

Rawalpindi Medical University  
**Faculty Development  
Programme**





## **Message from Vice Chancellor:**

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

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

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

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

## Editorial in JRMC:

### University Faculty Development Program at Rawalpindi Medical University

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

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

to be incorporated rather than the conventional lectures strategy. Thus, improvement in teaching strategies will enhance the quality and capability of graduating doctors.

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

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

credentials at national and international level but also contributes in escalating the ranking of the University globally. Moreover, the first and the foremost aim of a professional doctor is explicitly achieved, as 'the patient deserves the best'. The learning objectives need

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

#### Reference

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

## **Prologue:**

Faculty development has become an increasingly common initiative in health professions faculties and their affiliated hospitals, regulatory bodies, and national and international associations. The conceptualization of University Faculty Development Program (UFDP) at Rawalpindi Medical University was launched in Nov 2018 in Deans meeting at RMU. No such program existed in the university before. Ultimately it serves to improve the delivery of health care and to provide best services to ailing humanity, thus optimizing the nobility of medical profession .

UFDP upholds the motto of the University i.e. “ Wisdom, Truth and Service”. Highly trained and professional faculty of the University not only wins credentials at national and international level but can also contribute in escalating the ranking of the University world over. Moreover, the first and the foremost aim of a professional doctor is explicitly achieved as ‘The Patient deserves the best’ .

A team of experts was formulated comprising of eminent University Professors of RMU as well as enthusiastic medical educationists under the chairmanship of honorable Vice Chancellor (VC). The learning objectives, need assessment, audit, quality assurance, feedback, tangible scoring, monitoring, supervision and funding of the workshops were finalized under the able advice of VC. In May 2019, UFDP was finalized with 6 months calendar and finally implemented in July 2019. The program is a great success.

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

**Sadia Chaudhry**

FCPS, MHPE

Deputy Director Faculty Development Program

September 2022

## **Contributions:**

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

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

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

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# Section-1

## Background:

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

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

### **Responsibilities of Medical University towards faculty members:**

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

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

## Section-2

### Continuous Professional Development of Doctors

#### 1) WFME Global Standards for Quality Improvement-2015 Revision

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

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

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

## Section-3

### Introduction:

#### 1) FDP-Concepts and Principles

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

*“Faculty development is a planned program or set of programs designed to prepare”*

#### 2) Need assessment of Faculty Development

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

#### 3) University Faculty Development Program

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

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

### **Principles of Faculty Development:**

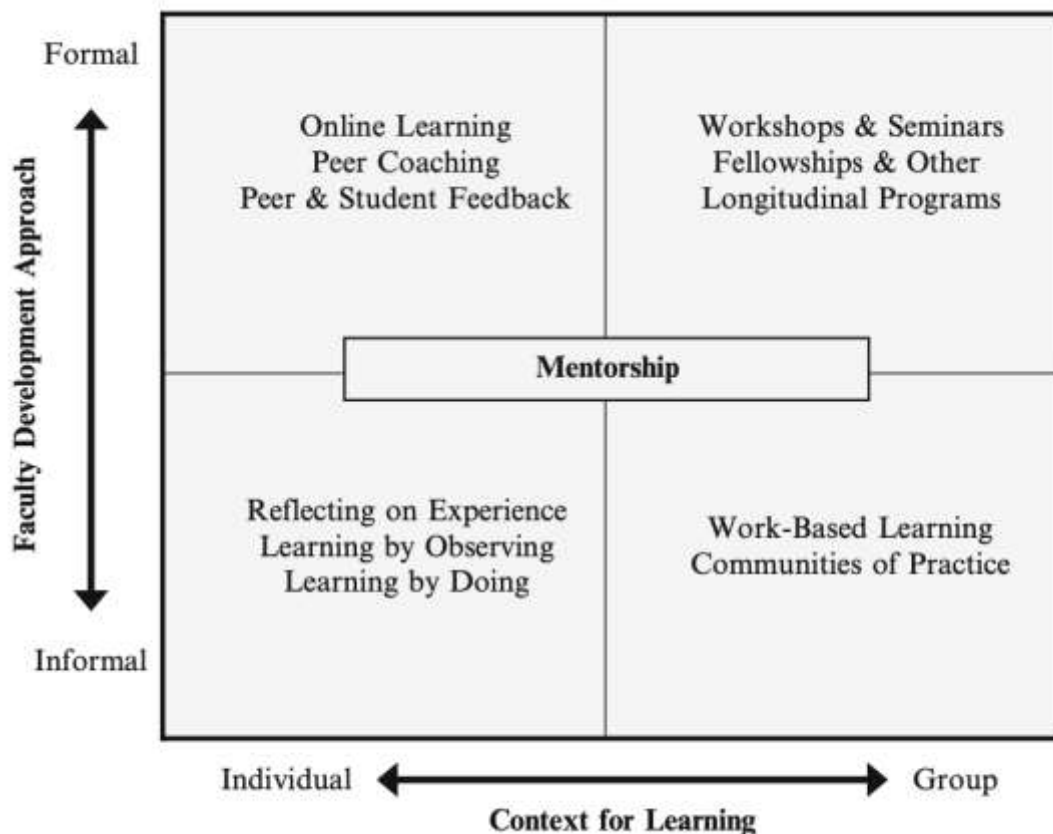
Principles On Which the University Faculty Development Program Is Based:

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

## Section-4

### Framework of UFDP

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



## **Model for an effective faculty development program:**

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

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

## **Domains of UFDP:**

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

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

## Plan for Rawalpindi Medical University:

### A) Education

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

### B) Leadership:

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

### C) Professional Development:

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

### D) Personal Development:

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



## E) Patient Care:

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

### Common Formats:

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

### Alternative Formats:

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

# Steps in designing University Faculty Development Program of RMU

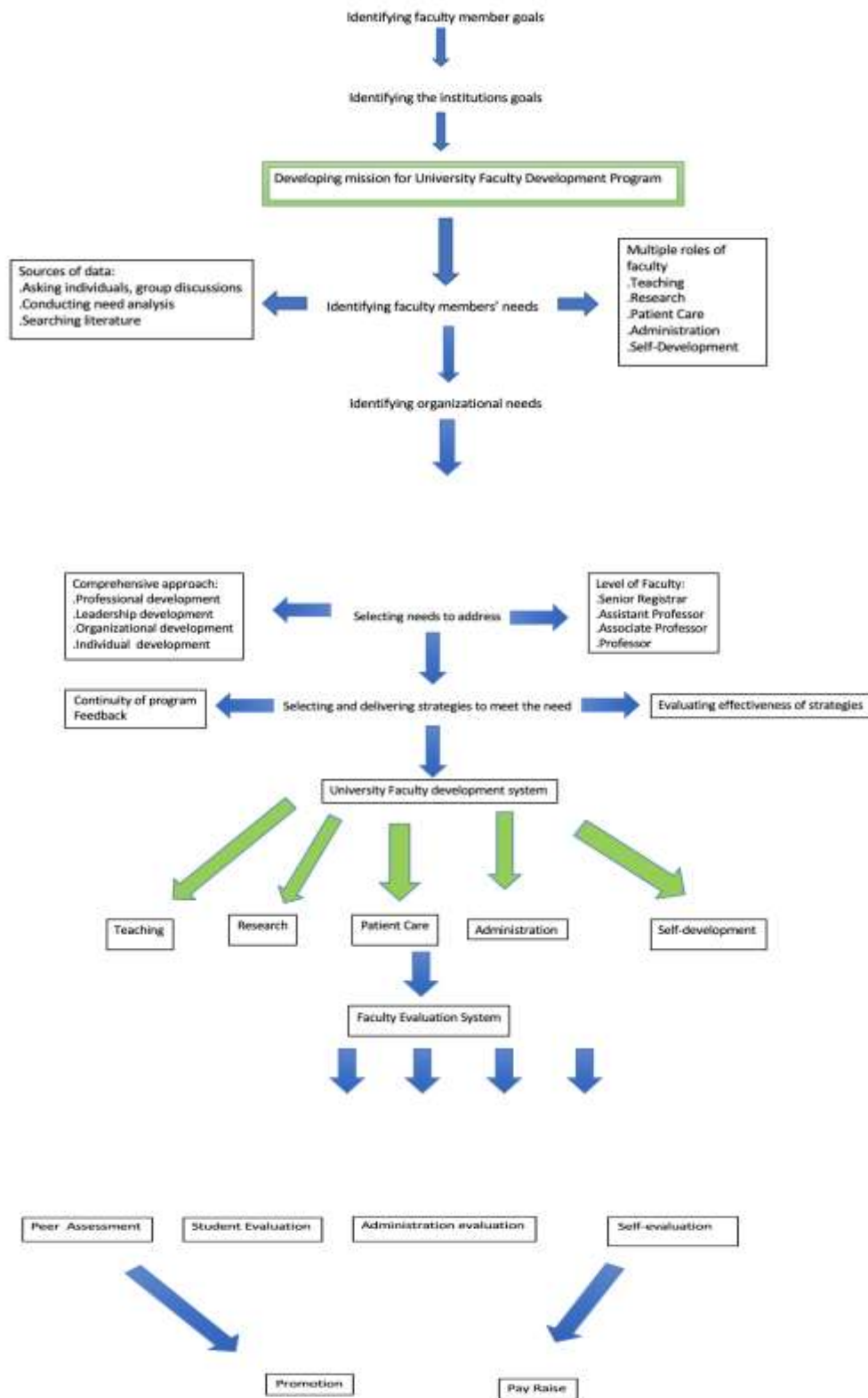


Fig:1 Framework for planning effective faculty development program

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

Including:-

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

### **1) Workshops:**

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

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

### **2) State of the Art Lectures by Guest Speakers:**

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

### **3) Curricular Reforms**

#### **➤ Undergraduate Level**

##### **Introduction Of Modular System At Rawalpindi Medical University:**

High-quality medical education is central to high quality medical care. The need to ensure the continued production of doctors fit to practice medicine in the 21<sup>st</sup> Century has major implications for medical schools around the world, which will all have to work hard to ensure that the curriculum does not lag behind the current medical education challenges. Rawalpindi Medical University is the first public sector Medical University in which modular system has been introduced. The implementation of this curriculum involves challenging strategies, innovative ideas and more manpower. While developing this curriculum, the University changed the subject based approach to vertically and horizontally integrated modular teaching. The examination system was also modified. Instead of an annual system of assessment there are more frequent modular assessments at the end of each module. The conventional methods of clinical examination have also been replaced by OSCE (objective structured clinical examination) which has eliminated subjectivity from the assessments.

#### **➤ Postgraduate Programs Of Rawalpindi Medical University**

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

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

### **Mandatory Workshops for Residents**

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

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

#### **4) Rawalpindi Medical University International Scientific Conference:**

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

### **Preconference Workshops**

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

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

#### **5) Mentorship Dinner:**

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

## Section-5

### Scope of UFDP:

#### 1) Teaching Improvement:

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

#### 2) Leadership and Management:

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

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

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

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

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

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

### **3) Research Capacity Building:**

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

### **4) Academic and Career Development:**

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

### **5) Organizational Change**

Faculty development for organizational change must be defined for, and promoted to, an institution's members in a manner that clearly connects with its capacity to contribute to organizational change. It needs to be forward looking and directly linked to, or at least cognizant of and responsive to, organizational goals if it is to assist in promoting organizational change.

## Section-6

# Faculty Assessment System

### Types of Assessment

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

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

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

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



## Section-7

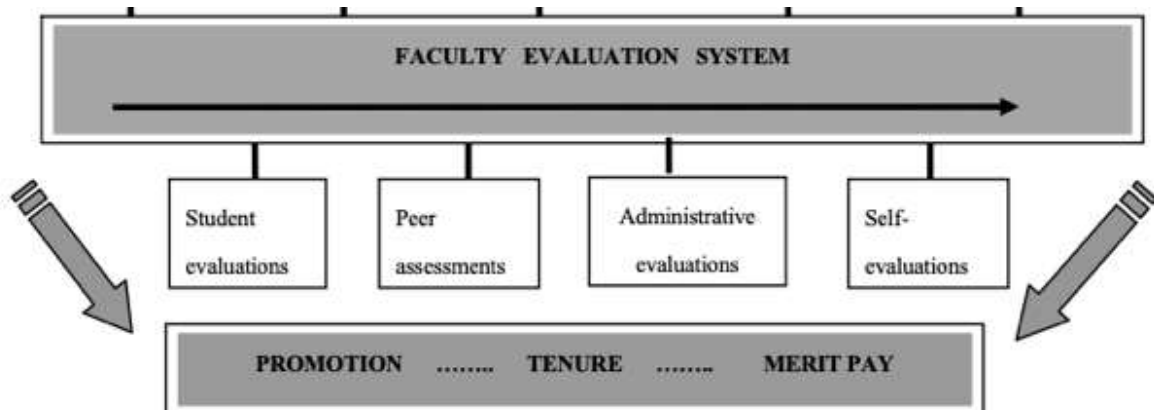
# UFDP Evaluation

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

*Dr. Guba*

An essential component of professional development activities involves ongoing and systematic evaluation procedures. Few efforts have been made to evaluate the results of professional development beyond the brief responses requested at the conclusion of workshops which assess participant reaction to the session. Evaluation of the impact of professional development activities must address the following two questions:

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



## Section-8

# Minimum Requirement of CME/CPD Activities for Faculty of RMU

### Requirement of credit hours:

The guidelines had been given by PMDC:

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

### Guidelines for Credit Hours:

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

**One Credit Hour is equal to 3 clock hours**

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

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

### WORKSHOPS TO BE ATTENDED BY FACULTY/ YEAR

	Professors	Associate Professors	Assistant Professors	Senior Registrars
Workshops	<b>3</b>	<b>3</b>	<b>5</b>	<b>5</b>
CME Hours	<b>6</b>	<b>6</b>	<b>10</b>	<b>10</b>

### PLAN OF WORKSHOPS FOR FACULTY FOR YEAR 2022

	URP Mandatory	URP Capacity building
<b>Professor</b>	-----	<ol style="list-style-type: none"> <li>1) Leadership</li> <li>2) Professionalism</li> <li>3) Curriculum development</li> </ol>
<b>Associate Professor</b>	<ol style="list-style-type: none"> <li>1) Advanced research methodology and biostatistics</li> </ol>	<ol style="list-style-type: none"> <li>2) Curriculum development</li> <li>3) Professionalism</li> </ol>
<b>Assistant Professor</b>	<ol style="list-style-type: none"> <li>1) Advanced research methodology and biostatistics</li> <li>2) Quality assurance of postgraduate Program Evaluation</li> </ol>	<ol style="list-style-type: none"> <li>3) Teaching and learning in medical education</li> <li>4) Assessment of competence</li> <li>5) Curriculum development</li> </ol>
<b>Senior Registrar</b>	<ol style="list-style-type: none"> <li>1) Supervisory skills</li> <li>2) Educational planning and evaluation</li> <li>3) Assessment of competence</li> </ol>	<ol style="list-style-type: none"> <li>4) Curriculum development</li> <li>5) Teaching and learning in medical education</li> </ol>

## Section-9

### List of Activities of UFDP

#### Proposed Plan Of UFDP:

##### 1) Mandatory Activities Of UFDP for Faculty

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

## 2) Capacity Building Activities Of UFDP for Faculty

Serial No.	Faculty	Workshops
1.	Senior Registrars	Teaching and learning Communication skills Conducting OSCE Building & leading a team as an educational leader Assessment Professionalism Curriculum Development
2.	Assistant Professors	Leadership Teaching & learning Feedback PBL-Where do we go from here? Workplace based assessment Patient care
3.	Associate Professors	Conflict resolution Team work Communication skills Stress management Ethics in medical education Islamic medical ethics and professionalism
4.	Professors	Art of Medical Writing Plagiarism

**Lists of Internal Facilitators conducting workshops:**

<b>Serial No.</b>	<b>Name of internal Facilitator+ Co-Facilitator</b>	<b>Designation, Department</b>
1)	Prof Dr Fuad Niazi	Professor Ophthalmology, MHPE
2)	Dr Sadia Chaudhry	Associate Professor Otorhinolaryngology, MHPE
3)	Dr Arsalan Manzoor	Assistant Professor, Anatomy MCPS Med Edu
4)	Dr Waqas Raza	Associate Professor Surgery, MHPE
5)	Dr Misbah Durrani	Associate Professor Radiology, MHPE
6)	Dr Sadia Khan	Associate Professor Gynae & Obstetrics
7)	Dr Ahmed Hassan	Associate Professor, Otolaryngology, CHPE
8)	Dr Hina Hanif	Assistant Professor, Radiology CHPE
9)	Dr Sobia Nawaz	Assistant Professor Gynae & Obstetrics, CHPE
10)	Dr Maria Waqas	Assistant Professor, Ophthalmology, CHPE
11)	Dr Azeem Rao	Senior Registrar Psychiatry
12)	Dr Sobhan Sarwar	Senior Registrar Neurosurgery, CHPE

**List Of External Facilitators**

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

## FEEDBACK REPORT BY QEC

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

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

