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**POSTGRADUATE INSTITUTE OF MEDICINE  
UNIVERSITY OF COLOMBO**

**Prospectus**

**POSTGRADUATE CERTIFICATE IN MEDICAL EDUCATION**

**2016**

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

*BOM - 12.03.2016*

*Senate - 30.03.2016*

*Council - 20.07.2016*

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## **POSTGRADUATE CERTIFICATE IN MEDICAL EDUCATION PROSPECTUS**

### **1. NOMENCLATURE**

Full title:	Postgraduate Certificate in Medical Education
Abbreviated title:	PGCert (MedEd)
University:	University of Colombo
Faculty / Institute:	Postgraduate Institute of Medicine
Departments:	Specialty Board in Medical Education of the Board of Study in Multidisciplinary Study Courses

### **2. BACKGROUND**

The PGCert (MedEd) was launched by the PGIM in 2008 with the aim of equipping health professionals with the basic expertise in knowledge, skills and attitudes required of a medical teacher. The programme was designed to suit those involved in delivering undergraduate or postgraduate medical education and other fields of healthcare delivery. It is meant to enable participants to design, deliver and evaluate effective educational programmes for health professionals.

In 2012, the course curriculum was modified and 3 new course units added to align the programme with the staff development programme recommended by the UGC for induction of probationary lecturers in the state universities of Sri Lanka. In October 2013, the UGC accredited the extended PGCert (MedEd) course as a suitable induction programme for probationary lecturers in Faculties of Medicine, Dental Sciences and Allied Health Sciences.

The current revisions take into consideration the requirements stipulated in the updated Sri Lanka Qualifications Framework for award of a postgraduate certificate, as well as advances in the field of Medical Education.

### **3. ELIGIBILITY FOR ENTRY**

To be eligible to apply for the PGCert (MedEd), applicants must meet the following criteria:

- i. Hold a medical degree registered with the Sri Lanka Medical Council
- ii. Complete an internship recognized by the Sri Lanka Medical Council
- iii. Complete one year work experience in Sri Lanka after internship

**OR**

- iv. Be an academic staff member in a Faculty of Medicine, Dentistry, Veterinary Science or Allied Health Sciences with a degree equivalent to SLQF Level 6 or above; e.g. MBBS, BDS, BVSc, BSc (Hon) or BA (Hon).

Applicants must also comply with any other PGIM general regulations relevant to selection of trainees.

#### 4. SELECTION EXAMINATION

The **selection examination** will consist of two components: a written and an oral examination. All candidates are expected to appear for both components.

- a. **The written test** will consist of a paper with three structured essay questions, of which only **two questions** should be answered within **one hour**. The questions will be set on general topics in the field of medical and health professions' education, to judge the ability of the candidates to express themselves while writing in English, as well as their general ability to think logically, as well as creatively. Each question will be marked out of 100 and marked by 2 examiners. The total marks for the 2 questions will be converted to a mark out of 100.
- b. **An oral examination** of 15 minutes for each candidate, will be conducted by one panel of two examiners. It will be marked out of 100. Candidates will be given marks on the basis of their need for training in Medical Education, their ability to apply the learning gained through the PGCert (MedEd) course while working at their respective workplaces and their ability to express themselves verbally.
- c. A candidate must score a minimum of 50% (100/200 marks) of the total aggregate AND a minimum of 45% (45/100 marks) for each of the two components in order to pass the examination and be eligible for selection to the course.
- d. The **permitted number of attempts** at the selection exam is unlimited.

#### 5. NUMBER TO BE SELECTED

Available training opportunities will be indicated by the PGIM in the public circular for the PGCert (MedEd) selection examination. The number of training slots will be predetermined each year by the Specialty Board in Medical Education and approved by the Board of Study in MultiDisciplinary Study Courses, and the Board of Management. This predetermined number will be selected from among those who have passed the Selection Examination, in rank order of merit and in compliance with the General Regulations of the PGIM and relevant Examination Circulars.

#### 6. COURSE OUTCOMES

The PGCert (MedEd) is placed at Level 7 of the Sri Lanka Qualifications Framework (SLQF). It will provide participants with an overview of key issues in medical education and will enhance the participants' understanding of choice of curricula and teaching/learning and assessment methods relevant to the learning environment of their institution. The extended PGCert (MedEd) will provide participants with an overview of the university system in Sri Lanka, and enhance their capacity to function within the university system.

At the end of the PGCert (MedEd), the trainees should be able to:

- Describe concepts and recent trends in medical education (SLQF LO 1,7)

- Reflect on and evaluate their role as trainers in medical education (SLQF LO 1,2,7)
- Demonstrate an understanding of the range and depth of teaching/learning methods, by applying such methods where possible to practice (SLQF LO 2-10)
- Demonstrate an understanding of the range and depth of assessment methods, by applying such methods where possible to practice (SLQF LO 2-10)
- Discuss different curricular models and modes of curricular evaluation, and their applicability (SLQF LO 1,2,7,9)
- Develop/select relevant curricular models, teaching/learning methods and assessment tools to their own situation (SLQF LO 2-10)
- Demonstrate an understanding of the principles of educational research (SLQF LO 1,7)
- Plan how they can use the knowledge and skills gained for their professional development (SLQF 2-12)

At the end of the extended PGCert (MedEd), trainees should also be able to:

- Reflect on and evaluate their roles as academic staff in the university system in Sri Lanka (SLQF LO 1,2,7)
- Plan how they can use the knowledge and skills gained for their professional development as university academics (SLQF LO 2-12)

**Note: the relevant SLQF learning outcome (LO)/s is/are included within parenthesis against each of the learning outcomes above.**

## 7. CONTENT AREAS

The regular PGCert (MedEd) course will consist of the following modules:

- Module 1. Foundation Module
- Module 2. Principles of curriculum development and evaluation
- Module 3. Principles of teaching and learning I
- Module 4. Principles of teaching and learning II
- Module 5. Principles of assessment
- Module 6. Medical education research

The extended PGCert (MedEd) will have the following additional module:

- Module 7. The Sri Lankan university system: administrative, managerial and financial tasks for academics

## 8. STRUCTURE OF THE COURSE

The PGCert (MedEd) course shall be conducted on a part-time basis during weekends over a period of 40 weeks; with another 4 weeks for the extended PGCert (MedEd). The total number of credits of the standard course shall be 20, as required by the Sri Lanka Qualifications Framework for a SLQF Level 7 course. The volume of work for each module is shown in Table 1. The first 6 modules are based on core content areas and compulsory for all trainees, but the last module is for those university lecturers who wish to complete the extended PGCert (MedEd). Detailed module outcomes are given in Annex 1.

**Table 1 - Volume of work by module**

	<b>Credits</b>
Module 1. Foundation Module	2
Module 2. Principles of curriculum development and evaluation	4
Module 3. Principles of teaching and learning I	4
Module 4. Principles of teaching and learning II	4
Module 5. Principles of assessment	4
Module 6. Medical education research	2
Module 7. The Sri Lankan university system: administrative, managerial and financial tasks for academics	2

A credit signifies 50 notional hours of learning. Notional learning hours include hours of direct contact with teachers, as well as time spent in learning, in preparation and carrying out assignments. Trainees are required to invest about 1000 notional learning hours during the course, with learning equivalent to approximately 4-5 notional learning hours per day. Hence, it is expected that each trainee must achieve learning equivalent to at least 2-3 notional learning hours (out of the said 4-5 notional learning hours) during the working hours. This could be achieved by applying the theory learned during direct contact hours to practical teaching and learning situations in the workplace. Such application of theory to practice would be useful when completing the course assignments.

## 9. LEARNING ACTIVITIES

The course will be conducted with 4 hours of face-to-face teaching learning sessions a week, but participants are expected to dedicate another 20 hours of independent study (which includes application of the learning gained during the face-to-face teaching and learning to practical situations in the workplace) each week. A variety of teaching-learning methods including group work, lectures, presentations, case studies, reflective logs, e-learning and self learning will be used to ensure maximum acquisition of knowledge, skills and attitudes. Face-to-face sessions will be conducted at the Postgraduate Institute of Medicine, Colombo. The learning material and methods will encourage participants to relate educational theory to their everyday practice.

## **10. TEACHERS**

The teachers for the course will be identified by the Speciality Board in Medical Education, from among specialists in Medical Education and lecturers in higher education.

Teachers appointed by the Speciality Board shall have a postgraduate degree (Masters or Doctoral) in Medical Education, or specialist qualifications in any other field related to medical education.

Teachers are responsible for conduct of face-to-face sessions as well as setting and marking assignments. Teachers are expected to conduct assigned sessions as scheduled, and to return marked assignments within four weeks to the PGIM.

## **11. MONITORING PROGRESS**

Students are expected to attend at least 80% of the scheduled face-to-face sessions over the entire course, AND at least 50% of the sessions in each module.

## **12. ASSESSMENT**

The assessments for the PGCert (MedEd) are detailed in Annex 1. The assignments require the synthesis of theory and practice with worked examples from the student's own professional experience.

Learning outcomes are stated for each module. These outcomes must be met in the assignment. The student is required to demonstrate mastery of the concepts and principles introduced in the module and their application to the student's own teaching and learning situation. There is a range of generic competencies that must be demonstrated throughout the course in identifying and responding to learners' needs, and enhancing professional reflection and development.

The module assignments are designed to assess trainees':

- understanding of the principles and concepts;
- ability to apply appropriately the concepts and principles in their own situation;
- analytical ability regarding the application of the principles and concepts to their own situation
- ability to reflect critically and analyse the approach they have developed.

Assignments will be made known to the trainees before the end of each module, along with the deadline for submission. Written answers must be submitted electronically to the Examinations Branch of the PGIM no later than 4 weeks after completion of the module with a cover sheet shown in Annex 2. Guidelines for preparation of written assignments are given in Annex 3. Assignments will not be accepted after 4 weeks from the due date. Oral presentations must be made on the dates scheduled by the Speciality Board.

Examiners for marking assignments will be appointed by the Speciality Board in Medical Education. 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. Appointment of all examiners 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, and the Senate of the University of Colombo.

Assignments will be graded as follows:

**Table 3. Grading criteria for the PGCert (MedEd) assignments**

<b>Grade</b>	<b>Descriptor</b>
<b>A = EXCELLENT PASS</b>	Work is well-organized and demonstrates ability to reflect, select, integrate, interpret, and evaluate, with clear evidence of originality.
<b>B = MERIT PASS</b>	Work is well-organized and demonstrates ability to reflect, select, integrate, interpret, and evaluate.
<b>C = PASS</b>	Work less well organized. Limited ability to integrate and interpret. Factual errors and/or omissions are few.
<b>D = FAIL</b>	Poor level of understanding with little effort to integrate or interpret. Several errors of fact and/or serious omissions.
<b>E = BAD FAIL</b>	Totally unsatisfactory and very poorly organized. Irrelevant and full of factual errors and serious omissions.

In accordance with the UGC Circular No. 901, the following Grades Points will be awarded for each Grade.

**Table 4. Conversion of Grades to Grade Points**

<b>Grade</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Grade Point</b>	4.00	3.00	2.00	1.00	0.00

Two examiners will mark each assignment, independently. The grade awarded by each examiner should concur to the extent that the trainee achieves a ‘clear pass’ (C or above) or a ‘clear fail’ (D or below). In the event that the two examiners do not concur with the grade to the extent that a trainee could be awarded a ‘clear pass’ or a ‘clear fail’ (e.g. one examiner awards a ‘B’ grade while the other awards a ‘D’ grade), then the two examiners should discuss and change either or both of their grades so that the two grades fall either within the category of ‘clear pass’ or ‘clear fail’. If such agreement cannot be achieved even after discussion, a third examiner will be called upon to mark the assignment. The grades awarded by each examiner will be converted to a Grade Point using the conversion shown in Table 4. The grades of all examiners will be used to calculate the Average Grade Point (AGP) for a given module, by calculating the mean of the Grade Points awarded by the examiners. For example, for a given module, if one examiner awarded an ‘A’ and the other awarded a ‘C’, the AGP would be 3.00.



### **Award of PGCert (MedEd)**

In order to be eligible for award of the PgCert (MedEd),

1. Trainees must obtain at least an AGP of more than or equal to 2.00 for every module in order to be eligible for award of the Certificate.
2. Trainees who obtain an AGP of less than 2.00 will be required to re-submit their assignments within 2 weeks, based on feedback from the examiner(s) who marked the assignment(s). A maximum of two resubmissions are permitted per module. A resubmitted assignment cannot be awarded a grade higher than 'C'; i.e. a Grade Point higher than 2.00.
3. Trainees who achieve an AGP of more than 3.00 for eight out of the 10 modules will receive "Postgraduate Certificate in Medical Education with Merit".

**Note:** Since the PGCert (MedEd) adopts conjunctive standards, a credit weighted cumulative Grade Point Average (GPA) will not be calculated. However, a cumulative GPA could be considered when selecting candidates for the MD in Medical Education.

### **Plagiarism**

Plagiarism is the unauthorized use of the language and thoughts of another person, and presenting them as one's own, without reference to the original publication. This includes the work of another student, or materials from textbooks, journal articles, software libraries, web pages, etc. It is scholastic dishonesty because it gives the reader the impression that the student has written or thought the ideas that he or she has, in fact, taken from another source.

The PGIM treats cases of plagiarism extremely seriously and encourages students to use plagiarism detection software in order to minimize inadvertent plagiarism. The assessor will initially deal with the issue. If the assessor is convinced that plagiarism has taken place, he / she shall report the case to the Director / PGIM, who will then deal with the matter according to the PGIM Code of Conduct. Stern measures will be taken against those who are guilty of plagiarism. They will be reported to the PGIM Board of Management and the Examinations Committee of the University of Colombo.

### 13. RECOMMENDED READING

#### Textbooks:

1. Walsh, K. ed. (2013) Oxford Textbook of Medical Education. UK: Oxford University Press.
2. Dent, J.A. & Harden, R.M. eds. (2009) A Practical Guide for Medical Teachers. 3<sup>rd</sup> edn. London, UK: Elsevier Churchill Livingstone.\*
3. Swanwick, T. ed. (2010) Understanding Medical Education: Evidence, Theory and Practice. UK: The Association for the Study of Medical Education and Wiley-Blackwell.
4. Adhikari, R & Jayawickremarajah, P.T. eds (2013) Essentials of Medical Education. 2<sup>nd</sup> edn. Kathmandu: Sapan Press.

\* The 4<sup>th</sup> edition of this book is also now available.

#### Journals:

1. Medical Education
2. Academic Medicine
3. Medical Teacher
4. Advances in Health Sciences Education: Theory and Practice
5. Teaching and Learning in Medicine
6. BMC Medical Education
7. Education for Health
8. South East Asian Journal of Medical Education

In addition to the above resources, the teachers may provide relevant reading material from other sources.

### 14. CONTRIBUTORS TO REVISION OF PROSPECTUS

The current revision of the prospectus was made jointly by the following

- Prof Nilanthi de Silva
- Dr Gominda Ponnamparuma
- Dr Madawa Chandrathilake
- Dr Indika Karunathilake
- Dr Kosala Marambe
- Dr P T Jayawickramarajah
- Dr Rohana Marasinghe

**ANNEX 1. COURSE MODULES & INTENDED LEARNING OUTCOMES**

**CM 1: FOUNDATION MODULE**

	<b>Intended Learning Outcomes</b>	<b>Broad content areas</b>
Week 1	<ul style="list-style-type: none"> <li>• Describe the history &amp; evolution of medical education (SLQF LO 1)</li> <li>• Define and explain basic terms in education (SLQF LO 1)</li> <li>• Describe recent trends in medical education (SLQF LO 1)</li> <li>• Identify the medical / healthcare professional's role as a teacher (SLQF LO 1-12)</li> <li>• Evaluate their own role in education at their institution and identify appropriate use of such knowledge (SLQF LO 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>• Evolution of healthcare professions education</li> <li>• Current trends in healthcare professions education and education in general.</li> <li>• Twelve role of a medical / healthcare teacher</li> </ul>
Week 2	<ul style="list-style-type: none"> <li>• Discuss the principal ethical and professionalism issues in teaching, assessment, scientific research and publications (SLQF LO 1-12)</li> <li>• Deal effectively with ethical and moral dilemmas, including equal opportunities and gender issues, in the workplace (SLQF LO 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>• Professionalism in academic environment</li> </ul>
Week 3	<ul style="list-style-type: none"> <li>• Apply the principles of reflective practice and life-long learning in educational practice (SLQF LO 1-12)</li> <li>• Apply the principles of Best Evidence Medical Education in educational interventions (SLQF LO 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>• Reflective practice and life-long learning</li> <li>• Best Evidence Medical Education (BEME)</li> </ul>
<p>Assessment – Written assignment</p> <p>Part 1: Personal reflection on 12 roles of a medical/healthcare teacher (1000 words) (SLQF LO 1,2,5-7,9-12)</p> <p>Part 2: Self-reflection on professionalism dilemma (750 words) (SLQF LO 1,2,5-7,9-12)</p> <p>Part 3: Reflection on unmet educational needs (750 words) (SLQF LO 1,2,5-7,9-12)</p>		
<p>Allocated hours:</p> <p>Teaching – learning: 75 hours (with 12 hours of face-to-face sessions)</p> <p>Assessment: 25 hours</p>		

**CM 2: PRINCIPLES OF CURRICULUM DEVELOPMENT & EVALUATION**

	Intended Learning Outcomes	Broad content areas
Week 1	<ul style="list-style-type: none"> <li>Describe the concept of 'curriculum' (SLQF LO 1)</li> <li>Critically analyze the trends in curriculum development (SLQF LO 1-5,7,12)</li> </ul>	<ul style="list-style-type: none"> <li>Formal, informal &amp; hidden curricula</li> <li>Evolution of curricula and current trends with their educational underpinning</li> </ul>
Week 2 & Week 3	<ul style="list-style-type: none"> <li>Plan a course curriculum: Discuss different educational models and approaches of curriculum development (SLQF LO 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>Steps in planning a curriculum, e.g. Harden's 10 questions, SPICES model</li> <li>Outcome-based medical education</li> <li>Concepts of constructive alignment</li> </ul>
Week 4	<ul style="list-style-type: none"> <li>Plan a course curriculum: Discuss expectations of regulatory bodies in course development formal plan a course curriculum using a systematic approach (SLQF LO 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>Sri Lanka Qualifications Framework</li> <li>Basic principles of quality assurance as applied to Sri Lanka</li> </ul>
Week 5	<ul style="list-style-type: none"> <li>Apply different levels of integration in a curriculum (SLQF LO 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>Horizontal and vertical integration of content</li> <li>Multi-disciplinary and multi professional integration</li> </ul>
Week 6	<ul style="list-style-type: none"> <li>Apply the basic principles in evaluating a course curriculum (SLQF LO 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>Basic principles of course evaluation, e.g. Kirkpatrick model</li> </ul>
<p>Assessment: Written assignment</p> <ul style="list-style-type: none"> <li>Describe a course which the candidate has been/is involved, using the framework of Harden's 10 questions (1000 words) (SLQF LO 1, 2, 5, 9, 12)</li> <li>Evaluate the selected curriculum for:                             <ul style="list-style-type: none"> <li>Constructive alignment (500 words)</li> <li>Educational strategies, i.e. SPICES (500 words)</li> <li>Extent of integration (500 words)</li> <li>Meeting the standards of SLQF (250 words)</li> <li>Meeting the basic requirements of QA (250 words) (SLQF LO 1, 2, 5, 9, 12)</li> </ul> </li> <li>Propose appropriate evaluation methods/tools to evaluate the selected course (500 words) (SLQF LO 1, 2, 5, 9, 12)</li> </ul>		
<p>Allocated hours:                      Teaching learning - 150 hrs with 24 hrs of face-to-face sessions                      Assessment – 50 hours</p>		

**CM 3: PRINCIPLES OF TEACHING/ LEARNING I**

	Intended Learning Outcomes	Broad content areas
Week 1	<ul style="list-style-type: none"> <li>• Demonstrate an understanding of educational theories and principles related to health professions education (SLQF 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>• Behaviourism</li> <li>• Constructivism</li> <li>• Cognitivism</li> <li>• Humanism</li> <li>• Adult learning theory</li> <li>• Learning styles</li> </ul>
Week 2	<ul style="list-style-type: none"> <li>• Discuss the current trends in teaching / learning (SLQF 1-12)</li> <li>• Formulate learning objectives (SLQF 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>• Current trends:                             <ul style="list-style-type: none"> <li>- Individualisation and feedback</li> <li>- Increased use of learning technologies</li> <li>- Inquiry-based learning</li> <li>- Constructive alignment</li> </ul> </li> <li>• Taxonomy of objectives</li> </ul>
Week 3	<ul style="list-style-type: none"> <li>• Formulate a lesson plan (SLQF 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>• Basic principles of developing lesson plans</li> </ul>
Week 4	<ul style="list-style-type: none"> <li>• Identify current trends on instructional material development (SLQF 1-12)</li> <li>• Describe the uses and limitations of printed/ IT based instructional material (SLQF 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>• CRISIS and FAIR principles</li> <li>• Printed and Computer-based study guides</li> <li>• Gagner’s nine events of instruction</li> </ul>
Week 5 & Week 6	<ul style="list-style-type: none"> <li>• Develop learning material for on-line learning (SLQF 1-12)</li> </ul>	On-line learning <ul style="list-style-type: none"> <li>• LMS based lesson delivery</li> <li>• Web 2.0 tools</li> </ul>
Assessment: Written and computer-based assignment Part 1: Develop a lesson plan for a topic with, at least, one component delivered online. Critically analyse the lesson plan against educational theories and current trends in teaching / learning. (2500 words) (SLQF 1,2, 5-7, 9-12) Part 2: Develop the online component that could be uploaded on MOODLE and reflect on the opportunities and challenges of the development process (1000 words) (SLQF 1,2, 5-7, 9-12)		
Allocated hours: Teaching learning - 150 hrs with 24 hrs of face-to-face sessions Assessment – 50 hours		

**CM 4: PRINCIPLES OF TEACHING AND LEARNING II**

	Intended Learning Outcomes	Broad content areas
Week 1	<ul style="list-style-type: none"> <li>• Discuss the different methods of large group learning and their applicability (SLQF 1,7,12)</li> </ul>	<ul style="list-style-type: none"> <li>• Basics of large group teaching</li> <li>• Uses of large group teaching</li> </ul>
Week 2	<ul style="list-style-type: none"> <li>• Discuss the dynamics of small groups (SLQF 1,7,12)</li> </ul>	<ul style="list-style-type: none"> <li>• Roles of participants, e.g. students, facilitators</li> <li>• Challenges in facilitating small group discussions, e.g. silent / dominating / hostile members</li> </ul>
Week 3	<ul style="list-style-type: none"> <li>• Develop triggers for Problem-Based Learning (SLQF 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>• Trigger development for a PBL session</li> <li>• Delivery of a PBL session</li> </ul>
Week 4	<ul style="list-style-type: none"> <li>• Evaluate the aims and characteristics of large and small group teaching (SLQF 1-12)</li> <li>• Determine when large and small group teaching is appropriate in a lesson plan</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluating a lesson plan for mode of delivery</li> </ul>
Week 5 & Week 6	<ul style="list-style-type: none"> <li>• Identify current trends and practices in clinical teaching (ward/ ambulatory care)</li> <li>• Relate these trends and practices to the principles of teaching/ learning</li> <li>• Apply trends and models in practice</li> </ul>	<ul style="list-style-type: none"> <li>• Current trends in clinical teaching</li> <li>• Models of clinical teaching</li> <li>• Simulation</li> </ul>
<p>Assessment: Face-to-face presentation and written assignment with in-class activity</p> <p>Part 1: Plan a clinical teaching session with another colleague, incorporating trends and models discussed in the module and reflect on the opportunities and challenges. (1500 words) (SLQF 1-3,5-12)</p> <p>Part 2 (Micro-teaching session) – Develop a 15 minute small group / large group teaching session for demonstration. Analyse the session based on educational theories and trends in 10 minute follow up discussion. (SLQF 1-12)</p>		
<p>Allocated hours:</p> <p>Teaching learning - 150 hrs with 24 hrs of face-to-face sessions</p> <p>Assessment – 50 hours</p>		

**CM 5: PRINCIPLES OF ASSESSMENT**

	Intended Learning Outcomes	Broad content areas
Week 1	<ul style="list-style-type: none"> <li>Identify current trends in assessment (SLQF 1)</li> <li>Describe the differences between formative and summative assessment (SLQF 1)</li> <li>Describe the concepts of test validity and reliability (SLQF 1)</li> </ul>	<ul style="list-style-type: none"> <li>Current trends</li> <li>Formative and summative assessments</li> <li>Psychometric properties of assessments</li> </ul>
Week 2	<ul style="list-style-type: none"> <li>Develop assessment blueprints (SLQF 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>Preparing assessment blueprint</li> </ul>
Week 3	<ul style="list-style-type: none"> <li>Use appropriate methods for the assessment knowledge (SLQF 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>Selected response questions</li> <li>Constructed response questions</li> </ul>
Week 4	<ul style="list-style-type: none"> <li>Use of appropriate methods for the assessments of skills and attitudes (SLQF 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>Basics of rating scale development</li> <li>OSCE</li> <li>Workplace-based assessments</li> </ul>
Week 5	<ul style="list-style-type: none"> <li>Demonstrate an understanding of the principles of portfolio assessment (SLQF 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>Portfolios as an assessment process</li> </ul>
Week 6	<ul style="list-style-type: none"> <li>Provide effective feedback for students / trainees (SLQF 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>Principles of providing feedback</li> <li>Identifying and helping students in difficulty</li> </ul>
<p>Assessment: Written assignment</p> <p>Part 1: Develop an assessment blueprint for a course / module. Reflect on it in relation to establishing content validity (500 words – excluding the assessment blueprint) (SLQF 1,2,5-7, 9-12)</p> <p>Part 2: Develop a knowledge assessment and skills/attitude assessment. Discuss the utility and of those assessments (1000 words) (SLQF 1,2,5-7, 9-12)</p> <p>Part 3: Propose a portfolio for an appropriate course or component of a course (1000 words) (SLQF 1,2,5-7, 9-12)</p> <p>Part 4: Briefly describe two encounters of providing feedback; one which ended up with positive outcome and another which ended up with a negative outcome. Reflect on the two experiences in the backdrop of principles of providing constructive feedback. (1000 words) (SLQF 1,2,5-7, 9-12)</p>		
<p>Allocated hours:</p> <p>Teaching learning - 150 hrs with 24 hrs of face-to-face sessions</p> <p>Assessment – 50 hours</p>		

**CM 6: BASIC APPROACHES TO RESEARCH**

	Intended Learning Outcomes	Broad content areas
Week 1	<ul style="list-style-type: none"> <li>• Describe the scientific method (SLQF 1)</li> <li>• Identifying research problems in medical education and formulating a research plan (SLQF 1-12)</li> <li>• Identifying the current foci in medical education research (SLQF 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>• Paradigms of research</li> <li>• Planning a research project</li> <li>• Current trends in medical education research</li> </ul>
Week 2	<ul style="list-style-type: none"> <li>• Demonstrating an understanding of basic principles of quantitative research (SLQF 1-12)</li> <li>• Demonstrate an understanding of basic principles of qualitative research (SLQF 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>• Overview of quantitative research designs</li> <li>• Overview of qualitative research designs</li> </ul>
Week 3	<ul style="list-style-type: none"> <li>• Demonstrate an understanding of developing survey tools (SLQF 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>• Development self-administered questionnaires</li> <li>• Development of interview guides</li> </ul>
<p>Assessment – Written assignment</p> <p>Developing a proposal for a medical / healthcare education research (2500 words) (SLQF 1,2,5-7, 9-12)</p>		
<p>Allocated hours:</p> <p>Teaching learning - 150 hrs with 24 hrs of face-to-face sessions</p> <p>Assessment – 50 hours</p>		



**CM 7: THE SRI LANKAN UNIVERSITY SYSTEM**

	Intended Learning Outcomes	Broad content areas
Week 1	<ul style="list-style-type: none"> <li>• Outline key aspects of the Universities Act (SLQF 1)</li> <li>• Describe the duties of academics in the state university system (SLQF 1)</li> <li>• Recognise the present set of requirements that he/she needs to meet in preparing the trainees for local and international environment (SLQF 1-12)</li> <li>• Discuss the role of non-academic staff in the university system and the rules and regulations pertinent to their interaction with academic staff (SLQF 1-12)</li> <li>• Discuss the role of trade unions related to the university system (SLQF 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>• Universities Act of 1978 and the role of the various authorities in the state university system in Sri Lanka</li> <li>• National and international requirements</li> <li>• Rule and regulations governing the relationship between academic and non-academic staff</li> <li>• Trade unions in university system</li> </ul>
Week 2	<ul style="list-style-type: none"> <li>• Deal with administrative and financial tasks effectively (SLQF 1-12)</li> <li>• Plan day-to-day activities on a priority basis (SLQF 1-12)</li> <li>• Compare and balance the various and competing roles of being an academic to suit himself/herself and his/her circumstances (SLQF 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>• Administrative and financial duties of academics</li> <li>• Planning, prioritising and time management for academics</li> </ul>
Week 3	<ul style="list-style-type: none"> <li>• Handle managerial issues effectively (SLQF 1-12)</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership</li> <li>• Communication</li> <li>• Conflict resolution</li> <li>• Self-well-being</li> </ul>
<p>Assessment – Written assignment</p> <p>Part A: Reflection on personal communication skills (1000 words) (SLQF 1,2,5-7,9-12)</p> <p>Part B: Reflection on conflict situation and resolution (1000 words) (SLQF 1,2,5-7,9-12)</p> <p>Part C: Develop budget for a new course to be offered by university (500 words) (SLQF 1,2,5-7,9-12)</p>		
<p>Allocated hours:</p> <p>Teaching learning - 75 hrs with 12 hrs of face-to-face sessions</p> <p>Assessment – 25 hours</p>		

**ANNEX 2.**

**ASSIGNMENT SUBMISSION FORM  
POSTGRADUATE CERTIFICATE IN MEDICAL EDUCATION**

Complete the first part of this form and submit it with your assignment to the Examinations Branch, PGIM by e-mail to [mededu@pgim.cmb.ac.lk](mailto:mededu@pgim.cmb.ac.lk) .

Name: ..... PGIM Roll no: .....

Module no: .....

Date of submission .....

**TRAINER’S ASSESSMENT**

**A = EXCELLENT PASS:** work is well-organized and demonstrates ability to select, integrate, interpret and evaluate, together with evidence of originality

**B = GOOD PASS:** work is well-organized and demonstrates ability to select, integrate, interpret and evaluate

**C = ORDINARY PASS:** limited ability to integrate and interpret. Work less well organized. Factual errors and / or omissions are few.

**D = BARE FAIL:** poor level of understanding with little effort to integrate or interpret. Several errors of fact and / or serious omissions.

**E = BAD FAIL:** totally unsatisfactory and very poorly organized. Irrelevant and full of factual errors and serious omissions.

**Overall comments:** (Should clearly indicate the reason for “FAIL” grades and give recommendations to the trainee to upgrade to “PASS”)

**Examiner’s signature**..... **Date:** .....

## ANNEX 3. GUIDELINES FOR SUBMISSION OF ASSIGNMENTS

### General guidelines

1. The module for which the assignment is submitted and the PGIM roll number of the student must be clearly indicated at the top of the document. Every assignment should be submitted with a duly filled submission form.
2. The report should be word processed and printed single-side only, on A4 size photocopying paper with line spacing not less than 1.5 and lettering in Times New Roman, font size 12. Pages should be numbered consecutively in the bottom right hand corner.
3. References are very important and must be complete and accurate to enable the reader to identify and retrieve them. All literature referred to must be listed at the end of the assignment. The references should be listed in the Harvard style (author, date).
4. Assignments should be submitted no later than 4 weeks after completion of the module. The submission deadline will be made known by the resource persons.

### Writing references and bibliography

References are very important and must be complete and accurate. All literature referred to must be listed at the end of each essay or other assessed work. The references must be listed in a consistent form and style, and must contain sufficient information to enable the reader to identify and retrieve them.

There are different styles of citing sources, listing references and compiling a bibliography. The Harvard style (author, date) is widely accepted in scholarly and scientific writings and is recommended for trainees.

### ***The Harvard Style***

The Harvard Style is often known as the 'author-date' system. Generally, when using the Harvard system, a citation in the paper requires only the surname of the author (or authors) and the year of publication. If there are only two authors, give both names; for more than two authors, use *et al.* Citations should, whenever possible, be placed at the end of a sentence, before the concluding punctuation. For example:

*There is consistent urban bias in the provision of health services (Sawyer, 1999).*

Alternatively, the author's name may be integrated into the text, followed immediately by the year of publication in parentheses.

*Sawyer (1999) observes that...*

If there is more than one reference by the same author(s), the references should be listed chronologically in order of year of publication.

If there is more than one reference by an author in the same year, label with a lower case letter 'a' before 'b', 'c', etc.

*Other researchers (Tang 1998a; Cleg 1999) have highlighted this inadequacy, while Tang (1998b) argues that...*

References cited only in tables or in legends to figures should be in accordance with a sequence established by the first identification in the text of the particular table or illustration as footnotes to the said table or figure.

### **Rules**

The arrangement of the references at the end of the report should be alphabetical. The order of the items in each reference should be:

- (a) For journal references: name(s) of author(s), year, title of paper, title of journal, volume number, page numbers.
- (b) For book references: name(s) of author(s), year, title of book, edition, volume, chapter and / or page number, town of publication, publisher.

Authors' names should be in roman letters and arranged thus:

Smith, C.O., James, D.E. & Frank, J.D.

Note the use of the ampersand (&) and the omission of comma before it. Where an author's name is repeated in the next reference, it should also be spelt out in full. The year of publication should be surrounded by parenthesis: e.g. (1999). The title of the paper is then included, without quotation marks: e.g. Child health promotion in developing countries. The journal title should be unabbreviated, underlined and be followed by volume number in bold, and the page numbers (first and last page numbers). It should read like this:

Health Policy and Planning **14**: 1; 1-10.

### **Examples**

1. **Journal article 1:** Ehiri, J.E. & Prowse, J.M. (1999) Child health promotion in developing countries: the case for integration of environmental interventions? Health Policy and Planning **14**: 1; 1-10.
2. **Journal article 2:** Tuku, A.B., James, D.E. & Okada, F.C. (1999) The response of factor B to factor C. Biochemical Journal **151**: 2; 1049 – 1053.
3. **Book:** Harris, G.W. (1955) Neural Control of the Pituitary Gland. London: Arnold.

4. **Chapter in a book:** Sloper , J.C. (1966) The experimental and cyto-pathological investigation of neurosecretion in the hypothalamus and pituitary. In: The Pituitary Gland, eds. Harris, G.W. & Donovan, B.T. Vol 3. Ch 7. London: Butterworth.

**Websites:**

Author's name (if available) must be listed first, followed by the full title of the document in italics, the date of publication or last revision (if available), the full http address (URL) enclosed within angle brackets, and the date of visit in parentheses. E.g.

Schettler, T., Solomon, G., Burns, P & Valenti, M. Generations at risk: how environmental toxins may affect reproductive health in Massachusetts. <<http://www.igc.apc.org/psr/genrisk.html>> (24/08/1999).