



Health Professions Education Gazette



Editorial Team

Dr. Mohammed Elhassan Elsayed
 Dr. Shaista Salman Guraya
 Miss Sara Ahmed Shakri

February 2019

Inside

- **Talk of the town;** Certificate in HPE
- **Faculty Development Corner;** Symposium
- **Health Sciences College Perspective;** Learning is the Key Purpose of Assessment
- **Dental College Perspective;** Patient-centered comprehensive care in clinical dental education
- **Lets evaluate** your school on 10 paradigms coined by Harden.
- **Insight;** with Master's Student
- **Future goals** of Medical education Center

Talk of the Town Certificate in HPE

Dr. Mohammed Elhassan Elsayed

To fulfill its mandate, the Medical Education Center has launched a certificate in health professions education as part of its program for faculty development. The overall aim of this certificate is to develop a community of educators in medical and health science campus who are committed to promote improvements in both 'what' and 'how' we teach future healthcare professionals.

The curriculum of this certificate is developed to cater to the diverse cultures in the University of Sharjah that reflects the complex educational needs of the learners in general and in health professions in particular. These contexts are challenging for those who are new to the education field and even for those who have spent considerable years in academics.

The center is expected to have a multifaceted benefit for this certificate; Personal and individual development, Institutional benefits that will be reflected on learner's growth and curricular improvement and fulfillment of the accreditation requirements.

To respond to the buisness of participants, the need for more discussion and share experiences, the certificate teaching and learning Philosophy will follow the flipped classroom technique, the conduction Interactive sessions in the form of workshops moderated by experts in the field, the use of participants' reflection on their practices and Sharing of experiences and new insights with colleagues. We aim at a true interactive program.

For this run, we have 23 participants from four colleges; in case you are not one of them we hope that you will be on the list of the coming one.

The certificate has three themes consisting of eight core and two electives sessions. These will cater your needs regarding learning theories, approaches and their implementation in your current practice. Student-centered learning and teaching philosophy with a detailed concept map for feedback provision will be the cornerstones of this certificate. While assessment strategies for life-long learning will be dealt in detail for you.



Faculty Development Corner SYMPOSIUM

Dr. Shaista Guraya

Assessment in Health Professions Education; Challenges and Opportunities

On 3rd February 2019, Medical Education Center held its first ever symposium in participation with faculty from East Anglia University, UK. This symposium targeted the most intimidating and complex topic in medical and health professions education “Assessment”. Yes, that's true that we all become perplexed whenever the topic of reliable, valid, authentic and integrated assessment is raised. “Effective assessment” is still to date a shady area in an educator's portfolio.

As we all know that twenty first century is witnessing a dramatic change in learning culture. Mostly the seasoned assessors and today's learners are generation apart. New dimensions like constructivist, connectivist, socio-cognitive, socio-cultural and customizations have been introduced in the teaching and learning practices. This makes assessment a very crucial topic in health professions education.

Research has shown that it's easy to adapt with emerging teaching and learning trends but the assessment practices are quite resistant to change. And if assessment is not changed, it is going to endanger the emerging learning culture.

This symposium exactly addressed those challenges and opportunities in the assessment trends.

Our Vice Chancellor of Medical and Health Sciences, Prof. Qutayba Hamid inaugurated the ceremony. He apprised our student to be a life long learner by stressing a mandatory change in the assessment culture.

Prof. Emma Sutton emphasized the importance of putting your ducks in line that is “alignment”. She highlighted very important concepts of academic autonomy, transparency and involving the most important stakeholder “students” in the assessment recipe. She emphasized the process of feedback provision and feed

forward after summative assessment, which is an integral part for any learners' growth. Assessment for learning will only be inculcated if we understand that as educators we are there to help the learners rather to assess them.

Dr. Mohammed Elhassan Elsayed, extrapolated the concepts presented by Prof. Emma by stressing the need of competency-based faculty development. He related the competency based education and assessment to the educators competencies. These need to be aligned, developed, unified and standardized in the institution for which our center is committed to.

Dr. Paul narrated his story to the educational paradise, which was situated at the mountain peak. He thoroughly enjoyed the uphill journey, which demanded a lot of energy and input. But the real challenge was downhill descend,

Putting the ducks in line; “Alignment”.

which really challenged his bicycling skills. His journey is analogous to the educational realm where uphill is teaching and learning which is not that painful to adapt in the educational culture. While, the descent is like an assessment that is easily endangered by the sharp turns, twists and unseen bends. These demand practice, practice and practice to be practiced. Triangulation and standardization of assessment protocols can improve the validity and reliability of WPBA that directly pitches at the peak of Miller's triangle.

Presentations from each of the four colleges gave us an overview of their current assessment trends and techniques while bravely facing the challenges.

Later the open house discussions contributed to more in depth insights about individuals and in general institutional perspective about assessment.

Prof. Emma Sutton shared the similarities of challenges between both institutions, which again affirms that integrating, validating and implementing a reliable assessment is a universal problem that can be overcome by bona fide competency-based faculty development program.



Learning is the Key Purpose of Assessment

Dr. Wiam Elshami
Assistant Professor,
Medical Diagnostic Imaging department
College of Health Sciences
University of Sharjah

The role of assessment is more than ensuring quality and measuring achievement of student learning outcomes. Assessment is a central part of student learning experience and students focus on assessment more than any other learning activities. Variety of assessment instruments used in medical and health education and it is essential for any assessment method to be valid and reliable. However, other factors might have equal importance such as the impact of assessment on learning and practice, the acceptability of assessment by learners and faculty, and cost efficacy.

Educationalists classify assessment into three types: diagnostic, formative, and summative. Diagnostic assessment aims to identify students' strengths and weaknesses. It helps the instructor to plan the teaching process appropriately. Moreover, students will spot their weak areas that need improvements.

Formative assessment measures student understanding and provides constructive feedback to guide student learning. Faculty or peer can judge the quality of student's work and provide constructive feedback that could make a considerable difference in students' learning. Formative assessment recommended being an integral part of students' education as it leads to deep learning approach, and inspires students to regulate their learning.

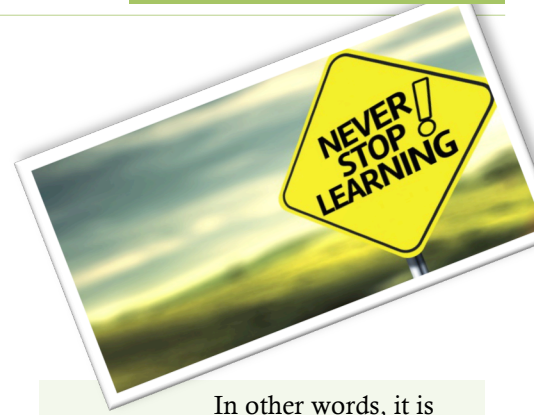
Summative assessment occurs at the end of the study period to determine student's academic achievement. It is crucial for graduation and certification purposes. Summative assessment can encourage students to learn, but it might direct them to assemble marks instead of the need to improve their learning.

However, summative assessment may be combined with feedback, but the student may note the grade and ignore the formative feedback. Nevertheless, pure summative assessment does not help students to plan their learning and pure formative or diagnostic assessments are not taken seriously.

Furthermore, self and peer assessment are being used increasingly in higher education. Self-assessment is a valuable learning activity that encourages a deep approach to learning. It can be a formative process involving revision, reflection and, grading. Self-assessment motivate students intrinsically and establish an independent and lifelong learning capacity. Peer assessment is a process used to consider the quality of a peer's work or performance, judge the extent to which the work or performance reflects goals or outcomes, and make suggestions for revision. Peers should exercise no formal authority over each other's and share the same hierarchic status. The interactive process of peer assessment has a positive impact on

student learning; it engages students in learning, examining themselves and commenting on each other's work. Moreover, peer assessment motivates students to perform better and promotes the development of evaluation skills and reflection on learning.

Learning is the key drive of assessment, and the primary purpose of the curriculum is to ensure that students learn as much as they can. Assessment of learning is an evaluation of what was been learned.



In other words, it is summative assessment that aims to determine student achievement at the end of the study for institutional accountability and quality assurance.

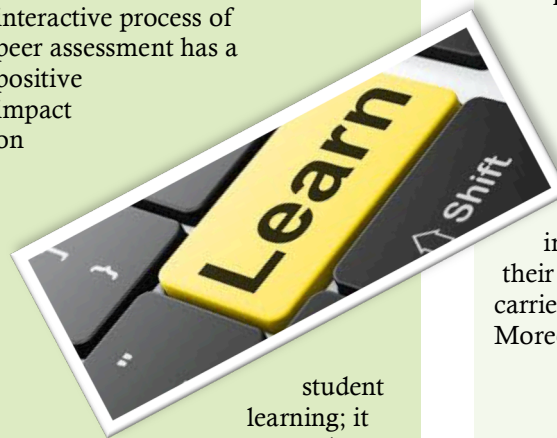
On the contrary, assessment for learning is the use of evaluation to feed into the learning and teaching processes to improve students' learning. Assessment for learning facilitates students' learning and focuses on assessment tasks that provide opportunities for constructive feedback. Assessment for learning and assessment of learning are purposes, not events and they are rarely exist in absolute form.

Certainly, student's motivation has a role in learning and assessment.

Students can be intrinsically motivated to perform better if they feel the relevance and

importance of assessment to their study and future carrier.

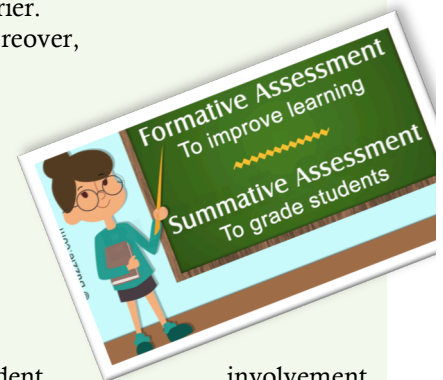
Moreover,



student involvement

in the assessment process may lead to significant improvement in students' performance.

Appropriate assessment can encourage students to learn and improve their learning process.



Assessment that focuses on memorization of knowledge might force the student to adopt a superficial learning approach, and the student will learn unconnected facts to memorize the subject matter for exam purpose. However, if the assessment emphasizes the application and analysis of knowledge, a student will attempt to use a deep learning approach to integrate concepts and analyze subjects critically.

In conclusion, assessment is a complicated situation; therefore, various assessments may be useful to guide students learning. Participation of students in peer and self-assessment are of great benefits to their learning. Moreover, using the appropriate assessment will improve students learning and achievement. Aspects of diagnostic, formative and summative assessments are important to inform student learning.

References:

- Bloxham, S. & Boyd, P. (2007). *Developing effective assessment in higher Education*. Maidenhead: Open University Press. From *Understanding Medical Education: Evidence, Theory and Practice (2nd Edition)*, retrieved January 28, 2019, from <http://site.ebrary.com/lib/uos/docDetail.action?docID=10798086>
- Cox, K., Imrie, B. W., Miller, A., & Miller, A. (2014). *Student assessment in higher education: a handbook for assessing performance*. Routledge.
- Dent, J., & Harden, R. M. (2013). *A practical guide for medical teachers*. Elsevier Health Sciences.
- Falchikov, N. (2013). *Improving assessment through student involvement: Practical solutions for aiding learning in higher and further education*. Routledge.
- Schuwirth, L. W., & van der Vleuten, C. P. (2011). General overview of the theories used in assessment: AMEE Guide No. 57. *Medical teacher*, 33(10), 783-797.
- Swanwick, T. (2011). *Understanding medical education: Evidence, theory and practice*. John Wiley & Sons.
- Weurlander, M., Söderberg, M., Scheja, M., Hult, H., & Wernerson, A. (2012). Exploring formative assessment as a tool for learning: students' experiences of different methods of formative assessment. *Assessment & Evaluation in Higher Education*, 37(6), 747-760.

PATIENT-CENTERED COMPREHENSIVE CARE IN CLINICAL DENTAL EDUCATION

Dr. Nadia Khalifa

Head of Department of Preventive and Restorative Dentistry

Our aim at the College of Dental Medicine, University of Sharjah, is to help dental students gain sufficient clinical experience in a variety of technical procedures to become competent general dental practitioners, qualified to graduate and become licensed. We also want to ensure that our students are taught to follow a holistic approach to dental care by designing treatment plans involving patients and encouraging them to look after their own health.

In the academic year 2015-16, the healthcare software system AxiUm was introduced into the University's dental clinics. At that time, the clinics were divided into specialties and run on specific days according to a specialist role model. The segmented patient care resulted in the production of several treatment plans for each patient according to specialty, with both specialists and general dental

practitioners rotating through clinics. The guidelines were student-centered, and focus was on procedure and numerical requirements. Initiating Comprehensive Dental Care (CDC) required moving some preclinical courses to Year 2, which took two years to implement. BDS5 started CDC in 2017-2018, followed by BDS4 in 2018-2019. CDC follows the Generalist role model: the General Dental Practitioner (Mentor) supervises six pairs of students (one student practicing, the other assisting).



Mentor with students

Students have a set Mentor tracking their progress throughout the academic year. We also introduced scheduled student-mentor meetings once a week, in which students fill in self-assessments and mentors look at students' strength, areas and strategies for improvement.



Students mentor meetings

In case presentations, student pairs deliver a PowerPoint presentation of an oral rehabilitation case that they worked on together, in front of peers and faculty. The grading criteria include: clarity of presentation; development of ideas; correct identification and execution of treatment plan, communication skills (vocal, visual, and body language), and response to audience questions. Does CDC work?

A survey was carried out, sampling 58 out of the 93 students who graduated in May 2018.

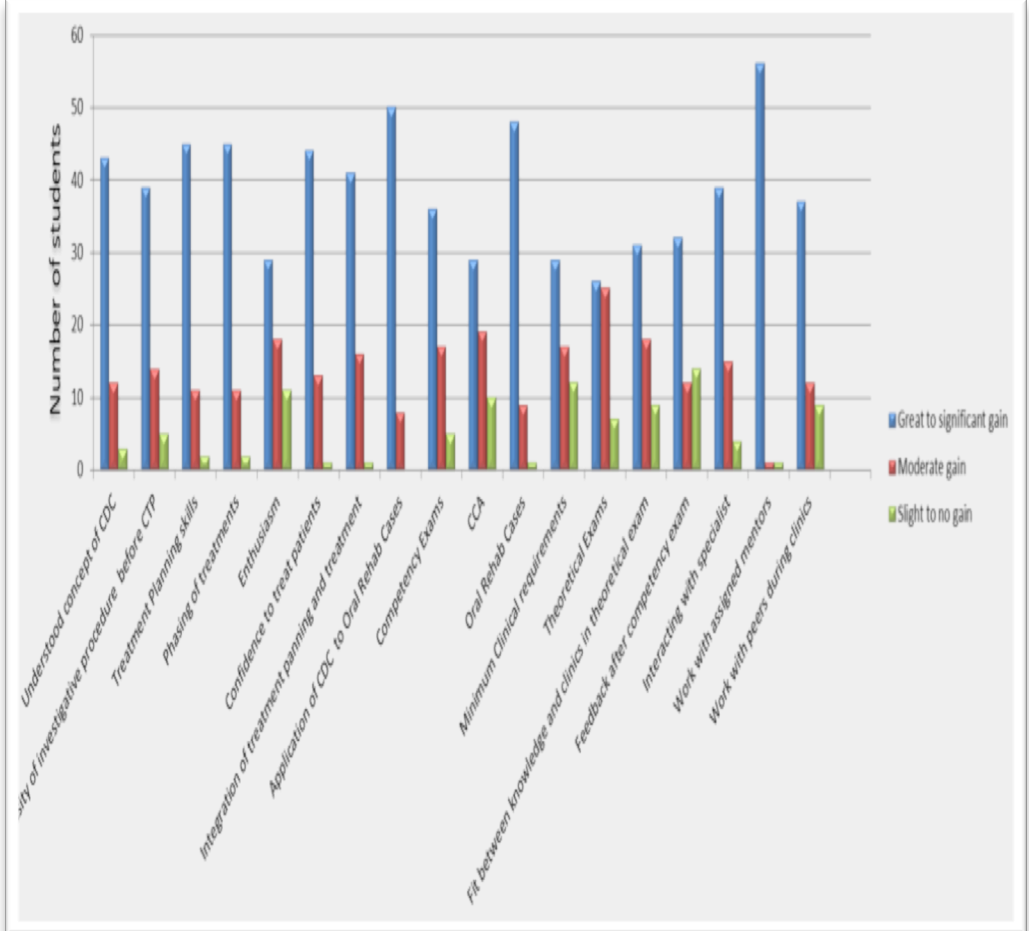
These students experienced the Specialist role model in BDS4 and CDC in BDS5, which allowed them to make comparisons between the two years. The results indicated that students made great to significant progress in CDC clinics, especially by having set mentors. Progress was also seen in treatment planning and phasing skills, in oral rehabilitation case presentations, and in increasing their confidence when treating patients, besides other gains. Other indicators of success would include recall of patients illustrating success rate and patient satisfaction with student treatment. In the long run, feedback from alumni and employers will also prove valuable.

CDC is patient-centered education, with continuity of patient care, focus on management and evaluation, and competency criteria.

CDC entails three forms of workplace-based assessments, continuous care assessment, competency examinations, and case presentations.

In the clinic-based continuous care assessment (CCA), students are graded daily on knowledge, patient and time management, professional behavior, and practical skills. Students thus receive immediate feedback on their performance by mentors or specialists as well as weekly evaluations through student-mentor sessions.

Students may sit for the competency exams once they have fulfilled their prerequisites, and are assessed according to criteria specified by each discipline in the CDC Manual. The competency examination assesses independent procedures and results in a pass or a fail (no grades). Students may sit for the competency test three times. Examiners can interrupt their work at any time if irreparable tooth damage is liable to occur. For standardization purposes, students are assessed by instructors (specialists and mentors), who follow the criteria laid out in the CDC Manual.



Students survey on comprehensive dental care clinic

Acknowledgement

I would like to thank Dr. Amel Hamzeh and Dr. Abdallah Michail for providing the data of the students' survey.



Lets evaluate your school on 10 paradigms coined by Harden

There is nothing to worry about. The results are not going to be published or scrutinized. They will remain with you.

Dr. Shaista Guraya

Quite a while ago Harden gave us an idea how to measure the SPICES in our curricular recipe. Now he just rolled another dice to figure out that, are we keeping pace with rapidly developing world? And what kind of graduate produce we are going to send in the market? He proposed that future schools will be responsible for their graduate produce even after graduation as a court recently declared guilty not only the accused nurse but the nursing school from she graduated as well. So the schools cant wash their hands once the graduates step out of the school. Rather its time to monitor their progress and conduct. Just-in-case learning is rote memorization of more than 60,000 diagnoses and 6000 interventions while just-in-time learning produces critical thinkers and reflectors. Faculty role becomes different in both situations from instructor to a coach. Integration, integration and integration is the key to put the jigsaw puzzle together. All pieces need to be put on the table simultaneously. Faculty can revolutionize the teaching if acknowledged, praised and trained effectively. A personalized faculty development program will be on high priority in future schools. Student engagement in the education process is one of the current six ASPIRE-to-Excellence themes presented by harden. So let's keep our fingers crossed that future students will be interviewing their faculty in recruitment process!!! Sounds a bit daunting though. Multi-relational curriculum maps will put the learning outcomes and learning opportunities in a way that students will be able to chart their educational journey and progression on the journey and assess their own understanding and achievements at each stage. Easy to reflect when grids are there. As personalized treatment plans for patients, students also demand individualized and customized learning plans. Adaptive curriculums will serve the purpose. Faculty load is going to be massive. Respect diversity! The technology avalanche is an ecological issue that will transform universities. Looks like the four boundary walls will be demolished. Assessment is going to be program focused and an aggregation and analysis of evidence from different sources collected over time will determine the competencies achieved. Solitary learning is being replaced by collaborative learning. Community networking, peer-to-peer learning and collaboration beyond institutions and continents will make the medical schools less self-sufficient and independent. New research is emphasizing that more benefits will be achieved from unbundling or outsourcing elements of the education program. Like renting a cocktail dress by a big brand or getting the copyrights to replicate!!!! Do we want to loose our own creative heads as this will eventually go in the hands of brig brands in medical education!!!!

Source:

[Harden RM. Ten key features of the future medical school—not an impossible dream. Medical teacher. 2018 Oct 3; 40\(10\):1010- 5](#)

Rate yourself on the 10 paradigms where you think you school is right now and suggest

The Ivory Tower	◆◆◆◆◆◆◆◆◆◆	The Real World of Authentic curriculum
Just-in-case learning	◆◆◆◆◆◆◆◆◆◆	Just-in-time learning
Basic science/clinical medicine divide	◆◆◆◆◆◆◆◆◆◆	Basic sciences and clinical medicine integration
Teaching and teachers undervalued	◆◆◆◆◆◆◆◆◆◆	Importance of teaching and teachers recognized
Student as a client	◆◆◆◆◆◆◆◆◆◆	Student as a partner
A mystery tour	◆◆◆◆◆◆◆◆◆◆	A mapped journey
Standard uniform program	◆◆◆◆◆◆◆◆◆◆	Adaptive curriculum with adaptive learning
Failure to exploit technology	◆◆◆◆◆◆◆◆◆◆	Creative use of technology
Compartmentalized assessment of learning	◆◆◆◆◆◆◆◆◆◆	Program-focused assessment for learning
Working in isolation	◆◆◆◆◆◆◆◆◆◆	Greater collaboration

Testimonial By Master's Student

Dr Azza Abdulaziz Khalifa
Endocrinologist, Dubai Hospital, Dubai Health Authority

Upon application to the Sharjah's University leadership in MHPE program, I was not quite sure what to expect. However, as time passes I am beginning to realize the impact of the program in both my personal and professional lives. The positive effects are way beyond my expectations.

Since my early adulthood, I enjoyed the idea of leadership, and the course allowed me to get to know that leadership is not about position. It is about being a role model with several characteristics of professionalism, who is a good listener, with a positive outlook, has a clear vision and objectives in life, has the patience for change, resilient, and lastly a person who has followers. Being a leader is one of the reasons to choose the program.

Moreover, my passion for teaching is another main drive for joining the course. I have been involved in teaching undergraduate as well as postgraduate doctors, and this course provided me with tools to use to ensure better learning opportunities and learning outcomes. Part of proper teaching is to develop a detailed curriculum for your class, a competency that I would not have achieved if not for this course.

This program has enlightened me in various aspects, one of which was the ability to cope with stressful situations, appreciate the impact of good stress, and strategies on how to suppress this stress within the workplace. Furthermore, I learned how to give proper feedback, analysis and guidance for my supervisee. I also gained much confidence in communication with various healthcare providers.

Working collaboratively with colleagues from various healthcare backgrounds was a wonderful experience. We were each able to bring our own unique experiences and perspectives to the group, thereby enriching the learning environment.

Furthermore, the program created a fantastic opportunity that was convenient for me as a full-time hospitalist. The faculty members are hugely invested and are doing a tremendous job tailoring the curriculum toward the needs of the cohort members. I can easily say that the MEHPE program has not just reshaped my views of medical education, but it has also affected my teaching practices to a high degree. The positive impacts I have gained from this program were the reason it has exceeded my expectation

To sum up, our beloved father Sheikh Zayed said "The real asset of any nation is in its people and the prosperity and success of a country are measured by standard of education available to all its citizens" as was mentioned previously it's a high-quality health education in which everyone deserves to be a part off which is my aim in delivering the knowledge that I've gained and will still gain in the future.



Future goals of Medical Education Center

- ❖ To generate a website of medical education center
- ❖ To maintain the gazette on monthly basis
- ❖ To maintain a consistency of faculty development activities
- ❖ To administer best practices in health professions education
- ❖ To come up with a competency based faculty development program

Contact Us

Miss Sara Ahmed Shakri Al Ali
Learning Support Officer
College of Medicine
00971-6-5057062

MEC-UOS@sharjah.ac.ae

