

“This prospectus is made under the provisions of the Universities Act, the Postgraduate Institute of Medicine Ordinance, and the General By-Laws No. 1 of 2016 and By-Laws No. 4 of 2016 for Postgraduate Diplomas and Postgraduate Certificates ”

**Copyright © 2015 by Postgraduate Institute of Medicine, University of Colombo, 160 Prof. Nandadasa Kodagoda Mawatha, Colombo 7, Sri Lanka.**

**All rights reserved. This course document is the intellectual property of the Postgraduate Institute of Medicine, University of Colombo. No part of this document may be copied, reproduced or transmitted in any form by any means (electronic, photocopying, recording or otherwise) without the prior written permission of the Postgraduate Institute of Medicine, University of Colombo.**

**POSTGRADUATE INSTITUTE OF MEDICINE  
UNIVERSITY OF COLOMBO**



# **PROSPECTUS**

**POSTGRADUATE DIPLOMA  
IN  
MEDICAL EDUCATION**

**2012**

**SPECIALITY BOARD IN MEDICAL EDUCATION  
BOARD OF STUDY IN MULTIDISCIPLINARY STUDY COURSES**

## Contents

1. INTRODUCTION WITH JUSTIFICATION .....	1
2. TRAINING OUTCOMES .....	1
3. COURSE STRUCTURE, COMPOSITION, PROGRAMME DURATION .....	2
4. ELIGIBILITY CRITERIA / SELECTION OF TRAINEES .....	3
5. METHOD OF DELIVERY AND STRATEGIES OF STUDY .....	3
6. PORTFOLIO .....	4
7. RESPONSIBILITIES OF TRAINEES .....	5
8. ELIGIBILITY TO SUBMIT THE PORTFOLIO .....	5
9. POSTGRADUATE DIPLOMA EXAMINATION .....	5
10. AWARD OF THE POSTGRADUATE DIPLOMA IN MEDICAL EDUCATION .....	6
11. FAILED CANDIDATES AND REPEAT EXAMINATION (RESUBMISSION) .....	6
ANNEX 1. COURSE MODULES AND EXPECTED COMPETENCIES .....	7
ANNEX 2. ALTERNATIVE QUALIFICATIONS TO PGCME .....	11
ANNEX 3. CRITERIA FOR SELECTION OF APPLICANTS FOR PGDME .....	12
ANNEX 4. DELIVERY METHODS .....	13
ANNEX 5. PGIM GUIDELINES FOR SUPERVISORS OF DISSERTATIONS / THESES .....	15
ANNEX 6. GUIDELINES FOR PORTFOLIO SUBMISSION .....	17
ANNEX 7. FORMAT OF PORTFOLIO ENTRY .....	18
ANNEX 8. RATING SCALES FOR ASSESSMENT OF PORTFOLIO .....	19

## POSTGRADUATE DIPLOMA IN MEDICAL EDUCATION

### PROSPECTUS

#### 1. INTRODUCTION WITH JUSTIFICATION

The role of the medical professional as a teacher is evolving, with progress made in the health care delivery system and learning trends in higher education. Medical Education is rapidly developing with new innovations to meet these challenges.

The Postgraduate Diploma in Medical Education (PGDME), conducted by the Postgraduate Institute of Medicine (PGIM) aims to equip health professionals with expertise in knowledge, skills and attitudes required of a medical teacher. The course is designed to further develop participants' skills, competencies and attitudes that were gained at the Postgraduate Certificate for Medical Education (PGCME). The programme will strengthen participants' ability to design, deliver, conduct research and evaluate effective educational programmes.

This course will suit professionals involved in delivering undergraduate/postgraduate medical/health professions education.

#### 2. TRAINING OUTCOMES

The PGDME is offered to applicants who have completed the Postgraduate Certificate in Medical Education. The Diploma course will permit them to customize their studies to cater to individual needs and desired educational expertise. Research skills too will be developed during the Diploma programme.

On completion of the Postgraduate Diploma, in addition to the above outcomes, trainees should be able to;

- Design and develop a medical/health professions curriculum/course
- Apply principles of educational research and basic research methodology in developing research projects
- Critically evaluate literature and research on medical education
- Design and develop appropriate instructional material to facilitate achievement of learning outcomes in their own institution
- Design and evaluate assessments at different levels of complexity
- Apply generic principles in chosen areas of interest to design educational/development strategies suiting their personal and institutional requirements
- Critically evaluate educational interventions
- Enhance their continuing professional development

- Describe concepts and recent trends in medical education

### 3. COURSE STRUCTURE, COMPOSITION, PROGRAMME DURATION

The duration of the PGDME shall be 12 months. It will be a fulltime course. The PGDME consists of 10 modules where a range of topics on the further study on the themes of curriculum development, teaching and learning and assessment are offered in addition to modules on research and special topics in medical education. Eight core modules and two optional modules should be completed. A trainee must successfully undertake a course of study equivalent to 50 weeks of study with approximately 30 study hours per week, while successfully completing the assessments as detailed below.

The course for the PGDME will comprise the following modules (Details are in Annex 1)

**Table 1 – The module-wise credit breakdown of PGDME course**

	Lectures (hours)	Trainee-supervisor meetings (hours)	Field work (hours)	Credits
<b>Core Modules</b>				
1. Reflective practice and portfolio building / assessment	8	7	45	2
2. Research methodology and practice	8	7	45	2
3. Designing and using printed and IT-based instructional material	8	7	45	2
4. Programme development and evaluation	8	7	45	2
5. Educational environment	8	7	45	2
6. Problem-based / task-based learning	8	7	45	2
7. Community-oriented teaching	8	7	45	2
8. Psychometrics of assessment	8	7	45	2
9. Elective Modules (any 2 of the 7 in table 2)	16	14	90	4
10. Portfolio completion including workshops	15	45	270	10
<b>Total</b>	<b>95</b>	<b>115</b>	<b>720</b>	<b>30</b>

**Note:** Credit values are calculated on the assumption that one credit is equivalent to 15 hours of face-to-face learning (i.e. lectures and trainee-supervisor meetings); or 45 hours of supervised field work.

**Table 2 – The module-wise credit breakdown for elective modules in the PGDME course**

<b>Elective Modules (any 2 of the 7)</b>				
1. Distance learning	8	7	45	2
2. Continuing Medical Education	8	7	45	2
3. Educational leadership and staff development	8	7	45	2
4. Best evidence medical education	8	7	45	2

5. Mentoring and trainee support	8	7	45	2
6. Introduction to Medical Informatics	8	7	45	2
7. Quality assurance	8	7	45	2

#### 4. ELIGIBILITY CRITERIA / SELECTION OF TRAINEES

To be eligible for admission to the PGDME study programme, an applicant should have:

- i. a medical degree registered with the Sri Lanka Medical Council
  - ii. completed an internship recognized by the Sri Lanka Medical Council
  - iii. completed one year's work experience in Sri Lanka, after internship
- OR**
- iv. a dental degree registered with the Sri Lanka Medical Council and completed two years' work experience in Sri Lanka after graduation
- AND**
- v. the Postgraduate Certificate Course in Medical Education conducted by the PGIM, University of Colombo, Sri Lanka

An applicant holding a Certificate in Medical Education from an overseas university (the list of overseas certificate courses accepted by the Board of Study is given in Annex 2) may be exempted from Criterion (v). Exemptions will also be considered on a case-by-case basis, and such exemptions will require approval of the Speciality Board, the Board of Studies in Multidisciplinary Studies, and the Board of Management of the PGIM.

The maximum number of trainees will be decided by the Speciality Board in consultation with the Board of Management of the PGIM. If the number of eligible applicants exceeds the number of training slots, priority will be given to those who have completed the Postgraduate Certificate in Medical Education (PGCME), conducted by the PGIM. Even after such prioritization if there are more eligible applicants than available training places, the applicants who have performed best at the PGCME (e.g. scored the highest grades) will be selected. The selection criteria in such an event are given in Annex 3.

#### 5. METHOD OF DELIVERY AND STRATEGIES OF STUDY

A variety of methods including lectures, group work, presentations, case studies, reflective logs, e-learning and self-learning will be used to ensure maximum acquisition of knowledge, skills and attitudes. Lectures are the main method of face-to-face teaching in the first six months. A lecture comprises of a 4-hour session per week that imparts the core content of each module throughout the course. Workshops will be held once a month during the last 6 months. Details of all the delivery methods are in Annex 4.

Trainees are expected to have a minimum of 80% attendance in the lecture discussions.

The learning methods will encourage the trainees to relate educational theory to their everyday educational practice. 'Field work' is specifically to promote hands on practice of

theory, where the trainees are expected to apply the theory that they have learned during the course to practical educational settings; e.g. classroom teaching, clinical teaching, curriculum evaluation, designing of assessment. The evidence for applying theory to practice will be documented in a portfolio that the trainee develops. The trainers of PGDME will also be the supervisors for portfolios. They will be specialists in Medical Education (i.e. having at least a Masters in Medical Education) and/or will have an appropriate training in higher education. If supervisors are appointed from the latter category, their appointments will be subject to the approval of the Speciality Board in Medical Education, Board of Study in Multi Disciplinary Study Courses, and Board of Management of PGIM.

Face-to-face teaching and non-face-to-face learning will be the two main strategies of study.

The face to face sessions include lectures, portfolio-writing workshops, and trainee-supervisor meetings during portfolio building. The lectures and workshops will be conducted at the PGIM, University of Colombo. The face-to-face supervision (i.e. trainee-supervisor meetings) will be conducted at the PGIM or on site at training centres.

The main non-face-to-face method is self study, which will be supervised by an assigned supervisor regularly; i.e. the learning contracts and portfolio entries developed by the trainee, after discussing with the supervisor, will be finally approved by the supervisor before submission. Self study will include reading around the subject, writing learning contracts, implementing the learning contracts, and writing portfolio entries. These activities, however, will be supervised by the portfolio supervisors. In the course of portfolio building, first, the trainees are expected to submit a learning contract for each module within 8 weeks of completing the face-to-face sessions for the module. Learning contracts should be submitted to the Speciality Board through the supervisor appointed by the Speciality Board. The learning contract is later converted to a portfolio entry, once the trainee carries out and documents the plan agreed upon through the learning contract. There will be a minimum of one learning contract (and hence a portfolio entry) for each PGDME module.

## 6. PORTFOLIO

Each trainee must have a supervisor (trainer) who is appointed by the Speciality Board. Supervisors must be approved by the Speciality Board. All supervisors are expected to abide by the PGIM's *Guidelines for Supervisors of Dissertations and Theses* (Annex 5).

Each portfolio shall be assessed by two examiners appointed by the Speciality Board. They will be specialists in Medical Education (i.e. having at least a Masters in Medical Education) and or those who have an appropriate training in higher education. If the examiners are appointed from the latter category, their appointments will be subject to the approval of the Speciality Board in Medical Education, Board of Study in Multi Disciplinary Study Courses, and Board of Management of PGIM.

## 7. RESPONSIBILITIES OF TRAINEES

Trainees are expected to acquaint themselves with PGIM rules and regulations and meet all requirements stipulated therein, that are relevant to the PGDME programme. Also they should follow the special guidelines and formats provided by the PGDME programme; e.g. guidelines for portfolio building.

## 8. ELIGIBILITY TO SUBMIT THE PORTFOLIO

For trainees (i.e. candidates) to be eligible to submit their portfolios, they should have achieved the following.

- Have 80% attendance at the face-to-face teaching sessions
- Have completed at least one portfolio entry for the first 8 modules
- Have obtained the signature of the supervisor that the portfolio building was supervised by him/her
- Have completed the assignments for the 2 elective modules

Trainees are expected to submit the completed portfolio by a given deadline, within 1 year of registering for the PGDME. Those who fail to meet this deadline will be given not more than 2 more opportunities to submit their completed portfolio, at 6 months and 12 months after the initial deadline.

## 9. POSTGRADUATE DIPLOMA EXAMINATION

Examination of PGDME will be portfolio based, enabling the participants to apply the learned educational principles to their own situation and reflect and improve on their own practice. Portfolio should be developed according to the guidelines and the portfolio entry format prescribed by the Speciality Board and approved by the Board of Management of the PGIM and the Senate of the University (Annex 6 and Annex 7).

Each entry in the portfolio will be assessed using structured rating scales (Annex 8). The assessment will consist of two parts, Part I and Part II. In Part I, the portfolio will be assessed independently by 2 examiners and awarded a score out of 80, based on the documented information in it. Candidates who score 40 or more out of 80 for Part I will face a structured oral examination; i.e. viva (Part II). The oral examination will be marked out of 20 by 2 examiners.

**Table 3 – Conversion of portfolio total score to the overall grading**

Total score out of 100	Descriptor
75 and above	Good
60 to 74	Fair
59 and below	Poor



## 10. AWARD OF THE POSTGRADUATE DIPLOMA IN MEDICAL EDUCATION

A candidate should fulfill the following requirements to pass and be eligible for the award of Postgraduate Diploma in Medical Education:

- i. A minimum overall mark of **60 out of 100** for both parts I and II

**AND**

- ii. **Not score 0 for more than two** of the 22 scales in parts I and II

**AND**

- iii. **Not score 0 for Authenticity of Work** in Part II.

## 11. FAILED CANDIDATES AND REPEAT EXAMINATION (RESUBMISSION)

Unsuccessful candidates will be permitted to re-submit the portfolio again, and granted a period of not more than 3 months to carry out the required revisions. Marked portfolios will be returned to the candidates and feedback will be provided to these candidates as to how they should improve their portfolios, by a trainer appointed by the Speciality Board. The revised portfolio must be re-submitted to the PGIM and will be re-examined once more by a Board of Examiners appointed by the Speciality Board. Once the candidates have successfully faced the portfolio assessment (Part I and Part II), they will be deemed to have passed the PgDiploma in Medical Education, subject to confirmation by the Senate.

A candidate shall be permitted to re-submit the portfolio on not more than two occasions. In the event that the candidate fails to satisfy the Board of Examiners after the second re-submission, such a candidate shall be deemed to have failed the PgDiploma in Medical Education and will cease to be a registered student in the PGIM.

## ANNEX 1. COURSE MODULES AND EXPECTED COMPETENCIES

### CORE MODULES:

#### DCM 1 - Reflective practice and portfolio building/assessment

- Demonstrate an understanding of the adult learning theory underlying the concept of reflection
- Describe the place of reflection in the education of health professionals
- Define Reflective practice, portfolio learning and portfolio assessment
- List different types of portfolio and evaluate their usefulness in your own situation
- Identify material that might be included in portfolios as evidence of achievement of learning outcomes
- Identify criteria for assessing different types of material included in a portfolio

#### DCM 2 -Research Methodology and practice

- Identify the key aspects in conducting a literature search, citing & referencing
- Explain appropriate sampling techniques for different situations
- Describe the procedure for sample selection & common mistakes encountered
- Demonstrate an understanding of concepts of questionnaire design i.e. item generation, response options & rating scales, checklists vs. scores
- Design an effective questionnaire on a given topic
- Distinguish between inferential and descriptive statistics
- Understand the reasons for using common statistical tests
- Describe basic data presentation techniques and how to present re-search findings in a concise and coherent fashion

#### DCM 3 - Designing and using Printed & IT based Instructional Material

- Identify various educational strategies used in printed & It based instructional materials and incorporate them in any materials he/ she wishes to produce
- Prepare effective posters incorporating good layout and design principles
- Prepare effective PowerPoint presentations with good slide design principles
- Describe the uses of web based instructional material
- Critically analyse sample instructional material

#### DCM 4 - Programme development & evaluation

- Review quantitative and qualitative strategies for needs analysis for curriculum development
- Identify aims, objectives, outcomes and competencies for a course of study in their own situation

- Describe strategies/tools for process and product evaluation of a programme
- Plan an evaluation & review process for a course of study in their own situation

#### DCM 5 - Educational environment

- Demonstrate an understanding of educational environment and its effects on trainee learning
- Review the ways of measuring educational environment and climate
- Interpret data on educational environment and climate in relation to other dynamics of health professions teaching and learning
- Select and apply an appropriate measure of educational environment for your teaching situation

#### DCM 6 - Problem based/Task based learning

- Demonstrate an understanding of the process of Problem Based Learning
- Develop a problem-based teaching activity appropriate for use in their institution
- Demonstrate an understanding of the concepts in task based learning
- Develop a list of tasks and appropriate learning activities for a learning module
- Evaluate the suitability of these learning modalities in their own situation

#### DCM 7 - Community Oriented Teaching

- Discern principles of community orientation in practice
- Reflect on the salient features of a community-oriented curriculum that are applicable to their own situation
- Decide the scope and relevance of community orientation for their situation

#### DCM 8 - Psychometrics of Assessment

- Demonstrate an understanding of the fundamentals of reliability (internal reliability, Generalizability Theory) & validity (construct, concurrent, predictive)
- Demonstrate an understanding of Item Analysis (difficulty & discrimination measures, Item Response Theory)
- Demonstrate an understanding of Standard Setting (norm vs. criterion referencing, conjunctive & compensatory standards, Angoff/Nedelsky methods)

## ELECTIVE MODULES (TWO OUT OF THE FOLLOWING SEVEN):

### DEM 1 - Distance learning

- Define distance learning & its similarities/differences with other forms of traditional/non-traditional education
- Demonstrate an understanding of the key features of distance learning
- Design activities & material for distance learning programmes suited to their own situation

### DEM 2 - Continuing Medical Education

- Describe the concepts & principles of lifelong learning
- Demonstrate an understanding of the principles of critical reflective practice
- Develop practical strategies for CME in their own situation

### DEM 3 - Educational Leadership and Staff Development

- Discuss the role of a professional in health professions education as an educational leader
- Describe the strategies for staff development in achieving professionalism in health professions education
- Design appropriate strategies for staff development in their own situation

### DEM 4 - Best Evidence Medical Education

- Describe available best evidence on medical education and their impact
- Develop critical thinking on issues related to medical education

### DEM 5 - Mentoring and Trainee Support

- Describe the situations & activities involved in the role of a mentor
- Demonstrate an understanding of the mentoring process & the ground rules
- Recognize the skills needed for good trainee support
- Demonstrate an understanding of good practice in trainee support

### DEM 6 - Introduction to Medical Informatics

- Describe the interplay between health studies, health professions practice, educational strategies & information technology
- Demonstrate an understanding of health information systems

- Demonstrate the application of informatics in medical education  
(E.g. RLOs, web based courses)

#### DEM 7 - Quality Assurance

- Identify principles of quality assurance in medical and other health care professions education
- Demonstrate an understanding of the components and the process of a quality assurance programme
- Outline an approach to quality assurance that could be adopted in his/her institution

## ANNEX 2. ALTERNATIVE QUALIFICATIONS TO PGCME

Overseas postgraduate certificate courses in Medical Education that are eligible for consideration for lateral entry to the Postgraduate Diploma in Medical Education conducted by the PGIM, University of Colombo include the following:

- Pg Certificate of Medical Education University of Dundee, UK
- Postgraduate Certificate of Medical Education, Cardiff University, UK
- Certificate Program for Clinical Education Program Directors, Illinois, Chicago, USA

**Note:** The above list will be updated from time to time by the Speciality Board in Medical Education, with the approval of the Board of Study in Multidisciplinary Study Courses and the Board of Management of the PGIM.

### ANNEX 3. CRITERIA FOR SELECTION OF APPLICANTS FOR PGDME

In the event that there are more applicants who have completed PGCME conducted by the PGIM than the number of training places approved by the Board of Management, they will be ranked according to an order of merit. Ranking will be based on PGCME assignment grades, using the following marking scheme:

A grade, first submission	- 3 marks
C grade, first submission	- 2 marks
C grade, after resubmission	- 1 marks
Second resubmission	- 0 marks

Optional modules for the extended PGCME course will not be taken into consideration for this purpose.

Applicants from different batches of the PGCME will be considered on par in creating the rank order list and non-PGCME holders will be placed at the bottom of the list.

## ANNEX 4. DELIVERY METHODS

### Lectures

These are interactive sessions held for a duration of approximately 2 hours. The lecturer will use a visual presentation, prepared according to the module outcomes. The trainee will be able to participate during such a session by

- (a) asking questions to clarify an unclear point
- (b) commenting or adding their own experiences to highlight the important principles taught
- (c) carrying out short tasks that the lecturer requests the trainee to carry out either individually or in a small group of 2 to 6 trainees (e.g. fill in a learning style inventory) and discussing with each other as well as with the trainer about the outcome of such an activity. For this purpose 'group work, case studies, and presentations' described below can be utilized.

Usually, the lectures will be supplemented by further reading material; e.g. lecture notes as slide presentation handouts, journal articles.

### Group work

The trainer will request the trainees to work in a small group of 2 to 6 trainees to carry out a specific task; e.g. design an OSCE station. The trainees will perform this task either as independent study (i.e. homework) or during the class. Once the trainees complete the task they will either present or enact the product of the group work to the rest of the trainees; e.g. present an OSCE station that they designed or run (i.e. enact) the OSCE station with a simulated candidate and examiner. Finally, both the trainer and the other trainees will comment (i.e. discuss positive and negative aspects) on the group activity. Each group work session will address either one or more of the learning outcomes of a module.

### Case studies

During a face-to-face teaching session (e.g. a lecture discussion) the trainer will present a case, which is a scenario (actual or hypothetical) related to an educational setting. Then, both the trainees and the trainer will analyze the case to highlight and apply to the said case, the important educational principles, based on the learning outcomes of a given module.

### Presentations

The trainer will provide a task for a presentation; e.g. "prepare for a 10-minute micro teaching session on a topic of your choice". The trainees will individually prepare and deliver the presentation, using appropriate teaching and learning aids, to the rest of the trainees. The rest of the trainees and the trainer will then comment on the presentation while providing feedback as to how it could be improved. Sometimes, following prior notification to the trainees (i.e. notified at the time the task is introduced to the trainees), such presentations will be marked according to a pre-determined structured marking scheme for summative or formative assessment purposes.

### Workshops

Workshops are held once a month, during the last six months to help trainees in their reflective writing, described below. The trainees will come prepared with their reflective writings, and will present these writings to the rest of their peers and a group of trainers during the workshop. These trainers need not necessarily include the individual portfolio supervisor of a given trainee. Following



the presentation of their reflective writings, the trainee will receive feedback from the trainers and the peers present during the workshop. Accordingly they will make changes to and improve their reflective writings.

### **Reflective writing**

Based on a learning experience the trainees will engage in reflective practice according to a structured framework for reflection, such as Kolb's reflective cycle. The initial reflective writing will be in the form of a learning contract, where the trainee plans and agrees what needs to be done to complete the reflective cycle. Then, to complete the reflective cycle they will engage in further learning as agreed in the learning contract and apply such learning to another situation, similar to the original learning experience. This way the trainee shows evidence for improvement of practice; i.e. evidence for satisfactory application of the new learning to a practical situation. This evidence could be in the form of trainer feedback, examination results, patient/colleague appreciations, video clips, etc. Reflective writings, thus prepared, will form the basis of the portfolio that each trainee builds, as a requirement for the Diploma in Medical Education.

### **e-Learning**

Some of the modules or parts of a module will be available for the trainee through an electronic learning platform (e.g. learning management system – LMS – such as Moodle), rather than as traditional face-to-face teaching. The trainees could download all the learning material using the same LMS. Also the trainees could discuss and clarify any unclear learning point(s) through an online forum either with the trainer or with the other trainees. In certain instances, assessment of such eLearning will also be conducted using the same LMS; e.g. the trainees could upload their assignments to the LMS, so that the trainers/examiners could grade these assignments for formative or summative assessment purposes.

### **Self-learning**

Self-learning entails the trainee learning by oneself to achieve specific learning outcomes of the curriculum. Any of the above mentioned teaching and learning methods could contain self-learning to a variable extent. Thus self-learning could include reading an article, writing a reflective log, preparing for a presentation, preparing for group work, etc.

Note: The latter three methods (i.e. reflective writing, eLearning, and self-learning) have been included under 'field work' in Table 1, as they are mostly related to applying educational theory learned in course to practice, during field work.

## ANNEX 5. PGIM GUIDELINES FOR SUPERVISORS OF DISSERTATIONS/THESES

### Introduction

A supervisor plays a key role in the trainee's professional development, inculcating the scientific approach, and ethics of research. Practically, a supervisor is responsible for providing help, support and mentoring of a postgraduate trainee in order to enable the trainee to complete the research and produce a thesis to the best of the trainee's ability. Supervisor behavior needs to reflect varying levels of direction and facilitation. The supervisor should possess recognized subject expertise, skills and experience to monitor, support and direct trainee research and the final preparation of the dissertation/thesis.

### Roles and responsibilities

1. Ensure development of good rapport with the trainee and a conducive environment.
2. Be familiar with the guidelines on the format of the dissertation/thesis and PGIM rules/regulations.
3. Ensure that the administrative requirements are met with.
4. Ensure that the trainee is aware of and complies with PGIM, University and Institutional and other internationally accepted policies and regulations regarding relevant safety procedures and ethics.
5. The supervisor should have good knowledge of the trainee's subject area.
6. If a trainee's work goes outside the supervisor's field of expertise, the trainee should be put in touch with another specialist who could help.
7. Ensure that the trainee chooses an appropriate topic, draws up the research proposal and completes necessary procedures for registration and ethical approval.
8. Guide the trainee to carry out the research project ensuring that appropriate instruments are available and appropriate quality assurance methods are used for data collection.
9. The nature of the supervision can be face-to-face meetings, or contact via email/fax/telephone and reading of submitted material.
10. There should be regular face-to-face supervisory sessions between the trainee and supervisor.
11. Provide sufficient time in order to enable the trainee to complete the task.
12. There will probably be a need for more intensive supervision in the initial planning stage and at the writing-up stage. However, the supervisor should meet the trainee at least once a month, or more frequently when required.
13. The recommended minimum total time allocation for supervision of a full-time research trainee is at least 60 hours per year.
14. The supervisor should read and critically comment on written work as it is produced.
15. Assist the trainee to plan their time, draw up a programme of work and monitor the progress.
16. Inform the Board and make appropriate arrangements if the supervisor plans to take more than 2 months of leave, or intimate that supervision can be continued although on leave.
17. Inform the Board promptly (with a copy to the Director/PGIM) of issues that may arise related to the trainee or research.
18. Submit a progress report every 6 months to the PGIM.

19. Ensure that the trainee is made aware, if either progress or the standard of work is unsatisfactory, and arrange corrective action.
20. It is the responsibility of the supervisor to ensure that the trainee himself has obtained all data, and carried out the investigations/procedures and performed relevant statistical analyses.
21. Closely monitor the research work, results obtained, and allocate sufficient time and effort to discussion and interpretation of the trainee's results. Ensure that the data obtained by the trainee is accurate and reliable, and that it has not been copied from any other source.
22. Ensure that the trainee has access to current literature, including local research work in the area, and stays abreast of cutting-edge ideas in the relevant field.
23. Encourage the trainee to participate actively in seminars, colloquia, conferences, and other relevant local meetings and conferences in the local training unit, or at national level, in relevant areas.
24. Help trainees to develop professional skills in writing reports, papers and grant application proposals.
25. Assist in the development of a trainee's thesis from early stage of designing, until the dissertation is written and submitted in accordance with the stipulated requirements and regulations.
26. The supervisor should read the final copy of the dissertation fully before submission and certify that it has been written by the trainee and no-one else, with data collected only by him.

## ANNEX 6. GUIDELINES FOR PORTFOLIO SUBMISSION

An accurate assessment of trainee's performance and achievements is one of the most important aspects in postgraduate training. Portfolios are recognized as effective educational tools for such assessment purposes. They provide, an opportunity for trainees to reflect on and self judge their strengths and weaknesses, establish learning contracts with their supervisors and to address the gaps in their knowledge and skills. Through the maintenance of portfolios, it is possible to assess a range of curriculum outcomes that are not easily assessed by other methods.

### Method

The portfolio should contain a collection of papers and other forms of evidence that learning has taken place in terms of the learning outcomes of the course/module. It should be a collection of trainee's work that exhibits their efforts, progress and achievements in each module. By definition, any material that provides evidence for achievement of the above learning outcomes of the course could be included in the portfolio. Each portfolio entry should be structured according to Kolb's reflective cycle. To put simply, each portfolio entry should address the following questions in relation to a learning experience that the trainee has experienced.

### Trainee guidelines and procedure for assessment of portfolio

1. Your learning contract should be based on a real life learning experience, analyzed in terms of what has been discussed on the Medical Education course.
2. Your learning experience is what you have encountered as a teacher.
3. Based on reflection on your learning experience, you have to decide what more you can learn.
4. Now plan your learning contract. Please note that you learning contract has a reflective component to it.
5. Submit/email your learning contract to the supervisor and to PGIM (for the purpose of record keeping), by 2 weeks of completing the module.
6. If it has not reached the standard revise it further, based on the supervisor feedback. Submit when the supervisor thinks it is suitable to be submitted to PGIM.
7. You will now go on to implement the learning contract, and gather the evidence for such implementation and achievement of course outcomes with the help of the supervisors. Once you document the evidence you have completed the reflective cycle.
8. You will now submit this as a portfolio chapter, comprising introduction, what have been done, conclusion, and bibliography.
9. You should demonstrate what learning outcomes of the module were achieved through the chapter.

## ANNEX 7. FORMAT OF PORTFOLIO ENTRY

### Learning Contract

1. What is/was the learning experience?
2. What did I learn?
3. What more do I have to learn?
4. How can I learn it? What is my PLAN for further improvement?

Regarding this PLAN,

- a) What do I expect to happen as a result to students?
  - b) What do I expect to happen as a result to me?
  - c) What are the possible module/course outcomes that I will achieve through this learning contract?
5. Include appropriate educational theory relevant to the learning plan above
  6. Include evidence of further learning/implementation of change of practice  
List and attach the supporting documents to be used as evidence
  7. List the module objectives or/and course outcomes that I have addressed by this activity
  8. Conclusions

Signature of Participant: ..... Date: .....

Signature of Peer (Optional)..... Date: .....

Signature of Trainer..... Date:.....

**ANNEX 8. RATING SCALES FOR ASSESSMENT OF PORTFOLIO**

**Part I - Portfolio assessment form**

Index number: .....

Please encircle the appropriate cell for each item below.

**A. Reflective ability**

Rating descriptors:

- 0 – no reflection; i.e. has not completed the reflective cycle
- 1 – reflected at a descriptive level; i.e. merely described the learning experience
- 2 – reflected at an analytical level; i.e. analyzed the reasons for the experience and the reasons for the outcome
- 3 – reflected at an evaluative level; i.e. evaluated how the outcome(s) would have been different if a different course of action was taken
- 4 – reflected at an evaluative level and has provided **high** quality evidence for implementing the action plan

1. Portfolio entry 1. Reflective practice and portfolio building / assessment

0	1	2	3	4
---	---	---	---	---

2. Portfolio entry 2. Research methodology and practice

0	1	2	3	4
---	---	---	---	---

3. Portfolio entry 3. Designing and using printed and IT-based instructional material

0	1	2	3	4
---	---	---	---	---

4. Portfolio entry 4. Programme development and evaluation

0	1	2	3	4
---	---	---	---	---

5. Portfolio entry 5. Educational environment

0	1	2	3	4
---	---	---	---	---

6. Portfolio entry 6. Problem-based / task-based learning

0	1	2	3	4
---	---	---	---	---

7. Portfolio entry 7. Community oriented teaching

0	1	2	3	4
---	---	---	---	---

8. Portfolio entry 8. Psychometrics of assessment

0	1	2	3	4
---	---	---	---	---

**B. Coverage of module outcomes**

Rating descriptors: 0 – less than 20% of the outcomes adequately covered

1 – 20-40% of the outcomes adequately covered

2 – 41-60% of the outcomes adequately covered

3 – 61-80% of the outcomes adequately covered

4 – 81-100% of the outcomes adequately covered

1. Portfolio entry 1. Reflective practice and portfolio building/assessment

0	1	2	3	4
---	---	---	---	---

2. Portfolio entry 2. Research methodology and practice

0	1	2	3	4
---	---	---	---	---

3. Portfolio entry 3. Designing and using printed and IT-based instructional material

0	1	2	3	4
---	---	---	---	---

4. Portfolio entry 4. Programme development and evaluation

0	1	2	3	4
---	---	---	---	---

5. Portfolio entry 5. Educational environment

0	1	2	3	4
---	---	---	---	---

6. Portfolio entry 6. Problem-based / task-based learning

0	1	2	3	4
---	---	---	---	---

7. Portfolio entry 7. Community oriented teaching

0	1	2	3	4
---	---	---	---	---

8. Portfolio entry 8. Psychometrics of assessment

0	1	2	3	4
---	---	---	---	---

**C. Overall presentation of the portfolio; e.g. layout, structuring of chapters, structuring within chapters, writing ability (including proper referencing)**

0	4	8	12	16
Very poor				Excellent

**Total (out of 80):** .....

**Guideline for examiners**

1. Two examiners will independently mark a given portfolio.
2. In part A, consider all the rating scales as global ratings; e.g. even if a candidate has not composed the whole portfolio entry at an evaluative level, if the examiner is satisfied that most of the steps in Kolb's cycle have been accomplished at an evaluative level, such a candidate is eligible for a rating of 4.
3. For a given entry, if the two examiner ratings for part A are different, then the examiners need to discuss and come to a consensus about the appropriate rating; e.g. for a given portfolio entry, if an examiner has given a rating of 2 or above for part A, while the other examiner's initial rating has been otherwise (e.g. grade 2 or below), then the examiners should discuss about such an entry and arrive at a consensus rating.
4. In part B, if the percentage number of outcomes covered gives rise to decimals, round off the percentage before deciding on the rating.
5. Interpret 'adequately' in the descriptors in part B as covering an outcome to an extent that can possibly and reasonably be covered (need not be 100% coverage) given the nature of the portfolio entry; i.e. it should not be superficial coverage of an outcome, considering the potential to cover that outcome, given the portfolio entry.
6. The expected minimum standards for Part I are: 2 for each entry in part A (16 marks); 3 for each entry in part B (24 marks); and 12 for part C. Please bear these critical scores in mind when marking each entry.
7. Before the commencement of actual marking, it is highly advisable that all examiners mark and discuss the same portfolio entry as a dry run.



8. If a candidate has included more than one portfolio entry for a given chapter, such a candidate is entitled to the entry that has the highest average rating, to be considered as the portfolio entry for that part. In such a situation the scores of part A, part B and part C for a given chapter may come from different portfolio entries.
9. A candidate who has scored more than 40 will be eligible to face the oral examination.

## Part II - Portfolio assessment oral examination

**Eligibility criteria:** a candidate who has scored **40 or more out of 80** for part I of the portfolio assessment.

Index number: .....

Please encircle the appropriate cell for each item below.

### 1. Authenticity of work

Rating descriptors:

- 0 Lack of authenticity with no referencing
- 1 Replication of the work of someone else, but properly referenced
- 2 Adaptation from the work of someone else; properly referenced
- 3 Original work with limited applicability beyond the given portfolio entry
- 4 Original work with wide ranging applicability

0	1	2	3	4
---	---	---	---	---

### 2. Communication skills

Rating descriptors:

- 0 Unable to communicate an idea
- 1 Communicates unclearly
- 2 Communicates clearly, but some of the content is not relevant
- 3 Communicates clearly and relevantly but not in the proper sequence
- 4 Communicates relevant material clearly and in the proper sequence

0	1	2	3	4
---	---	---	---	---

### 3. Reasoning skills

Rating descriptors:

- 0 Cannot indicate the reasons for including a given portfolio item
- 1 Can give only limited reasons
- 2 Can give sufficient reasons, but cannot justify the reasons if challenged
- 3 Can reason and justify
- 4 Can reason, justify and analyze the strengths and weaknesses of own reasoning

0	1	2	3	4
---	---	---	---	---

### 4. Ability to apply learning beyond the portfolio item

Rating descriptors:

- 0 Cannot indicate the situations that the learning from a given portfolio item can be used
- 1 Can identify situations with limited relevance that the learning from a given item can be useful
- 2 Can identify relevant situations that the learning from a given item can be useful
- 3 Can identify relevant situations and the components of learning (from a given portfolio item) that can be useful for such situations
- 4 Can identify relevant situations and the pros and cons of applying the learning to those situations

0	1	2	3	4
---	---	---	---	---

### 5. Global rating (including attitudes and professionalism with which the oral examination was taken)

0	1	2	3	4
---	---	---	---	---

*Total (out of 20) .....*

## Guideline for examiners

1. Two examiners must mark the above scales independently.
2. Each candidate will be examined for 20 minutes.
3. Examiners should mark the above marking sheet at the end of the 20 minutes.
4. All questions must be based on items from the candidate's portfolio.
5. Each question must be focused on the aspects addressed by 1 to 4 scales above.
6. Only a maximum of two questions may be asked on the same portfolio item.
7. The two examiners should ask questions alternatively.
8. Each scale should be marked independently.

## Award of Postgraduate Diploma in Medical Education

To pass the entire portfolio examination and to qualify for the PGDME a candidate should:

- a. achieve an overall mark of **60 out of 100** for both parts I and II  
**AND**
- b. **not score 0 for more than two** of the 22 scales in parts I and II  
**AND**
- c. should **not score 0 for Authenticity of Work** in Part II.

## Conversion of portfolio total score to the overall grading

<b>Good:</b>	75 and above
<b>Fair:</b>	60 to 74
<b>Poor:</b>	59 and below

## Repeat examination

- Feedback will be provided to the unsuccessful candidates.
- They could resubmit the portfolio within three months after the release of examination results.
- Once they have successfully faced the above portfolio assessment part I and part II, these candidates will be eligible for the diploma.