ABSTRACT SUBMITTED FOR IMU-RHIME AWARD : IR-01

The BigSib Students’ Peer-Group Mentoring Program – Triple-I Approach

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Background: BigSib Students’ Peer-Group Mentoring Program is an innovative, interactive and integrated (Triple-I) instructional method designed to enhance and strengthen medical students training in soft skills and professional development. The BigSibs are a group of second-year medical students, who are selected based on academic performance, attitudes and behavior. The roles of Big Sib are to act as Siblings, Eyes and Ears, Counselor, Role-model and Trainer (SECRET). The program activities focus on the formation of positive Attitudes, promotion of racial Integration and development of Soft skill (AIS). BigSib activities consist of BigSib-1st year meetings, Additional 1st year activities and BigSib projects. A study was conducted to evaluate first- and second-year medical students’ perceptions and attitudes towards the program.

Methods: A cross-sectional study was carried out on 314 medical students. A validated questionnaire assessing medical students’ perceptions and attitudes towards the program were administered. Data were analyzed by using SPSS version 12.

Results: 45.9% of the students perceived the BigSib Students’ Peer-Group Mentoring Program as successful. More than 50% of the students are willing to participate in the program. About 60% of the students perceived it as an effective program in developing their soft skills and professionalism.

Conclusion: Medical students have positive attitudes toward the program and it is perceived as a successful and effective program in developing students’ personal attributes.

ABSTRACT SUBMITTED FOR IMU-RHIME AWARD : IR-02

Integration Of Personal And Professional Development (PPD) In Medical Education: Outdoor Camps As Curriculum Teaching – Learning Activities


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Background: PPD module has been included into the programme in 2005, PPD unit had organized six outdoor camps with the assistance of the National Civics Bureau (Biro Tatanegara – BTN), under the Malaysian Prime Minister Department. Post-camp evaluations revealed, majority of students agreed that the camp activities provided them with ample opportunity to enhance basic skills of communication, decision-making, critical thinking, leadership and teamwork. They also experienced strong bonding among themselves as well as with the lecturers. It is encouraging to note that most faculty members selected to be facilitators, expressed positive response and cooperation, although they were initially quite reluctant to participate. Logistic matters to accommodate 250 camp participants at one time impose a major challenge. A dedicated camp management team, strongly supported by the Dean, plays a pivotal role. The PPD outdoor camps have indeed provided an innovative opportunity and ideal environment for experiential learning in generic skills training not only for medical students, but also for the medical educators too.

ABSTRACT SUBMITTED FOR IMU-RHIME AWARD : IR-03

EDU-EAR (Educational Aids For EAR)

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Background: EDU-EAR is designed to show the structures and mechanism of body balance in 2 different levels : body systems then on the organ level. Teaching the balance function of the body and ear is a challenge for its complexity. Meanwhile the available teaching aids are static ones concern with the ear anatomy (structure) only and does not display the function.

THIS INVENTED TEACHING AID help to simplify this theory because:

1. Being dynamic teaching aids showing the mechanism of the body balance.

2. It is an interactive tool that enables the student to discover the facts by himself.
3. It is in portable size, simple design, easily operated and maintained.
4. A recognized cost-benefit: the basic components of the project are relatively cheap, so can be manufactured and marketed in a reasonable price.

Description:
EDU-EAR - 1. The balance of the body
It is a triangle 30 X 30 X 30 cm, The controlling systems of the body are illustrated at each angle. A window in its center to monitor an indicator for body position. 3 green lights are ON when body is balanced. In case of imbalance, it switches OFF, a red lead is ON and the indicator in the center starts to shows oscillation imbalance).

EDU-EAR - 2. Inner an receptors in health and disease
The structures of inner ear are displayed in a transparent tube contains 2 balloons (represent membranous labyrinth) and different ear receptors. When the balloons too much inflated will displace the red Crista in the tube and patient feels Dizziness and a red pilot turns (ON). The other balloon inflates simultaneously and displaces the yellow (Organ of Corti), a sound comes out to simulate the tinnitus (noise) heard by the patient. Also a yellow pilot turns (ON) as the patient complains of (Sensory deafness).

Result: It is awarded a silver medal in ITEX 08, also Students gave positive feedback after using it in teaching in last year.

EDU-EAR -1. BALANCE MECHANISM IN THE BODY

EDU-EAR -2. INNER EAR RECEPTORS IN HEALTH and DISEASE

Abstract from the International Medical Education Conference 2009

ABSTRACT SUBMITTED FOR IMU-RHIME AWARD : IR-04
Improving OSCE Examiner Skills And Behaviour
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Background: The Objective Structured Clinical Examination (OSCE) is a component of the final year multidisciplinary exit examination of the undergraduate medical programme at the University of Malaya. Three parallel circuits are run simultaneously up to four times over one day. Examiners are recruited from clinical departments in the Faculty. Therefore, it is crucial that examiner behaviour and skills are standardised. Observations of examiners in OSCEs prior to 2006 noted that they were inconsistent in using the marking checklists and some demonstrated inappropriate behaviour such as prompting and teaching.

Innovation: Examiner training workshops were organised to help examiners develop appropriate rating skills. The objectives of these workshops are to give insight into issues of consistency of marking and to increase understanding of what constitutes inappropriate examiner behaviour. Each workshop is attended by 10 – 12 members of academic staff and is facilitated by 4 trainers. Undergraduate students are recruited to participate in a mock mini-OSCE. Workshop participants, either as the station examiner or as observers, use existing marking checklists. After the mock OSCE, the facilitators display the marks awarded for each station by each participant in order to highlight the discrepancies between markers. Workshop facilitators provide feedback to participants on their behaviour. A discussion is then facilitated around the reasons for these discrepancies to develop strategies for improving reliability. Later, the mock mini-OSCE is repeated, but using different students. The facilitators again display the marks awarded for each station by each participant.

Results: During the training workshops, the participants showed wide variation in scoring and on occasion awarded marks for items not included on station checklists. Observers in subsequent OSCEs reported incidences of inappropriate behaviour, and wide variations in practices between different examiners at the same OSCE station in parallel tracks. Examiners who underwent training prior to the examination showed improved score consistency and more appropriate behaviour as compared to their untrained colleagues.

Conclusion: Examiner training workshops are helping examiners be more aware of and more consistent in their behaviour and rating skills during OSCEs.
The innovation was a self-strategy.

Student feedback revealed that their perception of 65% marks in MCQ (50%) in the same examination.

The students' performance in the end-of-system assessment in a constructivist view of learning on interactive, integrative and innovative principles.

Results:

Students' performance in the end-of-system assessment in a constructivist view of learning on interactive, integrative and innovative principles.

Conclusion: It can be concluded that according to the students' perception the computer based formative test was beneficial in the learning process.
**ABSTRACT SUBMITTED FOR IMU-RHIME AWARD : IR-07**

**An Organ/System Based Approach To Teaching Foundation Microbiology: The Feedback From Medical Students**

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**Introduction:** During the pre clinical years (first two years), Microbiology is traditionally taught in terms organism groups (eg Gram positive cocci) with very little reference to systems. Even after the major curriculum change that took place in 1996, this method was adhered to, during teaching in the foundation module. The student feedback on this method of teaching was not positive as students felt it was uninteresting, amounted to a substantial degree of memorization and had not much relevance to infections learnt during system based modules.

**Description of Innovation:** It was decided to review the curriculum in Basic Microbiology so that learning is made more relevant to the students’ future curriculum and practice. The curriculum was changed to a system based four week teaching programme. The first three lectures dealt with basics in Microbiology (introduction to groups of organisms, Gram stain, principles of pathogenesis and syndrome based map of organisms). This was followed by teaching on groups of microorganisms based on system based infections; eg meningitis, diarrhoea, pneumonia etc. where main areas of study included; species responsible for clinical entities, virulence factors, transmission, pathogenesis and principles of specimen based laboratory diagnosis and prevention. Teaching methods included lectures, small group discussions (SGDs) and fixed learning modules (FLMs).

After completion of the module, student feedback was obtained using a self administered questionnaire.

**Results of Evaluation:** The content, organization, relevance was rated as excellent, very good and good by over 85% of students. Over 80% felt that introduction of Microbiology in a system based manner during the foundation course was a very good move as they found it more interesting to learn and could be used as the base to build on during the system based modules. During analysis of the qualitative part of the questionnaire, a small number of students felt that clinical material included in FLMs could be reduced as students were in the preclinical phase and suggested having more SGD instead of lectures and increasing the length of module to provide more time for self-study. A comparative evaluation between students of pre and post foundation microbiology curriculum change has been planned.

**ABSTRACT SUBMITTED FOR IMU-RHIME AWARD : IR-08**

**Resolving The Problem With PBLs: Let’s Go Fly A Kite!**

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**The Problem:** PBL objectives are not achieved due to many factors. Faulty triggers discourage lateral thinking, which is crucial to problem solving. Learners’ misconception that the main objective of a PBL session is to generate learning issues and facilitators teaching rather than facilitating are human factors difficult to overcome. Students find little value in the sessions, viewing them as chores to be got over and done with. Facilitators can make or break a PBL if they let students dictate the way it is run, with students preferring those with a medical background.

**The Solution:** A pilot study was done on Semester 3 medical students, with one of us facilitating PBLs in GI and Haematology using the “Flying A Kite” approach. Minimal information is given and the students are forced to explore alternative hypotheses. The facilitator holds the reins and pulls back if learners wander too far afield. A pre-tested questionnaire to identify students’ perceptions of PBL confirmed that there was indeed a problem.

**Results:** The approach was well-received, with higher scores in the aspects of being realistic, thought-provoking, making students think like doctors, more stimulating, more interesting and lower scores in the negative ones like “boring” and “waste of time”.

**Impact:** Following on these results, the PBL Working Group constructed a Student Worksheet for PBL, which has been officially adopted as a template. Comparison of student feedback on PBL scores pre- and post-treatment indicate that the acceptance of PBL as a learning to has improved appreciably.

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**ABSTRACT SUBMITTED FOR IMU-RHIME AWARD : IR-09**

**Innovation In Teaching Through Interactive Quiz Sessions In The Pre-Clinical Phase Of Undergraduate Medical Programme**

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**Background / Introduction of Why This Innovation Is Necessary:** Quiz based approach has never been a hallmark of teaching or learning activities in medical programme. Basic sciences, including pathology have always focused on imparting integrated core content in the classical style. An interactive quiz based approach that brings in clinical correlation and higher levels of Bloom’s taxonomy can make...
learning both fun and informative. There is a need to expose the students to this type of interactive learning to develop critical thinking, analyse knowledge gained and prepare for assessment.

**Description of The Innovation:** Quiz sessions are conducted at the end of each system module in both Semester 3 and Semester 4 – cardiovascular, respiratory, haematology, gastrointestinal, endocrine, reproductive and renal systems. For each quiz session, 4 teams, comprising of 4 members each, named as alpha, beta, gamma and delta are chosen by the students among themselves. Each quiz session has 3 rounds. The first 2 rounds cover 8 questions for each group and are a combination of recall, scenarios, application, and the like. The last round comprising 20 questions is termed as ‘rapid fire’ and is thrown open to all groups at the same time- the questions have to be answered rapidly, based on the projected images. When the teams fail to answer, the audience responds. Four pathologists conduct the quiz sessions and no expenses are incurred. This method of innovation is challenging, meaningful, pragmatic and students just love it.

**Evaluation:** Quiz sessions have been tried out for 10 modules in both Semester 3 and 4. Immediate impact- made the students think beyond the core content, improved their critical thinking. Long term- has been accepted as a very valuable tool of learning. The video clips of the sessions and the positive feedback of more than 80% from the students, in both verbal and written format will testify this fact. Four pathologists conduct the quiz sessions and no expenses are incurred. This method of innovation is challenging, meaningful, pragmatic and students just love it.

**Description of The Innovation:** Forensic medicine was introduced as a selective module spanning three weeks. A series of lectures on various aspects of forensic medicine was delivered by local experts. At the end of the selective, the students in groups of 10 had to re-enact, as a drama piece, selected high profile criminal cases, incorporating as many elements from their lectures, as possible. A panel of judges which included a senior pathologist and a professor of psychology assessed the presentations. Student feedback in the form of questionnaires was conducted.

**Evaluation and Impact:** All the groups obtained high scores for their drama pieces. The student feedback revealed the astounding impact of drama as a learning tool. They gave a mean score of 4.4 (on a scale of 1 to 5) to drama enactment as an activity which enhanced their learning process and a mean of 4.7 as an activity which was fun. They felt that it served as outlet for their creativity and allowed them to gain more insight pertaining to the respective cases. Some felt that IMU should have more such activities for learning to occur in a more enjoyable manner. A few have proposed this as a regular activity at IMU.

**Conclusion:** The use of drama in the forensic medicine selective has proven to be an effective and enjoyable learning tool which also provided an avenue for creativity and improved student-student interaction. It has increased student interest in learning the subject. The assessment process enforced the application of previously learnt forensic principles in the drama presentation.

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