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MeduLink Team

EDITOR

Professor Russell Pierre
russell.pierre@uwimona.edu.jm

EDITORIAL TEAM

Bidyadhar Sa
Joseph Branday
Peter Adams
Azim Majumder

DESIGN

Michael R Khan

COVER PHOTO

Craig Hall

PRODUCED

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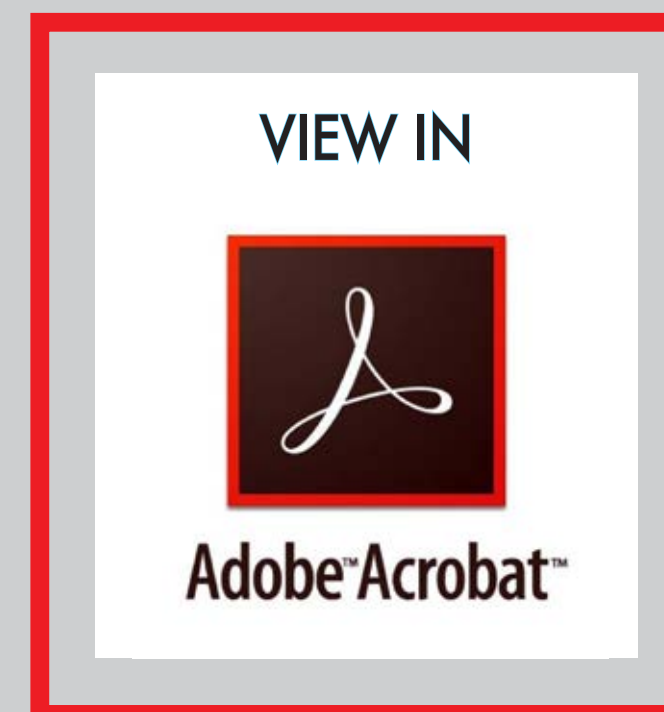
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Letter from the Editor

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We are excited to present the second issue of MEDULINK, Newsletter of the Faculty of Medical Sciences, the **University of the West Indies** (FMS, UWI). I am honoured to be Editor for this publication and congratulate all who have contributed to its completion. And this issue comes on the heel of the inaugural October 2017 newsletter.

In keeping with the One UWI theme and philosophy, the current newsletter has contributions and representation from Bachelor of Medicine, Bachelor of Surgery (MBBS), Dentistry, Physical Therapy, Veterinary Medicine, and Pharmacy Programmes/Schools on the respective campus territories (Mona, Cave Hill, St. Augustine). And this is the mandate for the newsletter to be a forum for disseminating and sharing health professions education activities at any of the faculties of Medical Sciences in the UWI.

It is envisioned that the publication will evolve to become the premier “voice” for medical education information in the FMS, UWI. To that end the current issue presents articles on Innovations in teaching, Research and practice, Assessment and Evaluation, Student Forum and concludes with reports of activities and developments in the faculties.

We are particularly encouraged by the editorial collaboration between the Centre for Medical Sciences Education (CMSE) and the Medical Education Units at each of the main Campus sites. Mr. Michael Khan from the CMSE, St. Augustine has again provided excellent graphic design expertise and advice. Special thanks for the support by the editorial board comprising the leadership in Medical Education at Cave Hill (Dr. Azim Majumder and Dr. Peter Adams), Mona (Prof. Joseph M Branday), and St. Augustine (Dr. Bidyadhar Sa) campuses.

We look forward to your contributions, recommendations and suggestions for this issue of Medulink. Please feel free to [contact us](#). 

Best wishes and pleasant reading.

» **Dr. Russell Pierre**
Professor of Paediatrics
FMS, UWI, Mona, Jamaica
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Innovation in Medical Student Education: FAST Ultrasound

FAST – Focussed Assessment in Trauma Ultrasound training for undergraduate medical students at the Mona Campus commenced April 12, 2018. The implementation coincided with the current academic year [2018-2019] Fourth-Year MBBS Programme rotation in the Emergency Medicine Clerkship, Mona Campus, Jamaica. It is intended to be subsumed as a standard addition to the clerkship learning outcomes in subsequent years.

The “brainchild” of Emergency Medicine Division Medical Director and Associate Lecturer, Dr Simone French, a trained and experienced ultrasonographer, the training module is expected to enhance the clinical skills of the student, while generating enthusiasm for Emergency Medicine. Today, ultrasonography in the emergency room has

become a standard procedure internationally, for example while siting difficult intravenous cannulas in the emergency setting. We opine that the medical student in the 21st century should develop this skill. To the best of our knowledge, the Faculty of Medical Sciences, the University of the West Indies is the only Caribbean institution where this training is now done. In a survey of 82 medical schools in the United States, this training is only offered in about 60% of them, with lack of space and financial support being cited as the main barriers to the training¹. The training module at the Faculty of Medical Sciences, The University of the West Indies (FMS, UWI), Mona is being implemented using existing resources and without compromise to the achievement of learning outcomes in the Emergency Medicine Clerkship.

The training began with the circulation of pre-course reading material and videos, which introduced the students to the basic concepts of FAST ultrasound and imaging. This was followed

by on-site training, moderated by a Consultant Emergency Physician, with assistance by senior residents in the Emergency Medicine DM programme. During this live version, after a didactic presentation, students had “hands on” practice opportunities to acquire images with the aid of Sonoskin®, a simulated ‘abdomen’ and a probe. A post-test was administered to evaluate knowledge, perceived practical skills and interpretative skills (using images). Students completed an evaluation at the end of the module. Of the twenty-four students, only four had any prior exposure to FAST ultrasound. All students rated the course highly in both its delivery and content. All would strongly recommend the module to their colleagues. For future courses, the students consider it acceptable to volunteer themselves as simulated patients.

Way Forwards

The FAST Ultrasound Training Module has been successfully implemented and highly rated by participating medical students. FAST ultrasound is intended to be included as a learning outcome (procedural skill) in the Emergency Medicine Clerkship. During this academic year the training module will be fully developed using primarily ultrasound guided intravenous cannulation as the key task. Senior

Residents and Consultants are encouraged to preceptor students in the emergency room to perform the procedure on patients during their clinical attachment.

Reference

1. Bahner DP, Goldman E, Way E, Royall NA, Liu YT. The state of ultrasound in U.S medical schools: results of a national survey. Acad Med. 2014 (89): 12:1681-6.

- » Rhonda L Hutson, DM Emergency Medicine; Consultant Emergency Medicine and Associate Lecturer; Coordinator, Emergency Medicine Clerkship, UWI, Mona.
- » Simone J French, DM Emergency Medicine; Consultant Emergency Medicine and Associate Lecturer; Medical Director, Emergency Medicine Division

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Introduction of Published-Case Based Education for Teaching Clinical Practice at Mona School of Dentistry

Background

The Clinical Practice course in the Undergraduate Dental Programme allows students to deliver dental treatment under the supervision of dentists at the School of Dentistry, The University of the West Indies (UWI), Mona Campus. During this course students transition to a real-life (i.e., clinical patient) environment, from a prior theoretical and laboratory simulation-based setting. This transition is challenging due to the change in the mode of delivery of dental treatment, the increased level of hand-eye coordination, and higher level of critical thinking skills that are required. The most important learning outcome is for the student to develop competence in constructing valid and reliable diagnoses and treatment plans of their patients, while being cognizant of ethico-legal situations. To this end, we introduced Published-Case Based Education (P-CBE) sessions that focused on routine and uncommon clinical conditions of

the dental and oral tissues. Each P-CBE session provides the forum for students to discuss published cases with a review panel composed of General Dentists and Specialists, and with their peers in attendance.

Description

Academic staff search published dental case reports in various databases (e.g. PubMed), and cases are selected by consensus. During the P-CBE sessions, students are provided with pertinent information from the case report [introduction, history, examination findings, relevant diagnostic investigations – radiographs, microscopic images] and standardised questions are attached for their guidance.

The P-CBE sessions are organized in three rounds (sessions):
Round 1 [Semi-Open Faced]: A published case is given to each student one day before the P-CBE session. The student is guided to review the case and process the information within twenty-

four hours, and then present a proposed diagnosis and treatment plan on the day of the session.
Round 2 [Open Faced]: Each student receives a published case thirty minutes prior to the session. The student is provided a quarantined space to read and review the case, and answer guided questions. At the end of thirty minutes, the student is expected to present the case and discuss their answers with the review panel.
Round 3 [Close-Faced]: Each student receives the published case information at the P-CBE session, with the review panel in attendance. The student is given 10 minutes to review and evaluate the case, and then answer questions from the review panel.

The review panel guides the discussion towards the expected (i) differential diagnosis, (ii) treatment plan, including specific consideration of the economic status of the patient, (iii) ethical decision, (iv) jurisprudence, and (v) critical analysis of the case. Feedback is provided on their critical-thinking skills. The panel along with their peers, also evaluates and provides feedback on communication skills i.e., deportment, presentation skills, voice intonation, body movement, gesticulations, and eye-contact.

LESSONS LEARNED

1. Developing critical thinking skills among undergraduate dental students is a slow process and may need to be further individualised according to specific students' capability
2. Students gradually achieved the critical thinking learning outcomes with each subsequent P-CBE session.
3. Increasing the pool of academic staff to prepare the cases and conduct the sessions will decrease current faculty workload burden.
4. Greater access to databases is needed to increase the number of appropriate case reports.
5. Cases relevant to students' clinical experience should enhance interest throughout each session.

Conclusion

We opine that the P-CBE is a good approach to stimulate student-centered learning, and integrate the application of critical thinking skills to solve real-life patient problems, among undergraduate dental students. The utility of both faculty and peer feedback enhances the value of the sessions. The adage that: "student learns one-fourth from the teacher, one-fourth from own intelligence, one-fourth from fellow class students and the final one-fourth from time/patient-based experience" is applicable in the P-CBEs.

- » **Arvind Babu Rajendra Santosh, Thاون Jones. School of Dentistry, FMS, UWI, Mona.**

Technology Enhancing Students' Teaching and Learning Experience



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Introduction

Today's university students are very familiar with the use of technology and they regularly seek to enhance their learning experience by using video lectures and student friendly websites found on the internet.^{1,2} The way students approach learning and the modalities via which content is delivered to them, therefore can play an important role in their educational successes.³

Background

This academic year [2017-2018], first year students in the BSc. Physical Therapy Programme at UWI Mona were exposed to a blended teaching and learning methodology in their orthopaedic course. This course is delivered in the second semester but has

been challenging: (i) few available tutors to deliver the course material, and (ii) students being exposed to clinical material for the first time. The poor student outcomes has been frustrating to all stakeholders. We opined that a fresh approach which could enhance student engagement and optimise lecturer delivery should be developed and implemented. Implementation and outcome For this blended teaching and learning methodology, the content was delivered by didactic lectures and tutorials in a class room setting, and augmented with online tutorials delivered via OurVirtual Learning Environment (OurVLE) and Blackboard Collaborate. An "online classroom" was created for students to use at their convenience to facilitate self-study and group collaboration. Lectures, course material and practice quizzes were accessible on OurVLE. During the course, students were assessed by (i) three online quizzes (5% of final

grade), (ii) a mid-semester exam (20% of final grade) and (iii) a final exam. During the online classes, students were encouraged to use the chat feature to discuss content in real time with fellow classmates and also the white board (Blackboard Collaborate) as a visual tool for explaining concepts. Pre-tests were done via the polling feature and repeated at the end of the session to evaluate effectiveness in uptake of key concepts. Any identified challenges were addressed through feedback and reinforcing concepts in the content. Student perception at end of the course (via a poll) showed that over 90% of the students rated the technological additions to the delivery of the course, as "good to excellent".

Conclusion

The successful implementation of this initiative using existing technology for teaching and learning within the FMS, and

the overwhelming acceptability by the students augurs well for further course optimisation in the faculty. This is particularly against the background of low uptake in utilisation of the OurVLE and modalities such as Blackboard Collaborate among faculty members. Faculty need to be supported and mentored in use of information technology to enhance teaching and learning.

- » AWayne Palmer, Deputy Dean Educational Technology, Faculty Medical Sciences (FMS), UWI, Mona.
- » Sonja Williams, Physiotherapist, Lecturer, Course Coordinator, BSc. Physical Therapy Programme, FMS, UWI, Mona.
- » Daine Clarke, Adjunct Lecturer, BSc. Physical Therapy Programme, FMS, UWI, Mona.

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Twelve Tips to Design and Deliver a Handbook for Your Clerkship

Transitions in medical education are inevitable¹. The Flexner report stimulated restructuring of medical training into a preclinical (class-room based) and clinical (ward-based) training². This represents the first major transition students' experience in medical training.

Once students enter clinical training they are dipped in and out of numerous clerkships in quick succession with the hope of exposing them to a variety of specialties and subspecialties in medicine. Providing students with information could help their adjustment to the new environment³. When entering a new clerkship, students enter an existing community of practice (groups of persons working toward a common goal⁴) and often struggle to learn norms and build relationships⁵. Peer-to-peer sessions⁶, orientation sessions⁷ and structured mentorship⁸ are all tools used to assist students adjust to a clinical environment.

A carefully designed handbook could be useful to help students integrate³.

We explored aspects of existing handbooks that final year medical students found useful and sought any additional desirable content³. Students are ultimately the end users of clerkship handbooks and their perceptions could be useful in handbook design. We conducted discussions with 48 medical students in seven focus groups. Transcripts were thematically analysed using Atlas.ti. From our analysis we have outlined recommendations (see sidebar) for clerkship handbook content and delivery that any person running a clerkship could consider.

Clerkship handbooks could positively support learning in clerkships and could contribute to student support³. Our findings echo those of Yu and colleagues who included clerkship aims and objectives, assessment information and the desired minimum knowledge and skill requirements of students in their handbooks⁹. Even though

this qualitative exploration has limitations, the aforementioned tips can be reflected on and used to optimize clerkship handbooks in our setting. Further research is warranted particularly on the impact of handbook use on student well-being and learning³.

...outline your role as a student...I never really knew what was expected of me...I never really knew exactly where my responsibilities started and where they ended...an outline of the responsibilities, what's expected of you as a student...and be specific. I don't want generalisations.

» **Dr. Anique Atherley (In Memory of the late Dr. Charles G. Taylor Jr.), FMS, UWI, Cave Hill.**

Content and delivery

- Make sure your clerkship handbook is concise and specific with clear information
- Explicitly describe the role of the students on your clerkship
- Consider discussing handbook content during orientation as this helps clarify any misunderstandings and promote future use of the handbook.

Assessment

- Include information on the structure and format of any assessment(s)
- State examination dates and potential locations
- Suggest recommended material to prepare for assessment(s)

Learning

- Include a syllabus of key topic areas to guide students' learning
- Specify potential learning opportunities students can expect to encounter
- State the expectations of faculty and the medical team members
- Include a list of reference reading material

Logistics

- Include a potential timetable for students showing scheduled tutorials and any off-site visits that have been arranged.
- Include tips regarding workplace culture. For e.g. if you are on a surgical specialty, a link to video on scrubbing technique, or operating theatre etiquette could be useful.

Beyond Flexner 2018: The beginning of Interprofessionalism and Social Accountability at UWI Mona

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The Flexner Report (1910) pioneered medical education reform in America, focusing on the traditional science-based curriculum that predominates today. Unfortunately, in doing so, the social mission of medical education fell to the way side.

The Beyond Flexner Alliance, led by George Washington University Professor Fitzhugh Mullan takes the interprofessional approach of health professions education to social accountability in addressing health care disparities and inequity with community engagement, promoting diversity, and focusing on the social determinants of health to make health not just better but fairer.

In 2016, as Deputy Dean for Outreach, Dr. Tomlin Paul introduced the JAMSA National Officer on Medical Education, Nikolai Nunes to

Interprofessional Education and Social Accountability in academia. Three interprofessional student volunteer health fairs were planned and implemented, beginning with the first in December 2016. These initiatives involved working alongside community and civil society leaders to address the priority health needs of rural and urban communities. In July 2017, realizing that this movement should transcend ad-hoc basis and require not only organization, but priority, Mr. Nunes along with FMS Guild Representative Jeremy Smith, and former JAMSA President H. Anton Small inaugurated the 'FMS Student Leadership Council' uniting the student leadership and representatives across the seven health professions programmes/departments in the FMS to coordinate interprofessionalism and social mission amongst the student body.

This work lead to an abstract titled 'Opportunities and

Challenges for promoting Health Professional Students' Outreach at UWI, Jamaica' being accepted at the Beyond Flexner 2018 conference in Atlanta, GA in conjunction with the Morehouse School of Medicine and Emory School of Nursing. The three-day conference (April 9-11th 2018) was attended by Dean Dr. Tomlin Paul, Professor Maria Jackson, and Mr. Nunes. Sir Michael Marmot, father of the Social Determinants of Health was the keynote speaker and he impressed the importance of social factors outweighing the biological in terms of differences in average lifespan across various settings.

While this initiative represents the beginning for interprofessional education and social accountability at FMS, UWI, Mona, the future is undoubtedly bright. Further work is already underway with creation of a combined Faculty-Student team, while a Student Task Force is being convened with representatives from each department to steer this change at the student level.

» Nikolai Nunes, FMS, UWI, Mona

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Opportunities and Challenges for Promoting Health Professional Students' Outreach at The University of The West Indies, Jamaica

Purpose

Despite a community-oriented curriculum for medical students in the Faculty of Medical Sciences at the University of the West Indies (UWI), Jamaica, there remains room for students to take initiative and leadership in responding to community priority health needs. Since December 2016, as part of promoting a social mission agenda, there has been a push for students to participate in outreach activities outside of the formal curriculum. This paper looks at the opportunities and challenges encountered over the past year with facilitating student outreach.

Methods

The Faculty of Medical Sciences received 3 invitations to provide health care to various communities in Jamaica over the past year. For each of these, student leaders worked with faculty to recruit student volunteers. The first was a rural health fair in December 2016, which saw 14 health professional students (medical, nursing, dental) working together. The second was another rural health fair in which 20 dental and pharmacy students participated. The last event had 21 medical, nursing and dental students serving meals and sharing with men at a homeless shelter. The challenges involved in organizing these events and the students' feedback were gauged through open-ended interviews.

Results

Student interest in outreach activities though present, is

limited by the timing and competing timelines of previously scheduled clinical assignments and examinations. The events allowed for students from different disciplines to work together. For the health fairs, students felt that the activities positively changed their perception of the scope of practice of their colleagues and were eager to engage in such activities in the future. In reaching out to and interacting with the homeless, there was a heightened sense of caring and an appreciation of the context that led to these persons being in a shelter.

[click to enlarge](#)

Conclusion

Proper planning and scheduling is needed for outreach activities in order to improve student recruitment. Initial student feedback is indicative of positive attitudes to inter-professionalism and social determinants of health. This augurs well for promoting a social mission agenda among students.

» Nikolai Nunes, Anton Small, Jeremy Smith, Maria Jackson, Steve Weaver And Tomlin J. Paul, FMS, UWI, Mona.

Twelve Principles of Assessment for Faculty of Medical Sciences

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1 Assessment must be aligned with the curriculum, teaching-learning philosophies, and learning/graduate outcomes (ALIGNED)

The UWI MBBS curriculum is systems-based and integrated with a multi-modal approach to teaching. This necessitates integrated assessments that fully capture authentic clinical situations and require cross-disciplinary application of knowledge. While promoting integrated assessments, we also wish to ensure that students know and can apply the basics within each core discipline. Develop blueprint which will guide adequate sampling of items within each discipline. There is an increasing need to develop assessments that captures the effective and performance dimension of personal professional development competencies, such as teamwork, ethical behaviour, empathy and patient care

orientation. Examples of useful methods for assessing these competencies include OSCEs, OSPEs, detailed clinical evaluation forms, and portfolios.

2 Assessment must be multi-modal (MULTI-MODAL)

In medical undergraduate training, learning outcomes span the range of cognitive, performance and attitudinal skills. Thus a comprehensive assessment scheme will include both written examinations and measure of performance and behaviour, including spotters to OSPES and OSCEs. A multi modal assessment scheme, which emphasizes a variety of assessments, is more likely to capture student's true ability and produce valid scores. In performance, multiple sampling of student competence is crucial.

3 Scores from different assessments must be appropriately combined (APPROPRIATELY COMBINED)

Attention must be given to appropriate weighting when combining scores from different assessment types. This might require converting first to standardized scores. Weightings should be assigned to ensure that trivialization is minimized, with reliable assessments, important content and workload scored more highly.

4 Assessment must be "high inference" authentic, and challenging (AUTHENTIC & CHALLENGING)

There is value in measuring students' basic knowledge of terminology and core concepts, especially in medical undergraduate training. However, the majority of assessments must strive to capture big themes, including student's higher order cognitive skills, such as problem solving. Using a variety of assessments is important in measuring and promoting learning in medical education, including cased-based SAQs, EMQs, PDQs, case clusters, and simulations.

5 Assessments and scoring must be transparent, rigorous, standardized, and defensible (DEFENSIBLE)

Defensibility assumes transparency of the assessments and the psychometric properties of validity and reliability of individual assessments. We encourage wherever possible double marking with standardized scoring schemes and rubrics. This should apply to both constructed response and oral examinations. Scores obtained from high-stakes assessments must be defensible, even at a legal standard. This requires attention to scoring schemes, training standard setting and recording of student responses on assessment tasks. Examination reports should increasingly strive to provide data on validity and reliability as well as other aspects of defensibility.

6 The assessment scheme must be managed effectively (WELL MANAGED)

It is cost-effective and efficient to manage assessment procedures, especially for large number of students across a variety of programmes and disciplines. Centralized management should be flexible and seek feedback from various units. Reforms should be participative and always involve medical teachers.

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7 Quality assurance mechanisms must be applied to the assessment scheme (EVALUATED)

A number of quality assurance mechanisms must be employed for all high stakes assessments. These are part of an overall evaluation system for judging quality assessment practices. QA mechanisms include: (1) examination reports with item analysis reports on validity and reliability; (2) the external examiner, who should be competent in the use of appropriate methods in an integrated system and provide advice on methods; (3) the quality assessment audit, in which students and staff views are recorded; and (4) general research on assessment, including studies identifying different aspects of validity including consequential validity and differential item functioning.

8 Greater use of assessments integrated with instruction for feedback and promoting learning (ASSESSMENT FOR LEARNING)

Assessment must extend to improving the quality of learning. To ensure that this is so, greater use must be made of shared scoring schemes and rubrics as well as providing feedback

data on student performances. Continuous assessment is an important opportunity to use “formative assessment” or “assessment for learning”. Such assessments should be authentic and high inference. Peer and self-assessments are critical in the development of life-long learners.

9 Attention must be paid to the timing and frequency of assessments (NO OVER ASSESSMENT)

It is preferred that students are assessed as close as possible to the period of instruction. While delayed assessments are appropriate for core areas that will be re-considered in the future, most assessments should be timed to capture students' learning within the semester or year. It is also critical that assessments aimed so that they do not bunch. Over assessment should also be avoided.

10 Integrating technology into assessment: (E-ASSESSMENT)

Integration of technology must be seamless both into our curriculum delivery as well as assessment using my eLearning and e-assessment strategies. Use of latest educational technology while presenting images, sound, data or any other patient related information while conducting

any online assessment. Using technology while providing feedback (formative assessment) within the ambit of the UWI policy. Further online assessment will generate real time result which will save time.

11 Assessments that are internationally benchmarked (GLOBAL STANDARD)

One of the requirements of accrediting agencies is that medical schools must evaluate the performance of their students and graduates in the framework of national and international norms of accomplishment and performance within the health care system. To be a globally competitive University more particularly in medical sciences as medicine is one of the flagship of the UWI we need to produce globally competent medical graduate. In order to achieve that assessments should be evaluated against those of the leading Universities internationally, in terms of the kinds of assessment tasks they present as well as the level of performance they expect.

12 Assessment techniques based on sound evidence (EVIDENCE BASED ASSESSMENT)

As we practice evidence based medicine so we need to practice evidence based assessment techniques based on sound educational and assessment theory and research. The usefulness, validity, reliability of various assessment modalities used in medical education widely published in leading peer review medical education journals.

- » Dr. Bidyadhar Sa, Head, Centre for Medical Sciences Education; Deputy Dean, Quality Assurance and Accreditation, FMS, St. Augustine.

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Twelve Assessment Feedback Policy for Faculty of Medical Sciences

1 Observed performance tasks

Feedback should be focused on observed tasks with clear descriptions of levels of performance. Through objective observation embedded with honest feedback the clinical teacher ensures that competence of students from one level to the next level (from novice to competent) is achieved.

2 Timely

Timely feedback is necessary to ensure the impact of any form of assessment. In general for all formative assessments and assessed coursework, feedback will normally be provided within two weeks' time. In clinical situations the observer/clinical teacher should provide feedback immediately after the encounter to maximize its effect.

3 Critically constructive

One of the biggest challenges is to make the feedback delivery process constructive. Students could be engaged in the feedback process in such a way that it raises self-awareness of performance and is a catalyst for improvement

e.g. by using the ECO (Emotions, Content and Outcome) model.

4 Carefully worded

Feedback should be carefully worded using specific, neutral language focused on performance and not the personality of the student. Positively worded feedback is essential to bring forward necessary changes in the future task performance.

5 Individualised feedback

Feedback should be tailored to the individual; it should be well thought-out. Individualised feedback is necessary to bring desirable changes in the learner's achievement level.

6 Clearly articulate

Feedback should provide learners with information on what exactly they did well, what may still need improvement. It can be helpful to tell the student what he/she is doing differently than before.

7 Provide in group when appropriate

In circumstances where more than one team member might be

affected by the actions of other members, it is appropriate to give feedback in group since only the members involved can validate the feedback and fully answer the questions about the effects of the behaviour being discussed.

8 Achievable

Both the students and teacher should be adequately clear about the objective of the feedback session. Once the objective is identified, the feedback provided should be realistic in the given context, available resources and time frame thus achievable.

9 Honest

If the issue to comment on is a serious one, it is always advisable to be honest and upfront rather than skirt around. Comment on the student's performance while simultaneously providing appropriate comfort.

10 Maintaining documentation and confidentiality

In whatever means (written, print, electronic, face to face) the feedback is communicated documentation and confidentiality must be maintained. No third party other than the UWI authorised persons or office should have access to any information.

11 Multi source feedback

Multisource feedback (MSF), or 360-degree evaluation, can be used as one of the means by which information about medical students/interns/residents could be collected from peers, patients, and co-workers on key performance behaviours. Primarily information on professional behaviour could be used for formative assessment. The course and clerkship coordinators can gather evidence from reliable sources while giving feedback to students.

12 Reflection

Reflection is one of the strategies to bring perfection in any endeavour and both teacher and student should reflect on the feedback given and received. Teacher needs to reflect what strategies are yielding desirable changes in student's behaviour and what other innovative approaches could be used to maximise the output. The Students should be encouraged to reflect on feedback received, and given the opportunity to seek clarification and further advice.

- » Dr. Bidyadhar Sa, Head, Centre for Medical Sciences Education; Deputy Dean, Quality Assurance and Accreditation, FMS, St. Augustine.

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UWI Mona Final Year MBBS Preparation Tutorials – Review, Lessons & Way Forward

The “Final Year MBBS Preparation Tutorial” [FYMPT] programme was initiated by Dr. Nathan Crawford. Dr. Crawford is a recent MBBS graduate of The University of the West Indies Mona, who is currently completing the mandatory One Year Internship at the University Hospital of the West Indies.

The FYMPT programme is the ‘brain-child’ of Dr. Crawford who saw the need to provide individualised attention and peer support for fellow students who were repeating MBBS examinations in November 2017. The concern grew when he realized that some students were petrified about possibly failing the examinations for a second or third time. These concerns prompted an active approach from Dr. Crawford, whereby he launched the tutorial programme with the

overall aim to improve pass rates among MBBS candidates at UWI, Mona.

In the initial phase of the programme, Medical Interns (recent MBBS graduates) were pooled to assist with tutorials. Tutorials focussed on optimising competence in clinical skills, which are assessed in the OSCE components of the respective final MBBS Examinations. Co-Administrator is Dr. Brian Kazaara, and current pool of tutors include: Dr. Brian Kazaara, Dr. Joseph Kelly Jr (MBBS Hons), Dr. Khin Aung, Dr. Timothy Henry (MBBS Dist; Hons in Surgery, Medicine & Therapeutics, Obstetrics and Gynaecology), Dr. Steven Smith (MBBS Hons; Hons in Obstetrics & Gynaecology), Dr. Kiran Harrysingh, Dr. Lerone Ainsworth (MBBS Hons), Dr. Givana Witter (MBBS Hons; Hons in Medicine & Therapeutics, Obstetrics & Gynaecology-Best Academic Performance in the Caribbean, 2017), Dr. O’Dannielle O’Sullivan (MBBS Hons; Hons in Medicine &

Therapeutics). Currently, tutorials are scheduled Mondays to Fridays between 5:30 to 6:30 pm. This programme resulted in approximately 95% pass rate among the first “cohort” in November/December 2017 (including students who repeated for 2nd/3rd time). Successful candidates corroborated how beneficial the tutorials were for enhancing their understanding of content, and preparation for the clinical components of the MBBS examinations.

Dr. Crawford and his colleagues state that the most valuable lesson learned from this initiative is “Teaching is the greatest act of optimism”- Colleen Wilcox. This is embodied by the enthusiasm, optimism for success and continued efforts displayed among team members while assisting the MBBS Candidates. The team strives to transfer the skills and knowledge gained during the programme, and somehow influence and prepare future medical practitioners. The enthusiasm displayed by the MBBS candidates is a source of motivation for Dr. Crawford and the team. They are always on time, actively participate in discussions, and are appreciative of tips and advice on how to approach various scenarios for the examinations.



Moving forward, Dr. Crawford and his colleagues aim to recruit more tutors to the FYMPT training programme and to garner more support from the Faculty of Medical Sciences. The team plans to launch a website for the programme. This website will serve to disseminate information about the programme and useful resources for MBBS candidates across all UWI Campuses. The FYMPT is an excellent forum for recent MBBS graduates to “give back” and make substantial contributions to academic peer support.

- » **Dr Nathan Crawford MBBS (Hons-Medicine & Therapeutics) Founder/Tutor/Administrator, UWI, Mona.**

Medical Education Student Representation at UWI Mona, Jamaica

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In academic year 2017-2018, the Jamaica Medical Students' Association (JAMSA) Standing Committee on Medical Education (SCOME) built on phase 1 ('SCOME to the Students') of its two-year strategic plan with phase 2: 'SCOME to the Faculty', positioning SCOME at the forefront of medical education representation at the UWI Mona Campus.

We welcomed our new Dean, Dr. Tomlin Paul, leading the student charge for his vision of Interprofessionalism and Social Accountability, and introduced the first Global Health programs to UWI. Global Health In September 2017, we led JAMSA's

first collaborative Standing Committee event including SCORA, SCORP, and SCOPH in a Sexual and Reproductive Health and Rights (SRHR) seminar: 'From Mona to Global Health Leadership' featuring Chevening Scholar, Dr. Kizanne James. In November 2017, we launched the University of Toronto (UofT) Global Medical Student Partnership (GMSP) program, partnering four UWI students with a UofT cohort working on global health themed case studies. Additionally, four UWI students were selected to attend the International Federation of Medical Students' Association (IFMSA)/Groningen University Summer School in Global Health in Holland, promoted by the National Officer, the first alum of this program. Human Resources in Health (HRH): Interprofessionalism and Social

Accountability
We initiated collaboration among fellow medical school organizations involved in medical education: UWI Surgical Society and the American College of Physicians' local chapter. In July 2017, the National Officer, Guild FMS Representative Jeremy Smith, and former JAMSA President H. Anton Small founded and launched the Mona Campus FMS 'Student Leadership Council', uniting all 7 health professions schools' student leadership to drive interprofessionalism and social accountability. Over the year we co-led three interprofessional health fairs addressing community priority health needs, and the National Officer attended the Beyond Flexner Alliance 2018 Conference in Atlanta, GA to present this work. Medical Education Systems: Medical Education Representation
In another first, SCOME engaged the Faculty in medical education representation this year, specifically with respect to the curriculum. We coordinated medical education student leadership involvement in a pilot project developing a course in "Medical Spanish". In March 2018, following two years of development, we submitted a concept note to reform medical education representation with the proposal of a committee co-chaired by the Local Officer and MBBS Guild Representative,

comprising all five MBBS Class Presidents, a secretariat and auxiliary officers. The FutureAfter serving two terms as National Officer, Nikolai Nunes is succeeded by Nidhi Thomas for the 2018-2019 academic year. With the adoption of the 2018 JAMSA Constitution, it is anticipated that the Western Jamaica Campus (WJC) and All American Institute of Medical Sciences (AAIMS) will be incorporated into JAMSA leading to SCOME's phase 3: 'SCOME to the Nation'. We are currently developing a proposal to train and certify incoming medical student cohorts in Basic Life Support (BLS) and Emergency Medical Response (EMS). Finally, the former National Officer has been selected by IFMSA to attend the premier global medical education conference: Association for Medical Education in Europe (AMEE) 2018 in Basel, Switzerland as a Student Task Force Member, another first for the UWI and region.

- » **Nikolai J. Nunes (National Officer) & Nidhi Thomas (Local Officer) Standing Committee on Medical Education; Jamaica Medical Students' Association, UWI, Mona.**

FMS Healthcare Quality Symposium: Models for Best Practice

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Defining and achieving quality in healthcare remains a challenge to health systems locally, regionally and internationally, as 'quality' can have different meanings for different people. Through collaboration with various stakeholders including health administrators, health professionals and academia, models for best practice can help improve the quality of healthcare delivery.

With this aim, the Faculty of Medical Sciences of The University of the West Indies, St. Augustine embarked on its second Healthcare Quality Symposium on Saturday 21st April, 2018. The University Inn and Conference Centre became the venue for presentations and panel discussions related to quality in healthcare systems and policy, health education, patient care and diagnostic services.

Greetings were brought by Dr. Vishwanath Partapsingh, Acting Chief Medical Officer at the Ministry of Health and by Dr. Edwin Bolastig, Health Systems and Services Advisor, Pan American Health Organization on behalf of the Director General of the World Health Organization (Dr. Tedros Adhanom Ghebreyesus). The one-day symposium engaged 60 participants including health professionals, health administrators, educators, and students in discussing perspectives and models of best practice to improve and sustain high quality healthcare.

Keynote speaker:
In his keynote address Dr. Joshua Tepper, CEO of Health Quality Ontario, focused on delivery of quality health care to a diverse population, across a vast geographic area with socioeconomic challenges. In Ontario this is mandated by a government bill 'Excellent care for all' requiring that healthcare for the population is accessible, appropriate, effective, equitable and safe. Dr. Tepper highlighted

approaches taken to realise this goal through nine key activities:

1. Create the conversation (a culture of quality)
2. Public Reporting
3. Provider Reporting
4. Quality Improvement Plans
5. Quality Standards
6. Patient Engagement
7. Skill Building
8. Large Scale Improvement
9. Clinical Engagement.

Other featured speakers
In his feature address 'Improving Quality at the Edge of Chaos', Mr. Davlin Thomas CEO of the North Central Regional Health Authority (NCRHA), described innovative programmes and models being used to improve the quality of services at the NCRHA.

The second session was led by Professor Joseph Branday, Director of Medical Education, (The UWI Mona), who traced the history of medical education in the Caribbean and highlighted the development of accreditation systems and standards. Dr. Steve Weaver, Director of The School of Nursing (The UWI Mona) opened the third session on quality in

clinical practice by highlighting the importance of policies, practice guidelines, leadership and management in quality improvement for clinical practice in the Caribbean.

Other speakers were: Dr. Henry Bailey (Arthur Lok Jack Graduate School of Business), Dr Rian Extavour (School of Pharmacy), Dr. William Smith and Dr. Shivaughn Marchan (School of Dentistry), Dr. Subash Sharma (Optometry unit), Professor Patrick Akpaka (School of Medicine) and Dr. Michael Morris (School of Veterinary Medicine). The three main sessions were followed by chaired panel discussions with questions from the audience.

Feedback from participants at the end of the day indicated overall satisfaction, and a call for additional forums to discuss and plan quality improvement in healthcare.

- » **Professor Rahul Naidu, School of Dentistry, FMS, UWI, St. Augustine**
- » **Dr Rian Marie Extavour, School of Pharmacy, FMS, UWI, St. Augustine.**

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How the University of the West Indies is Promoting 'One Health' Across the Caribbean Region

One Health is all about finding sustainable solutions to interconnected health problems involving people, animals, agriculture and the environment through partnerships and cooperation across sectors. The Caribbean nations are connected by shared waters, culture and climates, yet the distance, diversity and various approaches to governance between nations complicates efforts to promote an integrated, holistic approach to problems. Overcoming this challenge is urgent because of the many significant One Health problems in the region, such as more frequent and more severe tropical storms and hurricanes, water shortages, rises in sea

levels, losses of fisheries, increases in mosquito-borne diseases and chronic non-communicable diseases linked to poor nutrition, poverty and environmental pollution.

A European Union (EU) funded project (One Health, One Caribbean, One Love), being led by the School of Veterinary Medicine in the Faculty of Medical Sciences at the UWI in Trinidad and Tobago, has tested tangible actions to make One Health operational in the Caribbean. Firstly, a platform for change has been developed through a regional One Health policy, which was endorsed by the human, agricultural and environmental councils of the Caribbean community (CARICOM). Secondly, a cadre of inter-sectorial One Health leaders with skills to be agents of change was created across the region.

A regional network of 29 inter-sectoral leaders in One Health has been developed across 12 Caribbean countries. The teams of One Health leaders worked with technical mentors who supported them to carry out national projects which demonstrated the value of a One Health approach to address priority health-related issues at the interface between human, animal and environmental health in their home country. Finally, a 6-year Caribbean One Health road-map or strategic framework has been written detailing who is responsible for rolling out the change. Its endorsement and roll-out is central to a follow-on project that is being submitted for funding to the EU.

More detailed outputs from the project are summarized in a freely accessible E-book entitled 'Caribbean Resilience and Prosperity through One Health' (www.onehealthcaribbean.org). This book demonstrates how a

One Health approach is helping overcome major challenges to health and prosperity in the Caribbean. Many of these problems, like climate change, food security, ocean health, and emerging diseases arise from the interactions of people, animals and our shared environment. One Health is about working together to improve the health of all species and places. It links people, capacity and expertise in human health, veterinary medicine and environmental health.

With a Caribbean regional One Health policy endorsed, trained One Health leaders in place across 12 Caribbean countries and a 6-year One Health strategic framework developed, the Caribbean is poised and ready to make One Health operational in the region.

» **Professor Christopher Oura, School of Veterinary Medicine, FMS, St. Augustine.**

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Caribbean Resilience and Prosperity Through One Health

The Caribbean is the world's most tourist-dependent region. Our islands are highly vulnerable to climate change. Our histories and economies have been tied to the seas around us. This is why health and wellness are key CARICOM priorities. The social and economic stability of the Caribbean depends on secure and thriving relationships between our people and our environment. The need for an integrated approach is demonstrated by the challenges we face from more frequent and more severe tropical storms and hurricanes, water shortages, rises in sea level, loss of fisheries, increases in mosquito-borne diseases, and chronic illnesses linked to improper nutrition and environmental pollution.

Many agencies in the region recognize the need for a more effective approach to deal with these challenges. The Caribbean Public Health Agency (CARPHA), the Pan American Health Organisation (PAHO), the Food and Agriculture Organisation (FAO), and our universities...

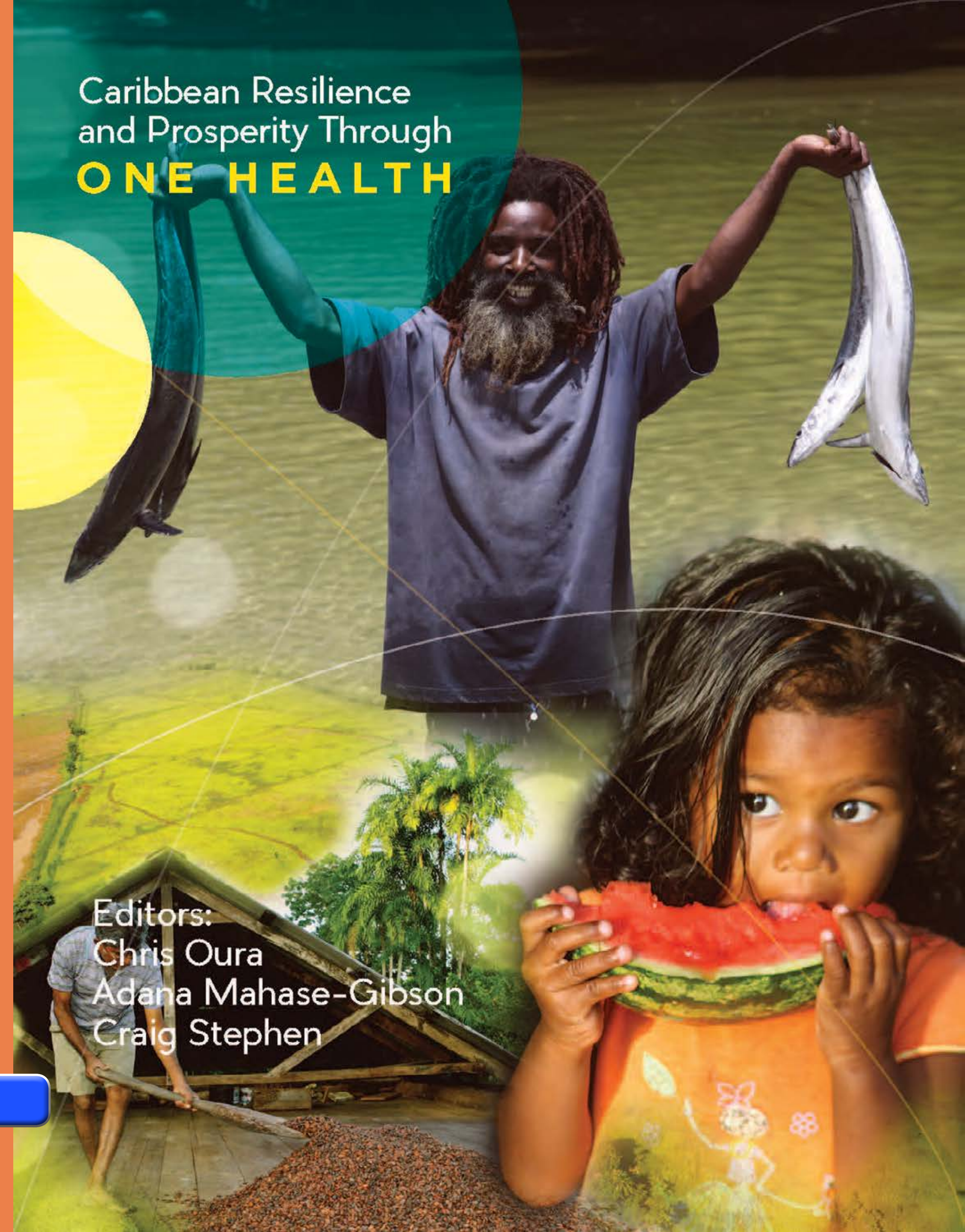
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Caribbean Resilience
and Prosperity Through
ONE HEALTH

Editors:
Chris Oura
Adana Mahase-Gibson
Craig Stephen



Simulation at the Faculty of Medical Sciences Mona: The Time is Now!

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Introduction

There is an increased demand for Health Professional training worldwide. In keeping with this, the Faculty of Medical Sciences, the University of the West Indies, Mona has increased the number of students admitted to its various educational

programmes. In an effort to provide supplemental training experiences for the larger number of students, a clinical skills/simulation laboratory is being established. Simulation is a useful tool as class sizes increase and there are limited numbers of real patients for hands on experiences.



The facility will be used by undergraduate and postgraduate students in all of the professional training programs. Its development and planning will fall under the umbrella of the Health Professions Education Unit (HPEU).

The decision to use simulation is guided by intended learning outcomes, and includes the use of the facility for training, and assessment (formative and summative) of the learners. Simulation should mimic reality and there are many methods and devices available that can

fulfil this function. This principle facilitates non-stressful learning that is focused, and results in learner satisfaction for achieving competence with a specified skill. The facility provides an enabling environment for the learner to perform without the “pressure” of interacting with real patients¹, and an opportunity to conduct research². It will be important to get buy-in from faculty and students alike so that there will be acceptance and enhanced uptake of simulation as a tool to augment course/clerkship delivery.

Continued...

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A working group is exploring the establishment of an effective simulation lab in the space identified on the ground floor of the Faculty of Medical Sciences Teaching and Research Complex at Mona. This designated area has already been used for teaching basic clinical skills and conducting end-of clerkship examinations. There is need however, to procure advanced simulation equipment to enhance and expand training options. Development will progress on a phased basis, and guided by specified learning outcomes and feedback from end-users.

Proposed use of the Space

The unit will need flexible spaces for training, an area for a lab manager, adequate storage and preparation space. Some established simulation centres include debriefing rooms, observation stations and rooms which control simulation scenarios and manikin functions.

Training

The space that has been allocated is large enough to allow for the simultaneous usage by different classes. However there is a need to provide partitioning, and soundproofing of rooms. The space will facilitate teaching of the "Introduction to Medical Practice" module in which students are expected to acquire competences in basic interviewing

skills, and simple clinical skills such as measurement of blood pressure, insertion of intravenous lines and basic life support.

Storage Space

Mobile trolleys will be needed to store equipment, in addition to the construction of adequate storage cupboards.

Lab Manager

This person will need a computer and standard office equipment. The primary roles will include maintenance of an inventory, timetabling for the efficient use of the lab space, and experience with setting up the lab for each of the classes/sessions.

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- » Jean Williams Johnson, Wayne Palmer, Trevor McCartney, Carron Gordon, Steve Weaver, Joseph Branday, FMS, UWI, Mona.



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Dr Anique Atherley Receives Scholarship for PhD in Medical Education

Dr. Anique Atherley completed her medical degree at The University of the West Indies (The UWI) in Barbados. She then completed her Master in Public Health with merit, with the University of Liverpool in the United Kingdom. She has also pursued the Postgraduate Certificate in University Teaching at The UWI and has completed several online courses in health professions education and academic writing.

Between 2013 and 2017 Dr. Atherley held the post of Junior Research Fellow in Medical Education at The UWI, Cave Hill Campus. Under the primary supervision of the late Dr. Charles G. Taylor Jr, she has conducted medical education projects

leading to several publications and improvements in the clinical phase of the MBBS programme at Cave Hill. Within medical education, she has interests in student well-being and guidance, peer-assisted learning, assessment and academic writing. During her time with The UWI, she developed skills in quantitative and qualitative research methods, project management and presentation and further honed her teaching skills. During this time, she was also awarded the title of Associate Fellow in the Association of Medical Educators of Europe (AMEE).

Her work at The UWI set the stage for Anique to be granted a full scholarship to pursue a PhD with the Western Sydney University in Australia and Maastricht University in The Netherlands. This scholarship will lead to an award of a joint PhD degree in Medical Education supervised by Prof. Wendy Hu, Prof. Diana Dolmans, Dr. Iman Hegazi and Prof. Pim Teunissen.

She started in September 2017 and expects to complete the PhD in 2021. This award would not have been possible without her training under the late Dr. Charles G. Taylor Jr. and kind letters of support from members of the Faculty of Medical Sciences at both The Cave Hill and Mona Campuses of The UWI.

Maastricht University and Western Sydney University both have high international profiles in Medical Education. Through networking with scholars at these institutions, Anique has built and continues to build relationships that could facilitate useful partnerships between these institutions and The UWI.

Even though she had long set a goal to become an internationally respected medical educator and researcher, her trajectory was catapulted through close mentorship of Dr Charles G. Taylor Jr. and she is saddened that he cannot witness her achievements as she works to bring her dream to reality. Anique looks forward to using the knowledge and skills gained from her experiences and training to contribute to The Faculty of Medical Sciences at The UWI on completion of her PhD in Medical Education.

» FMS, UWI, Cave Hill.



United Nations Hackathon Winners

[Professional Diversity and Excellence in the Sciences]

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Ms Chinelle Miller, a second year Medical Student (MBBS Programme) at the Faculty of Medical Sciences, the University of the West Indies (UWI), Mona, Jamaica, was part of the winning team at the hackathon (coding competition), put on by the United Nations. The competition was dubbed [#HackAgainstHunger](#) and the aim was to develop a tech-based solution to help in ending world hunger, in line with the United Nations' [Sustainable Development Goal Number 2](#).

The team, Team YCDI, developed an integrated Web and Mobile Application, 'A-Grow' geared towards improving food security. The prototype is functional for the Jamaican region and because of the scalability, is applicable to most countries.

The team, comprising three second-year Computing students from the University of Technology, Jamaica and, Ms Miller, competed in the local staging of the hackathon which was held at the Computing Department, the UWI, Mona on February 17 – 18, 2018. They were the victors. The next leg of the competition was in Geneva, Switzerland on March 18 – 19, 2018, at the International Telecommunications Union (ITU) headquarters where among teams from over 33 countries, they again were [winners](#). The following provide additional information about the competition:- [Gleaner Article](#) - [ITU Podcast](#)



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World Health Day - School of Pharmacy: Highlighting the Role of the Pharmacists

On Tuesday 3rd April 2018 the class of 2012 (Year 1) from the School of Pharmacy, Faculty of Medical Sciences, UWI, St. Augustine marked the importance of World Health Day by a Poster Display. World Health Day is global awareness day set for 7th April of each year and it is employed by the World Health Organisation (WHO) to promote and propel the importance of global health. Concurrently, this exercise formed part of the continuous assessment for the course PHAR 1207: Community Health.

Community Health is the section of the Integrated Basic Health Sciences programme that instructs students in

areas such as epidemiology, determinants of health, and population/community-based approaches to health delivery. It carefully complements the other three subject areas of Biochemistry, Physiology and Anatomy. Additionally, through this process, and at a very early stage in their degree programme (B.Sc. Pharmacy) these students were exposed to fundamental and applied facts about the health challenges that result in the highest percentage of morbidity and mortality in our region. The exercise was also aimed at progressing their investigational, cooperative and presentation skills.

The students were divided into teams and directed to produce posters that dealt with Hypertension, Dengue, Type 2 Diabetes Mellitus, Zika, Breast Cancer, Human Immunodeficiency Virus, Asthma, Mental Depression, Heart Disease and Stroke. The posters targeted a general audience and were to include definitions, diagnostic practices, epidemiological data, community health approaches to handling the disease, conclusions and references. To connect the objectives of the course to the placement of a

pharmacists in our society, they were especially asked to detail the Role of the Pharmacists in addressing the disease. All teams were able to identify the standard roles of the pharmacists such as compounding, preparing and dispensing of medicines. Many of them also underscored more contemporary and functional roles such as patient counselling and monitoring of drug use; in fact, most appropriately identified the pharmacist as a critical and integral part of the health care team for patients.

The posters were judged by Mr. Andrew Rahaman, Chairman, Pharmacy Board of Trinidad and Tobago and Prof. Sureshwar Pandey and Dr. Shamjeet Singh from the School of Pharmacy, Faculty of Medical Sciences, UWI, St. Augustine. All posters were well received, however, the group that addressed Zika attained the highest rating. This poster was produced by the following students: Rahul Mistry, Kaveeta Paray, Amelia Ragbir, Sheneece Rajkumar, Karishma Sankar and Marie Soondarlal.

» **Dr Shamjeet Singh, School of Pharmacy, FMS, UWI, St. Augustine.**

The Power of Good Form

Medical humanities give us novel ways to interrogate experiences of health. Rajendra Shepherd elucidates the role of form in this pioneering work and suggests a societal benefit to getting it right...

Work and play: “The genre of any creative form applies a pressure on the shapes of language. Just as a conversation has its rules, so do the articulation of ideas through other communicative processes”.

MEDICAL HUMANITIES provide a leading edge vista on which to explore the human condition. And the power of this methodology has been embraced by the Faculty of Medical Sciences (FMS), St Augustine.

The creative approaches we employ in preclinical teaching include poetry, film and image as they intersect with perceptions of illness; embodying professionalism in our health systems, and the visual communication of health: none of this for the artistic merits of these approaches in and of themselves, but rather as they augment the understanding of what it means to be human. So what can poetry possibly tell us about illness?

The language of illness is centred on pathology – when a healthy body loses some function or efficiency people use words like disease and problem. There are myriad health disciplines that focus on different parts of the problem, there is jargon and populist communication for talking about the lack. What poetry does is add to that knowledge.

One approach to using poetry by patients or clinicians - or indeed by students around their own perceptions of illness - is to consider its value as a reflective process: one with themes, its own use of language and a canon. When a person uses poetry to write about illness they are exploring their relationship with the problem and it broadens their understanding of what they are dealing with. They are getting at the issue from a different angle. So does this change clinical understanding of the problem? Most definitely, since all problems are bounded by experience and the language of it. The writer Andrew Solomon speaks

emotionally about how deafness went from being a ‘disability’ to a ‘culture’, a shift he chanced upon 20 years ago when writing an article for New York Times magazine. Indeed we accept today the reference of ‘differently-abled’, which acknowledges our advancements in understanding each other.

When we use film as a teaching tool, we are utilising the form’s immersive experience for the viewer. The traditional three-act structure uncovers the antagonist’s problem, his deliberations on that problem and then a resolution. Using it as a form to get students to explore professionalism in healthcare gives them a particular framework in which to set out their ideas and solutions.

Of course we could get them to write an essay about it, and we do, but how many essays get shared and talked about today? Form also provides precision: how much more clarity there is when exploring the mismatch between what someone says and what he thinks by using a graphic novel, referred to in the short form as a comic. There are now hundreds of these texts by illustrator-patients who have explored everything from anorexia to mental illness to grieving.

All of these tools fall under the banner of the medical humanities,

and the British Medical Journal has a title dedicated to showing scientifically the import of these approaches. My own work is among them. Medical schools all over the world embrace these teaching methodologies – using form to explore the human condition is not nouveau.

Patients who enter healthcare facilities are, they hope, just passing through in order to get on with their lives of experience, relationship and happiness. We could talk about their journey using scientific jargon, but I bet if we asked them, many would describe it through a story – and not all would readily find the words to match their experience.

Links

- [BMJ Journals](#)
- [Trinidad Guardian](#)
- [Ted Talks](#)

» [Dr. Rajendra Shepherd, Centre for Medical Sciences Education, FMS, St. Augustine.](#)

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DM Ophthalmology Programme: Examiner's Retreat – 3 Campuses – One Curriculum

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The DM Ophthalmology examiners' 3-day retreat was aimed to refresh our lecturers on item writing for exams and more importantly, review our curriculum.

The DM Ophthalmology programme commenced in 2004 with 3 Consultants at the Mona Campus.

It is a 6-year programme aimed to cover the medical and surgical aspects of Ophthalmology. Since its inception, the DM Ophthalmology programme has continued to evolve, with seven graduates to date. The DM Ophthalmology was started in 2007 in Trinidad and 2014 in Barbados.

The programme has three parts (Part 1: Basic Sciences, Part 2: Optics and Refraction and Part 3: Clinical and Surgical skills). It has been challenging to standardize

teaching and assessment on each campus. Arranging meetings for all lecturers and associate lecturers amongst the three campuses with online video meetings through zoom, Skype and other media have proven challenging due to time. At present all DM Ophthalmology examinations are held in Jamaica, so it was decided to have the retreat immediately after the December 2017 exams while the lecturers from the three campuses and the External Examiner, Professor Sherif El Defrawy (University of Toronto) were in Jamaica. Dr Mowatt with the Department of Surgery, UHWI organized the Ophthalmology retreat. Two experts in Education; Professor Joseph Branday, Director of Medical Education, Mona Campus and Dr Azim Majumder, Director of Medical Education, Cave Hill Campus were invited to present and guide us through the intricacies of item writing and curriculum design.

Day 1: Item writing session

This was chaired by Professor Joseph Branday and required pre-workshop activities to allow all lecturers to be at the same level. The associate lecturers who teach undergraduates were included, so that both the undergraduate (MB; BS) and postgraduate (DM) MCQs could be improved. Key points in item writing were reviewed from the objective of MCQs to writing the stem, answers (including best answer and distractors). MCQs can test a wide range of knowledge in a short time, but it is important that the reliability and validity testing is maintained.

Day 2: Curriculum review

Professor El Defrawy shared the Canadian Ophthalmology Curriculum, which led to an active conversation as we discussed the similarities and differences with our Caribbean programme and what changes we could implement to enhance it. Dr Azim Majumder presented on Learning Objectives which are essential to provide a focus for instruction, guidelines for learning and targets for assessment. They are of great importance to the student in improving their studying effectiveness and the Faculty for designing assignments and the best way to teach the subject matter. Overall, learning

objectives improve both learning and teaching.

The important points in writing learning objectives are that they are written in future tense, contain verbs, indicate nature or level of learning with explicit statements of achievement. They also must be SMART: Specific, Measurable, Achievable, Realistic and Time-bound. Benjamin Bloom's Taxonomy has forged the "Domains" of Learning Objectives: Cognitive (knowing), Psychomotor (doing) and Affective (feeling). Bloom's Taxonomy of Cognitive levels of knowledge, comprehension, application, analysis, synthesis and evaluation are well known and applying these assisted us greatly in understanding how to write learning objectives. Psychomotor levels are important to specify in clinical and surgical learning objectives. Determining the level of learning from observing to practising and adapting allows the student and the trainer to be fully cognizant of what they should attain within each sub specialty in their post-graduate programme. The organization of the hierarchical affective levels of student in receiving, responding, valuing, organizing and the highest order of characterizing/internalizing gave us much insight into how to write good learning objectives.

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We then had several break out sessions where developing learning outcomes within the different Ophthalmology sub specialties (cornea, glaucoma, retina, etc) were tackled by group work in smaller groups. We then came together, presented the findings and fine-tuned this to ensure that the delivery was accomplishable in each of the three islands. Although the standardization of how this would be achieved was not done as time didn’t allow for it, this was planned for the next examiner’s retreat.

Day 3: Assessment

As Dr Azim Majumder states “Learning objectives should clearly define the knowledge, skills and attitudes learner will develop at the end of a programme and the assessment will measure the extent to which the learning objectives are met”. With all the learning and teaching, ultimately, we must assess our work. The 3rd day, the session was chaired by Dr Majumder who started the session with a talk on “Is it Assessment of learning or assessment for learning”, certainly something to think about. It is also essential in assessment to allow the student to demonstrate their knowledge, skills and attitudes.

Dr Majumder also warned us in the common pitfalls, of trying to

achieve too much in one session or having learning outcomes not linked to teaching, learning or assessment, or those that are not practical nor feasible. “The reason for an explicit focus on improving assessment practice is the huge impact it has on the quality of learning” (Boud and associates 2010). Regular assessments are required in surgical assessment (every three months, with a mid-rotation at six weeks). Some lecturers can consider this a chore, but the benefit of assessment is far-reaching. Boud and associates have indicated that assessments that engage the student in learning is productive, with feedback actively improving student learning, allowing students and teachers to become responsible partners in the learning and assessment process. Through the guidance and experience from Professor El Defrawy, Professor Joseph Branday and Dr Majumder we were able to work through our three day retreat to improve our knowledge and practical skills in item writing and reviewing the curriculum. Although everything could not be achieved within that time, the framework was laid. There was still a significant amount of work yet to be done to compile the final document of the 3 Parts of the DM Ophthalmology, inclusive of the ten sub specialities. This retreat was essential in laying the ground

work and getting each lecturer involved in the process.

The examiner’s retreat is important, especially when the same programme is carried out in different countries. Jamaica has a University Hospital, hence surgical and clinically training are easily accessible for postgraduate programmes. However, differences in the clinical arrangement in other islands can make it challenging to conduct a programme.

Medical doctors are not usually trained as teachers; hence it is important that those in lecturer’s post continue to enhance their teaching skills and understand this generation of learners, to enhance their learning experience and the teaching experience of our faculty. I would strongly recommend an examiner’s retreat for the clinical and surgical specialties, as it

brings together all the lecturers and allows us to review our learning technique. This retreat proved to be very enlightening and a great practical method of interacting and working together to improve the DM Ophthalmology programme. Dr Lizette Mowatt MB; BS (UWI), MMedSci, FRCS(Ed), FRCOphth (CCST UK) Head Ophthalmology Division/ Consultant Ophthalmologist Senior Lecturer

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» **Dr Lizette Mowatt | Consultant Ophthalmologist | Senior Lecturer, FMS, UWI, Mona.**

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Assessment Workshop FMS UWI Cave Hill

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The Assessment Workshop on Item Writing, OSCE Stations Development and Standard Setting was held on Friday 2nd and Saturday 3rd March, 2018 at the Cave Hill campus, Barbados which was facilitated by Dr. Bidyadhar, Head, Centre for Medical Sciences Education and Dr Curt Bodkyn from St Augustine Campus.

More than 30 participants participated in the workshop. Dr. Peter Adams, Dean, Dr Colette George, Lecturer and Dr. Azim Majumder, Director of Medical Education, FMS UWI Cave Hill extended all supports to make the workshop successful one.

- » Dr. Bidyadhar Sa, Head, Centre for Medical Sciences Education; Deputy Dean, Quality Assurance and Accreditation, FMS, St. Augustine.



Assessment Workshop

UWI SCMR Nassau

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- » **Assessment Workshop - UWI SCMR Nassau**

The Assessment Workshop on Item Writing, OSCE Stations Development and Standard Setting was held on Friday 12th and Saturday 13th January, 2018 at the UWI SCMR, Nassau, which was facilitated by Dr Bidyadhar Sa, Head, Centre for Medical Sciences Education and Dr Curt Bodkyn from St Augustine Campus.

More than 25 participants participated in the workshop. Dr Robin Roberts, Director, and Dr Christine Chin, Lecturer UWI SCMR Nassau extended all supports to make the workshop successful one.

- » Dr. Bidyadhar Sa, Head, Centre for Medical Sciences Education; Deputy Dean, Quality Assurance and Accreditation, FMS, St. Augustine.



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