

UNIVERSITY FACULTY DEVELOPMENT PROGRAMME



RAWALPINDI MEDICAL UNIVERSITY

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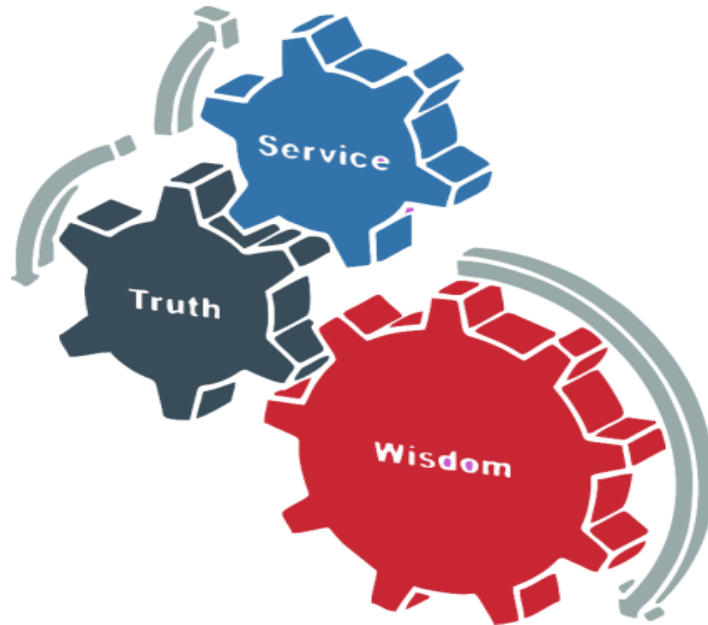
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Motto



Vision

To Impart Evidence Based Research Oriented Medical Education.

To Provide Best Possible Patient Care.

To Inculcate the Values of Mutual Respect & Ethical Practice of Medicine.

Prologue:

Faculty development has become an increasingly common initiative in health professions faculties and their affiliated hospitals, regulatory bodies, and national and international associations. Being a health professional, the title of "faculty" is associated with diverse roles. The scope of professional duties has changed dramatically over the past decade, but it is sad that faculty promotion criteria and tenure processes in health sciences are in a state of inertia. These criteria are the significant driving force to guide faculty in their scholarly progression. In May 2011, educators from around the world gathered in Toronto for the 1st International Conference on Faculty Development. Organized by McGill University and the University of Toronto, this conference was designed to encourage the exchange of best practices and research findings, and to build a global community of leaders dedicated to the professional development of faculty members in a variety of settings. Convinced of the importance of faculty development to achieve the goals of medical education in a global context, international faculty development leaders and educators in the health professions came together to explore how faculty development can prepare health professionals for their multiple roles as teachers and educators, leaders and managers, and researchers and scholars. Palmer (1998)¹ has said that the 'growth of any craft depends on shared practice and honest dialogue among the people who do it'. The goal of making this book: to make sense of the practical experience and research findings that have accumulated in this community of practice in order to help move the field of faculty development forward.

The conceptualization of University Faculty Development Program (UFDP) at Rawalpindi Medical University was launched in Nov 2018 in Deans meeting at RMU. No such program existed in the university before. It is a unique program designed to uplift and update the existing knowledge, skill and attitude of our faculty and to inculcate superior qualities of leadership, research, administrative management. Ultimately it serves to improve the delivery of health care and to provide best services to ailing humanity, thus optimizing the nobility of medical profession .

UFDP upholds the motto of the University i.e. " Wisdom, Truth and Service". Highly trained and professional faculty of the University not only wins credentials at national and international level but can also contribute in escalating the ranking of the University world

over. Moreover, the first and the foremost aim of a professional doctor is explicitly achieved as 'The Patient deserves the best' .

A team of experts was formulated comprising of eminent University Professors of RMU as well as enthusiastic medical educationists under the chairmanship of honorable Vice Chancellor (VC). Regular meetings were planned. Such programs already exist in various Western universities but it was noted that they do not match the specific needs and requirements of our society, culture and traditions. Local universities have their own preferences. Keeping in view the motto of RMU, further brainstorming resulted in formulating a comprehensive list of Faculty workshops. VC was kept on board who suggested to minimize the number of workshops. Some lectures and symposia were also in plan. In subsequent meetings of members of team the number and the days of workshops were reduced and adjusted to suit the availability of the Faculty staff. The learning objectives, need assessment, audit, quality assurance, feedback, tangible scoring, monitoring, supervision and funding of the workshops were finalized under the able advice of VC. In May 2019, UFDP was finalized with 6 months calendar and finally implemented in July 2019. The program is a great success.

It is hoped that this portrait of faculty development will be of interest to different stakeholders, including faculty developers, educational leaders and administrators, teachers, students, researchers, and policy makers in all of the health professions who are interested in pursuing their own professional learning and that of their colleagues.

We hope that this collection, which includes content, will facilitate program planning, implementation, and evaluation, move the scholarly agenda forward, and promote dialogue and debate in this important field of practice and scholarship.

Sadia Chaudhry

FCPS, MHPE

Deputy Director Faculty Development Program

September 2022



Message from Vice Chancellor:

Rawalpindi Medical University is one of the most prominent medical universities in South Asia. This institute has developed immensely since its up progression on 5th May, 2017.

This University aims to offer an ideal learning environment. Rawalpindi Medical University has always been recognized as an exclusive spot in the public sector. It serves as an inspiring frontier for health care formulation and medical education; with the three allied hospitals bearing the burden of the city's health care needs, medical and paramedical along with undergraduate and post-graduate training programs. Establishing a dynamic university is a knowledgeably meaningful effort, but one that is far from relaxed. It requires self-possessed equipoise amongst experienced government institutions: salute to the highbrow liberation and imagination. This institution is eminent not only for the modernization in its teaching hospitals but also for faculty development under various University Programs.

My vision is to make RMU a center of knowledge- sharing and to create a generation with critical thinking who can debate human values, at its heart. I aim to lead the university into an era of innovation and cutting edge scientific inquiry with a truly scientific, social, and economic impact. A place where students are enabled and stimulated to achieve human excellence, and where the ethos and values of quality assurance, transparency, merit, openness, accessibility, participatory approach and gaining public confidence are held supreme.

I am certain that through the support and help of my team, we will be able to make RMU the most sought after medical university in Pakistan; a university excelling not only in rankings but also in inducing a positive change in the society by virtue of upholding the fundamental moral and ethical human values.

Editorial in JRMCM:

University Faculty Development Program at Rawalpindi Medical University

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Faculty development program refers to all activities taken up by the faculty in an institution targeting their development, both personal and professional, and finally implying the growth of the institution.¹ The last two decades have witnessed dramatic changes in various fields of life. In the field of medicine, a paradigm shift has been observed from individualized and conventional approach to evidence based strategies. In Pakistan, the mushroom growth of medical colleges has occurred. The standard of education has deteriorated and recently some new universities have appeared on horizon. In order to thrive, they have to meet these challenges amicably. For a university, the continuous endeavor to excel is mandatory in order to accomplish its goals. They are no longer an institution that imparts degrees, rather they have to focus on improving and improvising medical education, conducting purposeful research and imparting best possible services to the patients and the society.

In Pakistan, there is not only a shortage of school teachers but the medical teachers also. Doctors, who join the medical university as teachers, may not be well versed in teaching skills, although they may be good clinicians. As the students of today belong to generation Y, the changes they have observed in last two decades are substantially more in absolute quantity and magnitude than their precedents. Consequently, the generation Y (the millennial) have a higher processing capacity, are more complex and more sophisticated than the older generation X (born in 1960-1980). The world has become smaller and sharper, with better resolution and better internet speed. Thus, there is a communication gap between the students and the teachers. Therefore, there is a dire need to change teaching strategies. The curriculum needs to be updated and better aligned to today's needs. The assessment tools must be revised and more technology-oriented delivery needs to be incorporated rather than

the conventional lectures strategy. Thus, improvement in teaching strategies will enhance the quality and capability of graduating doctors.

The second challenge faced by the professionals is the patient care, which has to be evidence based. This requires solid evidence through research. The university has to provide an environment where research culture prevails. From Pakistan, the number and quality of medical research articles is far behind that of even the neighboring countries.² A dedicated department with adequate staff is mandatory to fulfil this gap. A constant support to the researchers at faculty level is required not only to refresh their knowledge but also to familiarize them with statistical and medical writing capabilities. High quality research brings credentials to the university and improves individual's portfolio apart from delivering best service to patients.

Moreover, the role of university also encompasses the grooming of the professional as a mentor, a leader, a supervisor and an administrator. It is a multifaceted prism that needs to be enlightened. The faculty is an asset of the university. Highly professional faculty will self-perpetuate quality research as well as academic excellence. Ultimately, the university ranking improves as the national and international standards are met. High ranking universities act like a magnets and attract highly motivated professionals who enter into a structured system and contribute positively. The universities although are fully aware of the need but often there is a difficulty in implementation. How to start the program and how to devise a curriculum are big challenges for the faculty of newly formed universities due to lack of faculty development programs. Rawalpindi medical university (RMU), although being only few months old, has devised a fully structured faculty development program (UFDP) with five main domains to be addressed, i.e. medical education, research, administrative skills, supervisory & leadership skills and patient care. Both formal and informal methods are being employed. The strategy focuses more on workshops of one to two days, being conducted regularly throughout the year, symposia, guest lectures, seminars and theme based grand rounds. UFDP upholds the motto of the University i.e. "Wisdom, Truth and Service". Highly trained and professional faculty of the University has not only won

credentials at national and international level but also contributes in escalating the ranking of the University globally. Moreover, the first and the foremost aim of a professional doctor is

Sept 2022

explicitly achieved, as 'the patient deserves the best'. The learning objectives need assessment, audit, quality assurance, feedback, tangible scoring, monitoring, supervision and funding of the workshops were finalized under the able advice of Vice Chancellor, RMU. The UFDP of RMU is expected to serve as a role model for other universities so that they can move closer to their cherished goals.

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1. Jolly BC. Faculty development for curricular implementation. International handbook of research in medical education Springer, Dordrecht.2002:945- 967.
2. Ghaffar A, Zaidi S, Qureshi H, Hafeez A. Medical education and research in Pakistan. The Lancet. 2013; 29381(9885):2234-2236.

Contributions:

In addition to the able contribution of Prof Rai Asghar, Prof Shagufta Saeed Sial, Prof Mohammad Idrees, Prof Samia Sarwar and Dr Irum Kalsoom prepared the first volume of UFDP. 2nd volume of UFDP book has been compiled by Associate Professor Dr Sadia Chaudhry (Medical Educationist). Now we are moving forward towards the 3rd volume of this book.

The initiation of UFDP would not have been possible without the exemplary vision of Vice Chancellor Prof Dr Mohammad Umar. It is hoped that UFDP will not only enhance the existing status of our faculty members but will also contribute as a guideline program for other Universities as well.

The collective efforts of a team of clinicians and educators who accepted the challenge of forging new territory and pushing the boundaries in their thinking about faculty development. Synthesizing the current 'state of the art' and extending the reach of faculty development is no easy feat; however, each of the contributors, who represent a broad range of clinical and educational backgrounds, has risen to this challenge, bringing meaningful insights to faculty development based on their experiences in a variety of interprofessional and international contexts.

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Section-1

Background:

Current trends in medical education

We live in a momentous time, and the future calls for new paths and fundamental changes in medical education. The structure of medical schools has been influenced by an exponential increase in medical knowledge and changes in healthcare delivery, doctor availability and workload, patient expectations, and the needs and requirements related to students. To keep pace with changes, quality improvement and innovations in medical education are now being addressed by many important global associations and organizations, among them the World Federation for Medical Education (WFME), the Institute for International Medical Education (IIME), the American Medical Association (AMA), the Association for Medical Education in Europe (AMEE), the Canadian Association for Medical Education (CAME), the Association for the Study of Medical Education (ASME), the Association of American Medical Colleges (AAMC), the Accreditation Council for Graduate Medical Education (ACGME), the Australian Medical Association (AMA), and the Asia Pacific Medical Education Conference (APMEC). It is clear that a new vision is needed to address the challenges of medical education.

There is also a need for a new model to shape the minds and hearts of future healthcare professionals. This requires adoption of new curricula, novel pedagogies, and innovative forms of assessment, and, of course, even well-developed faculty members, since those individuals represent one of the most important assets of an academic institution ².

To understand the importance of faculty members and their role in medical education, it is helpful to consider the relevant context. In general, medical education comprises three main components:

1. A curriculum
2. An educational environment
3. Teachers/Faculty member

The curriculum concerns what is learned, how it is learned, how it is assessed, and how learning is structured. The teachers produce the course documentation in a process that includes discussing and learning together with other faculty members—a community of practice. The educational environment or climate has also been highlighted as a key aspect in this context ²⁻⁴, and both students and teachers are aware of that aspect of their university. Is the teaching and learning environment very competitive? Is the atmosphere in classes relaxed or in some ways stressful? These are all key questions in determining the nature of the learning experience ⁴. The importance of the environment should not be underestimated, and the interest in studying learning environments in health professions such as medicine has increased in recent years. One reason for that may be the growing diversity of both the student population and the student requirements.

Faculty members constitute the third major component of medical education, not only due to their direct influence on the teaching and learning process, but also because they play an important role in shaping the other two components (i.e., curriculum and environment).

Each of these three components has an important function in medical education, and, in combination, they can affect student achievements as well as the quality of the instruction provided, and hence they are also associated with the issue of patient safety.

Responsibilities of Medical University towards faculty members:

Medical Universities have obligations towards the faculty members, and those responsibilities can be divided into six categories:

1. **Recruitment** (hiring of faculty should be based on subject knowledge, ability to perform and obtain funding for research, clinical expertise, and teaching competence)
2. **Retainment** (faculty members should be assigned appropriate roles)
3. **Re-energization** (faculty members should be kept enthusiastic and up-to-date)
4. **Recognition** (faculty should be given recognition for good teaching)
5. **Rewards** (e.g., faculty should be rewarded for good teaching)
6. **Respect** (faculty members should be respected)

If a medical college is to succeed, it has to accept these responsibilities. The crucial role of faculty development activities and initiatives implemented at medical schools is clearly illustrated by this alarming statement made by Professor Ronald M. Harden ⁵:

“There is no such thing as curriculum development, only staff development.”

Thus faculty development is essential for ensuring and better addressing the obligations that medical schools have towards their faculties. Unfortunately, planning and introducing a faculty development program is not an easy task

Section-2

Continuous Professional Development of Doctors

1) WFME Global Standards for Quality Improvement-2015 Revision

In 2015, WFME published revised *WFME Global Standards for Quality Improvement: Continuing Professional Development of Medical Doctors*.⁶ These are a global medical education expert consensus on the best practice minimum requirements (basic standards) and standards for quality improvement. Altogether there are 76 basic standards, 62 quality development standards and 80 annotations.

Concepts of CPD:

CPD includes all activities that doctors undertake, formally and informally, in order to maintain, update, develop and enhance their knowledge, skills, and attitudes in response to the needs of their patients. Engaging in CPD is a professional obligation but also a prerequisite for enhancing the quality of health care. The strongest motivating factor for continuous professional life-long learning is the will and desire to maintain professional quality.

Continuing Medical Education (CME) describes continuing education in the field of knowledge and skills of medical practice; CPD, a broader concept, refers to the continuing development of the multi-faceted competencies inherent in medical practice, covering wider domains of professionalism needed for high quality professional performance.

WFME recommends the following set of global standards in CPD. The set of standards are divided into 9 areas and 32 sub-areas, being aware of the complex interaction and links between them.

AREAS are defined as broad components in the, process, structure, content, outcomes/competencies, assessment and learning environment of CPD covering:

- 1. Mission and outcomes**
- 2. Educational program**
- 3. Assessment and documentation**
- 4. The individual doctor**
- 5. CPD provision**
- 6. Educational resources**
- 7. Evaluation of CPD activities**
- 8. Organization**
- 9. Continuous renewal**

WFME CPD Standards 2015 (Revised)

SR NO	STANDARDS	Basic Standards :MUST	Quality development standards: SHOULD
	1. Mission and Outcomes		
1.	Mission	<p>The medical profession must</p> <ul style="list-style-type: none"> • state the mission of the CPD providers and CPD activities. • make the mission publicly known to the health sector it serves. • base the mission on: <ul style="list-style-type: none"> - needs assessment. - The professional's general need to explore, develop and consider new areas of competence. - Reflection and deliberation with peers about own and other's practice. • balance the mission between general and specific activities. • include in the mission: <ul style="list-style-type: none"> - requirements determined by the roles and expected competencies in terms of clinical skills, theoretical knowledge, attitudes and communication skills, in relation to the organization of clinical work, teaching, research or administration. - Aspects of medical ethics/bioethics. - Follow-up of learning undertaken. - Training of the ability to make judgments in complex and unpredictable situations. - considerations of the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. 	<p>The medical profession should ensure that the mission</p> <ul style="list-style-type: none"> • encourages and supports doctors to improve their practice performance. • addresses the obligation to improve the conditions for effective CPD
	<i>STATUS OF RMU</i>	Achieved	Continuous process
2.	Professionalism and Professional Autonomy	<p>The medical profession must</p> <ul style="list-style-type: none"> • ensure that CPD activities serve the purpose of enhancing the professional and personal development of doctors 	<p>The medical profession should ensure</p> <ul style="list-style-type: none"> • that the process of CPD activities strengthens the potential of doctors to act autonomously in planning and choosing the CPD activities in the

			best interests of their patients and the society. • Academic freedom.
<i>Status of RMU</i>		Continuous Process	Not Achieved
3.	Outcomes of CPD	<p>The medical profession must</p> <ul style="list-style-type: none"> • define intended outcomes of CPD that <ul style="list-style-type: none"> - are adequate to maintain and develop competencies necessary to meet the needs of the individual doctor, the medical profession, patients and society. - ensure appropriate conduct of doctors with respect to colleagues and other health care personnel, patients and their relatives. <p>Cover requirements to life-long self-directed learning.</p> <ul style="list-style-type: none"> - are based on clinical data. • make the intended outcomes publicly known 	
<i>Status of RMU</i>		Achieved	
4.	Participation in formulation of mission and outcomes	<p>The medical profession must</p> <ul style="list-style-type: none"> • state the mission and intended outcomes of CPD activities in collaboration with its principal stakeholders 	<p>The medical profession should</p> <ul style="list-style-type: none"> • base formulation of mission and intended outcomes of CPD activities on input from other stakeholders
<i>Status of RMU</i>		In Process	In Process
2. Educational Programme			
1.	Framework of CPD activities	<p>The medical profession must</p> <ul style="list-style-type: none"> • tailor CPD activities to the needs and wishes of individual doctors, recognizing the needs of the health care system. • ensure and support CPD activities. • encompass integrated practical and theoretical components. • ensure that CPD activities are conducted in accordance with the policies of representative professional organizations, including the recognition of activities. • include the commitment to ethical considerations. 	<p>The medical profession should</p> <ul style="list-style-type: none"> • take advantage of a variety of instructional and learning methods for CPD. • stimulate engagement with colleagues in learning networks, where appropriate, to share experiences and benefit from collaborative learning. • encourage collaboration and mutual recognition through appropriate frameworks both nationally, regionally and globally.
<i>Status of RMU</i>		Achieved	Achieved
2.	Scientific Method	<p>The medical profession must</p> <ul style="list-style-type: none"> • firmly base the content of CPD 	<p>The medical profession should</p> <ul style="list-style-type: none"> • organize and use CPD activities to

WFME CPD Standards 2015 (Revised)

		based medicine and experience, whenever possible	evidence, scientific results and practice experience. - improve organization and practice of the health care delivery system, drawing upon emerging evidence. - use knowledge of appropriate scientific methods to improve the critical appraisal skills of doctors.
<i>Status of RMU</i>		Achieved	Achieved
3.	Content of CPD activities	The medical profession must <ul style="list-style-type: none"> • ensure diverse and individually appropriate content of CPD activities to enable doctors to develop their practice • organize CPD activities with appropriate attention to patient safety and autonomy. 	The medical profession should <ul style="list-style-type: none"> • select the content of CPD activities based upon the individual doctors' self-directed plans for learning consistent with their various professional roles. • organize CPD activities, taking into account results of dialogues with employers
<i>Status of RMU</i>		Continuous Process	Continuous Process
4.	The Relation between CPD and service	The medical profession must <ul style="list-style-type: none"> • tailor CPD activities to fill gaps in knowledge, skills, attitudes and management ability, identified in appraisal of service or by individual reflection or review on practice and personal learning plan. 	The medical profession should <ul style="list-style-type: none"> • ensure that CPD activities are regarded as an integral part of medical practice, reflected in budgets, resource allocations, working conditions and time planning, and taking into account that CPD activities may limit service provision
<i>Status of RMU</i>		Continuous Process	Achieved
3. Assessment and Documentation			
1.	Assessment Methods	The medical profession must <ul style="list-style-type: none"> • formulate and implement a policy on assessment of CPD activities. • develop and define appropriate assessment methods 	The medical profession should <ul style="list-style-type: none"> • promote appropriate development of assessment of CPD activities
<i>Status of RMU</i>		Not Achieved	Continuous Process
2.	Documentation of CPD activities	The medical profession must <ul style="list-style-type: none"> • establish systems to monitor and document engagement in CPD activities systematically and transparently. • create, when relevant, personal learning portfolios that can be shared with peers. • use systematic documentation of CPD activities as a formative learning tool. • use feedback on relevance and 	The medical profession should <ul style="list-style-type: none"> • ensure that documentation of CPD activities acknowledges actual learning and is based on enhancement of competencies, not mere participation in CPD activities

		quality of CPD activities for planning of CPD.	
<i>Status of RMU</i>		Continuous Process	Continuous Process
4. The Individual Doctor			
1.	Motivation	<p>The medical profession must</p> <ul style="list-style-type: none"> • ensure that delivering high quality care is the driving force for doctors' participation in CPD activities. • realize in its planning that the individual doctors have the main responsibility for their engagement in CPD activities. • stimulate the individual doctor to participate in CPD activities. • offer academic counseling when relevant. • stimulate doctors to judge the individual educational value of available CPD activities. • select appropriate activities which are relevant to the learning requirements of the individual doctor, e.g. based on clinical data. 	<p>The medical profession should ensure</p> <ul style="list-style-type: none"> • that the CPD system enhances motivation to learn. • that CPD activities are recognized as a meritorious professional activity
<i>Status of RMU</i>		Achieved	Achieved
2.	Learning Strategies	<p>The medical profession must develop</p> <ul style="list-style-type: none"> • the ability of the individual doctor to systematically plan, execute and document practice-based learning in response to defined learning needs. • ways of helping doctors to identify their CPD requirements 	<p>The medical profession should</p> <ul style="list-style-type: none"> • require that CPD activities of doctors are based on learning strategies, which are tailored to the individual. • encourage the use of distance-learning.
<i>Status of RMU</i>		Achieved	Continuous Process
3.	Influence of individual doctors on CPD	<p>The medical profession must</p> <ul style="list-style-type: none"> • give doctors, when relevant, the opportunity to discuss their learning needs with CPD providers. 	<p>The medical profession should</p> <ul style="list-style-type: none"> • involve doctors in planning and implementing CPD activities.
<i>Status of RMU</i>		Achieved	Achieved
4.	Working Conditions	<p>The medical profession must ensure</p> <ul style="list-style-type: none"> • working and employment conditions for doctors in practice that provide protected time and other resources for CPD activities. 	<p>The medical profession should</p> <ul style="list-style-type: none"> • establish systems of recognition of doctors or other kinds of stimulus that allow for their engagement in a broad range of CPD activities relevant to their needs

		<ul style="list-style-type: none"> • Opportunities for the doctor to reflect on practice. 	
<i>Status of RMU</i>		Continuous Process	Continuous Process
5. CPD Provision			
1.	Recognition Policy	<p>The medical profession must</p> <ul style="list-style-type: none"> • ensure a system for evaluation and recognition of CPD provision and/or individual CPD activities. • establish a mechanism for authorization of a formalized structure of CPD provision in consultation with relevant authorities based on agreed criteria 	<p>The medical profession should</p> <ul style="list-style-type: none"> • require that CPD providers are able to describe the educational basis of their activities including access to educational expertise.
<i>Status of RMU</i>		Continuous Process	Continuous Process
2.	Provider Obligations and Provider Development	<p>The medical profession must</p> <ul style="list-style-type: none"> • ensure that the provision of CPD activities meet generally agreed educational quality requirements. • ensure that any conflicting interests of CPD provision are explicitly identified, declared and properly handled. 	<p>The medical profession should</p> <ul style="list-style-type: none"> • establish acceptable norms for the provision of CPD activities. • ensure that norms are adhered to by CPD providers. • demand that the providers - in planning and conducting their activities - demonstrate use of effective and efficient educational methods and technology
<i>Status of RMU</i>		Continuous Process	Continuous Process
3.	Role of Medical Schools	<p>The medical profession must</p> <ul style="list-style-type: none"> • promote involvement of medical schools in improvement of the quality of CPD activities. • ensure that medical schools through the curriculum in basic medical education prepare the students for life-long learning, hereby stimulating motivation for and ability to engage in CPD activities. 	<p>The medical profession should</p> <ul style="list-style-type: none"> • encourage medical schools to provide CPD activities when appropriate. • stimulate medical schools to undertake research on CPD activities.
<i>Status of RMU</i>		Continuous Process	Continuous Process
6. Educational Resources			
1.	Physical Facilities	<p>The medical profession must</p> <ul style="list-style-type: none"> • ensure access to adequate professional literature. • ensure access to skills training equipment. • offer a safe learning environment. 	<p>The medical profession should</p> <ul style="list-style-type: none"> • ensure evaluation and regular updating of physical facilities and skills training equipment for the provision of adequate conditions for CPD activities.
<i>Status of RMU</i>		Achieved	Achieved

2.	Learning Settings	The medical profession must <ul style="list-style-type: none"> • ensure that CPD activities are provided in learning settings and circumstances conducive to effective learning 	The medical profession should <ul style="list-style-type: none"> • support formal and informal collaboration with stakeholders in order to obtain a broad spectrum of learning settings.
<i>Status of RMU</i>		Achieved	Achieved
3.	Information Technology	The medical profession must <ul style="list-style-type: none"> • ensure access to web-based or other electronic media. • use information and communication technology in an effective and ethical way as an integrated part of CPD activities. 	The medical profession should <ul style="list-style-type: none"> • stimulate doctors to be competent in the use of information and communication technology for <ul style="list-style-type: none"> - self-directed learning. - communication with colleagues. - accessing relevant patient data and health care information systems. - patient/practice management.
<i>Status of RMU</i>		Achieved	Achieved
4.	Interaction with Colleagues	The medical profession must <ul style="list-style-type: none"> • encourage collaboration with colleagues and other health professionals in CPD activities 	The medical profession should <ul style="list-style-type: none"> • engage doctors in development of the competencies of colleagues, including doctors in training, students and allied health personnel.
<i>Status of RMU</i>		Achieved	Achieved
5.	Formalized CPD Activities	The medical profession must <ul style="list-style-type: none"> • develop systems in collaboration with stakeholders that encourage and recognize participation in local, national, and international CPD activities, scientific meetings and other formalized activities. • ensure opportunities for doctors to attend formalized CPD activities. 	The medical profession should <ul style="list-style-type: none"> • ensure opportunities for doctors to plan and execute special CPD activities such as in-depth studies to increase the level of their competencies
<i>Status of RMU</i>		Continuous Process	Continuous Process
6.	Medical Research and Scholarship	The medical profession must <ul style="list-style-type: none"> • ensure possibilities for participation in quality development activities as part of CPD. 	The medical profession should <ul style="list-style-type: none"> • allow for participation in research projects as part of CPD, if relevant
<i>Status of RMU</i>		Achieved	Achieved
7.	Educational Expertise	The medical profession must <ul style="list-style-type: none"> • formulate and implement a policy on the use of educational expertise relevant to the planning, implementation and evaluation of CPD activities. 	The medical profession should <ul style="list-style-type: none"> • ensure that individual doctors have access to and use educational expertise in CPD activities.
<i>Status of RMU</i>		Achieved	Achieved
8.		The medical profession must <ul style="list-style-type: none"> • facilitate doctors' freedom of movement to promote their ability to obtain experience by 	The medical profession should <ul style="list-style-type: none"> • facilitate - in collaboration with stakeholders - national and international study visits for doctors.

	Learning in Alternative Settings	visiting other institutions or settings within or outside the country	<ul style="list-style-type: none"> • ensure that relevant authorities establish relations with corresponding national, regional and global bodies to facilitate provision and mutual recognition of CPD activities.
Status of RMU		Continuous Process	Continuous Process
7. Evaluation of CPD Activities			
1.	Mechanisms for Programme Monitoring and Evaluation	<p>The medical profession must establish and apply mechanisms to</p> <ul style="list-style-type: none"> • monitor the CPD activities. • evaluate processes and outcomes of CPD activities. 	<p>The medical profession should – in monitoring and evaluation –</p> <ul style="list-style-type: none"> • address the mission, the intended outcomes, the educational programme, assessment, if any, documentation, the individual doctors' participation in CPD, the CPD provision and the educational resources. • make use of data to monitor and evaluate the acquired outcomes, including the ability to deliver high quality patient care. • consider involvement of expertise in health care delivery and in medical education for CPD evaluation.
Status of RMU		Continuous Process	Continuous Process
2.	Feedback to Providers	<p>The medical profession must ensure that</p> <ul style="list-style-type: none"> • CPD providers on an on-going basis seek information from the targeted doctors on their professional performance and learning needs. • Constructive feedback from participants in CPD activities is systematically sought, analyzed and acted upon. • Information of feedback results are made available to stakeholders. 	<p>The medical profession should</p> <ul style="list-style-type: none"> • ensure development of systems for systematic feedback from participants in CPD activities to CPD providers and authorities responsible for CPD activities. • analyze the benefit from doctors' engagement in CPD activities in relation to their learning needs. • ensure that CPD participants are actively involved in evaluating the CPD activities and in using the results in planning CPD.
Status of RMU		Achieved	Achieved
3.	Involvement of Stakeholders	<p>The medical profession must ensure that</p> <ul style="list-style-type: none"> • involve the principal stakeholders in its programme for monitoring and evaluation. 	<p>The medical profession should</p> <ul style="list-style-type: none"> • for other stakeholders - allow access to results of course and programme evaluation. - seek their feedback on the performance of doctors. - seek their feedback on the programme.
Status of RMU		Continuous Process	Continuous Process

	8. Organization		
1.	Documentation and needs for planning of CPD	The medical profession must <ul style="list-style-type: none"> • plan CPD activities based on the statement of mission and the definition of outcomes. 	The medical profession should <ul style="list-style-type: none"> • develop systems that provide documentation on practice quality, tracking outcomes and comparing peer groups for alerting doctors and principal stakeholders.
<i>Status of RMU</i>		Achieved	Achieved
2.	Academic Leadership	The medical profession must <ul style="list-style-type: none"> • take responsibility for leadership and organization of CPD activities. 	The medical profession should <ul style="list-style-type: none"> • ensure that the professional leadership is evaluated regularly with respect to achievement of the mission and outcomes of CPD activities.
<i>Status of RMU</i>		Achieved	Achieved
3.	Educational budget and resource allocation	The medical profession must <ul style="list-style-type: none"> • establish budgetary systems to fund and sustain CPD activities in response to needs identified by the profession and the CPD providers. • ensure that funding of CPD activities in principle is included as part of the expenses of the health care system. 	The medical profession should <ul style="list-style-type: none"> • organize funding systems for CPD activities, ensuring independence of doctors' choice of CPD activities.
<i>Status of RMU</i>		Continuous Process	Continuous Process
4.	Administration	The medical profession must <ul style="list-style-type: none"> • ensure that CPD activities are adequately managed. 	The medical profession should <ul style="list-style-type: none"> • ensure that the administrative structures for formalized CPD activities facilitate quality assurance and improvement
<i>Status of RMU</i>		Achieved	Achieved
	9. Continuous Renewal		
1.		The medical profession must <ul style="list-style-type: none"> • initiate procedures for regular review and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the programme. • rectify documented deficiencies in CPD activities. 	The medical profession should <ul style="list-style-type: none"> • base the process of renewal on prospective studies and analyses and on results of local evaluation and the medical education literature. • ensure that the process of renewal and restructuring leads to the revision of the policies and practices of CPD activities in accordance with past experiences, present activities and future perspectives. • address the following issues in the process of renewal of CPD activities:

		<ul style="list-style-type: none"> • allocate resources for continuous renewal of CPD activities 	<ul style="list-style-type: none"> - adaptation of the mission and outcomes to the scientific, socio-economic and cultural development of the society. - Re-examination and definition of the competencies required to incorporate medical scientific progress and the changing needs of the society. - Review of learning framework and educational methods to ensure that these are appropriate and relevant. - Development of methods of self - assessment and practice- based learning to facilitate doctors' life-long learning. - Development of the organizational and managerial structures to help doctors to deliver high quality care and to meet their patients' emerging needs. - reflection on and continual improvement of content and methods
<i>Status of RMU</i>		Continuous Process	Continuous Process

Section-3

Introduction:

1) FDP-Concepts and Principles

The definition of faculty development has evolved and been expanded over the past few decades, and various definitions have been used in higher education. In 1975, Gaff ⁷ referred to faculty development as the “activities that help teachers improve their instructional skills, design better curricula, and/or improve the organizational climate for education,” and, at about the same time, described as the broad range of activities used by institutions to renew or assist faculty members in undertaking their expected roles.

“Faculty development is a planned program or set of programs designed to prepare institutions and faculty members for their various roles”.

This broader and more inclusive definition has become generally accepted by the medical education community ⁸. Faculty development, or staff development as it is often called, has become an increasingly important component of medical education. Staff development activities have been designed to improve teacher effectiveness at all levels of the educational continuum (e.g. undergraduate, postgraduate and continuing medical education) and diverse programs have been offered to health care professionals in many settings.

It has been emphasized that medical school faculty members are trained in the roles of their discipline (e.g., clinical duties and healthcare delivery) but are essentially not taught to succeed as educators, researchers, scholarly writers, or administrators. In most cases, they do not learn academic skills related to curriculum development, instruction, evaluation, research, scientific production, or administration ^{7,8}. Very few faculty members are trained to manage their roles as teachers ⁹. In addition, new tasks, as well as advances in medicine and new instructional techniques, often mean that old skills may be inapplicable or insufficient. On the other hand, the faculty members of today must acquire new competencies in areas such as *information*

technology, evidence-based medicine, professionalism, problem-based learning, interdisciplinary teaching, web-based instruction, and new teaching strategies^{10,11}.

2) Need assessment of Faculty Development

The academic vitality of any institution is linked with the professional development of its faculty members. Evidence shows that the most important asset of a medical school is its faculty and success of an institution is determined by the extent to which it invests and nurtures the career development of its most junior faculty members. Traditionally, medical school faculty members are hired only for their content knowledge and skills rather than for their teaching ability. However, it is increasingly being realized now that faculty members need to be trained in teaching and learning strategies to meet the demands of today's, newer, more complex healthcare system

FD is imperative for all medical universities. It needs to be systematic and planned with an emphasis on newer evidence-based teaching strategies e.g. Work-based learning, e-learning and community-based learning. FD is an important institutional approach towards developing teaching excellence among faculty by promoting educational infrastructure, capacity building and collaboration and expertise sharing with international colleagues. Developing a system of incentives and awards for recognition of excellence in teaching, professional growth and research can help in motivating faculty to attend educational workshops.

3) University Faculty Development Program

Rawalpindi Medical University is a newly formed university and is undergoing a paradigm shift as a result of various challenges. The faculty is an asset of university. It is of utmost importance to keep the faculty members abreast of new challenges not only in medical education, clinical or administrative field but also to improve their leadership and mentorship skills.

UFDP is a structured continuous professional development program (CPD) for RMU & has been designed according to the needs of RMU & allied teaching hospitals. CPD stands for continuing professional development. It refers to the process of tracking and documenting the skills, knowledge and experience that you gain both formally and informally as you work, beyond any initial training.

Principles of Faculty Development:

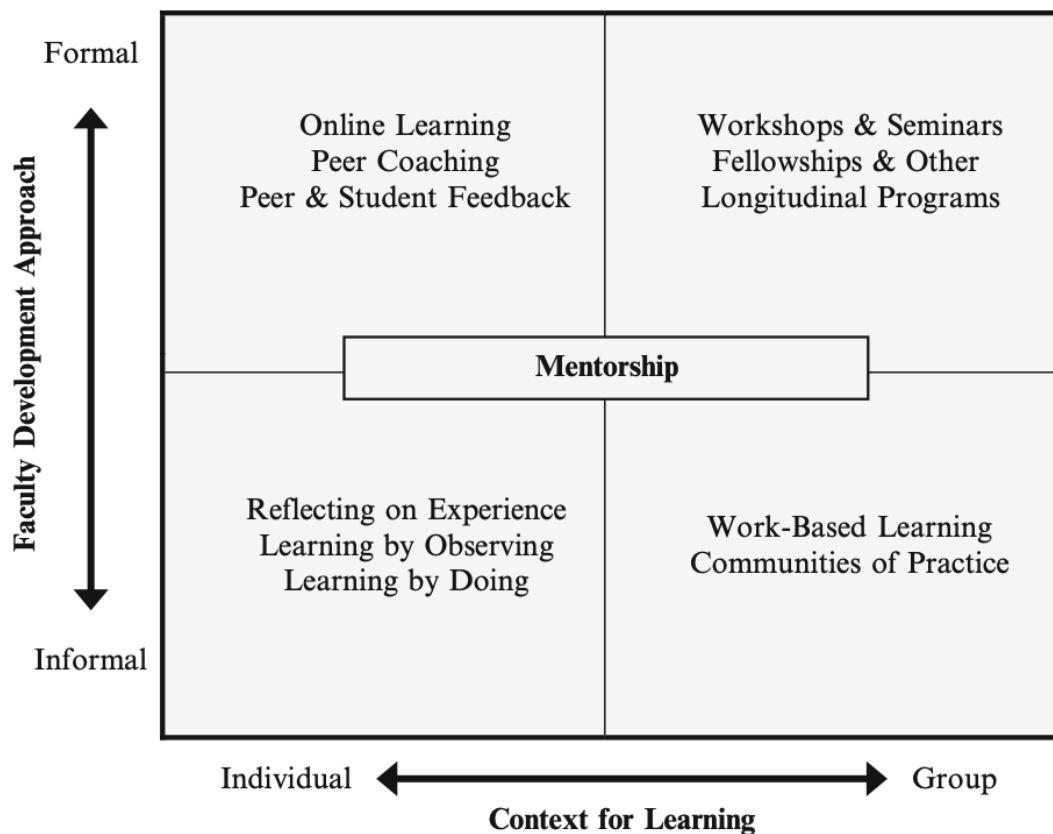
Principles On Which the University Faculty Development Program Is Based:

- Strong administrative support
- Reward structures for participation in faculty development programs
- Teaching viewed as a scholarly activity
- Systematic skills development
- Based on principles of adult learning
- Sensitive to identified needs
- Participants learn from each other
- Atmosphere of caring and trust
- Based on collaboration, teamwork, and shared vision
- Celebration of successes

Section-4

Framework of UFDP

In recent years, much emphasis has been placed on the importance of focusing faculty development programs not only on the needs of the targeted individuals, but also on organizational aspects. Effective faculty development has two important features: **first**, a broad perspective that continuously searches for and tries to address all the aspects that impact faculty success; **second**, systematic and rigorous attention given to each of the steps in the faculty development process. Therefore, when designing and implementing faculty development programs, it has been proposed that it is important to understand not only the objectives of individual faculty members, but the goals of the organization as well.



Model for an effective faculty development program:

An effective and comprehensive FD program should be built upon the following elements mentioned in BEME guide (Steinert et al. 2006).

- Professional development (new faculty members should be oriented to medical university and to their various faculty roles).
- Instructional development (all faculty members should have access to teaching-improvement workshops, peer coaching, mentoring, and consultations)
- Leadership development (academic programs depend upon effective leaders and well-structured curricula; these leaders should develop the skills of scholarship to effectively evaluate and advance medical education).
- Organizational development (empowering faculty members to excel in their roles as educators require organizational policies and procedures that encourage and reward teaching and continual learning).
- Program evaluation (FD activities appear highly valued by participants, who also report changes in learning and behavior. Certain elements of these activities appear to be consistently associated with effectiveness. Efforts are required to gather information from Participants about their satisfaction, learning behaviors/capability, and results or impact).

Domains of UFDP:

A true faculty development programme (FDP) ensures capacity-building in all the Five domains (Following WFME standards for CPD)

- Education (Instruction)
- Leadership
- Professional Development
- Personal Development
- Patient care

Plan for Rawalpindi Medical University:

A) Education

Category	Description
Teaching & Learning	Domains of learning Large group interactive session PBL-Where do we go from here? Feedback Reflective writing Teaching in ambulatory care settings
Assessment-I	MCQs, SAQs, OSCE & OSPE
Assessment-II	Work Based Assessment, DOPs, Mini CEX,CBL Have we failed the failing student? Assessment of clinical competence.
Program Evaluation	Education Planning & Evaluation Quality Assurance Clinical Audit
Information technology	Integrating I.T into T & L settings Computers and Education: help or hype?

B) Leadership:

Category	Description
Educational & Clinical Leadership	Role Modeling The "Good" educator-Ethical issues in HPE Departmental leadership Assisting colleagues to become better teachers
Curriculum	Curriculum Planning & Development
Conference Arrangement Skills	How to arrange an international conference?
Administrative Communication	How to conduct an Inquiry ?

C) Professional Development:

Category	Description
Mentoring	Mentorship
Scholarly Activity	Writing for grants and getting published
Supervisory Skills	Role of supervisor Standardization in training
Ethics	Ethics in medical education Islamic medical ethics and professionalism
Research	How to develop research question Research methodology Data collection tools How to use SPSS Art of Medical Writing Reference Managers Plagiarism

D) Personal Development:

Category	Description
Self-Management	Conflict resolution Team work Communication skills Stress management

E) Patient Care:

Category	Description
Patient Care	Patient Safety
	Nursing Care
	Patient education
	Breaking bad news,
	Counseling of patients

Faculty development has been expanded over the past few years in order to strengthen the academic base of institutions of higher learning. This has been done by providing different programs, which can be divided into those with the most **common formats** and those with **alternative formats** ¹². The most common formats include workshops and seminars, short courses, sabbaticals, and fellowships, and the alternative formats comprise integrated longitudinal programs, decentralized activities, peer coaching, mentoring, self-directed learning, and computer-aided instruction.

Common Formats:

- Workshops
- Seminars
- Conferences
- CPC (Clinicopathological conference)
- Short courses
- Sabbaticals
- Fellowships

Alternative Formats:

- Integrated longitudinal programs
- Peer coaching
- Mentoring
- Self-directed learning
- Computer aided instructions
- Research

Steps in designing University Faculty Development Program of RMU

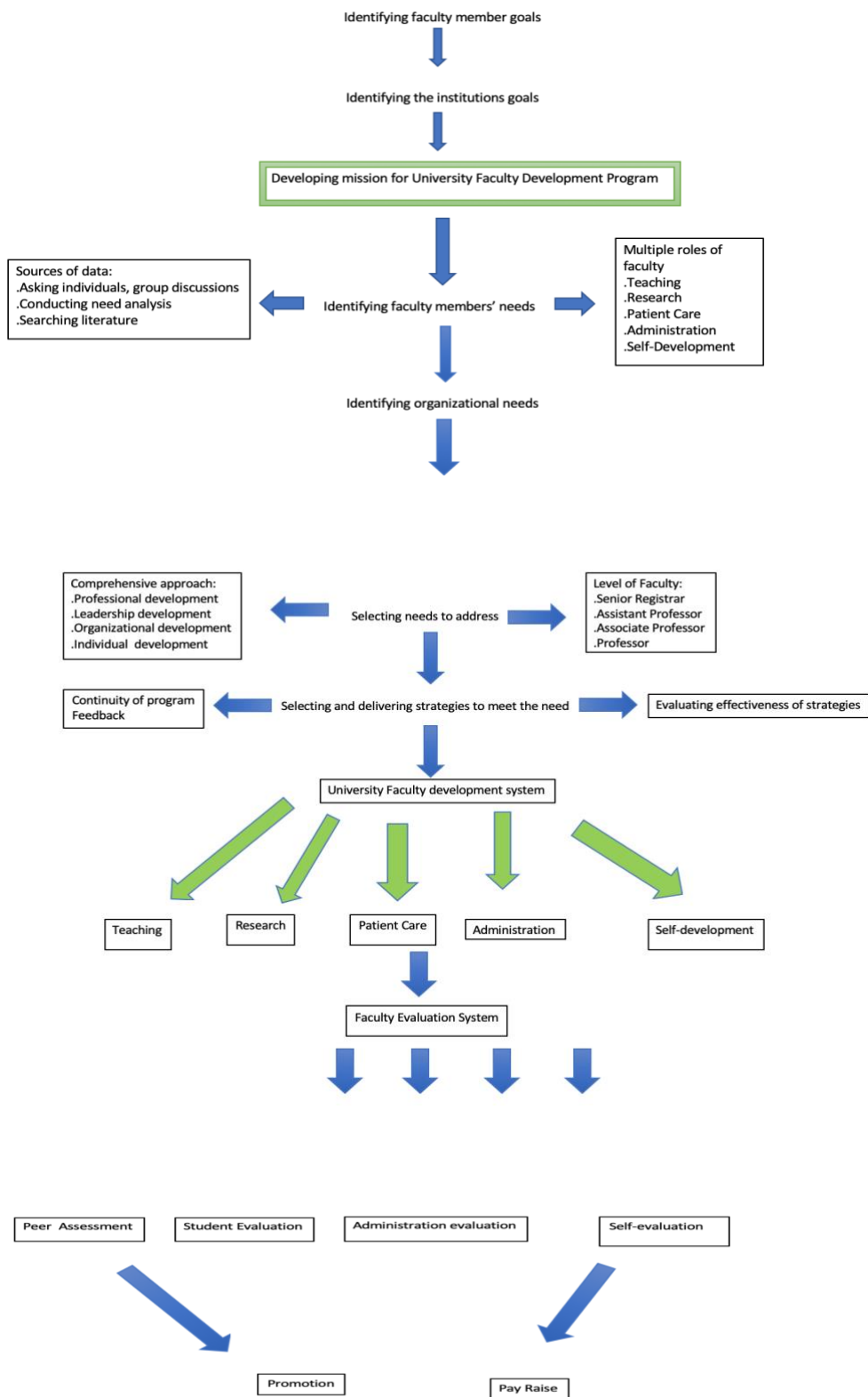


Fig:1 Framework for planning effective faculty development program

Rawalpindi Medical University is currently focused upon following major domains of continuous professional development.

Including:-

- Clinicopathological conference
- Workshops/ seminars/courses
- State of the art guest lectures
- Curricular reforms
 - Undergraduate
 - Postgraduate
- International scientific conference
- National alumni
- International alumni
- Mentor ship dinner
- Rawalians reunion dinner

1) Clinico-pathological Conference at Rawalpindi Medical University:

The clinico-pathological conference, popularly known as CPC primarily relies on Case Method of Teaching Medicine. It is a teaching tool that illustrates the logical, measured consideration of a differential diagnosis used to evaluate patients. The process involves case presentation, diagnostic data, discussion of differential diagnosis, logically narrowing the list to few selected probable diagnoses and eventually reaching a final diagnosis and its brief discussion. It is a multidisciplinary forum which provides social interaction and mutual cooperation between different disciplines of Medicine. It not only improves critical thinking but also develops the qualities of reasoning, enhances Medical knowledge and promotes integration between Clinical and Basic Sciences.

Format of CPC at Rawalpindi Medical University

The presenter does not interpret the data; rather he allows the discussant to interpret those data. The discussant – a consultant faculty member of the department – discusses the case based on the presented history, physical findings, and diagnostic studies obtained. Differential

diagnoses are put forward and narrowed; the discussant is expected to adhere on a measured, logical progression from a patient's presentation to a narrowed differential diagnoses rather than focusing on a final diagnosis but in the end, he makes a tentative diagnosis based on his discussion of the case before the final diagnosis is revealed. At the end of the discussion, the audience participates in a “question and answer” forum (usually 15 min). After discussion of the case, the presenter discusses how the diagnosis is confirmed and provides details regarding the case outcome. It is, therefore, very important that the case should be presented with clarity.

Advantages of CPC

When done properly, the CPC is a great medical educational tool. It improves the communication & computer skills of the presenter. Computer skills are improved in the process of preparing presentations on power point and by adding different images and video clips which not only amplify the skills of the presenter but give better concept & elaboration of the case to the audience. Mutual discussion during CPC reinforces and enhances the knowledge. This discussion and critical thinking not only improves the knowledge of Consultants, Professors. House officers and Post Graduate Trainees but it sensitizes the Medical students regarding different aspect of clinical cases and their management. Attending CPC is mandatory for all faculty of RMU. In May 2013, percentage of mandatory attendance approved by academic council of RMU has been shown below:


Subject: CPC ATTENDANCE

PROCEEDINGS:

Following points were discussed and decisions taken thereon:

Agenda Item No	Issue to Solve / Subject of Agenda Item	Decisions	Responsibility of Officer
1	Attendance Cell – Professor Incharge – Evening Class Attendance The Academic Council was of the unanimous opinion that reverting to a five working day week would be very difficult to implement due to the special circumstances pertaining to Medical Education and patient care. Also, the teaching schedule already outlined by the University of Health Sciences could not be curtailed at this juncture.	The Principal would inform the Health Department about these reservations.	Principal
	CPC Attendance to be included in Internal Assessment and entered in log book by CPC Incharge Professor / Representative a. Professor 50% per year b. Asst/Assoc/Senior Registrar 50% c. Postgraduate Trainee 50% d. House Officers 30% e. Demonstrator 30% f. Students (Final Year) 80% • At least 80% attendance for final year medical students would be mandatory regarding the weekly Clinico-Pathological Conference. • The C.P.C. attendance by staff members was also emphasized. Professor Muhammad Naeem thought it might be difficult for Professors of Basic Departments located in the RMC Old Campus to attend 50% of these meetings in person. Professor Muhammad Ajmal and Professor Rai Asghar suggested that every Unit be represented by a member of the teaching staff in the C.P.C.	S.O.P's would be formulated by the attendance cell regarding attendance. Each unit would ensure attendance of all CPC's by at least Two (one Assistant Professor and one Senior Registrar) member of its teaching faculty alongwith 4 PGTs every week.	Prof. Abida Sultana Prof. Bushra All Members of the Academic Council

This has been again revised recently which showed how much University is interested for development of faculty in this regard.



**OFFICE OF THE VICE CHANCELLOR
RAWALPINDI MEDICAL UNIVERSITY
RAWALPINDI.**
Ph.051-9290360, 051-9290358
Fax No.051-9290519, 051-9280462
No. 1/9606/RMU, Dated: 12-9-2022
M-2)


**All Faculty Members
RMU / Allied Hospitals
Rawalpindi**

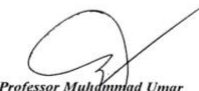
Subject: CPC ATTENDANCE

In reference to Academic Council meeting minutes dated 18-05-2013, it is mandatory for all the faculty members to attend Clinico-Pathological Conference (CPC) organized at Rawalpindi Medical University in order to fulfil their attendance requirement as mentioned below:

Sr. No	Designation	CPC attendance %
1.	Professor	50%
2.	Assistant Professor / Associate Professor	50%
3.	Senior Registrar	50%
4.	Demonstrator / Senior Demonstrator	30%

This is submitted here for strict compliance of all concerned.


Professor Muhammad Umar
 Vice Chancellor
 RMU / Allied Hospitals
 Rawalpindi


Professor Muhammad Umar
 Vice Chancellor
 Rawalpindi Medical University
 Rawalpindi

No. & Date Even
 Copy for information to:
 1. Dr. Shahzad Manzoor, Incharge CPC, RMU
 2. Assistant Registrar, RMU
 3. All concerned

Sept 2022

2) Workshops:

Faculty development program/capacity building of faculty of Rawalpindi medical university done through workshops and seminars. Workshops are target oriented for enhancement of knowledge and skills required for teaching and to promote activities to enhance the quality of learning and teaching across the sector and assists institution in identifying and fostering excellence.

Rawalpindi Medical University arranges many such workshops which enhance capacity of faculty in various domains. Attending these workshops not only encourage and reward existing faculty for developing their teaching skills in key areas of their expertise but it also caters to enhance the educational level for professional up gradation for promotion so that they can contribute in nation building with their technical and professional enhanced knowledge.

3) State of the Art Lectures by Guest Speakers:

Guest speakers have become an important part of the educational experience. They expose to real-world life experiences from the position of someone who has been there. Doctors and Faculty get to see the insight and perspective of the guest speaker's particular field.

4) Curricular Reforms

➤ Undergraduate Level

Introduction Of Modular System At Rawalpindi Medical University:

High-quality medical education is central to high quality medical care. The need to ensure the continued production of doctors fit to practice medicine in the 21st Century has major implications for medical schools around the world, which will all have to work hard to ensure that the curriculum does not lag behind the current medical education challenges. Rawalpindi Medical University is the first public sector Medical University in which modular system has been introduced. The implementation of this curriculum involves challenging strategies, innovative ideas and more manpower. While developing this curriculum, the University changed the subject based approach to vertically and horizontally integrated modular teaching. This encompasses Basic Sciences and Clinical Sciences being taught in an integrated

Sept 2022

fashion starting from first year. This modular system was introduced and successfully being taught to first year batch 2017-18. Guidance was taken from PMC document from MBBS curriculum 2011 available on internet and document of modular curriculum obtained from PM&DC.

Advantages of modular curriculum

- Comprehensive coverage of all topics
- Multidisciplinary approach
- Stimulates analytical thinking/critical thinking
- Better correlation
- Better understanding of concepts
- Integration of Basic and Clinical Sciences
- Varied teaching methodologies for the same topic
- Enhances student participation
- More interesting for students
- Greater teacher–student interaction

The examination system was also modified. Instead of an annual system of assessment there are more frequent modular assessments at the end of each module. The conventional methods of clinical examination have also been replaced by OSCE (objective structured clinical examination) which has eliminated subjectivity from the assessments.

➤ Postgraduate Programs Of Rawalpindi Medical University

University Residency Programs of Rawalpindi Medical University include MS / MD / M.Phil., PhD / Diploma courses. These postgraduate training programs are meant to get our residents well equipped with knowledge and skills deemed inevitable to compete with international doctors and to improve the healthcare of the nation of Rawalpindi Medical University.

Our curriculum is based on six core competencies including Patient Care, Medical Knowledge, System Based Practice, Practice Based Learning, Professionalism and Interpersonal and Communication Skills. High quality Post Graduate Medical Programs play an important role for implementation of health system in a society. It has allowed us to provide exemplary medical care, treating all patients who come to us with uncompromising dedication and skills. We intend to translate the latest scientific knowledge to the bedside to improve our understanding

of disease pathogenesis and ensure that all patients receive the most scientifically appropriate and up to date care.

Mandatory Workshops for Residents

Mandatory workshops for these residents are conducted during 6 months-1 year period following their registration. Mandatory workshops are:

- Communication skills
- Computer skills
- Research methodology & biostatistics
- Synopsis writing
- Professionalism

5) Rawalpindi Medical University International Scientific Conference:

International conferences have been held regularly during the past few years. 5th Rawalpindi medical university international scientific conference had been held from 21st-23rd Dec, 2021.

Preconference Workshops

Prior to the conference there are various preconference workshops which were arranged by different teaching departments of RMU.

These preconference workshops were followed by various scientific sessions by National and International Alumni.

6) Mentorship Dinner:

This mentorship dinner was arranged for the students for their career counseling and guidance. On each table there were senior faculty/mentor accompanied by few students International faculty and alumni of RMU were invited for guidance of exams of USMLE, PLAB & FCPS Examination. This not only motivated the students for higher studies but also drove students to excel with their full capacity not only for themselves but for the betterment of society.

7) ANNUAL RAWALIAN REUNION DINNER

Creating an engaged, supportive alumni network is crucial to an institution's success. If communication stops once graduates leave an institution, their understanding of the university will become stale. Instead, they should be kept informed so they can remain engaged and keep abreast on the progress of the university. Good alumni relationships bring many benefits to both the institution and the alumni. As graduates of the institution, alumni have a special connection with the university and as a result are likely to be some of its more loyal supporters. An engaged alumni network allows the University to benefit from the skills and experience of our graduates, by offering their support to our students, to the institution and to each other. If we keep them properly informed and engaged, alumni are our most loyal supporters and our best ambassadors, offering invaluable marketing and promotion across their personal and professional networks. Each year a dinner is arranged for National and International RMU alumni. Talented alumni will likely have a wealth of experience and skills to share with current student, so far there is five RMC alumni's working world widely, contributing for improvement of education through conducting regular workshops, seminars, symposiums and conferences. They are also encouraging and facilitating students for international and national elective. They are highly contributing for improvement of health care delivery system at primary, secondary and tertiary level, by their vision and contribution in sort of donations and raising funds is highly commendable.

Section-5

Scope of UFDP:

1) Teaching Improvement:

Faculty development to improve teaching is the most common type of faculty development activity reported in the health professions literature. Competency frameworks to improve teaching for health professions teachers had considerable overlap with each one including: **(a) skills in curriculum design; (b) teaching and supporting learners; and (c) assessment and feedback.** Several best practice examples from the faculty development literature demonstrate how these three competencies might be learned and illustrate what is known about the effectiveness of a variety of teaching improvement activities. The literature is limited in the quality of evidence available about what works for teachers, their students, and the systems in which both education and patient care occur. As faculty developers, we will need to continue to innovate in defining and teaching the competencies necessary for our health professions teachers as they progress from novice to master teachers.

2) Leadership and Management:

Faculty development plays a vitally important role in ensuring that those who lead and manage the education and training of health professionals have the knowledge, skills and attitudes appropriate to their role and organization. Common to both the educational and clinical contexts, leadership can be found at 'all levels', distributed or dispersed, throughout the organization. And both clinical and educational leadership involve autonomous professionals with their own professional identities, with the consequence that leadership often requires the mobilization of both positional and professional power. We therefore propose five principles for designing leadership development programs which should:

Be practical: through the incorporation of the development of key skills such as coaching, change management and negotiation.

Be work-oriented: by including project work as a key component supported by action learning sets.

Be supportive of individual development: through 360° feedback, coaching and mentoring.

Link theory to practice: through the provision of selected leadership and management literature relevant to the educational context.

Build networks: through action learning, coaching and social networking.

Leadership development requires specific solutions for different situations. Faculty development programs should be practical and work-focused, support individual development, link theory to practice and build networks. Longitudinal programs of development are required – in addition to short courses.

3) Research Capacity Building:

Faculty development for research capacity building can draw from faculty development in other domains. Consideration of the context in which participants work is crucial; the context to which they return and the support they receive may be more of a determinant in their research productivity than their educational development. Development should be considered sequential and progressive with focused introductory programs giving way to **longer multi-component courses and work-shops** which in turn may lead, for some, to fellowships or graduate programs.

4) Academic and Career Development:

Faculty development for career development should consist of formal programs including **workshops and seminars, individual and group based consultation and learning (including approaches such as coaching and mentoring)**, as well as the provision of information about materials and resources that can be accessed by individuals to guide and advance their own career development.

5) Organizational Change

Faculty development for organizational change must be defined for, and promoted to, an institution's members in a manner that clearly connects with its capacity to contribute to organizational change. It needs to be forward looking and directly linked to, or at least cognizant of and responsive to, organizational goals if it is to assist in promoting organizational change. It should address the elements in the organization, or in the participants' institutions, that can foster or impede the work of those that have undertaken the development process. It must possess attributes and enshrine values that are shared, or at least tolerated, by the organizations and faculty members that use them. It should enable facilitators and participants to engage with their respective institutional leadership *before* the faculty development takes place to negotiate the scope of potential desired outcomes. It must include a focus on those complex skills necessary for the participants in the program to impartially and sensitively observe, engage, and persuade their colleagues back in the workplace. It must recognize the range of the additional contextual factors in the field, and identify and enhance the capacity of the developed professionals to deal with these factors.

Section-6

Faculty Assessment System

The aim of the assessment policy of the UFDP is to ensure that all submissions for accreditation receive appropriate assessment whereby all submissions are treated equally. By ensuring that all submissions are assessed thoroughly and consistently against the criteria required for accreditation.

Appropriate assessment methods would – besides traditional examination forms using norm-referenced and criterion-referenced judgments - include consideration of various tools for self-assessment, the use of personal learning portfolios or log-books and special types of assessments, e.g. site visits by peers, an agreed protocol and comparison with similar results of colleagues. It would also include systems to detect and prevent plagiarism.

Assessment requires:

- Credible data
- Trusted feedback
- A strategy for improvement.

Types of Assessment

It is proposed that a number of forms of assessment should be used at different stages of a UFDP activity within a wider continuous assessment strategy which is integrated with a strategy for measuring outcomes

Need Based Assessment: Undertaken before the commencement of a UFDP activity and using a gap-analysis approach, is necessary to determine what participants know and what they should know. As with other proposed outcomes-based UFDP approaches, participants are also compelled to reflect on their practice to identify their own developmental needs.

Formative Assessment: Should take place during a UFDP activity to check that it is on track to achieve the desired results. Proponents of outcomes-based UFDP frameworks suggest that formative assessment, incorporating practice and 360 degree feedback sessions should be a central part of an outcomes approach so that UFDP participants are provided with a supporting framework to develop the skills needed to achieve their objectives.

Summative Assessment: Can be employed at the end of a UFDP activity to attempt to determine if it has achieved its objectives. Summative assessment techniques used in UFDP programs to date include self-report questionnaires, knowledge tests and commitment-to-change approaches (with follow-up).

Section-7

UFDP Evaluation

“The purpose of evaluation is not to prove, but to improve.”

Dr. Guba

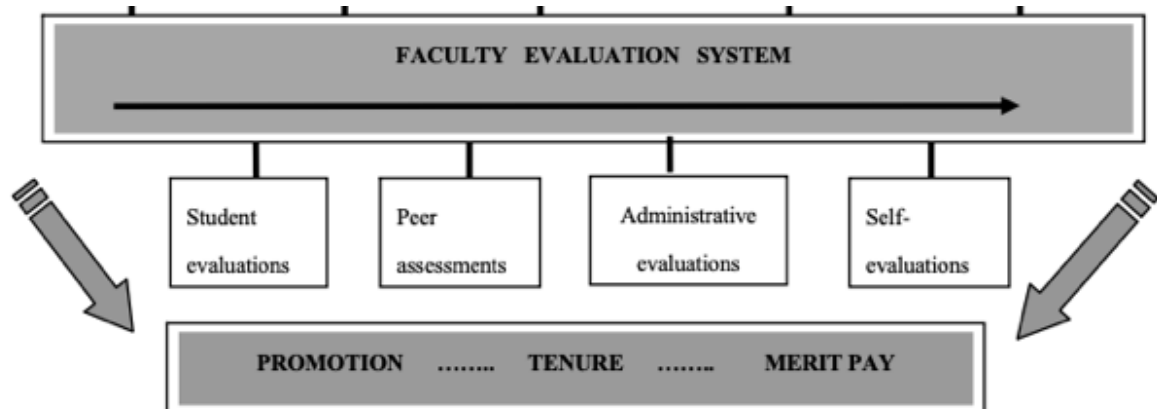
Four key elements in the design of a faculty evaluation system: (i) establishing a good fit between the system and the environment; (ii) securing strong faculty involvement; (iii) providing feedback on faculty performance; (iv) developing opportunities to improve future faculty performance.

An essential component of professional development activities involves ongoing and systematic evaluation procedures. Few efforts have been made to evaluate the results of professional development beyond the brief responses requested at the conclusion of workshops which assess participant reaction to the session. It is an especially critical time for the adult education field to emphasize the evaluation of professional development for at least two reasons:

- Given the certainty of diminishing resources and competing priorities, the luxury of unfocused and unexamined professional development no longer exists. Increasing participation and financial support by non-educational partnerships are bringing to adult education new demands for accountability.
- If adult education practices are to respond to rapidly changing technological and social structures, professional development is the primary vehicle for meeting that challenge. Sound information is needed to make thoughtful decisions on how to change directions

Evaluation of the impact of professional development activities must address the following two questions:

1. Does professional development alter long-term instructional behavior?
2. How do we know that professional development activities do, in fact, improve learner performance?



Section-8

Minimum Requirement of CME/CPD Activities for Faculty of RMU

Requirement of credit hours:

The guidelines had been given by PMDC:

1. 5 credit hours- years of CME training from a recognized professional body is mandatory for General Practitioners.
2. 10 credit hours- years of CME training from a recognized professional body is mandatory for Specialist.
3. No carry forward of extra credit points is acceptable after 5 years.

Guidelines for Credit Hours:

Here we set the criteria for accreditation of CME hours according to following PM&DC rules.

One Credit Hour is equal to 3 clock hours

Maximum 6 hours duration per day shall be 2 credit hours.

1. Speaker at any conference/ CME/ CPD/ workshop/ training program will be given one credit hour per lecture given. If they attend the whole CME/ CPD as a delegate, then they will be given the approved points of the CME/ CPD.
2. The doctors may attend the international CME/ CPD Conference held overseas as delegates. On the production of the certificate of attendance. CME/ CPD credit hours will be given as per equivalence formula.
3. The institutions should be accountable for deciding/ labeling credit hours for each activity as the degree of assignation of candidates varies with the type of activity e.g. lecture, workshop. The level of competency achieved in one-hour session for a skill training workshop is different from the one achieved through a one hour seminar.

Following PMDC Guidelines, meeting was conducted to design a plan for faculty at different levels with different requirements of CME credit hours.

WORKSHOPS TO BE ATTENDED BY FACULTY/ YEAR

	Professors	Associate Professors	Assistant Professors	Senior Registrars
Workshops	3	3	5	5
CME Hours	6	6	10	10

PLAN OF WORKSHOPS FOR FACULTY FOR YEAR 2022

	URP Mandatory	URP Capacity building
Professor	-----	1) Leadership 2) Professionalism 3) Curriculum development
Associate Professor	1) Advanced research methodology and biostatistics	2) Curriculum development 3) Professionalism
Assistant Professor	1) Advanced research methodology and biostatistics 2) Quality assurance of postgraduate Program Evaluation	3) Teaching and learning in medical education 4) Assessment of competence 5) Curriculum development
Senior Registrar	1) Supervisory skills 2) Educational planning and evaluation 3) Assessment of competence	4) Curriculum development 5) Teaching and learning in medical education

Section-9

List of Activities Of UFDP

Proposed Plan Of UFDP:

1) Mandatory Activities Of UFDP for Faculty

Serial No.	Faculty	Workshops
1.	Senior Registrars	University Residency Programme Orientation Workshop
		Supervisory skills
		Education, planning and evaluation
		Assessment of competence
		Basic Research methodology, Biostatistics and medical writing
		Advanced research methodology and Biostatistics

2.	Assistant Professors	Supervisory skills
		Education, planning and evaluation
		Assessment of competence
		Basic Research methodology, Biostatistics and medical writing
		Advanced research methodology and Biostatistics
3	Associate Professors	Supervisory skills
		Education, planning and evaluation
		Assessment of competence
		Basic Research methodology, Biostatistics and medical writing
		Advanced research methodology and Biostatistics
4.	Professors	Supervisory skills
		Education, planning and evaluation
		Assessment of competence
		Basic Research methodology, Biostatistics and medical writing
		Advanced research methodology and Biostatistics

2) Capacity Building Activities Of UFDP for Faculty

Serial No.	Faculty	Workshops
1.	Senior Registrars	Teaching and learning Communication skills Conducting OSCE Building & leading a team as an educational leader Assessment Professionalism
2.	Assistant Professors	Curriculum Development Leadership Teaching & learning Feedback PBL-Where do we go from here? Workplace based assessment

3.	Associate Professors	Patient care Conflict resolution Team work Communication skills Stress management Ethics in medical education
4.	Professors	Islamic medical ethics and professionalism Art of Medical Writing Plagiarism

Lists of Internal Facilitators conducting workshops:

Serial No.	Name of internal Facilitator+ Co-Facilitator	Designation, Department
1)	Prof Dr Fuad Niazi	Professor Ophthalmology, MHPE
2)	Dr Sadia Chaudhry	Associate Professor Otorhinolaryngology, MHPE
3)	Dr Arsalan Manzoor	Assistant Professor, Anatomy MCPS Med Edu
4)	Dr Waqas Raza	Associate Professor Surgery, MHPE
5)	Dr Misbah Durrani	Associate Professor Radiology, MHPE
6)	Dr Sadia Khan	Associate Professor Gynae & Obstetrics
7)	Dr Ahmed Hassan	Associate Professor, Otolaryngology, CHPE
8)	Dr Hina Hanif	Assistant Professor, Radiology CHPE

Sept 2022

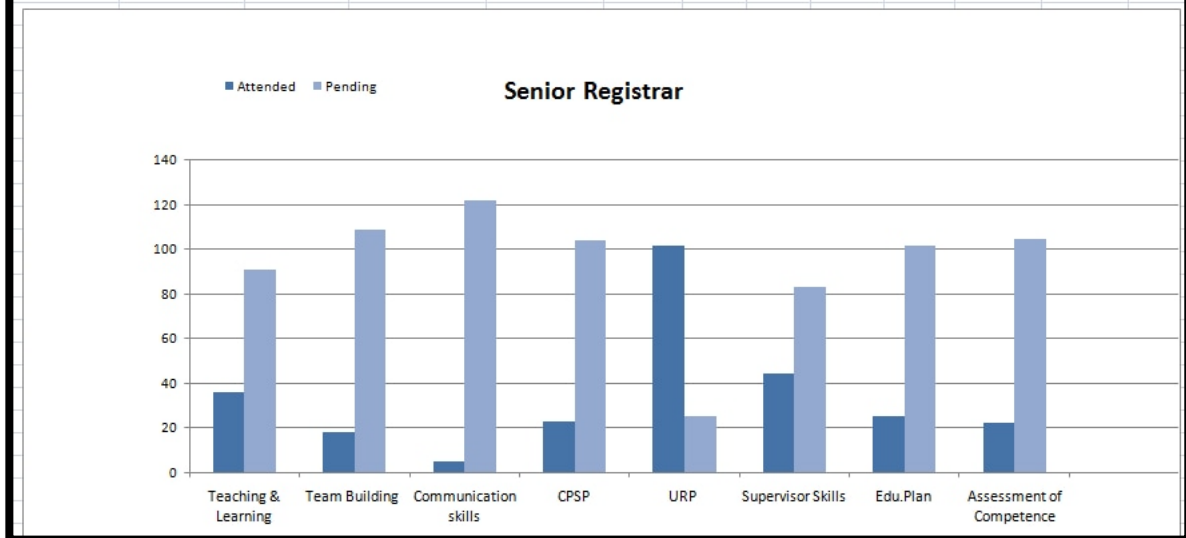
9)	Dr Sobia Nawaz	Assistant Professor Gynae & Obstetrics, CHPE
10)	Dr Maria Waqas	Assistant Professor, Ophthalmology, CHPE
11)	Dr Azeem Rao	Senior Registrar Psychiatry
12)	Dr Sobhan Sarwar	Senior Registrar Neurosurgery, CHPE

List Of External Facilitators

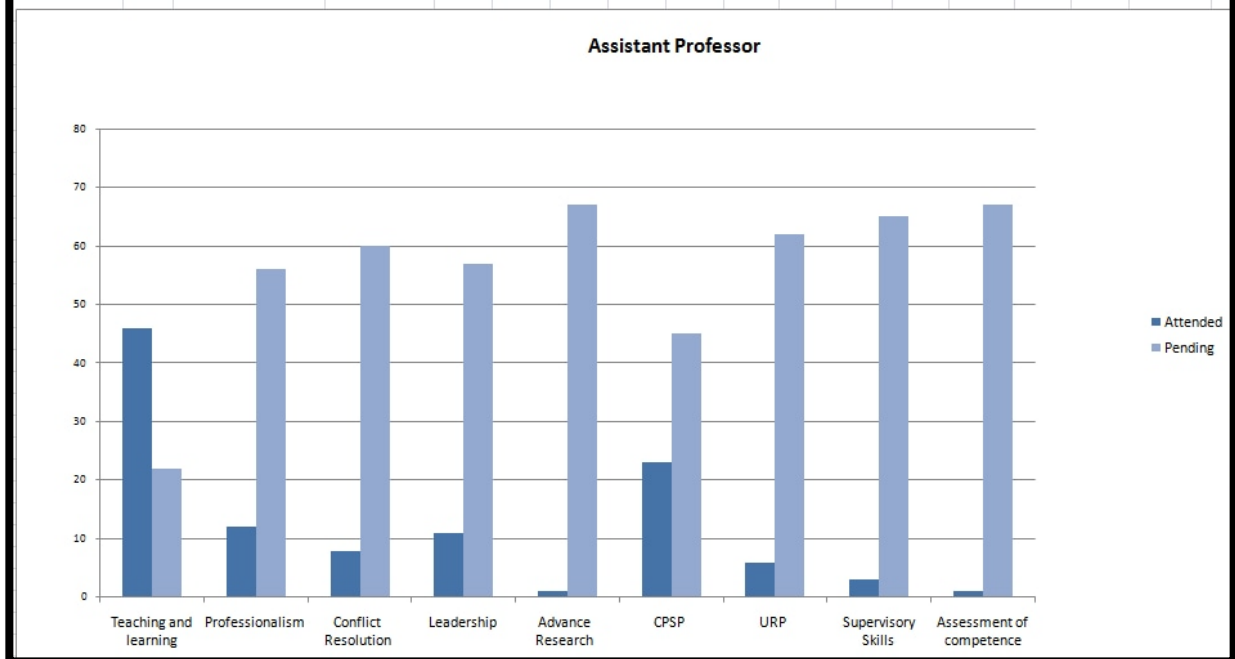
Serial No	Name of External Facilitator	Designation, Department
1)	Dr Fauzia Abdus Samad	Associate Professor Medical Oncology, MHPE
2)	Prof Dr Abdus Samad	Professor Radio-Oncology, MHPE
3)	Dr Sajida Naseem	Associate Professor, MCPS Med Edu
4)	Dr Tayyaba Faisal	Epidemiologist CPSP

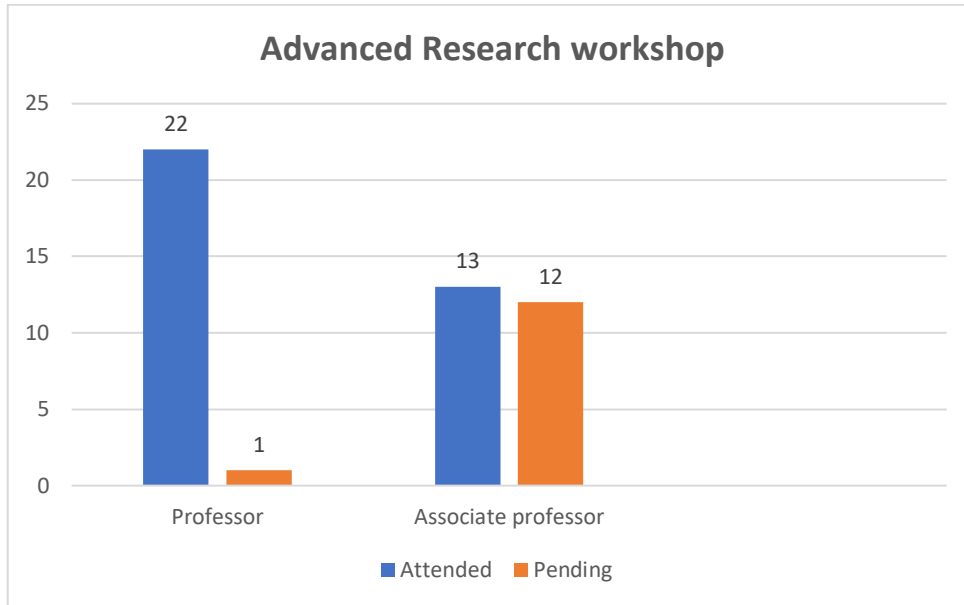
Participants attended workshop since Sept 2021-Aug 2022

	Teaching & Learning	Team Building	Communication	CPSP	URP	Supervisor Skills	Edu. Plan	Assessment of Competence
Attended	36	18	5	23	102	44	25	22
Pending	91	109	122	104	25	83	102	105



	Teaching and Learning	Professionalism	Conflict Resolution	Leadership	Advance Research	CPSP	URP	Supervisor Skills	Assessment of competence
Attended	46	12	8	11	1	23	6	3	1
Pending	22	56	60	57	67	45	62	65	67





University Faculty Development Program (UFDP)

Sept 2022

30th Aug 2022
Feedback Report
Teaching & Learning
Dr. Sadia Chaudhry, Dr. Hina Hanif

REPORT

Workshop with title “Teaching and Learning” under Faculty development program was organized on 30th August, 2022. Venue was Deans Meeting Hall, Main campus, RMU 0900 to 1400 HRS. Feedback of participants is as follows:

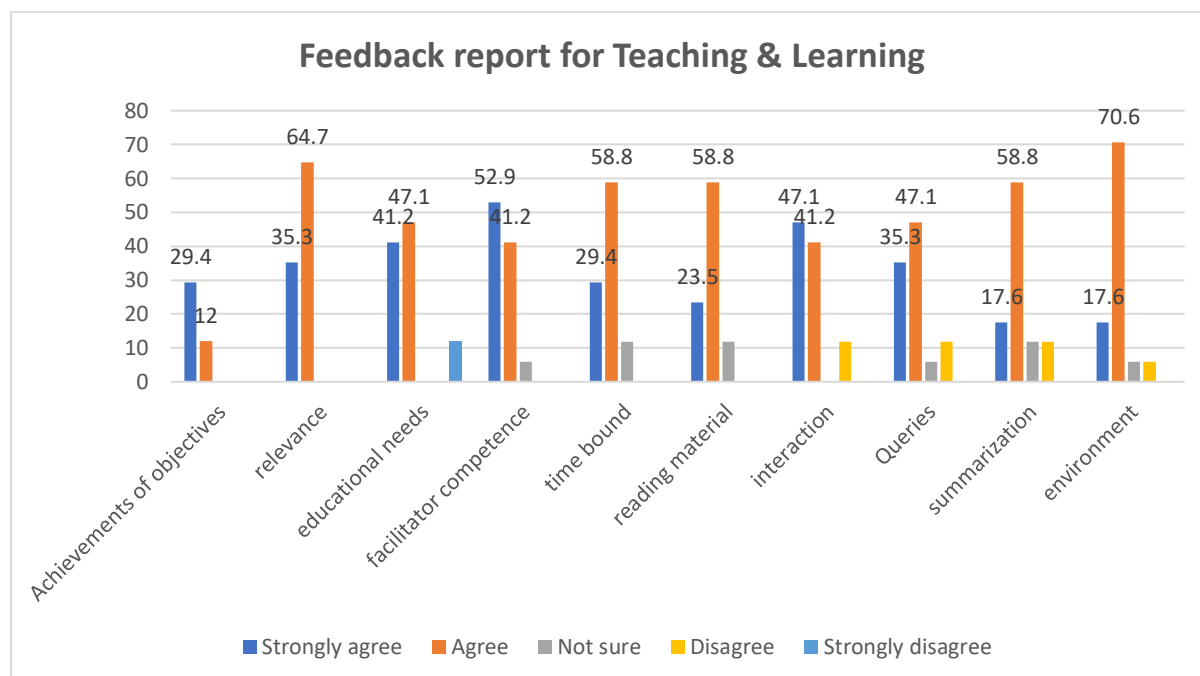
No.	Parameters	Strongly agree	Agree	Not sure	Disagree	Strongly Disagree
1.	Achievement of objectives	5 (29.4%)	12 (70.6%)	-	-	-
2.	Relevance of learning experience to objectives	6 (35.3%)	11 (64.7%)	-	-	-
3.	Relevance of sessions to educational needs	7 (41.2%)	8 (47.1%)	-	-	2 (11.8%)
4.	Competence of facilitator	9 (52.9%)	7 (41.2%)	1 (5.9%)	-	-
5.	Time given to each session	5 (29.4%)	10 (58.8%)	2 (11.8%)	-	-
6.	Relevance of reading material to session	4 (23.5%)	10 (58.8%)	2 (11.8%)	1 (5.9%)	-
7.	Opportunities provided for interaction	8 (47.1%)	7 (41.2%)	-	2 (11.8%)	-
8.	Clarification of queries	6 (35.3%)	8 (47.1%)	1 (5.9%)	2 (11.8%)	-
9.	Summarization of key points	3 (17.6%)	10 (58.8%)	2 (11.8%)	2 (11.8%)	-
10.	Conducive environment	3 (17.6%)	12 (70.6%)	1 (5.9%)	1 (5.9%)	-

Almost all participants praised the efforts of the university which is continuously striving for raising the quality standards of the medical education in Pakistan. Participants gave very valuable comments in the end. All of them praised the efforts of Vice Chancellor and Department of Medical Education.

FEEDBACK REPORT BY QEC

Quality Enhancement Cell visited the workshop and saw it very critically to improve the standard in true meanings

Sr.#	CORE QUESTIONS	Y	N
1.	Number of participants was accurate	✓	
2.	Contents of the workshop was relevant	✓	
3.	Contents were delivered to the participants	✓	
4.	Participant's feedback taken	✓	
5.	Facilitator's feedback taken	✓	
6.	IT equipment was working properly (computer, projector, microphones etc.)	✓	
7.	Overall environment of the venue was conducive	✓	
8.	Timings were observed	✓	
9.	Assessment taken at the end	✓	
10.	Hands on activity were conducted?	✓	



Workshop Calendar of Capacity Building for Jan 2022-Dec 2022

CAPACITY BUILDING OF RMU FACULTY CALENDER 2022

Date	Workshop name	Facilitators	Program	Convener
8 th Feb	Quality assurance of Postgraduate Program Evaluation	Dr Arsalan Manzoor Dr Rabiya Khalid Dr Uzma Hayat	UFDP	Dr Sidra Hamid
9-11 th Feb	Supervisory skills	Dr Sobhan Sarwar Dr Sidra Hamid	UFDP	Dr Sidra Hamid
17 th Feb	Teaching and learning	Dr Sadia Chaudhry Dr Hina Hanif	UFDP	Dr Sidra Hamid
24 th Feb	Professionalism in medical education	Dr Madeeha Rehan	UFDP	Dr Sidra Hamid
2 nd Mar	Quality assurance of Postgraduate Program Evaluation	Dr Arsalan Manzoor Dr Rabiya Khalid Dr Uzma Hayat	UFDP	Dr Sidra Hamid
8 th Mar	Teaching and learning	Dr Hina Hanif Dr Abeera Zareen	UFDP	Dr Sidra Hamid
16 th Mar	Leadership in medical education	Dr Arsalan Manzoor	UFDP	Dr Sidra Hamid
8-10 th Apr (Mianwali)	Supervisory skills	Dr Sadia Khan Dr Sobia Nawaz	UFDP	Dr Rizwana Shahid
10 th May	Quality assurance of Postgraduate Program Evaluation	Dr Arsalan Manzoor Dr Rabiya Khalid Dr Rizwana Shahid	UFDP	Dr Sidra Hamid
23 rd May	Conflict Resolution	Dr Haitham Akash Dr Mohammad Arshad Dr Muhammad Kashif	UFDP	Dr Sidra Hamid
24 th May	Communication Skills	Dr Azeem Rao Dr Obaid Ur Rehman	UFDP	Dr Sidra Hamid
2 nd Jun	Building & leading a team as an educational leader	Dr Sadia Chaudhry Dr Hina Hanif	UFDP	Dr Sidra Hamid
7-9 th Jun	Assessment of competence	Dr Arsalan Manzoor Dr Maria Waqas Dr Imtiaz Ahmad Shakir	UFDP	Dr Sidra Hamid
14-16 th Jun	Educational planning and evaluation	Dr Usman Qureshi Dr Ahmed Hassan	UFDP	Dr Sidra Hamid
21-23 rd Jun	Basic Research methodology,	Dr Lubna Meraj Dr Khaula Noreen	UFDP	Dr Sidra Hamid

	Biostatistics and medical writing			
7 th Jul	Communication skills	Dr Azeem Rao Dr Obaid Ur Rehman	UFDP	Dr Sidra Hamid
19-21 st Jul	Assessment of competence	Dr Arsalan Manzoor Dr Maria Waqas Dr Imtiaz Ahmad Shakir	UFDP	Dr Sidra Hamid
26-28 th Jul	Educational planning and evaluation	Dr Usman Qureshi Dr Ahmed Hassan	UFDP	Dr Sidra Hamid
Aug	Quality assurance of Postgraduate Program Evaluation	Dr Arsalan Manzoor Dr Rabiya Khalid Dr Rizwana Shahid	UFDP	Dr Sidra Hamid
Aug	Professionalism in medical education	Dr Azeem Rao	UFDP	Dr Sidra Hamid
Aug	Leadership in medical education	Dr Arsalan Manzoor Dr Gohar Rashid	UFDP	Dr Sidra Hamid
30 th Aug	Teaching & Learning	Dr Sadia Chaudhry Dr Hina Hanif	UFDP	Dr Sidra Hamid
13 th Sept	Conflict resolution	Dr Azeem Rao Dr Haitham Akash	UFDP	Dr Sidra Hamid
27 th Sept	Professionalism in medical education	Dr Azeem Rao	UFDP	Dr Sidra Hamid
Sept	Communication skills	Dr Azeem Rao Dr Obaid Ur Rehman	UFDP	Dr Sidra Hamid
Sept	Curriculum planning and development	Dr Sajid Rashid Dr Sidra Hamid	UFDP	Dr Sidra Hamid
Oct	Assessment of competence	Dr Arsalan Manzoor Dr Maria Waqas Dr Imtiaz Ahmad Shakir	UFDP	Dr Sidra Hamid
Oct	Educational planning and evaluation	Dr Usman Qureshi Dr Ahmed Hassan	UFDP	Dr Sidra Hamid
Oct	Basic Research methodology, Biostatistics and medical writing	Dr Lubna Meraj Dr Khaula Noreen	UFDP	Dr Sidra Hamid
Oct	Quality assurance of Postgraduate Program Evaluation	Dr Arsalan Manzoor Dr Rabiya Khalid Dr Rizwana Shahid	UFDP	Dr Sidra Hamid
Nov	Communication skills	Dr Azeem Rao Dr Obaid Ur Rehman	UFDP	Dr Sidra Hamid

Nov	Leadership in medical education	Dr Arsalan Manzoor Dr Gohar Rashid	UFDP	Dr Sidra Hamid
Nov	Teaching & Learning	Dr Sadia Chaudhry Dr Hina Hanif	UFDP	Dr Sidra Hamid
Nov	Conflict resolution	Dr Muhammad Kashif Dr Muhammad Arshad Dr Haitham Akash	UFDP	Dr Sidra Hamid
Dec	Curriculum planning and development	Dr Sajid Rashid Dr Sidra Hamid	UFDP	Dr Sidra Hamid
Dec	Assessment of competence	Dr Arsalan Manzoor Dr Maria Waqas Dr Imtiaz Ahmad Shakir	UFDP	Dr Sidra Hamid
Dec	Educational planning and evaluation	Dr Usman Qureshi Dr Ahmed Hassan	UFDP	Dr Sidra Hamid
Dec	Quality assurance of Postgraduate Program Evaluation	Dr Arsalan Manzoor Dr Rabiya Khalid Dr Rizwana Shahid	UFDP	Dr Sidra Hamid

UFDP Activities in a Glance

Advanced Research Methodology and Biostatistics - 04-05 October 2021



Teaching & Learning: 30 Aug 2022



Workshop Attended By Professors

Workshops Professor & Associate Professor																	
No	Faculty Member	Designation	Department	Mandatory Workshops							Capacity Building Workshops						
				URP	Advanced Research	Supervisory Skills	Edu Planing	Basic Research Mathadology	Assessment Competence	CPSP	UFDP	Basic in Med Edu	TOS	Teaching & Learning	MCQ	Professionalis	Leadership
1	Dr. Muhammad Umar	VC/Professor	Medicine		Attend					Attend	Attend	Attend					
2	Dr. Muhammad Idrees Anwar	Professor	Surgery/HFH		Not Attend					Attend	Not Attend						
3	Dr. Jahangir Sarwar Khan	Professor	Surgery/HFH		Attend					Attend	Attend						
4	Dr. Muhammad Hanif	Professor	Surgery/BBH		Attend					Attend	Not Attend						
5	Dr Nayyar Qayyum	Professor	Orthopaedics/DHQ		Attend					Attend	Not Attend						
6	Dr. Muhammad Khurram	Professor	Medicine/HFH		Attend					Attend	Not Attend						
7	Dr. Nadeem Akhter	Professor	Neurosurgery/DHQ		Attend					Attend	Not Attend			Attend			
8	Dr. Mobina Ahsan Dodhy	Professor	Pathology/HFH		Attend					Attend	Not Attend						
9	Dr. Naeem Zia	Professor	Surgery/BBH		Not Attend					Attend	Not Attend						
10	Dr Lubna Ejaz	Professor	Obstetrics & Gynaecology/HFH		Attend					Attend	Not Attend						
11	Dr. Samia Sarwar	Professor	Physiology		Attend					Attend	Not Attend						
12	Dr. Nousheen Qureshi	Professor	ENT/HFH		Not Attend					Attend	Attend			Attend			
13	Dr. Tallat Farkhanda	Professor	Obstetrics & Gynaecology/DHQ		Not Attend					Attend	Not Attend						
14	Dr. Naveed Akhtar Malik	Professor	Surgery/BBH		Attend					Attend	Not Attend						
15	Dr. Tariq Saeed	Professor	Pediatrics/HFH		Attend					Attend	Not Attend						
16	Dr. Nasir Khan	Professor	Radiology/HFH		Attend					Attend	Not Attend						
17	Dr. Wafa Omer	Professor	Pathology BBH							Attend							
18	Dr. Tehzib -ul-hassan	Professor	Antony							Attend							
19	Dr. Naeem Akhtar	Professor	Pathology RMU							Attend							
20	Dr. Syed Arshad Sabir	Professor	NTB							Attend							

Workshop Attended By Associate Professors

Workshops Professor & Associate Professor																		
				Mandatory Workshops							Capacity Building Workshops							
S.No	Faculty Member	Designation	Department	URP	Advanced Research	Supervisory Skills	Edu Planing	Basic Research Mathadology	Assessment Competenc e	CPSP	UFDP	Basic in Med Edu	TOS	Teaching & Learning	MCQ	Professional	Leadership	
21	Dr. Mohammad Ali Khalid	Associate Professor	Medicine MU - I /BBH		Attend					Attend	Not Attend							
22	Dr. Shahzad Manzoor	Associate Professor	Medicine/DHQ		Attend					Attend	Not Attend							
23	Dr. Saima Ambreen	Associate Professor	Medicine/HFH		Attend					Attend	Not Attend							
24	Dr Lubna Meraj	Associate Professor	Medicine/BBH							Attend								
25	Dr. Tanveer Hussain	Associate Professor	Gastroenterology/HFH							Attend				Attend			Attend	
26	Dr. Zein el Amir	Associate Professor	Urology/BBH		Attend					Attend	Not Attend							
27	Dr. Anis Ahmad	Associate Professor	Surgery/HFH		Attend					Attend	Not Attend							
28	Dr. Usman Qureshi	Associate Professor	Surgery/HFH							Attend								
29	Dr. Ahmad Hassan Ashfaq	Associate Professor	ENT/BBH		Attend					Attend	Not Attend							
30	Dr. Sadia Chaudhry	Associate Professor	ENT/DHQ		Attend					Attend	Not Attend							
31	Dr. Faud Ahmad Khan Niazi	Associate Professor	EYE/HFH							Attend								
32	Dr. Muhammad Mujeeb Khan	Associate Professor	Infectious Diseases/BBH		Attend					Attend	Not Attend							
33	Dr. Mudassar Faiz	Associate Professor	Pediatric Surgery		Attend					Attend	Not Attend							
34	Dr. Rubaba Abid Naqvi	Associate Professor	Gyne & Obs/BBH							attended			attend					
35	Dr. Sadia Khan	Associate Professor	Obstetrics & Gynaecology/DHQ		Attend					Attend	Not Attend			attend				
36	Dr. Humera Noureen	Associate Professor	Gyne & Obs/HFH							Attend				Attend				
37	Dr. Jawad Zahir	Associate Professor	Anesthesia/HFH		Attend					Attend								
38	Dr. Mudassira Zahid	Associate Professor	Pathology/BBH							Attend								
39	Dr. Ashraf Mahmood	Associate Professor	Neurosurgery		Attend					Attend	Not Attend							
40	Dr M. Munir	Associate Professor	Psychiatry/BBH							Attend								
41	Dr. Syed Muarraf	Associate Professor	Physiology/OTB		Not attend					Attend	Not Attend			Attend				
42	Dr Shumyla Hamid	Associate Professor	Physiology/OTB							Attend								
43	Dr Tehmina Qamar	Associate Professor	Biochemistry/OTB							Attend				Attend				
44	Dr. Mohtasham Hina	Associate Professor	Antomy/ OTB							Attend								
45	Dr Asma Khan	Associate Professor	Pharmacology/NTB							Attend								
46	Dr. Sana bilal	Associate Professor	Community Medicine							Attend			Attend	Attend				
47	Dr. Khola Noreen	Associate Professor	Community Medicine							Attend								

Workshop Attended By Assistant Professors

Sr.No.	Name of Officer	Designation	Department	URP	Advanced Research	Supervisory Skills	Edu Planning	Basic Research Methodology	Assessment Competency	CPSP	Basics in Med Eds	Professionalism	TOS	Teaching & Learning	MCQ	Leadership	Conflict Resolution	Communication skills	Team building
1	Dr. Muhammad Arif	AP	MU-I/HFH							attended				attend		attend			
2	Dr. Faran Khan	AP	MU-I/HFH							attended				attend					
3	Dr. Abrar Akbar	AP	ICU/HFH							attended				Attend		attend	attend		
4	Dr. Arshad Iqbal Satti	AP	Medicine/DHQ	attended						attended								attended	
5	Dr. Faran Maqbool	AP	Medicine/DHQ	attended		attended				attended									
6	Dr. Muhammad Amd	AP	Cardiology/BBH							attended				Attend		attend	attend		
7	Dr. Gohar Rasheed	AP	SU-I/HFH							attended				attend			attend		
8	Dr. Muhammad Iqbal	AP	SU-I/BBH							attended				attend					
9	Dr. Aurangzeb Khan	AP	SU-I/BBH							attended									
10	Dr. Muhammad Atif Khan	AP	SU-I/HFH							attended				attend		attend			
11	Dr. Huma Sabir Khan	AP	SU-I/BBH							attended				attend		attend			
12	Dr. M. Zafar Iqbal	AP	Surgery/DHQ							attended									
13	Dr. Sajid Rasheed	AP	Plastic Surgery/HFH							attended						attend			
14	Dr. Humain Khan	AP	Plastic Surgery/HFH							attended				attend					
15	Dr. Omer Fraz	AP	Paediatric Surgery/HFH											Attend					
16	Dr. Humera Bilquees	AP	Gyne & Obs-I/HFH							attended						attend	attend		
17	Dr. Saima Bibi	AP	Gyne & Obs-I/HFH							attended				attend				attend	
18	Dr. Soha Nawaz	AP	Gyne & Obs/DHQ							attended		attended		attend				attend	
19	Dr. Maliha Sadiq	AP	Gyne & Obs-I/HFH							attended		attended		attend		attend		attend	
20	Dr. Khansa Iqbal	AP	Gyne & Obs-I/HFH							attended		attended		attend		attend		attend	
21	Dr. Sadia Waheed	AP	Gyne & Obs/DHQ							attended				attend					
22	Dr. Ambreen Gull	AP	Ophthalmology/BBH							attended				attend		attend	attend		
23	Dr. Sidra Jabeen	AP	Ophthalmology/HFH							attended				Attend		attend			
24	Dr. Obaid-ur-Rehman	AP	Othopedic/DHQ							attended				attend					
25	Dr. Rehman Rasool Akhtar	AP	Othopedic/HFH	attended					attended										
26	Dr. Saad Riaz	AP	Othopedic/BBH	attended		attended				attended						attend	attend		
27	Dr. Mudassar Sharif	AP	Paediatrics/BBH							attended		attended					attend		
28	Dr. Qaiser Shahzad	AP	Paediatrics/HFH							attended									
29	Dr. Khalid Saheel	AP	Paediatrics/BBH							attended				attend					
30	Dr. Hina Sattar	AP	Paediatrics/DHQ							attended	attended			attend					
31	Dr. Ageela Ayub	AP	Paediatrics/BBH							attended				attend					
32	Dr. Muhammad Asim	AP	Paediatrics/BBH							attended				attend			attend		
33	Dr. Israr Liaqat	AP	Paediatrics/HFH	Attend						Attend				Attend					
34	Dr. Asad Shabbir	AP	Paediatrics/HFH	Attend		attend				attended		attended		attend				attend	
35	Dr. Muhammad Kashif	AP	Psychiatry/BBH							attended				Attend					
36	Dr. Mahmood Ali Khan Jafri	AP	Psychiatry/BBH							attended				attend				attend	
37	Dr. Sadia Majid	AP	Psychiatry/BBH							attended		attended		attend					
38	Dr. Qurat-ul Ain	AP	Psychiatry/BBH							attended				attend					
39	Dr. Hailthma Akaash	AP	ENT/HFH							attended				attended					
40	Dr. M. Arshad	AP	ENT/BBH																
41	Dr. Zeeshan Qadeer	AP	Urology/BBH							attended		attended		Attend					
42	Dr. Arshad Saleem Shahni	AP	Anaesthesia/HFH							attended									
43	Dr. Ayesha Mansoor	AP	Anaesthesia/DHQ							attended		attended		attended					
44	Dr. Abeera Zareen	AP	Anaesthesia/BBH		Attend					attended									
45	Dr. Tahseen Talib	AP	Anaesthesia/BBH																
46	Dr. Hina Hanif Mughal	AP	Radiology/BBH							attended				attended					
47	Dr. Anam Zahoor	AP	Radiology/HFH							attended		attended							
48	Dr. Faizul Mahmood	AP	Radiology/DHQ							attended				attended					
49	Dr. Abdul Ahad Farooq	AP	Radiology/HFH																
50	Dr. Hina Hanif Abbasi	AP	Radiology/HFH																
51	Dr. Ume Kalsoom	AP	Radiology/HFH											attended					
52	Dr. Tayyaba Ali	AP	Pathology/HFH							attended		attended		attended					
53	Dr. Aasiya Niaz	AP	Pathology/HFH							attended		attended		attended					
54	Dr. Huma Amin	AP	Pathology/DHQ							attended		attended		Attend					
55	Dr. Shawana Sharif	AP	Derna/BBH							attended									
56	Dr. Naureen Ch	AP	Nephrology/HFH							attended				Attend					
57	Dr. Raja Asif Masood	AP	Nephrology/HFH									attended		attend					
58	Dr. Rizwana Shahid	AP	Community Medicine /OTB							attended				attend					
59	Dr. Afifa Kulsoom	AP	Community Medicine /NTB							attended									
60	Dr. Sidra Hamid	AP	Physiology							attended				attend					
61	Dr. Sidra Jabeen	AP	Physiology																
62	Dr. Angela Jamil	AP	Biochemistry							attended				attend					
63	Dr. Anoush Qayyum	AP	Biochemistry																
64	Dr. Arslan Manzoor Mughal	AP	Anatomy							attended				Attend					
65	Dr. Maria Tasleem	AP	Anatomy							attended				attend					
66	Dr. Attiya Munir	AP	Pharmacology /NTB							attended			Attend	attended					
67	Dr. Zunera Hakim	AP	Pharmacology /NTB							attended		attended		Attend					
68	Dr. Sobia Javed	AP	Pharmacology /NTB																

Workshop Attended By Senior Registrars

LIST OF SENIOR REGISTRAR													
ALLIED HOSPITALS, RAWALPINDI													
S.#	NAME	CELL NO	DEPTT	CPSP	URP	UEFP MANDATORY					CAPACITY BUILDING		
						Advanced Research workshop	Edu Plannin g & eval	Supervi sor Skills	Basic research methodology	Assesse nt of Compete nce	Basic in Med Edu	Professiona lism	Teaching & Learning
1	Dr Syed Waqas Hassan		SU-I HFH		Attend			Attend					Attend
2	Dr Rubina Shahzad Maternity	03004163404	SU-I HFH										Attend
3	Dr Sidra Mahmood Dar	03367021694	SU-I HFH		Attend								Attend
4	Dr Faiza Firdous		SU-I HFH										
5	Dr Ammara Zia		SU-I HFH										
6	Dr. Sehrish Siddique	0333-5309718	SU-I HFH		Attend								
7	Dr. Amjad Umair		SU-II HFH		Attend		Attend	Attend					Attend
8	Dr. Asad Amir		SU-II HFH		Attend		Attend			Attend			
9	Dr Hafiza. Kiran Saleem		SU-II HFH		Attend		Attend	Attend					
10	Dr. Qasim Ali	0300-9562425	SU-II HFH	Attend	Attend								
11	Dr. Asif Hayat Khan	0333-5209020	SU-II HFH		attend			Attend					Attend
12	Dr. Aamna Nazir	0331-5164778	SU-II HFH		Attend			Attend					Attend
13	Dr. Abdual Qadir	03328137208	SU-II HFH		Attend								Attend
14	Dr. Madiha Umair	03335823389	MU-I HFH		Attend								Attend
				Attend									
15	Dr. Muhammad Umer Draz	0314-5316163	MU-I HFH		Attend			Attend		Attend			Attend
16	Dr. Seemab Abid		MU-I HFH				Attend						Attend
17	Dr Madeeha Nazar	00332777658	MU-II-HFH	Attend	attend								
18	Dr. Nida Anjum	0323-5894543	MU-II HFH		Attend								Attend
				Attend									
19	Dr Saima Shafiat		MU-II HFH		Attend			Attend					Attend
20	Dr. Salman Mushtaq	0333-5479735	MU-II HFH		Attend		Attend	Attend					Attend
21	Dr. Aimen Malik	0331-5388375	Emergency HFH		Attend								Attend
				Attend									
22	Dr. Aqsa Naseer	0300-4064369	Gastro-HFH		Attend			Attend		Attend			Attend
23	Dr. Tayyab Saeed	0344-5220322	Gastro-HFH	Attend	Attend								Attend
24	Dr Anum Abbas		Gastro-HFH		Attend			Attend					
25	Dr. Fraz Mehmood	0322-5374324	Neuro - HFH	Attend	Attend		Attend						Attend
26	Dr. Ammad ul Haq	0344-5064326	Neuro - HFH		Attend			Attend					Attend
27	Dr. Imtiaz Ahmad Shakir	0333-5424432	Ortho - HFH		Attend			Attend		Attend			

S.#	NAME	CELL NO	DEPTT	UEDP MANDATORY							PACITY BUILDING		
				CPSP	URP	Advanced Research workshop	Edu Plannin g & eval	Supervi sor Skills	Basic research methodology	Assesse nt of Compete nce	Basic in Med Edu	Professiona lism	Teaching & Learning
28	Dr. Tahira Yasmeen	0344-5289329	GU-I HFH		Attend		Attend	Attend		Attend			Attend
29	Dr. Amara Arooj	0331-5119677	GU-I HFH	Attend	Attend			Attend					
30	Dr Noor Fatima		GU-I HFH										
31	Dr. Farah Deebea	0333-5934295	GU-I HFH		Attend			Attend					
32	Dr Farkhanda Saeed	0346-5382590	GU-I HFH		Attend			Attend		Attend			
33	Dr Zainab Maqsood		GU-I HFH										
34	Dr. Shermeen Kauser	0324-5252974	GU-I HFH		Attend		attend						
35	Dr. Aqsa Ikram ul Haq	0331-9666552 0346-8399764	GU-II HFH		Attend			Attend					Attend
36	Dr. Shama Bashir	0334-5655884	GU-II HFH		Attend			Attend		Attend			Attend
37	Dr. Amna Abbasi	0331-0291029	GU-II HFH		Attend		Attend	Attend		Attend			
38	Dr. Saira Ahmed	0334-5765515	GU-II HFH		Attend								Attend
39	Dr. Saima Khurshid	0321-5324949	GU-II HFH		Attend								
40	Dr. Sabeen Ashraf	0321-5332969	GU-II HFH		Attend								
41	Dr Sadia Bano	0334-6874269	GU-II HFH		Attend								
42	Dr Sidra Naseem	03334079908	EYE- HFH		Attend								Attend
43	Dr. Riffat Raja	0332-5255031	Radiology HFH		Attend			Attend		Attend			Attend
44	Dr. Aniqua Saleem	0333-2987922	Radiology HFH	Attend	Attend		attend	Attend		Attend			
45	Dr Saba Binte Kashmir		Radiology HFH		Attend			Attend					Attend
46	Dr. Ashar Alamgir		ENT- HFH	Attend									Attend
47	Dr. Yasmeen Azeem	03324614691	Anesthesia HFH		Attend								Attend
48	Dr. Ayesha Nazir	0313-5669289	Anesthesia HFH		Attend		Attend			Attend			Attend
49	Dr. Anam Malik	0333-8135135	Anesthesia HFH		Attend		Attend						
50	Dr. Ammar Ali Shah	0334-5098264	Anesthesia HFH										
51	Dr. Sonia Fazal	0331-5189861	Paeds HFH		Attend		Attend						Attend

LIST OF SENIOR REGISTRAR

ALLIED HOSPITALS, RAWALPINDI													
S.#	NAME	CELL NO	DEPTT	UFDP MANDATORY						PACITY BUILDING			
				CSP	URP	Advanced Research workshop	Edu Plannin g & eval	Supervi sor Skills	Basic research methodology	Assesse nt of Compete nce	Basic in Med Edu	Professiona lism	Teaching & Learning
88	Dr. Sana Ahmad MATERNITY		MU, BBH		attend								
89	Dr. Asifa Dian		SU-I BBH	attend	Attend		Attend						
90	Dr Yasmeen Iqbal		SU1-BBH		Attend								Attend
91	Dr. Syed Rahat Hassan		SU-I BBH		Attend		attend						
92	Dr. Ruqia Mushtaq		SU-II BBH		attend			attend					Attend
93	Dr Hira Saleem		SU-II BBH										Attend
94	Dr Nazan Hassan		SU-II BBH										
95	Dr Rabia Arshad		SU-II BBH										
96	Dr Hina Gull		GU-BBH	attend	Attend						attend		
97	Dr. Humaira Masood		GU-BBH		Attend			attend		Attend			
98	Dr. Nighat Naheed		GU-BBH	Attend	attend								attend
99	Dr. Asima Khan		GU-BBH		Attend					attend			
100	Dr Ismat Batool		Gynae - BBH	Attend									
101	Dr Mariam Zahir		ER Gynae - BBH		attend								
102	Dr Shumaila Hamid	03345508198	ER Gynae - BBH		attend			Attend					
103	Dr. Ayesha Zulfiqar		ER Gynae - BBH		attend		attend						
104	Dr Isfand Yar Khan		Paeds BBH		attend								
105	Dr Syeda Mamoon Qudrat		Paeds BBH										
106	Dr. Sadaf Ijaz		Paeds BBH		attend		attend						
107	Dr Faiza		Paeds BBH		attend								
108	Dr. Tanzeela Rani		Paeds BBH		Attend			attend					
109	Dr. Amal Hasham		Paeds BBH										
110	Dr. Wajeeha Rasool		EYE BBH		Attend			Attend		Attend			
111	Dr. Maria Zubair		EYE BBH		Attend						attend		
112	Dr. Waqas Anjum		Anesthesia BBH		Attend		attend						
113	Dr. Ayesha Saleem		Anesthesia BBH		attend		attend						
114	Dr. Rana Muhammad Adnan		Ortho BBH		Attend			attend					
115	Dr. Juniad Khan		Ortho BBH										
116	Dr. Muhammad Hassan		Ortho BBH										
117	Dr. Shahzad Anjum		ER Ortho BBH/posted DHQ		attend					attend			
118	Dr Zarnain Umar		Psychiatry BBH	Attend	Attend			attend					
119	Dr Zona Tahir		Psychiatry BBH		Attend								
120	Dr. Muhammad Azeem Khan		Psychiatry BBH	ATTEND	Attend			Attend					
121	Dr Fizza Batool		Radiology BBH		Attend								
122	Dr Qurat Ul Ain		Radiology BBH										
123	Dr. Ifrah Tahir		Cardiology BBH										
124	Dr. M Asif Iqbal		Cardiology BBH										
125	Dr. Mudassar Murtaza Cheema		Nephro BBH		attend			attend					
126	Dr Ameen Khan		Urology BBH		attend			attend					
127	Dr. Faraz Basharat Khan		Urology BBH										

Workshop Attended By Senior Registrars

FEEDBACK PROFORMA

Workshop Title _____

Date _____ Facilitator _____

Name of participant _____ (optional)

Kindly encircle/mark only one option for each statement given below, according to the following key:

SD – Strongly Disagree **D** – Disagree **N** – Not sure **A** – Agree **SA** – Strongly Agree

S. No.	PARAMETERS			SC AL E		
1.	Objectives of the session were achieved	SD	D	N	A	SA
2.	Learning experience was relevant to the objectives	SD	D	N	A	SA
3.	Session was relevant to my educational needs	SD	D	N	A	SA
4.	The facilitator had command over subject matter	SD	D	N	A	SA
5.	Time given to each session was appropriate	SD	D	N	A	SA
6.	Reading material provided was relevant to the session	SD	D	N	A	SA
7.	Opportunities for interaction were provided	SD	D	N	A	SA
8.	Queries were clarified	SD	D	N	A	SA
9.	Key points were summarized at the end	SD	D	N	A	SA
10.	Environment was conducive to learning	SD	D	N	A	SA

Any other comments?



**DEPARTMENT OF MEDICAL EDUCATION
Rawalpindi Medical University**



ATTENDANCE SHEET

Workshop: _____

Institute: _____

Facilitator / Coordinator _____ Venue _____ Date _____

S. NO	NAME	DESIGNATION	PMDC NO	DEPT	INSTITUTE	CELL. NO	EMAIL.ID	SIGN



**DEPARTMENT OF MEDICAL EDUCATION
Rawalpindi Medical University
APPLICATION FOR CME HOURS**



Applicant Name: _____

Email Address: _____

Contact #: _____

Name of Institute: _____

Other Institute: _____

Nature of Activity: _____

Title of Activity: _____

Type of Activity CME/CDE/ Both

Specialty of Activity : _____

Starting date of Activity: _____ (MM-DD-YYYY)

Ending date of Activity: _____ (MM-DD-YYYY)

Total Number of Hours: _____ (for entire Duration of Program,
Excluding Tea & Lunch break)

Total CME Hours (i.e. 3 Hour Session = 01 Credit Hour)

Total Number of Facilitators: _____

Program Specified for GP / Admin / Specialists (others _____)

Total Number of Participants: _____

Attach CVs of All Facilitators: _____
(zip or rar format)

Attach detailed program of activities: _____
(in .doc or .docx format)

References:

- 1) Whitcomb ME: **The medical school's faculty is its most important asset.** *Academic Medicine* 2003, **78**: 117-118.
- 2) Davis MH., Harden RM: **Planning and implementing an undergraduate medical curriculum: the lessons learned.** *Medical Teacher* 2003, **25**: 596- 608.
- 3) Harden RM: **International medical education and future directions: a global.** *Academic Medicine* 2006, **81**: S22-S29.
- 4) Roff S, Mcaleer S: **What is educational climate?** *Medical Teacher* 2001, **23**: 333-334.
- 5) Harden M R: **Planning a curriculum.** In *A practical guide for medical teachers.* Edited by Harden MR, Dent AJ. Edinburgh: Churchill Livingstone; 2001:13-24.
- 6) World Federation for Medical Education (WFME). Continuing Professional Development of Medical Doctors. WFME Global Standards for Quality Improvement-The 2015 Revision. 2015.
- 7) Gaff SS, Festa C, Gaff JG: **Faculty Development.** In *Professional development: A guide to resources.* USA: Transaction Publishers; 1978:67-77.
- 8) Holloway RL, Wilkerson L, Hejdek G: **Our back pages: faculty development and the evolution of family medicine.** *Family Medicine* 1997, **29**: 133-136.
- 9) Steinert Y: **Staff development for clinical teachers.** *The Clinical Teacher* 2005, **2**: 104-110.
- 10) Holloway RL, Wilkerson L, Hejdek G: **Our back pages: faculty development and the evolution of family medicine.** *Family Medicine* 1997, **29**: 133-136.
- 11) Steinert Y, Cruess S, Cruess R, Snell L: **Faculty development for teaching and evaluating professionalism: from programme design to curriculum change.** *Medical Education* 2005, **39**: 127-136.
- 12) Steinert Y: **Staff development.** In *A practical guide for medical teachers.* Edited by Harden MR, Dent AJ. Edinburgh: Churchill Livingstone; 2005:390- 399.