



UWI

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### Recommended System Requirements for best viewing:

**Computer**  
21-inch display  
1920 x 1080 resolution  
Adobe Acrobat 9  
or higher

**Tablet**  
10-inch display  
264 ppi  
or higher

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# Letter From The Editor

**W**elcome! It is a great pleasure and an honour to announce the publication of the inaugural edition of 'MeduLink', a newsletter for the Faculty of Medical Sciences, The University of West Indies! We are delighted that the newsletter has finally come into being, and are proud of the editorial board and everyone involved in making this happen.

The aim of the newsletter is to provide a forum for sharing of information about past, on-going or planned health sciences education activities at any of our UWI campuses or teaching sites. The editorial responsibility for production of Medulink is a shared one between the Centre for Medical Sciences Education (CMSE) and the Medical Education Units at each of the main Campus sites. We plan to issue the Newsletter triannually and are therefore looking forward to your contributions.

Medulink accepts news items from faculty or students on any aspect of Health Science Education. These can include, but are not limited to, results of surveys, innovations in teaching, assessment and evaluation and educational research. It will also report on relevant activities (workshops, seminars, etc.) and provide information about planned events. We hope to make regular features of our newsletter, adding more sections, as need be, as we develop.

This inaugural issue owes much to many people. Our sincere thanks to Prof Alan Cobley, PVC, UWI for his strong support with respect to improving cross-campus communication and integration in medical education. Thanks also to the Deans and Directors across the various campuses for their advice and encouragement. We are grateful to Mr Michael R Khan (Graphic Artist, CMSE, FMS at St. Augustine) who has so generously agreed to give his time and expertise to design this newsletter and to make this project happen. But, most of all, thanks are due to the faculty and staff who contributed to this first edition of the newsletter.

In this newsletter and in the editions to follow, you will find many opportunities to get involved. We encourage you to take advantage of them by contributing to the content and by letting us know of activities taking place at your locations. It goes without saying that you are welcome to make suggestions to improve this newsletter in any manner by writing to us at: XXXX@XXXX.

We hope you enjoy reading the newsletter.

With best wishes,

*Dr. Md. Anwarul Azim Majumder*  
Director of Medical Education,  
FMS, Cave Hill.  
Editor, MeduLink (Inaugural issue)





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# News and Announcements

## NEWLY APPOINTED STAFF- CAVE HILL/QEH

### Cave Hill:

- Dr. Kaisha Hinkson-LaCorbiniere, Temporary Lecturer in Physiology
- Dr. Md. Anwarul Azim Majumder, Director of Medical Education
- Ms Janneve Broomes, Temporary Medical Laboratory Technician
- Dr. Ambadasu Bharatha, Lecturer in Pharmacology
- Ms. Ade Broomes, Temporary Stenographer-Clerk

## OBITUARY

### Cave Hill:

- Ms. Susan Phillips, Stenographer/Clerk

## COVER ILLUSTRATION

Poui [Tabebuia aurea], featured as the main cover element, is a flowering tree in the Bignoniaceae family.

It is ative to the tropics of the Americas, inclusive of the Caribbean, Central and South America.

The Poui can be seen flowering between the months of January to May in any shade of yellow, pink and white, and many times covering the the nearby grass, dirt and tarmac with a thick beautiful blanket of soft light petals.





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# A Chat with His Royal Highness That Hit the Headlines Across the Globe!



It was a usual early morning rush for my clinical ward rounds on the Independence Day bank holiday at the Queen Elizabeth Hospital when I was a surprised to be greeted by the hospital's Chief Executive Officer (CEO) at the staff entrance. What was even a bigger surprise was to be asked if I would oblige

to take up the challenge of escorting His Royal Highness Prince Harry of Wales through the children's ward.

The walk through the children's ward with the special royal guest started like my usual ward rounds, sans discussions on the medical managements, with an extended audience of Prince Harry's entourage and the hospital's management including the CEO in addition to my own team including Registrars,

House Officers, Nursing staff and students. It turned out to be a very social walk from one bed to the other interspersed with numerous clicks and video recording. What this hour and a half sojourn taught me is that managing to maintain your usual disposition during these kinds of special encounters makes the task easy. Of course, a down to earth attitude from His Royal Highness and the ease with which he related to common people made this "Guest round" very grand and a memorable one for everyone. Truly a big surprise!

However, the best was yet to come. A bigger challenge of being hosted by a royal celebrity for impromptu discussion on HIV/AIDS epidemics. Apparently his team had done their homework! His secretary quietly whispered into my ears if I will be willing to discuss HIV/AIDS with Prince Harry given my expertise in HIV/AIDS research. Of course, I agreed without a second thought. Having a broad perspective of your area of work and its implications for the public is all that is necessary for a good public discourse. In those 15 minutes Harry brought up many of the contemporary issues of HIV epidemics that were very close to his heart and sought my opinions and views. He specifically dwelled on the success against the HIV/AIDS epidemics in Barbados, the role of UWI, the issue of HIV testing



and the stigma and discrimination involved. He directed my attention to a video, where he publicly took an HIV test, which went viral. I highlighted the positive role that celebrities can play in the fight against HIV/AIDS by simple things like taking a HIV test in public and demystifying stigma and discrimination against persons living with HIV. It was this last bit of our conversation that prompted His Royal Highness to take a HIV test on himself and Rihanna in public in Barbados the very next day. It was this mega event in the Hero's square of Barbados on December 1 that hit the headlines across the globe flashing photos of these two iconic celebs with every story carrying the name of Dr. Alok Kumar somewhere in its text. With that, I conclude this short text on my experience in education and being educated by a Royal Celebrity.

– Dr Alok Kumar



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# Use Of Online Technologies In Assessment And Course Delivery

## Undergraduate Family Medicine Clerkship

Google forms<sup>1</sup> has proved to be an extremely useful tool in various aspects of assessment and course administration. It has been used for administering quizzes as part of continuous assessment as well as end of clerkship exams for collection of responses. It allows convenient and quick correction<sup>2</sup> with immediate feedback to students on their performance. It also allows for collation of MCQ data into excel which allows for immediate item analysis.

Google forms can also be used to design surveys which have been used to collect anonymous student feedback about courses which can be used for improving course delivery.

Recently google forms was also used for creation of OSCE checklists which allowed for marking of an end of clerkship OSCE exam electronically. It can be done using a tablet, PC or any browser enabled device with internet access. This has the benefits of convenient collation

of OSCE checklist responses into excel where the OSCE exam can be graded. It avoids errors of unchecked boxes and incorrect tallying of marks. It also allows convenient sharing student feedback for each station.

The other online resource which has proved extremely useful is moodlecloud<sup>3</sup>. This is a MOODLE

based environment no different from the university subscribed myelearning platform. The free version allows for creation and administration of online courses where the lecturer has administrative privileges for up to 50 students. This allows for the delivery of blended courses where lecture content and other activities that fosters learning (eg. forums, wikis, peer assessment, polls, online quizzes, workshops) can be used.

The best features of all these online modalities are they are all free, secure and student friendly.

## Postgraduate Family Medicine Exams

OSCE assessment of postgraduate students often focuses on clinical skills. However one of the skills all practising physicians need to grasp is how to search for, appraise the medical literature, and communicate information back to patients. Students are taught how to do this at the diploma level and they are expected to use it is their everyday practice but it is often not examined. An OSCE station which assesses the ability of postgraduate students to search the literature was designed and tested. It used an internet enabled computer where the candidate was given a clinical scenario from which they were expected to find an appropriate paper. Such online evidence based medicine OSCE stations have been used with good reliability and validity in other medical schools. Online OSCE stations adds to the variability in assessment for family physicians, as it does not involve the usual patient encounter, but tests a skill key to high standard patient care.

1. Google forms: [docs.google.com/forms](https://docs.google.com/forms)
2. Flubaroo: [www.flubaroo.com](http://www.flubaroo.com)
3. Moodlecloud: [moodlecloud.com](http://moodlecloud.com)





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# Barbados Insulin Matters (BIM) Study

The late Charles Taylor, endocrinologist and former Senior Lecturer in Medicine joined the Faculty of Medical Sciences, Cave Hill in 2011. He had a passion for research and education, whether it was the education of students, physicians or patients. At the time of his death in 2016 he was working on the Barbados Insulin Matters (BIM) project and even when ill continued to conduct meetings from his hospital bed via teleconference. He produced drafts of two papers which have now been completed and published in *Primary Care Diabetes* and *Journal of Clinical & Translational Endocrinology*. More papers from this project are likely to follow.

## PERCEPTIONS ON INSULIN INITIATION BY DOCTORS

With regard to insulin initiation in Barbados this paper explored

primary care physician perception, healthcare system factors and predictors of physician reluctance to initiate insulin. One hundred and sixty-one private and public sector primary care physicians completed a questionnaire based on the theory of planned behaviour. Main findings included - the majority felt initiating insulin was uncomplicated (68%) and there was benefit if used before complications developed (68%), but would not use it until absolutely necessary (58%). More private than public sector PCDs ( $p < 0.05$ ) thought that the healthcare system allowed enough flexibility of time for education (68 vs 38%) and initiating insulin was easy (63 vs 35%), but less thought system changes would help initiating insulin (42 vs 70%). Reasons for reluctance to initiate insulin included patient nonadherence (83%) and reluctance (63%). The findings suggest that Interventions focusing on primary care physician attitudes and beliefs and restructuring services inclusive of the use of diabetes specialist nurses are required.

## BARRIERS TO INSULIN THERAPY AMONG DIABETES PATIENTS

The purpose of this study was to document in a representative population-based sample of people with type 2 diabetes (T2DM) in Barbados, attitudes and beliefs that may result in psychological insulin resistance. The 20-item insulin treatment appraisal scale (ITAS) was administered over the telephone. Of 117 participants (response rate 67%) negative perceptions about insulin use included – meant a worsening of diabetes (68%), would worry family (63%), feared self-injection (58%), meant a failure in self-management (57%), injections were painful (54%). Positive perceptions were – helps good glycaemic control (78%), would prevent complications (61%) and improves health (58%). Patients using insulin had less negative perceptions than those not on insulin. The findings suggest that Multiple factors related to patient beliefs and attitudes need to be considered and addressed when initiating insulin in order to minimise psychological insulin resistance and delay.

– Dr Peter Adams



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# American College Of Physicians Caribbean Chapter - Internal Medicine Interest Groups

The American College of Physicians (ACP) is the largest international medical specialty organization worldwide, with over 148,000 members in over 145 countries across the globe. ACP membership includes internists, subspecialists, residents, fellows and medical students. The ACP provides a diverse community of internal medicine specialists and subspecialists united by a commitment to excellence. Internists apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. ACP and its physician members lead the profession in education, standard-setting, and the sharing of knowledge to advance the science and practice of internal medicine.

The ACP has 86 chapters and regions, 19 of which are outside of the US. The Caribbean Chapter was established in July 2016 and is led by Dr. Kenneth Connell (Governor). The Caribbean Chapter speaks on Internal Medicine in our region and reflects the interests and concerns of the internal medicine specialty. The countries in the Caribbean Chapter are; Anguilla, Antigua and Barbuda, Bahamas, Barbados, Bermuda, Cayman Islands, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos, British Virgin Islands (British), Virgin Islands (US)- St. Croix, St. John and St. Thomas.

Internal Medicine Interest Groups (IMIG) are organized groups of medical students who meet regularly to learn about the field of Internal Medicine and to establish communication with faculty and other students who share similar interests. It is a program established by the American College of Physicians (ACP), with the aim of educating medical students about the subspecialty, and also encouraging them to see it as a potential career path.

Through clinical skills workshops, participation in poster competitions, career advisory sessions, and many more activities, the IMIG hopes to achieve its goal of giving students a taste of what Internal

Medicine (IM) is like. Students are also encouraged to acquaint themselves with the benefits that come with involvement in the ACP. Membership is free to students and grants access to material that is promised to assist medical students on their IM rotation, and medical school in general, like the Annals of Internal Medicine journal, free admission to the annual Internal Medicine meeting, and a discounted price for IM Essentials, which has IM rotation and USMLE practice questions. Additionally, medical students will get the opportunity to network with their peers and future seniors in the medical field.

The fresh-faced Caribbean Chapter of the ACP is just getting off the blocks, and would love the

medical students of the region to be involved. ACP IMIGs will initially be established at three UWI campuses; namely Cave Hill, Mona and St. Augustine and at St. George's University, with the aim of expanding to include all accredited medical schools in the Caribbean. The IMIGs should be active by Semester 1 of the 2017-2018 academic year. We hope that the students will support the IMIGs and get involved! Student leaders of the respective campuses will keep them updated!

– *Shane Charles, Colleen Campbell, Meagan Mohammed*





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# Medical Student Researchers at UWI Mona



**T**he Jamaica Medical Students' Association (JAMSA) is the National Member Organization (NMO) in Jamaica for the International Federation of Medical Students' Associations (IFMSA). JAMSA has six standing committees through which it works to achieve the IFMSA vision of uniting, developing, and empowering medical students globally, emphasizing advocacy, volunteerism, community and civic service, and social accountability.

The Standing Committee on Human Rights & Peace (SCORP) engages students to actively promote human rights and peace through humanitarian action. This year, SCORP launched our Mentorship program where, with the help of counsellors, we trained over sixty medical students who joined us in a visit to the Jamaica National Children's Home. SCORP is the primary committee for

Disaster Medicine and works with the ODPEM and Woman Inc. (Crisis Centre). It organized a Food/Can Drive with donations to Haiti after Hurricane Matthew.

The Standing Committee on Sexual and Reproductive Health including HIV/AIDS (SCORA) is not afraid to tackle controversial issues. SCORA encourages development of physicians who deliver health care without prejudice of gender or sexual orientation. SCORA also raises awareness of genitourinary cancers of the breast, cervix, and prostate, Obstetric Violence, and Maternal and Child Health. This year SCORA launched its Gender Based Violence (GBV) project to reduce domestic violence cases with a GBV March which gained national attention.

The Standing Committee of Medical Education (SCOME) contributes to the development of the academic learning environment and professional and personal development of medical students. This year SCOME hosted a student town hall meeting on the pre-clinical curriculum, several professional and personal development seminars on medical

specialties and graduate medical education options, trained students in basic clinical skills for a rural inter-professional healthcare clinic and launched a campaign to address medical school burnout.

The Standing Committee on Research Exchange (SCORE) is a global student research and exchange platform. This year a Summer Research Experience programme was launched for pre-clinical MBBS students during which, 28 students were placed in 8 areas of specialty. This summer it will be expanded to incorporate dental and basic sciences students. SCORE is also collaborating with the other UWI Campuses to make this programme a regional initiative.

The Policy and Advocacy Committee (P&A) engages in health policy development nationally and regionally guided by the IFMSA and WHO, while serving as the NMO's P&A project management support. One of P&A's major projects this year includes the 'Can We Talk About It? Sexual Assault on Campus' forum, sensitizing the campus

community to procedures involved in investigating, counselling and medical services and also partnered with the Guild in the 'Not Asking for It' campaign with the Campus Security Services.

In closing, JAMSA would like to salute outgoing UWI Chancellor Sir George Alleyne who has left his inimitable mark in the fields of medicine and public health globally. Indeed, 'Health and Development in Our Time; Selected Speeches of Sir George Alleyne' should be mandatory reading for all students.

Overall, the initiatives started by JAMSA SCORE this year will have long term positive implications for future health professionals as they undergo training. It is the hope that in the years to come JAMSA SCORE will become the catalyst for change of medical students' attitudes towards research as well as the attitudes of staff members towards student researchers enhancing the overall accommodation of research.

– Shemara Rhoden, Mykea Bovell, Nikolai Nunes, Colleen Campbell, Toni-Ann Mundle, H. Anton Small



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# UWI Brings Royal College Surgical Skills Course from the UK to Trinidad

**F**or the first time in Caribbean history, The University of the West Indies Department of Clinical Surgical Sciences in the Faculty of Medical Sciences at Mt Hope, Trinidad was granted a franchise from the prestigious UK-based Royal College of Surgeons to conduct training of the Basic Surgical Skills course in Open surgery, Electro-surgery and Endoscopic surgery under the leadership of Dr. Michael Jimmy Ramdass, Senior Lecturer in Surgery.

The course runs over two days, at the end of which participants are able to demonstrate a wide range of surgical techniques including bowel anastomosis, tendon repair, vascular surgical techniques, laparoscopic surgery as well as the practice of safe operating

techniques, gowning and gloving, laying safe surgical knots, handling of surgical instruments, handling tissues, local anaesthetic techniques, and assessment and primary surgical management of infected and contaminated soft tissues. They are also taught the principles behind the practical and safe use of electro-surgery devices. Prior to the franchise, trainees had to travel to England. At UWI, trainees pay US\$1500 for the course – the equivalent of the course fees in the UK. At the end of the course conducted locally, participants receive a Certificate from the Royal College of Surgeons of England.

The Intercollegiate BSS Course was established in the UK in 1994, initially by a group of surgeons lead by Mr. WEG Thomas FRCS who wrote and designed a syllabus and essential skills that any surgeon in training should know. It has since evolved to become part of the basic requirements to achieve Membership and eventually

Fellowship of the Royal College of Surgeons of England.

Three workshops were held in 2012, 2013 and 2014 at the Anatomy Lab at the Department of Pre-Clinical Sciences which has now evolved to the full certified course which the UWI runs as an external centre to the Royal College of Surgeons of England from 2015 to 2017 and continuing.

Among those from the College who were instrumental included Professor Michael Parker, Mr William Thomas, and their research fellows, Mr. James Ansell and Mr. Akan Emin in the first two courses. Mr. Neil Warren of the Welsh Institute for Minimal Access Therapy was a proctor on the January 2014 workshop to teach laparoscopic skills and more recently Mr. Eric Drabble in 2016 and 2017. The local faculty includes Mr. Michael J. Ramdass, Professor Dilip Dan, Professor Vijay Naraynsingh, Mr. Ravi Maharaj, Mr. Patrick Harnarayan,

Dr. Dilip Dan, Dr. Shamir Cawich, Mr. Dale Hassaranah, Mr. Ian Ramnarine, Mr. Dexter Thomas, Mr. Lakhan Roop, Dr. Yardesh Singh, Dr. Dave Harnanan, Dr. Nigel Bascombe, Dr. Leronne Olivier, Dr. Ramraj and Dr. Islam.

The course is run by our administrative assistant Melrose Yearwood who is instrumental in the organization of the course as well as Larry Lakhan and Shankara Madivala who are the prosectors for the course at the Anatomy Lab.

Since the genesis of this course 180 residents have been trained. The course is well oversubscribed and standards are maintained by the Royal College of Surgeons of England.

For further information on the course, contact:

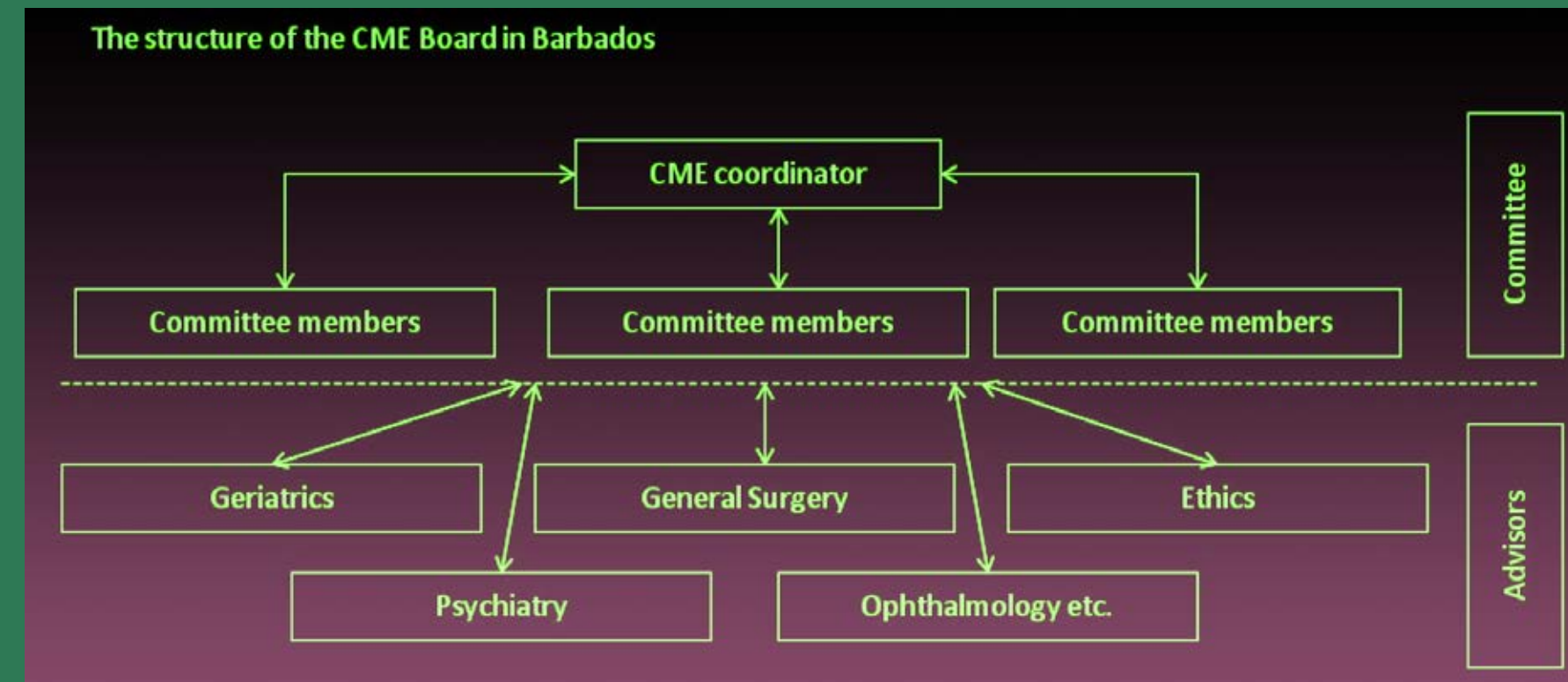
- Melrose Yearwood  
melrose.yearwood@sta.uwi.edu or
- Dr. Jimmy Ramdass  
jimmyramdass@gmail.com



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# Continuing Medical Education in Barbados: Past, Present and Future



**W**hen Continuing Medical Education (CME) began in Barbados in the 1970s, it was a hybrid of social and academic events that were sponsored mainly by the pharmaceutical companies.

The CME collaboration between The University of the West Indies (The UWI) and the Barbados Association of Medical Practitioner (BAMP) was formalised in the 1990s, thanks to the foresight of Dr. ER Walrond, (now Prof. Sir Walrond), Dr. Michael Hoyos and Dr. Malcolm Howitt. It was a forum which fostered collegial relationship between The UWI and BAMP while achieving academic advances.

With the introduction of mandatory CME for medical re-registration, CME has become a bustling business with multiple companies offering CME experiences. Whereas, this should generate greater participation and knowledge, we are cautioned that quantity does not always equate to quality. The responsibility then falls upon us in academia to maintain and indeed enhance the offerings of our CME programme while protecting its academic / clinical fortitude. This calls for a superior level of planning and functioning at multiple levels.

Our first intervention in 2015, was to bolster the CME committee (which consists mainly of General Practitioners) with a board of clinical specialists, who will advise our programme development in their area of expertise, in order

to ensure that the academic offerings are relevant, up-to-date and of a high calibre. We currently have advisors in the areas of Dermatology, Ethics, Emergency Medicine, Family Medicine, Gastroenterology, General Surgery, Geriatrics, Infection Disease Control, Obstetrics and Gynaecology, Ophthalmology, Otolaryngology and Psychiatry.

We have already benefited from this investment as our advisor in Geriatrics, Dr. Ambrose Ramsay, hosted his session on Dementia in 2016. This included presentations from a neurologist, psychiatrist, a visiting professor in geriatrics from Yale and an Attorney at law; a cocktail that a non-expert may not have been able to envision or may not have in their direct contacts.

Our second planned intervention is to establish a schedule of medical specialties to be represented at future CME events. Currently, we operate on an ad hoc system, planning event by event. A curriculum will allow for several benefits (1) it can guide our programme development so that specific areas are not under / over –represented as a result of the innate inclination of the committee members. (2) This forward planning will also allow

us to engage potential speakers and delegates at a much earlier time; this is especially important if we intend to attract overseas participants. This strategy should increase the product we are offering and the attendance to the meetings. (3) A schedule will allow us to identify potential sponsors well in advance. In our dispensation, CME events are financed by sponsorship and registration fees, hence being ready and able to engage industry is an essential component to the sustainability of CME in Barbados.

We will continue this scientific / academic approach to the CME process as we strive to improve the quality of the experience in Barbados.

– Kim Quimby



Cross section of the audience during one of the sessions



Interaction between one of our many sponsors and delegates to the conference during one of the breaks



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# CAAM-HP Capacity Building Workshop

The Caribbean Accreditation Authority for Education in Medicine and other Health Professions (CAAM-HP) Capacity Building Workshop was held on March 19-22, 2017 at the Courtyard by Marriott. The CAAM-HP is the legally constituted body established to accredit medical, dental, veterinary, nursing and other health professional programmes, leading to professional degrees required for practice in CARICOM member states. To date, 13 CARICOM member countries have signed agreement with CAAM-HP. Teachers and administrators from 27 public and private medical schools attended the workshop.

On the second day of the workshop, Senator Harcourt Husbands, Parliamentary Secretary in the Ministry of Education Science, Technology and Innovation, Government of

Barbados, in his opening address commented that: “We understand that our survival is in coming together to ensure that in the field of medical education, we offer well designed curricula and that each of our schools can be ready to meet the agreed standards of accreditation.” He also added that this would signal to the world that those educated in medical schools in the region are globally recognized and internationally ready in their chosen medical field or profession.

Professor David Gordon, President of the World Federation of Medical Education (WFME), gave the first presentation on global perspective on medical education and accreditation. He also explained the importance and complexities of the accreditation process to improve the standard of medical education. The WFME is a globally recognized organization which has partnered with the World Health Organization and it recommends the establishment of an accreditation system in medical schools “that is effective, independent, transparent, and based on criteria specific to medical education”.

There was a session on Student’s Perspectives on Accreditation presented by a number of students including, one of our own, Mrs Kia Lewis (Cave Hill). Dr. Damian Cohall, Senior Lecturer at the Faculty of Medical Sciences, Cave Hill also presented on the Feedback from Surveyors. Other presenters that attended the workshop were from the Educational Commission for Foreign Medical Graduates – Senior Vice President, Business Development & Operations, Lisa Cover; and Member of CAAM-HP and Honorary Senior Research Fellow University of Glasgow, Professor James McKillop.

– Dr Azim Majumder





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# Report On An Initiative To Develop A Framework For Continuous Quality Improvement

## BACKGROUND

The Faculty of Medical Sciences at Mona has expanded significantly since 1948 when it admitted its first 33 medical students from across the region. In 2016, its undergraduate programmes in Medicine, Nursing, Dentistry, Physical Therapy, Basic Medical Sciences and Diagnostic Imaging had a total student enrolment of 3,645 with an additional 700 pursuing post-graduate qualifications in Faculty programmes.

In light of this expansion and the need to conform to UWI Quality Policies and the standards of regional and internationally recognized accrediting bodies such as CAAM-HP, the Medical Education Unit proposed the development of a Faculty-wide Continuous Quality Improvement Framework (CQIF) to strengthen quality assurance and to improve preparation and responses to accreditation requirements and concerns.

## PROGRESS TO DATE

Between February and May 2017, the Director, Medical Education Unit (MEU) and Quality Enhancement Manager gave a series of presentations at Departmental Staff meetings to introduce the CQI initiative and to update staff on current accreditation concerns.

A workshop, facilitated by the Director, MEU & the Quality Enhancement Manager, designed to brainstorm establishment of a CQI Committee and implementation of the framework was held on August 11, 2017. Department and Programme Heads were each invited to submit the names of one academic and one administrative member of their staff to attend. In addition the Faculty representative on the Guild of Students was invited and the incoming Dean provided a welcome and opening remarks. (The workshop programme, a list of nominated staff, actual participants and a summary of

their evaluation of the workshop is attached in the appendix to this report.)

An overview of Quality Assurance and Accreditation at the UWI was presented. Participants were divided into four working groups, each of which was asked to examine committee membership, reporting relationships, role and functions of the committee and suggest a list of key data points necessary to monitor quality, identify trends and form the basis of potential changes.

At the end of the workshop, each group presented a summary of their discussions and these were used to help frame the recommendations that are outlined below.

## RECOMMENDATIONS OF THE WORKSHOP

### CQI Committee Membership

The following committee membership was suggested:

- Quality Enhancement Officer (Chair)
- Director, MEU
- Programme Directors or their designates
- Deputy Dean Graduate Studies
- Administrative Officer Dean's Office
- Member of the ATS staff nominated by the Dean

## EXPLANATORY NOTES

- » **Health Professions Education Unit** – currently named the Medical Education Unit and Chaired by the Director of Medical Education, FMS Mona
- » **FMS Student Support Services** – includes the Deputy Dean for Student Success and the Personal and Professional Development Officer.
- » **Dean's Office** – Administrative Centre for the Faculty with oversight for student matters at both undergraduate and graduate levels
- » **Graduate Studies** – represented by the Deputy Dean for Graduate Studies
- » **Student Association** – to include the FMS undergraduate representative on the Guild of Students and the FMS representative on the Mona Postgraduate Students' Association
- » **Departments** – to ensure linkages with all staff, (Senior Administrative and Professional, Academic and Administrative and Technical Services)
- » **Programme Directors** – to address matters such as admissions, curriculum matters, student assessment and course/teacher evaluation



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- FMS IT person in charge
- Student Representatives
  - FMS Guild rep
  - Postgraduate student association

### Reporting Relationships of the CQI Committee

The main reporting relationships are outlined in the diagram on right.

### FUNCTIONS OF THE CQI COMMITTEE

- Identify initial Quality Indicators
- Monitor internal quality processes within Departments, Units and programmes
- Identify data to be collected
- Coordinate data collection and reporting for QA and accreditation self-studies
- Coordinate responses to QA and accreditation review teams' recommendations
- Promote and implement relevant quality related developments in accordance with the Faculty's strategic plan

### KEY DATA POINTS

It was agreed that, in order to guide the enhancement of quality, meet the demands of external accreditors and inform changes in policy, the following data needs



to be collected in a regular and systemized way.

#### Admission matters

Data on applications to each programme:

- Total number of applicants
- Number of qualified applicants
- Number of offers made

- Number self-deferred
- Number offered deferred placement
- Actual number of entrants

Breakdown of entrants by entry Qualification:

- CAPE qualifications
- Bachelor Degree
- Masters

- MPhil Degree
- Doctorate
- Other (IB, etc.)
- Xfer from UG Degree Programmes
- Mature student clause

Breakdown of entrants by admission scores where relevant:

- Academic score
- Non Academic/co-curricular score
- Interview score

#### Student Matters

Student Demographics:

- Annual student enrolment by programme
- Gender distribution by programme in each year
- Student/Patient ratio where relevant

Student academic progression:

- Number of students required to repeat one or more courses
- Standardized clerkship results reports
- Number of students on warning
- Number of students required to repeat an entire year
- Number of students granted LOA for academic reasons
- Number of students granted LOA for personal reasons
- Results (1st time takers only) of all progression examinations
- Results (1st time takers only) of final qualifying examination
- Number withdrew/dismissed



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## Staff Matters

- Results of staff satisfaction surveys, etc.
- Staff development opportunities (available and taken up)
- Total number of established Departmental Head posts and number vacant
- Total numbers of academic staff by Department/Programme
- Categories and number of teaching and support staff (Full time, Part time/Associate, etc.)
- Staff/student ratios

### Research Activity:

- Number of publications in peer-reviewed journals by Department
- Number of Academic Presentations by Department
- Total value of research grants by Department

## Graduate Tracing

Placement for internship of last graduating class by:

- National placement
- Regional placement
- International placement
- Completion rate of internship

Total number of graduate students enrolled in specialty training:

- UWI DM programmes
- Masters Programmes
- MPhil/PhD Programmes

- Other UWI (Diploma/Certificate) Programmes
- International training programmes (e.g. US residency placement, UK training posts)

Graduates who receive awards/scholarships:

- Academic, national, regional or international

Geographical distribution of graduates:

- Country
- National
- Regional
- International

Type of practice:

- Public
- Private
- Private/public combination

## Financial Data

Annual income/expenditure statements for each programme:

- Total annual revenue broken down by:
- Tuition & Fees
- Research Grants
- Contracts/Professional fees/ Electives

Total annual expenditure:

- Annual running costs
- New Capital costs

Average cost of attendance:

- Tuition
- Accommodation
- Books/Supplies Misc.

Total cost of tuition and other fees by category:

- National
- Regional
- International

Number of students receiving:

- Government Loans/Scholarships
- Institutional Loans/Scholarships
- Personal/Private loans

Student indebtedness:

- Average amounts owed
  - To the UWI
  - To other agencies or entities

## RECOMMENDATIONS

It is recommended that the following steps be taken:

- Establishment of the CQI Committee by the Dean as soon as possible
- Convening the first meeting of the Committee before the end of 2017 to develop a work plan.

– *Professor Joseph Branday and Ms June Wheatley*





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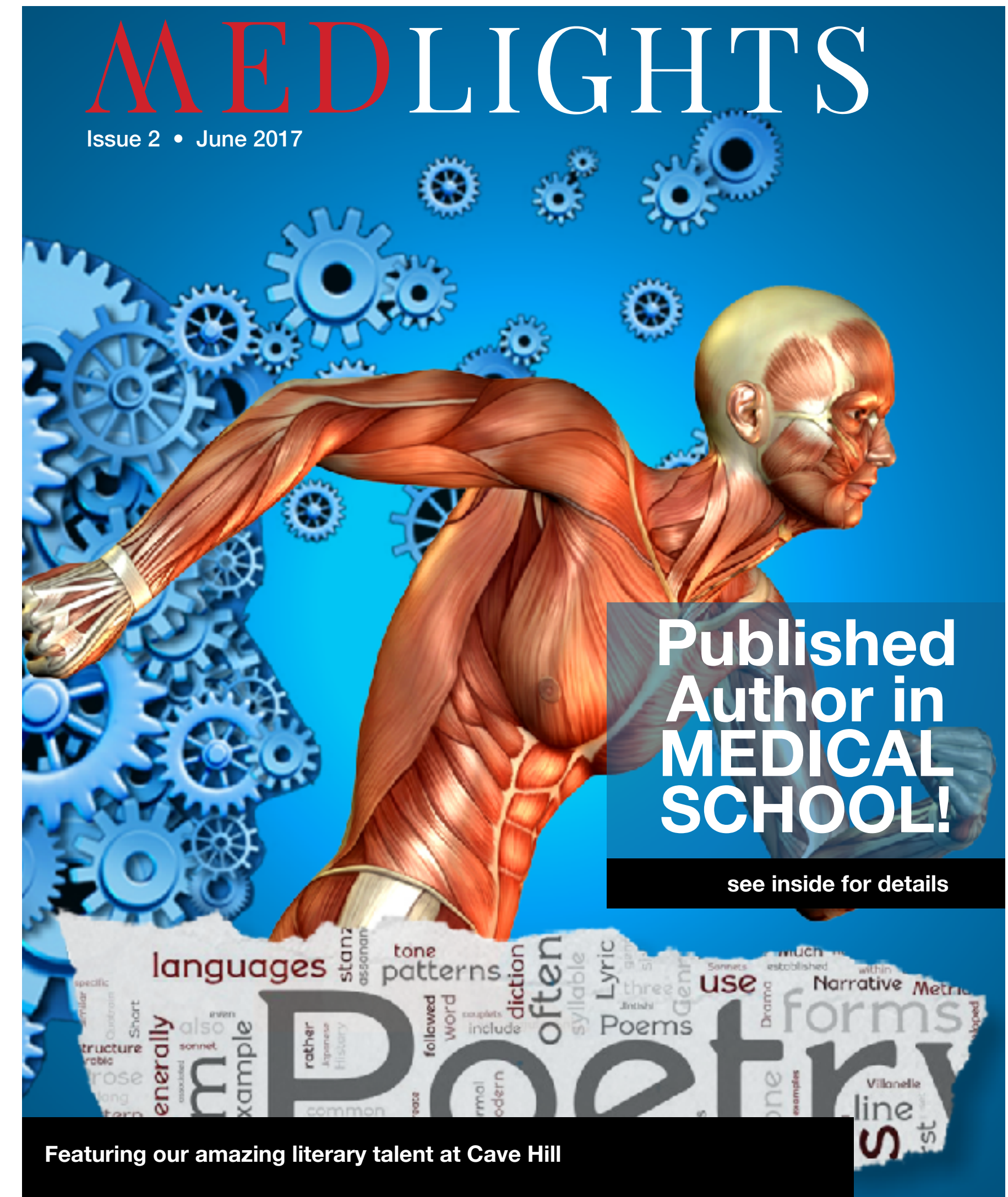
# MEDLIGHTS Students Magazine

The MEDLIGHTS, a new online Medical Student Magazine launched in January 2017, published by the Medical Students' Association, Cave Hill, UWI. Dr. Keerti Singh (Lecturer in Anatomy), Mrs. Kiana Hall (Medical Laboratory Technologist), Mr. Darius Edwards (Class of 2021 Representative), Mr. John Alao (Class of 2020 Representative) and Ms. Andreanna White (Class of 2019 Representative and the Literary Secretary for the Medical Students' Association) are the founders of this magazine; which will have two (2) issues, January and June.

After entering the medical School most of us are so engulfed by the vast curriculum and the resulting time constraints that we often lose our creative sides. Some of us even forgo our hobbies or stop doing certain most enjoyable things, which were a part of our normal lives.

This magazine serves as a platform where students can publish their creative works, cherishing their yesteryears into the future. It is here that they can demonstrate to their fellow Medical Students that we can step outside the box, be creative, and can relax at timesJ. The Magazine contains a wide variety of media, be it short story, poetry, songs, skits, visual art, cartoons, any form of creative, non-fiction content; all written by the student body!

In first issue, we concentrated on presentations made during Locomotor System course (Upper Limb and Lower limb) by the first year students (Class of 2021). The presentation has been done for a number of years as it is a means of enabling students to learn about the various muscle groups of the locomotor system in a fun interactive manner; it truly amazes us how creative they can be. Clinical students are also encouraged to contribute, specially their experiences in the hospital settings and interactions with patients. Students sometimes have very vibrant debates on contemporary issues and this magazine will serve as an outlet for them to express themselves.



We believe this venture will provide opportunities to make writing a major part of student experience, which is usually not encouraged formally in undergraduate medical program. It is our attempt to exalt the

creative artistic abilities of our students which is often eluded while pursuing their academics.

– Dr Keerti Singh and Andreanna White



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# Annual Paediatric Intensive Care Unit Morbidity and Mortality Conference

The Annual Paediatric Intensive Care Unit Morbidity and Mortality Conference is usually held on the last Tuesday of every January at the Queen Elizabeth Hospital auditorium. This conference offers on-going education for doctors, nurses and other allied health care personnel. It also provides a forum for discussion between various medical specialties and facilitates interdisciplinary education.

The 5th Annual Paediatric Morbidity and Mortality Conference was held during 31st January 2017. A total number of 78 participants attended, which included different categories of staff such as Consultants and Residents in Paediatrics, Emergency Medicine and

Anaesthesia & Surgical Intensive Care, nurses from QEH as well as Polyclinics and also interns and final year medical students.

Lecture presentations were given by PICU staff (consultant, registrar and nurse), general paediatricians, emergency medicine physicians, nutrition specialist and respiratory therapist, which were well received.

After didactic lectures, poster rounds were undertaken which was deemed highly educational. The conference received 5 CME credits from the Barbados Medical Council.

– *Dr Kandamaran Krishnamurthy*





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# Beyond BASIC 2017

The Department of Child Health at the Queen Elizabeth Hospital and the University of the West Indies collaborated to host the Pediatric Basic Assessment and support in Intensive Care Course (BEYOND BASIC) which was held on March 25th and 26th 2017 at the Errol Walrond Building, clinical skills Complex, University of the West Indies.

This two-day course built on the principles important in the initial care of the critically ill and injured child and consists of lectures and simulations scenarios similar to real life situations, experienced by healthcare professionals working in the paediatric critical care environment and accident and emergency.



We had a cadre of twenty- five physicians, nurses and emergency doctors participating who are main providers of critical care to pediatric patients at the Queen Elizabeth hospital.

We were also able to deliver the course with 4 visiting instructors, (including one of our UWI alumni responsible for simulation training in the UK) as well as ten local instructors. The local instructors work in the Queen Elizabeth hospital in the paediatric, Emergency and Anaesthesia departments and also included our sole Respiratory therapist.

The course direction was also significantly enhanced by the expertise of Dr Keisha Thomas – Gibson who has completed a fellowship in Simulation at the Hospital for Sick Kids in Toronto and is presently an Associate consultant with the University of the West Indies and the department of Anesthesia. Keisha has also committed to use her experiences and expertise to assist us in building the culture of Simulation as part of our ongoing professional training.

The course exceeded our expectations of assisting the participants in attaining the highest possible level of competence in the management of the critically ill child within the constraints of our present



staff. The post course evaluation was very favourable and all our participants very eager to participate in similar course in the future.

As a result of the overwhelming success of these courses it is also hoped we can continue to sustain this training on an annual basis as we endeavor to solicit the support our local stakeholders and medical community. It is envisioned that as we build capacity we will be able to maintain this high level of training with local and regional faculty and continue to provide excellent care for our children of the region. Simulation Training has now become the way forward in all medical education fora, and as such we have embarked in a commitment to continue this type of training not only within

the paediatric department but throughout the entire Hospital.

As a result of the sponsorship we received from this course, we are also slowly increasing our simulation tool box, which includes task trainers, mannequins and simulation software which will be safely housed and monitored in our purpose built simulation labs at the clinical skills building.

It is anticipated that the continued partnership between the University of the West Indies and the Department of Paediatrics at QEH will continue to improve the educational opportunities for the enhancement of paediatric and critical care training both here and the wider Caribbean.

– Dr Michele Lashley