Rawalpindi Medical University Rawalpindi
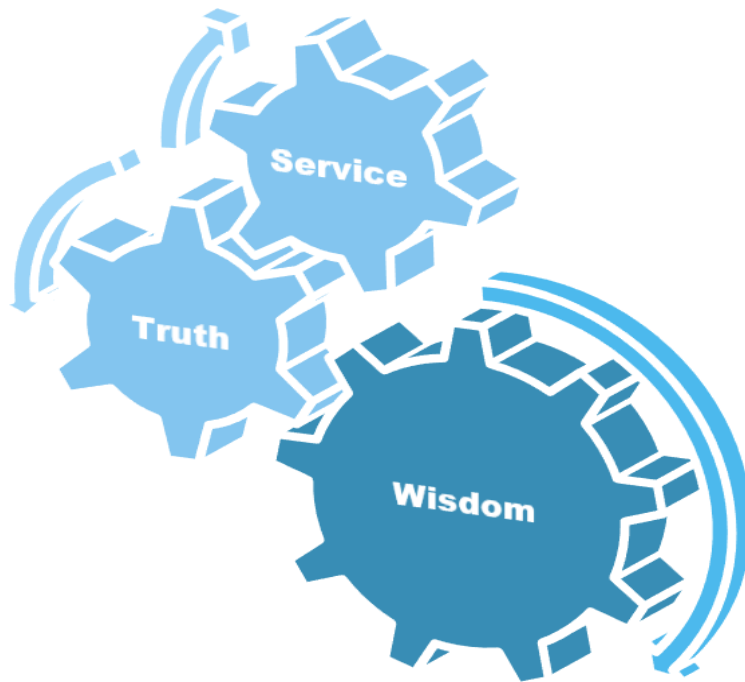
Quality Enhancement Cell
QEC Report 2024

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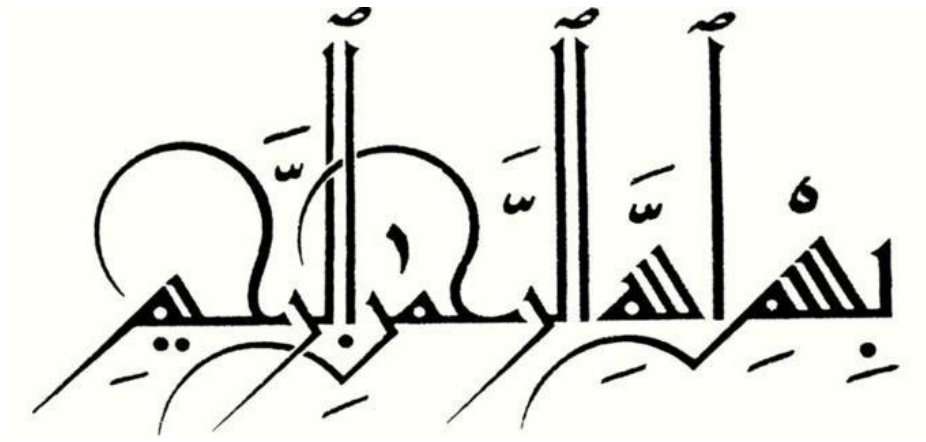
The Quality Compass: Navigating the Quality of Teaching and Training through Strategic Monitoring

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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 and ethical practice ofmedicine

Contributors

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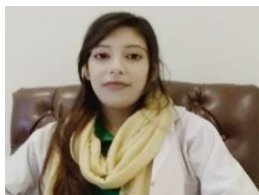
Miss Shafia Amber
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Preamble

As we conclude another year of dedicated efforts and transformative initiatives, I am pleased to present the Annual Report for the Quality Enhancement Cell (QEC). This report encapsulates the collective progress, challenges overcome, and strategic advancements we have achieved over the past year in our mission to uphold and elevate the standards of quality within our institution.

Our journey this year has been marked by a relentless pursuit of excellence. From implementing innovative quality assurance processes to fostering a culture of continuous improvement, our endeavors have been guided by a commitment to enhance academic and operational standards across all facets of our institution. Through collaborative efforts, meticulous planning, and a focus on stakeholder engagement, we have made significant strides towards achieving our quality enhancement objectives.

In this report, you will find a comprehensive overview of our key initiatives, accomplishments, and future directions. It reflects our ongoing dedication to maintaining the highest standards of quality and our proactive approach to addressing emerging challenges. The insights and data presented herein underscore our collective achievements and provide a roadmap for continued progress.

I extend my heartfelt gratitude to all members of the Quality Enhancement Cell, our faculty, staff, and partners for their unwavering support and dedication. Your contributions have been instrumental in driving the success of our quality enhancement initiatives.

As we move forward, let us continue to embrace a spirit of excellence and innovation, ensuring that our institution remains at the forefront of academic and operational quality.

Sincerely,

Prof. Dr. Usman Qureshi
Director,
Quality Enhancement Cell
Rawalpindi Medical
University, Rawalpindi

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SECTION I

RMU-Quality Enhancement Cell (QEC)

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Introduction to Quality Enhancement Cell

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Quality Enhancement Cell (QEC)

Quality Enhancement Cells serve as focal points for quality assurance in the institutions inorder to improve and uphold the quality of higher education. Capacity building of academia in quality assurance is one of the key functions of Quality Assurance Agency (QAA) and subsequently of QEC. Thus, QAA and QECs of the Universities will work hand in hand to move in this direction of capacity building arrangements that include awareness campaigns, development of quality assurance policy instruments, training to learn the processes and procedures of quality assurance in higher education institutions and development of Manual to equip the practitioners of quality assurance.

The QAA and QECs at higher education institutions will undertake their responsibilities and functions based on the best principles of quality assurance namely openness, transparency, fairness, equity and accountability as practiced in the rest of the world.

On up gradation of Rawalpindi Medical College to Rawalpindi Medical University on 5th May, 2017, one of the first goals that were set and achieved, was the establishment of Quality enhancement cell (QEC) which acts as the backbone of all the academic developments in a university by providing constant monitoring and quality control of the teaching and learning activities. The Quality Enhancement Cell (QEC) was established with a visionary mandate to champion and uphold the highest standards of quality within our institution. As a pivotal component of our commitment to academic and operational excellence, the QEC plays a critical role in systematically enhancing the quality of educational programs, administrative processes, and overall institutional performance.

The Quality Enhancement Cell (QEC) stands at the forefront of our institution's commitment to fostering a culture of continuous improvement and excellence. Established to address the need fora dedicated focus on quality assurance and enhancement, the QEC is integral to our mission of delivering superior educational and operational outcomes.

1.1 Background and Rationale:

In the rapidly evolving landscape of higher education, maintaining and advancing quality is imperative for institutional success. The QEC was founded with the understanding that a structuredapproach to quality enhancement is essential for meeting the growing expectations of students, faculty, accrediting bodies, and other stakeholders. Our establishment reflects the institution's dedication to not only meeting but exceeding established benchmarks and standards of excellence.

1.2 Mission and Core Objectives:

The primary mission of the QEC is to systematically enhance the quality of all aspects of our institution's operations. This involves a strategic focus on.

1.3 Academic Excellence:

 Ensuring that our programs, curricula, and teaching methodologies are aligned with best practices and evolving industry standards. We aim to foster an environment where academic programs are continually refined to meet the highest educational standards.

1.4 Operational Efficiency:

Streamlining administrative processes and systems to improve effectiveness and efficiency. This includes the implementation of best practices in resource management, student services, and institutional support functions.

1.5 Stakeholder Engagement:

Actively involving students, faculty, staff, and external partners in the quality assurance process. We seek to create feedback loops and collaborative mechanisms that allow for the continuous gathering and incorporation of diverse perspectives.

1.6 Compliance and Accreditation:

Ensuring adherence to regulatory requirements and accreditation standards. The QEC plays a crucial role in preparing for accreditation reviews and maintaining compliance with national and international quality standards.

Vision of QEC In Rawalpindi Medical University for Promoting   Quality Culture

International Memberships for QEC Capacity Building

Collaboration with Other Universities' QECs

Internal and External Benchmarking

JCI Standards for Allied Hospitals

RMU

QEC

RMU Department of Medical Education

Staff Development Program
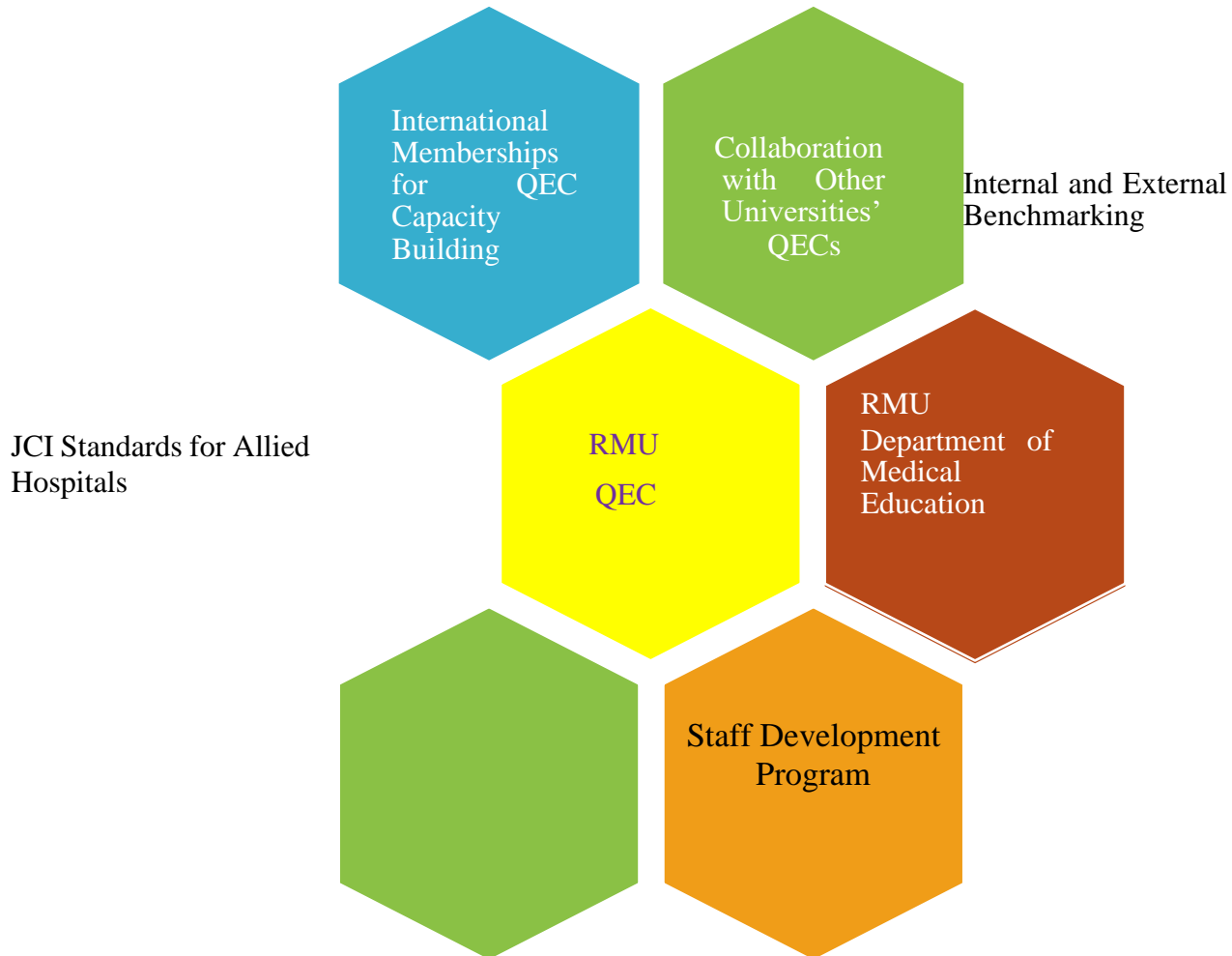
Key Functions and Activities

To fulfill its mission, the QEC engages in a range of functions and activities:

2.1 Quality Audits and Reviews:
Regularly conducting comprehensive audits and assessments of academic and administrative processes to identify strengths, weaknesses, and areas for improvement. These audits are instrumental in developing targeted action plans for enhancement.

2.2 Development of Quality Assurance Frameworks:
Designing and implementing frameworks and policies that standardize quality practices across the institution. This includes setting measurable quality indicators and performance metrics.

2.3 Training and Capacity Building:
Organizing and facilitating professional development programs for faculty and staff to enhance their understanding and application of quality management principles. Workshops, seminars, and training sessions are tailored to address specific needs and emerging trends.

2.4 Feedback Collection and Analysis:
Deploying surveys, focus groups, and other tools to collect feedback from students, faculty, and other stakeholders. Analyzing this feedback to identify areas for improvement and inform decision-making.

2.5 Strategic Planning and Implementation:
Collaborating with institutional leadership to develop and execute strategic plans that align with the institution's goals and objectives. This includes setting long-term quality enhancement goals and monitoring progress towards achieving them.

2.6 Achievements and Impact:
Over the past year, the QEC has made significant strides in advancing quality across various domains. Notable achievements include the successful implementation of new quality assurance frameworks, enhanced stakeholder engagement practices, and substantial improvements in institutional processes. These accomplishments underscore our commitment to driving positive change and achieving excellence.

2.7 Vision and Future Directions:
As we look to the future, the QEC is dedicated to embracing emerging trends and challenges in the field of quality enhancement. Our vision is to establish a dynamic and responsive quality management system that not only adapts to the changing educational landscape but also sets a benchmark for excellence. We are committed to fostering an environment of innovation and collaboration, ensuring that our institution remains at the cutting edge of academic and operational quality.

2.8 QEC is Intended to have excellent quality and standards of:
- ➢ Cause evaluation of performance of the university.
- ➢ Advise institution in ensuring a proper balance between teaching and research.
- ➢ Develop guidelines and facilitate the implementation of a system of evaluation of performance of faculty members and institution.
- ➢ Encourage, support and facilitate training programs, workshops and symposia.
- ➢ Guide university in designing curricula that provides a proper content of basic sciences and social sciences in the curricula of each level and guide and establish minimum standards for good governance and management.
- ➢ Student feedback
- ➢ Feedback of program running for undergraduates is collected
- ➢ Workshops feedback
- ➢ Feedback is collected at the end of each workshop.
- ➢ Feedback of annual lectures of university residency program trainees
- ➢ Feedback is collected at the end of every lecture.
- ➢ CPC feedback
- ➢ Feedback is collected at the end of each CPC.
- ➢ Data of all the feedback is then entered and analyzed in IBM SPSS version 22

Then report is compiled and presented to the director DME and then worthy vice chancellor. Monitoring of admissions, inductions and examinations.

2.9 QEC Tool Box

The Higher Education Commission is making concerted efforts to improve the quality of higher education and to move university education to meet international standards in the provision of high-quality teaching, learning, research and service. Focused and precise approach is being developed for the best results and for consistency in the process of the Quality Assurance & Enhancement in higher education in the country. It reflects an effort to sensitize higher education institutions to the changes taking place internationally and bring higher education in Pakistan into complete harmony with the shifting paradigms at leading institutions around the world. Thus, various long and short run initiatives of the Higher Education Commission are aimed particularly at improvement of the quality of knowledge being imparted at the universities and other higher education institutions.

QEC uses has designed many survey forms to keep a check on the learning and teaching process. These proforma have been approved from the academic council of the university. Tools include:

- ➢ HEC guidelines for university
- ➢ Performance evaluation report for faculty
- ➢ 360° evaluation proforma   for university residency program trainees
- ➢ *HEC guidelines are available

Quality Assurance Modal of RMU
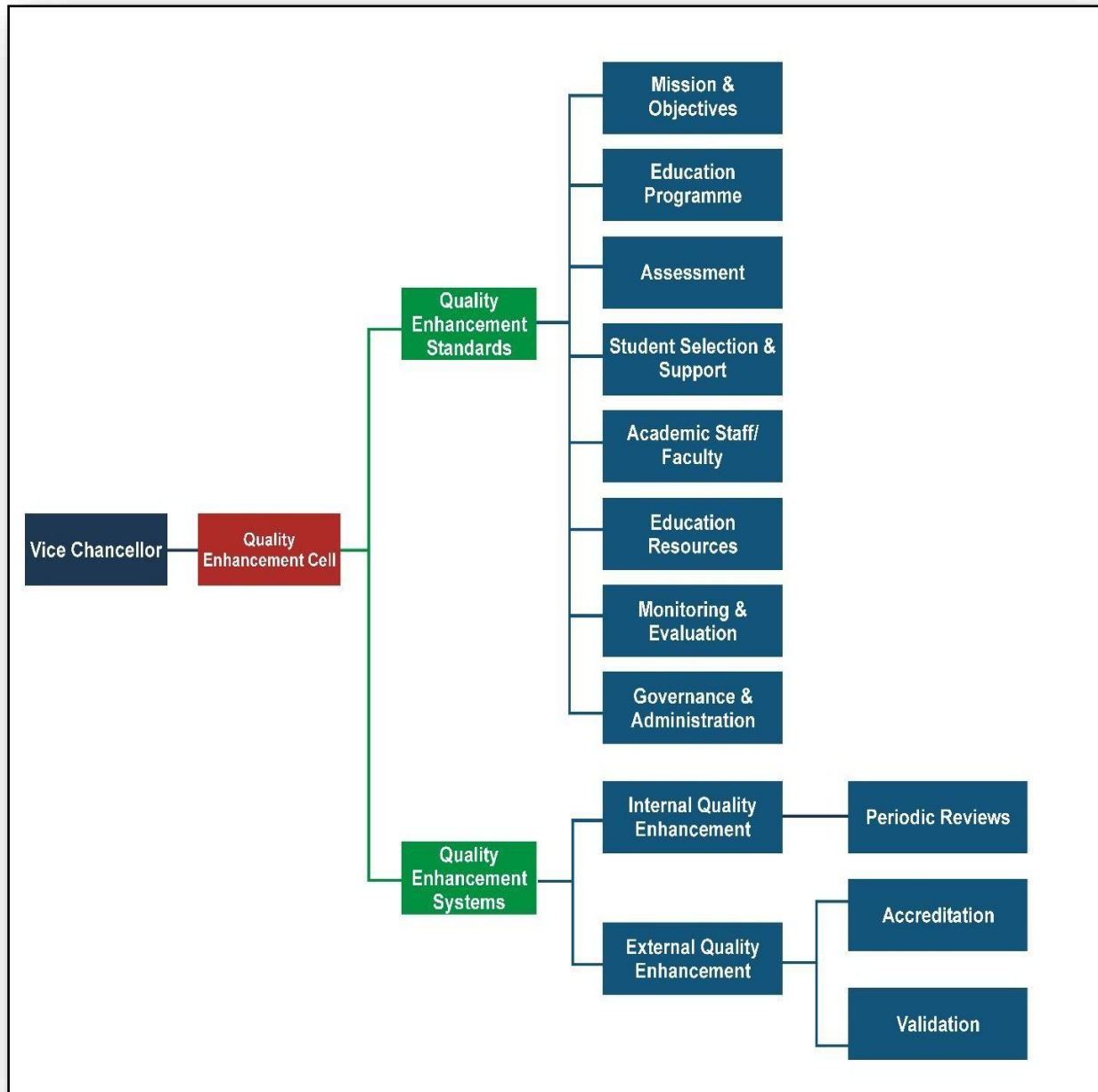
Functional Framework of QEC, RMU

The Quality Enhancement Cell (QEC) operates within a structured framework designed to systematically address and enhance the quality of academic programs, administrative processes, and institutional operations. This framework ensures a comprehensive approach to quality management, integrating various functions and activities to achieve our mission of excellence. Below is an outline of the key components of the QEC's functional framework:

Quality Assurance and Improvement

3.1 Objective:
To develop and implement robust quality assurance mechanisms that drive continuous improvement across all areas of the institution.

3.2 Quality Assurance Framework:
Establishing and maintaining a comprehensive framework that includes standards, policies, and procedures for ensuring academic and operational quality.

3.2 Periodic Reviews and Audits:
Conducting regular internal and external reviews to evaluate the effectiveness of academic programs, administrative processes, and overall institutional performance.

3.3 Benchmarking:
Comparing institutional practices and performance against best practices and standards from similar institutions to identify areas for enhancement.

Academic Quality Management

3.4 Objective:
To ensure that academic programs and curricula meet high standards of quality and relevance.

3.5 Curriculum Development and Review:
Overseeing the development, evaluation, and periodic revision of curricula to ensure alignment with academic standards and industry needs.

3.6 Faculty Development:
Implementing programs for the professional development of faculty, focusing on pedagogical skills, research capabilities, and teaching effectiveness.

3.7 Student Feedback and Assessment:
Collecting and analyzing student feedback on courses and faculty, and using this data to inform improvements in teaching and learning.

Operational Efficiency

3.8 Objective:
To optimize administrative processes and resource management to enhance the overall efficiency of institutional operations.

3.9 Process Optimization:
Identifying and implementing best practices for administrative processes, including student services, admissions, and finance.

3.10 Resource Management:
Ensuring effective utilization of institutional resources, including human, financial, and physical resources.

3.11 Technology Integration:
Leveraging technology to streamline operations, improve data management, and enhance communication within the institution.

Stakeholder Engagement and Communication

3.12 Objective:
To actively engage with and solicit feedback from stakeholders to inform quality enhancement efforts.

3.13 Stakeholder Feedback Mechanisms:
Developing and managing systems for gathering feedback from students, faculty, staff, alumni, and external partners.

3.14 Communication Strategies:
Implementing effective communication strategies to keep stakeholders informed about quality enhancement initiatives, achievements, and developments.

3.15 Collaborative Partnerships:
Building and maintaining partnerships with industry, accrediting bodies, and other educational institutions to support quality enhancement efforts.

Compliance and Accreditation

3.16 Objective:
To ensure that the institution adheres to regulatory requirements and accreditation standards.

3.17 Regulatory Compliance:
Monitoring and ensuring compliance with relevant educational regulations, policies, and

legal requirements.

3.18 Accreditation Processes:

Preparing for and managing accreditation reviews, including the development of self-assessment reports and coordination with accrediting agencies.

3.19 Continuous Improvement:

Using feedback from accreditation reviews and compliance audits to drive ongoing improvements and maintain accreditation standards.

Data Management and Analysis

3.20 Objective:

To collect, analyze, and utilize data to drive quality improvement and informed decision-making.

3.21 Data Collection:

Implementing systems for the collection of relevant data related to academic performance, operational efficiency, and stakeholder satisfaction.

3.22 Data Analysis:

Analyzing data to identify trends, measure performance, and informstrategic decisions.

3.23 Reporting:

Preparing and presenting reports on quality metrics, audit results, and improvement initiatives to institutional leadership and stakeholders.

Strategic Planning and Implementation

3.24 Objective:

To align quality enhancement efforts with the institution's strategic goals andobjectives.

3.25 Strategic Planning:

Collaborating with institutional leadership to develop strategic plans that incorporate quality enhancement goals and initiatives.

3.26 Implementation and Monitoring:

Overseeing the implementation of strategic initiatives and monitoring progress towards achieving quality objectives.

3.27 Evaluation and Adjustment:

Regularly evaluating the effectiveness of strategicinitiatives and adjusting as needed to ensure alignment with institutional goals.

Training and Development

3.28 Objective:
To build capacity and enhance the skills of faculty and staff in quality managementand related areas.

3.29 Training Programs:
Organizing training sessions, workshops, and seminars on quality management, best practices, and professional development.

3.30 Capacity Building:
Supporting the development of competencies in quality management and continuous improvement among faculty and staff.

3.31 Knowledge Sharing:
Facilitating forums and knowledge-sharing platforms to promote the exchange of best practices and innovative ideas.

The functional framework of the QEC is designed to ensure a holistic and systematic approach to quality enhancement. By focusing on these core areas, the QEC aims to drive continuousimprovement and uphold the highest standards of excellence within the institution.

Functional Framework of QEC, RMU

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                    QEC
         ┌───────────┴───────────┐
   Internal Quality        External Quality
     Assurance               Assurance
   ┌─────┴─────┐
 Clinical      Academic
Governance    Governance
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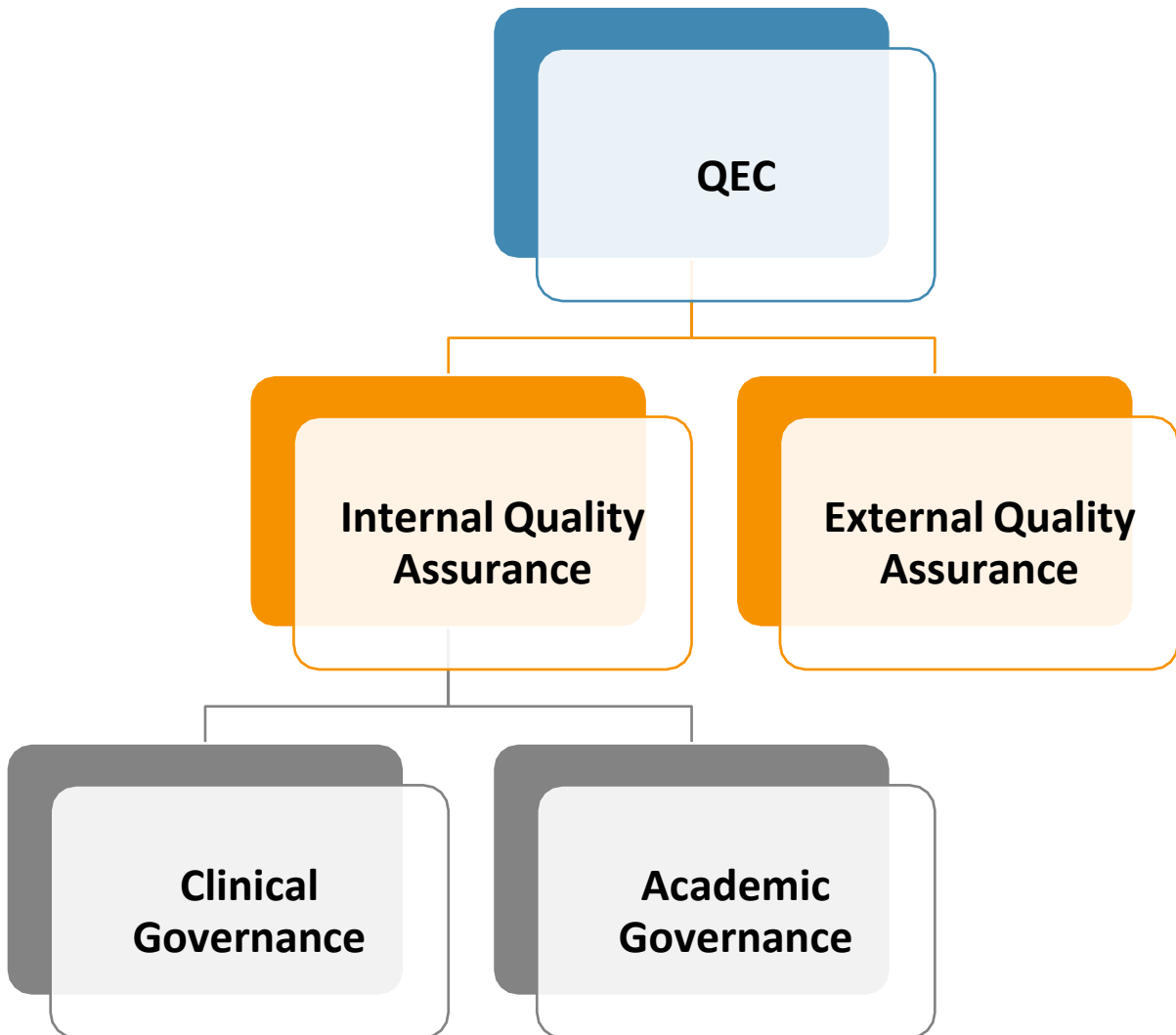
RMU Model of Academic Governance

9 Pillars of Academic Governance

- Need Assessment & Curriculum Development
- Teaching Strategies
- Assessment Strategies
- Educational Alignment
- Setting Standards / KPI
- Policies / Procedures Reforms
- CPD & Capacity Building
- Program Evaluation
- Audit/Research/Innovations
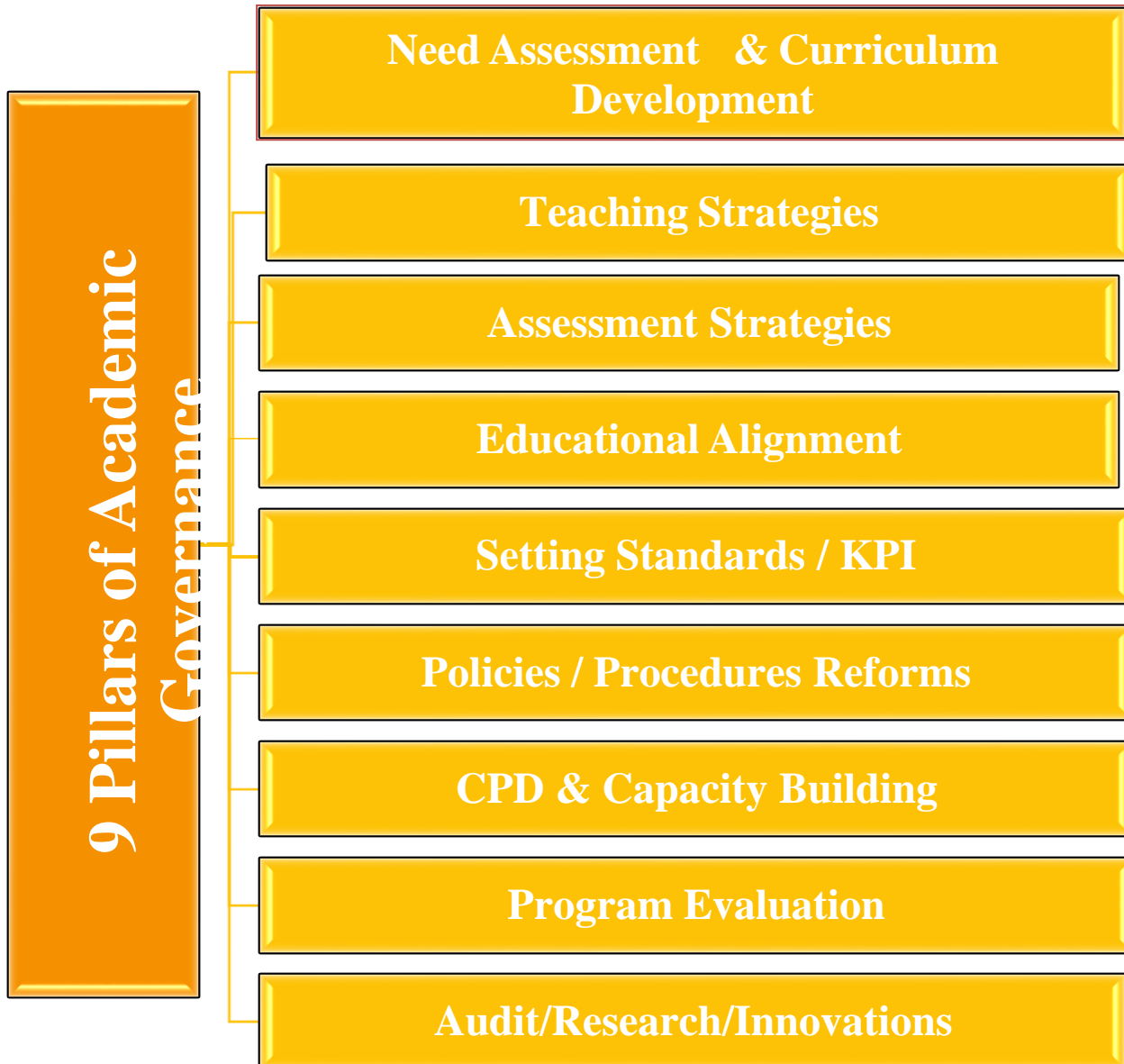
RMU Model of Clinical Governance

Model of Clinical Governance

Clinical governance is the process by which healthcare organizations maintain high standards of care, improve service quality on a continuous basis, and foster an environment that promotes excellence in clinical care

9 Pillars of Clinical Governance

Clinical Effectiveness	Patient Centered care (Putting First)	Patient Safety and Risk Management
Education and Training	Human Resource Management	Performance Monitoring & Clinical Audits
Supervised Clinical Services and Training	Clinical Leadership	Use of information and IT

Clinical Governance Implementation Framework

Pillar	Recommendation	Tools
Clinical Effectiveness	Using evidence practice and recent guidelines for treatment of patients	Implementing a system of clinical pathways and guidelines for treatment based on recent advances
Patient Safety and Risk Management	Risk Management and Incident reporting system to learn from mistakes	• Robust reporting systems for adverse events, • Regular risk assessments • Implementation of safety protocols • Mock Drills • Pharmacovigilance • Quality assurance and control system • Mortality and morbidity audits
Patient Centered care (Putting Patient First)	Including patients in decision-making processes, respecting their preferences and promoting effective communication between healthcare providers and patients.	• Patient councilors and Health education desk • Patient Autonomy Policy • Patient Feedback • Satisfaction survey • Putting patient first policy
Performance Monitoring and Clinical Audits	To evaluate the standard of existing care against the gold standard.	• Quality assurance Dept. in ER • Accountability Framework • KPIs and standards for Monitoring • Clinical audits for improving quality care. • Targeted strategies to enhance the quality of care. • SWOT Analysis
Education and Training	Supporting and investing in the ongoing training and development of healthcare professionals is central to clinical governance. This pillar recognizes the dynamic nature of healthcare and the need for professional development to stay ahead of changes in the sector.	• undergraduate and postgraduate training in emergency medicine • to create Training opportunities for nurses and paramedics • Availability of different CME activities in ER for capacity building of HR

Human Resource Management	Smart Management of Human Resource Right Staff at Right place at Right time	Reallocation of HR at areas of more need and time of increased workload Job descriptions and SOPs implementing culture of accountability
Use of information and IT	Effective management of information is vital for providing quality healthcare. This pillar involves implementing the correct information systems to collect, analyses and disseminate data relevant to patient care. Accurate and timely information enables healthcare providers to make informed decisions, track performance and identify areas for improvement.	HIMS Investing on IT to create a paperless environment. •
Clinical Leadership	This pillar focuses on establishing clear lines of responsibility, promoting leadership development Successful Clinical leadership can foster a culture of continuous improvement, innovation and a commitment to patient welfare.	Defining chain of command in Emergency Department Establishing a system of Clinical Leads and LeadPGT Defining Job Descriptions of HR working in ER
Supervised Clinical Services and Training	All clinical services must be directly supervised by qualified specialist / Consultants Training at any level must be supervised by supervisors as per required EPAs	24/7 presence of clinical leads to provide supervised clinical care and training

International Collaboration and Memberships

As the world grows smaller, the most important medical and health advances of the 21st century are likely to transcend borders, language, culture and politics. Internationalization of medical education is understood as an educational concept, a framework and a means to achieve an international educational goal in medical education – not a goal in and of itself. International medical competencies achieved via internationalization of medical education can ultimately improve Global Health. Internationalization of medical education is important in ensuring that future physicians practice medicine within a global frame of reference. Furthermore, it can provide the foundation and framework for international leadership and collaboration and provide physicians with skills in cultural competencies, ultimately improving healthcare worldwide.

Goals and outcomes associated with internationalization of medical education include, but are not limited to, improvement of sensitivity to social, intercultural and ethical differences, knowledge and appreciation of differences between healthcare delivery systems, understanding of global Public Health challenges, in-depth understanding of global biomedical research and international networking, leadership and collaboration competencies, resulting in physicians and medical leaders who are subsequently able to practice medicine as globally minded and socially accountable medical practitioners.

To date, international education in medical schools is fragmented, competencies are not agreed upon and internationalization programs vary in the absence of official guidelines or agreed upon formats.

In order to bring awareness of global aspects to medicine, internationalization of medical education needs to find its place in standard medical school curricula and has to be established as an investigational area of educational research. Internationalization elements should be an essential part of medical education and not an optional extracurricular part of medical school. And internationalization elements should not be considered as being in competition with other subject matters Medical school curricula designed and delivered in ways that are informed by research into curriculum design, teaching, learning and internationalization are urgently required.

Rawalpindi Medical University is well aware of the importance of the internationalization of the medical education as universities specially medical universities can play vital role to promote and protect the health of students and staff, to create health-conducive working, learning and living environments, to protect the environment and promote sustainability, to promote health promotion in teaching and research and to promote the health of the community and to be a resource for the health of the community.

Failure to incorporate internationalization of medical education into medical education will limit the full potential of developing all medical students' understanding of the global social, cultural and ethical issues associated with medical practice and research – impeding what higher medical education can contribute to shaping a global medical world and improving Global Health.

Aim of Rawalpindi Medical University is to develop health promoting university projects that encourage all these aspects. There is considerable enthusiasm for and interest in the concept of the health promotion. Demand for guidance is also growing. This is a working document that explores, visualizes and develops the health promoting potential of university using the settings-based approach to health promotion.

There is absolutely no survival in isolation or in a bubble. Our university understands the importance of the International linkages as they are very essential now a day for existence.
The COVID-19 pandemic has demonstrated the need for efficient international collaboration in biomedical research, education and patient care. Such global health emergencies require efficiency in international communication, expert, culturally competent healthcare leadership and practice (locally, nationally and internationally), rapid international public health action and collaborative international biotechnology and medical science research. COVID-19 has caused unprecedented disruption to the medical education process and to healthcare systems worldwide.

Quality Enhancement Cell, RMU (QEC) is trying to make tireless efforts in making connections with other world. QEC feels immense pleasure to announce that Rawalpindi Medical University has gained the membership of following *international* quality assurance agencies:

4.1 TALLORIES NETWORK (TN):

The Talloires Network of Engaged Universities is a growing global coalition of 417 university presidents, vice-chancellors and rectors in 79 countries who have publicly committed to strengthening the civic roles and social responsibilities of their institutions. It is the largest international network focused particularly on university civic engagement.

They envision universities around the world as dynamic forces in their communities, incorporating civic engagement into their research and pedagogies — and building relationships through a productive exchange of knowledge, ideas, and practices.
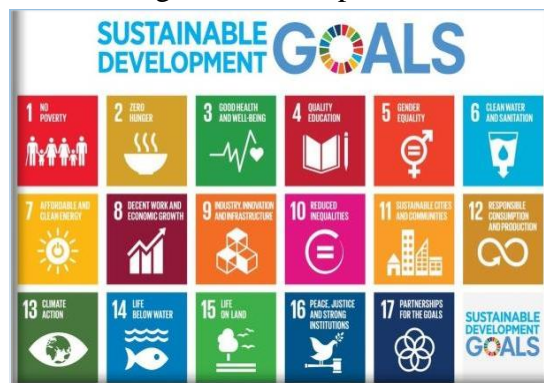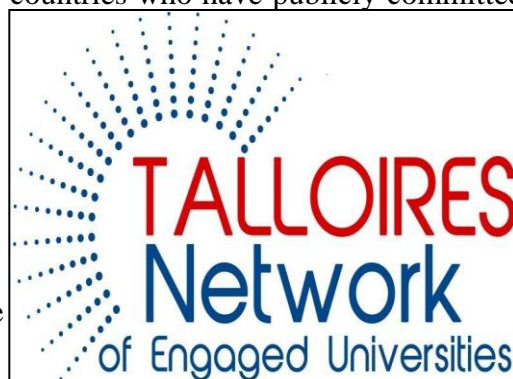
They recognize and celebrate the diversity of ethical approaches to university civic engagement. They fully support engagement in all its forms including community-based research, applied research, service- learning, experiential learning, extension, volunteerism, public service, policymaking, political activism, and social entrepreneurship. They assist the universities to attain sustainable development goals (SDGs)

4.2 Benefits for Engaged Members include opportunities to:

Gain public acknowledgement and visibility as an active contributor to the global university civic engagement movement;

➢ Participate in bi-annual strategic planning meetings to explore opportunities for collaboration including fundraising for new programs.

➢ Apply, without a fee, for the Carnegie Community Engagement Classification International pilot;

➢ Apply for Network faculty professional development programs, which include financial support for civic engagement activities and public recognition for excellence in engaged scholarship;

➢ Apply for Network demonstration grant programs, which involve substantial technical and financial support for innovative university civic engagement programs;

➢ Apply to participate in global learning exchange programs for students, staff, faculty and administrators;

➢ Participate in collaborative writing and research projects, which includes international workshops as well as technical and financial support for publishing reports, articles, and books;

➢ Participate in internationally publicized interviews and webinars;

➢ Organize and lead plenary and breakout sessions at the Talloires Network Global Leaders Conference;

➢ Apply for travel, lodging and registration grants for the Talloires Network Global Leaders Conference;

➢ RMU can benefit from this membership through:

➢ Visibility amongst the international members of the network

➢ Possibility to join some international civic engagement activity

➢ Showcasing the civic engagements of RMU Students/Faculty

➢ Opportunity to compete for MacJannet Prize Award.

MacJannet Prize (https://talloiresnetwork.tufts.edu/about-the-macjannet-prize/) has been established by TN to recognize exceptional student community engagement initiatives at member universities and contribute financially to their ongoing public service efforts through following categories of programs:

- Student volunteer placement programs
- Institution-managed community outreach programs
- Domestic service-learning programs
- International service-learning programs
- Student-managed community engagement
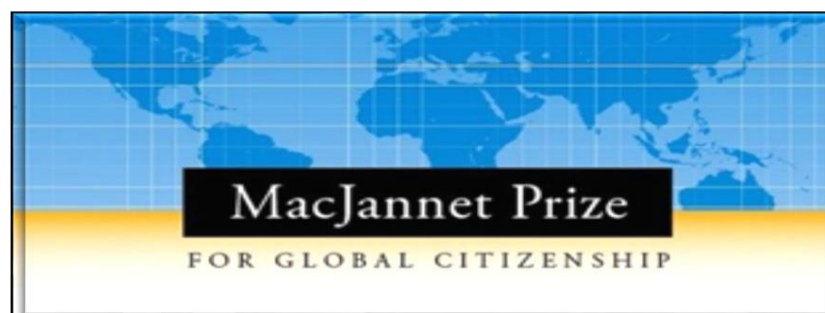
National University of
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H-12, Islamabad,
Tel: +92-51-9085-6001
No. 0999/45/PCTN/SMME
6 July 2021

To: **Rawalpindi Medical University**

Subject: <u>**Welcome to Pakistan Chapter of the Talloires Network (PCTN)**</u>

1.   Pakistan Chapter of the Talloires Network (PCTN) secretariat has received a letter of commitment from your esteemed institution to join PCTN. I, on behalf of Chair PCTN, welcome you to the association of Pakistani universities working to strengthen civic roles and social responsibilities of higher education.

2.   Pakistan Chapter of the Talloires Network (PCTN) was formed on 1st July, 2013. PCTN secretariat to be housed at NUST was formed in November 2013.

3.   PCTN is a platform for all Pakistani member universities to be able to share their civic engagement activities, and be a source of motivation for each other to promote this great cause. We aim to make community service a necessary part of education and not something that is done sporadically. PCTN secretariat focuses on training and collaboration for civic engagement, giving awards for best community service program, publishing a newsletter, maintaining a website https://pctn.nust.edu.pk/ and membership expansion.

4.   We would also like to acknowledge Rawalpindi Medical University (RMU) commitment to join PCTN and to the cause of civic engagement. PCTN will be in contact with your focal person for anything required. We look forward to working with RMU and getting your input on how to better the civic engagement of universities with communities, both in Pakistan and globally.

Chief Coordinator PCTN
(Dr. Javaid Iqbal)

4.3 UNITED NATION ACADEMIC IMPACT (UNAI):

RMU has joined over 1400 academic and research institutions from 139 countries who are members of the United Nations Academic Impact (UNAI), a UN platform. UNAI is a program of the Outreach Division of the United Nations Department of Global Communications. It's an initiative that aligns institutions of higher education with the United Nations in supporting and contributing to the realization of United Nations goals and mandates, including the promotion and protection of human rights, access to education, sustainability and conflict resolution.

Since 2010, UNAI has created a vibrant and diverse network Of students, academics, scientists, researchers, think tanks, institutions of higher education, continuing education and educational associations. Since its inception some thirty international networks of universities and other institutes of higher education and research have endorsed UNAI and encouraged their members to join, representing a global diversity of regions and a thematic wealth of disciplines.

The work of these institutions is vital to achieving the Sustainable Development Goals (SDGs) as they serve as incubators of new ideas, inventions and solutions to the many global challenges we face. UNAI provides the integral link to these stakeholders to ensure that the international community harnesses the energy and innovation of young people and the research community in service to humanity.

UNAI assists stakeholders in this regard by disseminating information on UN initiatives and activities, providing ideas on how these activities can be applied at the local level on college campuses, in classrooms and in communities, and by providing a platform where university students, academics and researchers can connect and share ideas, research and resources to further the Sustainable Development Goals and other UN mandates.

While joining the UNAI, RMU has expressed its commitment to support four out of the 10 UN SDGs; Capacity-building in higher education system, Commitment to the United Nations Charter.

Education opportunity for all, Higher education opportunity for every interested individual and Inter-cultural dialogue and understanding -- unlearning intolerance.

Every subject and discipline can have a UN imprint. RMU offers the opportunity to higher education in the field of Medical and Allied Health Sciences to all based on the merit without any discrimination of race, color, gender, creed and religion. RMU also believe in capacity building of the faculty so that they are abreast with the latest development in their fields. Therefore, RMU faculty members are urged to recognize this link and undertake activities that can directly support United Nations mandates and objectives.
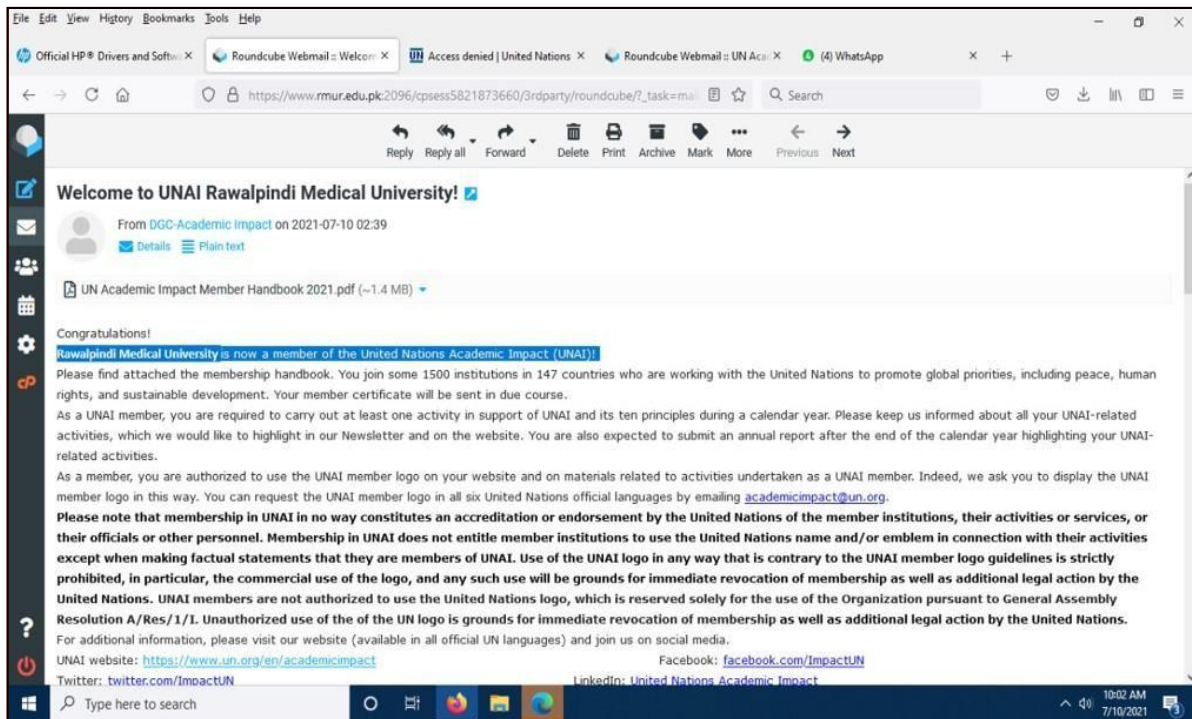
4.4 THE ARAB NETWORK FOR QUALITY ASSUARNCE IN HIGHEREDUCATION:

The Arab Network for Quality Assurance in Higher Education ANQAHE has been established in June, 2007as a nonprofit nongovernmental organiza

The purpose to establish the Arab network for quality
Assurance in higher education is to create a mechanism between the Arab countries to:

➢ Exchange information about quality assurance
➢ Construct new quality assurance agencies or organizations
➢ Develop standards to establish new quality assurance agencies or support the already present one
➢ Disseminate good practice in quality assurance
➢ Strengthen liaison between quality assurance bodies in the different countries

Mission of the Network:

To ensure and strengthen quality assurance in higher education institutions of the Arab region. Toenhance cooperation between similar quality assurance bodies or organizations in the Arab regionand other regional and international quality assurance organizations.

4.5 Objectives of the Network:

Support, promote and disseminate good practice of quality assurance in higher education in the Arab region and to enhance continuous improvement and capacity building for quality assurance agencies in the region;

➢ Advise, consult and establish standards and guidelines, to assist the development of new quality assurance agencies in the region;
➢ Facilitate links and communication between quality assurance agencies;
➢ Provide a platform for information on quality assurance standards, good practices and professional institutional and program reviewers among member organizations;
➢ Develop a platform for information on qualification frameworks, recognized educational institutions and accredited programs in the region;
➢ Support members of ANQAHE to determine the standards of institutions operating across national borders;
➢ Assist in the development and implementation of credit transfer schemes to enhance the mobility of students between institutions both within and across national borders;
➢ Provide members of ANQAHE with information on the quality assurance organizations in the Arab region;
➢ Facilitate research in the field of quality assurance in higher education in the region;
➢ Where appropriate, represent and promote the interests of the region, e.g., vis-à-vis other networks and international organizations;
➢ Provide the service of evaluating the quality assurance agencies upon request.
➢ RMU has been accepted by the Association of Quality Assurance Agencies of the Islamic World (Islamic-QA) as an Associate Member.
https://islamicqa-world.org/

Islamic-QA was established on May 4, 2011 in an effort to promote and enhance quality of higher education in the countries of the Islamic World. The Association offers two types of Memberships; Full Members and Associate Members. Currently, 46 Universities from Islamic Republic of Pakistan are associate members; whereas HEC is a Full Member of Islamic-QA.

This Membership will enable RMU to promote/enhance quality of higher education by participating and making contributions to the quality of higher education in the countries of the Islamic World through Islamic-QA forum.

4.6 Unesco-Network Of Quality Monitoring ProgramFor Asia Pacific:

The Network on Education Quality Monitoring in the Asia-Pacific (NEQMAP), established in March 2013 in Bangkok, Thailand, is a platform for exchange of knowledge, experience andexpertise on the monitoring of educational quality in countries and jurisdictions of the Asia- Pacific region. The network focuses on student **learning assessment** as a key tool for monitoring education quality, while acknowledging the importance of maintaining strong linkages with other enablers of learning in classrooms including **curriculum** and **pedagogy**. UNESCO's Asia and Pacific Regional Bureau for Education (UNESCO Bangkok) serves as the NEQMAP Secretariat.

Activities of the network comprise **Capacity Development**, **Research and Knowledge Sharing** among network members and other relevant stakeholders.

Section for Inclusive Quality Education   18 August 2021
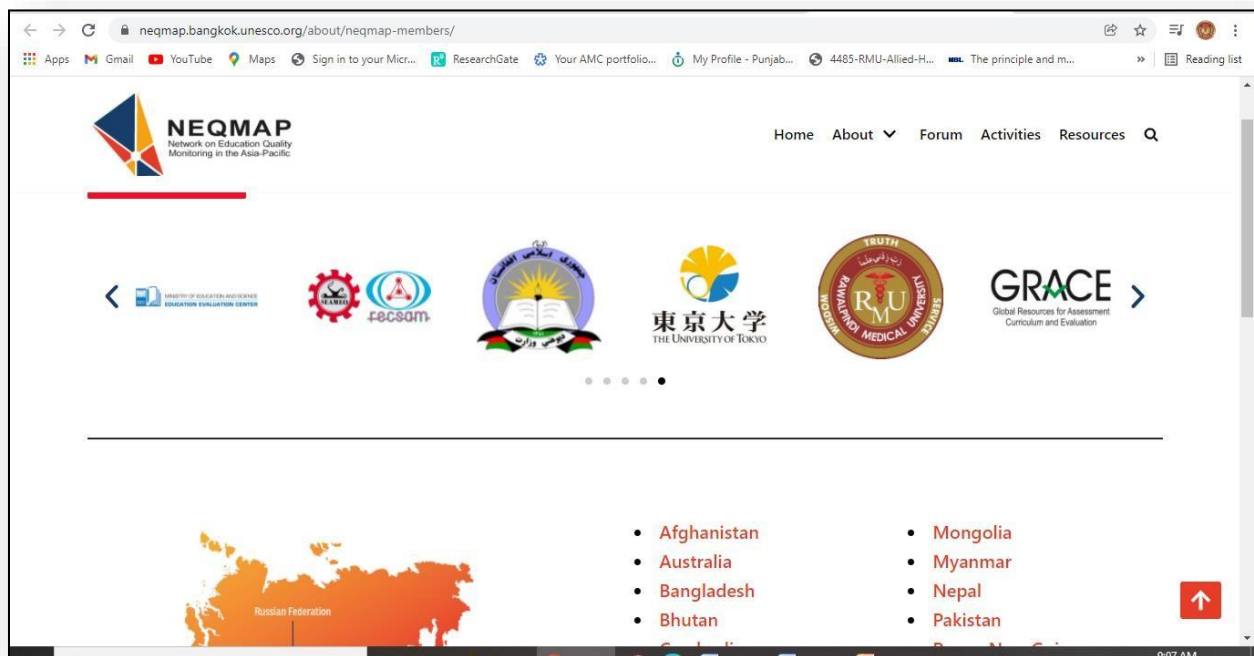
Ref: 159.01/IQE/15/21

Dr Farrukh Idrees,
Director Quality Enhancement
Cell (QEC),
Rawalpindi Medical University,
Main Campus, Tipu Road,
Rawalpindi

**Re: Network on Education Quality Monitoring in the Asia-Pacific (NEQMAP) –
Acceptance of Membership**

Dear Farrukh Idrees,

Thank you for your application to join the Network on Education Quality Monitoring in the Asia-Pacific (NEQMAP) at UNESCO Bangkok. We are pleased to inform you that the NEQMAP Steering Group has approved your application. As such, your organization has been formally accepted as a member of the Network.

The NEQMAP secretariat will be in touch with you, as the nominated focal point, to provide you with relevant details on the activities and meetings of the Network. Please also refer to our website, https://neqmap.bangkok.unesco.org/, for more information.

Thank you for your strong support and we look forward to working with your Organization to improve the quality of education in the Asia-Pacific region.

Yours Sincerely,

Margarete Sachs-Israel
Chief, Section for Inclusive Quality Education
UNESCO Bangkok
Asia and Pacific Regional Bureau for Education

4.7 Association for Medical Education in Europe (AMEE):

The Association for Medical Education in Europe (AMEE) is a worldwide organization with members in 90 countries on five continents AMEE promotes international excellence in education in the health professions across the continuum of undergraduate, postgraduate and continuing education.

AMEE, working with other organizations, supports teachers and institutions in their current educational activities and in the development of new approaches to curriculum planning, teaching and learning methods, assessment techniques and educational management, in response to advances in medicine, changes in healthcare delivery and patient demands and neweducational thinking and techniques.

4.8 AMEE promotes excellence in medical education internationally by:
➢ Promoting the sharing of information through networking, conferences, publications and online activities
➢ Identifying improvements in traditional approaches and supporting innovation in curriculum planning, teaching and learning, assessment and education management
➢ Encouraging research in the field of healthcare professions education
➢ Promoting the use of evidence-informed education
➢ Setting standards for excellence in healthcare professions education
➢ Acknowledging achievement both at an individual and an institutional level
➢ Recognizing the global nature of healthcare professions education
➢ Influencing the continuing development of healthcare professions education through collaboration with relevant national, regional and international bodies.

4.9 Vision:
Supporting excellence in healthcare globally by promoting the development of an outstandinghealth professional education community.

4.10 Mission:
AMEE supports healthcare globally by encouraging excellence in education in the health professions across the continuum of undergraduate, postgraduate, and continuing professional development.

It does so by enabling and promoting collaboration with, and between, a diverse and inclusive global community of health professionals, educators, and other stakeholders to foster scholarshipand best practice.

Strategic Objectives

4.11 To be the foremost global community of health education stakeholders

➢ Encourage a diverse, inclusive and collaborative global community that fosters curiosity andcollaboration across all healthcare professions education (HPE)

➢ Develop strategies for the international engagement of all stakeholders, including engagementof individuals, institutions and regulators

➢ Create and encourage communities of practice which engage with specialist and regionalchallenges in HPE

➢ Develop AMEE conferences as the primary vehicle for networking and knowledge sharing inHPE.

4.12 To set the standard in professional development while being responsive to the changingworld in health professions education delivery

➢ Define the competencies expected of a health professions educator and use it to informcurriculum development

➢ Set high standards of medical education globally whilst considering local and regionalrequirements

➢ Be a significant influencer of global policy and practice in health professions education.

4.13 To promote scholarship in healthcare education to support better healthcare delivery

➢ Lead by example in developing a positive culture of learning and scholarship

➢ Provide resources to encourage scholarship

➢ Develop effective collaborations with appropriate partners to cultivate scholarship

➢ Create a program in which schools and educators are recognized and rewarded for scholarship

4.14 To be a leader in driving innovation in healthcare educational development worldwide

➢ Develop an organizational culture that encourages and nurtures innovation in educationamong all its stakeholders

➢ Provide a forum for the exchange of ideas from around the world

➢ Integrate innovation into forward planning and strategic thinking Engage with other sectors to develop innovation.
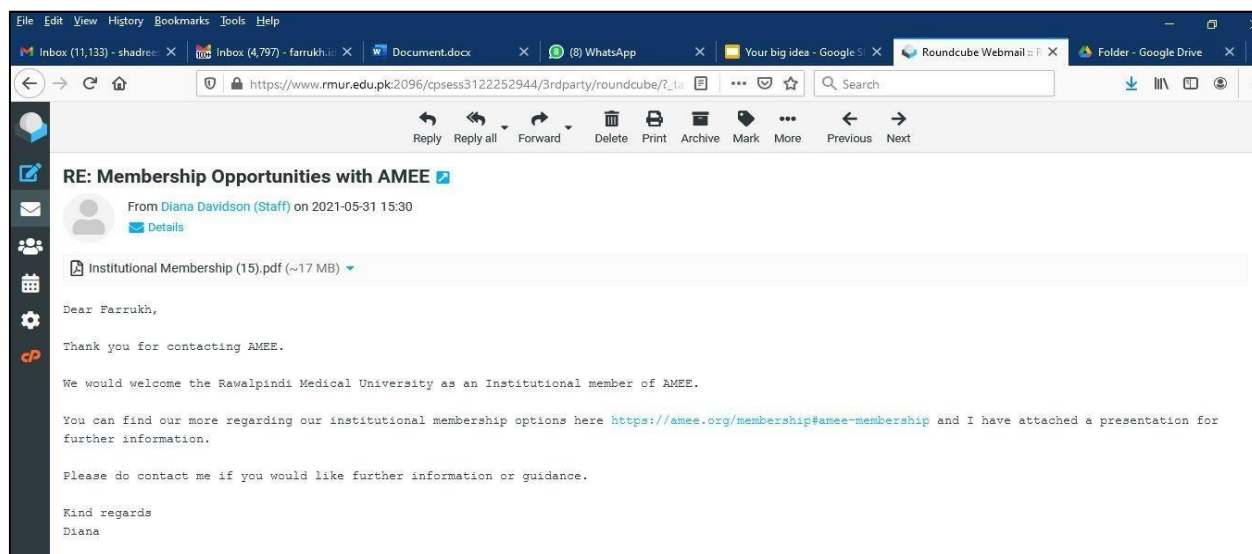
SECTION II

Monitoring and Evaluation

Importance of Monitoring and Evaluation of Teaching and Training

Monitoring and evaluation (M&E) of teaching and training are essential components in the quest for educational excellence and effectiveness. As educational institutions strive to provide high- quality education and training, the systematic assessment of teaching practices and training programs becomes crucial. This essay explores the significance of M&E in the context of education and training, highlighting its benefits, processes, and impact on both learners and educators.

5.1 Understanding Monitoring and Evaluation

Monitoring refers to the continuous process of collecting data and tracking the progress of teaching and training activities. It involves regular observations and assessments to ensure that educational programs are being implemented as planned. Evaluation, on the other hand, is a more periodic and systematic process that assesses the overall effectiveness and outcomes of teaching and training programs. It involves analyzing data to determine whether educational goals and objectives are being met.

Together, M&E provide a comprehensive framework for understanding the effectiveness of educational practices, identifying areas for improvement, and making data-driven decisions.

The Benefits of Monitoring and Evaluation

5.2 Enhancing Teaching Quality

One of the primary benefits of M&E is the improvement of teaching quality. By systematically monitoring classroom practices, educators can receive constructive feedback on their teaching methods, engagement strategies, and curriculum delivery. This feedback helps teachers identify their strengths and areas for improvement, leading to enhanced instructional practices. Regular evaluation of teaching effectiveness ensures that teaching methods are aligned with learning objectives and best practices.

5.3 Improving Learning Outcomes:

M&E plays a pivotal role in improving student learning outcomes. By assessing the effectiveness of teaching strategies and training programs, institutions can identify gaps in student understanding and adjust their approaches accordingly. For instance, if evaluations reveal that students are struggling with specific concepts, educators can modify their teaching methods or provide additional resources to address these challenges. This targeted approach helps in enhancing students' academic performance and overall learning experience.

5.4 Ensuring Accountability

Monitoring and evaluation are critical for ensuring accountability in educational institutions. They provide a transparent mechanism for assessing the effectiveness of teaching and training programs and holding educators accountable for their performance. By establishing clear performance metrics and regularly reviewing them, institutions can ensure that educators are meeting the expected standards and delivering quality education. Accountability mechanisms also help in addressing issues of underperformance and implementing corrective measures.

5.5 Informed Decision-Making:

Data gathered through M&E processes provides valuable insights for decision-making. Educational leaders and administrators can use this data to make informed decisions about curriculum development, resource allocation, and program improvements. For example, if evaluations indicate that a particular training program is not achieving its intended outcomes, administrators can make necessary adjustments or redesign the program to bettermeet the needs of learners. Data-driven decision-making ensures that changes are based on evidence and have a higher likelihood of success.

5.6 Facilitating Continuous Improvement

Continuous improvement is a fundamental goal of M&E. By regularly monitoring and evaluating teaching and training activities, institutions can foster a culture of ongoing enhancement. Feedback from M&E processes helps educators and trainers to continuouslyrefine their practices, adopt innovative approaches, and stay updated with the latest. educational trends. This iterative process of improvement leads to the development of moreeffective teaching methods and training programs over time.

The M & E Process

The process of monitoring and evaluation typically involves several key steps:

5.7 Setting Objectives and Standards

The first step in M&E is to define clear objectives and standards for teaching and training programs. These objectives should be specific, measurable, achievable, relevant, and time-bound (SMART). Establishing clear goals provides a benchmark against which the effectiveness of teaching and training can be assessed.

5.8 Developing Indicators and Tools:

Indicators and tools are developed to measure progress and effectiveness. Indicators are specific metrics that reflect the performance of teaching and training activities. These caninclude student performance data, feedback surveys, and observational checklists. Tools such as assessment rubrics and evaluation forms are used to collect data and provide a structured framework for analysis.

5.9 Collecting Data:

Data collection involves gathering information through various methods, such as classroom observations, student assessments, surveys, and feedback forms. Regular and systematic data collection ensures that a comprehensive picture of teaching and training effectiveness is obtained.

5.10 Analyzing Data:

Once data is collected, it is analyzed to identify trends, strengths, and areas for improvement. Data analysis involves comparing results against established standards and objectives. It may also include qualitative analysis of feedback and observations to gain deeper insights into teaching and training practices.

5.11 Reporting and Feedback:

      The findings from M&E are compiled into reports that provide an overview of the effectiveness of teaching and training programs. These reports are shared with educators, administrators, and other stakeholders to provide feedback and recommendations for improvement. Effective communication of results ensures that insights from M&E are used to inform decision-making and drive positive change.

5.12 Implementing Improvements:

      Based on the feedback and recommendations from M&E, institutions can implement improvements to enhance teaching and training programs. This may involve revising curricula, providing additional training for educators, or adjusting instructional strategies. The implementation of improvements should be monitored to assess their impact and effectiveness.

5.13 Conclusion:

      The importance of monitoring and evaluation in teaching and training cannot be overstated. M&E processes provide valuable insights into the effectiveness of educational practices, support continuous improvement, and ensure accountability. By systematically assessing teaching and training activities, educational institutions can enhance teaching quality, improve learning outcomes, and make informed decisions that drive excellence in education. Embracing a culture of M&E empowers educators and institutions to continually strive for betterment, ultimately leading to a more effective and impactful educational experience for all stakeholders.

Monitoring Levels

      Monitoring levels refer to the different stages or tiers at which monitoring activities are conducted within an organization, especially in educational settings. These levels help in systematically tracking progress, evaluating performance, and ensuring that objectives are met. Here's anoverview of common monitoring levels in the context of teaching and training:

Classroom Level -I

6.1 Objective:

      To evaluate day-to-day teaching practices and student engagement.

6.2 Observations:

      Regular observations of classroom interactions, teaching methods, and student behavior to assess instructional quality and classroom environment.

6.3 Student Feedback:

      Collecting feedback from students about their learning experiences, understanding of the material, and overall satisfaction.

6.4 Formative Assessments:

      Using quizzes, assignments, and other formative assessments to monitor student understanding and progress on a regular basis.

6.5 Teacher Self-Assessment:

Encouraging teachers to reflect on their own practices, identify challenges, and set personal development goals.

Program Level-II

6.6 Objective:

To assess the effectiveness and quality of academic programs and training curricula.

6.7 Curriculum Review:

Regularly reviewing and updating curricula to ensure alignment with educational standards, industry needs, and best practices.

6.8 Program Evaluations:

Conducting evaluations of entire programs to assess whether they are meeting educational objectives and providing the intended outcomes.

6.9 Learning Outcomes Assessment:

Measuring the extent to which students achieve the desired learning outcomes and competencies outlined in the program objectives.

6.10 Student Success Metrics:

Analyzing metrics such as graduation rates, retention rates, and job placement rates to evaluate the success of the program.

Institutional Level-III

6.11 Objective:

To monitor overall institutional performance and compliance with external standards.

6.11 Institutional Audits:

Performing comprehensive audits to review the effectiveness of academic and administrative processes, policies, and procedures.

6.12 Accreditation Reviews:

Preparing for and participating in accreditation reviews to ensure compliance with national and international standards.

6.11 Strategic Goals Assessment:

Monitoring progress towards institutional strategic goals and objectives, including performance indicators and key metrics.

6.12 Resource Allocation:

Evaluating how effectively resources (financial, human, and physical) are allocated and

utilized across the institution.

External Level-IV

6.13 Objective:
To ensure alignment with external requirements and standards, and to benchmark against other institutions.

6.14 Regulatory Compliance:
Monitoring adherence to governmental and educational regulations, including compliance with legal and ethical standards.

6.15 Benchmarking:
Comparing institutional performance with other institutions or industry standards to identify areas for improvement and best practices.

6.16 Stakeholder Feedback:
Gathering feedback from external stakeholders such as employers, alumni, and accrediting bodies to gain insights into the institution's performance and reputation.

Strategic Level-V

6.17 Objective:
To align monitoring activities with long-term institutional goals and strategic plans.

6.18 Strategic Plan Evaluation:
Assessing the progress and impact of strategic initiatives and objectives to ensure they are being met and to adjust plans as needed.

6.19 Long-term Impact Assessment:
Evaluating the long-term outcomes and effects of educational programs and training on students, alumni, and the broader community.

Risk Management:
Identifying and monitoring potential risks and challenges that could affect the institution's ability to achieve its strategic goals.

Continuous Improvement Level-VI

6.20 Objective:
To support ongoing refinement and enhancement of teaching and training practices.

6.21 Feedback Integration:
Using feedback from various monitoring levels to make continuous improvements to

teaching practices, training programs, and institutional processes.

6.22 Innovation and Adaptation:

Encouraging the adoption of innovative practices and adapting to new trends and technologies to enhance educational quality and effectiveness.

6.23 Professional Development:

Providing ongoing professional development opportunities for educators and staff based on insights from monitoring activities.

Support and Administration Level-VII

6.24 Objective:

To support the overall monitoring process and ensure the effective implementation of findings.

6.25 Data Management:

Maintaining systems for collecting, analyzing, and storing data related to teaching and training activities.

6.26 Training and Capacity Building:

Offering training and support for staff involved in monitoring and evaluation to ensure they have the necessary skills and knowledge.

6.27 Reporting and Communication:

Developing and disseminating reports on monitoring findings to stakeholders, including educators, administrators, and external bodies.

Categories for Monitoring of Teaching and Training

Monitoring teaching and training involves evaluating a range of factors to ensure quality and effectiveness. By categorizing monitoring activities into these distinct areas, educational institutions and training organizations can gain a comprehensive understanding of instructional practices, learner experiences, and outcomes. This holistic approach enables continuous improvement, supports effective teaching and training, and ultimately enhances the overall educational experience for learners.

Monitoring teaching and training encompasses various categories that ensure effectiveness and alignment with educational goals. Here's an overview of different categories for monitoring both teaching and training, with a focus on assessing various aspects of instructional quality and learner outcomes:

1. Instructional Delivery

7.1 Objective:
To evaluate how effectively the instructor presents and organizes content.

7.2 Teaching Methods:
Reviewing the diversity and appropriateness of teaching methods used (e.g., lectures, discussions, hands-on activities).

7.3 Clarity and Organization:
Assessing the clarity of explanations and the logical organization of content.

7.4 Engagement Techniques:
Monitoring techniques used to engage students or trainees, such as interactive elements and multimedia resources.

2. Student and Trainee Interaction

7.5 Objective:
To assess the quality of interaction between the instructor and learners.

7.6 Participation Levels:
Observing the extent and quality of student or trainee participation in activities and discussions.

7.7 Feedback and Support:
Evaluating how the instructor provides feedback and support, including responses to questions and individual assistance.

7.8 Classroom Management:
Assessing the management of classroom dynamics and the creation of a positive, respectful learning environment.

3. Learning Outcomes and Assessments

7.9 Objective:
To determine if learning objectives and outcomes are being achieved.

7.10 Assessment Results:
Analyzing results from quizzes, exams, and other assessments to measure learning and understanding.

7.11 Competency Development:

Evaluating the development of specific skills and competencies as defined by the training or course objectives.

7.12 Achievement of Goals:

Reviewing whether learners meet the intended learning goals andperformance standards.

4. Curriculum and Content Quality

7.13 Objective:

To ensure the content delivered is relevant, accurate, and aligned with learning objectives.

7.14 Curriculum Alignment:

Checking that the curriculum meets educational standards and aligns with learning objectives.

7.15 Content Relevance:

Assessing the relevance and accuracy of the content being delivered, including updates and integration of current knowledge.

7.16 Resource Utilization:

Evaluating the effectiveness and appropriateness of instructional materialsand resources.

5. Pedagogical and Training Practices

7.17 Objective:

To review the application of various instructional and training methods.

7.18 Teaching Strategies:

Observing the use of different pedagogical strategies, such as differentiated instruction, active learning, and experiential learning.

7.19 Training Techniques:

Evaluating training techniques, such as simulations, role-playing, and case studies, for their effectiveness in achieving learning outcomes.

7.20 Adaptability:

Assessing the instructor's ability to adapt teaching methods based on learner needs, feedback, and situational factors.

6. Feedback and Evaluation

7.21 Objective:
To gather and analyze feedback from learners to inform improvements.

7.22 Surveys and Questionnaires:
Collecting feedback through surveys and questionnaires to gauge learners' perceptions of the teaching and training experience.

7.23 Focus Groups:
Conducting focus groups to gain in-depth insights into learner experiences and suggestions for improvement.

7.24 Course Evaluations:
Reviewing formal course or training evaluations to identify trends and areas for enhancement.

7. Professional Development and Training

7.25 Objective:
To support the continuous improvement of teaching and training practices.

7.26 Self-Assessment:
Encouraging instructors and trainers to reflect on their practices and identify areas for growth.

7.27 Peer Reviews:
Implementing peer review processes where colleagues observe and provide feedback on teaching or training practices.

7.28 Professional Development:
Monitoring participation in professional development activities, such as workshops, conferences, and training sessions.

8. Administrative and Compliance

7.29 Objective:
To ensure adherence to institutional policies and external standards.

7.30 Policy Compliance:
Monitoring adherence to institutional policies, guidelines, and standards related to teaching and training.

7.31 Documentation:

Reviewing documentation, such as lesson plans, training materials, and syllabi, for compliance with institutional requirements.

7.32 Accreditation Standards:

Ensuring alignment with accreditation standards and regulatoryrequirements.

9. Innovation and Technology Integration

7.33 Objective:

To assess the incorporation of innovative practices and technology in teaching and training.

7.34 Innovative Practices:

Observing the use of innovative practices, such as blended learning orgamification, to enhance teaching and training.

7.35 Technology Use:

Evaluating the integration of technology and digital tools in supporting andenhancing the learning experience.

7.36 Adaptation to Trends:

Monitoring how well new educational trends and advancements areincorporated into teaching and training practices.

10. Student and Trainee Outcomes

7.37 Objective:

To evaluate the impact of teaching and training on learners' success.

7.38 Progress Tracking:

Monitoring academic or skill progression over time to assess the effectiveness of teaching or training interventions.

7.39 Success Metrics:

Analyzing metrics such as completion rates, certification rates, and employmentoutcomes to evaluate the impact of training programs.

7.40 Long-Term Impact:

Assessing the long-term effects of teaching and training on learners' careersand personal development.

Undergraduate Monitoring and Evaluation

Effective monitoring of undergraduate medical teaching and training is essential to produce competent and skilled medical professionals. By employing a range of methodologies, addressing challenges proactively, and adhering to best practices, medical schools can ensure that their MBBS programs provide high-quality education that meets the needs of both students and the healthcare system. Continuous evaluation and adaptation are key to maintaining excellence in medical education and preparing future doctors for the demands of modern medical practice.

The quality of medical education is paramount in shaping competent, compassionate, and skilled healthcare professionals. The MBBS (Bachelor of Medicine, Bachelor of Surgery) program is the cornerstone of medical education in many countries, and its effectiveness directly impacts the healthcare system. Monitoring the teaching and training within MBBS programs is crucial to ensure that the education provided meets the required standards and adapts to the evolving needs of healthcare. This article explores the methodologies, challenges, and best practices in monitoring undergraduate medical teaching and training.

Objectives of Monitoring

8.1 Quality Assurance:
Ensure that the curriculum, teaching methods, and clinical training are of high quality and meet educational standards.

8.2 Curriculum Relevance:
Assess whether the curriculum is up-to-date with current medical practices, technologies, and research.

8.3 Student Competency:
Evaluate the effectiveness of training in developing the competencies and skills necessary for medical practice.

8.4 Faculty Performance:
Monitor the effectiveness of teaching staff and their adherence to educational standards and methodologies.

8.5 Compliance:
Ensure compliance with regulatory and accreditation requirements set by medical education bodies.

Methodologies for Monitoring

8.6 Regular Curriculum Reviews Curriculum Mapping:
Align the curriculum with learning objectives and outcomes. Mapping helps in identifying gaps and redundancies.

8.7 Feedback Mechanisms:
Collect feedback from students, faculty, and clinicalsupervisors to gauge the effectiveness and relevance of the curriculum.

Assessment and Evaluation:

8.8 Formative and Summative Assessments:
Use a combination of assessments to evaluate both the learning process and the final outcomes.

8.9 Standardized Testing:
Implement standardized exams to measure student knowledge and readiness for clinical practice.

Direct Observation:

8.10 Clinical Skills Assessment:
Observe students during clinical rotations to assess their practical skills and patient interactions.

8.11 Simulations:
Use simulation labs to evaluate students' responses to clinicalscenarios and emergencies.

Feedback and Surveys:

8.12 Student Feedback:
 Regularly collect feedback from students regarding theteaching methods, course content, and clinical training experiences.

8.13 Faculty Feedback:
Obtain feedback from faculty on curriculum delivery andstudent performance.

Accreditation Reviews:

8.14 External Audits:
Engage with external accrediting bodies to perform periodic reviews and ensure compliance with national and international standards.

8.15 Benchmarking:
Compare the program with leading institutions to identify best practices and areas for improvement.

Challenges in Monitoring:

8.16 Resistance to Change:

Faculty and institutions may resist changes due to entrenched practices or lack of resources. Overcoming this resistance requires effective communication and involvement of stakeholders.

8.17 Resource Limitations:

➢ Financial and infrastructural constraints can hinder the implementation of comprehensive Monitoring systems and necessary updates to the curriculum.

➢ Balancing Theory and Practice:

➢ Ensuring that students receive adequate theoretical knowledge while gaining sufficient hands-on Experience can be challenging, especially in resource-limitedsettings.

➢ Consistency in Evaluation:

➢ Maintaining consistency in evaluation methods and standards across differentinstitutions or departments can be difficult.

Best Practices

8.18 Stakeholder Engagement:

➢ Involve students, faculty, and healthcare professionals in the monitoring processto ensure that diverse perspectives are considered.

➢ Continuous Improvement:

➢ Adopt a continuous improvement approach by regularly updating the curriculumbased on feedback and emerging medical knowledge.

➢ Professional Development:

➢ Invest in faculty development programs to enhance teaching skills and keep faculty abreast of the latest educational methodologies and medical advancements.

8.19 Integration of Technology:

➢ Utilize educational technologies, such as online learning platforms and simulationtools, to enhance teaching and monitoring processes.

➢ Data-Driven Decisions:

➢ Use data from assessments, surveys, and external reviews to inform decisions anddrive improvements in the teaching and training processes.

Department of Medical Education (DME) and Quality Enhancement Cell (QEC) have designed forms for the monitoring of theory exam, viva voce and OSPE.

DESIGNED BY
DEPARTMENT OF MEDICAL EDUCATION (OTB)
RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI

STUDENT ASSESMENT MONITORING PERFORMA
OSPE EXAMINATION MONITORING SHEET

Monitoring done by ....

Module title.. Class ....

Exam... Subject ....

Sr. No.	Checklist	Remarks
1.	Exam starting time	
2.	Exam ending time	
3.	Examiner arriving time	
4.	All teachers present at examination point	
5.	Associate Professor present for monitoring	
6.	Facilitation staff present	
7.	Proper and clear marking of OSPE Stations	
8.	Models/cadavers/ equipment available at the OSPE spot	
9.	Roll no list available	
10.	Attendance sheet for students Available	
11.	Students answer books available	
12.	Shortage of answer books	
13.	Water cooler available	
14.	Stool or chair on exam spot	
15.	Timer available	
16.	Students assembly point announced	
17.	Teacher present at assembly point	
18.	Students given initial briefing	
19.	Students reaching OSPE spots in time	
20.	Students bringing writing material	

Comments

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Suggestions

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Actions taken

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Date and time...   Signature with Name and stamp

Verification by Dean basic Sciences

DESIGNED BY
DEPARTMENT OF MEDICAL EDUCATION (OTB)
RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI

STUDENT ASSESMENT MONITORING PERFORMA
THEORY EXAMINATION MONITORING SHEET

Monitoring done by ....

Module title.................................   Class ....

Exam.................................   Subject ....

Sr. No.	Checklist	Remarks
1.	Exam starting time	
2.	Exam ending time	
3.	Examiner arriving time	
4.	All teachers present at examination point	
5.	Associate Professor present for monitoring	
6.	Facilitation staff present	
7.	Roll no list available	
8.	Attendance sheet for students Available	
9.	Stool or chair on exam spot	
10.	Timer available	
11.	Pen and paper on exam spot	
12.	Water cooler available	
13.	Students reaching in time	
14.	Students given initial briefing	
15.	Question papers available	
16.	Shortage of question papers	
17.	Students answer books available	
18.	Students bringing writing material	

Comments

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Suggestions

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Actions taken

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Date and time...

Signature with Name and stamp

Verification by Dean basic Sciences

DESIGNED BY
DEPARTMENT OF MEDICAL EDUCATION (OTB)
RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI

STUDENT ASSESMENT MONITORING PERFORMA
VIVA EXAMINATION MONITORING SHEET

Monitoring done by ....

Module title....................................   Class ....

Exam..   Subject ....

Sr. No.	Checklist	Remarks
1.	Exam starting time	
2.	Exam ending time	
3.	Examiner arriving time	
4.	Associate Professor present for monitoring	
5.	Facilitation staff present	
6.	Timer available	
7.	Stool or chair on exam spot	
8.	Pen and paper on exam spot	
9.	Models/cadavers available at the Viva spot	
10.	Roll no list available	
11.	Key for marking Available	
12.	Marks distribution check list available	
13.	Attendance sheet for students Available	
14.	Students assembly point announced	
15.	Teacher present at assembly point	
16.	Students given initial briefing	
17.	Students reaching at the Viva spots in time	
18.	Students Sketch books available	
19.	Students bringing their pens	
20.	Students bringing their gloves	

Comments

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Suggestions

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Actions taken

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Date and time..   Signature with Name and stamp

Verification by Dean basic Sciences

First Professional MBBS Examination 2024 Theory Exam
Main Campus

Third Professional MBBS Examination 2024 Theory Exam
New Teaching Block

First Professional MBBS Examination OSPE 2024

Practical Physiology Department

Practical Biochemistry Department

Viva Anatomy Department

Audio Visual OSPE

DESIGNED BY
DEPARTMENT OF MEDICAL EDUCATION (OTB)
RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI

STUDENT ASSESMENT MONITORING PERFORMA
OSPE EXAMINATION MONITORING SHEET

Monitoring done by ... Dr. Peshes Khanbad

Module title ....

Exam 2nd Prof. Exam MBBS

Class ....

Subject ... Physiology

Sr. No.	Checklist	Remarks
1.	Exam starting time	✓
2.	Exam ending time	✓
3.	Examiner arriving time	✓
4.	All teachers present at examination point	✓
5.	Associate Professor present for monitoring	whole faculty available
6.	Facilitation staff present	present
7.	Proper and clear marking of OSPE Stations	✓
8.	Models/cadavers/ equipment available at the OSPE spot	✓
9.	Roll no list available	✓
10.	Attendance sheet for students Available	✓
11.	Students answer books available	✓
12.	Shortage of answer books	No
13.	Water cooler available	✓
14.	Stool or chair on exam spot	✓
15.	Timer available	✓
16.	Students assembly point announced	✓
17.	Teacher present at assembly point	✓
18.	Students given initial briefing	✓
19.	Students reaching OSPE spots in time	✓
20.	Students bringing writing material	No

Comments
Demonstrators were present outside Lab (OSPE venue), maintaining the discipline and guiding them.

Suggestions

Actions taken —

Date and time 26-1-24

Signature with Name and stamp

DESIGNED BY
DEPARTMENT OF MEDICAL EDUCATION (OTB)
RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI

STUDENT ASSESMENT MONITORING PERFORMA
OSPE EXAMINATION MONITORING SHEET

Monitoring done by ...... Dr Rabbia Khalf ......

Module title .... Class ......1st Year......

Exam......2nd Prof. Exam MBBS...... Subject ......Anatomy......

Sr. No.	Checklist	Remarks
1.	Exam starting time	✓
2.	Exam ending time	✓
3.	Examiner arriving time	✓
4.	All teachers present at examination point	✓
5.	Associate Professor present for monitoring	present.
6.	Facilitation staff present	✓
7.	Proper and clear marking of OSPE Stations	✓
8.	Models/cadavers/ equipment available at the OSPE spot	available
9.	Roll no list available	✓
10.	Attendance sheet for students Available	✓
11.	Students answer books available	✓
12.	Shortage of answer books	No.
13.	Water cooler available	available
14.	Stool or chair on exam spot	✓
15.	Timer available	✓
16.	Students assembly point announced	✓
17.	Teacher present at assembly point	present
18.	Students given initial briefing	given.
19.	Students reaching OSPE spots in time	✓
20.	Students bringing writing material	No

Comments ......Discipline well maintained......

Suggestions ....

Actions taken ....

Date and time......26-1-24......
9:30am.

Signature with Name and stamp

56

DESIGNED BY
DEPARTMENT OF MEDICAL EDUCATION (OTB)
RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI

STUDENT ASSESMENT MONITORING PERFORMA
OSPE EXAMINATION MONITORING SHEET

Monitoring done by ...... Dr. Kashia Khalil...........

Module title...

Class ...... 1st Yr ....

Exam... 2nd Prof Exam MBBS

Subject ...... Biochemistry ......

Sr. No.	Checklist	Remarks
1.	Exam starting time	✓
2.	Exam ending time	✓
3.	Examiner arriving time	✓
4.	All teachers present at examination point	✓
5.	Associate Professor present for monitoring	✓
6.	Facilitation staff present	✓
7.	Proper and clear marking of OSPE Stations	✓
8.	Models/cadavers/ equipment available at the OSPE spot	✓
9.	Roll no list available	✓
10.	Attendance sheet for students Available	✓
11.	Students answer books available	✓
12.	Shortage of answer books	NO
13.	Water cooler available	✓
14.	Stool or chair on exam spot	✓
15.	Timer available	✓
16.	Students assembly point announced	✓
17.	Teacher present at assembly point	✓
18.	Students given initial briefing	✓
19.	Students reaching OSPE spots in time	✓
20.	Students bringing writing material	NO

Comments ....
....

Suggestions

...... Standard quातीन list can be used to i
...... the qual

Actions taken
....
....

Date and time... 26/1/24 (10:00am)

Signature with Name and stamp

First Professional MBBS Examination 2024 Viva Voce
14-02-2024

Viva Anatomy Department

Viva Biochemistry Department

Viva Physiology Department

DESIGNED BY
DEPARTMENT OF MEDICAL EDUCATION (OTB)
RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI

STUDENT ASSESSMENT MONITORING PERFORMA
VIVA EXAMINATION MONITORING SHEET

Monitoring done by ...Dr. *(illegible)*...
Module title ...*(illegible)*...
Exam ...1st *(illegible)*...

Class ... 1st year MBBS
Subject ... Anatomy

Sr. No.	Checklist	Remarks
1.	Exam starting time	✓
2.	Exam ending time	✓
3.	Examiner arriving time	✓
4.	Associate Professor present for monitoring	Professor also present for taking viva
5.	Facilitation staff present	✓
6.	Timer available	✓
7.	Stool or chair on exam spot	✓
8.	Pen and paper on exam spot	✓
9.	Models/cadavers available at the Viva spot	✓
10.	Roll no list available	✓
11.	Key for marking Available	✓
12.	Marks distribution check list available	✓
13.	Attendance sheet for students Available	✓
14.	Students assembly point announced	✓
15.	Teacher present at assembly point	✓
16.	Students given initial briefing	✓
17.	Students reaching at the Viva spots in time	✓
18.	Students Sketch books available	✓
19.	Students bringing their pens	✓
20.	Students bringing their gloves	✓

Comments ...Satisfactory. Discipline maintained by the supporting staff...

Suggestions ......

Actions taken ......

Date and time... 14/2/24

10:30 am

Signature with Name and stamp

DESIGNED BY
DEPARTMENT OF MEDICAL EDUCATION (OTB)
RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI

STUDENT ASSESSMENT MONITORING PERFORMA
VIVA EXAMINATION MONITORING SHEET

Monitoring done by .... D. Dabbia Khatoon .... 1st Year MBBS
Module title... Class ....
Exam.... 1st Year Exam .... Subject .... Biochemistry ....

Sr. No.	Checklist	Remarks
1.	Exam starting time	✓
2.	Exam ending time	✓
3.	Examiner arriving time	✓
4.	Associate Professor present for monitoring	✓ (HOD also present)
5.	Facilitation staff present	✓
6.	Timer available	✓
7.	Stool or chair on exam spot	✓
8.	Pen and paper on exam spot	✓✓
9.	Models/cadavers available at the Viva spot	
10.	Roll no list available	✓
11.	Key for marking Available	✓
12.	Marks distribution check list available	✓
13.	Attendance sheet for students Available	✓
14.	Students assembly point announced	✓
15.	Teacher present at assembly point	—
16.	Students given initial briefing	✓
17.	Students reaching at the Viva spots in time	✓
18.	Students Sketch books available	✓
19.	Students bringing their pens	✓
20.	Students bringing their gloves	—

Comments .... Quality maintained ....
....

Suggestions .... —
....

Actions taken .... —
....
....

Date and time.... 14/2/94 ....
11:00am.

Signature with Name and stamp

Postgraduate Monitoring and Evaluation

Postgraduate Monitoring and Evaluation (M&E) is a crucial process in higher education, particularly for research-focused postgraduate programs such as master's and doctoral studies. It involves systematically assessing the progress and outcomes of postgraduate students' research projects and academic performance. Here's an overview of its importance:

Ensures Research Quality

9.1 Progress Tracking:

Regular monitoring helps track the progress of research projects, ensuring that students stay on schedule and adhere to academic standards.

9.2 Feedback Mechanism:

Provides timely feedback, helping students refine their research questions, methodologies, and overall approach.

Enhances Academic Performance

9.3 Identification of Challenges:

Helps identify and address academic or personal challenges that might affect students' performance or progress.

9.4 Support Systems:

Allows institutions to offer targeted support, such as additional resources, training, or mentoring.

Maintains Standards

9.5 Quality Assurance:

Ensures that the research meets institutional and disciplinary standards, contributing to the overall quality and reputation of the institution's postgraduate programs.

9.6 Benchmarking:

Facilitates comparison against established benchmarks or goals, ensuring consistency and high standards across programs.

Facilitates Effective Supervision

9.7 Supervisory Guidance:

Helps supervisors provide more effective guidance and support based on regular, structured updates.

9.8 Clear Expectations:

Ensures that both students and supervisors have clear expectations regarding milestones and deliverables.

Improves Program Design

9.9 Curriculum Development:

Insights gained from monitoring and evaluation can inform the development or improvement of postgraduate programs and curricula.

9.10 Program Effectiveness:

Helps assess the effectiveness of existing programs and identify areas for improvement.

Promotes Accountability

9.11 Transparency:

Ensures transparency in the assessment process, helping to maintain trust and credibility in the academic evaluation.

9.12 Outcome Tracking:

Keeps track of the outcomes of postgraduate research, contributing to the institution's accountability to stakeholders.

Supports Career Development

9.12 Skill Development:

Provides opportunities for students to develop skills in self- assessment, project management, and reflective practice.

9.13 Career Progression:

Helps prepare students for future roles in academia or industry by ensuring they meet the required research and academic standards.

Encourages Research Integrity

9.14 Ethical Standards:

Helps ensure that research is conducted with integrity, adherence to ethical guidelines, and proper methodologies.

9.15 Compliance:

Ensures compliance with institutional policies, ethical standards, and funding requirements.

Examination Calendar

It is hereby notified that Theory Examination of MD& MS Residency Program (FTA & MTA) Annual Examination Rawalpindi Medical University, Rawalpindi will be held, according to the following schedule:

1st Annual 2024

Final Training Assessment (FTA)

DATE	DAY	COMMENCEMENT TIME	SUBJECT/PAPER
27th Feb, 2024	Tuesday	09:00 AM	Paper-I
29th Feb, 2024	Thursday	09:00 AM	Paper-II

Mid Training Assessment (MTA)
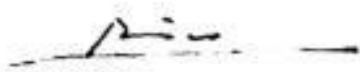
DATE	DAY	COMMENCEMENT TIME	SUBJECT/PAPER
27th Feb, 2024	Tuesday	09:00 AM	Paper-I
29th Feb, 2024	Thursday	09:00 AM	Paper-II

2nd Annual 2024

Final Training Assessment (FTA)

DATE	DAY	COMMENCEMENT TIME	SUBJECT/PAPER
27th Aug, 2024	Tuesday	09:00 AM	Paper-I
29th Aug, 2024	Thursday	09:00 AM	Paper-II

Mid Training Assessment (MTA)

DATE	DAY	COMMENCEMENT TIME	SUBJECT/PAPER
27th Aug, 2024	Tuesday	09:00 AM	Paper-I
29th Aug, 2024	Thursday	09:00 AM	Paper-II

MANAGER EXAMINATIONS

DY. CONTROLLER OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS

Ref. No. RMU/COE-24/DS&R/
Dated: 2nd March, 2024

OSCE/CE Thesis Defense Date Sheet Notification

eby notified that **Objectively Structured Clinical Examination (OSCE), Clinical Assessment and Thesis Defense of Final** Assessment (FTA) 1st Annual, 2024 for MD& MS Residency Program of Rawalpindi Medical University, Rawalpindi will as under:

Examination Center: Rawalpindi Medical University, Rawalpindi

ATE	DAY	COMMENCEMENT TIME	SUBJECT/ DISCIPLINE
1th March, 2024	Monday	08:00 AM	Pediatric Medicine
2th March, 2024	Tuesday	08:00 AM	General Medicine
3th March, 2024	Wednesday	08:00 AM	Diagnostic Radiology
4th March, 2024	Thursday	08:00 AM	Gastroenterology
5th March, 2024	Friday	08:00 AM	Psychiatry
6th March, 2024	Saturday	08:00 AM	Cardiology
8th March, 2024	Monday	08:00 AM	General Surgery
9th March, 2024	Tuesday	08:00 AM	Obstetrics &Gynecology
0th March, 2024	Wednesday	08:00 AM	Anesthesiology
1st March, 2024	Thursday	08:00 AM	Urology
2nd March, 2024	Friday	08:00 AM	Neurosurgery
th March, 2024	Monday	08:00 AM	ENT
th March, 2024	Tuesday	08:00 AM	Orthopedic Surgery
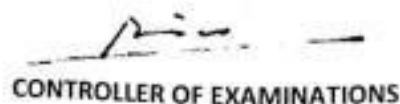
rting time for candidate is 7:30 A.M sharp. No candidate will be allowed to sit in examination after the reporting time/without admit card

NAGER EXAMINATIONS

DEPUTY CONTROLLER OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS

Postgraduate Examination Urinary Procedure Mission
Mid Term Assessment (MTA)and Final Term Assessment (FTA)2024

Trucut Biopsy in MS Surgery OSCE

A-V Shunt in MS Urology OSCE

Ultrasound Examination in MS Anesthesia OSCE Examination

Tracheostomy Procedure in MS ENT OSCE

Resection and Anastomosis of Gangrenous GUT in MS Surgery OSCE

Use of Equipment in OSCE Examination

Mannequin with Spinal Board

Ventilator

Examiner Gallery

MD Pediatrics

MS General Surgery

MS Obstetrics & Gynecology

MD General Medicine

Interaction of Vice Chancellor with Examiners

Feedback of External Examiners for FTA and MTA 2024

DESIGNED BY
DEPARTMENT OF MEDICAL EDUCATION (OTB)
RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI

STUDENT ASSESMENT MONITORING PERFORMA
OSPE EXAMINATION MONITORING SHEET

Monitoring done by ...Dr. Pakstia Kikishal......
Module title..................... Class ....
Exam........M.T.A./F.T.A.......... Subject ...MD - Goatre.........

Sr. No.	Checklist	Remarks
1.	Exam starting time	½ hr late ... of procurement ... accr...
2.	Exam ending time	
3.	Examiner arriving time	Convener late ... of getting Acreditance
4.	All teachers present at examination point	No
5.	Associate Professor present for monitoring	
6.	Facilitation staff present	yes.
7.	Proper and clear marking of OSPE Stations	Yes.
8.	Models/cadavers/ equipment available at the OSPE spot	yes.
9.	Roll no list available	yes
10.	Attendance sheet for students Available	"
11.	Students answer books available	"
12.	Shortage of answer books	—
13.	Water cooler available	yes
14.	Stool or chair on exam spot	yes
15.	Timer available	"
16.	Students assembly point announced	"
17.	Teacher present at assembly point	"
18.	Students given initial briefing	"
19.	Students reaching OSPE spots in time	"
20.	Students bringing writing material	

Comments Accessories for 03 station were not procured from outside. Therefore some delay in start of Exam

Suggestions
....

Actions taken
....

Date and time 14-3-24

Signature with Name and stamp
Brig Amjad

DESIGNED BY
DEPARTMENT OF MEDICAL EDUCATION (OTB)
RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI

STUDENT ASSESMENT MONITORING PERFORMA
OSPE EXAMINATION MONITORING SHEET

Monitoring done by _Dr. Roukhsan Khalid (Assistant Director, QEC)_
Module title........................... Class ......_M.D. Paeds_.........
Exam ......_MTA/ETA_........ Subject ......_Paeds_...............

Sr. No.	Checklist	Remarks
1.	Exam starting time	0830 am
2.	Exam ending time	—
3.	Examiner arriving time	✓
4.	All teachers present at examination point	✓
5.	Associate Professor present for monitoring	✓
6.	Facilitation staff present	✓
7.	Proper and clear marking of OSPE Stations	✓
8.	Models/cadavers/ equipment available at the OSPE spot	✓
9.	Roll no list available	✓
10.	Attendance sheet for students Available	✓
11.	Students answer books available	✓
12.	Shortage of answer books	No.
13.	Water cooler available	✓
14.	Stool or chair on exam spot	✓
15.	Timer available	✓
16.	Students assembly point announced	✓
17.	Teacher present at assembly point	✓
18.	Students given initial briefing	✓
19.	Students reaching OSPE spots in time	✓
20.	Students bringing writing material	No.

Comments _overall good arrangement & well conducted exam in organized way_

Suggestions _Its should be called for all three teaching hospitals for proper ? cheese selection & ensuring confidentiality_

Actions taken _confidentiality_

- we need to establish ndicative skill los Based Exams.

Date and time _11-03-24, 11:15am_ Signature with Name and stamp

Prof. Imran Ali

Verification by Dean basic Sciences

_11/3/24, 11:40am._

Internal Quality Assurance Visits of Clinical Departments 2024

Internal Quality Assurance (IQA) visits to clinical departments are a critical component of maintaining and improving healthcare standards. These visits aim to ensure that clinical departments adhere to established protocols, maintain high standards of care, and continually improve their practices. Here's a comprehensive look at how these visits typically unfold:
Objectives of Internal QA Visits

10.1 Compliance Check:
Ensure that clinical departments are adhering to relevant regulations, standards, and best practices.

10.2 Performance Evaluation:
Assess the performance of clinical services and identify areas for improvement.

10.3 Identify Risks:
Detect potential risks and issues that could impact patient safety and quality of care.

10.4 Enhance Training:
Identify needs for additional staff training and development.

10.5 Promote Best Practices:
Share successful practices and innovations between departments.

Planning the Visit Preparation:

10.6 Schedule:
Plan visits well in advance and inform the departments to ensure availability and cooperation.

10.7 Checklist:
Develop a comprehensive checklist or audit tool tailored to the specific department being visited.

10.8 Documentation:
Gather relevant documents such as previous audit reports, policies, and procedures.
Team Formation:

10.9 QA Team:
Assemble a team of QA professionals, including clinical experts and administrators.

10.11 Roles:
Define roles and responsibilities within the team to ensure a thoroughreview. Conducting the Visit

Opening Meeting:

10.12 Introduction:
Introduce the QA team and outline the objectives and scope of thevisit.

10.13 Agenda:
Review the agenda and clarify any questions or concerns from thedepartment staff.

Review Process:

10.14 Documentation Review:
Examine patient records, clinical protocols, andcompliance with standards.

10.15 Observations:
Observe clinical practices, patient interactions, and adherence toprotocols.

10.16 Interviews:
Conduct interviews with staff, including doctors, nurses, andadministrative personnel, to gain insights into operational practices.

Assessment:

10.17 Performance Metrics:
Evaluate key performance indicators (KPIs) such as patient outcomes, adherence to treatment protocols, and response times.

10.18 Risk Management:
Assess the effectiveness of risk management strategies and identify any areas of concern.

Post-Visit Activities

Report Preparation:

10.19 Findings:
Document observations, findings, and any deviations from establishedstandards.

10.20 Recommendations:
Provide actionable recommendations for improvements andcorrective actions.

Feedback Session:

10.21 Presentation:
Share findings and recommendations with the clinical department in a constructive manner.

10.22 Discussion:
Facilitate a discussion on the findings and develop an action plan for addressing identified issues.

Follow-Up:

10.23 Action Plan:
Ensure that the department develops and implements an action plan based on the recommendations.

10.24 Monitoring:
Schedule follow-up visits or reviews to monitor progress and ensureongoing compliance.

Best Practices

10.25 Transparency:
Maintain clear communication with the clinical department throughout theprocess.

10.26 Support:
Approach the visit as a collaborative effort to support and enhance the department's practices.

10.27 Documentation:
Keep detailed records of findings, recommendations, and follow-upactions.

SECTION III

RMU Internal Residency Program (MS/MD)

Internal QA visits play a vital role in enhancing the quality of care provided in clinical settings. By systematically assessing and improving practices, these visits help ensure that healthcare services are safe, effective, and patient-centered.

Checklist for IQA VisitLevel I

Internal Quality Assurance Checklist (Level-I)
University Residency Program (URP)

Sr .#	Standards	Indicators	Evidence required	Yes	No	Partial	Marks obtained
A	Curriculum	Does Hard / Soft copy of Revised curriculum available in department	Hard and soft copy of curriculum	5	0	2.5	
		Orientation session for trainees conducted by department regarding Learning outcomes of Curriculum and teaching learning strategies.	Schedule/ Record of orientation sessions / Notification Attendance sheet	5	0	2.5	
		Does Updated curriculum shared with PGs	Soft/ hard Copy of Curriculum available with trainees	5	0	2.5	
		Does Updated curriculum shared with faculty	Soft/ hard Copy of curriculum available with faculty.	5	0	2.5	
B	Teaching & Training	Does department has clear time bound academic Roster to achieve learning outcomes of Curriculum through formal teaching sessions.	Academic roster of department in alignment with curriculum.	5	0	2.5	
		Does roster for formal teaching shared with stakeholders.	Roster displayed on notice board.	5	0	2.5	
		Clinical training is structured to provide exposure to a wide range of patient cases and procedures as per EPA level requirement.	Roster of clinical duties in alignment with learning outcomes in curriculum Mortality/Morbidity meeting Record/Minutes	5	0	2.5	
		Does Departmental logistics for Teaching and training are available and functional. a) Classroom b) Audio-visual aid c) Departmental Library d) Internet facility e) E-Library	Availability of all functional logistics	5	0	2.5	
		Personal files of the trainees maintained including a) Curriculum Vitae (CV) b) Induction letter c) Joining report d) Rotation letter e) Leave Record f) Academic record g) Attendance Record	Personal file having all mentioned documents Attendance Registers of Trainees.	5	0	2.5	
		Does Department has documented schedule/ plan for clinical rotations of trainees.	Availability of Rotation plan/ record of all trainees	5	0	2.5	
		Logbooks / portfolio	Updated logbooks & portfolio	5	0	2.5	

		a. Does log book Entries are up to date and duly signed by supervisor. b. E-log entries are up to date c. Trainee Portfolio is up to date	of trainees available • Departmental logbook • Rotational logbook • Research logbook • portfolio				
C	Assessment & Evaluation	Departmental Calendar for formative assessments displayed and shared with stakeholders.	Assessment calendar displayed on Notice Board	5	0	2.5	
		Does TOS of assessments (MTA, FTA, 1st year and 3rd year assessment examination) available and shared with trainees and faculty?	TOS of different assessments displayed on Notice Board and shared with stakeholders.	5	0	2.5	
		Do supervisors provide feedback to trainees after assessments?	Record and minutes of meetings between supervisors & trainees.	5	0	2.5	
		Does 360 Degree evaluation of trainees is up to date.	Soft and hard copies of all 360 degree evaluation in department.	5	0	2.5	
D	Research	Does RMU URP research Pathway displayed in department.	RMU research pathway displayed	5	0	2.5	
		Are trainees following milestones of Research pathway?	Flow sheet showing status of trainee regarding research	5	0	2.5	
		Is the record of trainees related to research requisites of each year maintained?	Record of synopsis, dissertation and one disease stat. available in department	5	0	2.5	
		Are research dashboard entries up to date and approved by research unit?	Research dash board of trainees.	5	0	2.5	
		Have trainees attended mandatory workshops as per timeline mentioned in research Pathway.	Evidence of attendance and flow sheet showing status of workshop attendance.	5	0	2.5	

Date…………………………….

Total marks	100
Marks Obtained	

Name & Signature of HOD- ………………………………………………………………….

Name & Signature of Director QEC…………………………………………………………

Internal Quality Assurance Panelist:

- ➢ Prof. Muhammad Umar,
- ➢ Dr. Usman Qureshi,
- ➢ Dr. Rizwana Shahid
- ➢ Dr. Rabbia Khalid
- ➢ Dr. Sarah Rafi

OFFICE OF THE VICE CHANCELLOR,
RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI.
Ph: 051-9290360, 051-9290755   Fax No.051-9290519, 051-9280462
Website: www.rmur.edu.pk   Email: info@rmur.edu.pk
No. M 2S1 2 292   Dated: 15 - 5 - 2024.

HOD, Medicine, DHQ
HOD, ENT, DHQ
Rawalpindi Medical University

SUBJECT: INSPECTION OF POST GRADUATE TRAINING FOR INTERNAL QUALITY ASSURANCE

As per direction Vice Chancellor of Rawalpindi Medical University, Quality Enhancement cell will inspect Medicine & ENT, DHQ as per following schedule.

Date: 20th May 2024
Time: 08:30am
Department to be checked: -
Medicine, DHQ
ENT, DHQ

Panellist: -

- Dr. Usman Qureshi
- Dr. Ahmed Hassan Ashfaq
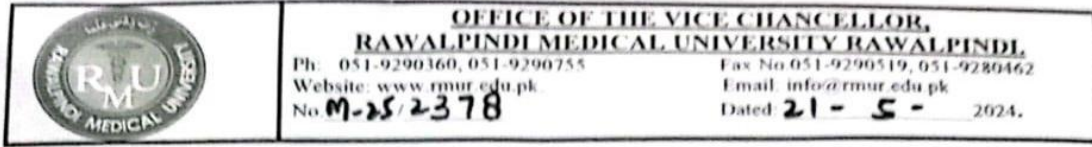- Dr. Rizwana Shahid
- Dr. Rabbia Khalid
- Mr. Aamir Afzal

Department will be checked and scored according to checklist. Which has been already shared with Head of Departments.
Your compliance will be highly appreciated.

Prof. Muhammad Umar
Vice Chancellor
Rawalpindi Medical University
Rawalpindi

No. of Date Even:
Copy to:

1. Principal, Rawalpindi Medical College, Rawalpindi.
2. Controller of Examination RMU, Rawalpindi
3. Director DME, RMU, Rawalpindi
4. Director ORIC, RMU, Rawalpindi
5. Director Research Unit/, RMU, Rawalpindi
6. Deputy Director DME, (Main Campus), Dr. Asma Khan
7. Dr. Deputy Director DEM, (NTB), Dr. Ifrah
8. Dr. Rizwana Shahid, Assistant Director, Department of URTMC, RMU, Rawalpindi
9. P. A to Vice Chancellor, RMU, Rawalpindi
10. Master File

Prof. Muhammad Umar
Vice Chancellor
Rawalpindi Medical University
Rawalpindi

OFFICE OF THE VICE CHANCELLOR,
RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI.

Ph: 051-9290360, 051-9290755   Fax No 051-9290519, 051-9280462
Website: www.rmur.edu.pk   Email: info@rmur.edu.pk
No. M-25/2378   Dated 21 - 5 - 2024.

HOD, Neurosurgery, DHQ
Rawalpindi Medical University

SUBJECT: INSPECTION OF POST GRADUATE TRAINING FOR INTERNAL QUALITY ASSURANCE

As per direction Vice Chancellor of Rawalpindi Medical University, Quality Enhancement cell will inspect Neurosurgery DHQ as per following schedule.

Date: 22nd May 2024
Time: 08:30am
Department to be checked:-
Neurosurgery, DHQ

Panellist: -

- Dr. Usman Qureshi
- Dr. Ahmed Hassan Ashfaq
- Dr. Rizwana Shahid
- Dr. Rabbia Khalid
- Dr. Sarah Rafi

Department will be checked and scored according to checklist. Which has been already shared with Head of Departments.

Your compliance will be highly appreciated.

Vice Chancellor
Rawalpindi Medical University
Rawalpindi

No. of Date Even:
Copy to:

1. Principal, Rawalpindi Medical College, Rawalpindi.
2. Controller of Examination RMU, Rawalpindi
3. Director DME, RMU, Rawalpindi
4. Director ORIC, RMU, Rawalpindi
5. Director Research Unit/, RMU, Rawalpindi
6. Deputy Director DME, (Main Campus), Dr. Asma Khan
7. Dr. Deputy Director DEM, (NTB), Dr. Iffrah
8. Dr. Rizwana Shahid, Assistant Director, Department of URTMC, RMU, Rawalpindi
9. P. A to Vice Chancellor, RMU, Rawalpindi
10. Master File

Vice Chancellor
Rawalpindi Medical University
Rawalpindi

OFFICE OF THE VICE CHANCELLOR,
RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI.

Ph: 051-9290360, 051-9290755   Fax No.051-9290519, 051-9280462
Website: www.rmur.edu.pk.   Email: info@rmur.edu.pk
No.**M-25/2379**   Dated: **21-5-** 2024.

HOD, Medicine Unit -I, HFH
HOD, Medicine Unit -II, HFH
Rawalpindi Medical University

SUBJECT: **INSPECTION OF POST GRADUATE TRAINING FOR INTERNAL QUALITY ASSURANCE**

As per direction Vice Chancellor of Rawalpindi Medical University, Quality Enhancement cell will inspect Medicine Unit -I & Medicine Unit -II as per following schedule.

Date: 25th May 2024
Time: 08:30am
Department to be checked: -
Medicine Unit -I, HFH
Medicine Unit -II, HFH

Panellist: -

- Dr. Usman Qureshi
- Dr. Ahmed Hassan Ashfaq
- Dr. Rizwana Shahid
- Dr. Rabbia Khalid
- Dr. Sarah Rafi

Department will be checked and scored according to checklist. Which has been already shared with Head of Departments.
Your compliance will be highly appreciated.

Vice Chancellor
Rawalpindi Medical University
Rawalpindi

No. of Date Even:
Copy to:

11. Principal, Rawalpindi Medical College, Rawalpindi.
12. Controller of Examination RMU, Rawalpindi
13. Director DME, RMU, Rawalpindi
14. Director ORIC, RMU, Rawalpindi
15. Director Research Unit/, RMU, Rawalpindi
16. Deputy Director DME, (Main Campus), Dr. Asma Khan
17. Dr. Deputy Director DEM, (NTB), Dr. Ifrah
18. Dr. Rizwana Shahid, Assistant Director, Department of URTMC, RMU, Rawalpindi
19. P. A to Vice Chancellor, RMU, Rawalpindi
20. Master File

Vice Chancellor
Rawalpindi Medical University
Rawalpindi

Summary of Internal Quality Assurance Visits

Date	Department	Marks Obtained (Total 100)
05-03-24	Surgery Unit I, BBH	32.5
05-03-24	Surgery Unit II, BBH	62.5
12-03-24	Paeds, BBH	37.5
12-03-24	Ortho, BBH	75
16-03-24	Surgery, RTH	32.5
19-03-24	Gynae, BBH	50
27-03-24	Medical Unit-I, BBH	67.5
27-03-24	Medical Unit-II, BBH	62.5
28-03-24	Urology, BBH	20.5
02-04-24	Radiology, HFH	85
17-4-24	Cardiology, BBH	47.5
20-4-24	Medicine, DHQ	50
20-4-24	ENT, DHQ	65
22-4-24	Neurosurgery, DHQ	25

25-4-24	MU – 1, HFH	95
25-4-24	MU – 2, HFH	82.5
16-05-24	ENT, BBH	82.5
01-06-24	Dermatology, BBH	65
01-06-24	Eye, BBH	80
15-06-24	Gynae Unit 1, HFH	82
15-06-24	Gynae Unit 2, HFH	80
13-07-24	Paeds, HFH	82.5
25-07-24	Gastro, HFH	90
27-07-24	Gynae, DHQ	82.5
27-07-24	Ortho, DHQ	57.5

Report Analysis of Internal Quality Assurance Visits:

S. No	STANDARD	OBSERVATIONS	RECOMMENDATIONS
1.	Curriculum	Hard copy of Curriculum was not printed in Bind form. Formal orientation session for the new trainees was not arranged along with notificationand attendance sheet	Arrange few printed copies of updated curriculum in bind form for departmental Record and Library. Arrange orientation session twice a year at time of new induction regarding content of curriculum (preferably Power Point Presentation) along with notification of meeting and attendance.
2.	Teaching and Training	Academic roster of department in alignment with curriculum, showing coverage of curricular content was missing. Only informal copy of teaching roster only mentioning name of trainee and date was shared with stakeholders. Formal teaching and training schedule addressing gradual progression of trainee competencies (EPA level) wasnot available. Mortality/Morbidity meeting Record/Minutes was not there. Personal files of the trainees were not maintained as per recommendations.	Formal teaching schedule of trainees must cover all content and learning outcomes mentioned in curriculum. Teaching/ Training schedule ofdepartment must address required level of competency during training. Curriculum needs to be revised and align training year with required levelof competency. (EPA level) Department must maintain record of Mortality and Morbidity Meetings. Personal files of trainees must include Curriculum Vitae (CV) Induction letter Joining report Rotation letter Leave Record

		Rotation plan/ record of all trainees was not properly documented. Updated logbooks, portfolios, Research Log book and Rotational log book were present with all trainees but not properly filled and signed. Departmental Library was not properly organized.	Academic record Attendance Record Log books and portfolio needs to be reviewed on alternate week for signing off. Functional logistics like departmental library and internet facilities can be improved. Inventory list of all the books available in the department should be displayed on the shelf.
3.	Assessment	Departmental assessment calendar for formative assessments was not displayed and shared with stakeholders. TOS of different assessments (1st year, 3rd Year, MTA and FTA) was not displayed on notice board and shared with stakeholders. Record and minutes of meetings between supervisors & trainees providing feedback to trainees after assessments was missing. Soft and hard copies of 360- degree evaluation of all trainees were not present in the department.	Departments must prepare calendar of different formative and summative assessments and display on notice board. TOS of different assessments must be prepared and mentioned on notice board/ shared with stakeholders wellin time. Supervisors must arrange formal meetings with trainees regarding their performance in assessments areas of improvement. Departments must have hard copy record of 360-degree evaluation of trainees

4.	Research	Black and white copy of RMU research pathway on A4 paper was displayed on the notice board. Record of synopsis, dissertation and one disease statistical report was not available in the department. Research dashboard entries were partially updated and approved by the concerned supervisor. Evidence of attendance and flow sheet showing status of workshop attendance of all URP trainees was partially maintained. (wording of the sentence can be improved)	RMU research pathway needs to be displayed in academic room. A flowsheet must be maintained showing status of trainee on researchpathway. Department must maintain record (Hard Copy) of all research activities including synopsis, dissertation and one disease statistical report. Research dashboard entries needs to be reviewed by supervisors on weekly bases. A flow sheet must be maintained showing status of required workshops by trainees.

Recommendations Common for All Departments:

11.1 Curriculum:

Hard and soft copy of the curriculum should be updated and properly in the printed form. Curriculum should be presentable to any inspection team. Orientation sessions should be arranged for the new induction on regular basis. Documentary evidences should include notification (of the orientation session) and meeting attendance. Both these documents should be signed by the head of the department.

11.2 Teaching & Training:

Academic roster of the department should be very elaborative. It must contain the learning objectives already written in the curriculum, which should be shared with all stakeholders including faculty members and the trainees and it should be displayed properly on the notice board.

Roster of clinical duties should be separately displayed and shared with the stakeholders. Clinical training schedule should contain variety of cases as per EPA level. Functional logistics like departmental library and internet facilities can be improved. Inventory list of all the books available in the department should be displayed on the shelf. Department should maintain the personal files of all trainees and faculty members.

Rotation plan/ record of all trainees should be very elaborative.

Logbooks / portfolios of all trainees should be filled properly and signed by the supervisor.

11.3 Assessment & Evaluation:

Departmental assessment calendar for formative assessments should be displayed and shared with all stakeholders including faculty members and trainees.
TOS of different assessments displayed on notice board and shared with stakeholders.

Record and minutes of meetings between supervisors & trainees providing feedback to trainees after assessments should be maintained properly by the department. Minutes of meeting should be properly signed stamped by the HOD.

Soft and hard copies of 360-degree evaluation of all trainees should be kept by the department.

11.4 Research:

➢ Colored copy of the RMU research pathway should mounted and displayed in the department.
➢ Department is responsible to maintain the record of synopsis, dissertation and one statistical report.
➢ Research dashboard entries should be properly updated and approved by the concerned supervisor.
➢ Department must maintain attendance and flow sheet showing status of workshop attendance of all URP trainees.

Score/Ranking of Internal Quality Assurance Different Department
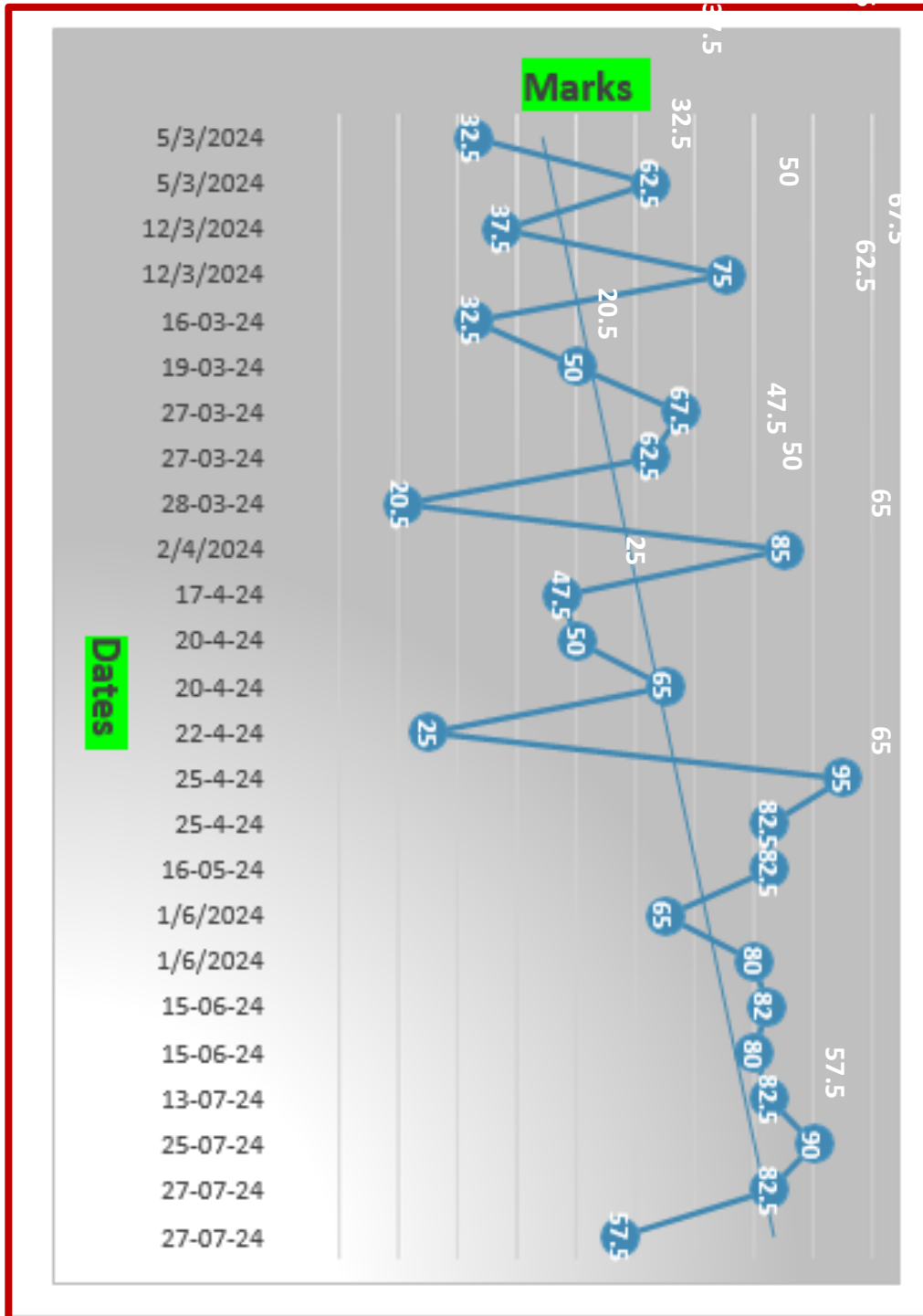
Internal Quality Assurance Visits:Radiology, HFH:

Neurosurgery and Pediatrics, BBH:

Medicine Unit 1, HFH:

Medicine Unit 2, HFH

ENT, BBH:

Pediatrics, HFH: