

NCME-2007

National Conference on Medical Education

Building Capacity in Medical Education : A National Perspective

15-17 November, 2007

PROCEEDINGS



FAIMER*
Foundation for Advancement of International Medical Education and Research

Organized by

**K L Wig Centre for Medical Education & Technology
All India Institute of Medical Sciences (AIIMS), New Delhi, India
*in collaboration with***

**Foundation for Advancement of International Medical Education
and Research (FAIMER), Philadelphia , USA**

Co-sponsors

**Ministry of Health & Family Welfare, Govt. of India
World Health Organization, India (WHO India)
Indian Council of Medical Research (ICMR)
Medical Council of India (MCI)
Department of Science & Technology (DST)**

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National Conference on Medical Education – NCME 2007
Building Capacity in Medical Education : A National Perspective
15-17, November 2007

Proceedings

EXECUTIVE SUMMARY

The National Conference on Medical education – “Building Capacity in Medical Education – A National Perspective” was held at the All India Institute of Medical sciences (AIIMS) from 15th -17th November 2007 as a joint venture of KL Wig Centre for Medical Education & Technology, All India Institute of Medical Sciences (AIIMS) and the Foundation for Advancement of International Medical Education and Research (FAIMER), Philadelphia, USA.

The purpose of NCME-2007 was to bring together the key stakeholders viz., the Deans and Principals of medical colleges, senior faculty, decision makers from the Ministry of Health & Family Welfare, Medical Council of India, and International experts to deliberate on the issue of faculty development and to chart a road map for the future.

The conference was directed to highlight the emerging content areas and global trends in faculty development in medical education, bring out the strengths of faculty development in India, initiate the formation of a national network of medical educators to facilitate sharing of best practices in medical education and plan the mechanics of faculty development in Medical Education in the country.

The objectives of the NCME-2007 were to:

- Identify themes in successful faculty development interventions and consider roles of medical education units;
- Discuss the challenges of academic promotion based on scholarship in medical education and improving quality of medical education;
- Advancing faculty development: trends, tools and techniques;
- Conducting research and publication in medical education;
- Leadership and change management; and
- Building a community of medical educators by sharing information.

The conference was attended by more than 100 delegates consisting of faculty members, Deans, Principals from various medical colleges in the country, besides Vice-chancellors of medical / health sciences universities, representatives from the Ministry of Health and Family Welfare, Medical Council of India, and few International delegates from South Africa, Dubai, Muscat, Malaysia and UK.

The main conference was preceded by four pre-conference workshops of four hours each on 14th of Nov’07. The topics of workshop were:

- Educational research and scholarship development
- Use of distance learning in faculty development
- Educational leadership in change management
- Faculty development in performance-based assessment

The resource faculty consisted of both international faculty and national medical education experts.

- The seven international faculty comprised of experts from FAIMER, Philadelphia, U.S.A. (3), U.K. (1), Bahrain (2), and Singapore (1).
- The national faculty consisted of experts in medical education, who are directors or faculty members of the Regional FAIMER Institutes in India (Mumbai, Ludhiana, Coimbatore), vice-chancellors of medical / health sciences universities, Directors / Deans of medical colleges (JIPMER, KEM), besides adjunct faculty members from KL Wig CMET.

Deliberations consisted of panel discussions by expert panelists, interactive poster sessions, small group sessions including innovative methodologies like quiet brainstorming, appreciative inquiry (AI), affinity mapping and multi-voting.

The following is summary of the themes that emerged during the conference:

- Faculty development programs are vehicle for promoting quality of medical education in India.
- Educational innovations and innovators need to be supported. The momentum that is developed so far needs to be sustained.
- Financial resources and institutional support are essential for faculty development.
- There is need to develop a strategy for mandatory training of teachers in health professions education at entry level in a phased manner.
- Leadership, change management, educational research and scholarship development should become part of faculty development programs.
- Contributions made to faculty development program and innovations in medical education need to be recognized and rewarded.
- Aim for quality assurance and enhancement in faculty development programs.
- Formation of network of health professions educators and special interest groups who could meet on a regular basis and share best practices in medical education.

As a road map for future action, the participants identified several interventions required to improve medical education in India through faculty development. Through the process of affinity mapping and multi-voting, five Special Interest Groups (SIGs) were constituted to work on five top priority areas as follows:

1. Networking through a web-site
2. Development of standards for medical education units

3. Formation of a national organization of medical educators
4. Development of faculty development programs at national level
5. Formation of a National body for the accreditation of medical educators

Accordingly, five special interest groups (SIGs) of the participant faculty (by choice) were formed and each SIG discussed and planned to develop a proposal for further action according to a template provided. This consisted of names of participants, goal/objectives, activities, challenges faced, time line, and mechanism of communication amongst group members.

The conference participants recommended a three-tier approach to the faculty development, which included national, regional and institutional level (MEUs).

The need was also felt for a national policy on health professions education of which medical education policy is a part, revival of grants to NTTCs, recognition and incentives for contributions to faculty development, use of emerging information technologies, and further steps for ensuring that the Medical Education Units are fully functional and effective.

INTRODUCTION

The Genesis of NCME 2007

Medical education is in a state of flux, not only in India, but also globally. It is increasingly recognized that for improving health care, one has to address medical education and obviously the most powerful intervention to improve medical education is faculty development.

Medical education in India expanded phenomenally during the post independence era. With more than 270 medical colleges, India produces more than 25,000 medical graduates annually. But there is a growing concern regarding the quality of education and the kind of medical graduates who are expected to shoulder the responsibility of providing health care to the millions of people, especially the poor and the under-served. While education alone can't be singled out as a factor contributing to the success or failure of the health system, it can't shed away its responsibility of ensuring that the graduates trained are competent and willing to serve the population.

Amongst various factors that contribute to the quality of medical education, curricular reforms and faculty development together can be regarded as most significant factors. While attempts to grapple with curricular changes have been addressed by the Medical Council of India as well as the Ministry of Health & Family Welfare through periodic efforts, faculty development has not been addressed adequately.

Following the recommendations made by the Medical Council of India in 1997, several medical education units were established all over the country. However, a need was felt to assess the situation, share experiences, and prepare a roadmap for the future. The idea of holding a National Conference on Medical Education (NCME 2007) was mooted by the leaders in medical education across the country who believed that faculty development (FD) could play a catalytic role in improving the quality of medical education. Many of these were from Regional FAIMER Institutes.

About K L Wig CMET, AIIMS

All India Institute of Medical Sciences (AIIMS) was established in 1956, through an Act of Parliament to serve as a nucleus for nurturing excellence in all aspects of health care. The main objective of the institute has been to develop patterns of teaching in undergraduate and postgraduate medical education in all its branches so as to demonstrate a high standard of medical education in India. AIIMS is recognized as a premier institute and a tertiary care hospital in the country which has made a hall mark in all three dimensions, viz., patient care, research and education.

Realizing the importance of faculty development as a cornerstone for the successful implementation of curricular reforms, AIIMS established Centre for Medical Education & Technology (CMET) in 1989, with initial support from Government of UK and New Zealand and named later, after Dr K L Wig. The main Objectives of K L Wig CMET are to promote faculty development, apply educational technology for designing effective teaching and learning strategies and undertake production of learning resource materials. Since inception,

the centre is engaged in conducting faculty development workshops at the institutional and national level, besides extending media production facility to AIIMS faculty. Other areas of operation are: research & publication, providing resource personnel to the other medical education units and specialty associations for capacity building in medical education.

About FAIMER

Foundation for Advancement of International Medical Education and Research (FAIMER), Philadelphia, USA, is a non-profit foundation established by ECFMG to support programs and research that improves medical education and health care world-wide. This foundation, since its establishment in Philadelphia in 2001 has made significant strides in launching faculty development initiatives by establishing a network of Regional centres across the world. It has established three regional centres in India (Seth GS Medical College, Mumbai, CMC, Ludhiana, and PSG Institute of Medical Sciences and Research, Coimbatore). It also sponsors advanced studies and international fellowships to a number of medical educationists in Asia, South America and Africa.

The Partnership

A faculty member from AIIMS (organizing chairperson) who is fellow of FAIMER, Philadelphia, USA and a couple of faculty from CMET, AIIMS by virtue of their involvement as national faculty for the Regional FAIMER Institutes had a unique advantage of working with a network of medical educators. These included experts and experienced individuals with long experience in medical education in India and abroad. More than one year of extensive planning, including teleconferences, consultations with experts from FAIMER, web-based discussions with the Indian faculty, besides periodic meetings and regular correspondence resulted in the crystallization of scientific program of NCME.

While the scientific program was being prepared, a local organizing committee involving the adjunct faculty of CMET was constituted for planning the organizational aspects of the conference such as announcements and registration process through a dedicated web-site of the conference.

Target Participants

The target participants for NCME were faculty members from various medical/health professional institutes across the country, faculty of Medical Education Units and Centres in India, and administrators including Principals and Deans of medical colleges. Considering the need for high engagement process and an interactive format of the conference, a conscious decision was taken to restrict the number of participants to hundred only.

PLANNING AND ORGANIZATION

Announcement and Publicity

A multi-pronged approach was used in reaching the target audience. Announcement was made through the circulars along-with the first announcement pamphlet sent to all the Deans, Principals of medical colleges (N=270) six months in advance, to inform their potential participants to register for the conference and the pre-conference workshops. Because of inadequate number of applicants from few states, reminders were sent to Deans, Principals of medical colleges in the northern and north eastern States, Bihar and Uttar Pradesh to ensure adequate national representation from across the country.

The announcement was also hosted on the official web-site of the National Conference on Medical Education: www.ncme2007.in to enable the participants to download the registration forms and register. Further, an attempt was made to contact the potential participants through e-mail, list based on the database of past participants of workshops hosted by KL Wig CMET, FAIMER Regional institute fellows (Mumbai, Ludhiana, & Coimbatore), besides participants of medical education workshops/conferences held previously.

There was overwhelming response from the participants, especially from the southern states, and the registration had to be closed around hundred about one month in advance of the planned schedule. The list of participants has been shown in the Annexure 2.

Expected Outcome

NCME 2007 was directed to highlight the emerging content areas & global trends in faculty development in medical education, bring out the strengths of faculty development in India, initiate the formation of a national network of medical educators to facilitate sharing of best practices in medical education and plan the mechanics of faculty development in medical education in the country.

Objectives of NCME

The objectives of NCME were listed as follows:

- To share the experiences of all stakeholders, identify discernible changes in medical education in line with the national health needs and link faculty development with the same.
- To review the existing approaches to faculty development and identify new ideas from global trends in medical education, including research and publication in this field.
- To address educational leadership and management of change in medical education and plan appropriate mechanisms for bringing about short-term and long-term changes.
- Identify themes in successful faculty development interventions and consider roles of medical education units.
- Discuss the challenges of academic promotion based on education scholarship.

Conference Program

The scientific program of NCME 2007 revolved around faculty development as a major theme. A review of global, regional and national trends set a tune for the interactive sessions that followed through out. Identifying good practices in faculty development, building a community of medical educators, the need for scholarship to be linked with academic promotion besides sharing information through interactive poster sessions were other themes which figured during the conference. Leadership and change management was another key issue.

In-order to balance the scientific program with the social aspects, the program included a cultural evening highlighting traditional “Bharatanatyam” performed by a renowned dance troupe followed by banquet on the first day, and a social dinner on second day. A copy of the conference program has been placed in the annexure.

Faculty, Resource Persons, Group Facilitators and Organizers

The conference and the pre-conference workshops were led by seven international faculty and about a dozen national faculty. The international faculty comprised of three members from FAIMER Institute, Philadelphia, USA, two from Arabian Gulf University, Bahrain, one each from Open University, U.K., and National University of Singapore. Three board members of FAIMER, Philadelphia also came all the way from USA to take part in the conference.

The international faculty were adequately supported by experienced Indian faculty members who are associated with FAIMER Regional Institutes at Seth GS Medical College, Mumbai, CMC Ludhiana, and PSG Institute of Medical Sciences, and Research, Coimbatore and other medical education experts. Two FAIMER international fellows from CMC, Vellore and MS Ramaiah Medical College, Bangalore, and two faculty members from KL Wig CMET, AIIMS also joined the faculty team. The group work was facilitated by two facilitators in each group, one representing CMET faculty and the other representing FAIMER regional institute.

The panel discussions were led by panelists comprising of eminent medical educationists in India, a Vice-chancellor of Health Science University, Director, Dean of reputed medical colleges, and a former chairman of University Grants Commission.

The list of faculty has been appended (Annexure 2). All faculty members are known leaders in medical education, nationally or globally.

The Venue

Most of the sessions were held at Dr Ramalingaswami Board Room of AIIMS which has state of the art facilities in terms of seating and audio-visual arrangements. The inaugural function was held at the Jawaharlal Auditorium of AIIMS. The poster sessions and presentations related to the same were organized in the Conference Hall of AIIMS as well as KL Wig CMET. Internet connectivity and computer facility were extended to the participants in the video-studio cum workshop hall at CMET.

Format of NCME 2007

Excepting the inaugural ceremony and valedictory session, the methodology followed for NCME departed from the traditional conferences, in which didactic sessions are delivered by the experts. Most of the sessions were held in interactive format including working in pairs (dyads), quiet brainstorming, group work, appreciative inquiry and affinity mapping and multi-voting. An interactive poster session on second day enabled an in-depth discussion amongst the participants and sharing of experiences related to the faculty development initiative or educational innovations introduced by the participants. There were three panel discussions on a) national, regional and international perspectives in faculty development, b) leadership in health professions education and c) innovations in faculty development: comments on poster session.

Each day's proceedings concluded with a review of process used during the day, by a resource person.

PRE-CONFERENCE WORKSHOPS

The National Conference on Medical Education (NCME 2007) highlighted the role of faculty development (FD) in medical education. The last decade has witnessed a major change in the concepts and principles of faculty development in medical education, which needed to be shared with the leaders of medical education in the country. Thanks to the initiatives taken by the FAIMER, a network of experts trained in innovative techniques was already available. The need of the hour was therefore to cash on the expertise available in the country and abroad to sensitize more number of medical educators in India to initiate a snow-balling effect. Towards this end, four interactive workshops were organized on 14th November 2007, as a prelude to the NCME 2007.

The number of participants who registered for various workshops has been furnished below:

Workshops		Registered	Attended
1	Educational Research and Scholarship Development	32	28
2	Use of Distance Learning in Faculty Development	21	21
3	Educational Leadership in Change management	30	27
4	Faculty Development in Performance -based Assessment	29	21
Total (including local participants)		112	97

Faculty and Resource Persons for the Workshops

Three international experts from FAIMER Institute, Philadelphia, USA, namely Dr William Burdick, Dr Page Morahan and Dr John Norcini were the main resource persons for the workshops on 'Educational leadership in change management', 'Educational research and scholarship development' and 'Faculty development in performance based assessment' respectively. The last workshop was also supported by an expert in assessment from National University of Singapore, Dr Zubair Amin. The workshop on 'Use of Distance Learning in Faculty Development' was convened by Dr Janet Grant, the Director of Open University, Centre for Education in Medicine, U.K.

The international faculty were adequately supported by experienced Indian faculty members from FAIMER Regional Institutes at Seth GS Medical College, Mumbai, CMC Ludhiana, and PSG Institute of Medical Sciences, and Research, Coimbatore. They were Dr Avinash Supe, Dr Thomas Chacko, Dr Tejinder Singh and Dr Payal Bansal. Two FAIMER international fellows, Dr Rashmi Vyas from CMC, Vellore and Dr Medha Joshi from MS Ramaiah Medical College, Bangalore were also part of the faculty team. All faculty members are known leaders in medical education, nationally or globally.

The Program

Each workshop followed a fixed time schedule of four hours (8:30 AM to 12:30 PM and 1:30 PM to 5:30 PM), with a coffee break of half an hour in the middle.

The workshops essentially followed informal, interactive, hands on sessions in which the participants were given opportunity to express their views freely and frankly. The faculty members had done extensive preparatory work by way of planning the faculty guides, exercises to be given, and learning materials to be distributed as hand outs. A set of materials related to each workshop has been annexed. Each session included extensive individual as well as group work, facilitated by the resource persons. An effective use of flip charts, multi-media projector and video demonstrations enhanced the quality of proceedings.

A unique feature of the workshops was an attempt to relate the concepts with the current experience of the participants. In case of workshops on “Educational leadership in change management” and “Educational research and scholarship development”, there was an electronic communication between the participants and the resource persons even before the workshops to identify educational change management and research projects respectively which they planned to take up in their local setting. This helped in demonstrating “contextual learning” in action. This not only led to clear understanding of the concepts, but also facilitated future applications of the knowledge gained.

These workshops made a significant departure from traditional format of lectures from eminent speakers. They placed the participants in a self-directed, non-threatening, ‘participant friendly’ environment, which was highly appreciated by the participants. The use of innovative strategies such as brain storming, working in small groups, force-field analysis, affinity-mapping and multi-voting opened up a new vision for the Indian delegates.

The Outline of Contents of the Four Workshops

1. Educational Research and Scholarship Development

Resource faculty: Page Morahan, Rashmi Vyas

This workshop was designed to deepen the expertise of faculty regarding the concept of scholarship (traditional and expanded definition – discovery, application, integration, transformation), relate it to medical education in general and more specifically to educational activities, and explore how to design, implement, and diffuse the results of various activities into scholarships.

The objectives of the workshop were to enable the participants to differentiate between activity and a scholarship, describe the concept of peer-reviewed scholarship, point out important features in the design, implementation and publication of various kinds of scholarship and apply this information to develop educational activities into concrete scholarship.

The workshop began with Page clarifying the concept of scholarship and the way the word is used globally. Then Page gave an overview of scholarship movement in the USA and discussed the double helix approaches to scholarship which describes how the activities or work experiences in medical education could be translated into scholarships. The three main

criteria for scholarship were explained; that which is peer-reviewed, is in public knowledge and has a platform to build on further (3 P's). The step ladder progress to scholarships where one needs to start at institutional level and then move up to national and international levels was discussed. The participants clarified their views on scholarship as a large group discussion. The criteria for scholarship were further explained and Rashmi shared her own experiences in scholarship. The participants were given a list of possible avenues for scholarship such as names and websites of journals and clearing houses. Some of the participants shared the addresses of clearing houses already existing in India.

This was followed by the first small group activity. During this small group activity, the participants discussed what could be considered as scholarship other than peer-reviewed publications, which met the three criteria for scholarship described earlier. Each group shared their views with the larger group.

Subsequently Page discussed some of the research methodologies relevant to research in medical education. The participants had been asked to think of a research project as part of their pre workshop assignment. In the second small group activity, the participants actively discussed their research project idea with a focus on how their individual projects could be turned into scholarships. The workshop concluded with a couple of participants sharing their views with the larger group.

The main highlight of this workshop was experiential learning, i.e., the participants were helped to apply the principles of scholarship to their own individual projects. This involved steps such as formulating research questions, testing the questions, focusing on the questions, deciding data collection methods and research strategy, reviewing the approach, examining feasibility and finally taking care of the ethical issues.

Towards the end of the workshop, the participants were provided with useful information regarding clearing houses and peer-reviewed publication avenues for medical education scholarship that are indexed in MEDLINE.

2. Use of Distance Learning in Faculty Development

Resource faculty: Janet Grant, Tejinder Singh, Medha Joshi

Distance learning (DL) has been recognized as a potential instrument to supplement faculty development.

The workshop started by way of participants sharing their current experience of using distance learning. The stage for the learning was set by Janet Grant, bringing to the fore, the important characteristics of DL. She also brought out some of the important aspects which do not qualify to be called as DL. DL is much more than printed texts, web-based learning or self learning - it is a paradigm, which allows the learner and teacher to be spatially different, yet able to communicate in a variety of ways to provide support to the learner. In addition, DL makes use of specially designed print material, which places the learner in an active situation, presents the material in the context of important problems and makes use of a number of access devices.

Further, the participants were sensitized to the characteristics of effective distance learning and the mechanics involved in preparing distance learning courses.

The experiences from India and overseas were shared. The quality assurance issues in distance learning were discussed. Tejinder Singh presented his experience of preparing distance learning module on breast feeding, which focuses on skill development. What emerged from the discussions was that it is possible to impart clinical skills even at a distance. In fact, the pedagogy of skill learning is similar in a distance setting as it is in a face to face setting. Medha Joshi presented the example of a web-based learning module for graduate doctors. This model allows the learners to submit their responses, which are evaluated and sent back to them with tutor comments for a better learning.

The FAIMER-WFME Open University distance learning resources for medical education development were illustrated to demonstrate how a three tiered organization was adopted to perform various operations of DL. The global centre played an important role in centralized course design, production and quality assurance support for regional centres. The regional centres handled local management and records, besides extending support for the local tutors. The local tutors facilitated assessment and student's individual study.

3. Educational Leadership in Change Management

Resource faculty: William Burdick, Avinash Supe, Thomas Chacko

This workshop was designed to enable the participants to appreciate the need to plan for change, apply the whole system planning tools (quiet brainstorming, affinity-mapping, multi-voting) to facilitate communication and consensus building. They were further enabled to think of an education innovation project (in their local setting), analyze the stakeholders, understand the leader's role, use force-field analysis to anticipate forces impacting the development and implementation of their project and finally create an individual change management plan.

Bill Burdick explained the intricacies involved in the management of change and emphasized that one has to plan well if one wants to bring about a change. This process involved making a case for change, mapping ones' organization to analyze the key stakeholders and then set appropriate leadership tasks. The leadership tasks should create the climate for change, engage and enable the whole organization, implement and sustain change.

Thomas Chacko introduced the concept of "Force-field analysis" and enabled the participants to identify the factors/forces likely to favor or hinder and design possible strategies to overcome obstacles to change.

A salient feature of this workshop was an extensive communication between the resource person and the participants before the workshop to identify the change management project which they envisaged to take up and follow up further. This was shared by the participants during the group activity.

4. Faculty Development in Performance-based Assessment

Resource faculty: John Norcini, Zubair Amin, Payal Bansal

This interactive workshop was designed to focus on the use of performance-based methods for formative assessment. The goal of the workshop was to emphasize the relationship between assessment and learning, introduce some assessment tools related to performance

assessment, especially in the context of formative assessment. The importance of feedback and how it could improve student learning and performance were discussed, followed by an exercise using one of the tools to bring home implementation challenges and strategies.

Zubair began the session by describing the relationship between assessment and learning, highlighting in particular, the educational impact that assessments produce or are likely to produce. He discussed the shift towards learner centred assessments, the transition of learning from simple to complex, namely, assessment of applied knowledge, direct observation, close supervision, and gradual transition to actual practice. He used Miller's Pyramid to further emphasize the above and relate it to professional authenticity. A continuous assessment at various points of time during training is preferable to one that tests performance as an end-point, or at once. The key is to strike the right balance between assessment of learning and assessment for learning.

Payal then introduced some of the tools for assessment of performance in the formative setting. The participants' familiarity with the tools was explored, and most had experience with using OSCE. The remaining tools, including the mini-CEX (mini-Clinical Evaluation Exercise), DOPS (Direct Observation of Procedural Skills) and MSF (Multi-source feedback) were described and their use in the Foundation Program in U.K. was highlighted.

John then proceeded to faculty development for assessment, sharing examples from research. Using the videotape of a clinical encounter, with participants using a checklist, followed by group discussion and debriefing, participants experienced hands-on, how to use the mini-CEX and challenges for use and implementation were identified. The participants were asked to rate the skills performed by the trainee using a three-point scale. The skills included interviewing, patient examination, professionalism, clinical judgment, counseling and efficiency. The participants discussed their scoring and discussed how the feedback could be helpful in improving learning. John emphasized the role of feedback and ways to give feedback effectively in a way that would impact student learning.

All faculty then responded to participant questions related to implementation and other issues. Participants also shared their own experiences, thereby enriching the discussion, which conclude on a very positive note.

All the four workshops were followed by honoring the faculty with presentation of mementoes and group photographs.

Program Evaluation of Pre-conference Workshops

A program evaluation questionnaire was administered to all the participants at the end of each workshop to obtain their feedback. The feedback received on each workshop is attached as annexure 7.1 to 7.4.

The workshop series on the whole was found to be extremely useful by the participants consisting of medical college faculty and academicians who are expected to play leadership roles in their respective regions and states to continue the mission of capacity building and faculty development. This was a valuable experience for them because despite the available expertise and experience in India many leaders are not able to use innovative strategies. The traditional approach to teacher training focused more on the "pedagogy" and instructional skills as against the global trend of incorporating managerial and leadership skills which are vital for the management of change in a larger setting. Though a few participants did not

have adequate background knowledge to 'capture' the modern trends, this helped them in building a knowledge base for their further learning. It is expected that with more such opportunities, they should be able to internalize the knowledge and skills gained during the workshops.

SESSION-WISE PROCEEDINGS OF THE CONFERENCE

Day 1 of the NCME Conference: 15th November 2007

1. Inaugural Session:

The inaugural session of NCME 2007 was held on 15th November 2007 from 9 AM to 10 AM in the Jawaharlal Auditorium of AIIMS. Prof. R C Deka, Dean of AIIMS was the Chief Guest. Dr John Norcini, President of FAIMER, was the guest of honor. Dr V P Mishra, Ex Chairman, PG Committee, Medical Council of India & Vice Chancellor of Dutta Meghe Institute of Medical Sciences, Nagpur and Dr P H Ananthanarayanan, DDG, Medical Education, Ministry of Health & Family Welfare, Govt. of India were other dignitaries on the dais. Ms. Suzanne Anderson, Dr. Ram Krishna and Mr. Dennis Donohue, represented the FAIMER Board, and graced the inaugural function. The function was attended by all the delegates and invitees including faculty of AIIMS.

Dr Rita Sood, Organizing Chairperson of NCME welcomed the gathering, and gave the background and the objectives of the conference. She emphasized that NCME 2007 was directed to highlight the emerging content areas & global trends in faculty development in medical education, bring out the strengths of faculty development in India, initiate the formation of a national network of medical educators to facilitate sharing of best practices in medical education and plan the mechanics of faculty development in medical education in the country. She informed that the format of NCME 2007 differed from traditional conferences in that it focused on experience sharing through interactive sessions in both small and large groups. There were also panel discussions by eminent panelists, interactive poster sessions for sharing and disseminating information on the faculty development and other innovations attempted by individuals and medical education units across the country.

Dr John Norcini, President and CEO of FAIMER, the guest of honor, regretted the inability of Dr James Hallock, President FAIMER to attend the conference because he was indisposed. He briefed the delegates regarding the initiatives taken by FAIMER to support research and training programs for promoting healthcare worldwide. Since the establishment of first FAIMER institute fellowship program in 2001 in Philadelphia, a network of Regional FAIMER Institutes had been formed across the world including three such centres in India at Seth GS Medical College, Mumbai, CMC Ludhiana and PSGIMS, Coimbatore. He was hopeful that FAIMER's support and collaboration with the organization of NCME would mark the beginning of a new chapter in international collaboration for strengthening faculty development.

Prof R C Deka, in his inaugural address emphasized the need for strengthening faculty development in India, in view of changing health needs, acute shortage of faculty faced by many medical colleges in the country and the impact of the emerging educational technologies which have heralded new possibilities. This huge task can be handled, provided medical educationists come together and address this issue on a common platform. He hoped that NCME 2007 would give an opportunity for making suitable recommendations to the concerned bodies for taking necessary action in this important area.

Dr P H Ananthanarayanan in his address, stressed the need for linking faculty development to the health needs of the country, especially the national health policies and programs. He mentioned that the government had launched National Rural Health Mission, which highlighted the role of various health functionaries and their capacity building. The approaches to faculty development should keep in view these developments and adequately respond to the national needs.

Dr V P Mishra deliberated upon the issue of “Faculty development in medical education in India: Present and future”. He mentioned that medical education has developed into a science rather than mere art of teaching. In his address, he highlighted the initiative taken by the Medical Council of India in recommending the establishment of Medical Education Units in each medical college as one of the requirements for the recognition of a medical college. This important step taken in 1997, resulted in the establishment of a large number of medical education units across the country. But a time had come to assess their function, and identify the measures required to be taken to make all of them fully functional and effective in addressing the current and the future needs of faculty development.

Dr A Shariff, the organizing secretary of NCME proposed a vote of thanks to the guests, international and national faculty, besides delegates who came from all parts of the country. He acknowledged the support received from sponsoring agencies, AIIMS administration besides the organizing committee.

2. Building a Community of Educators: Introduction

Resource Persons: Page Morahan, Rita Sood

The objective of this session was getting to know each other, break the ice and prepare a congenial atmosphere amongst participants for free and frank interaction during the NCME. The 100 participants were seated in the board room in groups of ten at predetermined tables. Each person was asked to interview 2 persons, one sitting on his/her other side. The interviewer had to ask three questions: what is your official position, your expectations from the workshop and other interests and hobbies. The interviewee had to give a different answer for the same question to the two different interviewers. Each member then introduced one person he/she had interviewed in their small groups. This helped to break the ice and initiate building of the community of educators.

3. Panel Discussion: National, Regional and International Perspectives in Faculty Development in Medical Education

Moderator: Usha Nayar

Panelists: D K Srinivas, R P Sequeira

Dr Palitha Abeykoon could not attend the panel.

The objective of this session was to outline the current status of faculty development in medical education by providing information to the participants regarding national, regional and international initiatives and trends. The panel discussion started with the moderator giving her perspectives on faculty development and then quickly inviting the panelists for their views.

The questions posed to the panelists were:

- What are the challenges they see facing faculty development in India and the world? What lessons could be learnt from previous programs?
- What are the new developments and trends in medical education?
- What was their vision for future as regards the faculty development in medical education?

Dr D K Srinivas responded by giving a brief history of faculty development in India and the formation of the National Teachers Training Centres (NTTC). He then shared his experiences with the functioning and sustaining of the NTTCs. He discussed the rapid growth of medical colleges in India which is producing more than 25,000 doctors per year and thus an increasing demand for faculty to train these doctors. The existing efforts were inadequate for training a large number of the faculty in medical education, and producing a critical mass of medical educators. The challenge of sustainability of changes being brought in medical education was also discussed. He felt the presence of motivated people willing to go on and work in the area of medical education and the MCI mandate of having MEU in all medical colleges are the rays of hope for improving faculty development in medical education.

The areas requiring emphasis were to develop mentoring skills among the faculty and independent learning skills among the students. His vision for future included a need for a national policy on health profession education of which medical education policy is a part, need for making medical education units fully functional, revival of grants to NTTCs, and providing recognition and incentives for contribution to faculty development.

Dr R P Sequeira outlined international perspectives in faculty development in medical education. He felt that besides linking educational inputs to some kind of reward systems and promotions, the key challenges were the development of tools for measuring faculty performance and ensure 'on the job' training of teachers. This required both intrinsic (reflective practice) and extrinsic (reward system) motivation among the faculty to the cause of improving medical education.

Some of the notable changes occurring across the world were, more and more institutions starting formal degree/certificate programs in medical education, growing research and scholarship in this area, and the use of innovative methodologies and technology including training of faculty as facilitators and tutors to impart problem based learning. Other emerging areas are the concepts of core curriculum, competency based education, teaching of professionalism and ethics, writing research proposals and peer-review processes.

His future vision was to have faculty development in medical education as a means and not an end to improving medical education & to involve all stakeholders, particularly students in planning of programs for integrated teaching-learning, development of tools for integrated assessment and more teamwork.

After the panelists had expressed their views, Dr B V Adkoli presented the findings of a survey of faculty development and functioning of Medical Education Units in India, conducted by the NCME team as a prelude to the conference. The survey addressed Deans, Principals, besides faculty of MEUs, and focused on issues such as, activities conducted, their content, methodology and nature/extent of evaluation. These aspects were found to vary considerably. The study revealed deficiencies, viz., financial constraints, scarcity of full time faculty, lack of resource materials, lack of incentives and recognition, resistance to change

and lack of leadership. Conversely, a handful of respondents mentioned these points as their strengths. Suggestions have been made to link contributions to faculty development with the recruitment and promotion prospects of faculty besides exploring other incentives and a dedicated time. A need was felt to develop scholarship and research in medical education, and networking of efforts, to promote a community of medical educators across the country, in order to develop a field of medical education.

The floor was then open for discussions. The participants wrote down their queries in cards which were then passed on to the moderator and some of them were taken up and answered by the concerned panelists. The questions and comments of the audience generally suggested the need for mandatory training of medical teachers at the time of induction, linking educational inputs to promotions and a strong need for having a national network/association of medical educators. Prof U Nayar then closed the panel by an advice for developing realistic, reachable goals.

4. Best Experiences in Faculty Development

Facilitators: Page Morahan, Avinash Supe, Bill Burdick

The participants were made to sit in pairs (dyads), and interview his/her partner to come out with his/her best experience in faculty development (Appreciative Inquiry or AI). The questions posed during the interview were:

- Can you narrate your best experience in faculty development in which you could create positive, engaging, safe place to learn?
- What made it effective?
- How can you continue to strengthen this for wider practice in India?

The participants then discussed their experiences in their small groups sharing stories which had touched them related to their teaching-learning experiences. Each group then selected one best story in their group and shared it with the larger group. For example, one group shared the story of how a medical teacher found it difficult to hold his students attention. Following the advice of a senior mentor, he started the lecture on iron deficiency anemia with a story from Greek mythology which held his audience captive. The role of set induction for any teaching activity was thus highlighted. Similarly, each group shared their best experiences with the larger group.

During the tea break that followed the facilitators did a quick content analysis of the presentations made by the various groups and identified common themes for good faculty development. These principles were grouped under two major themes: those principles which are concerned with the system or organization and those concerned with the faculty. These principles were shared with all the participants. Some of these principles were:

Concerning system or organization

- Clear goals and expectations
- Positive and safe learning environment
- Use of technology for teaching and learning
- Good teamwork

- Academic credits for inputs into education
- Regular critical appraisal and feedback
- Program evaluation

Concerning faculty

- Active implementation of programs like microteaching for residents/faculty
- More peer interactions
- Sharing of resources between faculty and institutions
- More student involvement in teaching learning process
- Encouraging collaboration as against competition
- Mentoring
- Sharing responsibility without titles
- Recognition from seniors/peers
- Involvement of seniors

The emerging content areas in faculty development were discussed with the larger group in an interactive question-answer session. Many participants took the discussion forward to the teaching of students and postgraduates. The facilitator applied it to faculty development, demonstrating an example of an interactive process for clarification of terminologies and themes. The session ended with the participants getting sensitized to the different concepts in faculty development and a list of principles of good faculty development from the deliberations.

5. Review of Processes used Today: Adult Learning and Interactive Teaching

The different processes of adult learning and interactive teaching were summarized by the resource persons. They specially highlighted the small group activities, interactive large group discussions and the role of appreciative inquiry in bringing out the strengths of any programs.

6. Poster Mounting / Viewing Sessions

Announcement was made regarding the details of the poster session to be held on 16th of November. The presenters were requested to mount their posters in their respective groups by evening. Gallery walk and poster viewing was planned for the evening and by next morning delegates were expected to sign up against their preferred groups.

Poster viewing was followed by a sensational cultural program, “Bharatnatyam” performed by “Abhinaya Aradhana” group in the Jawahar Lal Auditorium of AIIMS. The program was highly appreciated and enjoyed by the participants. This was followed by a banquet near the pool side of AIIMS Gymkhana.

Day 2 of the NCME Conference: 16th November 2007

1. Panel discussion: Leadership in Health Professions Education - Change Management and the Role of Medical Education Units

Moderator: Bill Burdick

Panelists: Hari Gautam, S Prabhakaran, K Subbarao, Nilima Kshirsagar

The panelists for this session consisted of directors of medical institutions, a vice-chancellor of Health Science University and a former chairman of University Grants Commission. The discussion started with the moderator introducing the panelists and the discussion topic. The questions posed to the panelists were:

- What kind of leadership role they envisage in the health profession education in India &
- What role, should a medical education unit play?

Each respondent gave his/her perception of the leadership qualities which was felt important in the Indian context. Dr Nilima Kshirsagar pointed out that the leadership should encourage the recruitment of right kind of teachers, besides giving them protected time, and creating a congenial environment. Lack of efficient and student friendly environment, often caused dissatisfaction leading to strikes. She also mentioned the role modeling by leaders to demonstrate human values while dealing with the patients in clinical encounters to sensitize junior faculty and students.

Dr Hari Gautam stressed the need of high integrity among the leaders and their ability to merge individuals' goals with the organizational goals.

Dr Subbarao expected the leaders to be the role models for the faculty and the students. This he stated was all the more important in strengthening faculty development. Dr Prabhakaran dealt with leadership issues in a university set up, highlighting his experiences at the Rajiv Gandhi Health Sciences University, in Karnataka. He mentioned that autonomy helped in working out curricular reforms across wide range of disciplines under the umbrella of his university.

Following the panel discussion, the participants were engaged in an interactive question answer session with the panelists.

2. Educational Scholarship

Facilitators : Page Morahan and Nilima Kshirsagar

Dr Page Morahan introduced the concept of scholarship and the double helix model of activities and scholarship. She underlined that scholarship required high level of expertise and should meet three 'P' criteria, viz., peer reviewed, public knowledge and platform for further replication and dissemination. Dr Nilima Kshirsagar explained how day to-day activities including patient care and teaching can be converted into scholarship by a systematic process of observing, documenting and publishing. She shared her experiences of disaster management, in the wake of flood outbreak in Mumbai. This prompted her group to

prepare and publish detailed guidelines for handling such a disaster. These guidelines were highly appreciated by many other organizations and resulted in a useful publication, and were found to be useful later in managing another similar disaster that occurred next year.

3. Innovations in Faculty Development: Interactive Poster Session

Moderator: Thomas Chacko

This interactive poster session was one of the highlights of NCME. It included two rounds of discussion, one in the forenoon and another in the afternoon session.

First round:

After a brief given by the moderator, the participants worked in five groups based on the groups signed up by them. Each group was facilitated by two faculty members, one from FAIMER regional institute and another from CMET faculty. One of the international faculty member was also present in each of the groups. The venue for first three groups was the conference hall of AIIMS and the remaining two groups were in CMET. Each group discussed five or six posters. The list of posters discussed has been annexed.

Each group selected a leader, reporter and a time keeper to manage respective tasks:

- Each presenter presented his/her poster for five minutes, indicating the purpose, method(s), results and conclusions.
- Following each presentation, there was a group discussion for ten minutes which sought to bring out the message, enabling factors, challenges/obstacles, and impact; the reporter recorded notes of the group work based on the above template.
- Once all the posters were discussed, some time was devoted to crystallize the presentation to be made to the larger group during the second round of the poster session. This presentation focused on the notable innovations (commonalities, differences), challenges faced, enabling factors, and take home messages.

Second round:

The second round of the poster involved a joint session in the conference hall moderated by Dr Thomas Chacko and Dr Avinash Supe. The reporters from each of the five groups presented to the full gathering, the highlights of their posters, especially the common factors, challenges, enabling factors and lessons learned.

The commonalities observed in the faculty development were as follows:

- involvement of postgraduates as future teachers;
- training need assessment before planning faculty development programs;
- use of information technology, e.g. e-learning and e-groups, use of video feedback for enhancing learning;
- modular approach to the training in faculty development or CME activities; and
- consultative approach to the program planning and implementation.

The challenges faced by the participants were:

- resource constraints in terms of money and time;
- resistance to change inherent in the organization; and
- motivating faculty for active participation.

The enabling factors identified were:

- presence of a dedicated and committed core group;
- supportive management;
- building incentive/recognition to the efforts made by the faculty;
- mandatory requirement made by the administration; and
- FAIMER's initiative in capacity building also served as a stimulating factor in implementing the changes, in some cases.

The lessons learned by the participants were:

- use of feedback in settings such as OPD, bed-side was helpful in quality enhancement;
- involvement of all stakeholders;
- networking of resources; and
- program evaluation would go a long way in improving quality of programs.

A need was also felt for defining the expected activities of a medical education unit, which otherwise varied considerably. The participants also realized the need for a step ladder approach for faculty development to avoid duplication of efforts.

The strategy adopted during poster session enabled the participants to capture the essence of all the posters presented during the conference and to make a meaningful picture of the faculty development initiatives taken in India and elsewhere.

4. Panel Discussion on Poster Session

Moderator: D K Srinivas

Panelists: John Norcini, Usha Nayar, R P Sequeira and Zubair Amin

The purpose of this panel was to bring out reflections of the content and the process of poster session conducted as two rounds.

The messages emerging from the discussion were that innovations in faculty development needed continuous perseverance, team work, and a strategy to overcome the constraints in terms of resources, faculty time and resistance to change and adequate management of the change process.

The process of the interactive poster session was found to be an effective instrument for quick sharing of experiences amongst a large number of people and was economical in terms of time for the amount of sharing of ideas effectively.

Second day deliberations ended with a free time for the participants followed by dinner organized in the faculty club of AIIMS.

Day 3 of the NCME Conference: 17th November 2007

Building a Network of Medical Educators: Future Steps

Facilitators: Bill Burdick, Rita Sood

The facilitators reintroduced the concept of building a network of medical educators. The participants were asked to think of:

1. Ideas for faculty development which could be implemented at their institutional / local level
2. Big ideas and goals for faculty development on a larger scale (national/ international).

The participants went through the process of quiet brainstorming where they reflected on the above and wrote down their ideas on a sheet of paper. Then in dyads, they discussed their ideas with a partner. Subsequently each pair shared their ideas in their small groups of 10. The members of each group came to a consensus on the priority areas for future steps for faculty development. The reporters from each of the 10 small groups reported their deliberations to the larger group using flip charts.

The flip charts were put up in a common area. The participants were given three colored dots. During the tea break they did a gallery walk, went through all the flip charts and put their dots against the areas for faculty development which they thought were most important. After the process of multi-voting by the participants, the facilitators quickly went through the priority list and grouped them under common themes (affinity mapping)

The number of votes for each of the common themes was counted. Five priority areas based on multi-voting and identified as the top five priority areas for future faculty development were identified. The end results of the affinity mapping and multi-voting were shared with the whole group.

The top five priority areas for faculty development identified by the delegates were:

1. Networking through a web-site
2. Development of standards for medical education units
3. Formation of a National organization for medical educators
4. Development of faculty development program for a national level
5. Formation of a National body for the accreditation of medical educators

Other issues identified were using self reflection feedback and practice, use of integrated teaching and problem based learning, early introduction of educational technology during undergraduate and postgraduate teaching (local issues), need for focusing on the research & scholarship in medical education, the need for full time faculty, mandatory training especially, for the newly appointed faculty, collaboration with other professions especially, management, information technology and use of distance learning in faculty development (global issues)

Accordingly, it was decided to form five special interest groups (SIGs), based on their interest. Delegates were asked to volunteer to be part of each one of the above groups who

met at five different venues. Each group was requested to develop a proposal for further action based on a template given to them that consisted of names of participants, goals/objectives, activities, challenges faced, time line, and mechanism of communication amongst group members. Each group held discussions for about one hour and worked out their plans based on template provided. In a plenary held thereafter, a reporter from each group presented their plans to the larger group. Each group had a coordinator and exchanged e-mail addresses with each other anticipating continued networking and discussions.

A program evaluation questionnaire was administered to all the participants who furnished their feedback on various parameters, viz., the extent to which objectives had been achieved, usefulness of the conference, time management, overall strengths & limitations, besides organizational aspects: venue, audio-visual arrangements, food & catering, local transport and cultural program. The results of the analysis have been detailed in the annexure.

Valedictory Session

The valedictory session of NCME was held in the board room. The function was presided over by Dr P.H. Ananthanarayanan, DDG, Medical Education. Dr Prasanna Raj, Joint Secretary of MCI was also present on the occasion.

Dr Rita Sood read out the summary of proceedings and the recommendations of the conference. The highlight of the conference, which she mentioned was the formation of five special interest groups to implement the ideas that emerged during the conference.

Dr Ananthanarayanan responded to the recommendations made by the delegates. He mentioned that the recommendations made by the group would receive due attention from his ministry. He said, money as often cited was not a real constraint, but most often the problems were rooted in lack of dynamism and inability to demonstrate visible changes in local settings, which helped in wider dissemination. He hoped that the SIGs that were formed during the NCME would continue to interact and initiate a process of change for the strengthening of faculty development across the country, and the MOH & FW would positively respond to every initiative taken by the group.

Dr Prasanna Raj expressed that the MCI would keenly look forward to the recommendations made by this august gathering, which in turn would be useful to the country in streamlining the faculty development issues at a national level.

The valedictory session concluded with honoring of the organizing committee members by presenting them mementoes. Their role in the organization of the NCME and an excellent team work was highly appreciated by all. Dr Rita Sood thanked FAIMER, regional FAIMER institute faculty for all the support for this conference. She thanked all the national and international faculty and CMET faculty for making this conference a grand success.

RECOMMENDATIONS OF NCME 2007

The deliberations brought out the need to strengthen faculty development as a vehicle for promoting quality medical education in India. The following is a summary of the themes that emerged:

- Faculty development programs are essential as instruments of change for medical education and health care.
- Educational innovations and innovators need to be supported. The momentum that has developed so far needs to be sustained.
- Financial resources and institutional support are essential for faculty development.
- There is a need to develop a strategy for mandatory training of entry-level teachers in health professions education in a phased manner.
- Leadership, change management, educational research, and scholarship development should become part of faculty development programs.
- Contributions made to faculty development programs and innovations in medical education need to be recognized and rewarded.
- Aim for quality assurance and enhancement in faculty development program.
- Formation of a network of health professions educators and special interest groups who could meet on a regular basis and share innovative ideas.

Based on themes that emerged from the deliberations during the conference, participants recommended the following to facilitate capacity building in medical education.

1. Faculty Development Process

The conference participants recommend a three-tier approach to the faculty development in view of the global initiatives and national requirements

- Reviving and supporting of national training centres such as – NTTCs, and CMET (AIIMS) etc
- Establish regional and state level centres. State level health universities and regional FAIMER centres are potential candidates for establishment of such centres.
- At Institutional level, revitalize Medical Education Units so that they become functional.

For this it was suggested that at least one percent of the annual budget of the college be allocated for educational development and research.

2. Recognition and Encouragement

Teachers who have introduced innovations or contributed to improvement in medical education should be duly recognized and rewarded. There should be a mechanism for periodic review of performance assessment of teachers.

3. Use of Emerging Technology

Information technology, distance learning, telemedicine and such emerging resources should be fully harnessed for faculty development and their application in health professions education and health care.

Roadmap for Future Action

The conference participants identified several interventions for future action, out of which the top five were prioritized, based on multi-voting. Depending upon the choice of participants, five Special Interest Groups were constituted as follows:

1. Networking through a website portal
2. Development of standards for medical education units
3. Development of national faculty development programs in education
4. Formation of a national organization for medical educators
5. Formation of a national body for the accreditation of medical educators

It was decided to develop a detailed proposal for further action as per the agreed format (template consisting of theme, participants, goal/objectives, activities, challenges faced, time line, and mechanism of communication amongst group members). It was also decided that each special interest group should stay in touch for further action and implementation.

The conference participants urged that the Ministry of Health, regulatory bodies such as Medical Council of India and other advocacy groups should consider and initiate steps for systematic development, dissemination and implementation of these recommendations for building capacity in medical education.

Program Evaluation

The evaluation of the program was conducted by administering a “Program Evaluation Questionnaire” to the participants on the last day of the conference. In all, 85 participants returned the questionnaire. A detailed analysis has been given in the Annexure 8.

Most participants felt that the objectives of the conference have been attained, and it was useful for their professional growth. They could actively participate in the deliberations and the program had a good balance of theory and practical components. The time management was found excellent. The strengths of the conference were listed as:

- Active participation and interactive nature of the sessions (26),
- Poster presentation and discussion (11),
- Building network of medical educators (8),
- Experience sharing (7), and
- Meeting medical education experts (5).

The participants hailed both the scientific deliberations and the organizational aspects of the conference.

The session which could have been improved was panel discussion on leadership and change management. The participants wanted more number of such activities to be held at regular intervals, more networking, follow up activity in terms of activation of medical education units, constitution of national level association and recognition of contribution to medical education besides promoting research and scholarship in this field.

Organizing Committee

NCME 2007

Patron:

P. Venugopal, Director, AIIMS

Co-patrons

R. C. Deka, Dean (Academic), AIIMS

T. D. Dogra, Dean (Exams), AIIMS

Panel of Advisers

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John Norcini, President, FAIMER, Philadelphia

Hans Karle, President, WFME, Copenhagen

Arthur Kaufman, The Network: TUFH,
Maastricht

Margery Davis, Director, CME, Dundee, UK

P. T. Jayawickramarajah, WHO, Thailand

Palitha Abeykoon, WHO, Sri Lanka

Raja Bandaranayake, NSW, Australia

U. Nayar, AGU, Bahrain

R. Adhikari, Dean, IOM, Nepal

National

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Deoki Nandan, Director, NIHF

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William Burdick, FAIMER, Philadelphia

Page Morahan, FAIMER, Philadelphia

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Organizing Secretary: A. Shariff

Co-organizing Secretaries: Radhika Tandon and Yogesh Kumar

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Manju Mehta

Manju Vatsa

Kalpana Luthra

Sandhya Gupta

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Dr. Smriti Hari

Mr. Yogesh Kumar

Accommodation and Local Transport

Dr. Nalin Mehta (Convener)

Dr. Ashok Jaryal

Dr. O.P.Kharbanda

Mr. Yogesh Kumar

Venue & Audio Visual Committee

Dr. Radhika Tandon (Convener- Venue)

Mr. Yogesh Kumar (Convener- Audio-Visual)

Dr. Kalpana Luthra

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Dr. Peush Sahni (Convener)

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Mr. RaguKumar

Mr. Yogesh Kumar

Mr. Uday Chand

Props, Signage, Publicity Posters

Dr. Radhika Tandon (Convener)

Dr. A.Shariff

Mr. Yogesh Kumar

Catering & Hospitality

Dr. Rajeeva Gupta (Convener)

Dr. Manju Mehta

Dr. Kalpana Luthra

Mr. Yogesh Kumar

Reception & Registration

Mr. S.N. Ragukumar (Convener)

Dr. Smriti Hari

Dr. Vandana Jain

Cultural Program

Dr B.V. Adkoli (Convener)

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NCME 2007

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NCME-2007

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Conference Program: NCME 2007

15-17 November 2007

Day 1: Thursday 15 November			
TIME	PROGRAM	VENUE	RESOURCE PERSONS
8:00 AM	Registration	Auditorium foyer	
9:00 AM	Inaugural Session	Auditorium	
9.:30 AM	Linking faculty development to health professional and health care needs in India Status of faculty development in medical education in India- present and future		PH Ananthanarayanan VP Mishra
10:00 AM	Tea	Conference hall foyer	
10:30 AM	Building a community of educators : Introduction	Board Room	Rita Sood Bill Burdick
11:30 AM	Panel discussion: National, regional and international perspectives in faculty development in medical education	Board room	Moderator : Usha Nayar Panelists : DK Srinivas Palitha Abeykoon R P Sequeira
12:30	Faculty development survey results		B V Adkoli
12:45	Open discussion		
1.00 PM	Lunch	Conference hall foyer	
2:00 PM	Best experiences in faculty development : Appreciative interviews about faculty development	Board Room	
3:00 PM	Identify common themes or principles for good faculty development	Board room	
3.30 PM	Tea	Board room annex	
4:00 PM	Emerging content areas in faculty development	Board room	
4:45 PM	Review of processes used today : Adult learning and interactive teaching	Board room	
5:15 PM	Mounting posters in conference hall , poster viewing Tea and leisure time	Conference hall, conference hall foyer and CMET	
6:30 PM	Cultural program (Bharatnatyam dance)	Auditorium	
7.30 PM	Banquet	Poolside lawns, AIIMS	

Day 2: Friday 16 November

TIME	PROGRAM	VENUE	RESOURCE PERSONS
9:00 AM	Panel discussion: Leadership in health professions education: Change management and the role of medical education units	Board room	Moderator: Bill Burdick Panelists: S Prabhakaran K Subbarao Nilima A Kshirsagar Hari Gautam
10:00 AM	Educational scholarship	Board room	Page Morahan Nilima A Kshirsagar
10:30 AM	Tea	Conference hall foyer	
11:00AM	Innovations in faculty development : Interactive poster session	Conference hall	Tejinder Singh (coordinator) B V Adkoli , Arun Jamkar, Vivek Saoji,S Mittal, Bir Singh, , Peush Sahni,Nalin Mehta, Payal Bansal, Anurag Srivastava, Kalpana Luthra
1:00 PM	Lunch	Conference hall foyer	
2:00 PM	Innovations in faculty development: Interactive poster session	Conference hall	Thomas Chacko (coordinator) Avinash Supe, Chandu Patankar, Vinod Paul, Manju Vatsa, Nibhriti Das, Medha Joshi, Rashmi Vyas, OP Kharbanda, Rajiva Gupta, Vandana Jain
3:30 PM	Tea	Conference hall foyer	
4.00 PM	Panel Discussion : Innovations in faculty development Comments on poster session concepts	Conference hall	Content reflection: D K Srinivasa (M), Zubair Amin, , U Nayar Process reflection: R P Sequeira (M), John Norcini
4:45 PM	Review of processes used today : Adult learning and interactive teaching	Conference hall	Page Morahan Bill Burdick
8:00 PM	Dinner	Faculty club lawns	

Day 3: Saturday 17 November

TIME	PROGRAM	VENUE	RESOURCE PERSONS
9:00 AM	Building a network of medical educators: future steps Brainstorming; dyads; table consensus and report out of priority areas for future steps for building community	Board room	Bill Burdick Rita Sood
10:30 AM	Tea	Board room annexe	
11:00 AM	Priority development groups : delegates meet on implementation of future steps for building a network	Board room, conference hall, CMET	Template to be provided
12:00 PM	Groups report out	Board room	Bill Burdick Rita Sood
1:00 PM	Valedictory	Board room	
1:30 PM	Lunch	Conference hall Foyer	
Group facilitators for all group activities (FAIMER / CMET)			
B V Adkoli / Nibhriti Das		Arun Jamkar / Nalin Mehta	
Avinash Supe / S. Mittal		Payal Bansal/ Peush Sahni	
Tejinder Singh / Kalpana Luthra / O P Kharbanda		Rashmi Vyas / Rajiva Gupta	
Thomas Chacko/ Bir Singh		Medha Joshi / Vinod Paul / Anurag Srivastava	
Vivek Saoji / Manju Vatsa		Chandu Patankar / Vandana Jain	

Pre-Conference Workshops : 14th November'07

Two parallel workshops (Half-day each):

Morning 8.30 – 12.30 PM	Afternoon 1.30 – 5.30 PM
Conference hall Work Shop 1 Educational Research and Scholarship Development Page Morahan (convenor) Rashmi Vyas	Conference hall Work Shop 3 Educational Leadership in Change Management William Burdick (convenor) Avinash Supe Thomas Chacko
CMET Work Shop 2 Use of Distance Learning in Faculty Development Janet Grant (convenor) Tejinder Singh Medha Joshi	CMET Work Shop 4 Faculty Development in Performance based Assessment John Norcini (convenor) Zubair Amin Payal Bansal

Poster session of NCME 2007			
Innovations in faculty development			
	Name	Institute	Abstract title
Group 1: Facilitators: Arun Jamkar & Nalin Mehta			
Group 1	Anil Garg	Worthing Hospital West Sussex, U.K.	Can we observe and teach better by changing the focus?
	Medha A. Joshi	M.S.Ramaiah Medical College and Hospital, Bangalore , Karnataka	Our Experience with faculty development programs
	Barathi S Subramaniam	Sikkim Manipal Institute of Medical Sciences	Department of Medical Education: Marching Towards innovation
	Lakhan Singh	CIMS, Bilaspur, Chattisgarh	Medical graduates rural and urban: a comparative study.
	Manju Mehta	Department of Psychiatry, AIIMS, New Delhi	Training faculty to identify students at risk for mental health problems
	Sheena Singh	CMC, Ludhiana	Medical Education Unit, CMC Ludhiana
Group 2: Facilitators: Avinash Supe & Nibhriti Das			
Group 2	Gagandeep Kwatra	Christian Medical College & Hospital, Ludhiana	Introduction of a computer-based self-assessment to promote learning among students
	Sanjay Bedi	Sri Guru Ram Das Institute of Medical Sciences, Amritsar	Knowledge Management in Medical Institutions – The emerging role of Chief Information officer (Health)
	Dhayakani Selvakumar	Christian Medical College-Vellore	Faculty Development through integrated teaching
	Desai S.S.	Smt. NHL Municipal Medical College, Ellisbridge, Ahmedabad	Evolution and Evaluation of a Medical Education Unit
	R P. Sequiera	Arabian Gulf University, Bahrain	Integrated Student Assessment: Linking Stakeholders Perceptions with Faculty Development Programmes
	Hemangini K. Shah	Goa Medical College, Panaji Goa	Microteaching as a Tool for Faculty Development
Group 3: Facilitators: Vivek Saoji & Manju Vatsa			

ANNEXURE-5

Group 3	K.R.Sundaram	Amrita Institute of Medical Sciences, Kochi	Training The Trainers-Biostatistics And Research Methods
	Ragini Vaishnav	Department of Pharmacology and Clinical Pharmacy, College of Medicine and Health Sciences, Sultan Qaboos University, Muscat, Sultanate of Oman	Comprehensive Faculty Development Programmes-Empowered Faculty Members Excel in creating Vibrant Pharmacology Education
	Anna Mathew	Christian Medical College, Vellore	Capacity Building of teaching faculty of Christian Medical College in Medical Education Technology from 2004-07
	Anna Mathew 2	CMC, Vellore	Capacity Building of General Practitioners by the CME Department, Christian Medical College, Vellore since 2003
	BV Adkoli	CMET, AIIMS	Faculty Development Program at the Centre for Medical Education and Technology, All India Institute of Medical Sciences (AIIMS)
	Hemlata badyal	CMC, Ludhiana	Student Feedback on Teaching and Evaluation Methodology in Physiology: Implications for Faculty Development
Group 4: Facilitators: Chandrakant Patankar & Kalpana Luthra			
Group 4	Sarmishtha Ghosh	Parmukhswami Medical College, karamsad, Gujrat	Introducing integrated learning program in nervous system for first year undergraduates: Experience from Indian medical school
	Alka Ganesh	CMC, Vellore	Teaching Communication Skills to Medical Students of medicine
	Prakash M. Shere	Regional Centre of Maharashtra University of Health Sciences, Nasik	Impact of Introductory Workshop on Medical Education & Technology on Knowledge of the Participants.
	Veena Singaram	Nelson Mandela School of Medicine,Natal, South Africa, Durban	The School of Medical Education , University of Kwa Zulu-Nahal, SA
	Nanda Kumar Bhuvanewari	PSGIMS & R, Coimbatore	Faculty Development Program in PSG IMSR- A Review of the functioning of Department of Medical Education
	N N Rege	Seth GS Medical College and KEM Hospital, Parel, Mumbai	Growth and Development of Medical Education Unit of Seth GSMC & KEMH
Group 5: Facilitators: Rashmi Vyas & Rajiva Gupta			
Group 5	K M Padmavathy	Faculty of Medicine, Malaysia	Hands on Experience with Integrated System of Medical Education in Malaysia"
	Fouzia V Shersat	Dubai Medical College for Girls, Dubai	Excellence Model as a Faculty Development Tool- Dubai Medical College for Girls
	Payal K. Bansal	Bharthi Vidyapeeth Medical College, Pune	The Medical Education Unit at Bharati Vidyapeeth Univeristy Medical College, Pune: Helping faculty become better teachers and leaders of educational change .
	Sanghamitra Pati	SCB Medical College, Cuttack	Faculty Skill Building for an Interdisciplinary Postgraduate Foundation Program
	Himanshu Pandya	Parmukhswami Medical College, Karamsad, Gujrat	Preparing faculty to develop problem oriented approach to teaching and learning-our experience at Parmukhswami Medical College, India

Abstracts

No.	Presenter	Title of the Abstracts
1	Anil Garg	Can we observe and teach better by changing the focus?
2	Medha A. Joshi	Our experience with faculty development programs
3	Sarmishtha Ghosh	Introducing integrated learning program in nervous system for first year undergraduates: Experience from Indian medical school
4	KR Sundaram	Training the trainers—Biostatistics and research methods
5	Gagandeep Kwatra	Introduction of a computer-based self-assessment to promote learning among students
6	Alka Ganesh	Teaching communication skills to medical students of medicine
7	Barathi S Subramaniam	Department of Medical Education: Marching towards innovation
8	Lakhan Singh	Medical graduates rural and urban: A comparative study
9	Ragini Vaishnav	Comprehensive Faculty Development Programmes—Empowered Faculty Members excel in creating vibrant Pharmacology education
10	Sanjay Bedi	Knowledge management in medical institutions—The emerging role of Chief Information Officer (Health)
11	Dhayakani Selvakumar	Faculty development through integrated teaching
12	Prakash M Shere	Impact of introductory workshop on Medical Education & Technology on knowledge of the participants.
13	Anna Mathew	Capacity Building of teaching faculty of Christian Medical College in Medical Education Technology from 2004–07
14	Desai S S	Evolution and evaluation of a Medical Education Unit
15	K M Padmavathy	Hands on experience with integrated system of medical education in Malaysia
16	Veena Singaram	The School of Medical Education, University of Kwa Zulu-Natal, SA
17	Fouzia V Shersat	Excellence model as a Faculty Development Tool—Dubai Medical College for Girls
18	Anna Mathew	Capacity building of General Practitioners by the CME Department, Christian Medical College, Vellore since 2003
19	Manju Mehta	Training faculty to identify students at risk for mental health problems
20	Nanda Kumar Bhuvaneshwari	Faculty development program in PSG IMSR—A review of the functioning of Department of Medical Education
21	Payal K Bansal	The Medical Education Unit at Bharati Vidyapeeth University Medical College, Pune: Helping faculty become better teachers and leaders of educational change
22	Sanghamitra Pati	Faculty skill building for an interdisciplinary postgraduate foundation program
23	Sheena Singh	Medical Education Unit, CMC Ludhiana
24	Himanshu Pandya	Preparing faculty to develop problem oriented approach to teaching and learning—our experience at Pramukhswami Medical College, India
25	R P Sequiera	Integrated student assessment: Linking stakeholders perceptions with faculty development programmes
26	B V Adkoli	Faculty development program at the Centre for Medical Education and Technology, All India Institute of Medical Sciences (AIIMS)
27	Hemlata Badyal	Student feedback on teaching and evaluation methodology in Physiology: Implications for faculty development
28	Hemangini K Shah	Microteaching as a tool for faculty development
29	N N Rege	Growth and development of Medical Education Unit of Seth GSMC & KEMH

Abstracts

Abstract 1

Title: Can we observe and teach better by changing the focus?

Author: Anil K Garg;

Email: anilgarg@doctors.org.uk

Institution: Worthing Hospital, Worthing, West Sussex, UK

Medical training is an apprentice model with faculty guiding and assessing progress of trainees. Designated assessment of competences is mostly in place but little observation of practice occurs in daily activity.

The aim of our intervention is to assess trainees competences in real clinical situations and assist in on going trainee progress.

Ward round brings trainer, trainee and nursing staff together. Since 2002 we have changed the focus from a Consultant to a trainee during part of a ward round. Instead of leading, Consultant stands back for one or more patients, depending on the time constraint, and observes the trainee conducting the consultation, focusing on one or more aspects of care. The consultant can step in at any time if necessary. Trainee is given verbal, formative feedback after the observation. Trainees also provide structured written or verbal feedback on the process that is anonymized.

80 trainees have been through our programme. All trainees gave positive feed back. Their comments included: “encouraged thinking”, “improve on communication skills and body language”, “it is like watching myself in the mirror”, “have these rounds more often”. We have noticed more focused participation in ward rounds and learning out come.

This method allows observation in real clinical activity and not artificial settings of OSCE or mini cex, which feel summative and threatening to trainees. A range of clinical skills can be assessed and improved by regular observations. It does not require significantly extra time or specialized training of faculty. It is applicable to all specialities and is integral to providing good medical education.

Abstract 2

Title: Our Experience with faculty development programs

Authors: Medha A Joshi, Venkatesh D, Chandrika Rao, Jayanthi V;

Email: medhajoshi11@gmail.com

Institution: Department of Medical Education, M.S. Ramaiah Medical College and Hospitals, Bangalore, Karnataka

Aim: To initiate the changes in medical education to create better educational content, and its delivery taking in to consideration the evolving societal needs, and recent developments in medical field.

Resources

1. Material

Internet access to online full text journals

Audio–Video Studio

Tele-conferencing facility

2. Manpower: Twenty-four part-time faculty, all trained in medical education technology

3. Money: Institutional support and self generated.

Faculty Education activities organized

Ramaiah International Conference on Medical Education–January 2007.

First time an international conference exclusively on medical education.

Theme lectures, free paper presentations and Panel discussions

Participants: 200 delegates from all over the country

Consultation workshop-January 2007.

ANNEXURE-6

Focus on sharing the experiences on community oriented teaching, integrated teaching and distance learning.

Fifty two invited faculty from all over the globe.

Test Development (Multiple choice) workshop: Duration :3 days

Focused on developing a valid MC test.

Innovative T/L Methods- Experience from West Indies: workshop duration 3 days

Interactive teaching methods for large student body with minimal teaching faculty

Workshop on alternative T/L methods: Duration 2 days

Interactive lectures, case based learning, small group discussions, and PBL

Faculty Development Programme:

Conducted for faculty of MSRMC & other Institutions, once a year

duration : 3 days

covers basic principles of medical education technology

Lesson learnt

Faculty of medical college is open to learning and implementing newer concepts of medical education.

Committed administrative support is required at all levels for effective functioning.

Programmes planned using a deliberative inquiry approach are better accepted among the faculty.

Any change introduced in the system is received with skepticism, persistent persuasion pays rich dividends

Involving students in curriculum planning has enhanced their acceptability of innovations

Abstract 3

Title: Introducing integrated learning program in nervous system for first year undergraduates: Experience from Indian medical school

Authors: Pandya HV, Ghosh S, Singh SK, Bhatt R, N Haridas, Agravat HH;

Email: sarmishtha@yahoo.com

Institution: Pramukhswami Medical College; HM Patel Center for Medical Care & Education, Karamsad, Gujarat, India

Aim: Pramukhswami Medical College introduced an integrated learning program (ILP) for first year undergraduates with an aim to improve the quality of learning and enhancing the ability of systematic comprehension of basic science principles in health and disease.

Methodology: The idea of implementing ILP in phase one was conceived by curriculum development committee drawn from faculty of all phases. Workshops on problem based learning and case writing were conducted to prepare faculty for problem oriented approach. An external faculty who was invited at PBL workshop shared her experience of implementing ILP. After a series of meetings of curriculum development committee, inputs from basic science and clinical departments, a time table was constructed. Various teaching learning methods, themes for integrated didactic lectures, case based learning and clinical exposure were decided. Basic science faculty was made to participate actively in both case based learning and hospital visits along with clinical experts. The completed program was evaluated based on structured questionnaire.

Results: Sixty percent students rated the program good to excellent with reference to appreciation, understanding and application of basic science knowledge in health and disease. Seventy eight percent felt that this program will help them perform better in later days of clinical training. However sixty percent students felt that ILP will not help them perform better at the first professional examination. Seventy two per cent of faculty agreed that this program improved understanding and application of basic science knowledge of students. Ninety percent of faculty felt that this program will help them perform better in later days of clinical training.

Conclusions: Students and faculty expressed an overall satisfaction towards ILP in nervous system. It is therefore recommended to initiate ILP for the basic sciences in medical schools following traditional curriculum.

Abstract 4

Title: Training the trainers—Biostatistics and research methods

Author: KR Sundaram;

Email: krsundaram@aims.amrita.edu

Institution: Professor & Head, Department of Biostatistics, Amrita Institute of Medical Sciences, Kochi 682026, Kerala, India

The importance and relevance of Statistical and Research Methods in medical and public health research is well recognized now. A good teacher in Biostatistics is very essential to teach the medical students the applications of various statistical methods for understanding and analyzing the medical and health problems. Instead of didactic lectures, teachers should be encouraged to use examples applicable to medical problems and demonstrate them through computer software such as SPSS and SYSTAT. In this presentation a package of examples and the art of presenting them to the students have been discussed. This would enable the teachers to communicate the scientific methods of statistics to the students in the best possible ways so that the students can understand and appreciate them well. The whole syllabus has been categorized according to the type of their applications to the medical and health problems. Various statistical methods are to be explained in sequence according to the level of medical knowledge acquired by the student. Seminars and Workshops have to be arranged to the teachers in getting themselves familiar with these applications through practical examples using computers using only the minimum required formulae and equations and emphasizing mainly the applications and interpretations of the results. Advanced topics such as Clinical Trials, Diagnostic tests, Survival analysis, Biological Assays and Evidence Based Medicine should be included in Seminars for the teachers and they should be encouraged in presenting these aspects which have been used in published articles. Most of these methods have been tested and validated among the medical students and they have appreciated this approach of teaching. Teachers also have recommended this approach of teaching in both the undergraduate and postgraduate courses.

Abstract 5

Title: Introduction of a computer-based self-assessment to promote learning among students

Author: Kwatra Gagandeep;

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Institution: Department of Pharmacology, Christian Medical College & Hospital, Ludhiana

Based on the evidence that a structured formative self-assessment allows the students to assess their learning and identify areas of weakness, we sought to develop and implement a computer-based self-administered module for formative assessment.

The study was conducted in the Pharmacology department, Christian Medical College and Hospital, Ludhiana. An interactive computer-based module on sympathetic nervous system was developed using power point. The module covered the topic in the form of questions in varied formats. After the regular classroom teaching, the second professional students were allowed to work on the module and asked to fill a feedback questionnaire. Two parallel tests, one pre- and one post-intervention were conducted with the help of the departmental faculty. The faculty also viewed the module and provided their feedback.

The students commented that the module enhanced their understanding of the topic; they also affirmed that the programme helped them in self-evaluation and motivated them to study more. The faculty asserted that the module is student-friendly. Although not a substitute for classroom teaching, they felt that students could use such teaching-learning aids for their self-assessment. It can enhance student learning, especially since such an assessment is non-threatening in nature. The faculty showed a keen interest in developing modules for other topics. Since preparing the modules takes up a lot of

time, it may be feasible to prepare modules only for some selected topics, they suggested. Two of the faculty members have been trained to develop more self-assessment modules. Introduction of a computer-based formative self-assessment module generated interest among the students and helped them in self-evaluation.

Abstract 6**Title: Teaching communication skills to medical students****Author: Alka Ganesh;****Email: alka_ganesh@excite.com****Institution: Professor of Medicine, Department of Medicine, Christian Medical College, Vellore, Tamil Nadu, India**

Introduction: Good communication skills are mandatory for all physicians, but such skills are rarely taught formally in our medical colleges. We describe a simple communication skills learning module involving role plays, video-film viewing, and group discussions, developed by the department of medicine. The module is stretched across the various medicine postings during the clinical years.

Method: A 3 hour module (2 sessions of 90 minutes each) is scheduled in each of the five medicine postings. The batch size is 20 students. In session one, a brief lecture is followed by viewing of a video, and role play activity involving all the students. In the second session, other faculty join the students. Students discuss the dynamics of communication experienced by them, and the faculty share real-life challenges of communicating with patients. The topics are basic and advanced interview skills, conflict resolution, patient education, and breaking bad news.

Student assessment was done by including a communication station in end-of-posting OCSE.

Evaluation of the module was done by questionnaire feedback from students and faculty.

Faculty were trained to conduct the sessions by including role plays, group dynamics and debriefing sessions in teaching/ learning workshop of one and half days duration. Additionally, hands-on training was done by inviting them to participate when actual sessions with students were conducted. So far 80 faculty members have been trained through in-house workshops in the last 4 years.

Abstract 7**Title: Department of medical education: marching towards innovation****Author: Subramaniam BS;****Email: barathi2021@gmail.com****Institution: Sikkim Manipal Institute of Medical Sciences**

The Department of Medical Education, Sikkim Manipal Institute of Medical Sciences, functions with the following objectives:

To bring about improvements in medical education and health care.

To enable residents (postgraduate students) to face their academic challenges.

To develop learning skills in students.

Format & Content

Workshop and CME programme are conducted on educational technology, curriculum development, personality development, Stress management every year. Postgraduate Orientation Workshop, Public Speaking Course (Duration: 1 day), Human Resource Development Programme (Duration: 3 days), Challenges of Classroom Teaching (Duration: One session of 2-3 hrs. duration), How can Heads of Departments: Promote excellence in teaching, Promote research.

Academic Staff

The Department has been fortunate in attracting new senior staff. The faculty members of the Medical Education Department consist of a Professor in charge and about 14 other part-time teachers. The Medical Education Department is open to any faculty member who is trained or involved or interested in any aspect of medical education.

Strengths, Future Priorities & Developments

Regular curriculum planning events;
Individual approaches to staff development for busy clinicians;
Maintain dynamic focus on curriculum development;
Staff development in educational theory underpinning the new curriculum;
Opportunity to conduct research on teaching methodology.
Strengthening infrastructure to support clinicians' teaching:
Promoting a more supportive & flexible learning environment for students:
Emphasize student self-care from early in the course;
Regularly review & update assessment instruments, based on student performance, develop database of assessment activities,
Promote formative assessment as a norm, through continuing professional development of clinical staff.
Shift the department's main focus from staff development and evaluation to curriculum development.
Challenges
Need to balance desire to evaluate thoroughly with risk that students will find the process tedious and repetitive

Assessment

- Assessment policy:

Has adopted an innovative approach, incorporating multiple assessment sources, including peer review, student portfolios & tutor reports; will be readily available to students.

Challenges

- Some clinicians have difficulty embracing changed assessment processes, especially formative assessment.

Abstract 8

Title: Medical graduates rural and urban: A comparative study

Authors: Singh LN, Deshkar AM, Kashyap BK, Tembhornikar PS, Singh HL, Somawar SN;

Email: drlakhan@yahoo.com

Institution: Chhattisgarh Institute of Medical Sciences, Bilaspur

Objective: The present study was carried out by Department of Medical Education, Chhattisgarh Institute of Medical Sciences, Bilaspur to determine the standard of professional competence amongst fresh medical graduates practicing in rural and urban area of central Chhattisgarh.

Methods: A questionnaire study was carried out which involved basic skills like evaluation of electrocardiogram, roentgenogram, hematological indices, electroencephalogram and questions related with recent updates and breakthrough in the field of medicine. We evaluated fresh non specialist medical graduates with minimum two year experience at rural or urban setup exclusively.

Result: Amongst professionals practicing at urban places 80% exhibited professional competence at basic evaluation and 40% in recent updates. The percentage for professionals at rural places depicting skills in basic evaluation was 47% and for recent update it was 10%.

Conclusion: The analysis revealed the paucity of competence amongst rural medical professionals. It was attributed to poor work environment, administrative overburden, non-availability of library and Internet facility in rural area. They expressed need to brush up their knowledge by refresher course at regular interval conducted by specialist medical teacher. Medical education departments at medical colleges should broaden their horizon by conducting refresher courses by specialist medical teacher at regular interval for their counterpart working at rural places.

Abstract 9

Title: Comprehensive Faculty Development Programmes: Empowered faculty members excel in creating vibrant Pharmacology Education.

Author: Ragini Vaishnav;

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Institution: Department of Pharmacology and Clinical Pharmacy, College of Medicine and Health Sciences, Sultan Qaboos University, PO Box 35, Al Khod 123, Sultanate of Oman

Introduction and Purpose:

The need for "educating" medical faculty in improving teaching is well recognized worldwide. At Sultan Qaboos University the College of Medicine offers courses for faculty development. These are Certificate in Health Professions Education, Train the Trainer and Student Assessment Workshops conducted by international and local medical education experts. In addition introductory Instructional Skills Development Programme and workshops on e-learning and WebCT are also offered by the University.

Methodology: The Certificate in Health Professions Education is a 3 day programme followed by a 3 day Assessment Workshop that is typically taken by a group of 30 to 40 participants. Participants worked in small activity groups. Topics covered include principals of learning and teaching and, curriculum design; skills in facilitating student learning in different settings including lecturing skills and small group teaching; student assessment and course and teacher evaluation. Topics covered in assessment highlighted choosing assessment instruments; types of MCQ's, extended match items, OSCE's, oral examinations and standard setting.

Results: We have modified our pharmacology teaching as an outcome of this education. The curriculum now includes diverse ways of learning pharmacology including didactics, integrated-system based learning, student-centered activities and e-learning. Our faculty now assumes the role of teachers and 'facilitators'.

Students are given course outlines, objectives and lecture handouts. Currently emerging pharmacology education trends, such as drug-patient and disease education are emphasized. Our assessments include clinical vignettes in MCQ format that undergo peer evaluation. We analyze all exam questions for discrimination and level of difficulty. We obtain student evaluation and feedback for pharmacology courses, resource materials, the merits of using WebCT for learning and impact of online assessments.

Conclusions: In order to strike a balance between content and process one has to be careful not to unduly compromise one for the other. Faculty and students have demonstrated satisfaction towards content and innovative approaches to improve pharmacology education. These have resulted in improved overall student performance coupled with a more positive and enjoyable learning experience.

Abstract 10

Title: Knowledge Management in Medical Institutions—The emerging role of Chief Information officer (Health)

Author: Sanjay Bedi;

Email: drsanjaybedi@gmail.com

Institution: Sri Guru Ram Das Institute of Medical Sciences, Amritsar

Purpose of study: To study the application of Information Technology oriented applications in a Medical Institution so as to increase the overall usage of Medical Knowledge in more productive ways.

Methodology: Training workshops and a Conference was held at SGRD Institute of Medical Sciences to train and sensitize the faculty in applications of Information Technology in Medical Sciences. The main topics were usage MS Office, Statistics Email and Internet to the faculty. Knowledge management in health system is the art of creating health system values, by leveraging the

intangible assets of knowledge. It was tried to inculcate the concept of Knowledge management in the faculty using Information Technology tools like mailing lists, websites, etc.

Results: It was found that only 23% of the faculty were able to grasp the concept or were willing to spend time towards these applications.

Conclusions: Since the number is too low it is proposed to provide special training to a few members of the faculty from each department and designate them as Information Officers. In this paper two levels of knowledge management have been identified starting from departmental level, and Medical Superintendent's level. The CIO (Health) should be a Medical Doctor supported by a team of Information Technology. His role should be proactive so as to fulfill the information needs of the system at various levels so as to improve the productivity of staff. He can liaise with other departments so to fulfill these needs. This paper tries to define the role of CIO (Health) step by step at all levels and the skills and support needed by him/her at all levels so as to effectively fulfill his/her role as a strong player in the Medical Institution. Knowledge Management initiatives nurture radical innovation, advance Planning, change Management will result in benefits in measures such as cost reduction, cycle time reduction, better resource returns, higher patient satisfaction index and increased doctors and paramedical staff education levels.

Abstract 11

Title: Faculty development through integrated teaching

Authors: Rashmi Vyas, Molly Jacob, Minnie Faith, Bina Isaac, Suganthy Rabi, Solomon Satish kumar, Dhayakani Selvakumar, Alka Ganesh;

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Institution: Christian Medical College, Vellore, Tamil Nadu, India

One of the biggest challenges for faculty in medical education is changing teaching approaches to incorporate the learning needs of students. The purpose of our study was to develop faculty for integrated teaching.

To integrate teaching of pre clinical subjects with clinical subjects, we decided to introduce a hybrid integrated learning programme [ILP] in the gastrointestinal system for the first year of MBBS course. This educational intervention incorporated elements of problem based learning, early clinical exposure, lectures and small group laboratory work.

A core group of faculty members was formed comprising of individuals from the basic science departments of Anatomy, Physiology and Biochemistry and from the clinical departments of Medicine, Surgery, Gastroenterology and Radiology of the institution.

The core group planned the objectives of the programme and also prepared the case scenarios for PBL sessions. This was circulated to all the faculty members for input and suggestions. Members of the faculty of the various participating departments underwent training sessions to learn how to be facilitators in problem based learning discussions.

Lessons Learnt

The multidisciplinary integrated learning programme has shown sustainability and feasibility within a conventional curriculum. Evaluation by students and faculty demonstrated favorable responses to the new integrated methods of teaching. The enthusiasm, hard work and integrated effort by faculty members who participated in the programme were extremely important reasons for the success of this intervention. However, organization of the programme required increased input of time and commitment from the faculty.

Abstract 12

Title: Impact of introductory workshop on Medical Education & Technology on knowledge of the participants

Author: Prakash Shere;

Email: drprakashshere@yahoo.co.in

Institution: Regional Centre of Maharashtra University of Health Sciences, Nasik

The Department of Medical Education & Technology (MET), Maharashtra University of Health Sciences, was established on 03/05/07. It is first of its kind in the country and is funded by MUHS Nashik. The department has been established with the objective of meeting the educational needs of various colleges affiliated to this health sciences university. Our mission is to create awareness about medical education in these colleges and introduce programmes for training of faculty. Since MUHS is a health sciences university, our affiliated colleges include Medical, Dental, Ayurvedic, Homeopathy, Unani, Physiotherapy, Occupational therapy and Nursing colleges. The department has adequate budget and the Department of Health has also allotted 3 acres of land for construction of a Global Medical Education Centre for the state in Pune. The department has full time staff of 2 Associate Professors and 2 lecturers.

Since it began 5 months ago, the department has been conducting medical education and technology workshops. Till date, 5 workshops have been conducted and 190 faculties have been trained so far. Pre and Post test results show that there was a significant improvement in the knowledge after workshop under sections of Educational Objectives ($p < 0.001$), Teaching and Learning Processes and Methods ($p < 0.001$); LAQ & SAQ Assessment ($p < 0.005$); MCQ Assessment ($p < 0.05$).

Positive feedback was received about the workshop from the participants. In the future, the department plans to start CME programmes and expand its activities further.

Abstract 13

Title: Capacity building of the teaching faculty of Christian Medical College in Medical Education Technology from 2004–2007

Authors: Anna Mathew, Alka Ganesh, Anna Tharyan, Sara Bhattacharjee, Dhaya Selvakumar, Rashmi Vyas, Elizabeth Mathai, Mary Kurian, Reena George, Anand Zachariah, J. P. Muliylil;
Email: cme@cmevellore.ac.in

Institution: Christian Medical College, Vellore, Tamil Nadu

A team of seven medical educators conceived the Medical Education Technology (MET) Course of Christian Medical College (CMC), Vellore and conducted workshops for capacity building of teachers with the goal of enabling the teaching faculty to mentor and train their students to become competent, caring and socially aware doctors for India.

Description of the MET Unit: The MET team of CMC convened regularly to plan and prepare the MET course with the support and encouragement of the Principal and administration of CMC. Financial support was provided by the Principal and the teaching faculty were encouraged to attend by giving them deputation leave. The resources of the CME department were made available to plan and arrange the courses. Each participant received a course booklet prepared in house by the CME department and a MET certificate after completion of the course.

Faculty Education Activity Organized: Five courses have been conducted since 2004, each consisting of three, one-and-a-half-day, interactive workshops with in-between assignments. Of the 105 faculty members who have participated, 14 were professors, 7 associate professors, 21 readers, 55 lecturers and 9 registrars. The essentials of MET were communicated through three modules.

The principles of the teaching-learning process and the domains of learning were applied to formulating specific learning objectives, developing teaching plans, selecting appropriate instructional methods and teaching aids and using micro-teaching.

Formative and summative student assessment were conveyed through interactive sessions on planning a question paper, and using effectively the tools such as essay, modified essay, OSCE, OSLE and MCQ.

The principles of designing and evaluating a competency based curriculum were applied by the participants, in groups, using the guidelines of the Medical Council of India (MCI) and the TNMGR University, to design and to appraise curricula.

Outcomes

Analysis of the scores of the pre-test and post test after each module showed significant improvement in the learning scores ($P < .001$).

The highly complimentary feedback has been followed-up by some innovative changes implemented in various departments by the participants.

An opportunity for teaching faculty to interact together and share views on medical education.

Abstract 14

Title: Evolution and evaluation of a Medical Education Unit

Authors: Desai SS, Patel VJ, Choksi SA, Majmudar F D;

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Institution: Smt. NHL Municipal Medical College, Ellisbridge, Ahmedabad 380006

Our Medical Education Unit evolved as Education Technology Group in 1990. with the objectives of faculty training, development of Educational objectives and objective-assessment strategy.

Ten workshops on Education Technology were conducted covering 197 (almost all) teachers in first 1&1/2 years. Again after hibernation for 8 years the group revived itself as MEU in 2000. In this second phase we conducted 11 workshops—7 for our new faculty, 4 for faculty of other medical colleges and nursing schools in Gujarat state and 1 at Bhopal training 486 teachers—355 from our institute, 131 from other institutes of Gujarat and Bhopal.

From few sessions on OHP and washed X ray plates we have reached to power point presentation, with coverage of almost all major areas of Educational Technology. In every workshop participants did fill session and program evaluation questionnaires which we analyzed and modified our presentations accordingly.

Evaluation of the sessions and the programme by the participants, reveal consistently good feedback, last workshop at GMC Bhopal rated 0.87 on 0 to 1 scale.

Other activities:

Educational objectives: (1991-1992) Institutional objectives were generated followed by departmental objectives for paraclinical and clinical subjects. Medicine and Pharmacology departments developed S.I.O.s in selected areas helping faculty members in improving teaching.

Introduction of formative evaluation by using MCQs by some departments. Faculty members developed skill in MCQ test construction. This practice still continues in several departments.

Orientation programmes for UG students: (1991 onwards) Regularly for new batch of students in all three phases, introducing the main objectives of various departments and evaluation pattern. First M.B.B.S. students are also introduced to stress management.

Workshops for P.G. Students: Research methodology workshops for First year PG students with dept. of Community medicine with the objective of helping the students in dissertation and other clinical research.

Training programmes for medical practitioners on Geriatric Medicine and Vector Borne Diseases.

Abstract 15

Title: Hands on experience with integrated system of medical education in Malaysia

Author: Dr. K. M. Padmavathy,

Email: kmpadmavathy@gmail.com

Institution: Physiology Unit, Faculty of Medicine, AIMST University, Malaysia

This paper intends to share the experience on integrated medical education of undergraduate students as practiced in a private university at Malaysia and its impact on faculty development. Salient features of the education included element/system based learning and evaluation of students on completion of study of each element/system by continuous assessment. Professional examination is held at the end of each year.

The faculty needs to cope up with the additional requirement of reorganizing their strategy in teaching style and interaction with other specialities. Leading problem-based learning sessions and guiding

students for Special Study Modules involving multiple disciplines; and Continuing Education programmes opened up new avenues for research and interdisciplinary activities. Both clinical and pre-clinical faculty play crucial role in training students in clinical skills lab.

During the clinical study, students developed skills and knowledge needed for practice of medicine and the knowledge acquired during pre-clinical study served as a foundation for the same. The examination pattern followed during clinical years was similar to that in pre-clinical years. Students also workout individual projects on one of the systems or clinical topics every year.

Notable advantages of this system education are:

1. Considerable reduction of the stress experienced by the students
2. Better understanding of the concerned subjects
3. Monotony involved in discipline-based learning is eliminated
4. Student develop needed skills to learn on their own by e-learning techniques
5. Promoted faculty development by interdisciplinary activities.

In conclusion, this system of education reduces the burden on the students and enables them to learn at a congenial environment.

Abstract 16

Title: The School of Medical Education, University of KwaZulu-Natal, SA

Authors: Veena S. Singaram, Ted Sommerville;

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Institution: Nelson Mandela School of Medicine, Natel, South Africa, Durban

Description of unit

The Medical faculty initially formed a Medical Development Unit to investigate trends in medical education and initiate innovative teaching practices. In 2001 a student-centred, integrated 5 PBL programme replaced a traditional, discipline-based 6 curriculum. The unit has since expanded from 3 academics and 1 support staff to a 'school' comprising 11 academics and 17 support staff, 2 of which are in peripheral hospitals. In addition the 16 "mobile huts" in the car park for tutorials have been replaced with more appropriate venues.

Faculty education activity

The unit then became a faculty resource for planning, implementing, assessing and evaluating the new curriculum from infancy to date (hence the formation of four 'year offices' overseeing years 1-5). Recently a need has arisen to include its original function of provoking innovation and supporting other faculty members in their teaching roles by providing expertise in student development, faculty development, assessment, quality assurance and information technology. Currently, balancing both roles is proving a challenge.

Lessons learnt

The importance of leadership from the top. Reluctance to deal with intransigent disciplines weakened the coherence and effectiveness of the new programme.

Structured visible build up of core content, particularly in the medical sciences is essential, especially for under-prepared students. The importance of continuous faculty development.

Abstract 17

Title: Excellence model as a Faculty Development tool—Dubai Medical College for Girls

Author: Fouzia Shersad;

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Institution: Dubai Medical College for Girls, Dubai

This poster describes the learning from application of the European Foundation for Quality Management (EFQM) Excellence Model to improving medical education of Dubai Medical College for Girls. This also examines the application of the fundamental concepts of the EFQM Excellence Model and describes how it has been used as a self assessment tool by the Institutional Effectiveness

unit. Additionally, it explains how it has been used as a good internal communication tool as part of the strategy development and review process.

While focusing on achieving organizational results, the EFQM Model covers all the different areas of strategic management. The EFQM Model is widely recognized as one of the most cost-effective ways of improving performance: as the model is applied and monitored through Self-Assessment and can be administered by internal quality or change managers. EFQM Excellence Model is built on the fundamental concept of 'continuous learning, innovation and improvement' and on prevention rather than inspection or audit.

During the application process for Dubai Quality Award, involvement of every faculty in the process was key to the success of the process and part of their development. An outcome of this has been a much broader faculty development program that has clear focus and much broader impact.

Abstract 18

Title: Capacity building of general practitioners by the CME department, Christian Medical College, Vellore since 2003

Authors: Anna Mathew, Gracey George;

Email: cme@cmcvellore.ac.in

Institution: Christian Medical College, Vellore, Tamil Nadu

The objective of the Continuing Medical Education (CME) department of Christian Medical College (CMC), Vellore is the capacity building of doctors practicing in rural areas and peripheral hospitals. The CME department, consisting of the coordinator and two office staff, conducts the following activities with input from the teaching faculty of CMC.

CME Updates are monthly contact programmes for practitioners of Vellore district. Regular feedback and suggestions from the local doctors (around 50) who attend make these updates relevant and need-based.

Current Medical Issues is a bi-monthly journal, which summarizes current issues and evidence updates with expert comments from faculty and keeps over 300 doctors working in peripheral hospitals abreast of current medical issues.

The Progressive General Practice Course is a distance education programme undertaken by 293 doctors. The peer-reviewed booklets are prepared with pre- and post-test assessments.

Practice guidelines are ready reckoners, for quick reference with diagnostic and management algorithms. Around 1000 brochures are despatched annually.

Online CME is offered through the CME web-page where learning cases are posted in an interactive format.

All medical practitioners who register with the CME department will be able to receive an annual CME certificate of credits obtained for CME participation to enable recertification.

Abstract 19

Title: Training faculty to identify Students at risk for mental health problems

Authors: Manju Mehta, Rajesh Sagar

Email:

Institution: Department of Psychiatry, All India Institute of Medical Sciences, New Delhi

Mental health problems have been a concern in Undergraduate students and Postgraduate residents in medical colleges. A recent review of literature mapping 40 articles (between 1980 and 2005) on medical students' psychological distress suggests a high prevalence of depression and anxiety among medical students, with overall levels of psychological distress consistently higher than in the general population and age matched peers (Dyrbye, Thomas and Shanafelt, 2006). Often students/residents hesitate to consult psychiatrists due to stigma or lack of awareness of their problems. Department faculty has opportunity to observe and identify mental health problems due to frequent and regular interactions with students/residents in their departments. Thus training some volunteer faculty members from each department can help in early identification of students/residents at risk for mental

health problems. They can also be involved in early intervention or sending referrals.. With this objective an initiative was taken at AIIMS, two faculty members as volunteers from each department were given training in signs and symptoms of mental health problem, methods to discuss problems and provide counseling to the students/residents.

It was observed that sensitive and easily approachable faculty members were accepted as better counselors by residents. Some residents could confide their problems more with younger faculty members. Training in active listening skills, developing empathetic relationship and interviewing skills were required to practice counseling. Importance of maintaining confidentiality was emphasized. Faculty members were instructed to refer the resident at risk to the specialists when they felt that the resident was having moderate to severe problems, or they were unable to help in reducing the distress. This exercise helps the faculty members in establishing better relationship with the residents.

Abstract 20

Title: Faculty development program in PSG IMSR—A review of the functioning of Department of Medical Education

Author: K. Bhuvaneswari;

Email: nandabhuvana@gmail.com

Institution: Prof & HOD of Pharmacology, Core /faculty member, PSG-FAIMER Regional Institute. Peelamedu, COIMBATORE 641004, Tamil Nadu

PSG IMSR was one of the first institutions in India to start a medical education unit in 1988 long before it was made mandatory by the MCI. The Department of medical education in the PSG Institute of Medical Sciences & Research was established in 1988. It is run with four full-time staff members and a team of trained “Core group Faculty headed by a professor and presided by the principal of the Institution. Since the last 19years this department has conducted and coordinated many educational programs for faculty of the medical colleges as well as paramedical staff not only of PSGIMSR but also of other medical colleges in and outside the Tamil Nadu State. This pool of medical educators has now been involved in faculty development leadership programme through the PSG FAIMER Regional Institute which is functioning there.

The present study examines and presents the various faculty development programmes undertaken by it and highlights through an output evaluation processes leading to its effective functioning. A survey of faculty reveals its impact on their Professional life and also identifies areas of further development.

Abstract 21

Title: The Medical Education Unit at Bharati Vidyapeeth University Medical College, Pune: Helping faculty become better teachers and leaders of educational change

Author: Payal K. Bansal;

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Institution: Bharthi Vidhapeeth Medical College, Pune

The Bharati Vidyapeeth Medical College, Pune is an institution of national repute for education, research and clinical care. The Medical Education (ME) Unit, established 12 years ago, consists of 13 members of Faculty, from both basic science and clinical disciplines, and range from junior to senior level. All of the members have received training in medical education, nationally and internationally. Over this period of time, the unit has grown, and the diversity of experiences of the faculty lends considerable strength to our resource pool of experts in medical education.

Through this poster, we share the journey of our ME Unit over the years. A variety of activities including workshops, lectures and innovative research projects are carried out regularly. A number of members have carried out educational innovations in conjunction with other faculty from within, as well as outside their respective departments. Nearly 90% of the faculty at our institution has received basic training in medical education. We have a good inventory of infrastructural resources, as well as

international medical education journal subscriptions. Our current focus is to achieve educational enhancement through faculty development, newer teaching-learning methods, student support and improved assessments for better student outcomes.

As we continue to build our capacity in medical education, we have stories of both successes and challenges to share from our experience. Institutional support has been largely positive. We also share our phases of growth, plateau and resurgence. A framework for an institutional model for educational development, towards attaining best possible standards in education is proposed. As a medical Education Unit, it is our endeavour to provide full support to all faculty and departments towards educational enhancement and growth.

Abstract 22

Title: Development and incorporation of an interdisciplinary foundation program for MD/MS students

Author: Sanghamitra Pati;

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Institution: SCB Medical College, Cuttack

The three-year MD/MS study program is the most crucial period of medical education. No doubt this period should be best utilized by every student with maximum productivity in terms of knowledge and skills. However, there is a need for minor curricular innovation in postgraduate medical education. Past experiences suggest that most of the students find it tough to acquire the relevant skills relating to Bio-statistics, Research proposal design, seminar presentation, and ethical regulation. The problem is more pronounced for in-service physicians who after dealing with patients for long often grapple while acclimatizing with the new academic ambience. Keeping this in view an innovative interdisciplinary foundation program for postgraduate students was proposed to be introduced in SCB Medical College, Cuttack, Orissa in the academic year 2007.

In the first step, a plan of action was designed to build appropriate skills among the existing faculty of the medical college so that they could act as resource persons in this maiden interdisciplinary foundation program. A preliminary survey was done among the entire faculty of the institute to put forth suggestions regarding the basic knowledge and skills that should be incorporated in the proposed program. The data were then compiled and major areas in which training is required were enlisted. Next, the faculties were invited to act as resource persons and undergo short intensive capacity building. Faculty from basic medical sciences displayed more enthusiasm and interest compared to clinical counterparts. It was decided to keep the faculty development program duration for 6-weeks. A team of core-faculty for the foundation program was constituted. The team then designed the sketch of the faculty skill-building program, described its components and identified the departments that would administer them. Accordingly each faculty received necessary knowledge and skills and was assigned as a resource person.

In the coming academic year the proposed foundation program was implemented in which all the fresher postgraduate students participated. The Program had components on Statistical methods, Basic Laboratory investigations, Essentials of Scientific Writing, Basic research ethics, Fundamentals of Computers including Internet and navigation, life style modification and stress handling. The course facilitated interactive discussion among students and helped them to work more confidently in their respective disciplines.

Abstract 23

Title: Medical Education Unit, Christian Medical College, Ludhiana

Author: Sheena Singh;

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Institution: Prof & Head, Deptt. Physiology, Christian Medical College, Ludhiana, Punjab, India

ANNEXURE-6

Establishment of a MET at CMCL is an interesting story of struggle and faith in the faculty. Beginning since 1986 with emphasis on PBL in collaboration with networks, the Medical Education Unit was formally started in 1992. Initially, faculty was sent for training to the National Teachers Training Courses. However, we conducted the in-house training which was reported in the Indian Journal of Medical Education.

Regular in-house Training Workshops began to be conducted by a few key faculty members with a view to develop the skills and capabilities of fellow medical teachers. About 350 teachers have been trained so far in our own institution and other professional organizations under the aegis of the Panjab University, Chandigarh; Baba Farid University of Health Sciences, Faridkot. Our unit was the Nodal Center for imparting training in Medical Education for the Panjab University, Chandigarh.

Regional, National and International level workshops have been conducted and faculty have participated and contributed. Initially they were 3-day workshops on basic principles of Medical Education right from framing Learning Objectives, later as basics had been covered, they became more focused 1-day workshops on selected topics for instance, conducting Objective structured Practical or Clinical exams; Framing Multiple choice questions and item analysis; Framing better question papers with model answers.

In January 2006, the CMCL-FAIMER Regional institute was established and 5 of our faculty were initiated in the first batch. They successfully completed their fellowships in January 2007 and another 5 of our faculty began their fellowships in January 2007. We had 10 additional faculty members of other Medical colleges in India in each batch. The major emphasis was on Faculty Development and Distance Learning.

Three of our faculty members have been selected for the FAIMER Institute Program at Philadelphia. Recently one of our senior faculty members is receiving training for MHPE at Maastricht. Three of our faculty members are being trained at FAIMER Philadelphia to be faculty for the CMCL-FAIMER 2008 session.

Our Medical Education Unit has had 50 publications in various journals and 2 books have been authored.

Lessons learnt: Medical Education in India has received a major thrust in recent years. Our Unit has the advantage of having started early on and we have a few very senior and experienced faculty guiding its progress.

Organized workshops and activities of the Unit with the additional support of FAIMER has refined and multiplied our efforts.

Faculty Development is the main impetus of the Unit now. Faculty members selected for the CMCL-FAIMER Fellowships are involved in active learning through projects and distance learning.

This is creating awareness and interest of the faculty in Medical Education.

It is serving to: strengthen their skills in teaching, encourage them to apply new ideas and become effective, purposeful and scholarly educators.

The lesson learnt is simple but profound: Where there is a will, there is a way.

Abstract 24

Title: Preparing faculty to develop problem oriented approach to teaching and learning-our experience at Pramukhswami Medical College, India

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Purpose of study: Medical Council of India has recommended that learning process should include problem oriented approach and case studies in addition to other teaching learning methods. Medical education unit at Pramukhswami Medical College planned faculty development to enable them to acquire the new role of facilitator which is different from that of a conventional teacher.

Methodology: A core group of in house faculty having earlier exposure to Problem based Learning [PBL] was formed. A two-day workshop was designed by inputs from the core group and external faculty. On day 1, sessions included introduction to PBL, and responsibility of facilitator delivered by didactic and interactive format, small group student experience (session one) on written case scenario followed by large group interaction. Overnight period of self-study was given. On day 2, student experience (session two) was conducted followed by large group interaction. Participants responded to pretest- posttest on understanding of PBL and a feedback on their experience of this workshop. Within a week, a similar workshop on creating effective case scenarios was conducted and a feedback was obtained.

Results: Ninety two to ninety six percent of participants agreed that PBL workshop helped them understand the meaning of PBL, steps of PBL, importance of group dynamics and student responsibilities in PBL. Thirty two percent stated that the workshop did not help in the understanding of the role of a good PBL facilitator.

Conclusions: The two workshops created awareness and understanding of PBL and case writing for PBL amongst faculty who were trained in conventional system. However, a workshop on developing facilitator skill would be essential to enable them to emerge as facilitators rather than conventional teachers.

Abstract 25

Title: Integrated student assessment: Linking stakeholders perceptions with Faculty Development Programs

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Institution: WHO Collaboration Centre for Educational Development, Arabian Gulf University, Manama, Bahrain

Background: Integration is a key feature of problem-based learning (PBL) curriculum. Often there is a mismatch between how students learn and how they are assessed due to misplaced faculty perception about integration and a lack of training opportunities. Arabian Gulf University in Bahrain has adopted a PBL curriculum since its inception in 1983, and over the years has invested heavily in faculty development programs (FDP), especially those related to student assessment.

Objectives: (1) to determine faculty perceptions about obstacles for integrated assessment; (2) to prioritize strategies that are expected to enhance integration in student assessment; (3) to describe FDP undertaken to promote integrated assessment.

Methods: Using a self-administered questionnaire, information on faculty perceptions about obstacles for integration and strategies to enhance integration in student assessment was obtained. FDP undertaken are described.

Findings: Most faculty members agreed that: (1) integration in student assessment is important in both pre-clerkship and clerkship phases of the program; (2) there should be consistency between integration in the curriculum and that of assessment; (3) basic medical science faculty, full time faculty, senior faculty, and faculty with at least five years experience in PBL had a significantly more positive attitude towards integrated assessment. Major obstacles for integration included time constraints, team work difficulties, lack of familiarity and training, and a discipline-based attitude of faculty members. Faculty training was the most important suggested strategy to enhance integrated assessment. During last few years the organizational structure for student assessment has been reviewed resulting in greater emphasis on cross-departmental faculty teams developing and peer-reviewing test items. FDP have targeted topics such as test item construction (A-type, R-type, SAQ and OSPE/OSCE), psychometrics, exam blue-printing, standard-setting using criterion-based methods, post-test item analysis and review, and effective use of data bases and item banks. An ongoing graduate program in health profession education has supported faculty development.

Conclusions: Student assessment is a key area for FDP in (PBL) health profession programs. It is essential to include views of all stake holders to prioritize topics for FDP. Apart from structured FDP with inputs from intramural and extramural experts, on job training should also be emphasized.

Abstract 26

Title: Faculty Development Program at the Centre for Medical Education and Technology, All India Institute of Medical Sciences (AIIMS)

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Institution: KL Wig CMET, AIIMS, New Delhi 110029

The Centre for Medical Education and Technology (CMET) was established at AIIMS in the year 1989. During 1987-95, AIIMS in partnership with three more leading medical colleges in India, and Department of Medical Education, University of Illinois, Chicago, launched a major WHO Project by forming a Consortium of Medical Institutions for Curricular Reforms in Medical Education. The centre was a nodal point for the consortium activities. The faculty development process in medical education was initiated with twenty faculty members from different departments receiving training at Dundee, UK.

The centre has a solid infrastructure in terms of physical space, equipment and facilities for providing comprehensive media production. The centre combines a group of faculty drawn from pre, para and clinical disciplines, WHO serve as adjunct faculty of CMET and play an important role in faculty development activities.

Right from the year 1990, CMET initiated a process of organizing workshops on different aspects of medical education at the institutional, national and regional levels. The thrust areas for training have been different aspects of curriculum development, student assessment, role of media in medical education, large and small group teaching, improving presentations, problem based learning, computer assisted learning, ethics and better scientific writing. Lately workshops on digital photography, information retrieval using internet, and video editing have been introduced. More than 1000 faculty members have been trained in different aspects of educational methods and technology.

The faculty of CMET has been actively involved in training and research activities and consultancy roles in medical education and have produced a number of publications. The role and impact of the faculty development program undertaken by the CMET at institutional, national and regional level will be presented.

Abstract 27

Title: Student Feedback on Teaching and Evaluation Methodology in Physiology: Implications for Faculty Development

Authors: Hem Lata, Lily Walia, Vidushi Gupta

Email:

Institution: Department of Physiology, Dayanand Medical College and Hospital, Ludhiana 141001, Punjab

Introduction: The success of any teaching programme lies in planning such a curriculum which allows the students to gain maximum meaningful knowledge in the short span of time available. To achieve this goal, it is very important to have adequate communication between teachers and students. The students undoubtedly are in best position to comment on the effectiveness of any teaching system and they may be regarded as the best judge to assess the teaching and evaluation methods.

Objectives: Hence, this study was designed to obtain feedback on teaching and evaluation methods in the subject of physiology from the students of two successive batches after passing out their first professional undergraduate examination.

Method: A written questionnaire covering topics on various forms of teaching and evaluation methods was used to get feedback.

Conclusion: Students were satisfied with all teaching methods except vertical integrated seminars. Majority of the students showed preference for grand stage, short answer questions and revision cum self study. Practical demonstrations were found to be useful. All students felt that there should be more time for revision and self study.

Implications for faculty development: There is a need to train faculty for the areas the students have shown preference. For example, the students have shown more preference for revision and self study as compared to vertical integrated seminars. Hence, the focus for faculty development as suggested by this study has to be shifted to the needs of the students rather than on conventional pattern. The faculty can be trained by organizing 1-2 day workshops in the department.

Abstract 28

Title: Microteaching as a Tool for Faculty Development

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Purpose: To assess the efficiency of Microteaching as a tool for developing presentation skills of the faculty.

Methodology: A training program was planned every afternoon for a week on various aspects of teaching technologies in medical education by the Medical Education Cell. A Pretest was conducted prior to the training while a Post Test was conducted after the training session.

As part of the training program, Microteaching session was conducted for the teaching staff mainly Asst Lecturers, Lecturers, Asst Professors, wherein 30 staff members were trained per workshop. Three such programs were conducted.

The Microteaching sessions included a 5 min presentation, video recording, peer and Trainer evaluation. A replay was carried out for a first hand feedback and constructive criticism was encouraged. The point grading system was used for evaluation by the Peers and Trainer. Evaluation was carried out based on parameters like Clarity, Content, Use of Audio Visual Aids, Audience participation etc.

Results: The Pre and Post training Microteaching sessions were compared. Also the Pre and Post evaluations were analyzed. A lot of improvement in various aspects like Speed of delivery, Loudness, Proper use of Audio Visual Aids, mannerisms etc was observed among the participants. Post Test scores showed an increase of score though no statistical tests were applied.

Conclusions: Regular microteaching sessions would provide a platform for the staff to practice and improve their presentation skills through constructive criticism.

Abstract 29

Title: Growth and development of Medical Education Unit of Seth GSMC & KEMH

Authors: Rege NN, Bhuiyan PS, Supe AN, Parkar SR, Dandekar SP, Mehta PR, Patankar CV, Bhosale YJ, Karve AV

Email:

Institution: Seth GS Medical College and KEM Hospital, Parel, Mumbai 400012

As per the recommendation of MCI, the MET Cell of Seth GSMC and KEM Hospital was set up in 1993. The growth and development of the cell over 14 years to a well- equipped ME Unit, is presented herewith.

In the first 5 years, biyearly workshops were organized for the new entrants. Later the training extended to senior teachers of the institute and also teachers of other institutes both at state and national level. The experiences gained made us publish yearly bulletins and also the book "The Art of Teaching Medical Students" incorporating education technology, principles of management and research. The faculty was invited by Maharashtra University of Health Sciences in 1999 to "Teacher Training Programs" involving teachers for all courses under it. This vast experience helped the faculty

ANNEXURE-6

members design a six days Certificate Course in Medical Education including basics, newer trends in medical education and educational projects. Through workshops (n=200) and Certificate Courses (n=7), the ME Unit have sensitized more than 10, 000 teachers.

The unit was declared as the Centre of Excellence in 2004. It acted as a Zonal Training Center of MUHS, and is privileged to be the first institute to be affiliated to FAIMER, Philadelphia, USA. The experience of last three regional institutes has widened the horizons of our faculty development program with emphasis on leadership skills, professional networking and educational research following the concepts of Androgogy. The unit has to its credit more than 20 publications.

As a part of the global movement towards quality medical education, our focus is currently on strategic and policy based sustenance of its activities with support from the next generation medical educators, which will develop the faculty in such a way, that they can shape the young medicos as competent, humane and responsible future doctors of this country!!

Pre Conference Workshop: Program Evaluation Questionnaire

Pre Conference Workshop-1 Educational Research and Scholarship Development (N=28) Program Evaluation Questionnaire

Dear Participant,

The purpose of this questionnaire is to obtain your feedback on the effectiveness of the sessions which you underwent during the workshop. Your response will help us in improving such activities in future. You may not reveal your identity if you like; Your response will be held confidential. We thank you for your cooperation.

Questions	Yes	No	Not sure
1. Were the objectives of the workshop largely achieved?	24	1	3
2. Do you find workshop useful for your professional activities?	26	1	1
3. Were the faculty resourceful/helpful?	27	-	- (NR -1)
4. Did the workshop have a balance of theory and practical?	Too much of Theory 1	Too much of practice 3	Optimum theory & practice 24
5. Was the time management satisfactory?	Program was too tight 9	Program was too relaxed 2	Program was optimum 17

6. What was BEST in this workshop for you?
 - Participatory approach and group interaction (11)
 - Concepts of scholarship (6)
 - Clarifying Projects (2)
 - Meeting People (2)
 - Short & effective (1)
 - Lucid presentation (2)
 - Information and resource material provided (3)
 - Informal learning atmosphere
 - Good presentation

7. How it could be made BETTER?
 - More group activities (2)
 - Participation of all present (1)
 - More time and more elaboration would have been better (2)
 - Better idea of what to expect (1)
 - More practical tips could have been given (1)
 - Smaller groups (2)

ANNEXURE-7.1

- Reading materials could be sent to participants in advance

8. Organizational Aspects:

Were the following arrangements satisfactory?	Good	Fair	Poor/need improvement
a. Audio-Visual arrangements	24	4	-
b. Venue arrangements	26	2	-
c. Food and catering	23	3	1 (NR-1)

9. Comments and suggestions for future organization of similar activities

- More such activities, organized in different regions (3)
- More time for the interaction, could be whole day (2)
- Information on useful links in medical education
- Reading materials could be sent well in advance
- Add one or more speakers
- Case study session on scholarship

10. What knowledge or skills will you use from the workshop in your practice ?

- Develop research (14)
- In conducting/implementing my educational project (6)
- Idea of how to convert activity in to scholarship (2)
- By way of sensitizing my other colleagues
- Use all appropriate information at own MEU
- Peer review
- Reinforcement of ideas
- Useful links (2)
- Use per review for all proposal

Pre Conference Workshop-2
Use of Distance Learning in Faculty Development
Program Evaluation Questionnaire (N=10)

Dear Participant,

The purpose of this questionnaire is to obtain your feedback on the effectiveness of the sessions which you underwent during the workshop. Your response will help us in improving such activities in future. You may not reveal your identity if you like; Your response will be held confidential. We thank you for your cooperation.

Questions	Yes	No	Not sure	No Response
1. Were the objectives of the workshop largely achieved?	9	-	-	-
2. Do you find workshop useful for your professional activities?	10	-	-	-
3. Were the faculty resourceful/helpful?	10	-	-	-
4. Did the workshop have a balance of theory and practical?	Too much of theory 3	Too much practice -	Optimum theory & practice 6	No response 1
5. Was the time management satisfactory?	Program was too tight 2	Program was relaxed -	Program was optimum 7	No response 1

6. What was BEST in this workshop for you?
- Interaction (3)
 - Group Work (2)
 - Experience shared by Indian faculty
 - Informal atmosphere
7. How it could be made BETTER?
- More practical aspects could have been dealt

ANNEXURE-7.2

8. Organizational Aspects:

Were the following arrangements satisfactory?	Good/Fine	Fair/OK	Poor/need improvement
a. Audio-Visual arrangements	9	1	-
b. Venue arrangements	9	1	-
c. Food and catering	9	1	-

9. Comments and suggestions for future organization of similar activities

- a. Should be held more frequently (2)
- b. Distance learning is a necessity to cater to remote areas like north east.

10. What knowledge or skills will you use from the workshop in your practice?

- Application of distance learning in my setting (5)
- Presentations made during the workshops
- In strengthening CME's
- Management of change

Pre Conference Workshop-3
Educational Leadership and Change Management (N=27)
Program Evaluation Questionnaire

Dear Participant,

The purpose of this questionnaire is to obtain your feedback on the effectiveness of the sessions which you underwent during the workshop. Your response will help us in improving such activities in future. You may not reveal your identity if you like; Your response will be held confidential. We thank you for your cooperation.

Questions	Yes	No	Not sure
1. Were the objectives of the workshop largely achieved?	23	-	3 (NR=1)
2. Do you find workshop useful for your professional activities?	25	-	2
3. Were the faculty resourceful/helpful?	26	-	- (NR=1)
4. Did the workshop have a balance of theory and practical?	Too much of theory 1	Too much of practice 3	Optimum theory & practice 23
5. Was the time management satisfactory?	Program was too tight 2	Program was too relaxed 5	Program was optimum 20

6. What was BEST in this workshop for you?
- Brain storming session (4)
 - Affinity mapping (3)
 - Concepts are clearly defined (2)
 - Group discussion
 - Force Field analysis
7. How it could be made BETTER?
By giving preparatory time before the workshop

ANNEXURE-7.3

8. Organizational Aspects:

Were the following arrangements satisfactory?	Good	Fair	Poor/need improvement
a. Audio-Visual arrangements	25	2	-
b. Venue arrangements	25	2	-
c. Food and catering	25	2	-

9. Comments and suggestions for future organization of similar activities

- a. More/advanced courses may be organized (5)
- b. More examples & worksheets
- c. An on-line component could have been advised
- d. Real time solution for the projects

10. What knowledge or skills will you use from the workshop in your practice?

- Change management tools and their application (5)
- Management skills, especially the leadership (3)
- Project planning strategies (2)
- Interest and influence matrix
- Strategies to overcome opposition
- Force field analysis
- Communication with low motivated
- Brain storming/ Affinity mapping

Pre Conference Workshop-4
Faculty Development in Performance Based Assessment (N=21)
Program Evaluation Questionnaire

Dear Participant,

The purpose of this questionnaire is to obtain your feedback on the effectiveness of the sessions which you underwent during the workshop. Your response will help us in improving such activities in future. You may not reveal your identity if you like; Your response will be held confidential. We thank you for your cooperation.

Questions	Yes	No	Not sure
1. Were the objectives of the workshop largely achieved?	18	-	2 (NR=1)
2. Do you find workshop useful for your professional activities?	17	1	3
3. Were the faculty resourceful/helpful?	19	-	- (NR=2)
4. Did the workshop have a balance of theory and practical?	Too much of theory 3	Too much of practice -	Optimum theory & practice 17 (NR=1)
5. Was the time management satisfactory?	Program was too tight 3	Program was relaxed -	Program was optimum 18

6. What was BEST in this workshop for you?

- Feedback on clinical assessment / simulation / role play (9)
- Interaction (7)
- Brain storming
- Going through mini-CEX
- Knowledgeable resource persons

7. How it could be made BETTER?

- More practice could have been given

7. Organizational Aspects:

Were the following arrangements satisfactory?	Good	Fair	Poor/need improvement
a. Audio-Visual arrangements	19	2	-
b. Venue arrangements	19	1	- (NR=1)
c. Food and catering	18	2	- (NR=1)

9. Comments and suggestions for future organization of similar activities

- More frequent workshops (5)
- Well organized workshop (4)
- More practice and exercise for the participants

10. What knowledge or skills will you use from the workshop in your practice ?

- Giving good feedback to the students/trainees (8)
- Assessment of skills / fair assessment
- Video recording of clinical examn.
- Mini-CEX

Program Evaluation Questionnaire (NCME 2007)

National Conference on Medical Education (NCME 2007) Building Capacity in Medical education: A National Perspective 15-17 November, 2007 (N=85)

Dear Participant,

The purpose of this questionnaire is to obtain your feedback on the effectiveness of the sessions which you underwent during the conference. Your response will help us in improving such activities in future. You may not reveal your identity if you like; Your response will be held confidential and used only for research purpose. We thank you for your cooperation.

Questions	Yes	No	Not sure	No Response
1. Were the objectives of the conference largely achieved?	71	1	9	4
2. Do you find conference useful for your professional growth via social networking?	82	-	-	3
3. Did the conference elicit your active participation?	77	-	3	5
4. Did the scientific program have a balance of theory and practical?	Too much of theory 15	Too much of Practice 7	Optimum theory & practice 59	4
5. Was the time management satisfactory?	Program was too tight 76	Program was too relaxed 3	Program was optimum 3	3

6. What was BEST in this conference for you?
 - Active participation and interactive nature of the sessions (26)
 - Poster presentation and discussion (11)
 - Panel discussion of poster session (3)
 - Session on building net work of medical educators (8)
 - Experience sharing (7)
 - Meeting medical education experts (5)
 - Story telling (2)
 - Panel discussion on need assessment for faculty development
 - Concept of scholarship
7. Organizational aspects:
 - Time management & hospitality (2)
 - Venue and ambience
8. How it could be made BETTER?
 - The resource materials could have been sent to the participants well in advance (4)
 - The organizer could have added some more sessions to bring variety (3)
 - The panel discussion on leadership lacked focus and brevity (3)
 - There was some variation in the level of participants, could plan different programs for different level of participants (3)
 - More practical work and hands on experience (2)

ANNEXURE-8

- Assess the functioning of MEU of each medical college
 - The program was felt long
9. The program was tight
- Name some session (s), which you found uninteresting/not so useful in this conference:
 - The panel discussion on leadership in health profession education was not very useful (18)
 - The poster session involved repeated discussion (7)
 - The session on scholarship was felt as a repetition for those who attended pre-conference workshop on 14th November (2)
 - Building network of medical educator
10. Comments and suggestion for future organization of similar events.
- Topics suggested
 - Problem Based Learning (PBL) & Integrated Teaching (5)
 - Research in Medical Education/Scholarship/Scientific Writing (5)
 - Student Assessment (3)
 - Curriculum Designing (2)
 - Innovations in Teaching (2)
 - Educational Technology/IT (2)
 - Ethics
 - Guidelines for faculty development
 - Presentation Skills

Frequency

The frequency suggested from the participants varies from twice a year (3), once a year (20), once in two years (4) and once in three years (1). A participant has suggested quarterly programs at the institutional level, biennial programs at the regional level and annual conferences at the national level

Venue

Many participants (23) have suggested that the conference should be held in different states every year on rotation basis. Some participants have suggested Mumbai (5), Delhi (3), Goa, Bangalore and Kolkata and a second tier sitting

11. What knowledge and/or skills from the conference will you use in your practice?

- The concept of networking (6)
- The use of small group discussions (4)
- Educational research & scholarship (3)
- Innovative poster presentation/discussion (3)
- Handling small group discussion in a large group setting
- Story telling as a method
- Multi voting
- Distance learning
- Organizational skills

12. Please comment on the following Organizational Aspects of the conference	Good	Fair	Poor/could be improved	No Response/ Not availed
a) Venue	73	2	-	10
b) Audio-Visual arrangements	68	5	2	10
c) Food and catering	67	7	-	11
d) Local transport	36	14	5	30
e) Cultural program	57	6	-	22

NCME 2007

Towards better faculty development in medical education



the mission continues.....

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