contact is your eyes into the world here. The email and phone contact is given at the end of this booklet. Feel free to ask him/her any questions you may have.

Finding Us:
Welcome to Malaysia
About Malaysia:

Geography

Malaysia is located in south-east Asia bordering the South China Sea between Vietnam and Indonesia. It occupies a total area of 329,750 sq km of which 328,550 sq km is on land. The country has 2,669 km of land boundaries and 4,675 km of coastline. A map of Malaysia is available. The climate is tropical - annual south-west monsoons from April to October and north-east monsoons from October to February. Malaysia is subject to flooding. The terrain consists of coastal plains rising to hills and mountains. Natural resources include tin, petroleum, timber, copper, iron ore, natural gas and bauxite.

People

The demographics of Malaysia are represented by the multiple ethnic groups that exist in this country. Malaysia's population, as of July 2010, is estimated to be 28,250,500, which makes it the 44th most populated country in the world. Of these, 5.72 million Malaysians live in East Malaysia and 22.5 million live in Peninsular Malaysia. Malaysian population continues to grow at a rate of 2.4% per annum; about 34% of the population is under the age of 15. Malays and other Bumiputera groups make up 65% of the population, Chinese 26%, Indians 7.1% and other unlisted ethnic groups 1%. [http://en.wikipedia.org/wiki/Demographics_of_Malaysia]

Government

The Malaysian government is a constitutional monarchy. The capital is Kuala Lumpur. The national holiday is on 31 August (1957). Malaysia's flag consists of fourteen equal horizontal stripes of red (top) alternating with white (bottom). There is a blue rectangle in the upper hoist-side corner bearing a yellow crescent and a yellow fourteen-pointed star. The crescent and the star are traditional symbols of Islam.

Kuala Lumpur

Kuala Lumpur and often abbreviated as K.L. is the capital and largest city of Malaysia. The city proper, making up an area of 244 km² (94 sq mi), has an estimated population of 1.6 million in 2006. Greater Kuala Lumpur, also known as the Klang Valley, is an urban agglomeration of 7.2 million. It is the fastest growing metropolitan region in the country, in terms of population as well as economy. Kuala Lumpur is the seat of the Parliament of Malaysia.

Communications

Malaysia has 1,801 km of railroads, 29,026 km of highways and 7,296 km of inland waterways. The ports are in Tanjong Kidurong, Kota Kinabalu, Kuching, Pasir Gudang, Penang, Port Kelang, Sandakan and Tawau. There are about 100 airports.
In Malaysia according to Article 152 of the Federal, Malay is the official language of Malaysia. Following are Malay phrases, expressions and words, also called Malaysian conversation and idioms, Malay greetings and survival phrases or simply if you want to know what to say when chatting.

<table>
<thead>
<tr>
<th>English Phrases</th>
<th>Malay Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>English Greetings</strong></td>
<td><strong>Malay Greetings:</strong></td>
</tr>
<tr>
<td>Hi!</td>
<td>Hi!</td>
</tr>
<tr>
<td>Good morning!</td>
<td>Selamat Pagi</td>
</tr>
<tr>
<td>Good evening!</td>
<td>Selamat Petang</td>
</tr>
<tr>
<td>Welcome! (to greet someone)</td>
<td>Selamat Datang</td>
</tr>
<tr>
<td>How are you?</td>
<td>Apa Khabar?</td>
</tr>
<tr>
<td>I’m fine, thanks!</td>
<td>Khabar Baik, Terima Kasih</td>
</tr>
<tr>
<td>And you?</td>
<td>Bagaimana Dengan Anda?</td>
</tr>
<tr>
<td>Good/ So-So.</td>
<td>Khabar Baik Juga</td>
</tr>
<tr>
<td>Thank you (very much)!</td>
<td>Terima Kasih Berbanyak-Banyak</td>
</tr>
<tr>
<td>You’re welcome! (for “thank you”)</td>
<td>Sama-sama</td>
</tr>
<tr>
<td>Hey! Friend!</td>
<td>Hi, Kawan!</td>
</tr>
<tr>
<td>I missed you so much!</td>
<td>Saya Amat Merindui Anda</td>
</tr>
<tr>
<td>What’s new?</td>
<td>Khabar Terbaru?</td>
</tr>
<tr>
<td>Nothing much</td>
<td>Sama Sahaja</td>
</tr>
<tr>
<td>Good night!</td>
<td>Selamat Malam</td>
</tr>
<tr>
<td>See you later!</td>
<td>Jumpa Lagi</td>
</tr>
<tr>
<td>Good bye!</td>
<td>Selamat Jalan</td>
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</tbody>
</table>

**Asking for Help and Directions**

<table>
<thead>
<tr>
<th>English Phrases</th>
<th>Malay Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m lost</td>
<td>Saya Tersesat</td>
</tr>
<tr>
<td>Can I help you?</td>
<td>Bolehkah Saya Membantu Anda?</td>
</tr>
<tr>
<td>Can you help me?</td>
<td>Bolehkah Anda Membantu Saya?</td>
</tr>
<tr>
<td>Where is the {bathroom/ pharmacy}?</td>
<td>Di manakah {bilik mandi/ farmasi}?</td>
</tr>
<tr>
<td>English Phrases</td>
<td>Malay Phrases</td>
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<tr>
<td>-----------------------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>Go straight! then turn left/ right!</td>
<td>Jalan Lurus/ Kemudian Pusing Kiri/ Kanan</td>
</tr>
<tr>
<td>I'm looking for john.</td>
<td>Saya Sedang Mencari John.</td>
</tr>
<tr>
<td>One moment please!</td>
<td>Sila Tunggu Sebentar.</td>
</tr>
<tr>
<td>Hold on please! (phone)</td>
<td>Sila Tunggu Sebentar.</td>
</tr>
<tr>
<td>How much is this?</td>
<td>Apakah Harga Barang Ini?</td>
</tr>
<tr>
<td>Excuse me ...( to ask for something)</td>
<td>Encik? (for male) Cik? (for female) + request</td>
</tr>
<tr>
<td>Excuse me! ( to pass by)</td>
<td>Maafkan Saya...</td>
</tr>
<tr>
<td>Come with me!</td>
<td>Maafkan Saya...</td>
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</tbody>
</table>

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<tr>
<th>How to Introduce Yourself</th>
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<tbody>
<tr>
<td>Do you speak (English/ Malay)?</td>
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<tr>
<td>Just a little.</td>
</tr>
<tr>
<td>What's your name?</td>
</tr>
<tr>
<td>My name is ...</td>
</tr>
<tr>
<td>Mr.../ Mrs..../ Miss...</td>
</tr>
<tr>
<td>Nice to meet you!</td>
</tr>
<tr>
<td>You're very kind!</td>
</tr>
<tr>
<td>Where are you from?</td>
</tr>
<tr>
<td>I'm from (the U.S/ Malaysia)</td>
</tr>
<tr>
<td>I'm (American)</td>
</tr>
<tr>
<td>Where do you live?</td>
</tr>
<tr>
<td>I live in (the U.S/ Malaysia)</td>
</tr>
<tr>
<td>Did you like it here?</td>
</tr>
<tr>
<td>Malaysia is a wonderful country</td>
</tr>
<tr>
<td>What do you do for a living?</td>
</tr>
<tr>
<td>I work as a (translator/ businessman)</td>
</tr>
<tr>
<td>I like Malay</td>
</tr>
<tr>
<td>I've been learning Malay for 1 month</td>
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</tbody>
</table>
### How to Introduce Yourself

<table>
<thead>
<tr>
<th>English</th>
<th>Malay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oh! That's good!</td>
<td>Oh! Baiknya!</td>
</tr>
<tr>
<td>How old are you?</td>
<td>Berapakah Umur Anda?</td>
</tr>
<tr>
<td>I'm (twenty, thirty...) years old.</td>
<td>Saya Berumur (Dua Puluh, Tiga Puluh...) Tahun.</td>
</tr>
<tr>
<td>I have to go</td>
<td>Saya Terpaksa Berangkat/ Pergi</td>
</tr>
<tr>
<td>I will be right back!</td>
<td>Saya Akan Balik/Pulang</td>
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</tbody>
</table>

### Wish Someone Something

<table>
<thead>
<tr>
<th>English</th>
<th>Malay</th>
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</thead>
<tbody>
<tr>
<td>Good luck!</td>
<td>Semoga Berjaya!</td>
</tr>
<tr>
<td>Happy birthday!</td>
<td>Selamat Hari Jadi!</td>
</tr>
<tr>
<td>Happy new year!</td>
<td>Selamat Tahun Baru Cina!</td>
</tr>
<tr>
<td>Merry Christmas!</td>
<td>Selamat Hari Krismas!</td>
</tr>
<tr>
<td>Congratulations!</td>
<td>Tahniah!</td>
</tr>
<tr>
<td>Enjoy! (for meals...)</td>
<td>Sila Menjamu Selera!</td>
</tr>
<tr>
<td>I'd like to visit Malaysia one day</td>
<td>Saya Berhasrat Melawat Malaysia Suatu Hari Nanti.</td>
</tr>
<tr>
<td>Say hi to John for me</td>
<td>Tolong Sampaikan Ucap Selamat Saya Kepada John</td>
</tr>
<tr>
<td>Bless you (when sneezing)</td>
<td>Rahimaka Allah! Or Alhamdulillah!</td>
</tr>
<tr>
<td>Good night and sweet dreams!</td>
<td>Selamat Malam.</td>
</tr>
</tbody>
</table>
Public Transport and Other Facilities:

There is good intercity telecommunication service provided on Peninsular Malaysia mainly by microwave radio relay. Intercity microwave radio relay network between Sabah and Sarawak via Brunei is adequate.
Help with Relocation:

Banking account:

IMU pays staff’s salary and all other remuneration directly into staff’s CIMB bank account. To open an account, you will need to take your IMU appointment letter to CIMB, fill in the form, check your preferred choice of Savings account and submit. The bank will verify and open the account consequently. If you need a cheque book, you will have to open a current account which you can submit online. The bank will then get back to you once the details are finalized. All your banking can then be done online via the CIMB website (www.cimbbank.com.my). You can apply for a credit card once the account is open and choose from a variety of options of the card that suits your needs.

Alternatively you may wish to apply for an internet account whereby all statements and transactions can be done electronically. You will also be provided with cheque book under this type of account. Interest is also given for your balance saved in this account.

Additional accounts in other banks may be opened too by similar means.

Money Transfer:

Malaysia Customer Care Line at 1-800-813-399 (toll-free; valid for calls within Malaysia only).
http://www.westernunion.com.my/

You can use MoneyGram® services at selected branches of Ez Money Express, International Money Express (IME) and Maybank.
https://www.moneygram.com/

Money Changers:

Money changers are available in most malls though exchange rates will vary.
**Mobile Communications:**

Handphones (cellphones) are readily available by a range of companies. The most popular tend to be Celcom, Maxis, Digi and Umobile. Digi tends to be relatively inexpensive, but provides sketchy coverage. Maxis provides better coverage, but many find that Celcom signals are readily available in remote areas, even islands off Malaysia’s coasts. If you choose to go with Celcom, the best way to get a pre-paid connection is from KLIA airport on your arrival at a booth near the arrival hall. The connection can be bought for RM 8 and topped up to any figure you desire.

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**Accommodation:**

It is relatively easy to find accommodation according to your taste and budget in KL. The Bukit Jalil area is beautiful and secluded from the hustle bustle, though a 15 minute drive away from the city centre. Most condos are available fully or partially furnished and some essentially opposite the IMU if proximity is what you desire.

Landed property (houses) will be more slightly more expensive, but will normally be unfurnished. Information about accommodation can be found at:

- [www.starproperty.my](http://www.starproperty.my)
Logistics (Personal Transport):

New cars are relatively expensive in Malaysia. However, one can get great deals on used cars and get some in prime condition at reasonable prices. Malaysian models will tend to be cheaper than foreign brands.

www.topmark.com.my/
www.autoworld.com.my/
www.motortrader.com.my/
http://www.mudah.my/Malaysia/Cars-for-sale-1020

Taxi Service

Airport Limo & Taxi Service
Tel: 03 9223 8080, 03 9223 8949 (Booking Centre)
Tel: 03 8787 3675 (Klia Counter)

City Line
Tel: 03 9222 2828

Comfort Radio Taxi
http://www.comfortcab.com.my/
7 Jalan 1/46A, Selingsing 7, Taman Niaga Waris, Jalan Kuching, 51200 Kuala Lumpur
Tel: 03 8024 2727, Fax: 03 8024 1111

Eco Transit
Tel: 03 5512 2266

Hotline Radio Taxi
Tel: 03 255 3399

Mesra Cab
Tel: 03 4043 0659

Oriental Radio Taxi
Tel: 03 2694 4718

Persatuan Radio Teksi Selangor & Wilayah Persekutuan
Tel: 03 2693 6211

Public Cab - Maxi Cab with online booking of cabs
http://www.publiccab.com.my/
Tel: 03 6259 2020

Radio Taxi.
Tel: 03 9221 7600

Saujana Teksi
Tel: 03 2162 8888
Sunlight Radio Taxi
http://www.sunlighttaxi.com/
Tel: 03 9057 1111, 03 9057 5757 - Town Taxi Dial-a-Cab / Booking (Klang Valley)
Tel: 03 9058 1166 - Premier Taxi Dial-a-Cab / Booking (Klang Valley)
Tel: 07 357 1111, 07 354 9955 (Town Taxi Dial-a-Cab / Booking (JB, Johor)

Supercab
Tel: 03 2095 3399

SW Radio Taxis
Tel: 03 2693 6211

TeleCab
Tel: 03 4042 1019

UpTown Ace SuperCab
http://www.uptownace.com.my/
Tel: 03 9283 2333

Wira Cab
Tel: 03 2144 3630
Eating Out:

KL is a gastronomic paradise, and one can find any type of food as one desires.

Television:

Pay per view satellite television network station, operated by MEASAT Broadcast Network Systems Sdn Bhd.
Tel (Local): 1300 82 3838
To contact from abroad/overseas Tel: 00603 9543 4129
Fixed line Phone:

Calling Malaysia on a land line number from overseas is comparatively cheap as compared to calling hand phone or mobile.

http://www.tm.com.my/
General Line: +603 2240 9494
Call Centre: 100
Email: help@tm.com.my

http://www.time.com.my/
Telephone: 03 5021 2122 (24/7 customer service line)
Fax: 03 5032 6579

ONLINE Connectivity:

Streamyx
Email: customerservice@time.com.my
Leading Internet and multimedia services provider
isp.tm.net.my Tel: 1300-88-1515 / 1300-88-9515 (Streamyx)
Technical Support - www.tmmsupport.net.my

TIME Broadband - by Time Dotcom
http://timebroadband.time.com.my/
Tel: 1800-381-322

Celcom.net
http://www.celcom.net.my/
15th Floor Menara Celcom, 82 Jalan Raja Muda Abdul Aziz, 50300 Kuala Lumpur
Tel: 03 2688 3939

Maxis - Mobile telco and broadband provider
Tel: 1800-82-8998
Maxis Wireless LAN (W-LAN) Service

DiGi's Mobile Internet with GPRS & EDGE (Enhanced Data Rates for Global Evolution)
http://www.digi.com.my/mobile/edge/
Tel: 016 221 1800 (Customer Service)
EDGE Coverage Areas

U-Mobile - Surf With U - 3G wireless broadband provider
U Mobile Customer Service Center
Lot G04, Berjaya Times Square, 1 Jalan Imbi, 55100 Kuala Lumpur
Tel: 018 388 1318
Emergency numbers in Kuala Lumpur:

- Emergencies Police/Ambulance 999
- Civil Defence 991
- Fire & Rescue 994
- To Call from any Handphones 112
- Electrical Breakdown 15454
- Gas Emergency 995
- Water Woes (Selangor) 1-800-88-5252

Lab coats and clinic tunics:

Lab coats and clinic tunics will be provided by the IMU. Lab coats will be available in S, M, L and XL, whilst clinic tunics will be customised for all staff by a tailor.

There is a set protocol for stationery, and while new staff will get the standard items, additional items are readily available after approval from the Dean’s office.

Indemnity insurance:

Indemnity insurance is provided by IMU but covers the OHC. Staff is recommended to purchase their own coverage, which can be arranged for them.

Groceries and Amenities:

Groceries and amenities are a stone’s throw away at Carrefour in Endah Parade, whilst many condos have their own convenience stores.
**Touch ‘n Go card:**

Touch ‘n Go card is an electronic purse that can be used at all highways in Malaysia, major public transports in Klang Valley, selected parking sites and Theme Parks.

Touch ‘n Go uses contactless smartcard technology. The card looks similar to a credit card. User can continue using the card as long as it is pre-loaded with electronic cash. User can reload the card at toll plazas, train stations, Automated Teller Machines, Cash Deposit Machines, Petrol kiosks and at authorized third party outlets. Reload denomination is ranging from RM20 to RM500.

**SmartTAG**

SmartTAG is the Malay acronym for “Sistem Membayar Automatic Rangkaian Tol,” or literally means Automatic Payment System For Toll Network. It is a vehicle on-board unit that works in combination with the Touch ‘n Go card to allow user to pay toll with drive-through convenience.
International Schools in Kuala Lumpur:

A list of international schools

Generally speaking expats find it more convenient to enrol their children in international schools, the reason being that the medium of instruction is English. Government schools generally have Bahasa Malaysia as the mode of instruction, and if the child is young, you may prefer them.

We have compiled a list of international schools and private colleges in and around Kuala Lumpur. It's up to you to check the school suitability for your children.

There are many types of International Schools in KL. The two major types are based either on the British Curriculum or the American Curriculum. There are also French, Indonesian, Japanese, Islamic, Deutsche (German) and Australian international schools. The faculty or other colleagues at IMU can help you in making the right decision.

**British Curriculum**
- Alice Smith International School (Primary)
  2 Jalan Bellamy, Kuala Lumpur
  Tel: (03)2148 3674
  Fax: (03)2148 3418
  www.alice-smith.edu.my
- Alice Smith International School (Secondary)
  3 Jalan Equine, Taman Equine, Seri Kembangan, Selangor
  Tel: (03)9543 3688
  Fax: (03)9543 3788
  www.alice-smith.edu.my
- Cempaka International School
  Persiaran Awana, Cuepacs Garden, Kuala Lumpur
  Tel: (03)9076 8400
  Fax: (03)9076 8194
- ELC International School
  Lot 3664, Jalan Sierramas Barat, Sierramas, Sungai Buloh, Selangor
  Tel: (03)6156 5001
  Fax: (03)6156 5003
  www.elc.edu.my
- Fairview International School
  260 Jalan Ampang, Selangor
  Tel: (03)4253 2233
  Fax: (03)4253 2223
  www.fairview.edu.my
- Garden International School Kuala Lumpur
  16 Jalan Kiara 3, Off Jalan Bukit Kiara, Kuala Lumpur
  Tel: (03)6209 6888
  Fax: (03)6201 2468
  www.gardenschool.edu.my

**American Curriculum**
- International School of Kuala Lumpur (ISKL)
  P.O Box 12645, 50784 Kuala Lumpur
  Tel: (03)4259 5600
  Fax: (03)4257 9044
  www.iskl.edu.my
- Mont'Kiara International School (Elementary)
  22, Jalan Kiara, Mont' Kiara, Kuala Lumpur
  Tel: (03)2093 8604
  Fax: (03)2093 6045
  www.mkis.edu.my

**Others**
- Australian International School, Malaysia
  22 Jalan Anggerik, The MINES Resort City, Sri Kembangan,Selangor
  Tel: (03)8943 0622
  Fax: (03)8948 4522
  www.aism.edu.my
- CAHP (Handicapped Persons)
  Ukay Heights, Ampang, Selangor
  Tel: (03)4256 3531
  Deutsche Schule Kuala Lumpur
  Lot 5, Lorong Utara B, Petaling Jaya, Selangor
  Tel: (03)7956 5557
  Fax: (03)7956 7557
  www.dskl.edu.my
- French International School of Kuala Lumpur
  8A, Jalan Tun Ismail, Kuala Lumpur
  Tel: (03)2691 3850
  Fax: (03)2693 6450
  www.lfkl.edu.my
Tanarata International School  
Planter’s Grounds, Kajang-Serdang Road  
(20 mins from IMU)  
Tel: (03) 8737 7366  
Fax: (03) 8734 3848  
www.tanarata.net

MAZ International School  
No 1, Maz House, Road 20/19,  
Paramount Garden, Petaling Jaya  
Tel: (03)7874 2930  
Fax: (03)7874 0727

Mutiara International Grammar School  
Lot 707, Jalan Kerja Ayer Lama,  
Ampang Jaya  
Tel: (03)4252 1452  
Fax: (03)4252 3452  
www.migs.edu.my

Sayfol International School  
261 Jalan Ampang, Kuala Lumpur  
Tel: (03)4256 8781  
Fax: (03)4257 9464

Utama International School  
Blok B3, Lot 27A, Jalan Usahawan 5,  
Setapak, Kuala Lumpur  
53200 Kuala Lumpur  
Tel: (03)4021 2490  
Fax: (03)4024 5227

Indonesian School of Kuala Lumpur  
Jalan Tun Ismail, Kuala Lumpur  
Tel: (03)2692 7682

Japanese School of Kuala Lumpur  
Saujana Resort Seksyen U2, 40150 Shah Alam, Selangor  
Tel: (03)7846 5939  
Fax: (03)7846 5949  
www.jskl.edu.my

International Islamic School  
2230, KM 17, Jalan Gombak Kuala Lumpur  
Tel: (03)6186 1521  
Fax: (03)6188 6751  
www.iis.edu.my

Beaconhouse [Sri Petaling]  
No. 32A, Lorong Pikrama 1, Bandar Baru Sri Petaling, 57000 Kuala Lumpur Malaysia  
Tel: +603 9059 2133  
Email: sri-petaling@beaconhouse.edu.my  
http://www.beaconhouse.edu.my/pre-schools/sri-petaling/about.html
Buddy Contact: Dr Thomas Mathew
Office [DID]: +60 3 - 27317600
Mobile/Cell: +60 16 4844537
eMail: thomas_mathew@imu.edu.my

School Secretary’s Contact: +60 3 2731 7440
IMU Main Line: +60 3 8656 7228
Our Core Values

TRUST

Trustworthy
We are trustworthy and stand for integrity, reliability and commitment

Responsive
We are responsive to change and people’s needs

Unity
We are united to achieve a common goal

Service
We are committed to providing outstanding service

Tenacity
We are tenacious in the pursuit of excellence

TRUST builds Tomorrow’s Leaders
We transform and inspire individuals to be tomorrow’s leaders
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Message from the Dean

Dear Colleague,

Welcome to IMU and we look forward to your contribution to the success of our contemporary dental programme! To do so there will be need to understand our system better and it is the aim of this booklet to assist you in understanding the system used in our dental school and the various teaching/learning and assessment processes. In IMU, there is support for you to adapt to the system used through our Buddy system, prepared guidelines and training courses (some of which are compulsory for all new staff). We also have a Faculty Development Plan in place whereby staff can identify their own needs for training and experience required to assist the staff progress as an academic in the various activities in education, research and administration.

Our dental programme is unique as we need to prepare the students to be global citizens to acquire learning skills to adapt to both traditional and contemporary ways of learning as some may proceed to one of our partner dental schools to continue their education. As such staff are required to facilitate this learning process by being student-centred and outcome focused rather than the traditional manner practised in the majority of dental schools in Asia that are teacher-centred. If you are used to a teacher-centred system, there is need to have a paradigm shift and adopt a student-centred system whereby the staff is expected to ask the student questions to stimulate them to think and look for answers rather than spoon feed them with lots of information. Students need to feel safe to share their thoughts and opinions from what they have read and learned with staff without fear of ridicule from staff or their classmates. We consider that to have this happen, we adopt the belief that there is no stupid question nor answer.

In stimulating critical thinking, there is need to ask “Why?” rather than questions that requires basic recall of knowledge such as “What?” and “How?”. We would rather that students understand principles and be able to apply them rather than regurgitate information learned. This will challenge staff too to be current and accept the fact that the students are allowed also in turn to ask staff questions. It is only by cultivating an enquiring mind will we groom our students to be more prepared for the future as most of the information learned today may be obsolete in a few years. We encourage our students to carry out research to find answers for themselves. Thus although not required in the syllabus to carry out experimental research in Phase 1, they are welcome to participate voluntarily in research if they so wish.

Our university also strive to have good values (T.R.U.S.T) that each staff is expected to internalise and be role models for students. We hope to inculcate caring attitudes in all of our students and thus they are active together with staff to carry out community services. Thus staffs are expected each year to contribute to such activities that are enriching and promote dentistry to the community.

We pride ourselves to be a leading institution in medical education (including dental education) and thus our university provides support for staff to be innovative in delivering of teaching/learning and assessment techniques. We are proud that as a young school our staff have taken up the challenge of
adopting novel ideas in delivering our curriculum and utilizing student-centred activities such as story-telling, debate, video making and working with other healthcare programmes such as chiropractic programme besides the established techniques of problem-based learning, case-based learning and task based learning in IMU. You are encouraged with other colleagues not only in the dental school but with other healthcare professionals in the university for academic activities including research.

In our contemporary curriculum, there is integration of disciplines to provide a more holistic approach to patient care. Thus all staffs are expected to keep abreast with basic dentistry and be able to supervise effectively in the Dental Care Centre and Oral Health Centre in all forms of exercises and patient care respectively in Phase 1 of the dental programme. To avoid confusion and conflict of ideas of patient management, each staff is expected to be well-versed with the philosophy of the school as well as techniques taught. Project leaders are those staffs who have taken the responsibility in designing specific projects for delivery based on our IMU system. New staff can seek out the project leaders for briefing of related projects rather than from the assigned buddy. Although we have a formal structure for the dental school, for operational matters, we work in teams in work groups and committees. You are encouraged to contribute your efforts and skills in these workgroups for an enriching experience rather than confine to work related to your discipline only.

In IMU, as a leading private institution, each staff also has corporate duties to assist in promoting our programmes to the public and provide counseling to potential students and their parents/guardians. Training is also provided to familiarise staff with such duties. We also select medical and dental students through interviews besides looking at their academic achievements. All IMU staffs are expected to volunteer to interview students and be active in selecting suitable students for our medical and dental programmes.

IMU is a learning organization and it supports learning for all staff besides students. We hope you will find your experience in IMU enriching and enjoy working with our team. Wishing you a speedy settling in to our system and a warm welcome to IMU dental family!

Best wishes,

Professor Toh Chooi Gait

Dean, School of Dentistry
Welcome to the
School of Dentistry,
International Medical University

The International Medical University (IMU) began in 1992 as the International Medical College, or IMC, Malaysia’s first private medical college. IMC became a University in 1999, but the University has remained true to key elements of the original IMC vision, which are to widen access to professional healthcare education, and to use innovative, integrated and student-centred means in providing that education.

This vision required strong links to be forged, from the outset, with reputable Partner Medical Schools committed to excellence and who share our educational philosophy. It was our progressive, systems based, integrated medical curriculum that first caught the imagination of our Partner Medical Schools, and today we collaborate with partner universities in Australasia, North America, Ireland and the United Kingdom. This successful collaboration then expands to the pharmacy and health sciences programmes at world-class universities in Scotland, Australia, New Zealand and China.

Since 1999, the University’s focus has been in developing clinical schools in Seremban, Batu Pahat and Kuala Pilah, and develops our own Honours degree courses in Pharmacy and Nursing, and in establishing research as a core activity, together with development of postgraduate research-oriented Masters and PhD programmes. We are already the preferred and leading
private education for medicine and pharmacy in Malaysia. Our growth has been supported by heavy investment in infrastructure development and expansion at Bukit Jalil and Seremban, and in the recruitment of staff of high calibre. In 2008, we introduced Honours degree courses in Dentistry, Nutrition & Dietetics, Medical Biotechnology, Psychology, Biomedical Science and in Pharmaceutical Chemistry. Just like our MBBS, BPharm and BNursing, these courses have been designed from first principles by our faculty. Bachelor of Nursing Science (Hons) was introduced in 2009, a programme targeted solely for registered nurses to upgrade their qualification from diploma to degree level.

In 2010, we introduced the Chiropractic programme, the first of its kind and only complete educational programme in Malaysia and in Southeast Asia. In February 2011, IMU launched the Chinese Medicine programme. The programme focuses on combining medical education and scientific research, offering the full array of both Chinese and Western Medicine.

To date, the University offers undergraduate degree programmes in Medicine, Dentistry, Pharmacy, Pharmaceutical Chemistry, Nursing, Nursing Science, Nutrition & Dietetics, Psychology, Biomedical Science, Medical Biotechnology, Chiropractic, Chinese Medicine as well as postgraduate degrees such as MSc in Medical Sciences or Community Health by research and PhD in Medical & Health Sciences by research. We believe our courses to be progressive and innovative, and we strive to use best practices in their delivery and assessment.

We continue to seek to widen access to healthcare education, and to grow into a center of healthcare educational excellence in the Asia-Pacific region.

The dental programme in IMU is innovatively designed to provide early clinical exposure and various forms of learning activities to promote critical reasoning, develop professionalism and life-long learning.
Trustworthy

We are trustworthy and stand for integrity, reliability and commitment

TRUST builds Tomorrow’s Leaders

We transform and inspire individuals to be tomorrow’s leaders
Vision & Quality Policy

Vision

IMU shall be an innovative global centre of excellence in learning and research, supporting a community of scholars and professionals committed to serving society, promoting the development of students to reach their true potential in becoming competent, ethical, caring and inquiring citizens and visionary leaders. IMU is committed to academic freedom and the principles of equal opportunity in the pursuit and application of knowledge, the highest standards of intellectual, educational and research productivity; and the establishment of a learning organisation that respects the individual.

IMU - A Unique International Vision

IMU offers a unique global opportunity for medicine and health sciences professional education. The preclinical course delivered in IMU, Kuala Lumpur leads into the clinical course offered at IMU and 35 partner international research-intensive universities. The international standing and reputation of these universities assure the quality of the IMU curriculum through the Academic Council.

Quality Policy

We aim to be an innovative centre of excellence in learning and research, producing competent, caring and ethical professionals who are lifelong learners. We are committed to achieving the highest standards of intellectual, educational and research productivity.

Organisational Mission

1. Organisation and Management

IMU's goal in organisation and management is to be accountable, fair and transparent in employment with equal opportunities, and be efficient in managing all the activities of the University and its members.

2. Professional Development

Its goal is to provide an attractive and conducive environment to achieve the long-term potential of staff and students in the context of IMU as a learning organisation.
3. Community Relations

The goal is to foster close relationships with the Ministry of Health and the Ministry of Higher Education in Malaysia, as well as with the industry, the community and other educational and research institutions.

4. Internationalisation

The goal is to maintain and enhance IMU’s international partnerships and activities in order to position the IMU as a top-ranking international university.
Responsive
We are responsive to change and people's needs

TRUST builds Tomorrow's Leaders
We transform and inspire individuals to be tomorrow's leaders
Educational Mission

As an educational institution, our mission is to:

- further strengthen the IMU as a centre of excellence for undergraduate programmes in medicine, pharmacy and other health sciences programmes

- establish the IMU as a centre for higher education providing training through multidisciplinary programmes

- establish the IMU as a centre for postgraduate training and Continuing Professional Education

- train knowledgeable and skillful professionals with high ethical standards who will be dedicated to serve and improve the quality of life

- train competent professionals with the use of innovative technologies of knowledge especially ICT in the teaching-learning process
THE IMU STATEMENTS

A statement is a spoken or written announcement on an important subject that is made public. The IMU Statements are a collection of written announcements pertaining to important aspects of IMU’s educational philosophy and operations. These statements are explicit declarations of what the terms mean to IMU and the ways in which IMU will operationalize them. The statements currently cover the following aspects:

1. Leadership
2. Ethics and Professionalism
3. Application of knowledge
4. Life-long Learning
5. Inter-professional Learning
6. Teamwork
7. Peer Learning
8. Service to Others

It is expected that similar statements on other important aspects will be added to the collection over time. These statements will be subject to review on a regular basis and amended appropriately.

The primary objectives of the statements are to

- Define and clarify important terms so that everyone in the university have a common understanding of the terms
- Explain the importance of these terms to all stakeholders of IMU
- Describe their operationalization not only in IMU’s academic programmes but in all other university activities as well.
Application of knowledge: Best Evidence and Outcome Based Education

The exponential growth of research and knowledge in health care during the last century has made it pertinent that all the disciplines of health care services follow the ‘Evidence Databases’ to guide practitioners in each discipline1,2,3. David Sackett4 defined evidence-based medicine as "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients". Harden et al., 1999 commented that the adoption of best-evidence-medical-education (BEME) does not require the teacher to be a researcher in education5. The teacher should be able to appraise the evidence available and come to a decision on the basis of his or her professional judgment.

In 2008 International Medical University (IMU) developed its learning model which is in keeping with IMU’s declared pedagogical philosophy which emphasizes learning and where the primary role of faculty is not to teach but to ensure the student has learnt. The learning model declared the University educational philosophy of training health care professionals of the future as knowledgeable acquiring good and competent skills with ability to apply best evidence practice in patient care and management. The University’s philosophy also gave direction towards producing professionals who would be caring, possess an analytical and enquiring mind and practise the culture of lifelong learning. A key element of the Learning Model was the adoption of outcome-based curricula for all IMU’s academic programmes based on the following domains:

1. Application of basic sciences in the practice of the profession
2. Psychomotor skills / Clinical skills
3. Family and community issues in health care
4. Disease prevention and health promotion
5. Communication skills
6. Critical thinking, problem solving and research
7. Self-directed life-long learner with skills in information and resource management
8. Professionalism, ethics and personal development

In keeping with the learning model, all programmes in IMU use curriculum delivery tools which enhance self-directed learning and instil the habit of lifelong learning like problem-based-learning, task-based-learning, seminars, community-based-projects and Community & Family Case Study.
Programmes are also increasing their focus on attainment of competencies. In the medical programme an E-log for clinical competency has been developed based on consensus views built on professional judgment and experience and modelled after the Scottish Doctor (Simpson et al., 20026). The expected clinical competencies in gradually ascending scale of 0 to 4 from semester 1 to semester 10 have been established for the medical programme. In Dentistry competency tests are conducted on patient simulators in the Dental Skills Centre followed later by tests carried out on real patients in the Oral Health Centre. The student has to be certified to be competent in the required tasks before being allowed to next stage. In the Phase III of the Pharmacy programme the student is required to gain the competencies and real-life professional experience of a pharmacist as both scientist and practitioner. In the Nursing programme, a proficiency record log over the 4 years has been developed to ensure that each student acquires the experience and competencies in essential nursing procedures. Students are assigned specific clinical tasks which are their competencies and are assessed by the instructor.

Mapping of outcomes in Phase 1 and Phase 2 of the Medical Program has been completed in compliance with the IMU learning model. The Phase I programme maps the outcomes across semester 1 to semester 5 modules whereas Phase II maps the outcomes across 113 core problems which are designed to encourage problem-based and independent learning.

The exit competencies in both the Phase I and Phase II BDS Dental Programme have also been mapped out. In Pharmacy phase outcomes are mapped under the following domains: (i) professional standards of practice (ii) team work (iii) ethical stance (iv) empathy (v) life-long learning and (vi) evidence-based practice. Similarly all the essential components of the nursing programme including the basic and clinical science knowledge component, the nursing practice and skill components have been determined and mapped from year 1 to year 4.

Outcome based education is implemented in all the other health science programmes and learning outcomes in the different semesters are mapped under the IMU’s outcome domains. The learning taxonomy using the MQA approach of cognitive, psychomotor and affective domains are also being mapped for the modules in different semesters.

References:


Ethics and Professionalism

The tenets of professionalism and ethics are based largely on the principles of beneficence, non-maleficence, respect for autonomy of the patient and justice in health care incorporating attributes of fairness, loyalty and morality. The core values of the International Medical University (IMU) identified by the acronym TRUST enshrines a concept where a value system would be the identifiable factor that contributes to the institute’s unique status and sustenance. For centuries the learning of professionalism and medical ethics remained implicit as students and faculty learned the principles through experience and from role models. To make the teaching of ethics and professionalism explicit all academic programmes of IMU have integrated into the core subjects identified elements of this affective domain. Line managers and corporate staff of the IMU address the domain of ethics and professional practice in dealing with all stakeholders in order to be aligned to the core values identified by the IMU. Professionalism and ethical practice will be the dominant domain which would promote the identity of IMU as an institution of high standing.

A general consensus among educationalists is too much core knowledge has to be mastered without developing the personal skills and appropriate attitudes for the practice of medicine. Professional and regulatory bodies lament that a paradigm shift is apparent in that medicine and the other life sciences are no longer a ‘calling’ but a pathway to a career.

Several factors have been implicated as barriers in heath professional education, including the diminishing role of the master practitioner who is not within easy reach of large number of students in the present environment where medicine and other health programmes are taught. Distributed learning through multi-site and multi-mode approaches is now a necessity. Conventional face to face teaching is not always possible because of logistics and accessibility to learning opportunities. Such systems may also not be necessary if there is adequate courseware that can be delivered efficiently incorporating a robust evaluation and assessment system. The role of e-learning has enabled changes to be made to conventional teaching and improved communication through the electronic media has been put to good use in curriculum delivery. The setback in such evolutionary education is the possible alienation of personal skills that are essential in professional and personal development.

Medical technology has proliferated rapidly contributing to sophistication and diagnostic accuracy. This, however, has not developed without risk of being a barrier to ethics and professionalism. Compartmentalized care by sub-specialists as organs of the patient are ‘processed’ by technological gadgets both in the clinical and laboratory settings has contributed to issues questioning the very tenets of professionalism and ethics. Undeniably overzealous investigations, use of expensive medication and ready resort to technology have impacted
negatively on the art of healthcare. Empathy, being caring and being accountable are attributes to be seen to develop so as to meet both internal and external client’s expectations.

Hiring personnel who are aligned to the core values of the IMU and providing adequate opportunities to learn the core values become crucial strategies to adopt.

Clinical practice confronts the student with the need for development of empathy, compassion, sensitivity, reality, sympathy and involvement. Most of the programs in the IMU have built in them a formal program to teach professionalism and ethics. Time and again the content and the delivery system are revisited to ensure the attributes of being a professional are seen to be developing. The 360 degree evaluation of performance evaluation of faculty and staff and formative assessment of students provide a framework to build the strengths required for readiness to practice as professionals. Few professions require skills and attitudes to be practiced within a very high value system like the health profession and the need to maintain integrity against the barriers mentioned. Although it is an arduous task to teach ethics and professionalism in an ‘unethical and materialistic’ world the IMU has prevailed by returning to the core moral values and behavior that typify the medical and health profession by threading the contents of ethics teaching throughout the spiral curriculum.

William Osler referred to Clinical Medicine as a ‘science of uncertainty and art of probability’. Uncertainty can be reduced by gathering data on the ailment, applying cognition and medical knowledge with clinical reasoning so as to propose a plan to meet the patient’s needs. Strengths in good communication skills, knowledge of culture and religion and socio-economic status are vital assets that are gained through effective teaching methods and experiential learning. Good clinical judgment, the use of epidemiological principles, the awareness of social inequality and applying the principles of ethics promote good professional practice and enhances ethical behavior.

Information and communication technology (ICT) including the Internet have impacted positively on the practice of medicine, care of patients and running of hospitals and institutes. Rapid access to information and the use of evidence based medicine is now possible as long as the appropriate courseware is well developed and available. The moral values of personnel using ICT are tested against conventional approaches of clinical care, technical management and societal values. The situation is especially complex in the modern health delivery systems. Rising patient expectations and levels of education cultural make it inappropriate and undesirable for health professionals to take a purely paternalistic approach in their interactions with patients.
Transplantation procedures, assisted conception techniques, organ donation and issues related to defining death as a finite event require the health professional, legislator and the community at large to work together in resolving moral and cultural conflicts. The programs at the IMU will be continually reviewed to align learning to address controversial and developing issues that affect ethical and professional behavior.

Human genetics is now regarded as a science of inequality, of human particularity and individual differences. Stem cell research and molecular biology are now buzz words in medical research. Contract research has been criticized as a means of gathering data in developed countries for the safe use of expensive drugs in a minority affluent. Moral views and professional practice need to be considered before an action is taken or when it is time to implement the action. Both students and faculty at the IMU must be proficient in dealing with the far reaching consequences of research proposals, processes and results derived from research done in IMU or elsewhere.

Soliciting for funds and obtaining grants for medical research can involve moral and professional issues. Recruitment of subjects to participate in clinical research, the use of human tissues and the need to employ well scrutinized study protocols involves rigorous processes that are well within ethical and professional practice. The Research and Ethics Committee at the IMU plays both consultative and gatekeeper roles. Research workers and students need to exhibit competencies in conducting research through tutorage and apprenticeship.

Safety in medicine is described as ‘freedom from accidental injury while errors are failure of planned action to be completed as intended or use of a wrong plan to achieve a desired aim.’ It is professionally wrong to commit errors as both human life and financial loss are implicated. Good clinical practice includes patient safety as integral to clinical medicine. The entire subject of patient safety is now reflected in the revised curricula of the IMU.

Professionalism at the workplace creates an environment that is conducive and safe so as to improve efficiency and motivate its employees to be productive. Professionalism relates to exercising reasonable care and judgment. This would not only achieve and maintain independence but promote healthy team spirit and add to the objectivity of business related activities.

A code of conduct is in place to govern the conduct of employees. The concept of professionalism at the workplace has been incorporated into the core values of the organization. The IMU continues to strive to make the environment a safe place to work through concerted efforts at making the workplace happy, being equitable and maintaining a high standard of professional practice at all strata of employment.
The health care professions, in the new millennium, are moving towards a new dimension where the health care professional will play the role of advisor subscribing to the concepts of patient autonomy, social justice in health care and primacy of patient welfare. The teaching of medical ethics will be explicitly enshrined in the health professional curriculum as they are relevant to the practice of modern healthcare. Changes in the healthcare system present new challenges and other developments like alternative medicine and technological advances will continue to present ethical problems to be resolved. The master practitioner and the corporate leader at the IMU will now have a bigger role in taking on the expanded task of health professional education and ethics.

References

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Inter-professional Education (IPE)

The International Medical University recognizes that it is not only the curricula that needs to be aligned to the changing expectations of society; the delivery of curricula and the educational environment (physical and interpersonal) also need to be conducive to the development of the learner into an efficient and caring professional working in a team towards the common goal of quality patient care. The provision of effective patient care now depends much more on the individual practitioner's understanding of the need to collaborate within and between healthcare teams in community settings and the care provided in hospitals.

The old concept of doctors as team leaders and other healthcare professions in the support role is no longer appropriate as many tasks traditionally done by doctors are being taken over by others. The demarcation between professions is no longer clear-cut, and overlapping of roles is inevitable. Healthcare professionals can no longer afford to be territorial and the mindset needs to be changed. It would be difficult to do this after graduation, when they are placed in an often stressful hospital setting. Giving students from different programmes an opportunity to get to know each other, the way they think & study, the way they reason and how they cope with challenging situations would help to change the mindset. The IMU has students in various health professional programmes under one roof and is therefore an ideal place to provide such opportunities.

Successful implementation of IPE would achieve the following 2:

- Improvement of the quality of care given to patients as IPE underpins the reality of the complexity of healthcare. Single professions or individual professionals working in isolation do not have the expertise to respond adequately and effectively to the complexities of many service users’ need.
- Professionals are encouraged to learn with, from and about each other.
- Respect for the integrity and appreciation of the contribution of the various members of the health-care team are instilled. Learners are seen as equal learners, even though there may be differentials in power, position or status in the workplace.
- Practice within professions is enhanced.
- Professional satisfaction is increased.

The IMU shall provide learning opportunities for students to recognize the heterogeneity of the nature of work within professions and to instill in students a respect for each other’s profession both in and outside the classroom. These will take the form of shared components in the curriculum content, combined small group learning (practicals, PBL, history-taking, ward rounds), simulated situations in the Skills Centre, community projects and extracurricular activities. Student involvement in IMU-led community projects like the Kampung Angkat and
the Charity Run also provide excellent opportunities for interaction between students from different programmes as well as with their Faculty Mentors.

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Leadership

There are many definitions of leadership. A simple definition would be a process whereby an individual influences a group of individuals to achieve a common goal. In IMU leadership is a quality that we would want to have in all our staff and students. The university’s vision explicitly states that we shall produce visionary leaders and the tag-line of IMU’s core values emphasizes that “TRUST builds Tomorrow’s Leaders”. Leadership has no hierarchical connotation. Leadership qualities can be engendered at all levels. It is important to distinguish between a leader and a boss. Bosses have the authority to deliver orders and directives but this does not necessarily make them leaders. The followers of a boss comply with the orders and directives because of fear of the consequences of non-compliance. The followers of a leader want to achieve the high goals set by the leader because they believe in and share a common vision. Some bosses are also leaders but not all; in fact there are many bosses but few leaders. Leaders are made not born. Acquisition of knowledge and certain skills are essential in the making of a leader. While leadership is learned, the skills and knowledge processed by the leader can be influenced by the individual’s attributes or traits, such as beliefs, values, ethics, and character. Knowledge and skills contribute directly to the process of leadership, while the other attributes give the leader certain characteristics that make him or her unique. Key elements in leadership are trustworthiness and professionalism. People will follow a leader who they can trust and have confidence in. A good leader is someone who truly inspires, someone who genuinely cares about the growth and development of their staff, and someone who is respected. Leaders are conscious of their strengths and weakness and continually seek self-improvement. Leaders constantly reflect on their actions and interactions with others and take responsibility for them. Leaders are role models who care for the welfare of their teams. A leader has good problem-solving, decision making and planning skills. Most importantly leaders are good communicators who inspire their teams and clearly explain to them the goals to be achieved and the processes that have to be undertaken. Leaders harness internal energy to accomplish their visions with persistence and clarity and help their employees rise up to carry out their own purpose within the organisation. In IMU we aim to provide our students and staff opportunities to gain appropriate leadership skills in addition to the education and training in their respective vocations. To do so we need to create an educational environment for students and staff alike to learn leadership. Such an environment cannot be left to chance. Deliberate measures are taken to achieve this. An interdisciplinary approach is taken and encompasses 1. a knowledge component on leadership theory 2. practical and experiential learning to develop the skills 3. reflection on their knowledge and experience to learn and grow. Both curricular and extracurricular activities are to be planned to allow everyone to have the opportunity to play and experience a leadership role. For the students, the Deans and Academic Services Department will work closely with the Student Affairs Department to plan and implement such
a programme. For the staff the Human Resources Department will similarly plan and implement a leadership programme. The experiential and reflective components should as far as possible be integrated with routine tasks, learning activities, extracurricular events and community services. IMU regards the acquisition of leadership skills as an important component of student and staff learning. A learning environment that promotes the learning of leadership skills needs to be created to allow for opportunities for knowledge acquisition, practical application and reflection of experience in an integrated manner. 1. Guthrie KL, Thompson S. Creating Meaningful Environments for Leadership Education. Journal of Leadership Education 2010; 9: 50 – 54.
LIFE-LONG LEARNING

Life-long learning (LLL) has been defined as;

“A process of gaining knowledge and skills (and competence/mastery) that continues throughout a person’s life.”

“A continuous building of skills and knowledge through a lifetime experience beyond formal education”

In IMU, LLL encompasses developing individual learning styles, study skills (learning to learn), reflective practices for deeper learning, and a concept of the continuum of learning with a spiraling effect which may last a life time

LLL is a lifelong process, is voluntary and self-motivated with a sense of engagement to learning. It is a self-funded pursuit of knowledge & skills and is both reflective and experiential. LLL will share mixed connotations with other educational concepts, like adult learning, continuing education, permanent education, perpetual learning, continual learning and other terms that relate to learning beyond the formal educational system.

Lifelong learners need to focus on learning “to know” (an approach to learning that is flexible, critical and capable); learning “to do” (acquiring and applying skills, including life skills); learning “to be” (promoting creativity and personal fulfillment); and learning “to live together” (exercising tolerance, understanding and mutual respect).

The emphasis will be on “learning to learn” and the ability to keep learning for a lifetime. Higher-level understanding is through reflection and informal learning. Learners need to reflect upon learning and analyse their personal development. The goal of participation in learning is more significant than the reason why.

The benefits of LLL are personal, social and economic. LLL develops one’s natural abilities, opens the mind and creates a curious and hungry mind. It increases wisdom, keeps one up to date and helps adaptation to change. LLL actively contributes to society, allows a person to communicate and establish relationships as well as make new friends. It enriches life and promotes self-fulfillment. LLL is a necessity in the era of globalization and allows the learner to adapt to technological advancements and to changing nature of work.

IMU will aim to transform ‘education and training’ into ‘lifelong learning’ through informal learning, self-motivated learning, self-funded learning and universal participation (learning for all purposes - social, economic and personal). Towards this end IMU will offer a systemic view of learning, comprising all forms of formal and informal learning, emphasise the centrality of the learner and the need to cater for the diversity of learner needs, as well as the motivation to
learn, and draw attention to self-paced and self-directed learning. IMU will move increasingly to an individualized model and will stress on the multiple objectives of education, which include economic, social or cultural outcomes; the personal development as a scholar, and citizenship.

In this process IMU will recognize and value all forms of learning, not just formal courses of study; bring together learners and learning opportunities; make provision for standards, guidelines and mechanisms whereby achievements can be recognized and rewarded and emphasize the reformulation of access in the different settings where learning can occur. IMU will also create a learning culture by giving learning a higher profile, both in terms of image and by providing incentives for the people most reticent to opt for learning; strive for excellence through the introduction of quality control and indicators to measure progress and introduce innovative pedagogy. Valuing learning is a key element in the creation of a culture of learning.

As lifelong learning is competency driven, IMU has introduced new curricula, new teaching methods and adopted new pedagogical models. Formal systems of delivery are made more open and flexible, so that such opportunities can truly be tailored to the needs of the learner, or indeed the potential learner. As the content of learning, the way learning is accessed, and where it takes place may vary depending on the learner and their learning requirements, IMU will use new processes for education delivery and technologies to support the varied and dynamic needs of the learners.

As IMU moves towards a full learning organization, educators will function more as guides and facilitators to sources of knowledge and develop individualized learning plans for the learners. People will increasingly learn in groups and from each other. Educators themselves are lifelong learners and there is a need to link initial training with ongoing professional development. Assessment will be used to guide learning strategies (assessment for learning) and to identify pathways for future learning. IMU will identify and address motivational barriers (especially social and personal factors) that hinder some people from participating fully in life-long learning.

IMU will recognize and value all forms of learning, not just formal courses of study. It will make provision for standards, guidelines and mechanisms whereby achievements can be recognized and rewarded and introduce quality controls and indicators to measure progress.

References:


Peer Learning

Peer learning is an integral part of IMU’s educational policy and supports its motto “Together. Learning.”. It is not meant to replace teacher-led learning activities; nor is it a strategy to ease a dearth of quality teachers. In a peer group learning setting, the learner is not burdened with the presence of a teacher and feel freer and more in command of his /her learning. This academic freedom fosters confidence and self-directed learning.

As a learning organization, learning is not merely confined to student learning. Faculty and corporate staff also need to continue to learn and peer learning will be the major delivery mode for the staff of IMU.

It is established that regardless of content, people working in small groups tend to learn more of what is taught and retain it longer than when the same content is presented in other instructional forms. The format can vary and may be formal or informal, and this learning strategy is also known by other terms e.g. cooperative learning, collaborative learning, collective learning, learning communities, peer teaching, peer group learning, reciprocal learning, team learning, study circles, study groups, and work groups. Educationists also assert that the best way to learn is to teach others. In peer learning, reciprocal teaching and learning together go hand in hand.

Peer learning is ideal for instilling a sense of responsibility and fostering effective team-working albeit the effort may not be graded. It also provides an opportunity for the person to hone his or her communication skills (including presentation skills). While working as a team, learners also develop skills such as active and tolerant listening, helping one another in mastering content, giving and receiving constructive criticism, and managing disagreements. Finishing an assigned task on time requires planning, time management and people management skills.

Another advantage of learning together is that students see for themselves the diversity in terms of learning styles, rates of learning, memorizing, synthesizing and reflecting. The fast learner needs to develop patience and the slow learner learns how to learn from the others.

18

The barriers to peer group learning may present as learner resistance because more facts can be delivered through teacher-led learning like lectures while peer group learning takes more time to master the same content. Some simplistic arguments like “I paid to be taught by a teacher; not to learn from my peers” may also arise. There could be some friction within a group and students may want to change groups or replace a member of a group. But students who learn to adapt to such situations would have learnt to function in the real world.
Peer group learning for students in IMU takes place in Problem-based Learning (PBL) and task-based learning (TBL) sessions which are formal activities slotted into the time table. Ideally, peer groups should be small (not more than 8) because larger groups would encourage non-participation by some group members. Informal study groups are advised not to have more than 4 members.

Other group activities which require team work are the assignments given in certain modules like selectives, seminars, community projects and electives. Informal peer group learning in the form of study groups are encouraged, together with the “Buddy System” where senior and junior colleagues are paired.

References


2. The Koblenz Model within Anglo-American Cultural Studies at German Universities http://www.developingteachers.com/articles_tchtraining/koblenz1_jody.htm
Service to others

Institutions that provide training of health care professionals have a responsibility to instill among their staff and students the sense and appreciation of the social contract. Service related learning activities enable staff and students to develop personally, socially, academically and morally. IMU shall nurture health professionals who will be dedicated to serve and improve the quality of life in their communities. It shall engage all members of the university community, including students, faculty and corporate staff in service activities. IMU shall be a leader in providing service to others and an agent of social change in the nation.

Service to the community is a moral obligation of the university. The learning experience in the community is different from that of traditional formal education; it exposes students to the real-life environment. By understanding the needs of the community, students become responsible adults who can compete successfully and contribute to the world in a more meaningful way. It also helps to integrate and engage all members of IMU in a common purpose, including students, faculty and corporate staff in service activities. The students, faculty and corporate personnel will have opportunities to develop their interpersonal skills and leadership attributes. These activities will also serve to foster the close relationship and understanding among all members of the IMU family.

Community activities will be an integral part of the curriculum. The activities shall be centrally coordinated to integrate and engage all members of the IMU community. IMU shall also engage our partners in training, namely the Ministry of Health and other relevant institutions. Services shall be achieved through a variety of health promotion and prevention programs involving all departments and disciplines, both academic and corporate. IMU shall contribute to improving the health status of the community by providing exemplary patient care, responding to community needs, and providing continuing health care education.

IMU will continue to expand and improve upon its community service programmes like the "Kampung Angkat" project. These projects will serve not only to improve the health status of the community but will also provide opportunities for student learning and population-based research.
Teamwork

Teamwork is work performed by a team towards a common goal.

In health care, teamwork has been defined as “a dynamic process involving two or more healthcare professionals with complementary backgrounds and skills, sharing common health goals and exercising concerted physical and mental effort in assessing, planning or evaluating patient care.”

Effective health care requires teamwork. Everyone involved must work together for a common goal – i.e. helping the patient. In the Institute of Medicine 1999 report “To err is human: building a safer health care system” researchers reported that teamwork has a direct effect on patient safety and treatment outcomes. Teams that work well together make fewer mistakes, and results in better treatment outcomes i.e. improved quality of care. For team members, team work promises increased job satisfaction, stress reduction, and more effective time management.

There is a difference between an individual working as part of a group and an individual working as part of a team. In a team, members work inter-dependently, and work towards team goals. They understand these goals are accomplished best by mutual support. Team members feel a sense of ownership; they collaborate together and use their talent and experience to contribute towards accomplishing the team’s objectives. Team members base their success on trust, and all members are encouraged to express their opinions, views and questions. Team members accept diversity, make a conscious effort to be honest, respectful and listen to every person’s point of view. Team members see conflict as a part of human nature and they react to it by treating it as an opportunity to hear about new ideas and opinions. Everybody in the team wants to resolve problem constructively. Team members participate equally in making decision, but understand that the team leader should make the final decision.

There are three elements in the Ministry of Health of Malaysia’s corporate culture, promoted since the late 1990’s namely, Caring, Teamwork and Professionalism. It is therefore important to prepare the future health care professionals to work in team, while they are still in training.

Teamwork is a way of life in IMU. Students get exposed to working in teams from their first right through to their final semester. Examples are aplenty: problem based and task based learning (PBL/TBL), seminars, laboratory sessions, students’ research projects, community and family case study (CFCS), clinical groups, community services, , sports events and social events.

Students generally feel comfortable working in teams, as they can talk and discuss with one another. Brainstorming opens up the views and perspective of everyone in the team. Team
members share experiences. Teams are more effective, as burden is shared, and chores delegated and distributed. Teams can study and learn together. Team members learn communication skills, and learn to accept diversity.

Some of the negative aspects of teamwork include: over-dependence of team members on others, members only concerned with individual assignments and fail to see the big picture, laidback members who remain passive and unwilling to contribute, and over-domineering leader sideling members.

IMU places great emphasis in working in teams in order that that IMU graduates will fit in well in the working environment of the MOH or other health care institutions.

References:


3. What Are the Benefits of Teamwork in Healthcare? | eHow.co.uk http://www.ehow.co.uk/list_6576957

4. Teamwork in the Classroom: www.ndt-ed.org/.../ClassroomTips
IMU’s ASPIRE initiative
3 Goals & 3 Enablers

**MISSION**
To be a leading private Asian health educator that creates value through integrating education, healthcare and research.

**STRATEGIC GOALS**
- **EDUCATION**
  A leading private Asian health educator recognised for quality and innovative curricula
- **HEALTHCARE**
  A values-based academic health centre with a centre for complementary alternative medicine
- **RESEARCH**
  Recognised for research and consultancies in focus areas leveraging upon strategic alliances

**STRATEGIC ENABLERS**
- Innovative use of ICT that differentiates IMU’s delivery in education, healthcare and research
- Excellence in performance through capability and capacity building
  - Be known as a great place to work

**CORE VALUES**
- Trustworthy
- Responsive
- Unity
- Service
- Tenacity

**TRUST builds Tomorrow’s Leaders**
5 Themes & 17 Initiatives

1. We will create a place that enhances the potential of the individual
   - E03: Set up a dedicated centre for continuing education
   - E04: Create a great place to learn
   - S04: Develop a talent management and succession planning framework
   - S06: Create a conducive work environment
   - S07: Establish an attractive total reward system

2. We will work together with strategic partners to create value
   - R01: Identify and commercialise research leveraging upon strategic alliances
   - E02: Collaborate with local and international partners to enhance IMU’s programmes

3. We will expand horizons to establish IMU as a leading health educator
   - E01: Explore new international markets using strategic alliances
   - H01: Setup a new hospital to be the hub of the AHC
   - H02: Develop a network of IMU clinics
   - H03: Build an evidence-based centre of complementary alternative medicine

4. Engage the community to improve their well-being
   - E05: Enhance IMU’s brand presence
   - H04: Develop a values framework for the AHC, covering access and equity to healthcare
   - S05: Institutionalise core values, ethics and professionalism

5. We will leverage on technology to achieve a sustainable and effective organisation
   - S01: Enhance teaching delivery through e-learning platforms
   - S02: Develop a seamless ICT solution for continuous care to patients in the Academic Health Centre
   - S03: Embark on an organisation-wide business process improvement exercise
Organisational Chart of School Of Dentistry
Organisational Chart of School Of Dentistry
Workgroups & Committees of School of Dentistry

1) Phase 1 Programme Delivery Workgroup

   Remit
   1) To review plans and schedule of all activities pertaining to programme delivery of Phase 1 of the dental programme to ensure that they cover all expected outcomes of the Phase I dental programme.
   2) To identify internal and external resources required for Phase 1 programme delivery including financial resource, human capital and facilities.
   3) To monitor implementation of programme delivery to ensure it complies with IMU Learning Model and meet expected outcomes and quality targets.
   4) To monitor evaluation reports on modules and proposed actions are taken to close the loop.
   5) To monitor evaluation results of student preparedness to undertake Phase 2 in IMU or PDS and proposed actions are taken to close the loop
   6) To communicate progress and outcomes to the School of Dentistry.

   Members (proposed)
   Programme Director (Chair)
   Module coordinators of Phase I
   Semester coordinators of Phase I

2) Phase 2 Programme Delivery Workgroup

   Remit
   1) To review plans and schedule of all activities pertaining to programme delivery of Phase 2 of the dental programme to ensure that they cover all expected outcomes of the dental programme.
   2) To identify internal and external resources required for Phase 2 programme delivery including financial resource, human capital and facilities.
   3) To monitor implementation of programme delivery to ensure it complies with IMU Learning Model and meet expected outcomes and quality targets.
   4) To monitor evaluation reports on modules and proposed actions are taken to close the loop.
   5) To communicate progress and outcomes to the School of Dentistry.

   Members (proposed)
   Programme Director (Chair)
   Module coordinators of Phase 2
   Semester coordinators of Phase 2
3) Teaching & Learning Workgroup

Remit
1) To review and monitor teaching and learning activities for the dental programme to fulfill the expectations and business plan of the School of Dentistry and align with IMU Learning Model.
2) To identify and initiate workgroups for the development of collaborative teaching and learning activities
3) To monitor teaching and learning activities and their progress in meeting implementation targets of IMU Learning Model.
4) To identify and organize workshops for staff development in teaching and learning activities
5) To set quality targets and monitor outcomes
6) To communicate progress and outcomes to the Dean and School of Dentistry.

Members (proposed)
Staff (Chair)
6 Staff members

4) PBL Workgroup

Remit
1) To review and archive existing PBL triggers and related facilitators’ guides.
2) To design and formulate new PBL triggers and their related Facilitators’ guides for both Phase 1 and Phase 2 of the dental programme.
3) To schedule, organise and coordinate all PBL activities in Phase 1 and 2 of the dental programme.
4) To maintain record of PBL triggers used for the various semesters of each batch of dental students.
5) To communicate progress and outcomes to the Associate Dean of Oral Sciences and School of Dentistry

Members (current)
Dr Saad Ahmad Khan (Chair)
Assoc Prof Zubair Ahmad Abbasi
Dr Muneer Gohar Babar
Dr Hanan Omar
Dr Ammar Jasim
Dr Niekla Survia Andiesta
Dr Thomas Matthew
5) Assessment Workgroup

**Remit**

1) To review all questions set for the dental programme after they have been vetted at module level to ensure that they remain fit for purpose in terms of their validity, reliability, utility and feasibility.
2) To review all questions set for the dental programme to ensure that they are correctly mapped to the intended outcomes.
3) To review question papers for incourse and professional examinations to ensure questions selected and vetted at module level will maintain standard, valid and fair.
4) To request, select and review questions for the integrated paper for incourse and professional examination in Phase II of the dental curriculum.
5) To schedule, organise and coordinate activities for all Phase II integrated examinations at incourse and professional levels.
6) To work with Academic Affairs Department in establishing a question bank for dental modules that are mapped to intended outcomes and record of usage of each question.
7) To communicate progress and outcomes to the School of Dentistry.

**Members**

- Associate Dean of Oral Clinical Sciences (Chair)
- 7 academic staff

6) CPD Workgroup

**Remit**

1) To plan and organise CPD programmes that will fulfill the expectations and business plan of the IMU Centre of Continuing Education and School of Dentistry.
2) To organize CPD programmes that are to be conducted by external experts.
3) To communicate progress and outcomes to the Dean and School of Dentistry.

**Members (proposed)**

- Associate Dean of Clinical Oral Sciences (Chair)
- 5 staff members
- Administrative Manager
- Representative – IMU Centre for Continuing Education
- Representative – Marketing Department

7) Publicity Committee

**Remit**

1) To develop strategies that can effectively enhance the recruitment of potential patients to the IMU Oral Health Centre and potential students to the IMU dental programme.
2) To implement action plan with quality targets.
3) To monitor the achievement of planned activities and measure outcomes of action plan.
4) To communicate progress and outcomes to the Dean, Director of Oral Health and School of Dentistry.

Members
Director of Oral Health (Chair)
Director of Healthcare Services
Head of Oral Health Centre
Head of Dental Skills Centre
Programme Director
3 staff members
Representative – Marketing
Representative – Student
Representative – OHC support staff

8) Dental Research Group

Remit
1) To identify areas of dental research and provide strategic directions in dental research for School of Dentistry
2) To plan basic infrastructure required to support dental research in IMU.
3) To review research proposals for dental research with intention to assist researchers to strengthen the proposals prior to submission for funding and/or ethics approval.
4) To organize activities that would enhance quality and output of dental research
5) To communicate progress and outcomes to the Dean and School of Dentistry.

Members
Director of Oral Health (Chair)
6 staff members

9) Dental Advisory Board

Remit
As an advisory body to the Administration of OHC, dealing with the following:

(a) Recommending clinical policies that govern the running of the OHC;

(b) Ratify recommendations and decisions made at DAB sub-committee level;

(c) Act as the first point of reference for dealing with any breaches of the Dentist(s) Practice Agreement, Dentist(s)’ By-Laws and other policies laid out by the DAB and/or OHC
(d) Where no consensus can be reached, the issue shall be put to the vote. Only the Chairman and other Consultant/Lecturer members may vote. The outcome shall be decided on a simple majority.

Members
Director of Oral Health (Chair)
Head of OHC (Co-Chair)
5 staff – representatives from clinical faculty
Practice Manager
Administrative Manager

By invitation when necessary:
Director of Healthcare
IT Manager or representative
Chief Finance Officer or representative
Student Representative

9a) Subcommittees Of The DAB
i) Patient Safety, Oral & Maxillofacial Surgery, Conscious Sedation & Posto-operative Care

Remit
(i) Determine policies and procedures related to patient safety, oral surgery operatories, recovery/observation bays, surgical day care;

(ii) Recommending clinical policies that govern the running of the OHC, with respect to infection control, patient safety, scheduling of oral surgery operatories and general best practice management.

ii) Morbidity and Mortality

Remit
This is a body to review all cases of assessable morbidity and mortality as detailed in the Ministry of Health Regulations. This body will also cover issues related to infection control and the following: -

i. Objective third party audit of morbidity and mortality data for the previous month;

ii. Audit of a case(s) in which the patient has suffered unexpected morbidity or mortality following clinical intervention by the attending Dentist(s) / Dental Students / OHC clinical staff;
iii. Areas to be looked into include pre-and post-operative infection,

iv. MRSA infections, death within 24 hours of a clinical intervention and all other areas of assessable mortality;

v. These meetings are to serve as forums for fact-finding as well as continuing professional education such that causes of morbidity and mortality are identified and corrective actions recommended to prevent future recurrence.

iii) Pharmacy and Therapeutics

**Remit**

An advisory body to govern the proper use of pharmaceuticals in the OHC in relation to best clinical practice guidelines, especially in the area of infection control / antibiotic use. This Committee is also tasked with setting guidelines for cost-effective purchasing and inventory management and the following:

(i) Policies on the rationalisation of the therapeutic formulary of the OHC;

(ii) Clinical protocols governing antibiotic usage;

(iii) Evaluation of new therapeutic agents in the market;

(iv) Monitoring of adverse drug reactions;

Members

Head of OHC
A/P Yoshinobu Shoji,
Madam Lim Ai Lon,
Karthiyaini Kunjoo
Clinical pharmacist

iv) Operations and Quality of Care

**Remit**

i. Determine quality standards in professional customer service, oral health care and daily operations

ii. Review customer service and operations and take remedial actions if required to ensure adherence to set standards and relevant legislation and to codes of professional conduct.

iii. Audit feedback received from patients and address complaints raised by patients.
Members
Head of OHC (Chair)
Loh Ann Nee,
Lim Soh Chee,
Karthiyaini Kunjoo,
Edmund Chong,
Stephanie Wee,
Khor Siew Foon
Dr Lim Mei Yan
Unity
We are united to achieve a common goal

TRUST builds Tomorrow’s Leaders
We transform and inspire individuals to be tomorrow’s leaders
Structure of the IMU Dental programme

The IMU dental programme is structured in two phases.

In Phase I (2½ years), the programme focuses on the basic biological, behavioural, dental and medical sciences required for the practice of dentistry. There is also an introduction to the basic clinical skills required for the practice of dentistry and the skill required of the practicing dentist in managing the health of the family and the community.

In Phase II (2½ years), the clinical experience will be further increased for the students to develop a patient-centred approach in the management of comprehensive primary dental care for patients of all ages. Students will not only have clinical experience of treating patients at the IMU dental facilities located in the Bukit Jalil campus but will also be exposed to the government dental clinics and centres, private dental clinics, mobile and other dental clinics for a wide experience to develop their ability in improving the oral health of the individuals, families and community.

The aims and key features of the programme

The aim the dental programme in the International Medical University is to produce graduates with appropriate knowledge, skills and attitudes for competent dental practice.

The key features are:-

1) Innovative curriculum with an integrated approach
2) Outcome-based education
3) Technology-based learning
4) Highly qualified and experienced staff
5) Well-equipped dental simulation and technique laboratories
6) Dental clinics equipped with digital radiography and electronic patient management systems to operate in a “paperless” environment
7) Practice of close-support dentistry
8) Well-equipped learning resources
9) Mentoring of students by staff
Duration of the programme

The duration of Phase I of the dental programme in IMU is 2½ years. The total period of study is dependent on the university selected for completion of Phase II as provided in following table.

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<tr>
<th>UNIVERSITY</th>
<th>PHASE II</th>
<th>TOTAL PERIOD OF STUDY</th>
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<tr>
<td>University of Adelaide</td>
<td>3 years</td>
<td>5½ years</td>
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</tr>
<tr>
<td>University of Otago</td>
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Programme Pathways

A wide variety of teaching-learning approaches are employed in the dental programme to provide a stimulating environment for learning. These include lectures, problem-based learning (PBL), practical classes, patient simulation practicals, clinical skills sessions, e-learning, independent learning, clinical dental treatment of patients and postings to various hospitals and clinics.

The students will be learning together with the medical students for common subjects such as Foundation and Medical Science courses which will promote interprofessional understanding and working relationships.
## BDS Course Structure

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<th>SUBJECT BLOCK</th>
<th>SEMESTER 1</th>
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<th>SEMESTER 3</th>
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</table>
Tenacity

We are tenacious in the pursuit of excellence

TRUST builds Tomorrow’s Leaders

We transform and inspire individuals to be tomorrow’s leaders
SOP for Clinical Supervision in OHC

I. Time management and assignment of students

i. All clinical supervisors on duty should be in OHC within ten minutes from the start of session.

ii. All clinical supervisors must sign and collect the Vellux call device from the Dispensary at the beginning of each session and also sign and return the device to Dispensary at end of each session.

iii. Each staff will be assigned a group of students to supervise. Please check with Dispensary the cubicle numbers of assigned students.

iv. Clinical supervisor shall remind students to complete whatever remaining work 30 minutes prior to end of session (morning session ends at 12.30 noon and afternoon session ends at 5.00pm)

v. Students should dismiss all patients 15 minutes prior completion of the session.

II. Treatment protocol

i. At the start of every session, the students should inform the clinical supervisor the procedures that they will be doing during that session. The clinical supervisor shall check that all relevant information and instruments are available.

ii. For all new patients, the students need to present brief history of complaint, medical and dental history before proceed. Supervisor need to approve at the Dental Student Assessment portal.

iii. If patient need emergency treatment, eg. patient in pain, repair of fracture denture, need dressing or cementation of crowns etc, then these treatment should be administered under supervision.

iv. Plaque score and periodontal charting should be carried out for indicated cases prior to proceeding to next stage i.e scaling and polishing.

v. If no emergency treatment is needed, the students shall proceed to scaling and polishing. Supervisor need to approve this procedure before carry on to do dental charting, radiograph taking and treatment planning.

vi. Indications for dental radiographs (please refer to attached documents)
vii. When presenting treatment planning, students should read out all dental charting, review radiographic findings (BW radiograph is mandatory for all patients, PA and OPG will be taken only when there is indication) and also pulp vitality tests results (when indicated)

viii. For all new patients, a comprehensive treatment plan should be presented and approved by clinical supervisor. Clinical supervisor must check the diagnosis and treatment plan and approve in the Dental Assessment Portal.

III. CASES THAT REQUIRE FOLLOW THROUGH WITH SINGLE SUPERVISOR

For most cases of Dental Practice, any assigned clinical supervisor should be able to follow through following the above-said guidelines. Supervisors who may disagree with some treatment planning previously approved, should preferably discuss the matter with the staff who had approved the plan before making changes.

The following types of treatment are preferably followed through by a single supervisor:-

1) Crown  
2) Bridge  
3) Complete denture case – from stage of MMR onwards  
4) Root canal treatment of molar teeth

Staff who need to attend a clinical session when not scheduled to be on duty, for purposes of supervising a special treatment listed above or for observation, need to inform supervisors on duty their purpose of being in the clinic.

IV. Forms

i. Various forms are available in OHC to facilitate the operation of OHC, namely:
   a. Prescription form  
   b. Medical certificate  
   c. Time slip  
   d. Radiograph requisition  
   e. Referral form  
   f. Laboratory form

ii. These forms need to be filled properly by the students and checked by clinical supervisor. The forms need to be approved and signed by clinical supervisor before giving to related parties. If the form is to be given to related parties outside of IMU eg. time slip, medical certificate, the form need to have IMU OHC chop. The prescription form needs to be signed by clinical supervisor and also have IMU OHC chop before the patient brings it to IMU Specialist Clinic pharmacy or pharmacy outside of IMU.
V. Reflect Session

i. Supervisor will gather all students at the end of the session to reflect on the conduct, quality of treatment rendered and share knowledge with the rest of students in the group.
Procedure Flow Chart For Taking Intra-oral Radiography

**Preparation before X-ray examination.**

1. Assistant-Collect imaging plate from radiographer and enter particulars in Student Record Book accordingly.
2. Select exposure time 0.16 to 0.26
3. Switch on x-ray warning light.

**Preparation of Patient**

1. Assistant-Get ready paper towel.
2. Select appropriate plate holder.
3. Insert imaging plate into disposable barrier envelope with the black side covers over the blue sensitive side.
4. Remove adhesive tape. Seal.
5. Insert protected imaging plate into plate holder with dot up for BW and dot down for PA.

**During X-ray Examination**

1. Operator-position plate holder into patient's mouth.
2. Assistant-align and center tube accordingly.
3. Assistant-take exposure.

**After x-ray Examination**

1. Assistant-hang apron back on apron rack.
2. Switch off x-ray warning light.

1. Operator- Rinse and clean gloves, holder and disposable barrier envelope.
2. Soak holder in disinfectant solution in disinfectant container.
3. Dry barrier envelope with paper towel. In darkened room, tear barrier envelope and drops imaging plate into the Dark box.
4. Clean and tidy up work area.
5. Remove gloves and discard them into waste bin.
6. Wash powder off from hands and ensure they are dry.
7. Switch on room light and proceed to scan imaging plate using DenOptix Scanner.
8. Acquire image using VixWin software.
9. Copy and paste x-ray image into OpenDent system.
10. Return plate and Darkbox to x-ray room.
11. Erase residual image from imaging plate by using the light box.
PRACTICAL SUPERVISION IN DENTAL SKILLS CENTRE

1. Introduction

1.1 Practical supervision is defined as a formal process of professional support and learning provided by the supervisor to the student/s within a safe and supportive environment. It enables students to develop the knowledge and competence to assume responsibility for their own practice.

1.2 Clinical Supervision is a practice focused professional relationship that enables students to reflect on their practice with the support of a skilled supervisor. Through reflection the supervisor can further develop their skills, knowledge and enhance their understanding of their own practice.

2. SOP for practical supervision in DSC

2.1 Schedule of Supervision
Frequency of practical supervision, its dates and timings are scheduled in the timetables.

2.1 Attendance of Supervisors
Supervisors (full timers and part timers) should be present in DSC not later than 10 minutes after the scheduled time. Supervisors are expected to be in the DSC full time during the session. Students should not be left alone without supervisors during formal scheduled classes.

2.2 Quality of Supervision
The supervisor is the facilitator and is responsible for ensuring that the students develop their skills in a supportive although challenging environment. At its most basic level, supervision is a moment during which you observe the quality of a process. Supervisors need to see how activities are being executed, and what needs correction. Supervision allows you to observe activities, detect problems, and then solve problems or prevent future problems. Supervisors need to be mindful that students are operating using the right tools in good ergonomic positions. The workstation is clean and instruments arranged in a neat manner and materials manipulated and used correctly.

2.3 Changing of Duty
Supervisors who need to take leave shall seek other supervisors who would be available to cover for him/her. Swapping the supervision of practical sessions should be arranged at least 2 days prior to the session and module coordinator and DSC manager should be informed.

2.4 Approval of work done
Supervisors need to sign the students’ evaluation sheets after approving a definitive stage of a procedure. Supervisors should not sign work that students informed had been approved by another supervisor. Supervisors should check work afresh and approve accordingly. Once a
project has been completed, the supervisor who approved the last exercise of the project, should sign off on the master copy on the Notice Board to indicate that student has completed the project successfully.

2.5 Late entry
Supervisors should not allow late entry to the DSC – (Students are allowed a maximum of 15 minutes delayed entry from the time scheduled in timetable.)

2.6 Measurement of professionalism
Full time supervisors are required to monitor the students’ personal and professional development and assess the students based on the evaluation criteria provided.

2.7 Reflection session
Supervisors are encouraged to conduct feedback sessions with the students to reflect on their skills. Supervisors should discuss with the students the science and evidence supporting the activity.

2.8 Handphones should be turned off as there should be no interruptions during the sessions.

3. Good supervision will ensure the following:

3.1 Relaxed and friendly atmosphere. (e.g Sitting at the same level at the student not higher)

3.2 Encouragement of the student to express himself/herself by asking not by simply giving information.

3.3 Provision of constructive criticism

3.4 Knowledge of the theory behind the practical steps.

3.6 Two-sided communication by listening to any issues the students may be having difficulty with and find out more by encouraging them to discuss their concerns.

3.7 Encouragement of the students to look for solution based on evidence based dentistry.
Conduct of Examination

a. Each student must attend all the formal assessment examinations for the parts of the course in which he/she is enrolled as required by the IMU, unless prior exemption has been granted by the Dean.

b. A student must not talk, or in any other way communicate with other candidate(s) during the period of the examination unless with the express permission of the invigilator.

c. A candidate must comply with any regulations pertaining to late entry into or early leaving from the examination stated in the Official Notice advising the candidates of the time and place of the examination. If no special instructions are issued, the standing rules for examinations are:

   i. late entry to the examination area which include quarantine rooms will be allowed up to 30 minutes after the official starting time. However, no extra time shall be given to complete the examination.

   ii. no candidate will be permitted to leave the examination area until 30 minutes after the official starting time.

   iii. no candidate will be permitted to leave the examination area during the last 30 minutes of the examination.

d. Any candidate who wishes to go to the toilet during the course of the examination must seek the permission of the invigilator, and will be escorted when outside the examination area.

e. No books, papers, pencil cases or electronic materials including PDAs, mobile phones and all other forms of telecommunication devices may be taken into the examination area, quarantine rooms and all other designated examination areas by a candidate unless with the expressed permission of the invigilator. A comprehensive search may be conducted if deemed necessary.

f. No usage of any telecommunication devices is allowed during the examination period. A candidate will be asked to leave the examination and not be allowed to proceed if such an incident occurs. The Dean will then be informed of the event and further investigation and disciplinary action will be taken if necessary.

g. No candidate must attempt to copy, cheat or in any way subvert the fair examination procedure. Copying refers to reproducing or relying on material from any extraneous source including fellow candidates. It also refers to copying or summarizing examination questions with the intention of removing them from the examination area. Any attempt will be regarded as a very serious charge by the IMU, and if established, will lead to disciplinary procedures by the IMU.
h. All examination materials including question papers, answer booklets or any other material must be left intact for collection at the end of the examination. Materials must not be removed from the examination area without the express permission of the invigilator.

i. A candidate must bring his/her student identification card with him/her for each examination session. The ID card must be placed on the top right-hand corner of the table.

ii. Each student must sign the attendance sheet that would be provided at the start of each examination paper or passed around by the invigilator while the examination is in progress.
**DUTIES OF CHIEF INVIGILATORS**

Before the start of the examination the Chief Invigilator must remind students of the following:

i. The important points in the code of conduct of examinations.

*Item (e)*

No books, papers, pencil cases or electronic materials including PDAs, mobile phones and all other forms of telecommunication devices may be taken into the examination area, quarantine rooms and all other designated examination areas by a candidate unless with the expressed permission of the invigilator. A comprehensive search may be conducted if deemed necessary.

*Item (f)*

No usage of any telecommunication devices is allowed during the examination period. A candidate will be asked to leave the examination and not be allowed to proceed if such an incident occurs. The Dean will then be informed of the event and further investigation and disciplinary action will be taken if necessary. Any students who are caught in possession of the above would be penalized.

ii. No food and water may be taken into the examination area, quarantine rooms and all other designated examination areas by a candidate.

iii. To place the Student Identification Card on the top right-hand corner of the table for inspection.

iv. To complete and sign the attendance slip.

v. To ensure that all papers are taken on the correct dates and at the correct time.

vi. To ensure that, for each paper, the correct number of papers are present.

vii. To read and carry out the instructions on the front page of the examination papers carefully.

viii. To write the Student Identification number on all answer scripts.
Appendix 3: Duties of Chief Invigilator and Invigilators

Edition 1-31 July 2009

INTERNATIONAL MEDICAL UNIVERSITY

DUTIES OF INVIGILATORS

1. All Invigilators will act under the direction of a Chief Invigilator. As for the Clinical School, the change in invigilators is the responsibility of the Head of Department.
2. Invigilators should be present in the examination room at least 30 minutes prior to the commencement of the examination and undertake any duties as directed by the Chief Invigilator.
3. During the examination Invigilators should regularly patrol the examination room and report any irregularity immediately to the Chief Invigilator.
4. Invigilators should not undertake activities, which might divert their attention during an examination such as reading, marking or writing.
5. Invigilators should not leave the examination hall unless there is an urgent reason such as illness.
6. Invigilators shall not be allowed to change the examination questions during the examination.
7. If the examination is scheduled for more than two hours, Invigilators may be given a five minutes break provided that there are always at least two invigilators remaining in the Examination room.
8. One of the Invigilators must escort any student who wishes to go to the toilet (remaining outside the cubicles) during the course of the examination.
9. In order to not distract any student, conversations should be kept to a minimum.
10. At the end of the examination, Invigilators should assist the Chief Invigilator in collecting and counting the scripts and question paper(s), and match the scripts against the attendance list before submission to the Academic Affairs Department.
11. No students should be allowed to leave the examination room at the end of the examination until all examination materials including question papers, answer scripts and any other materials are collected and counted. For easy reference, the answers scripts should be collected in a numerical order.
12. No question papers should be removed from the examination room by Invigilators.
DUTIES OF CHIEF INVIGILATORS

1. Forty five minutes before the start of the examination, the Chief Invigilator will collect the examination paper(s) from the Academic Affairs Department.

2. The Chief Invigilator, with the help of the other Invigilators on duty will distribute the examination question papers, attendance slips and answer booklets, in the examination room before the candidates enter the room.

3. Students are normally allowed into the examination hall at least 10 minutes before the start of examination.

4. Before the start of the examination the Chief Invigilator must remind students of the following:
   i. The important points in the code of conduct of examinations.
   ii. No food and water may be taken into the examination area, quarantine rooms and all other designated examination areas by a candidate.
   iii. To place the Student Identification Card on the top right-hand corner of the table for inspection.
   iv. To complete and sign the attendance slip.
   v. To ensure that all papers are taken on the correct dates and at the correct time.
   vi. To ensure that, for each paper, the correct number of papers are present.
   vii. To read and carry out the instructions on the front page of the examination papers carefully.
   viii. To write the Student Identification number on all answer scripts.

5. The Chief Invigilator will ensure that the examination starts and finishes on time.

6. The Chief Invigilator shall not be allowed to change the examination questions during the examination.

7. The Chief Invigilator will ensure that there is neither talking nor any other conduct suggestive of cheating while the examination is in progress.

8. The Chief Invigilator must ensure that at least one of the Invigilators regularly moves around the examination room when the examination is in progress.

9. The Chief Invigilator will ensure that no Invigilators leave the examination hall unless there is an urgent reason such as illness. If the examination is scheduled for more than two hours, Invigilators may be given a five minutes break provided that there are always at least two invigilators remaining in the room.

10. The Chief Invigilator will ensure that the following conditions are complied with:
    i. Late entry to the room will be allowed up to 30 minutes after the official starting time.
    ii. No candidate will be permitted to leave the examination room until 30 minutes after the official starting time.
    iii. No candidates will be permitted to leave the examination room during the last 30 minutes of the examination to avoid disturbance to the work of the remaining candidates.
iv. To check the Student Identification Card.

v. To ensure that any queries from students would be addressed.

vi. No candidate should be allowed to leave the examination room at the end of the examination until all examination materials including question papers, answer scripts or any other materials are collected and counted. For easy reference, the answer scripts should be collected in a numerical order.

vii. Any student who wishes to go to toilet during the course of the examination must be escorted (remaining outside the cubicles), by an invigilator of the same sex.

viii. Fifteen minutes before the end of examination, to inform the students of the remaining time and to remind them to put their ID number on all papers as indicated.

11. The Chief Invigilator will ensure that all other standing arrangements for examination at IMU are adhered to.

12. At the end of the examination, the Chief Invigilator has to ensure that the total number of answer scripts tallies with the total number of students present and that all answer scripts are labelled with the candidate’s Student Identification number. Put the scripts and attendance sheet in separate envelopes and hand them over to the Academic Affairs office not later than 20 minutes after the end of the examination.

13. At the end of the examination, should there be any unusual incident/s during conduct of the examination, the Chief Invigilator will report the full circumstances in writing to the Dean.
E-Learning

In School of Dentistry eLearning is all about SMILE

- S – Simple
- M – Motivating
- I – Interactive
- LE – Learner-centric Environment

The Dental School has adopted Scribbens and Powell’s (2003) model of e-learning, the ‘e-learning fan’, which portrays a range of possibilities for exploiting technology, from its use in supporting classroom-based teaching, small group teaching, practicals in Dental Skill Centre and clinical sessions in Oral Health Centre through to wholly remote anytime/any place learning.
E-Learning Guiding Principles

The School of Dentistry's approach and support for the expansion of e-learning is guided by a number of fundamental principles:

A. Recognition of e-learning as both an enabler and enhancer of learning.
B. Acknowledgement of the utility of e-learning in helping support improvements in the enhancement of learning.
C. Awareness of it as a potentially cost-effective solution to supporting diverse groups of learners.
All new lecturers and module coordinators please take note that the current policy requires uploading of plenary PPT/iLectures, Study-guides, Student notices to IMU eLearning portal [http://elearning.imu.edu.my](http://elearning.imu.edu.my)

1. Lecturers are required to upload the plenary PPT/iLecture, student handouts [if project leader] 3 days prior to the activity.
2. Let the students know the location of the above resources e.g. module and semester in the eLearning platform.
3. Please do not upload any resources which are *copyright* protected.
4. Please contact Zabibah/Norhasliza/Haniffa if you need help regarding eLearning platform.

Module Coordinators must make sure teaching and learning activity [handout, plenary etc.] in their module is uploaded *3 days prior* to the activity.

Please find the following useful links as tutorials:

Social Media

OVERVIEW & RATIONALE

Social media is a powerful communication platform and is increasingly having an impact on organizational and professional reputations. Because they blur the lines between personal voice and institutional voice, the International Medical University [IMU] has crafted the following social media guidelines to help clarify how best to enhance and protect personal and professional reputations when using social media.

Emerging platforms for online collaboration are fundamentally changing the way we work, offering new ways to engage with students, colleagues, and the world at large. It's a new model for interaction and we believe social media can help us build stronger, more successful relationships. These are the official guidelines for social media at International Medical University [IMU].

If you're contributing to blogs, wikis, social networks, virtual worlds, or any other kind of social media both on and off IMU — these guidelines are for you.

DEFINITION

Social media are spaces on the internet where users can create a profile, share/generate content, and connect with others (individuals or entities) to create a personal network or website. Examples include Facebook, Twitter, Blogger, LinkedIn, Flickr, and Foursquare.
SOCIAL MEDIA GUIDELINES

✓ **Be transparent.**
Be honest about your identity. If you are authorized to represent IMU in social media, say so. If you choose to post about IMU on your personal time, please identify yourself as an IMU faculty or staff member. Never hide your identity for the purpose of promoting IMU through social media. A good resource about transparency in online communities is the Blog Council’s “Disclosure Best Practices Toolkit” at [http://blogcouncil.org/disclosure/](http://blogcouncil.org/disclosure/).

✓ **Be accurate.**
Make sure that you have all the facts before you post. It’s better to verify information with a source first than to have to post a correction or retraction later. Cite and link to your sources whenever possible; after all, that’s how you build community. If you make an error, correct it quickly and visibly. This will earn you respect in the online community.

✓ **Be respectful.**
You are more likely to achieve your goals or sway others to your beliefs if you are constructive and respectful while discussing a bad experience or disagreeing with a concept or person.

✓ **Be a valued member.**
If you join a social media network like a Facebook group or comment on someone’s blog or Twitter make sure you are contributing valuable insights. Don’t post information about topics like IMU events or a book you’ve authored unless you are sure it will be of interest to readers. Self-promoting behaviour is viewed negatively and can lead to you being banned from Web sites or groups.

✓ **Think before you post.**
There’s no such thing as a “private” social media site. Search engines can turn up posts years after the publication date. Comments can be forwarded or copied. Archival systems save information even if you delete a post. If you feel angry or passionate about a subject, it’s wise to delay posting until you are calm and clear-headed.

✓ **Maintain confidentiality.**
Do not post confidential or proprietary information about IMU, its students, its alumni or your fellow employees. Use good ethical judgment and follow university policies. If you discuss a situation involving individuals on a social media site, be sure that they cannot be identified.

✓ **Respect university time and property.**
University computers and your work time are to be used for university-related business. It’s appropriate to post at work if your comments are directly related to accomplishing work goals, such as seeking sources for information or working with others to resolve a problem. You should maintain your personal sites on your own time.
If you post on behalf of IMU:

✔ **Be transparent.**
   If you participate in or maintain a social media site on behalf of the IMU, clearly state your role and goals. Discuss with your superiors when you are empowered to respond directly and when you may need approval.

✔ **Be connected.**
   If you have been authorized by IMU to create an official IMU social media site or a video for posting in locations such as YouTube, please contact IMU Marketing Department [marcom@imu.edu.my](mailto:marcom@imu.edu.my) for an approved logo and other images and to ensure coordination with other IMU official websites and content.

✔ **Be respectful.**
   As an IMU employee, you understand IMU core values and respect for the dignity of others. Some online communities can be volatile, tempting users to behave in ways they otherwise wouldn’t. Your reputation, and IMU’s, are best served when you remain above the fray.

✔ **Be thoughtful.**
   If you have any questions about whether it is appropriate to write about certain kinds of material in your role as an IMU employee, ask your Dean/superior officer before you post.

✔ **Notify the university.**
   Schools/Programs/Departments/units that have a social media page or would like to start one should contact the eLearning Manager in IMU. If you are unsure who to contact please contact IMU communication coordinator to ensure all institutional social media sites coordinate with other IMU site and their content. All institutional pages must have a staff who is identified as being responsible for content. Ideally, this should be the head of department.

✔ **Upload photos wisely.**
   Photographs posted on social media sites easily can be taken by visitors. A cautionary note on the use of ‘sourced photos’ and the need for acknowledgement of the source is vital. The rule and regulations governing ‘photographing in the clinical setting’ needs to be followed –a very important reminder –as it is ethically wrong to photograph patients and places in the clinical setting without permission from the authorities. Consider adding a watermark and/or posting images at 72 dpi and approximately 800x600 resolution to protect your intellectual property. Images at that size are sufficient for viewing on the Web, but not suitable for printing.
✓ **Have a plan.**
Schools/Programs/Departments/units should consider their messages, audiences, and goals, as well as a strategy for keeping information on social media sites up-to-date. IMU eLearning department can assist and advise you with your social media planning.

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**Personal Site Guidelines**

✓ **Be authentic.**
Be honest about your identity. In personal posts, you may identify yourself as an IMU faculty or staff member. However, please be clear that you are sharing your views as a member of the higher education community, not as a formal representative of IMU. This parallels media relations practices at IMU.

A common practice among individuals who write about the Academic institutions and industry in which they work is to include a disclaimer on their site, usually on their “About Me” page. If you discuss higher education on your own social media site, we suggest you include a sentence similar to this:

“The views expressed on this [blog, Web site] are mine alone and do not necessarily reflect the views of International Medical University.”

This is particularly important if you are a department head or administrator.

✓ **Don’t be a mole.**
Never pretend to be someone else and post about IMU. Tracking tools enable supposedly anonymous posts to be traced back to their authors. There have been several high-profile and embarrassing cases of company executives anonymously posting about their own organizations.

✓ **Take the high ground.**
If you identify your affiliation with IMU in your comments, readers will associate you with the university, even with the disclaimer that your views are your own. Remember that you’re most likely to build a high-quality following if you discuss ideas and situations politely.

✓ **Be aware of liability.**
You are legally liable for what you post on your own site and on the sites of others. Individual bloggers have been held liable for commentary deemed to be proprietary, copyrighted, defamatory, libelous or obscene (as defined by the courts). Employers are increasingly conducting Web searches on job candidates before extending offers. Be sure that what you post today will not come back to haunt you.
✓ **Don't use the IMU logo or make endorsements.**
Do not use the IMU logo, or any other IMU marks or images on your personal online sites. Do not use IMU’s name to promote or endorse any product, cause or political party or candidate.

✓ **Protect your identity.**
While you want to be honest about yourself, don't provide personal information that scam artists or identity thieves could use against you. Don’t list your home address or telephone number or your work telephone or e-mail address. It is a good idea to create a separate e-mail address that is used only with their social media site.

✓ **Monitor comments.**
Most people who maintain social media sites welcome comments—it builds credibility and community. However, you can set your site so that you can review and approve comments before they appear. This allows you to respond in a timely way to comments. It also allows you to delete spam comments and to block any individuals who repeatedly post offensive or frivolous comments.

✓ **Avoid patient contact.**
Interactions with patients within social media sites are prohibited. This provides an opportunity for a dual relationship, which can be damaging to the doctor-patient relationship, and can also carry legal consequences.

✓ **Listen before you engage.**
Use online monitoring tools (e.g. Social Mention: [http://www.socialmention.com/](http://www.socialmention.com/)) to listen to the community before you engage. Listening allows you to better serve your constituents.

✓ **Be a leader and set a positive tone.**
There can be a fine line between healthy debate and incendiary reaction. You do not need to respond to every criticism or barb. Frame your comments and posts to invite differing points of view without inflaming others. Some topics, like politics or religion, slide more easily into sensitive territory. Please be careful and considerate when discussing sensitive issues. When disagreeing with others' opinions, keep it appropriate and polite. If the user is leaving inflammatory remarks, use your best judgment to defuse the situation. If you cannot meaningfully help the user, sometimes not responding is the best course of action.

✓ **Redirection is recommended over advice.**
It is recommended that you avoid giving specific advice to students, alumni or the community in a public social community (i.e. counselling, major requirements, financial aid, etc.). If specific advice is needed, take the conversation offline or redirect the community member to the proper department.
✓ **Pause if you intuition says so!**  
If you are about to publish something that makes you even the slightest bit uncomfortable, then take a minute to review these guidelines and think about your post. If you are still unsure, you might want to discuss the topic with your Boss or mentor.

✓ **Use proper grammar and proof read before you post**  
We recommend writing your posts in a word processor before posting to help detect spelling and grammar errors.

Most of these guidelines are common sense, but common sense may not be enough where personal opinions and legal and human resource departments collide. Remember that IMU integrity and reputation, as well as your own, are in your hands. If you are unsure of the correct action or behaviour at any stage, speak to your mentor/senior/HOD. Always remember your core values [TRUST]. Focusing on what is important to you and knowing where your boundaries and expectations are is critical.
Service
We are committed to providing outstanding service

TRUST builds Tomorrow’s Leaders
We transform and inspire individuals to be tomorrow’s leaders
Workshops at the IMU

IMU provides good environment for teaching/learning methodologies and regular workshops are conducted. Staff are encouraged to attend those workshops which they can, though a few workshops (as below) are mandatory for all new staff:

Mandatory workshops

- PBL Facilitation and Process Assessment Workshop
- Workshop on Principles and Practice of Education Science

Optional workshops

- SPSS Training Workshop – Basic Level
- Task-based Learning
- Student Interview Training
- Facebook for Learning & Teaching
- Twitter for Learning & Teaching
- Refworks
- i-Lecture 2.0
- Teaching Learning and Assessment
  - Small Group Facilitation
  - Effective feedback
  - Interactive Lectures
  - Experiential Learning
  - Portfolios for Learning and Assessment
  - Assessing Reflective Learning Tool
Community Services

**Philosophy**

The philosophy underpinning IMU Community Service (CS) and its projects is that through community service theoretical classroom instructions is coupled with actions that transform theories into practice. This will allow IMU to be an organisation that learns and encourages learning among its people. It promotes exchange of information between employees, hence, creating a more knowledgeable workforce. This produces a very flexible organisation where people will accept and adapt to new ideas and changes through a shared vision.

In this manner it is hoped students will understand factors related to illness and health complications and how to use their skills and collective power to make social change via health intervention. This is also in line with the IMU 8 outcomes for learning. It is believed that by providing service to others through the various community initiatives informal learning is improved through ‘learning by doing.’

The IMU’s main thrust in community service is providing healthcare services to the community especially the disadvantaged ones as well as organise visits to charity homes. We also promote wellness and healthy living through partnership with NGOs. The University shares a strong belief in the potential for non-profit sectors and educational establishments to work together. Their combined resources have been seen to make a tangible difference to the effectiveness of the community sectors, the quality of university education and research and the lives of local people.

Student-driven, the projects aim to bring together community partners and students through educational activities and work collaboratively to raise the level of health and wellbeing within the selected local community. The goal is to enhance knowledge and offer hands-on and practical experience to students who will gain in-depth knowledge of community learning context through observation and participation/facilitation and, for the community learners, to gain access to relevant and up-to-date knowledge on relevant health topics. The projects also provide students with access to experiential learning based on good practice around
engagement of local communities with pronounced barriers to participation. It also provides opportunities for learning, research and service for staff in the community, to improve the welfare of the people in the community by providing services and regular follow up to the people, to enhance IMU’s reputation as an organization responsible to the community, to encourage interdisciplinary healthcare teams to provide service to community, to embed and reinforce IMUs core values and finally to be an engaged and committed University
Corporate Services

As part of the corporate duties in IMU, staff is expected to:

1. Conduct student interviews in Bukit Jalil, outstation and overseas.
2. Participate in Marketing events like Open Days, Education Fairs
3. Take lead in academic driven projects – e.g. consideration of MMI
4. Clarification on programme info and enquiries.

Dates for Open Days and Fairs will be announced early and staff is required to volunteer for these as much as possible.
Mentor-Mentee system

The IMU introduced the Mentor-Mentee system (originally known as tutor-tutee system). Each student is allocated to a full-time faculty member at entry and the student remains under the same Mentor throughout the entire duration of the course. The list of Mentors and their Mentees are circulated to all staff at the beginning of the year.

The Mentor's multiple roles are:

1) Advisor:
   people with career experience willing to share their knowledge

2) Supporter:
   people who give emotional and moral encouragement;

3) Tutor:
   people who give specific feedback on one's performance;

4) Master:
   in the sense of mentee to whom one is apprenticed;

5) Sponsor:
   sources of information about and aid in obtaining opportunities;

6) Model
   of identity, of the kind of person one should be to be an academic.

How mentor can help students?

They can share their understanding of personal characteristics for success in the field, important issues facing the profession, personal rewards and sources of frustration.

They can help a student optimize an educational experience, to assist the student's socialization into a disciplinary culture, and to help the student find suitable employment.

Terms of reference of Mentor:

i. To monitor Mentees’ academic performances from the start of the course.

ii. To be a person with whom Mentees may share any problems.

iii. To be available to give advice on particular problems if they arise and to refer to the Dean for alternative arrangements if the Mentor cannot handle the problem.

iv. To fill-in the Feedback form after each meeting with students.
v. To fill-in the ‘Student Attribute Form’ for the matching.
vi. To keep all the information as private and confidential.

**Responsibilities of the Mentee**

The Mentee is expected to meet the Mentor to discuss his/her academic performance and seek advice on any problem(s) on regular basis.

Please respect your mentor’s time. Please email or call your mentor to schedule a suitable date and time to meet.

Please attach a passport size photo to this form (first meeting).

**Frequency of Meetings**

The Mentor is required to meet the Mentees at least once a semester or more frequent if necessary. Time of the meeting is at the discretion of the Mentor and Mentee.

Mentors are required to write a feedback form using the form provided. The report will be kept in the students’ file and may be made available to the Examiners’ Meeting and the Faculty Board when discussing the students’ performance in the examinations.

The mentor will need to maintain an online record of the student on the portal below which can be accessed by the link:

192.168.2.61/mmes/
Semesters in the IMU

There are generally two semesters in every year and the duties of the Semester Coordinator include the finalization of the timetable for each semester with assistance from all the relevant Module Coordinators. The Semester Coordinator is also responsible for the preparation, conduct of the Semester and Professional Examinations, as well as the finalization of the result. A sample of the Semester 7 timetable is given below. Staff will be assigned initials on joining the IMU and it is their responsibility to check the timetables to ensure they know the sessions in which they have been slotted.

Below is a sample of the Semester 9 time-table for the DT1/08 cohort:
Schedule of examinations

In-course Examinations (ICAs) are held during the semester based on the modules that need to be assessed. End-of-Semester (EOS) Examinations are held after the semester’s session has ended. Professional Examinations take the place of EOS Examinations according the following schedule:

<table>
<thead>
<tr>
<th>Professional BDS Examination</th>
<th>End of Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Professional BDS Examination</td>
<td>2</td>
</tr>
<tr>
<td>Second Professional BDS Examination Part I</td>
<td>4</td>
</tr>
<tr>
<td>Second Professional BDS Examination Part II</td>
<td>5</td>
</tr>
<tr>
<td>Third Professional BDS Examination</td>
<td>7</td>
</tr>
<tr>
<td>Final Professional BDS Examination Part I</td>
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<td>Final Professional BDS Examination Part I</td>
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## FACULTY DEVELOPMENT ACTIVITIES FOR YEAR 2011

### Category:
1. Principles of (Health Professional) Educational Science (PES)
2. Teaching Learning Strategies (TLS)
3. Assessments (A)
4. Research (R)
5. Personal Skills and Personal Development (PS/PPD)
6. Collaboration with University of Queensland (UQC) & (UAC)

<table>
<thead>
<tr>
<th>No</th>
<th>Proposed Dates</th>
<th>Category</th>
<th>Event</th>
<th>Nature of Event</th>
<th>Topic</th>
<th>Facilitators Identified</th>
<th>Remark</th>
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<tbody>
<tr>
<td>1.</td>
<td>14/1/11</td>
<td>TLS</td>
<td>Workshop</td>
<td>(Half day)</td>
<td>Pharmacy PBL Facilitator Workshop – 1(^{st}) Round</td>
<td>Assoc Prof Kang Yew Beng, Dr Tey Kim Kuan, Dr Yiap Beow Chin and Dr Ooi Ing Hong</td>
<td>Mandatory for all new Pharmacy team</td>
</tr>
<tr>
<td>2.</td>
<td>21/1/11</td>
<td>TLS</td>
<td>Workshop</td>
<td>(Half day)</td>
<td>Activities to Facilitate Implementation of New Curriculum The Roles of the Teacher in the 21(^{st}) Century</td>
<td>Professor Ronald M Harden</td>
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<tr>
<td>3.</td>
<td>26/1/11</td>
<td>A</td>
<td>Workshop</td>
<td>(Half-day)</td>
<td>Workshop on Setting MCQ according to Blooms Taxonomy</td>
<td>Professor Brian Furman</td>
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<td>4.</td>
<td>27/1/1</td>
<td>TLS</td>
<td>Workshop</td>
<td></td>
<td>Workshop on Teaching Learning</td>
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<tr>
<td>Date</td>
<td>Time</td>
<td>Event Description</td>
<td>Speakers/Moderators</td>
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<tr>
<td>5. 28/1/11</td>
<td>TLS Workshop</td>
<td>Workshop on Teaching Learning and Assessment – 1st Round</td>
<td>Hla Yee Yee, Nurjahan and Chen Yu Sui, Juriah Abdullah and Wai Phyio Win, Francis Achike, Zainur Rashid</td>
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<td>(Half-day)</td>
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<td>6. 22/2/11</td>
<td>TLS 12.00 –</td>
<td>Workshop On ‘Uploading Lecture Power-Points To Curriculum Map In E-Learning Portal’</td>
<td>Dr Nilesh Kumar, Ms Zabibah Ibrahim, Sivalingam, Kathiravan and Sasikala, Sambandam Elango, Velayudhan Menon and Dato’ Kew Siang Tong</td>
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<tr>
<td>7. 23/2/11</td>
<td>TLS Training</td>
<td>Internal PBL Facilitator Training cum PBL Process Assessment Workshop – 1st Round</td>
<td>Dr Chen Yu Sui &amp; PBL Working Group, Mandatory for all new lecturers</td>
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<tr>
<td></td>
<td>Workshop –</td>
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<td>8. 23/3/11</td>
<td>Pre-Congress</td>
<td>6th AMEA Congress</td>
<td>Ron Harden, United Kingdom, John Norcini, United States</td>
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<td></td>
<td>Workshops</td>
<td>1. Outcome based education and curriculum mapping</td>
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<td>2. Standard setting in assessment</td>
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|   | 24/3/11 – 26/3/11 | Main Congress | 6th AMEA Congress Keynote address  
The Changing face of medical education  
Plenary 1  
Medical education in the global village  
Plenary 2  
Implementing curriculum change: Political skills needed  
Plenary 3  
Can communication skills be |
|---|---|---|---|
| 9. | | | of America  
Jonas Nordquist, Sweden  
Tessa Dunseath, Malaysia  
Hla Yee Yee, Malaysia  
Cess van der Vleuten, The Netherlands  
Ray Peterson, Australia  
Matthew Gwee, Singapore  
Onishi Hirotaka, Japan  
Zaid Ali & Colin Lumsden, Malaysia & United Kingdom |

**Plenary 1**
Medical education in the global village

**Plenary 2**
Implementing curriculum change: Political skills needed

**Plenary 3**
Can communication skills be
| Plenary 4 | Evidence on the assessment of competence |
| Plenary 5 | Making workplace-based assessment work |
| Plenary 6 | Innovations in basic sciences education |
| Plenary 7 | Measuring teaching excellence: mission impossible?! |
| Plenary 8 | Inculcating lifelong learning skills: Is it achievable? |
| Plenary 9 | Distributed learning: Fad or future? |
| Plenary 10 | Measuring fitness-to-practice: Where are we today |
| Plenary 11 | Curriculum evaluation: Principles and pitfalls |

| Symposium 1 | Role of medical education units in Asian medical schools |

<p>| Cees van der Vleuten, The Netherlands |
| Prof Philip Jones, Australia |
| Wojciech Pawlina, USA |
| Prof John Norcini, USA |
| Prof Rogayah Jaafar, USM |
| Prof Ian Seymonds, Australia |
| Prof C S Lau, Hong Kong |
| Prof Nabishah Mohamad, UKM |
| Prof Titi Savitri, Indonesia |
| Prof N G Patil, Hong Kong |
| Prof Nemuel S F, Philippines |
| Prof Kuo-Inn Tsou, Taiwan |</p>
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<th>Symposium 2</th>
<th>PBL is not suitable for Asian student</th>
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<th>Symposium 3</th>
<th>Transition to internship: Meeting the challenge</th>
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<th>Symposium 4</th>
<th>Meeting the challenge of clinical teaching</th>
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<th>Should peer evaluation be part of the student learning environment?</th>
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<th>Assessment of clinical competence: Traditional vs innovative</th>
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<th>Prof Debar Sim, Malaysia</th>
<th>Prof N G Pail, Hong Kong</th>
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<td>Prof Kwan C Y, Taiwan</td>
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<th>Dr Jeyindran, Sri Lanka</th>
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<td>Prof Zabidi Hussin, Malaysia</td>
<td>Prof Ahn Ducksun, Korea</td>
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<td>Prof Saroj J., Sri Lanka</td>
<td>Prof Khin Tun, Malaysia</td>
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<th>Dr Julie Chen, Hong Kong</th>
<th>Ms Mairead Boohan, UK</th>
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<td>Prof Valerie Wass, UK</td>
<td>Prof Nicholas Glasgow, Australia</td>
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<th>Prof Cees van der Vleuten</th>
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<td><strong>13/7/11</strong></td>
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<td>23.</td>
<td>21/10/11 &amp; 23/10/11</td>
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<td>24. 31/10/11</td>
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<td>PS/PPD</td>
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<td>28. 3/11/11</td>
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<td>31.</td>
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<td>32.</td>
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## CENTRE FOR MEDICAL EDUCATION (CtME)

### Appendix 2

### PLANNED FACULTY DEVELOPMENT ACTIVITIES FOR YEAR 2012

Category:
1. Principles of (Health Professional) Educational Science (PES)
2. Teaching Learning Strategies (TLS)
3. Assessments (A)
4. Research (R)
5. Personal Skills and Personal Development (PS/PPD)
6. Collaboration with University of Queensland (UQC)

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<th>No</th>
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<th>Category</th>
<th>Event</th>
<th>Nature of Event</th>
<th>Topic</th>
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<tr>
<td>1.</td>
<td>4/1/12</td>
<td>PS/PPD</td>
<td>Lunch time session</td>
<td>Internal</td>
<td>E-Learning Session 1 Virtual Classroom for Teaching and Learning</td>
<td>Mr Frashah Shah Ms Fareeza Marican</td>
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<tr>
<td>2.</td>
<td>31/1/12</td>
<td>TLS</td>
<td>Workshop</td>
<td>Internal</td>
<td>Clinical Learning</td>
<td>Prof Dato’ Kandasami Prof Rifdy Mohideen</td>
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<td>3.</td>
<td>14/2/12</td>
<td></td>
<td>Half-day workshop 2.00 – 4.00pm</td>
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<td>Refworks</td>
<td>Dr Saad/Ms Farhana</td>
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<td>4.</td>
<td>15/2/12</td>
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<td>Forum 12.00 – 2.00pm</td>
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<td>Peer Teaching</td>
<td>Assoc Prof Dr Vishna Devi</td>
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<td>5.</td>
<td>18/2/12</td>
<td>A</td>
<td>Workshop</td>
<td>External</td>
<td>Workshop on Key Feature Problems: Writing, Scoring and Standard Setting</td>
<td>Prof Ian Wilson, Australia <strong>Coordinated by clinical School</strong></td>
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<td>6.</td>
<td>22/2/12</td>
<td>TLS</td>
<td>Training Workshop – 1st round</td>
<td>Internal</td>
<td>PBL Facilitation and Process Assessment Workshop - 1st Round – 1st session</td>
<td>Assoc Prof Dr Chen Yu Sui, Assoc Prof Dr Vishna Devi &amp; PBL Working Group <strong>Mandatory for all new BJ lecturers</strong></td>
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<td>No.</td>
<td>Date</td>
<td>Agency</td>
<td>Event Description</td>
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<td>7.</td>
<td>29/2/12</td>
<td>TLD</td>
<td>Half-day workshop Internal PBL Facilitation and Process Assessment Workshop 1st Round - 2nd Session</td>
<td>Assoc Prof Dr Vishna Devi Assoc Prof Dr Chen Yu Sui Assoc Prof Dr Gnanajothy</td>
<td>Mandatory for all new BJ lecturers</td>
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<td>PS/PPD</td>
<td>Lunch time session (12.00 – 2.00pm)</td>
<td>E-Learning Session 2 i-Lecture 2.0</td>
<td>Mr Frashah Shah (Zaid did)</td>
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<td>5/3/12</td>
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<td>Half-day workshop (8.30 – 1.00pm)</td>
<td>Workshop on Bedside Teaching</td>
<td>Prof Ed Peile, Warwick Medical School, United Kingdom</td>
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<td>Workshop on Small group Teaching</td>
<td>Prof Ed Peile, Warwick Medical School, United Kingdom</td>
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<td>TLS</td>
<td>Pre-Conference Workshop in IMU</td>
<td>Internal/External</td>
<td>15 Ottawa Conference - Assessment of reflective learning of ethics - Formulating the best assessment tools for clinical competencies in medical practice</td>
<td>Prof Sambandam Elango Prof Dato' Sivalingam Prof Ramesh Jutti &amp; Assoc Prof Dr Sharifah Sulaiha</td>
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<td>11/3/12 – 13/3/12</td>
<td>TLS</td>
<td>Main Conference at KLCC</td>
<td>Internal/External</td>
<td>15 Ottawa Conference</td>
<td>Brian Hodges, University of Toronto, Canada Ron Berk, Johns Hopkins University, USA Professor Sharifah Hapsah, UKM, Malaysia Nicholas Glasgow, The Australian National University, USA</td>
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<tr>
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<td>Location</td>
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<td>13</td>
<td>21/3/12</td>
<td>PES</td>
<td>Seminar (1 day)- 1st round</td>
<td>Internal Principles of Education Science - IMU Learning Model - Principles of Curriculum development - Principles of Teaching &amp; Learning - Principles of Assessment - Principles of Evaluation</td>
<td>Prof Victor Lim Dr Wai Phyo Win Assoc Prof Dr Vishna Assoc Prof Dr Nilesh Assoc Prof Dr Joachim</td>
<td>Mandatory for all lecturers &amp; Mandatory for Skills Centre staff</td>
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<td>14</td>
<td>23/3/12</td>
<td>PS/PPD</td>
<td>Lunch-time training</td>
<td>Internal Student Interview Training</td>
<td>Ms Charmaine/Dr Ranjit De Alwis</td>
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<td>4/4/12</td>
<td>PS/PPD</td>
<td>E-Learning (10.00-12.00pm)</td>
<td>Internal Session 4 i-Lecture 2.0</td>
<td>Mr. Frashad Shah</td>
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<td>16</td>
<td>16/4/12 – 20/4/12</td>
<td>PES</td>
<td>5-day Course</td>
<td>Internal/External Leadership in Health Professions Education Course “Enhancing Your Role as A Leader</td>
<td>Charles M Wiener, John Hopkins University, USA Jonas Nordquist, Karolinska Institute, Sweden Sandy Cook, Duke- NUS Graduate Medical School, Singapore Mr Wai K Leong, KMC Coach Master, Malaysia Prof Peter Pook, IMU Prof Victor Lim, IMU Dr Mei Lin Young, IMU</td>
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<td>17.</td>
<td>24/4/12</td>
<td>PS/PPD</td>
<td>Full day Workshop</td>
<td>Internal SPSS Training Workshop – Basic Level</td>
<td>Ms Katrina Azman</td>
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<tr>
<td>18.</td>
<td>26/4/12</td>
<td>TLS</td>
<td>Lunch-time Forum</td>
<td>Interprofessional Learning</td>
<td>Assoc Prof Chen Yu Sui</td>
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<tr>
<td>19.</td>
<td>23/5/12</td>
<td>TLS</td>
<td>Flipped classroom</td>
<td>A/P Dr Vishna Devi A/P Dr Kang Yew Beng</td>
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<tr>
<td>20.</td>
<td>25/5/12</td>
<td>PS/PPD</td>
<td>Half –Day (AM)</td>
<td>Mentor-Mentee Workshop</td>
<td>Assoc Prof Dr Philip George Ms. Carina Lai</td>
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<td></td>
<td>Limit to 30 – 40 pax</td>
<td>Targeting the new lecturers</td>
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<td>21.</td>
<td>5/6/12</td>
<td>PS/PPD</td>
<td>Lunch-time workshop</td>
<td>Internal Student Interview Training</td>
<td>Ms Charmaine Dr Ranjit De Alwis</td>
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<tr>
<td>22.</td>
<td>8/6/12</td>
<td>A</td>
<td>Writing Quality MCQs</td>
<td></td>
<td>Dr Dujeepa Samarasekera</td>
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<tr>
<td>23.</td>
<td>20/6/12</td>
<td>PS/PPD</td>
<td>Lunch time session</td>
<td>Internal E-Learning Session 6 Social Constructivism &amp; Gaming</td>
<td>Hasnain Zafar Baloch</td>
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<td>24.</td>
<td>27/6/12</td>
<td>TLS</td>
<td>Half-day workshop</td>
<td>Task-based Learning</td>
<td>Prof Esha Gupta Dr Sheila Rani Dr Nazimah Idris</td>
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<td></td>
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<td>Held at Clinical School</td>
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<tr>
<td>25.</td>
<td>13/7 – 15/7</td>
<td>TLS</td>
<td>Retreat (1st)</td>
<td>Internal Teaching Learning and - Assessment - Facilitating Small Group Learning - Giving Effective feedback - Promoting Learning - How to make lectures</td>
<td>Assoc Prof Gnanajothy &amp; Assoc Prof Dr Chen Yu Sui Assoc Prof Joachim &amp; Assoc Prof Dr Ranjan Dias Prof Toh Chooi Gait and Dr Wai Phyo Win Assoc Prof Kang Yew Beng</td>
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<tr>
<td>Date</td>
<td>Time</td>
<td>Location</td>
<td>Presenter(s)</td>
<td>Notes</td>
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<td>26.</td>
<td>19/7/12</td>
<td>PS/PPD</td>
<td>Lunch time session</td>
<td>The DNA of a 21st Century Educator</td>
<td>Zaid Ali Alsagoff</td>
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<td>27.</td>
<td>25/7/12</td>
<td>PS/PPD</td>
<td>Lunch-time workshop</td>
<td>Student Interview Training</td>
<td>Ms Charmaine/Dr Ranjit De Alwis</td>
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<td>28.</td>
<td>8/8/12 &amp; 10/8/12</td>
<td>TLS/A</td>
<td>2nd Training Workshop (1/2 day)</td>
<td>PBL Facilitation and Process Assessment Workshop 2nd Round</td>
<td>Assoc Prof Dr Chen Yu Sui, Assoc Prof Dr Vishna Devi &amp; PBL Working Group</td>
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<tr>
<td>29.</td>
<td>30/8/12</td>
<td>PS/PPD</td>
<td>10.00 – 3.30 CS, Seremban</td>
<td>Intro to E-Learning Workshop: Preparing Sizzling PowerPoint Slides</td>
<td>Pn. Fareeza Marican</td>
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<tr>
<td>30.</td>
<td>14/9/12 – 16/9/12</td>
<td>A</td>
<td>Retreat</td>
<td>Portfolio Retreat: Introduction to the overview and aims of retreat Portfolios - current experiences</td>
<td>A/P Dr Vishna Devi, Prof Victor Lim</td>
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</tbody>
</table>

**Interesting and Interactive Experiential Learning**
- Imparting skills for developing and Assessing portfolios
- Assessing Reflective Learning
- Experiential Learning
- Personal and Professional Development

& Assoc Prof Mallikarjuna
Assoc Prof Dr Vishna Devi
Prof Dato’ Jai Mohan
Assoc Prof Mala Maung
Dr Sow Chew Fei
Prof Dato’ Kew Siang Tong
Prof Khor Geok Lin
Prof Victor Lim
Prof Lim Pek Hong

Mandatory for all new BJ lecturers
<table>
<thead>
<tr>
<th>Workshops</th>
<th>Topics</th>
<th>Facilitators</th>
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<tbody>
<tr>
<td>Workshop 1</td>
<td>What are Portfolios and why they are necessary in HPE?</td>
<td>Prof Allan Pau &amp; A/P Dr Vishna Devi</td>
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<tr>
<td>Workshop 2</td>
<td>Learning sites, Where can it occur for portfolios</td>
<td>Prof Lim Pek Hong &amp; Mr Syed Imran Ahmed</td>
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<tr>
<td>Workshop 3 (Session 1)</td>
<td>Assessment rubrics</td>
<td>A/P Dr Nilesh, Dr Ranjit, A/Prof Dr Philip George/Dr Sow Chew Fei</td>
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<tr>
<td>Workshop 3 (Session 2)</td>
<td>Assessment rubrics continued</td>
<td>A/Prof Dr Philip George/Dr Sow Chew Fei</td>
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<td>E-learning</td>
<td>A/Prof Dr Kang Yew Beng</td>
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<tr>
<td>Workshop 4</td>
<td>Programme plans for portfolios</td>
<td>Retreat Organising Committee</td>
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<td>Presentations by the teams with feedback</td>
<td>Facilitation by Dr Vishna, School Deans to provide feedback</td>
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<tr>
<td>Processes Course/Faculty evaluation</td>
<td>ICE</td>
<td>E learning</td>
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<tr>
<td>Pre-evaluation activities</td>
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<tr>
<td>▪ Evaluation is compulsory for all IMU students.</td>
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<td>To up load the PPP and write up on ‘IMU evaluation process’ in both student and staff e-portals</td>
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<tr>
<td>▪ Evaluation includes Course, Faculty and IMU –REEM.</td>
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<td>▪ Courses/Modules are evaluated once a year.</td>
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<td>▪ Faculty is evaluated for one Large group teaching and two small group teachings during a year.</td>
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<tr>
<td>▪ ICE to prepare evaluation questionnaire with inputs from Schools/Students and T/L committee.</td>
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<td>▪ Questionnaire should include a generic component and a specific component relevant to the T/L activities of the course/module evaluated.</td>
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<td>▪ Prepare a PPP on the ‘IMU evaluation process’ to be used by ‘Schools’ during orientation week and by course coordinators at the ‘introductory lecture’</td>
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<td>▪ Prepare a ‘write up’ on the ‘IMU evaluation process’ for e-portal</td>
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<tr>
<td>Evaluation Schedule</td>
<td>Conduct of evaluation</td>
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<tr>
<td>- ICE to develop the evaluation schedule for each half of the year.</td>
<td>- ICE to inform the students via e-mail one week before the evaluation.</td>
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<tr>
<td>- Obtain the list of the Faculty involved in T/L activities.</td>
<td>- ICE to inform the course/module coordinators via e-mail (copy to Dean of the School) one week before evaluation.</td>
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<td>- Identifying the Faculty to be evaluated in a course.</td>
<td>- ICE to conduct evaluation via Zoomerang using students IMU-email.</td>
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<td>- Inform the schedule in advance to relevant schools.</td>
<td>- Conduct of evaluation to be kept open for one week.</td>
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<td>- Providing the schedule to e-learning.</td>
<td>- At the end of one week providing the e-learning the list of names of the students who have not participated.</td>
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<td>- Providing one week extension for those whose e-learning access is barred.</td>
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<td></td>
<td>- Closing the evaluation at the end of two weeks.</td>
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<td>- Uploading the schedule in advance</td>
<td>- E-learning the bar and unbar students from accessing the portal based the name list in ICE.</td>
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<td>- Provide the ICE with the list of Faculty involved in T/L activities for a specific course/module</td>
<td>- Programme /course / module coordinators to encourage students to participate.</td>
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<td></td>
<td>- Programme /course / module coordinators to inform the students the Faculty which will be evaluated(at the commencement of the course)</td>
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<td></td>
<td>- SRC and cohort representatives to encourage their colleagues to participate.</td>
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<td>- Students whose e-learning access is barred to meet the respective Deans.</td>
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<tr>
<td>Processing of the evaluation data</td>
<td>Providing the list of names of students who have not completed the evaluation to course/module coordinators</td>
<td>Course/module coordinators to inform the students whose e-learning access is barred to meet the Dean of the school.</td>
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<tr>
<td>Response to the Evaluation Data</td>
<td>Evaluation data to be processed and sent to respective schools within 4 weeks of closing deadline for evaluation. Provide the mean scores (for courses only) of the previous evaluations for comparison. Assessing the validity of the evaluation.</td>
<td>Up load the evaluation report on the e-learning portal.</td>
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<td></td>
<td>ICE to send the evaluation report from the schools to all students via emails. ICE to evaluate the reports and identify issues for further improvement in the evaluation process</td>
<td>Schools to prepare a report on remedial measures, within 4 weeks of receiving the data from ICE. Sending the report to the respective CECs, e-learning, ICE and TLC.</td>
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<td>Closing the loop</td>
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| ▪ ICE to incorporate suggested changes for the next evaluation cycle  
▪ ICE to ensure that students who participate in the evaluations will have the opportunity to win a prize. It is proposed that (RM3000 budget, which also be converted ie external drives, book vouchers) the prizes be put up per semester for all IMU students  
▪ Schools to make relevant changes based on the student feedback/CEC/TLC  
▪ Relay any modification to the questionnaire  
▪ TLC to discuss and identify issues for closing the loop.  
▪ Feedback to be given to the respective Associate Deans in the TLC and/ICE rep. |