

# National Seminar on Health Professionals Education in Bangladesh

**Date:**

26 June, 2014

**Venue:**

IPH Conference Hall  
Mohakhali, Dhaka

**Theme:**

**Accreditation : Gateway for  
Quality Health Professions  
Education**



**Organised by:**

Association for Medical Education (AME), Bangladesh  
&  
Centre for Medical Education (CME)



**Supported by:**

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**Design & Graphics**

Nizam Khan, Graphic Artist, CME

**Computer Compose**

Kohinoor Akhter, CME

**Contact :**

**Association for Medical Education (AME) Bangladesh**  
Mohakhali, Dhaka -1212, Bangladesh  
Email: amebangladesh@hotmail.com, hktalukder@yahoo.com  
www. amebd.org

**Centre for Medical Education (CME)**

Mohakhali, Dhaka -1212, Bangladesh  
Email: cme@ld.dghs.gov.bd  
www.cmedhaka.gov.bd

# Message

## Director General

Directorate General of Health Services (DGHS)  
Govt. of the People's Republic of Bangladesh



Dramatic global changes are occurring yet low-resource countries still have inadequate, inappropriate or unresponsive interventions to improve their health, education, social and environmental situation. Health status has improved in some countries while deteriorating in others. Even over a billion of people worldwide have little or no access to health services. Adequate and skill health workforce is the key factor to ensure the appropriate health care delivery.

It is known that the health care worker shortages have created a global crisis. Though Bangladesh had a success story in achieving health related Millennium Development Goals (MDGs) yet there is no scope of showing complacency. Rather, this is the right time to take initiative to increase the quantity and quality of the health professionals. In addition, policy makers and educational leaders should pay due attention to overcome the problem of skewed distribution of different category of health professionals.

I believe there is problem with quantity as well as quality of the health professionals in our country. Doctors, nurses and medical technologists deal with human life. So, quality assurance for health professions education has got utmost importance. I hope the issue of accreditation will get due attention to the policy makers and the legislative authority to ensure quality health professions education for our health professionals.

I expect, due importance will be given to develop people centered model of care in the health care delivery system of our country.

I wish a grand success of the “National Seminar on Health Professional Education in Bangladesh” jointly organized by Association for Medical Education (AME), Bangladesh & Centre for Medical Education.



**Prof. Dr. Deen Mohd. Noorul Huq**



Since independence, Bangladesh has achieved remarkable progress in developing a nation-wide network of health facilities and striving towards achieving effective and efficient health care delivery system for which preparing the workforce for the continuum of care is an essential prerequisite.

The primary level of care deals mainly with public health interventions where health promotion and primary prevention take place. Medical care and public health interventions are not mutually exclusive. They are complementary to each other. Hospitals that constitute secondary and tertiary level of care and serve as medical referral to primary care in a continuum manner need also to be involved in health promotion and primary prevention. Failure to do so will result in suboptimal performance of the health systems.

Rapid advances in biomedical technology, social and environmental determinants of health coupled with demographic and epidemiological transition, urbanization, globalization and intellectual property rights necessitate a thorough review on the role of health professionals' education to enable production of graduates who are capable of addressing these health challenges. Not being able to manage these challenges well will result in widening of health inequity within and across countries, increased inefficiency, skyrocketing health care cost, increased poverty and less responsive health care, to mention just a few. All of these may jeopardize our efforts in achieving Universal Health Coverage.

The World Health Report 2006, identified Bangladesh among one of 57 countries with critical health workforce. The ratio of doctors, nurses and midwives, per one 1000 population is far below the recommended threshold of 2.3 per 1000 population. Health professionals' education system has to be aligned with the health care delivery system, to ensure health professionals availability, competence, productivity and responsiveness.

WHO has organized series of related Regional meetings, one of the outcomes of which is a strategic framework to strengthen medical education. It starts with brief descriptions and analysis of a few important health challenges and an overview of the current situation of medical education in addressing these challenges. Based on these, new competency of the medical graduates will be delineated to improve performance of the health care delivery/health systems to effectively address the current health challenges. The changes or reforms needed by the 'medical education systems' so that it better prepares its graduates and links with the health systems are proposed. A few strategic directions for achieving these reforms are included.

I am glad that the Association of Medical Education in Bangladesh (AME), with WHO Bangladesh support is organizing a National Seminar on Strengthening Health professional Education, during which proposed actions in WHO Framework to Strengthen Medical Education will be discussed and adapted considering the country context and other papers on best practices on health professional's education will be presented. While thanking AME for organizing this important National Seminar and wishing health professionals in Bangladesh all the success in contributing effectively to the improvement of the health of the people, I would like to reaffirm WHO commitment to support their effort towards that purpose.

**Dr. Khaled Hassan**  
WHO Representative

# Message

## Dean

Faculty of Basic Science & Paraclinical Science  
Bangabandhu Sheikh Mujib Medical University  
(BSMMU), Dhaka



Health services are now facing significant challenges as there are constant medical and technological advances to keep pace with. To have a positive effect on health outcomes, the professional education system must be designed in such a way with creative thinking to provide educated workforce to meet the demand of the present time.

Quality improvement requires a different approach to traditional one. *Learning together with colleagues as method is essential for improving team performance. Active thinking on method of teaching* health professionals should be time worthy to improve quality. The system of education shall not hesitate to enter into a new epoch of transformation. The education of doctors, nurses, medical technologist and public health workers must be integrated to facilitate smooth generation and application of knowledge at the respective level.

Health professionals have made enormous contributions to health and development over the past century and achievement shall continue mainly through effective application of educational strategies that fit to tackle 21st century challenges. Beyond the glittering surface of modern technology, the core part of every health system is occupied by the unique encounter between one set of people who need services and another who have been entrusted to deliver them. This trust is earned through a special blend of technical competence and service orientation, steered by ethical commitment and social accountability, which forms the essence of professional work. Properly educated health team will be able to make the job easy.

The association of medical educationist of Bangladesh named the Association for Medical Education (AME), Centre for Medical Education (CME) and World Health Organization are jointly organizing a national level seminar on “Health Professionals Education” at the end of June 2014. I hope the seminar shall be successful to highlight the way of educating a collaborative team. The ultimate purpose of health professionals education is to assure universal health coverage of the high quality comprehensive services that are essential to advance opportunity for health equity within and between countries.

**Prof. Dr. M. Iqbal Arslan**

# Message

## Associate Vice President for Education

Foundation for Advancement of International  
Medical Education and Research (FAIMER)

[www.faimer.org](http://www.faimer.org)



Good morning and welcome to the National Seminar on Health Professions Education organized by the Association of Medical Education of Bangladesh. My name is Bill Burdick, and I am the Vice President for Education at FAIMER as well as Co-Director of the FAIMER Institute in Philadelphia.

In addition to the explicit theme of interprofessional education, there are two implicit themes to the seminar. One is dissemination of new knowledge - new knowledge in education methodology as well as leadership and management skills. You will learn about strengthening interprofessional care through interprofessional education. The other theme is network development.

The people you will get to know at this seminar enhance the network you have available to interact with about ideas, problems and solutions. In a social network, it is especially effective if you include people that don't necessarily know each other very well. (This is called a “high efficiency network”- and it is good for new ideas and creative thinking.) When your social network consists of people who know each other well, you have a “high performance network”- good for fast decisions, and synchronized action.) We need both kinds of networks, but we often focus on high performance networks. This is your opportunity to work on your high efficiency network as you get to know others outside your discipline.

“Social capital “is a term that refers to resources available through personal and professional networks. These resources include information, ideas, leads, opportunities, power, influence, emotional support, trust cooperation. Think of “human capital” as what you know; think of “social capital” as who you know. The goal of this seminar is to increase your social capital.

So get to know one another. I am sure the course program will encourage interaction, but remember: the most important work in a program like this often takes place during the tea or coffee breaks.

Enjoy the program; enjoy each other. Work hard, but have fun doing it.

Best wishes to you and to the seminar organizers at the Association of Medical Education!

**William P. Burdick**

M.D., M.S.Ed.



# Message

## President

World Federation for Medical Education (WFME)

[www.wfme.org](http://www.wfme.org)



On behalf of WFME, I welcome you to this seminar organized by Association for Medical Education (AME) of Bangladesh. World Federation for Medical Education (WFME) is working to enhance the quality of medical education world-wide, and to promote the highest standards in medical education. The organization believes that improvement of health care for all mankind is possible through promoting better medical education. WFME works in partnership with South-East Asian Regional Association for Medical Education in continuing professional development of health workforce of this developing area.

The association of medical educationist of Bangladesh is also working with the same mission. The effort of that organization in promoting international excellence in education in the healthcare professions across the continuum of undergraduate, postgraduate and continuing education is praiseworthy. The organization is working as a good forum for exchange of information and resources amongst members and maintaining links with other similar organizations of the world.

I am feeling honoured to a part of their activity and wish success of the seminar. I hope in future our collaboration shall be more rewarding.

**Stefan Lindgren**

## President

South East Asia Regional Association for  
Medical Education (**SEARAME**)

[www.searame.org](http://www.searame.org)



South East Asia Region (SEAR) is home to one-fourth of the world's population. All SEAR countries are facing double burden of disease with increasing incidence of non-communicable diseases while the communicable diseases still rampage. They also face demographic transitions with the increase in aging population. There is a due need for health systems and all health care professionals to be able to deal effectively with these health challenges.

Medical doctor, who normally is a leader in the health care team, needs to have required competencies to address these health challenges. It is strongly felt that medical and other health professions education has not kept pace with these challenges, largely because of fragmented, outdated and static curricula. As a result, there is mismatch of competencies to patient and population needs. Tribalism of profession i.e. the tendency of various professionals to act in isolation has been seen as another barrier to the effective health care delivery system.

However, what is being observed is that we are getting 'more of the same'. There is a rapid growth in the medical and other health professions educational schools of variable standards in many countries of the SEA region, particularly India, Bangladesh & Nepal. Accreditation of medical and other health professional education schools is important for assuring their quality of training and education. There is a need to introduce accreditation to ensure that health professions education is responsive to the needs of society and changing health care delivery systems.

It is heartening to know that Association for Medical Education (AME), in collaboration with Centre for Medical Education (CME), Bangladesh is working towards improving the training of health professions' education through building capacity of trainers. The efforts of the AME and CME, Bangladesh for the quality assurance of the health professions education of the country is praiseworthy.

I think the organization of the “National Seminar on Health Professional Education” is a very much relevant and timely activity being undertaken by these organizations. I wish this seminar, all the success.

**Dr Rita Sood**



# Message

## Director

Medical Education & HMPD and Line Director  
Pre-service Education, HPNSDP, DGHS  
Mohakhali, Dhaka

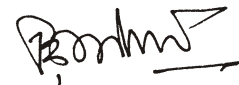


Health care is rapidly evolving. No longer does a person receive care from just a single doctor at a single location. Information and care are spread among various facilities and health care providers. In order for a patient to receive the best care, health professions education must reflect the changing health care environment.

In this era of evolving technology and changing health and health care environments need to take responsibility for ensuring that health professions education which is socially accountable and aligns itself consciously towards improving health and health care provision for the people of Bangladesh. All health professionals in the country shall be educated to mobilize knowledge and to engage in critical reasoning and ethical conduct so that they are competent to participate in patient and population-centred health systems as members of the teams.

The context, content and conditions of the social effort to educate competent, caring and committed health professionals are rapidly changing across time and space. The coverage and ability of health professionals have a direct effect on health outcomes of the nation. Health professionals are the service providers who link people to technology, information and knowledge. They are also caregivers, communicators and educators, team members, managers, leaders, and policy makers. Only adequate and proper education can prepare the members of health professionals to face the challenge with success.

The well reputed voluntary organization, Association for Medical Education (AME) Bangladesh in collaboration with Centre for Medical Education & World Health Organization is going to organize a national level seminar on “Health Professionals Education”. I am expressing my best wishes for the successful conduction of that seminar and that the seminar shall be able to explore the challenges, opportunities, and shall innovate the mechanisms for faculty development in order to create the workforce required for the communities of the time.



**Prof. Dr. ABM Abdul Hannan**

# Message

## Director

Centre for Medical Education (CME)  
Mohakhali, Dhaka



Writing message on an occasion of National Seminar organized by a Professional Organization like Association for Medical Education produces, I suppose, dual effects, related causally, on the writer. The primary one is the feelings of honor and as a consequence doses of anxiety. I am honored being invited to join the discussion of the experts of a subject that really matters. Health Professional Education as I understand it, the best avenue to reach the goal of Universal Health Coverage. Education in general, I admit, is the best strategy to support sustainable development. And that is where anxiety creeps

up in lines of questions: How to pay back the honor? Do I really have something to share with? If I do, how to articulate them?

And as I go on reflecting, I find challenges and opportunities all around the seminar theme. Challenge is that of setting criteria yardstick built on consensus engaging stakeholders including the civil society for effective evaluation of our Health Profession Education with intention of assuring its quality. And of course the opportunity we have with a good number of formally educated dependable experts in the field of Science of Health Professions Education. I hope, the proposed seminar will bring a way out balancing the two poles of challenge and opportunity.

I wish the Association: “A Great Seminar full of intellectual exercises for a defined target” and a wish as well for all of us:

“Let the Association be much more vibrant than it is presently”.....

**Prof. Dr. AFM Saiful Islam**



**President**  
Association for Medical Education  
(AME) Bangladesh

The last 20 years of the twentieth century has seen a remarkable progress in all fields of scientific Endeavour including medical education. The word Accreditation & Quality assurance gained the welcome attention of the Medical Educationists during that time.

The word “Quality Assurance” however came into prominence in the last 70 yrs in the field of Manufacturing Industry. All the prominent industrialized countries of the world who dominate world market have introduced quality assurance scheme as a major component in their action plan to ensure qualities of their products; to adopt plans for the better, so that their products fare well in the competitions of world market.

In the arena of medical Education and practice, Quality Assurance includes setting of standards, Evaluation of current practice, Initiation of a change for the better and Reevaluation of the whole lot. Bandararayake<sup>1</sup>, a world renowned medical educationist, has defined accreditation as “A process of External Evaluation of a Curriculum and its associated activities usually by a national body such as a Medical Council to assure the public that the qualifications granted by the Institution to its products (i.e. the graduates) is of a standard that is likely to result in safe practice”.

The purpose of accreditation is to maintain Educational quality and to encourage curriculum development. Protection of Educational Quality implies both Quality Assurance and the maintenance of educational standards. Accreditation therefore guarantees the academic standing of the Qualification granted by the Institution.

The processes involved in accreditation include examination of the strength, weakness, limitations & constraints of the methods involved in the curriculum (such as its teaching learning activities, assessment systems, administrative & teaching capabilities of the faculty and their effects on the outputs).

Every nation is now committed to adequate healthcare for its people. A well motivated trained manpower is the key to the successful realization of this pledge. As such quality assurance in medical education remains at the heart of all strategies in the grooming of health care.

In a resource constrained and over populated nation like Bangladesh planning certainly is crucial to turn the best out of its limited endowments. Medical education is no exception to this. In the face of rapid changes in the perceptions, needs and technological advances, failure to keep pace with the developing horizon is likely to produce repugnant impact not only on the entire repute of the health care system but also on the peoples confidence in particular. Likewise, a poorly trained manpower is expected to lack, confidence, suffer from humility of inferiority and hence, fail to make appropriate contribution to the development and expansion of the health care system. The tale of sufferings of the people there about becomes never ending.<sup>2</sup>

I hope today's discussions will help us in realizing what is best in terms of Quality Assurance in Medical Education in Bangladesh.

I believe, honest and faithful evaluation will be made about the status of Accreditations bodies, their success, limitations and failures. Hopefully, there will be suggestions for their improvement, remedial measures for their failures.



**(Prof. Md. Saleh Uddin)**

Ex-Chairman

Department of Ophthalmology  
& Ex-Dean, Faculty of Surgery  
BSMMU, Dhaka.



**Organising Secretary**  
Association for Medical Education  
(AME) Bangladesh

At present the society is changing rapidly, new health problems are evolving and the people's expectations are increasing. In this context, it is the right time to think whether the present system of health professionals' education can fulfill the need of the society and people's expectation. Goal of health professionals' education should be “to train leaders who can shape future health professional education as faculty, as educational leader and also as scholar”.

The WHO is patronizing a growing movement to tackle the challenges of shortage of professional health workforces and is addressing the technical dimension that can bring about a new era for health professions education. Educational institutions need to increase capacity and reform recruitment, teaching methods and curriculum in order to improve the quality and to ensure social accountability of the institutes & its products.

In the present system of health professions education, it is a big question for all of us whether compartmentalization of health professions education can fulfill the felt need of the community? Whether further orchestration is needed among the different category of health professionals? To answer the questions the concept of inter-professional education (IPE) is very much relevant which leads to inter-professional collaboration and to build more flexible health workforce.

It is a reality that there is a big shortage of health professionals worldwide, as well as in Bangladesh. Health professionals institutes education is seen here as passport of better life. So, there is a big demand of health professions education in our country. The number of both public and private health professionals' institutes are increasing. But to protect the public we must have a mechanism to accredit health professions and license of health care professionals. World Health Organization (WHO), Educational Commission for Foreign Medical Graduates (ECFMG) and World Federation for Medical Education (WFME) are jointly working on this very important issue of accreditation. To address that we must develop our national standards for accreditation keeping in consideration of the global and regional standards to meet the global call given by WFME & ECFMG by the year 2023.

I believe that Association for Medical Education (AME), Bangladesh and Centre for Medical Education (CME) will try to do best for the present days demand of health professionals education and the burning issue of accreditation.

I consider this seminar as a great opportunity for the health professionals to exchange their views and ideas related to health professions education and accreditation and to come to a common platform.

Association for Medical Education (AME) is a unique platform for the medical educationist and all health professionals of our country. We took our sincere effort to organize this seminar. I hope this association will be able to contribute further in the field of health professions education.

We are indebted to the chief guest, special guests, guests, members and participants for their guidance and support in organizing this seminar. I am grateful to Associate Vice President, FAIMER, President, WFME and President, SEARAME for conveying their wishes to AME & CME, Bangladesh through message. I would especially like to thank WHO for their great support to this National Seminar & also before. I would also like to thank the scientific committee for its hard work in screening abstracts and preparing the programme, production of the Souvenir and other committees which have helped in organizing this seminar. I thank all concerned of AME & CME who gave labour and thoughts for the success of this national seminar on health professionals education in Bangladesh.



**Professor Dr. Md. Humayun Kabir Talukder**

Professor (Curriculum Development & Evaluation)

Centre for Medical Education (CME), Dhaka

EC member, SEARAME

Cell : 01711534774

Email : hktalukder@yahoo.com

Skype: profhktalukdercme



# Programme

**Theme: “Accreditation : Gateway for Quality Health Professions Education”**

## **National Seminar on “Health Professionals Education in Bangladesh.**

**(Under WHO BAN HRH)**

**Date : 26 June 2014**

**Venue : IPH Conference Hall, Mohakhali, Dhaka**

8.30-9.00 am      Registration

9.00-9.30 am      Arrival of Guests

### **Inaugural Session**

9.30-9.35 am      Address of Welcome  
**Prof. Md. Saleh Uddin**, President, AME, Bangladesh & Chairperson

9.35-9.40 am      Speech by the Special Guest  
**Prof. Dr. AFM Saiful Islam**, Director CME & Adviser, AME, Bangladesh

9.40-9.45 am      Speech by the Special Guest  
**Prof. Dr. ABM Abdul Hannan**, Director, ME & HMPD, DGHS & Adviser, AME, Bangladesh

9.45- 9.50 am      Speech by the Special Guest  
**Dr. Khaled M Hassan**, WR, WHO, Bangladesh

9.50 - 9.55 am      Speech by the Special Guest  
**Prof. Dr. M. Iqbal Arslan**, Dean, Faculty of Basic Science & Paraclinical Science BSMMU, Dhaka

9.55-10.05 am      Speech by Chief Guest  
**Prof. Dr. Deen Mohd. Noorul Huq**, Director General, DGHS, Mohakhli, Dhaka

10.05-10.10.am      Vote of Thanks  
**Prof. Dr. Md. Humayun Kabir Talukder**, Organising Secretary, AME Bangladesh & Professor (Curriculum Development & Evaluation), CME

10.10-10.30 am      **Refreshment**

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## Scientific Sessions

**Plenary Session : 10.30 - 11.15 am**

### Chairpersons:

**Prof. M. Muzaherul Huq**

Former- Regional Adviser (HRH), WHO, SEARO & Founder President, AME Bangladesh

**Prof. Md. Margub Hussain**

Former Dean, Postgraduate Faculty of Medical Science & Research, DU

Member of Executive Committee, AME Bangladesh

### Key Note Speaker:

**Prof. Dr. AFM Saiful Islam**

Director CME & Adviser, AME, Bangladesh

**Topic :** Theorizing Perspective Issues in Accreditation and Quality Health Professions Education

**1<sup>st</sup> Scientific Session: 11.15am -11.21am**

### Chairpersons:

**Prof. Soofia Khatun**

Head Paediatrics Dept., Shaheed Suhrawardy Medical College

& International Relation Secretary, AME Bangladesh

**Prof. Dr. Syeda Afroza**

Head, Paediatrics Dept, SSMC, Dhaka

& Journal Secretary, AME Bangladesh

11.15-11.21

**Prof H Kabir Chowdhury**

Ibrahim Medical College

**Topic :** Medical education facing challenges: what experts have to say and do?

11.21-11.27

**Prof. (Dr.) Saria Tasmin**

Executive Director & Professor of Gynae & Obs

Institute of Child and Mother Health

**Topic :** Accreditation for Professional Practice Are We Ready to Implement?

11.27-11.33

**Md. Mofazzal Hossain**

Sr. Radiological Technologist-ICDDR,B-Dhaka

**Topic :** Quality Educators The Great Challenges of Medical Technology Education in Bangladesh.

11-33-11.39

**Dr. Kamal Ahmed**

Consultant, HNPP, BRAC

**Topic:** Health Professionals Education in Bangladesh a Priority issue

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11.39-11.45      **Mst. Shahanara Khatun**  
Instructor, CON Mohakhali, Dhaka.  
**Topic :** Perceived views of University Female Students Regarding Nursing Professionals and their Services in Dhaka University & Jahangir Nagar University of Bangladesh

11.45-11.51      **Dr. Borhan Uddin Ahamed**  
Associate Professor & Head  
Department of Forensic Medicine  
**Topic:** Necessity of Medical Ethics in Quality Health Professions Education

11. 51-12.15      **Questions Answers & Comments from Chairpersons**

<b>2<sup>nd</sup> Scientific Session: 12.15 - 01.15 pm</b>
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**Chairpersons:**

**Prof. Dr. Md. Ismail Khan**

Dean, Faculty of Medicine, Dhaka University, Dhaka & Public Relation Secretary, AME Bangladesh

**Prof. Nilufar Begum**

Head, Pharmacology, Popular Medical College, Dhaka  
& Members of Executive Committee, AME

12.15-12.21      **Prof. Dr. Syeda Afroza**  
Head, Pediatrics Dept., SSMC, Dhaka & Journal Secretary, AME Bangladesh  
**Topic :** Accreditation is a key to improve medical education

12.21-12.27      **Prof Dr. ASM Giasuddin**  
Professor of Biochemistry & Immunology and Vice Principal, SCHS  
**Topic :** Importance of Skilled Manpower In Health Care Delivery System of Bangladesh

12.27-12.33      **Dr. Jobaida Sultana**  
Assistant Professor, Gynae & Obs, ShSMC & Member, AME  
**Topic :** Current Practice of Bedside Teaching in Undergraduate Medical Education of Bangladesh.

12.33-12.39      **Dr. Md. Ashraf**  
Former consultant, Health & Population Sector Program DFID, British Council, Dhaka.  
**Topic :** Let's Accredite College of Family Physicians to Materialize 'Universal Health Coverage' & 'Ethical Provision of Health Care' Towards Building a 'Just & Healthful Society'

12.39-12.45      **Dr. Md. Abdur Rouf**  
Assistant Professor  
**Topic :** Situation Analysis of Classroom Environment in Some Selected Medical Colleges of Bangladesh.

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12.45-12.51      **Shila Rani Hira**  
Instructor, College of Nursing, Mohakhali, Dhaka  
**Topic:** Review of Published and unpublished Research work in Nursing and Midwifery in Bangladesh.

12.51-01.15      Questions Answers & Comments from Chairpersons

**Prayer & Lunch Break: 01.15pm 02.00pm**

**3<sup>rd</sup> Scientific Session 02.00pm 03.00pm**

**Chairpersons:**

**Prof. Dr. Mohammad Saiful Islam**

Chairman, Paediatric Surgery, BSMMU

**Prof. Tahmina Begum**

Paediatrics Dept., BIRDEM, Dhaka & Treasurer, AME Bangladesh

02.00-02.06      **Prof. Dr. A. K. Khan.**  
Professor of Ophthalmology & Dean, Faculty of Health and Medical Science  
Gono Bishawbidalaya, Savar, Dhaka.  
**Topic :** Rural Community Based Medical Education: Gonosasthaya  
Somajvittik Medical College Approach

02.06-02.12      **Prof. Dr. Md. Mahfuzar Rahman**  
Head, Dept. of community medicine  
Anwer Khan modern medical College (AKMMC)  
**Topic :** RFST in Community Medicine: An Experience and Views of the Students

02.12-02.18      **Dr. Arif Hossain**  
Vice President, Bangladesh Bioethics Society  
**Topic :** Good Death

02.18-02.24      **Dr. Saumitra Chakravarty**  
Resident (Pathology; Phase-A, Year-2) at BSMMU  
**Topic:** Applying Euclid's Idea in Teaching-Learning of Biological Sciences: A Proposal

02.24-02.30      **Dr. Shafinaz Gazi**  
Resident, Anatomy Dept., BSMMU  
**Topic :** How to Design Effective Illustration-based Neuroanatomy PowerPoint Slides: A Survey and FGD Experience

02.30-02.36      **Tapashi Bhattacharje**  
Instructor, College Nursing Mohakhali, Dhaka  
**Topic :** A Study of Patients' satisfaction with nursing care

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02.30-3.00                      **Questions Answers & Comments from Chairpersons**

**Tea Break : 03.00pm - 03.20pm**

<b>4<sup>th</sup> Scientific Session : 03.20pm-04.00pm</b>
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**Chairpersons:**

**Prof. Saria Tasneem**

Joint Director, ICMH

Press and Publicity Secretary, AME Bangladesh

**Prof. Md. Mahfuzar Rahman**

Community Medicine Dept. Anwar Khan Modern Medical Collage, Dhaka &

Vice President, AME Bangladesh

03.20-03.26

**Prof Shamima Parvin Lasker**

Professor & Head of Anatomy, City Dental College, Dhaka

**Topic :** Ethical issues in health research

03.26-03.32

**Prof. Md Abdul Wohab Khan**

AKMMC, Dhaka

**Topic:** Faculty Development and Medical Education Unit: An Experience from AKMMC, Dhaka

03.32-03.38

**Major (Retd) Dalia Hossain**

Principal, Prime Bank Nursing Institute

**Topic :** Nurses Satisfaction on Job Performance Provided in Public and Private Hospital

03.38-03.44

**Dr. M. Tasdik Hasan**

District MCH & Immunization Officer

DMCH&IO, GAVI Alliance

**Topic :** Mental Health Status Among Medical Students: A priority research area

03.44-03.49

**Babita Akter**

Nursing Instructor, Nursing Institute, Sherpur

**Topic:** Review and Collection of Documents on Gender and Health in Bangladesh

03.49-04.00

**Questions Answers & Comments from Chairpersons**

**Closing Session :      04.00pm - 04.30pm**

04.00-04.05

Speech by Co-Chairperson

**Prof. Dr. AFM Saiful Islam**

Director CME & Adviser, AME, Bangladesh

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04.05-04.10	Speech by the Special Guest <b>Dr. Md. Shajedul Hasan,</b> Joint Secretary, HRM, MOH&FW, Dhaka
04.10-04.20	Speech by Chief Guest <b>Mr. Hossain Zillur Rahman, Ph.D</b> Former Advisor, Caretaker Government of Bangladesh
04.20-04.25	Speech by Chairperson <b>Prof. Md. Saleh Uddin</b> President, AME Bangladesh
04.25-04.30	Vote of Thanks <b>Prof. Dr. Md. Humayun Kabir Talukder</b> Organising Secretary, AME & Professor (Curriculum Development & Evaluation), CME, Dhaka



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## **KEY NOTE SPEECH: WRITTEN VERSION**

# **Introductory Notes on Theorizing Perspective Issues in Accreditation and Quality Health Professions Education**

Professor Dr. AFM Saiful Islam  
Director, Centre for Medical Education

### **Abstract**

This key note speech outlines common features of issues in accreditation and quality health profession education (HPE) from country perspectives drawn on a few of the historical and contemporary evidences. No way, it's a scientific review of available literature, rather a general commentary to draw attention of the stakeholders.

It dares to provide analysis to show to some extent in which way the accreditation issues deserve to be dealt out in our perspectives? What strategic maneuver is required to answer the isolation threat of our HPE basing upon its intrinsic forces that have accumulated already? What issues need to be considered to balance it within the resources?

Articulating these questions this incomplete sketch tries to unmask the temporal-spatial legacy of establishing accreditation from the perspectives of quantitative expansion of our HPE.

Etymologically accreditation signifies at least minimally “trust” as the original Latin word “credo” means<sup>1</sup>. Extrapolated classically into the topic, trust bestowed to the Institutes of HPE and/or to the product unto the extent that the consumers of their service don't get hart, at least because of the lack of required competency on the part of the Care Giver. As such, this is the trust of the public on the Profession and the basis of this trust, being too technical to be understood by the lay public, demands the service of competent organization to do the necessary evaluation. And the way it follows to do so in the democracy being well known, needs no mention.

Here we see that accrediting organization needs authorization / legislative validation. This macro characteristic is seen to be common in all the definitions that I managed to scrutinize, from authorities like WHO, WFME, FAIMER etc<sup>1-3</sup>. Another striking consensus of the experts<sup>1-3</sup> in the field is about the way evaluation for accreditation has to be done, i.e. against a predetermined set of standards. However, experts<sup>1-3</sup> do differ in their opinions about the modus operandi / the operational techniques of accreditation.

Such difference, ranges from quasi-voluntary nature of participation of the entity defined to be accredited with peer-reviewed evaluation to the mandatory status of accreditation. I would like to explain why I have prefixed the word voluntary with quasi. Accreditation is all about validation of the Quality of the Educational Program and/or product of the program and the evaluation is publicly known and in a society where market value signifies 'life-saving elixir' who dares not to be validated unless insane to commit suicide? So the voluntary or quasi-voluntary status reduces to the state of binding in ulterior motive. Now we have the picture of an organization protecting public interest in affairs of health care duly authorized to do so and that uses prefixed evaluation instruments. Depicting this way, the process / system of accreditation is valued as the biopsy procedure<sup>2</sup> for diagnosis in a risk reduction strategy and not to forget that though not totally risks free, being invasive in nature itself, biopsy does provide almost confirmed diagnosis that paves the path of further management.

Quality of the HPE that is validated by accreditation needs next to be analyzed. Experts<sup>4</sup> in the field believe that quality is perceived as relating to the curricular content that lead to the application of evidence based responses to the community needs specified by its cultural context. This very way of quality judgment against community needs makes it best gauge for social accountability issues in HPE program / Institutes and demands reasonably acceptable civic engagement particularly in prioritizing community health concerns. And as we go on, we see that quality issues in a specified cultural context, often strangled by escalating health care cost, draws the whole set of other social accountability issues of HPE in terms of its relevance, cost-effectiveness and of its capacity to support equity in health care leading to the strategic response of universal health coverage.

At the individual level social accountability refers<sup>5</sup> to the extent of professionalism that implies multiple commitments---to the patient, to fellow professional, and to the institute / system within which health professional is required to work. Health professional's innate attitudes are prime determinants of these commitments yet other factors such as the available resources and structure and organization of the health service have profound effect. Such effect pushes the HPE program / Institute into the dilemma of deciding to what extent it should produce professionals well-fitted into the existing health structure or instead attempt to influence those structures to fit the social accountability issues. Pushed into such dilemma, judgment, on how well social accountability is met by HPE, as a criterion for accreditation, often makes allowance for local political-economic situation. Added together these micro-issues provide enough elements required to frame what implications quality issues do really have on accrediting authority of HPE. Theorizing in a general way, I see quality to be very slippery with a dynamic nature to meet the present demand and also the future ones through continuing improvement that truly is instrumental for its possessor to remain alive. It is almost identical with the classic notion of 'capital' in the political-economic vocabulary where capital considered alive so long it continues to grow. Such is the quality issue in general. And it is necessary here to remember that self-evaluation though essential for quality assurance, often appears to be insufficient and needs some form of external scrutiny (accreditation) to validate the claim of displaying social accountability. And because of the changing reality of Quality issue in HPE, accrediting authority needs to enjoy certain degree of operational freedom to make itself capable of equally paced with HPE.

All these theorizations will remain just as rhetorical ideals as long as they are not supported by contextual framework of "Our Perspectives" built from historical and contemporary evidences. But before that, I need to evaluate "Our Perspectives" overarched by the vibrant reality of "Global Perspectives". I find enough space between these two to allow inflation of our contextual contribution resulting from successful negotiation of conflicts that might develop in accreditation issues such as the 'brain drain / brain gain' dilemma. Historically, it's not very long since we have got opportunities to build our own perspectives assimilating principally western legacy of HPE marginally mixed with elements generated from our indigenous system of health care. However, itself being in the "life-support" our indigenous system yet to gather strength to contribute effectively to policy issues in the area of HPE accreditation.

Distinguished reader, I think, we should now listen for a while what history has to tell us about the way the western model of HPE evolved, judged particularly from accreditation perspectives. Beginning in antiquity with 'all-purpose practitioners' the health care profession then crossed chaotic period of fragmentations of care-givers of midwives, bone-setters, barber-surgeons, apothecaries, physicians etc. and entered by the first half of the 20<sup>th</sup> century into the present day scenario with the complacency of being the product of reformed education programs. These reformations as are known to us were brought about principally by the heroic accomplishments of Flexner Reports of 1910, 1912 and that of

Goodenough of 1944<sup>6-8</sup>. Parallel to such evolution of the health care professionals, education evolved, from individual apprenticeship that involved passing on of set of rituals, beliefs and practices from 'Guru' to 'Shishsha', through stages of 'Guru-greha' /'Maktab' to modern day standard of university-based HPE. The simple linear sketch presented this way however exact for the present discussion, is very much a snap shot of the time-space continuum of that history that experienced periods of progress and regress paralleled by local ups and downs.

Whatever variations we notice in those evolutions one common element can easily be traced out: each time-space has had to handle a common problem of producing adequately trained health care professional. With different time-space continuum this problem was responded differently: Guru's magic-mysticism, prescription of association or guild of profession, institutionalized ultimately with evidence-derived strategies of competency-based program implementation through vertical /integrated approach with elements of interprofessional education-training transforming unitary professionalism into multiprofessional professionalism.

Learned reader, I have to make a side-sketch in the writing here. Education in general, in modern-day concept, possibly the most democratic and softest way of regulation with the objective to make the entity regulated as is defined by the regulator. Though our contemporary evidences<sup>7</sup> often suggest in contrary, straight-forward causal relationship is well agreed, we all know. Otherwise, this writing, its issues, the formal seminar and even our

professional identities all evaporate at once. But, was it equally true throughout historical time-space? What relation exactly was there, between the health care practice and the education program in those histories? Was it a straight-forward causal one, education dictated the practice? Or a circular causality was there, where cause-effect relationship got to be a dynamic one? Though they look not to be so important, answers to them will enable us to understand technical issues of integration / reintegration of social sciences like history and ethics into HPE curricula that were pushed away by the explosion of science and technology primarily with incentives gathered from rapid corporate capitalization. I find them important as we are searching issues to be dealt on for accrediting HPE. However, I leave these questions to your expertise, if they are considered to be valid questions at all.

Enough of the side-sketch drawing, I would like now to get back to the main stream of sketching historical evidences that theorize HPE reforms in post-Flexnerian era. The immediate ones were the closure of 124 medical schools out of 155<sup>1</sup>, indeed an 80% reduction, and curious enough closure of admission as well for black people and women<sup>7</sup> in those that survived the reform. Marxist pencil in hand, historian<sup>7</sup> sketched out closure of all but the elite schools and the Feminist<sup>7</sup> voiced the question why they were closed rather than assisted to raise their 'standards'. I underline here, the issue of assisting institutions to raise standards to the level required for survival. Am I not right to do so? Besides, how far the reformation impacted positively also was asked at the micro-level evaluation of the professional. Experts<sup>7,9</sup> evaluated Flexnerian reform-made professional as science-stuffed one rather than a scientist-professional about which Flexner himself<sup>7</sup> lamented decade after the report. I am frankly not conversant enough to deal with this technical issue of HPE and so leaving it as well to your expert disposal.

Now I have to move to some contemporary facts of our HPE perspectives, as I think, I am done with historical ones. In recent past during 2009-2012, we saw an aggregated average of about 134% expansion of HPE in the country<sup>10</sup>. Disaggregating the average we get 14-445% of expansion in different tiers of health care professions education. Further disaggregation reveals peaks of 115% and 69% respectively,

in the main stream (undergraduate medical & dental) and allied (nursing, medical technology & medical assistant) HPE in the Government sector. Corresponding peaks are 46% and 314% in the Non-Government sector including both 'for profit' and 'not for profit' enterprises. I humbly bring to your notice that in the Government sector such expansion was supported by the slim allocation of about 0.10-0.15% of health expenditure which itself ranged then from 5.43-6.17% of the National budget<sup>11</sup>. If we walk further in search of the human resources we find our country as one of the six in the south-east Asia region suffering critical shortage that compromises quality health care. In addition to this simple shortage, we have the complex problem of inappropriate balance of tiers of health professionals jeopardizing implementation of multiprofessional health care strategy considered to be scientifically most appropriate. Reflecting on these resources that supported the expansion of HPE, we probably get dual feelings of pain and pleasure; pain because HPE quality issues are threatened to be compromised to unacceptability and pleasure of being champion of managing things from community clinic to bone-marrow transplantation facility. To assess cost-effectiveness as a measure of social accountability of HPE, we need to memorize clearly these resource perspectives.

Keeping in mind all these scopes and significance of historical and contemporary issues in accreditation and quality HPE discussed so far, I would like at this stage to frame a few of the questions that need to be answered.

The primary one is, should we feel need for a formal accreditation principally because of the imposed threat of isolation? Or do we really have reasons to believe that intrinsic forces are there that are demanding such risk-reduction strategic maneuver? And, of course, which one is the priority question?

I presume, the issues of intrinsic force should get priority which if dealt out appropriately could let us get rid of the isolation threat as a logical consequence. I hope, I am not making totally arbitrary deduction.

The second set of questions with technical blend of issues is:

How should we customize global standards of accreditation?

In which way to balance demands of aggressive scientific and technological progress threatening to consume all our resources, and that of the universal health coverage, the noble philosophy of rendering health care to all who need, irrespective of any incapacity?

Present Global /Local time-space continuum has provided health professionals the power to render much better care than at any other time in human history, yet patients are losing confidence threatening the breach of social contract of medicine and a cry for solution is quite clear. This cry seems to be simultaneous with the beginning of conceptualization of accreditation issues. As 'gold standard' for HPE evaluation, accreditation requires to negotiate challenges of setting yardstick of technical criteria overarched by the general policy issues of its own accountability, fairness, transparency and of course of feasibility/affordability. In effect, the whole process gets complicated and it consumes academic and financial resources. I leave all these issues to your wisdom and don't dare to put my view.

I am almost at the end, just a couple of appeals before I conclude.

Historically, the prime movers of quality assurance in HPE are the Professional Organizations. With progressive specialization, in our perspective the present face of such organization is Association for Medical Education. I am frankly optimistic of this fact that shortage of human resources in general, is not true in our field of HPE Science. We have presently a good horde of formally educated dependable experts to handle realistically possible issues related to the subject we talked about.

From the very beginning I just intend to place before you introductory notes on issues and I tried throughout the discussion not to make any claim about their overt correctness or their completeness. Hope, I have not taxed your patience too much.

I gratefully thank you for making me capable to share few rudimentary ideas I managed to construct.

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# Transforming Medical Education towards Universal Health Coverage - What should be the strategy in Bangladesh ?

Prof. M. Muzaherul Huq

Founder president AME, Bangladesh  
Former Regional Adviser, WHO South East Asia Region  
Adviser, SEARAME

Most of the countries of our region is having an incomplete information on the situation & status of their health workforce & their institutions having different educational programs, Bangladesh is not an exception. The available data are more or less complete & dependable for the public sector health workforce & their education, while for the private sectors the data are mostly incomplete & also not reliable. Lack of proper data & other information prevent not only proper management but also prevent an evidence based national health workforce development policy & other management policies.

The World Health Report 2006 reflected the pivotal role of health workforce in achieving health outcomes highlighting the correlation between qualified health workers & key health outcomes.

Bangladesh & most of other regional countries have more or less identical issues & problems related to health workforce. In the 29<sup>th</sup> Health Ministers' meeting & at the 59<sup>th</sup> WHO Regional committee meeting in Dhaka in 2006 there was a call for strengthening health workforce in member countries which is known as Dhaka Declaration.

Bangladesh encounter all the following problems which need immediate attention with a strategic direction :

1. Shortage & imbalanced production of health workforce
2. Maldistribution
3. Inadequate competencies in health workforce with imbalances in skills
4. Ineffective management of available health workforce.

While WHO has identified 2.28 per 1000 population as threshold density of Doctors, nurses & midwives, Bangladesh stands far below the threshold which is 0.56 per 1000 population & is in acute crisis of health workforce.

The other problems like maldistribution & ineffective management are issues related with good governance and is very much dependent on overall improvement of the governance of the whole system of national government. Both are important deterrent factors to achieve the targets of universal health coverage.

The other the most important problem being faced by Bangladesh is inadequate competencies among doctors , nurses & midwives as well as in other health & allied workers. They need to be exposed to need & task based training with proper education applying appropriate teaching methods. The quality of pre service education has markedly deteriorated due to lack of mechanisms to maintain standard & quality. The other important aspect is inadequate or no opportunity for continuing education & CPD programs for the health professionals.



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World Health Report 2006 has also rightly mentioned among others about lack of public health orientation & attitude development with commitment that have resulted in deterioration of health service responsiveness.

Among the four problems already identified Bangladesh need to priorities how to address all the issues. It is quite obvious that there is a need to scale up its production of doctors, Nurses & midwives.

With the mushrooming of private medical colleges & opening of new medical colleges in public sector in Bangladesh the present production will soon have substantial number of doctors available. But the access to doctors will remain still a problem if they are not available in rural setting.

Universal Health Coverage (UHC) includes health protection with equitable distribution of health care resources including health human resources where doctors play the pivotal role. Adequate competent & equitably distributed doctors can be the backbone of UHC.

The current education & training of doctors need an urgent attention for improvement to produce doctors who will be equipped with the required need based competencies for catering health needs to achieve the goals of UHC by 2030.

There is a global concern to increase production & improve quality and relevance of health profession education. It was initiated by WHO in 2009 with transformative scaling up of health profession education.

The Commission in Education of Health Professionals for 21<sup>st</sup> century in its report also calls for a reform in health profession education.

Doctors as leaders of health profession team is to prepare themselves too with required competencies to match the societal health needs. The existing pre-service medical education also need to be transformed to the health needs & demands of the population.

The front line doctors after completion of their graduation & internship are usually placed in remote setting & it is the usual practice in Bangladesh in public sector. They will be mostly responsible towards achieving UHC. The focus of transformation of education should happen in pre-service education.

The faculty, the curriculum, the methodology to deliver, production of the rightly designed instructional materials and choosing the right teaching learning environment needs to be reviewed in the present day context as well as for transforming medical education for UHC by 2030..

While the future doctors are to be equipped with the required competencies for universal health coverage, the health system & its agenda need to intervene in their education & training policy with a strategy to

- i) Transform education & training after setting clear strategic objectives. Bangladesh need to increase their national & institutional training capacities after proper assessment of their training needs
- ii) Review & update the training curriculums
- iii) Review & update the accreditation mechanisms setting the right standards & criteria's, establish functional national & institutional quality control mechanisms and
- iv) Create trainings opportunities in rural community setting for all medical colleges both in public & private sector with a strong campus community partnership. Experiences show that doctors trained in rural setting are attitudinally prepared to work in rural setting & have better public health orientation.

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Bangladesh is to take a two pronged approach as an immediate action to further scale up productions of doctors & take immediate measures to ensure quality education to their doctors. These are a must as a 1<sup>st</sup> step if they are to move forward to achieve the goals of universal health coverage by 2030. Next steps is to ensure availability & accessibility to doctors which need an improved administrative & proper management.

A comprehensive high quality service according to need can only be ensured with the doctors who are properly trained with a task based curriculum in a setting where they will work. Bangladesh needs to act to transform its medical education to prepare its doctors for their future role for universal health coverage.

**Acknowledgement :**

1. The World Health Report
2. Innovation for universal health coverage in Bangladesh: a call to action. [www. The lanet.com](http://www.thelancet.com)

# ABSTRACT

## Human Resource Management in District Hospitals of Bangladesh

Human resource management is fundamental in any organization because of its utility. It is applicable directly to people functions they perform or to the programs the activities they are to practice. The main objective of the study is to assess the human resource management in district hospitals of Bangladesh. The study was conducted for 1(one) year. It was a cross-sectional descriptive study conducted among 85 respondents who employed in management activity. Semi-structured questionnaire and checklist were used for data collection and data analysis was done using SPSS 21.0. In 45-54 years age group the respondents are 44.7% (Mean=2.87 & SD=0.784), Female are 63.53% and Muslim are 69.41%. Senior staff nurse are 51.8%. All of the respondents has length of service =5 years (Mean=25.71; SD=8.5) and 49.4% respondents are working in present station =3 years (Mean=4.55; SD=3.27). All the respondents (100%) are in revenue budgeted and 41.2% respondents are selected by procedure of recruitment. Hospital hired staff from outside are 43.5% and 100% respondents mention advertisement for recruitment and 77.65% respondents says the candidate are appropriately qualified for recruitment. Job are introduce to 96.5% of the respondents. All of respondents receive job description (100%). Training need felt by 97.6%, and incountry training receive by 89.4% and satisfaction regarding training showed by 43.6%. Respondents are in right position 76.5% and 90.6% respondents opinioned they have carrier planning. Performance of human resources are evaluated by ACR (100%). Employees are motivated mention 88.2%. Working environment good said 57.3% respondents. No special desk for retirement information said by 65.9% respondents.

Class-I post 71.4%; Class-II post 100%; Class-III post 76.0% and Class-IV post 66.2% are occupied in Natoesadar Hospital. Class-I post 54.8%; Class-II post 91.7%; Class-III post 46.7% and Class-IV post 39.1% are occupied in Chapai NawabganjadhunikSadar Hospital. Class-I post 100%; Class-II post 85.7%; Class-III post 100% and Class-IV post 90.0% are occupied in NawgaonSadar Hospital.

**Dr. Neela Barman**  
Research Associate  
Centre for Medical Education

# ABSTRACT

## **Input, Process and Output: System Approach in Education to Assure the Quality and Excellence in Performance**

There is a term called system approach, which means to do something systematically. In educational industry, to teach systematically teachers must consider input, process and output and decide objectives, contents, methods and assessment which are the gateway of quality education. The inputs are basically the objectives and objectified contents that teachers put in; process are the methods of contents delivery and outputs are the end-product of educational inputs and processes, which must be assessed based on objectives. Lack of objectivity, overloaded content, improper ways of content delivery and assessment are a big problem in educational industry especially in health profession educations. The objective should relate in terms of cognitive domain or thinking, affective domain or feeling and psychomotor domain or acting/doing. Learning objectives should be SMART, an acronym of specific, measurable, attainable, realistic, and time bounding. Contents selection as inputs should be matched with objectives which are only then named as objectified contents. The next step is to decide on teaching methods or process of input delivery. These may be in large or small group format and may be in hospital or community settings. Depending on the settings and format, educators need to select different audio-visual media to facilitate learning. Output is the product of educational input and process which must be assessed as teaching and assessment are the two sides of the same coin. The aim of this paper is to address the issues of input, process and output in education to produce competent and confident health care professionals.

### **Abdus Salam**

MBBS (Chittagong); MPH (Dhaka); PgDipMedEd (Dundee); MMedEd (Dundee)  
Associate Professor, Medical Education Department, Faculty of Medicine  
Universiti Kebangsaan Malaysia (National University of Malaysia)

# ABSTRACT

## Practice of formative assessment in 2<sup>nd</sup> professional MBBS subjects opinion of 4<sup>th</sup> year medical students

This cross sectional descriptive study was carried out among the 4<sup>th</sup> year medical students of different government and non-government medical colleges in 2008 to explore their opinion about the existing practicing formative assessment in pathology, microbiology, pharmacology community medicine and forensic medicine department which are considered as 2<sup>nd</sup> professional MBBS subjects because they are included in 2<sup>nd</sup> professional MBBS examination.

Eight Govt. & eight Non-govt. Medical colleges were selected as study place. By purposive sampling technique 505 medical students were interviewed with a self administered structure pre tested questionnaire. At present item examination is in the form of oral test, is the main form of formative assessment and almost all students believed that the time gap between the two items should be at least 1-2 days. 70% students could assess their progress of learning but only 36.23% students were satisfied with their teacher's way of assessment.

The other form of common practicing formative assessment was term examination which was identified by nearly 98% of the students. SOE and OSPE were also the form of practicing formative assessment which was identified by 78% and 58% of the students respectively. The result revealed that 85% students opined that feedback of item examination was given by the teachers and regarding feedback of term examination also favored by more than 77% students. Finding regarding feedback of SOE was identified by more than 50% students and finding was more or less similar in case of OSPE. The most interesting findings regarding feedback of written examination was that the written script was not given to the students at all only the obtaining mark of examination was published in the notice board.

The major negative aspects of the present formative assessment were that 48% of the students felt threatened during item examination, 69% felt uncomfortable due to uncertainty of the questions asked in the oral test, 77% felt that they may be graded differently by different teacher, 80% believed that present system did not assess actual knowledge, 32% felt that the teachers were biased during the oral test and 37% believed that the teachers might use the assessment as a weapon against them. Majority (94%) of the students said that the teacher should put more efforts for better designing of the assessment tools and 10% mark of formative assessment which is now added to final examination is not enough, they did not prefer one examination at end of the year. Only 37% of the students were satisfied with present practicing formative assessment. Recommendations for improvement of the present status of the formative assessment were offered according to the result of the study. Selection of study place has been identified as a limitation for study. Some of the identified issues needs to be considered for further in depth study.

**Dr. AKM Asaduzzaman**

Assistant Professor

Centre for Medical Education (CME)

# ABSTRACT

## Situation Analysis of Classroom Environment in Some Selected Medical Colleges of Bangladesh

*Rouf MA, Talukder HK, Ferdous NN*

This cross-sectional study was conducted with the objective to assess the situation of classroom environment in some selected 13 medical colleges of Bangladesh. The students of 5th year were the study population. A total of 1013 students participated in this study and a total of 25 lecture sessions were observed. After taking proper approval & permission from the concerned authority with adopting convenience sampling technique, data were collected through a self-administered semi-structured questionnaire and observation check-list.

The study revealed that most of the physical factors were favourable, but about 36% students responded negatively regarding cleanliness of classrooms. A significant number of students responded negatively regarding teachers' biasness in lecture class & creating student's eagerness to study. Similar responses were also seen regarding giving importance to the student's opinion for selecting topics/ contents & explanation of crucial teaching contents in the classrooms.

Significant number of students (32.2%) showed negative response in extent of acquiring knowledge by the students. Similar response were expressed in extent of acquiring analytic capability (by 28.1% students) & in extent of their increasing ability to respond teacher's question (by 21.8% students). The situation was not favorable in extent of suggestions or help from teacher in the classroom and students' entry or leaving the class room in time. Their responses were positive regarding perception of safety feeling in the classroom and extent of relationship among the students.

The study revealed that classroom environment was not politics free. Significant numbers of students (22.2%) responded negatively regarding the extent of co-operation of staff in the lecture class. The staff were not so adapted to use instructional materials. Almost all these findings were also supported by the observation open ended response comments of students. This study demonstrated that different factors of classroom environment of Bangladesh were not similar to that of other countries in the world.

The study recommended that cleanliness of classroom, electricity supply, teaching methodology, entry or leaving class in time, staff performance etc should be improved for standardizing medical education.



# ABSTRACT

## Use of Audio Visual Aids in the Lecture Classes of Undergraduate Medical Education of Bangladesh

*Haque MS<sup>1</sup>, Talukder MHK<sup>2</sup>*

This descriptive type of cross sectional study was conducted to explore the use of audio visual aids (CB/WB, OHP and PPP) in undergraduate medical education at seven government and five non-government medical colleges of Bangladesh by convenience sampling. Sixty (60) lecture classes were observed to estimate the proportion of different audio visual aids and to identify the quality use of different types of AV aids by preformed observation checklists. Views were also taken from 20 teachers (assistant professor to professor) to find out the reasons, suggestions and also for the improvement of the quality use of different types of audio visual aids by open ended questions.

In open ended questions 25% teachers choose CB/WB, 10% choose OHP and 65% choose PPP. They choose CB/WB as student could follow and understand the track of writing and drawing; preparation of teachers needed strongly and confidently for every lecture, availability of instructional materials (CB/WB) in every lecture and could be used when power off. They choose OHP as it was available in every institution, easy to use and less expensive. They choose PPP as exact colors, complicated pictures or 3D pictures, figures, structures and illustration and videos could be shown easily which were also easy to understand. PPP was also easy to change, modification and editing.

Study recommended that use of clean, multi-color and good quality chalk/marker and board/screen are essential for effective teaching learning session. Adequate lighting, AC lecture class/gallery, proper sound systems and training on different AV aids are also needed to standardize the quality use of AV aids in lecture classes.

**Key words:** AV aids, Medical Education, Chalkboard, Whiteboard, Power point Presentation Over Head Projector, Lecture.

**Dr. Md. SajedulHaque, MS (Pediatric Surgery)**  
Assistant Professor of Pediatric Surgery.

**Professor Dr. Md. HumayunKabirTalukder**  
Professor (Curriculum Development & Evaluation)  
Center for Medical Education (CME)

# ABSTRACT

## A Study of Patients' satisfaction with nursing care

The hospital based patient satisfaction survey was conducted using a sample of 30 in patients of four wards of a major hospital in Dhaka. The study aimed to assess patients' satisfaction with nursing care and identify possible areas for practice improvement. Of the 30 patients surveyed 14 (46.7%) were females, 11 (37%) were illiterate and 15 (50%) reported having no income. The average duration of hospital stay was 13.2 days with SD of 5.4 days and 25 (83%) patients had no previous experience of hospitalization.

Patient satisfaction was measured on four areas of nursing care, therapeutic care, physical care, communication and interpersonal relationships, using a five point Likert scale. The level of satisfaction was measured by assigning a score to each response, for example a score of 5 to “strongly agree” and a score of 1 was assigned to “strongly disagree”.

The result showed that satisfaction with care was high with from 80% to more than 90% of respondents agreeing or strongly agreeing that aspects of care were provided, for example therapeutic care. The same result was observed for individual areas of care and as a whole. The relationship of factors such as gender, literacy and area of residence was examined for possible influence in opinions. In relation to therapeutic care, females appear to be comparatively less highly satisfied than males ( $P < 0.01$ ). For other factors of therapeutic care, and other major service areas differences were not observed. Therefore it could be argued that therapeutic care for women needs special attention. Under each major area there were a few items for which the satisfaction rate was not as high. These items need to be examined more thoroughly to ascertain why this result occurred.

**Tapashi Bhattacharjee**

# ABSTRACT

## Ethical issues in health research

The aim of clinical research is to congregate useful knowledge about the human biology. Benefits to the participants are not the purpose of research, although it does secondarily. Therefore, exploitation of human subjects occurred in clinical research. Many people were harmed and basic human rights were violated as a result of their unwillingness participation in research. There have been many tragedies throughout the history of research involving human subjects. Every period of research scandals have been followed by attempt to initiate some ethical codes to protect the human participants from clinical research. First of such codes is the Nuremberg Code. Thereafter, Helsinky Declaration, Belmont Report and lastly Obama Commission on Guatemala syphilis study. To remember history is essential so that it's not repeated again. Knowledge of the history will provide a better understanding to handle the research fairly. Researchers and the healthcare providers have no awareness of the ethical requirements for clinical research. Therefore, repetition of scandal is being seen. In addition, there are few sporadic studies on this issue. Formulation of UNIVERSAL rules and regulations is required which will not be limited to a specific tragedy or scandal or the practice of researcher in one country. It will provide common understanding and unique values of the research all over the world, although their application will require adaptation to particular culture, health condition and economic setting.

**Prof Shamima Parvin Lasker**

Professor & Head of Anatomy, City Dental College, Dhaka  
Secretary General, Bangladesh Bioethics Society  
Vice President, Asian Bioethics Association (Thailand)

# ABSTRACT

## Current Practice of Bedside Teaching in Undergraduate Medical Education of Bangladesh

*Jobaida Sultana<sup>1</sup>, Iffat Ara<sup>2</sup>, Humayun Kabir Talukder<sup>3</sup>, Md Manir Hossain Khan<sup>4</sup>*

**Introduction:** Bedside teaching is the cornerstone of clinical teaching for the health professionals. Different strategies of bedside teaching have emerged to make it more effective.

**Methodology:** This was a descriptive type of cross sectional study conducted in seven (three public and four private) medical colleges in Bangladesh over a period from July 2012 to June 2013 to determine the ways of conduction of bedside teaching in undergraduate medical education of Bangladesh. Total 30 Bedside teaching (BST) sessions conducted in the ward in Obstetrics and Gynaecology departments were observed by the researcher herself and data was collected in a structured check list by using 5 points Likert scale.

**Result:** Among physical environment factors the mean score of temperature, noise, space, teacher-student ratio were  $>2$  but  $<3$  and for light the mean score was  $>3$  but  $<4$ . Among the issues regarding patient's comfort and attitude toward patient the mean scores on introducing everyone to the patient, maintaining privacy, explaining findings to the patient, genuine encouraging closure were  $>1$  but  $<2$  and on taking consent from the patient, showing appropriate attitude toward patient, teaching based on data about that patient were  $>2$  but  $<3$ . Among teaching tasks the mean score on supervision of student during history taking, giving chance to practice the skills of the session, summarizing the session were  $>1$  but  $<2$  and on selection of the patient, supervision of student during physical examination, giving feedback, acting as a role model in physician-patient interactions, duration of the classes were  $>2$  but  $<3$  and on assisting a student during practicing a skill when needed, asking students to apply clinical reasoning skills were  $>3$  but  $<4$ . Among group dynamics the mean score on active participation of the students and setting tasks for individual student were  $>1$  but  $<2$  and on setting goals for the group at the beginning of the class and setting time limit for every task were  $>2$  but  $<3$  and on active participation of the patients were  $>3$  but  $<4$ .

**Conclusion:** A bedside teacher must know the importance of comfortable physical environment and involvement of the patients and learners in the educational process. In this connection necessary steps should be taken for adequate faculty development in different medical colleges.

# ABSTRACT

## Mental Health Status Among Medical Students: A priority research area

**Introduction:** Medical education across the globe is perceived as stressful and as a result poor mental health or depression can occur among the medical students. Therefore, it becomes imperative to study the overall mental health status, particularly the prevalence of depression among medical students in Bangladesh.

**Objectives:** The study was undertaken with the general objective to assess the overall mental health status of medical students in Bangladesh.

**Methods and Materials :** This Cross sectional study was conducted in two medical colleges of Dhaka city among which one was government another was non government medical college during the period between July 2013 to December 2013 involving 227 medical students from 1<sup>st</sup> to 5<sup>th</sup> year. The medical colleges were selected through convenient sampling. Data were collected with the help of pre tested structured interviewer-administered questionnaire.

**Results:** Among 221 students poor mental health status and depression was found in 33.5% and 38.9% respectively. Study revealed 3.6%, 14.5%, 20.8% medical students were with severe, moderate and mild degree of depression respectively. It was found that 17.6% medical students had suicidal tendency or attempted suicide at least for once. There was statistically significant association between poor mental health status with age group of less than 22 years and initial academic study year (1<sup>st</sup> to 3<sup>rd</sup> of MBBS).

**Conclusion:** The results revealed a clear picture of poor mental health status in junior medical students. So, medical students should be given care and support in order to promote resilience and personal fulfillment in order to enhance their professionalism and patient care.

**Dr. M. Tasdik Hasan**  
DMCH&IO  
GAVI Alliance



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# ABSTRACT

## Health Professionals Education in Bangladesh a Priority issue

Health professionals in Bangladesh not only treat patients but also a responsible group in Health Sector who is involved in teaching, research and protecting public health. To keep in pace with the changing concepts of medical science every health professional in Bangladesh must be well acquainted with these changes through continuing medical education.

The Health Professionals in Bangladesh are very much overburdened and they have a little scope to educate themselves from their own effort unless they are detailed in specific educational training by the authority. However, health professionals in Bangladesh are now very much proactive to cope with the ever changing disease pattern. Patients of Bangladesh are becoming more diverse; they are increasingly afflicted by one or more chronic illness, while at the same time becoming inquisitive to know health information. This changing landscape requires the clinicians be more skilled in responding to varying patient's expectations and values; provide appropriate patient management; deliver and coordinate care across teams and support patients' endeavors to change behavior and lifestyle. To update and apply our health professional's knowledge effectively for the well being of the people continuous education by an accredited body like Centre for Medical Education (CME) is to be ensured.

Indexing words: Health professionals, continuing education, accredited body

**Dr.Kamal Ahmed**  
Consultant  
HNPP, BRAC

# ABSTRACT

## **Views of Students and Teachers on Objective Structured Practical Examination (OSPE) in Undergraduate Medical Biochemistry in Bangladeshh**

A uniform and reliable evaluation of medical students is always desirable. The Objective Structured Practical Examination (OSPE) is a new concept in practical assessment is a modified form of Objective Structured Clinical Examination (OSCE). In OSPE there is a series of stations at which students work through tasks designed to test various aspects of practical related questions. This descriptive cross-sectional study conducted in 3 public and 1 private medical colleges during the period of July 2009 to June 2010. Total 280 3<sup>rd</sup> year MBBS students and 38 teachers of Biochemistry Department were included by purposive sampling for the study. The aim of the study was to find out the views of students and teachers about the existing practice of OSPE in Biochemistry practical examination. Self administered pretested semi-structured questionnaire was used to collect data. The study revealed that most of the students and teachers agreed that existing OSPE questions were more objective than traditional practical examination. They also agreed that questions were structured, sequenced and standard. Most of the students and almost all the teachers agreed that methods of OSPE procedures were fair and reliable. About one third of students were not agreed by their allocated time for each station but most of the teachers were satisfied about the allocated time. Most of the students and teacher satisfied about the examination hall environment and related teachers and staffs cooperation before and during the OSPE procedure. According to students and teachers opinion OSPE was a better tool of practical Biochemistry assessment.

**Dr. Md. HabiburRahman**

Masters in Medical Education (MMEd)

Session: 2009-2010

Centre for Medical Education

Mohakhali, Dhaka-1212



# ABSTRACT

## Importance of skilled manpower in health care delivery system of Bangladesh

Importance of skilled manpower in health care delivery system of Bangladesh should be emphasized adequately. Health care workforce includes, in addition to clinicians, many other specialists of the Professions Supplementary to Medicine (PSM), i.e. professions relevant to Health/Medical Technology (H/MT). Education and training in H/MT/ PSM play a pivotal role in developing skilled manpower such as medical technologists, radiology-imaging technologists, dental technologists, physiotherapists, nurses, and others. Over the last decades tremendous advancements in terms of scientific knowledge and technical aspects have been made, particularly in Laboratory Medicine. Properly educated with higher qualifications(i.e. BSc, MSc, MPhil, PhD, FCPS Path, MRCPPath, etc.) and adequately trained workforce in H/MT/PSM are required for efficient and effective health care delivery system. **Perhaps a new faculty titled “Faculty of H/MT or PSM” may be created and functioning under BSMMU or Dhaka University (DU) or other universities. The universities may initiate and develop modified and advanced curriculum and syllabus to these effects for higher degrees.** Therefore, some views, suggestions and recommendations regarding education and training are made for consideration by the authorities and policy makers to enhance the profession of H/MT/PSM and hence, facilitate their contribution towards the health care delivery system in Bangladesh.

**Prof Dr ASMI Giasuddin**

MSc (Dhaka) PhD(London) PGD (London)

CSciFIBMS (UK) MNYAS (USA)

**Professor of Biochemistry & Immunology  
and Vice Principal**

State College of Health Sciences(SCHS)

# ABSTRACT

## **Faculty Development and Medical Education Unit: An Experience from AKMMC, Dhaka**

Quality of health care needs quality working force which depends on quality education. Medical teaching desires an expert teaching faculty more than any other education. It is observed that there is hardly a systemic faculty development program. Most of the programs available are aimed at the development of technical and clinical skill rather than improving teaching skill. There is neither any infrastructure nor any arrangement for systemic program in any level. On this perspective we tried to get little experience in running a medical education unit with special arrangement for faculty development concentrating to the teaching skills. We started the MEU with the administrative and policy support to have a regular workshop. All the faculties were divided into three groups and same program run for consecutive three weeks in a convenient day. Attending the program was officially recorded as part of their duties. It was encouraged that all should attend according to their assigned day or in any of the three days with prior rearrangement. We successfully completed 12 sessions on 4 topics within last one year. We evaluated all the workshops by the participants. Feedback was collected with predesigned questionnaire. The results were very encouraging. In our experience it seems that this type of program is feasible and is beneficial for our institutional faculty development. We recommend this model to be adopted in all of the medical institutes in Bangladesh for faculty development.

**Prof. Md Abdul Wohab Khan**  
AKMMC, Dhaka

# ABSTRACT

## Quality Educators The Great Challenges of Medical Technology Education in Bangladesh

Education is the backbone of a nation and educators are the creature of backbone. Educators are the first and foremost important persons to build up a strong and quality nation. In the Holly Quran, the Almighty Allah Said “I send Prophet Mohammad as an educator (Nabi) to you and among of you (Kuraish). A person who educates his student as a teacher or guardian or caretaker or instructor or tutor is mostly known as educator. He must be qualified on his relevant subject. He must have sufficient knowledge on teaching methodology.

Health professionals' education denotes special types of education where the different professionals like doctors, nurses, paramedics and technologists are trained in their respective fields. Different professionals educated with some special curriculum and topics. There are few common subjects and topics among those education program but others are different. So, the qualification and requirement of the educators of different program would be different. Medical science and nursing science is running on proper way by the relevant professional educators. Unfortunately allied health education is not running on proper way due to non relevant, non professional educators. More than 60% educators are not subject oriented and professional in different Institute of Health Technology of our country. We should remember that the tiger is the best educator for tiger cubs. If lion is being an educator of tiger cubs, it may create unexpected situation. So, it is the great challenges of medical technology education to generate the educators from inside of the profession.

**Md. Mofazzal Hossain**

DMT (RIT), B Sc. in RIT (VMU-INDIA), MSS (NU),  
Sr. Radiological Technologist-ICDDR,B-Dhaka  
Guest Lecturer- Trauma IMT-Dhaka

# ABSTRACT

## The hidden curriculum in under graduate medical education in Bangladesh: medical students' perception

*Dr Tahmina Nargis, Dr Md Humayun Kabir Talukder, Dr Kazikhairul Alam*

### Abstract

This descriptive cross sectional study was conducted among 386 students of 3<sup>rd</sup> phase of selected 2 government and 2 non government medical colleges of Bangladesh. The objective of the study was to find out the perceptions of the students regarding hidden curriculum in undergraduate medical education. Sampling technique was convenient. A self administered structured questionnaire was used and consisting of 43 items in relation to hidden curriculum. Scores were given to the likert scale from 5 for strongly agree to 1 for strongly disagree. Perceptions of the respondents were positive about 27 items that is the issues on these item areas were satisfactory in their institutes. Mean scores of these items were more than 3 for each. Few of these items were: Teachers provide advice and counsel to students when they need; Teachers are never biased to students according to their family status; In this institute my overall social life is fine. On the contrary perceptions of the respondents were negative for 16 items that is the issues on these item areas were not satisfactory in their institutes. Mean scores of these items were less than 3 for each. Few of these items were: Teachers provide guidance and are cooperative when the students are in stress; Never any teacher insults students in front of patients or others in the class or ward; I never feel courage to asked question in classes when I do not understand. The study result can be used to sensitize and aware the concerned teachers/ authorities for valuing the importance of hidden curriculum and to address the issues for the improvement of the educational environment.

# ABSTRACT

## Women's Birth Narrative on Birthing Position

This qualitative study was conducted with an objective to assess knowledge and experiences of the women about non-medical pain relief by free birthing positions. The study was carried out at Maternal and Child Health Training Institute, Azimpur, Dhaka during the period of July 2009 to December 2009. In-depth interview was conducted among 11 perinatal mothers to collect information as per objectives of the study. Data was obtained by using an open-ended semi-structured questionnaire, observational checklist and with the help of a tape recorder. The study revealed that different mothers felt comfort during delivery of their babies on different birthing positions. It was found that some of the mothers were comfortable to conduct their delivery in sitting position; some were comfortable in supine position, some in lateral position and others in squatting position. All the deliveries were conducted without any pain relieving medication to the mothers but they felt less pain and discomfort during delivery in their chosen position. The length of labour was also found short in particular birthing position. The less painful birthing positions would be beneficial to the patients especially where medical pain relief facility is not available. In this regard strategies should be taken to inform the expectant mothers regarding different painless birthing position so that they can choose their appropriate birthing position. It is recommended that training on different painless birthing positions for the nurses/midwives may be introduced countrywide.

**Mst Farida Yesmin**

Instructor

College of Nursing, Mohakhali, Dhaka

# ABSTRACT

## Good Death

Death is the inextricably link with human existence. The last period of life is much different from the rest of life. There is narrowing of consciousness and awareness leading to Irreversible decay of bodily and mental capacities. If you see death as an invisible but friendly companion of your life's journey, then you can learn to live rather than simply passing through it. In 60s of last century UK starting the hospice movement and regard death as a normal process, neither hastens nor postpones death. Since 1985, modern palliative care includes palliative sedation, euthanasia as good death model. Euthanasia is considered prohibited in Judaism, Christianity, and Islam. But all religion at all times strongly stated that the necessity of other self protection is mandatory. Philosophy of suffering and good death is discussed. In post modern era - the professionals' relief of suffering in accordance with the patient's own good. The main purpose of this type of care is not repair of body or mind, but provides support. Palliative care can be considered as an exemplary example of this type of practice.

**Dr. Arif Hossain**

Vice President, Bangladesh Bioethics Society

## **ABSTRACT**

### **Educational Intervention Program on Breast Cancer among Women in Selected Community in Dhaka City**

This educational interventional study was carried out during the period of April 2006 to June 2006 with the objective to plan, implement and evaluate health educational intervention program on causes, risk factors and clinical manifestation of breast cancer. The sample size of the study was 120 woman who were selected purposively. The mean age of the respondents was 30.18 years with SD  $\pm 8.3$ . It was found in the study that before intervention 47.5% had correct knowledge on breast cancer as a disease and 52.5% did not know about the disease. Before intervention 98.3% could not answer the risk age of breast cancer and 97.5% respondent did not know about the use of contraceptive as one cause of breast cancer. But 90% respondent acquired the knowledge on the same after interventions. Before intervention 96.7% respondents had no knowledge on self breast examination. After intervention all respondents answered correctly. The study showed that the knowledge about the breast cancer was not satisfactory before intervention but educational intervention program increased their knowledge level on breast cancer.

**Mst. Jahanara Khatun**

Instructor, College of Nursing, Mohakhali, Dhaka.

Email : jahan.mph@gmail.com

### **Perceived views of University Female Students Regarding Nursing Professionals and their Services in Dhaka University & Jahangir Nagar University of Bangladesh**

The Study was descriptive qualitative and quantitative nature of study and was held between Graduate and Postgraduate female students in Dhaka University & Jahangir Nagar University in 2004 to find out their perceived views about nursing professionals and their services. Purposive sampling technique, Sample size was 114. Among the respondents, 45.8% were honours students, 34.2% were masters and 20% M. Phil students. This study revealed that most of the students had a good view about nursing profession, 21.9% said it was simply good, 18.4% were disappointed by the reality of the profession, 14.0% said that it was a good profession but not enough facility, 5.3% felt that nursing is a profession where sincerity, care and patience were needed and so they needed to be honoured, 11.4% said that nurses needed to be valued. 86.6% mentioned nursing to be a dignified profession. In the view of the respondents in present day, nurses are to struggle with various sorts of limitations and obstacles. All of the masters students were interested in joining nursing if the situation improves, whereas 80% of the honours students supported girls' joining in this profession. Respondents comments nursing profession is a noble profession 80%, like Mather Terasa and Florance Nightingale. Recommendations proposed included the dissemination of nursing information to health sector and other sector for increasing awareness, regarding to new development in the nursing profession. Further research is necessary among the general population to find out the views about nursing of the people.

Gratefully acknowledge the support provided by Bangladesh Medical Research Council (BMRC).

**Mst. Shahanara Khatun**

Instructor, CON Mohakhali, Dhaka.



# ABSTRACT

## Rural Community Based Medical Education Gonosasthaya Somajvittik Medical College Approach

If doctors are to remain relevant to the changing needs of society, they have to shape their roles within the context of total human development. Any thoughtful observer of medical schools will be troubled by the regularity with which the educational system of these schools is isolated from the health service systems and real need of the majority population of the countries concerned. The need is for a doctor, who in addition to his primary clinical skills can be the leader of a multidisciplinary team, work in partnership with the community, manage and coordinate programs. Relevant education would therefore be community oriented wherein the learning is in the community, of the community and for the community and produce health personnel who will not only be suitable for the urban based sophisticated hospitals but also small rural hospitals, outreach programs and become a good general practitioner for rural community in particular keeping in mind that 72% of our population live in rural areas, who are poor, illiterate, unaware rather careless about their health and reluctant to take care in time when they are sick.

Gonosasthaya Somajvittik Medical College (GSVMC), Savar, Dhaka committed to produce graduate physicians, who will provide both hospital based excellence in secondary and tertiary care as well community based excellence in primary care. To make the physician of tomorrow, more acquainted about the need of the rural community, the majority bulk of population of Bangladesh, they need to go at door step of them to learn their living condition, economy, social structures, health status, health care seeking behavior and accordingly the best way to solve their problems. Keeping uphold the BM&DC curriculum, GSVMC have additionally arranged and started implementing rural based teaching program: one month in 1<sup>st</sup> phase just after admission, one month in 2<sup>nd</sup> phase in 4<sup>th</sup> year, one month in 3<sup>rd</sup> phase in 5<sup>th</sup> year MBBS and 6 months of total 18 months internship with the hope to produce physicians who will feel and serve the need, in particular of the rural community. Newly admitted 150 medical, 40 dental and 20 Physiotherapy students were randomly divided into 4 groups and placed in 4 different rural locations of Gonosasthaya Kendra (GK) sub-centre for 4 weeks in February and March 2014, where they had simple accommodation and ordinary meals similar to that consumed by rural people. About 4 to 6 teachers of anatomy, physiology, nutrition, community medicine, dentistry, physiotherapy, microbiology, social anthropology and members of research & monitoring unit accompanied each group and stayed in the rural area for the whole period. Senior faculty members of the Gono Bishawbidalaya also took part in the training program. As this is, by far, the first such approach in this subcontinent in respect of highest number of students for longest duration of stay in rural based training program will bring a new dimension in community based Medical Education in Bangladesh.

**Prof. Dr. A. K. Khan**

Professor of Ophthalmology &  
Dean, Faculty of Health and Medical Science  
GonoBishawbidalaya, Savar, Dhaka.

# ABSTRACT

## Practice of Formative Assessments of Undergraduate Medical Education of Bangladesh

*Kazi Khairul Alam<sup>1</sup>, Shamsun Nahar Begum<sup>2</sup>, Tahmina Nargis<sup>3</sup>, Md. Abdal Miah<sup>4</sup>, Md Mahbubur Rahman<sup>5</sup>*

**Objective:** To examine the ways and means of practice of formative assessments in undergraduate medical education of Bangladesh.

**Methods:** This descriptive study was conducted in 2008 at four purposively selected medical colleges of Dhaka. Views of 174 teachers and 332 students were collected through self-administered semi-structured questionnaires for this purpose.

**Results:** Study revealed that 92.5% followed the curriculum for the formative assessments. Out of the total students 98%, 93% and 72% took help from teachers' classes, text book and guide books respectively for their preparation to appear in those examinations. Minority of the students opined that their questions in their card final (15% government, 27% non-government) and term final (38% government, 34% non-government) examinations were written in paper or card and they had to answer according to the documented questions. Irregularities in examinations were highest in auxiliary clinical subjects like Dermatology, Psychiatry, Orthopedics, Ophthalmology and Otolaryngology.

**Conclusion:** There were poor practices of formative assessments in majority of areas as per the standard and the curriculum.

1. *Assistant Professor (Medical Education), Centre for Medical Education (CME), Mohakhali, Dhaka*
2. *Professor and Head, Department Community Medicine, Enam Medical College, Savar, Dhaka.*
3. *Lecturer, CME, Dhaka*
4. *Assistant Professor, Dermatology, Against the post of Assistant professor, Teaching Methodology, CME, Dhaka*
5. *Brigadier General, MMed student, Session: 2012-2013, CME, Dhaka*

**Kazi Khairul Alam**  
Centre for Medical Education (CME)  
Mohakhali, Dhaka.  
Mobile: 01675677702

# **ABSTRACT**

## **An Educational Intervention Program on Pulmonary Tuberculosis Among the Secondary Girls School Student in Rural Area**

An educational intervention program was conducted on pulmonary tuberculosis among the selected school students in the village of Bhabar char under Gozaria Upazilla of Monshigonj district from May to June 2005. The objective of the study was to assess the level of knowledge on pulmonary tuberculosis among the students of class IX and class X of the school. Baseline survey was done on the basis of which an educational intervention program was planned, implemented and evaluated. The total number of the respondents was 108 (58 class IX and 50 class X students) purposively selected students. Data were collected through a pre-test structured questionnaire before and after intervention. Intervention program was conducted through group discussion using flip chart, poster, model of respiratory system etc. as teaching aids. The study showed that among the respondents the mean age was 14.68.85 years and 92.6% were Muslim and rest were Hindu. Out of the total respondents 32.4% were daughters of cultivators with monthly average income of Tk. 2000.00. Before intervention 11.1% respondents had average knowledge regarding the term tuberculosis and that was increased to 91.7% after educational intervention. Before intervention 91.7% respondents had poor knowledge about causes of pulmonary tuberculosis. After educational intervention, it was dropped to 0.9%. Primarily 91.7% respondents had poor knowledge on signs/symptoms of the disease which became 0.9% after intervention. Only 6.5% respondents had average knowledge on preventive measures of pulmonary tuberculosis before educational program. Afterward that increased to 77.8%. It may be concluded that educational intervention program is an effective method for improving the level of knowledge among the students.

**Saleha Khatun**

Instructor

College of Nursing Mohakhali, Dhaka



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## **ABSTRACT**

### **Medical Education Facing Challenges: What Experts have to Say and Do?**

Challenges encountered by our under graduation medical education is enormous at the moment. Our main concerns are: producing safe doctors. Our teaching and learning techniques are questionable. There are serious tilt in balance of teacher student ratio, unacceptable activities during admission and assessment, problems of teaching and learning skills. List may be prolonged further. With these problems in mind a national dialogue was arranged on 5th April 2014 by PPRC and CME, attended in total by 225 participants who were senior teachers from all over the country, student representatives, journalists and most of all controlling authorities of medical education and health services of the country. Day long workshop and panel discussion resulted in number of unanimously supported issues that needs immediate attention of the controlling authorities. Some of those are shortage of teachers & infrastructural facilities, admission of under qualified students, lack of accountability of teachers, existence of untrained teachers, assessment problems etc. All agreed that in admission tests qualifying marks should be 40% irrespective of previous examination results. Central coded script of written examination should be done. In this presentation consensus issues will be discussed and role of the faculties in medical education will be highlighted.

**Prof H Kabir Chowdhury**  
Ibbrahim Medical College

# ABSTRACT

## **Let's Accredit College of Family Physicians to Materialize 'Universal Health Coverage' & 'Ethical Provision of Health Care' Towards Building a 'Just & Healthful Society'**

In a given community the causes of human suffering are (i) disease, (ii) disaster, (iii) environmental crises: pollution, bio-extinction, deforestation, global warming & climate change etc. (iv) psychosocial problems: corruption, crime, terrorism, injustice, inequality, poverty, moral crises, drug abuse, conflict, violence, social unrest, political instability etc. The later two: environmental crises and psychosocial problems perpetuate from deranged human behavior. Therefore it is obvious that the root causes of loss of wellbeing are disease, disaster and deranged human behavior.

For the Family Physicians to combat root causes of human suffering application of Family Medicine which integrates health care & medical social work at family, and the social unit level is a moral, professional & strategic imperative. That is why to face the challenge of gradually deteriorating health, demography & environment a credible faculty of Family Medicine inherently intends to integrate 'health care & medical social work' by assimilating information, fact, idea & concept from different branches of Medical Science, Behavioral Sciences, Bioethics, Environmental Science, Genetics, and Biotechnology. Integration of 'health care & medical social work' at family, the social unit level creates scope for Family Physician, so-called social engineer to initiate 'Bio-Medical-Social Action' for combating root causes of loss of wellbeing & entailing fundamental change in health, demography & environment. Faculty of Family Medicine, the doorstep health care science has to continually update service to meet changing health needs of families living in a community, improve service provider-consumer relationship & earn public trust in health care structure by maintaining interdisciplinary coordination & establishing rapport with families, the social unit. Health manpower development system has to support production of Family Physicians who can respond to those jobs of Family Medicine faculty towards bringing desired changes in human life.

Today's Family Physician with experiential knowledge-skill of 'patient centered clinical care' & 'family focused comprehensive health service' has to work together with hospital, public health institution & other agencies working for health in a defined group of population. He has to plan, organize, supervise & evaluate 'community based practice' of Family Medicine by using available private and/or public resources. Hopefully, with necessary policy support, the Family Physicians in Bangladesh will be able to utilize 'community clinic' virtually & other 'tiers of health care structure' through development of effective communication mechanism including 'two-way referral' & 'telemedicine'. In order to optimize the use of health manpower & maximize social benefit from investment for health by the nation, state policy has to support Family Physicians to enter into 'Public Service' and/or 'Public Private Partnership (PPP) for health' to materialize 'universal health coverage' and 'ethical provision of health care' towards building a 'just & healthful society'.

**Dr. Md. Ashraf**

Former consultant, Health & Population Sector Program  
DFID, British Council, Dhaka.

# ABSTRACT

## Current Practice of Small group teaching in two preclinical department of medical colleges in Dhaka City

The study was designed to study current practices of small group teaching (SGT) in two preclinical departments of medical college. For this purpose two preclinical departments- physiology and Biochemistry and six medical colleges were selected. Among six medical colleges there were public medical colleges and there were private medical colleges.

This study was designed to determine the physical environment of Small Group Teaching (SGT), to assess the quality of the teachers/facilitators in the tutorial classes, to observe the process of learning by the students, to find out the methods applied for conducting a teaching session and to observe appropriateness of class design for a small group session.

For this purpose 30 tutorial classes were selected from six medical colleges (three public, three private). From each medical college three tutorial form physiology departments and two tutorial classes from Biochemistry departments were studied.

This study revealed that total number of teachers were 30. Most of the teachers 14 (46.66) were within the age group of 28-32 years and only 1 teacher was within the age group of 48-51 years. Average duration of teaching experience of the teachers was 2.9 years. Due to time constrain the study was performed in a limited basis.

Academic qualification of most of the teachers 21(70%) was graduation (MBBS); only 1 (3.33%) teacher was PhD degree holder. Among 30 teachers only 4(13.33) teachers and training on medical education. Characteristics of an ideal SGT and the tutorial classes were scored, Average score of the tutorial classes in this study was 32.86, which was 49.78% of the total score of an ideal tutorial class. In this study the score of the tutorial classes was not satisfactory. No tutorial class fulfills the criteria of SGT.

Physical environment 52% design of the class 33.33%, process of teaching method characteristics of SGT. Among all the scores of the tutorial classes process of teaching method had highest score and lowest score is for design of the class.

In medical colleges small group teaching was not practiced due to :

- i) Lack of conception regarding small group teaching,
- ii) Lack of availability of resources.
- iii) Negative attitude to the small group teaching
- iv) Physical environment not suitable for small group teaching
- v) Limitation of the number of teachers in the department

In the medical colleges there was no physical environment for conduction of small group teaching. Students learnt individually, because there was no provision for grouping in the tutorial classes. However even in limited resources and poor physical environment few teachers managed the class on the basis of conception of small group teaching and continued the academic activities very nicely. Though few teachers conducted the tutorial classes very nicely in the concept of small teaching, however the value of

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effective group management in professional development and lifelong learning cannot be underestimated.

This study recommended that physical environment must be suitable for SGT: teachers should be given training on medical education so that they can improve the process of teaching and can set the design of the class in favour of SGT.

However the value of effective group management in professional development and lifelong learning cannot be underestimated.

**Prof. Dr. Abida Ahmed**  
(MBBS, MPhil (Medical)  
Physiology, MMed)

Prof. Dr. Md. Mhfuzar Rahman  
Prof. Dr. Md. Saleh Uddin



# ABSTRACT

## Views of Teachers Regarding Teachers' Evaluation in Undergraduate Dental Education

This cross sectional descriptive study was carried out to collect the views of the teachers regarding teachers' evaluation in different undergraduate dental colleges. The study was carried out from Jan 2011 to July 2011. The teachers of one public and two private medical colleges were the study population. Sample technique was purposive and Sample size was 34.

Data were collected through self administered questionnaire (n=34) and in-depth interview (n=17) of teachers. The questionnaire and interview schedule includes different opinion about teachers' evaluation. Teachers gave their opinion about potential use, misuse, parameter of teachers' evaluation and difficulties of implementing it. In this study maximum teacher opined that teachers' evaluation should be started in every undergraduate dental colleges. It will enhance the level of the education to a new height of standard. It will make the teachers more accountable to the authorities in administrative ground and to the student in ethical ground.

The findings of this study revealed that teachers' evaluation should be in the way to get information of the teachers' performance in formal way. It also helps in decision making for promotion, and to develop the incompetent teacher through feedback, suggestion and training. The evaluation of teachers' is not an easy task at initial stages but subsequent implementation will inevitably develop the program as a natural process over time. Strong devotion, commitment towards students teaching assessment and a holistic approach will surely contribute to build more effective and upgraded system of teachers' evaluation. Study recommended that teachers' evaluation should be started in every undergraduate dental college gradually. Study also recommended that teachers' classroom performance and relationship with student should be used as parameter of teachers' evaluation.

**Dr. Mohammad Shoheilul Amin**  
BDS, MMed  
Assistant Professor ,Pioneer Dental College.

# ABSTRACT

## How to Design Effective Illustration-based Neuroanatomy PowerPoint Slides: A Survey and FGD Experience

*Shafinaz Gazi<sup>1</sup>, Hashna Binte Nahar<sup>2</sup>, Khondker Manzare Shamim<sup>3</sup>*

1, 3. Department of Anatomy, Bangabandhu Sheikh Mujib Medical University  
2. School of Business, Asian University of Bangladesh

Teachers in Anatomy are often in dilemma on how to use illustrations in PowerPoint slides effectively. A survey and a focus group discussion (FGD), participated by 49 teachers who use PowerPoint in teaching Neuroanatomy and eight postgraduate Anatomy students respectively, were used to get opinions on the acceptability of various 'ways' of presenting Neuroanatomy illustrations and their possible effectiveness in learning. Suggestions coming up from most of the survey and/or FGD participants regarding some of the 'ways' were as follows:

White or light colored homogeneous backgrounds should be preferred to dark-colored or vibrantly decorated backgrounds. Rather than using no label or labeling all parts of an illustration, it is better to label only the relevant parts. While comparing two illustrations, the two should be placed on the same slide rather than on two different slides. A simple animation or no animation is preferred to an 'exciting' animation as a way of 'entry' for an illustration. An animation, if applied, should also match the direction the illustration depicts. Using analogy of a neuroanatomical illustration with a non-neuroanatomical illustration is a good idea. Same is true for highlighting part of an illustration using a box or an inset. However, application of a 'Picture Effect' or a 'Picture Style' may not always produce good results.

This presentation elaborates the above scenario using exemplary PowerPoint slides.

**Key words:** Illustration, PowerPoint slides, Neuroanatomy, background, labelling, animation, analogy, Picture Effect, Picture Style.

# ABSTRACT

## Applying Euclid's Idea in Teaching-Learning of Biological Sciences: A Proposal

In general, we tend to learn geometry and biology in radically different ways. The former is always rigorous, linearly structured and quite straight forward in its deductive reasoning. On the other hand, the latter is sometimes vaguely expressed, non-linear and mostly shadowy in terms of reasoning techniques. But a closer look reveals that these differences are only apparent. The logical structure used by Euclid to organize geometric data into his famous compilation 'Elements' can be helpful when organizing biological data as well. We implicitly use his so-called 'axiomatic hierarchical' design in teaching-learning of biological sciences. My proposal is to make this implicit approach explicit, so that the students can get an essence of logical rigor while studying biological sciences. This would promote a holistic and integrated understanding, which is essential in building their ability to effectively analyze the available information so that they are able to precisely identify gaps and synthesize knowledge from it. A few words of caution and clarification are essential. This axiomatic hierarchical design is not equally applicable in all areas of biological sciences; especially where there is an abundance of feedback loops, making linear approximation of a non-linear phenomenon quite impracticable. But then again, no model is accurate but some are useful. Meaningful research is warranted on the current proposal before making any conclusive remark.

**Saumitra Chakravarty**

Resident (Pathology; Phase-A, Year-2) at  
Bangabandhu Sheikh Mujib Medical University  
Bangladesh

Email: saumitra1880@yahoo.com

Tel: +880-1816-653-358



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## **ABSTRACT**

### **Accreditation for Professional Practice Are We Ready to Implement?**

Medical education has evolved through centuries to adopt to demand of current age. With advancement of technology medical practice has changed from subjective to more objective. Mode of learning has changed from apprenticeship under an expert to compliance towards set standards and competency based. The emphasis in professional practice is now on quality of care. Accreditation has become an integral part of management of professional organizations in different parts of the world. Accreditation is usually a voluntary program, carried out by trained external peer reviewers to evaluate the compliance of a health care organization with set standards. Although the importance of accreditation is well appreciated health professions usually have a skeptical attitude. The major issues of concern include cost, extra time & stress on staff, selection of indicators for quality of care and consistency among different assessors.

**Prof. (Dr.) Saria Tasmin**

Executive Director & Professor of Gynae & Obs  
Institute of Child and Mother Health

# ABSTRACT

## Nurses Satisfaction on Job Performance Provided in Public and Private Hospital

This cross sectional study was conducted to find out the job satisfaction level of nurses. One hundred and sixty seven nurses were selected purposively as the respondent. The study shows that 52.1% nurses were dissatisfied as they are not getting helpful behavior from superiors and 73.3% were dissatisfied with job evaluation done by the authority. On the promotion procedure, 70.1% nurses are very much dissatisfied and 21.0% were dissatisfied. The proportion of dissatisfied nurses was 57.5% concerning organizational set up. Majority of the nurses (63.4%) were dissatisfied with the motivational manner of their superiors and 92.8% nurses with their present and future career. Significant number (87.5%) of nurses expressed dissatisfaction concerning fringe benefit and 62.1% registered nurses were dissatisfied with the manner their co-workers display in work place. In participation and decision making 64.1 % nurses were not satisfied. Nurses dissatisfied on juniors' attitude were 48.5%. Nurses dissatisfied with supplies and equipments they receive at respective health care settings were 84.4% and 57.5 % nurses were dissatisfied on inter departmental helping attitude. Nurses dissatisfied, with the security in work place were 64.7% and 91.6% were dissatisfied with the accommodation they get or entitled to get. Nurses dissatisfied with the social security they generally get in comparison to what they ought or expect to get were 92.2% and 61.6% were dissatisfied with the work distribution done for them by the authority. So to deal with nurses' job satisfaction is undoubtedly a very delicate issue. It should be addressed carefully and with specific positive approach.

**Major (Retd) Dalia Hossain**  
Principal  
Prime Bank Nursing Institute

# ABSTRACT

## Accreditation is a key to improve medical education

**Introduction:** The accreditation of medical education certification of the suitability of medical education programmes, and of the competence of medical schools in the delivery of medical education is of the highest importance. Accreditation of medical education is normally carried out by national governments, or by national agencies receiving their authority from government. Medical education accreditation processes can encourage institutional improvement and promote appropriate learning environments. WFME, working with WHO, has developed Guidelines for Accreditation, and has a strategic partnership with WHO for the promotion of accreditation of medical education.

**Definition:** Accreditation process whereby a professional association or nongovernmental agency grants recognition to a school or health care institution for demonstrated ability to meet predetermined criteria for established standards, such as the accreditation of hospitals by the Joint Commission on Accreditation of Healthcare Organizations. The accreditation of medical education programmes is a way of promoting an appropriate learning environment, and may ultimately impact the quality of medical care provided to patients.

### Why Accreditation is Important?

Accreditation is an effort to assess the quality of institutions, programs and services, measuring them against agreed-upon standards and thereby assuring that they meet those standards.

In the case of post-secondary education and training, there are two kinds of accreditation: institutional and programmatic (or specialized).

**Institutional accreditation** helps to assure potential students that a school is a sound institution and has met certain minimum standards in terms of administration, resources, faculty and facilities.

**Programmatic (or specialized) accreditation** examines specific schools or programs within an educational institution (e.g., the law school, the medical school, the nursing program). The standards by which these programs are measured are intended to reflect what a person needs to know and be able to do to function successfully within that profession. Accreditation in the health-related disciplines also serves a very important public interest. Along with certification and licensure, accreditation is a tool intended to help assure a well-prepared and qualified workforce providing health care services.

An individual CANNOT be accredited. Individuals may become certified, licensed or registered but NOT accredited.

### Global Picture of Accreditation in Medical Education:

The Liaison Committee on Medical Education (LCME) is recognized by the U.S. Department of Education as the reliable authority for the accreditation of medical education programs leading to the MD degree. The LCME accredits medical education programs leading to the MD degree in the United States and Canada. U.S. graduates of LCME-accredited programs are eligible for residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and are eligible to take the United States Medical Licensing Examination (USMLE).

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**Council on Medical Education:**

The American Medical Association nominates representatives to key medical education organizations, Residency Review Committees of the Accreditation Council for Graduate Medical Education (ACGME), and member Boards of the American Board of Medical Specialties (ABMS).

The council was Founded in 1904 to improve medical education in the US, the Council on Medical Education formulates policy on medical education by recommending educational policies to the AMA House of Delegates, through the AMA Board of Trustees. The Council is also responsible for recommending the appointments of representatives to medical education organizations, accrediting bodies, and certification boards.

**Accreditation of Medical Education in Bangladesh:**

Though Bangladesh has made significant progress in the reorientation of medical education in last two decades but accreditation has not been established properly. Bangladesh Medical & Dental council (BMDC) recognizes different Medical & Dental colleges as well as other institutions on the basis of certain criteria which could be used as accreditation criteria.

**Conclusion:** Accreditation should be an integral part of maintenance of quality of a medical college and different institutes in the country. So, it should be popularised and properly monitored to improve medical education in Bangladesh.

**Prof. Dr. Syeda Afroza**

Head, Paediatrics Dept, SSMC, Dhaka  
& Journal Secretary, AME Bangladesh



# ABSTRACT

## Is it assessment of learning or assessment for learning?\*

Dr. Sayeeda Rahman<sup>1</sup>, Michael P Jackson<sup>2</sup>, Dr. Md. Anwarul Azim Majumder<sup>3</sup>

<sup>1,3</sup>Lecturer, Department of Clinical Sciences, School of Medical Sciences, University of Bradford, Bradford BD7 1DP, UK. <sup>2</sup>DPharm Student, Ireland.

Assessment is one of the most powerful educational tools for promoting effective student learning. It is probably the most important thing teachers can do to help their students learn. An assessment needs to be 'fit-for-purpose' which should enable evaluation of the extent to which learners have learned and the extent to which they can demonstrate that learning. Teachers need to consider not just *what* they are assessing and *how* they are doing it, but also *why* rationale for assessing on any particular occasion and in any context. A clear distinction should be made between *assessment of learning* and *assessment for learning*. *The first one is used for the purposes of grading and reporting*, however, the latter calls for different priorities, new procedures and a new commitment. In South-East Asia, we are practising *assessment of learning in medical schools* and using traditional assessment methods which are not at all consistent with the innovative approaches of curriculum planning. *Assessment for learning* has now become an internationally accepted term in higher education and becomes part of the teaching learning strategies in many academic institutions. Rather than continuously using time-constrained exams, teachers could consider using innovative assessment methods that are widely used in higher education institutions internationally e.g. portfolios, reflective commentaries/writings, critical incident accounts, reviews, role-plays, real case studies, OSCEs/OSPEs, individual projects, open-book exams, simulations etc. Assessment should promote much more active and student-led approaches to learning by balancing summative and formative assessment, creating opportunities for practice and rehearsal, designing formal feedback to improve learning, designing opportunities for informal feedback, and developing students as self-assessors and effective life-long learners. The medical educators in South East Asia should seriously consider integrating assessment fully into the curriculum to ensure that assessment is *for*, and not just *of*, learning.

\*This presentation is based on a poster prepared by Dr. Sayeeda Rahman and Michael P Jackson as part of their 'Associate Fellow of Higher Education (UK)' course.

# ABSTRACT

## Necessity of Medical Ethics in Quality Health Professions Education

Ethical responsibility is the heart of the physician's competent professional behavior and scientific undertakings. Medical ethics must be present in every medical curriculum, if we want that Medicine may play in the future its decisive role in shaping a civilized world concerned for the respect of the human person.

Ethics is a standard of behavior in which the moral values serve as the basis for ethical conduct and Medical ethics is the branch of ethics that deals with the moral issues in medical practice. Medical ethics arising out of practice of medicine is closely related but not identical to Bioethics which is a broad subject. By definition it is known as 'a code of conduct for the member of the medical profession in order to render best possible service to the humanity & to maintain the honour & dignity of the medical profession'; hence necessitates accreditation of knowledge of medical ethics to ensure quality health professions education. According to WHO, the central areas of Health ethics are physician-patient relationship, fairness and equity in medical practice and certain specific health issues requiring special consideration. Ethics contribute to high quality patient care and professional behavior. Knowledge of ethics could allow medical trainees to become better practitioners of medicine. Ethics taught, learned and evaluated along with the general medical knowledge is better incorporated into practice.

The doctor must learn both to ethically review his/her attitudes and to update constantly his/her ethical knowledge. The professional duty of 'learning how to learn' finds its prevalent application in ethical (self) education. Therefore, the need of training future doctors in the field of ethics; both at undergraduate and post-graduate levels, must be emphasized again and again if the ever present and dangerous drift towards skepticism or neglect is to be avoided.

**Dr. BorhanUddin Ahamed**  
Associate Professor & Head  
Department of Forensic Medicine  
Monno Medical College

# ABSTRACT

## **Let's Accredite College of Family Physicians to Materialize 'Universal Health Coverage' & 'Ethical Provision of Health Care' Towards Building a 'Just & Healthful Society'**

In a given community the causes of human suffering are (i) disease, (ii) disaster, (iii) environmental crises: pollution, bio-extinction, deforestation, global warming & climate change etc. (iv) psychosocial problems: corruption, crime, terrorism, injustice, inequality, poverty, moral crises, drug abuse, conflict, violence, social unrest, political instability etc. The later two: environmental crises and psychosocial problems perpetuate from deranged human behavior. Therefore it is obvious that the root causes of loss of wellbeing are disease, disaster and deranged human behavior.

For the Family Physicians to combat root causes of human suffering application of Family Medicine which integrates health care & medical social work at family, and the social unit level is a moral, professional & strategic imperative. That is why to face the challenge of gradually deteriorating health, demography & environment a credible faculty of Family Medicine inherently intends to integrate 'health care & medical social work' by assimilating information, fact, idea & concept from different branches of Medical Science, Behavioral Sciences, Bioethics, Environmental Science, Genetics, and Biotechnology. Integration of 'health care & medical social work' at family, the social unit level creates scope for Family Physician, so-called social engineer to initiate 'Bio-Medical-Social Action' for combating root causes of loss of wellbeing & entailing fundamental change in health, demography & environment. Faculty of Family Medicine, the doorstep health care science has to continually update service to meet changing health needs of families living in a community, improve service provider-consumer relationship & earn public trust in health care structure by maintaining interdisciplinary coordination & establishing rapport with families, the social unit. Health manpower development system has to support production of Family Physicians who can respond to those jobs of Family Medicine faculty towards bringing desired changes in human life.

Today's Family Physician with experiential knowledge-skill of 'patient centered clinical care' & 'family focused comprehensive health service' has to work together with hospital, public health institution & other agencies working for health in a defined group of population. He has to plan, organize, supervise & evaluate 'community based practice' of Family Medicine by using available private and/or public resources. Hopefully, with necessary policy support, the Family Physicians in Bangladesh will be able to utilize 'community clinic' virtually & other 'tiers of health care structure' through development of effective communication mechanism including 'two-way referral' & 'telemedicine'. In order to optimize the use of health manpower & maximize social benefit from investment for health by the nation, state policy has to support Family Physicians to enter into 'Public Service' and/or 'Public Private Partnership (PPP) for health' to materialize 'universal health coverage' and 'ethical provision of health care' towards building a 'just & healthful society'.

**Dr. Md. Ashraf**

Former consultant, Health & Population Sector Program  
DFID, British Council, Dhaka.

# ABSTRACT

## Nursing and Midwifery Sector : Bangladesh Perspectives

Accreditation is necessary in different field of nursing and midwifery. We need to revise nursing and midwifery curriculum, to establish more nursing and midwifery educational institution to increase seats for students. Improved students' allowance and residence, improved facilities to competency based practice in practical field are required. To improve the recruitment of competent instructor & demonstrator, development of laboratory and checklist for practical exercise & evaluation are essential. Development of Divisional Continuing Education Centre (DCEC) for continuing education and in service training in each division is the requirement of time. Initiating masters program in Bangladesh, Establishment of BSc, Msc, diploma and certificates course in specialized areas of nursing should be taken care of to fulfill the demand of present Bangladesh.

**Maksuda Yeasmine**

Senior Staff Nurse

ICMH, Matuail, Dhaka-1362

# ABSTRACT

## Neuroanatomy Course for Would-be Neurologists, Neurosurgeons, Psychiatrists and Anatomists: A Study on Its Design

Latifa Nishat<sup>1</sup>, Khondker Manzare Shamim<sup>2</sup>

1. Department of Anatomy, Marks Medical College, 2. Department of Anatomy, Bangabandhu Sheikh Mujib Medical University

Responding to the growing concerns regarding the needs for customized postgraduate courses for clinical disciplines in Bangladesh, we formulated some documents for a Neuroanatomy course for MD Neurology, MD Psychiatry, MS Neurosurgery and MS/MPhil Anatomy residents/students through a systematic research. The study design was as follows:

Needs analysis through two focus group discussions (FGDs) among interns (8) and among residents/students (14) and analyses of the existing curriculum and courses of renowned universities and a recommended textbook Formulation of the customized course Feedback survey on practicing clinicians/anatomists (32).

This presentation highlights some of the principal points of the research, aided by quotes from FGDs, excerpts from documents of existing courses and from the recommended book, highlights of the proposed course and data from the survey.

The themes emerging from the FGDs revealed the problems with learning of Neuroanatomy, including inadequacy of time frame, visual exposure and structure-function or clinical orientation. Lack of customization and cadaver dissection also came up. Based on the existing curriculum and courses of renowned universities of the world, the proposed course incorporated, among others, knowledge-skill-attitude-oriented objectives, learning of neuroanatomy of physiological processes, customized cadaver dissection, key clinical concepts determining neuroanatomical approach, case presentation and clinical rotations. The practicing clinicians and anatomists were in favour of such a specialized course (>90%) and cadaver dissection (75%). In addition, most were in agreement with a principle- and function-oriented 3D approach using plenty of visuals in the teaching learning of Neuroanatomy for the concerned disciplines.

**Key words:** Neuroanatomy, proposed course, needs analysis, Neurology, Neurosurgery, Psychiatry, Anatomy

# ABSTRACT

## **RFST in Community Medicine An Experience and Views of the Students**

Residential Field Site Training (RFST) in Community Medicine is an opportunity to communicate facts, ideas and skills, that changes knowledge, attitude and values both for learners as well as the peoples. It helps in changing the behavior of the students and people having various social, environmental and cultural risks. Students' exposure during 4th year MBBS course in Community Medicine is an opportunity to practice multidimensional skills apart from class room settings both in large and small group approach. This is a shift of learning approach from teacher's center to student's center. However this practice of learning in community setting contributes to the overall goal of improving population health status of the country in general. Students of Anwer Khan Modern Medical College (AKMMC) in every year is undertaking community survey for two weeks in different aspects of community health issues to practice their class room knowledge into real life rural settings. This year they were exposed to interact /communicate with school children to enhance their knowledge on health habits and practice. It was a descriptive cross-sectional study at selected schools of Dhamrai Upazila in the month of January 2014. The school children from class IV to VIII were the respondents. It was aimed to explore the knowledge of school children on their personnel habits and the health problems at the time of interview. The survey also focused the availability of information on those aspects in addition to health problems. The students' feedbacks after exposure were the key consideration for future planning towards experiential learning in the community settings. The instruments used were pre-tested questionnaire and check list. After exposure students' feedback were highly satisfactory to various skills particularly in communication, computer, interview, and time and stress management. However, the duration of exposure were found unsatisfactory to 67.7% respondents. On the other hand, majority (91.5%) were agreed upon those opportunities as a scope of excising multidimensional skills during study period. The study demands more of community focused practice in order to change learner's behavior that will lead to change health behavior practice of the population too. This opportunity and experience thus will help building confidence among students / future graduates in prioritizing health problems for the various sections of the population through repeated exposure during study period and be able to deal those in a holistic approach both at home and abroad.

**Prof. Dr. Md. Mahfuzar Rahman**

Head, Dept. of community medicine  
Anwer Khan modern medical College (AKMMC)  
Dhanmondi, Dhaka-1205  
01711-014210 (Mob.)  
e.mail: mahfuzarrahman26@yahoo.com

# ABSTRACT

## Accreditation in Dental Education : Perspectives and Challenges

The commitment to medical education is of long standing. It originates from the World Health Organization's (WHO's) constitution, adopted in 1948 when WHO came into being. The purpose of accreditation and quality improvement in medical education is to adjust medical as well as dental education to changing conditions in the General and Oral health care delivery system and to prepare doctors for the needs and expectations of society. Accreditation and quality improvement are expected to ensure training in the new information technologies in order to help physicians and surgeons to cope with the explosion in dentistry as well as scientific knowledge & technology, and to inculcate in them the ability for lifelong learning specially dental perspective.

The WHO defines Dentistry as “the science and art of preventing, diagnosing and treating diseases, injuries and malformations of the teeth, jaws and mouth”. During the Middle Ages and throughout the 19th century, dentistry was not a profession in itself, and often dental procedures were performed by barbers or general physicians. Dentistry throughout the world is practiced differently, and training in dentistry varies as well. But now a days it is a dignified profession with explored subspecialty throughout the global village. The medical education movement that arose in the 1960s and continues to this day gave rise to a declaration calling for an Equivalence Committee intended to: facilitate the movement of medical professionals; ensure graded evaluation from high school to intermediate level, bachelor's degree level, postgraduate degree or diploma level, to the doctoral level; and provide certificates, transcripts and registration by professional bodies to be used as indicators for comparison. The Equivalence Committee is to advise national medical & dental councils on issues including: admission criteria, programme design or curriculum, the duration of courses, programme delivery, pedagogical tools, assessment methods, criteria by which to judge performance, and profiles of teaching staff.

There is regional equivalence of the BDS, or basic dental degree, the postgraduate degree (DDS or MS) and other postgraduate degrees (FCPS, MPH, MPhil and PhD). One of the outcomes of medical or dental education advancement along with the implication is to appropriately adapt the recommendations on standards in medical education as a framework for accreditation of public health institutes and programme. The specific results expected in this region during the last 10 years include the development of strategies, tools and standards for accreditation and support for equivalence of qualifications and degrees for medical, dental, nursing and allied health education.

To confirm the accreditation system in dental education we must ensure the purposes does accreditation serve, job satisfaction for the educators, safeguard of patients, local consumption, international mobility and also, we must explain why brain drain is not the reason of accreditation standards. Each institute desiring accreditation must be recognized by the medical & dental council or equivalent body of the country concerned. If not, national health priorities and the rights of patients may be jeopardized by the requirements of individual healthcare professional's organization.

**Dr. S.M. Salahuddin AlAzad**

BDS, DDS, MMEd, MS

Asst. Professor, Medical Education & Vice Principal, Mandy Dental College (DU)



# ABSTRACT

## **Knowledge on Emergency Contraceptive Pills among Health Personnel (Doctors, Nurses and Family Welfare Visitors) in two selected Hospital in Dhaka City**

A descriptive type of cross sectional study was carried out to assess the level of knowledge on Emergency Contraceptive Pills among Doctors, Nurses and Family Welfare Visitors at Holly Family Red Crescent Hospital and Azimpur Maternity Hospital and Training Institute from April to June 2004. A total number of 105 respondents were selected purposively. Data were collected through pre-tested structured questionnaires by face to face interview.

From the study finding it was found that out of 105 respondents 83% were female and 16.2% were male and the mean age was 40.44 years among the different categories of health Personnel. Of the 105 Respondent 52.4% was correctly defined the name of Emergency Contraceptive Pills and 47.6% not correctly defined. The study finding showed that 57.1% Physicians had fair, 37.1% had good knowledge, whereas 45.7% Nurses and 65.7% Family welfare Visitors had poor knowledge about getting the sources of information on Emergency Contraceptive Pills. It was also found that 17.1% Physicians and 5.7% Family Welfare Visitor had good knowledge and 11.4% Nurses had fair knowledge regarding indication of Emergency Contraceptive Pills. The overall knowledge on Emergency Contraceptive Pills was found that 80.0% Nurses, 57.1% Family Welfare Visitors and 6% Physicians had no knowledge as a service provider. Among the total respondents 93.3% gave opinion that Emergency Contraceptive Pills should be included. Based on the findings it may be concluded that general practitioners and other health care providers need to be informed and orientation program should be undertaken for Health personnel to upgrade their knowledge about the Emergency contraceptive Pills according to their status and provision to be made for follow up.

**Prof. Momotaz Khanam**  
Principal  
United College of Nursing

# ABSTRACT

## Review of Published and unpublished Research work in Nursing and Midwifery in Bangladesh

*1. Shial Rani Hira, Instructor, College of Nursing, Mohakhali, Dhaka, 2. Kazi Shahina, Instructor, College of Nursing, Mohakhali, Dhaka, 3. Jahura Khatun, SRN, deputed to Dhaka Nursing College, Dhaka as Acting Instructor.*

**Background:** Research has a significant impact on health policy and practice which ultimately influences the health outcomes of an individual and communities (The National Nursing and Nursing Education Taskforce, 2002). In 1986, a study was conducted on situation analysis in Nursing in Bangladesh. The Nursing Research Cell (NRC) was established on 9<sup>th</sup> May, 1999 under the Directorate of Nursing Services (DNS) with technical support from the World Health Organization (WHO).

The NRC prepared and published two documents. One is Information Booklet and Manual on Nursing Research Methodology for Nurses. Since its establishment the NRC conducted three to ten days Training and Workshops on Research Methodology for nurses throughout the country. In addition, a series of phase-wise training on research methodology had been conducted to build research skills of nurses. The cell facilitates and invites nurses to conduct studies on various nursing and health issues with its limited capacity and availability of funds.

**Objective:** The aim of this review work is to document the relevant studies carried out in nursing and midwifery in Bangladesh and to utilize the findings to help guide the development of the strategic directions and plan of action for the NRC.

The ultimate goal is to revitalize and reinvigorate the activities of the NRC to function effectively as the key body for supporting and strengthening nursing research in Bangladesh.

**Methodology:** This review work was undertaken within a 15-day timeframe from 3 June to 21 June 2012 by the NRC working group. The research works conducted from 1986 to 2012 were included in this study. This review work was designed to collect (a) research report published in the scientific journals from which annotated bibliography was prepared; and (b) relevant printed materials including monograph, conference/seminar proceedings; unpublished academic dissertation/thesis/studies; as well as articles appearing in Newspapers and Newsletters.

These documents were searched and collected from various libraries such as NIPSOM Library, National library, BRAC library, ICDDRDB library and BIDS library.

**Results:** The results showed that about 25 studies were conducted through the NRC with the technical support provided by the WHO, Bangladesh. The total number of 170 hard copies of academic dissertations/thesis were received whereas about 238 numbers of Masters and PhD Graduates were enrolled up to 2011 nationally and internationally (DNS, 2010). Out of 170 studies only 38 published articles were possible to collate in Bangladesh context and reviewed as annotated bibliography. It was noted that most of studies (32) undertaken was quantitative and descriptive type of non-experimental design. Only 2 studies were qualitative, 2 mixed and 2 studies were quasi-experimental design in nature.

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Moreover, most of the studies focused on assessment and relationship among nurses' knowledge, attitude, perception, satisfaction, and practice towards patient care in different areas.

**Recommendation and Conclusion:** This research review result explored that the most of the collected studies were conducted by the nurses for academic fulfillment of Master degree. Despite this initativeness, this review document will encourage nurses to do more studies in clinical areas. In addition, this base line study will guide to develop future strategic plan for strengthening the Nursing Research Cell by developing the infrastructure and facilities. Furthermore, this activity will revitalized the role of the Nursing Research Cell (NRC) as a leading organization to provide support the capacity building and the research conduction for health benefit of the people of Bangladesh.

**Acknowledgement:** I am cordially grateful to the Directorate of Nursing Services to take initiative to do this review work and WHO for providing technical support to complete the work.

# ABSTRACT

## Review and Collection of Documents on Gender and Health in Bangladesh

This study was conducted to review and collections of documents related to gender and health in Bangladesh and identify the gaps for future improvement. The duration of this study was from 30 January to 30 May 2013. This was a descriptive analytical study. The related documents were collected from different departments, libraries, and internet searching and a database template was developed. In addition, an interview was conducted with 20 key informants from 17 Government and Non-government Organizations, Civil Societies and Nursing Associations.

The review showed that government, NGOs and civil societies are working together in order to improve women's condition, close gender gap, and ending violence against women, but still women's and girl's condition is very poor in terms of low social status, lack of education, lack of awareness and less access to healthcare. Moreover, it was revealed that policy and strategies related to gender issue, women's rights, and violence against women are not implementing properly due to the lack of human resources, budget and commitment. This study would be a good document to understand the present situation, identify gaps and recommendation provided.

**Key words:** gender, gender inequality, women's health, legislations, violence against women.

**Babita Akter, RN, MNSc**  
Nursing Instructor  
Nursing Institute, Sherpur

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## **Centre for Medical Education (CME): A Mitochondria for Health Professions Educations in Bangladesh**

Centre for Medical Education (CME) was established in Dhaka, Bangladesh in 1983 with the technical assistance of WHO and UNDP in order to make medical education more need-based, public health and community-oriented. In addition to the major role of human resource development (HRD) for health, CME gradually expanded its role from the reorientation of medical education and teachers' training to act as an institute of health professions education both for the undergraduate and postgraduate health professions education in Bangladesh.

Mission of CME is continuous professional development dedicated to the improvement of the standards of health care delivery through better education, training, and research.

Aim of CME is to improve, promote and sustain the quality of health professions education of Bangladesh and in South East Asia regional countries. So that, health care system can efficiently meet the present & projected community health needs.

Since inception till today CME has trained thousands of teachers on teaching methodology, assessment & instructional materials development.

CME evolved as postgraduate institute in 2004 with the introduction of 2 years MMed course for the teachers of medical and dental colleges/institutes under the Post Graduate Faculty of Medical Science and Research, Dhaka University. Latter on since the session 2010-2011 MMed course is running under the Faculty of Basic Science & Paraclinical Science of Bangababdh Sheikh Mujib Medical University (BSMMU).

Total seats for MMed course are 15 of which 10 is for national and 5 is foreign applicants. Ninth & Tenth batches students are presently in the final part (Thesis) & 2<sup>nd</sup> part of the course respectively. Eleventh batch of MMed course is going to start in July 2014 in the session 2014-2015. Till date a total of 43 students have completed MMed course.

Centre for Medical Education in Bangladesh is also offering short-courses in different modules of educational sciences for both Bangladeshi and foreign students (teachers of medical, dental and other allied health science institutes). Regarding short course 17 WHO fellows from Nepal and South Korea have successfully completed 2 to 8 weeks training in Medical Education with WHO support. Besides a total of 15 WHO fellows from NIPORT have received certificate after successful completion of there weeks short course from CME in 2008. CME has been conducting continuing medical education programme and developing training modules.

CME acts as the National Secretariat of the Quality Assurance Scheme (QAS) since 1998. A part of the strategies for promoting human resources for heath CME had conducted admission tests of Diploma and BSc Nursing course as well as those of Govt. Homoeopathic and Govt. Unani & Ayurvedic Degree colleges for more than a decade. CME carries the noble responsibility of acting as co-ordinating body for regular reviewing & updating of different curricula (MBBS, BDS, MATs, IHT, BSc in Medical technology & Nursing).

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It is contributing towards health system development through human resource development. Curriculum development, training of teachers, research in education and educational management through QAS of health professions education are the major activities of CME.

CME has 16 regular faculty members with 37 support staffs. Apart from regular faculty members CME has more than 100 adjunct faculty of medical educationists working in different medical, dental colleges and postgraduate institutes who have obtained postgraduate degree in medical education from either Dundee University, Scotland or NSW University, Australia, Chulalongkon University, Bangkok, FAIMER institutes and from CME itself.

In its future plan CME is thinking to start Postgraduate Diploma in Health Professions Education (PGDHPE) for the teachers of allied health sciences institutes, MMed course in distance mode, to be a WHO collaborating centre for health professions education. CME has taken initiative for effective dialogue to establish an independent accreditation commission in Bangladesh to meet the global call given by Educational Commission for Foreign Medical Graduates (ECFMG), WFME in line with WHO by the year 2023. Establishing effective medical education unit (MEU) and medical skill centre (MSC) in different medical, dental and allied health sciences institutes is a priority issue for CME. Major issues which CME may take forward to the policy level people to cater the need of the country as well as professions and to meet the global standards to face challenges of 21<sup>st</sup> century effectively & competently are : developing career plan for each category of health professionals on the basis of pillars like teaching, clinical services, administration, public health etc.; licensing examination for newly graduate doctors ; establishing separate directorate for health professions education; establishing medical technology council & medical technology boards; effective practice of QAS; continuing education program for continuing professional development; inter-professional education (IPE) to ensure patient centred care.

**Professor Dr. Md. Humayun Kabir Talukder**

Organising Secretary, AME, Bangladesh

&

Professor (Curriculum Development & Evaluation)  
Centre for Medical Education (CME)



# Activities of Association For Medical Education (AME), Bangladesh Since 2008

**Regional Conference on Health Professions Education**

Date: 23 - 24 October 2008 Venue: BCPS, Mohakhali Dhaka, Bangladesh

Theme: Promoting Health Through Health Professions Education

Last Date of Registration: 15 October 2008  
Last Date of Submission of Abstract: 12 October 2008

Conference Secretariat:  
Center for Medical Education (CME), Mohakhali  
Dhaka-1212, Bangladesh

Contact:  
Prof. Aunur Afroz (01911341156)  
Secretary General, AME  
Dr. Md. Humayun Kabir Talukder (01711534774)  
Organising Secretary, AME  
Phone No: 88-02-8821809  
e-mail: amebangladesh@hotmail.com  
Web: www.cmedhaka.gov.bd

Association for Medical Education (AME) Bangladesh

Supported by: BCPS WHO

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Association for Medical Education (AME), Bangladesh

Souvenir

**SCIENTIFIC SEMINAR-2009**

Association for Medical Education (AME), Bangladesh







5th Scientific Seminar



6th Scientific Seminar

## In the year 2010





## In the year 2010





# National Seminar on scaling up Public Health Workforce Development towards meeting the 21st Century's Public Health challenges in Bangladesh --2012

## National Seminar

### Scaling up Health Workforce Development to Meet the 21st Century's Public Health Challenges in Bangladesh

**Date :** 28 November 2012

**Venue :** IPH Conference Room  
Mohakhali, Dhaka.

Theme: Tuning Education & Training for  
Scaling up Health Workforce Development



Organised by:  
Association for Medical Education (AME), Bangladesh  
&



Centre for Medical Education (CME), Mohakhali, Dhaka



Supported by:  
World Health Organization (WHO), Bangladesh



## In the year 2012





## **We Mourn**

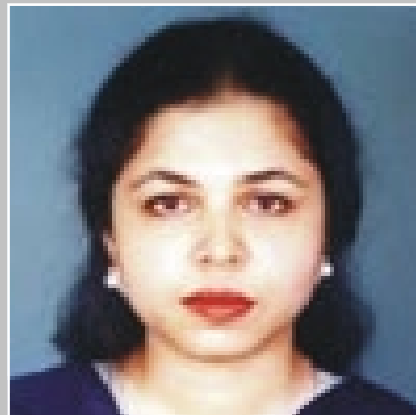
We were together, you were part of us. May your soul be in peace & almighty Allah bless you



**Prof. Dr. Ameena Majid**

Ex-Professor of Gynecology & Obstetrics  
Dhaka Medical College & Hospital, Dhaka

Death : 7<sup>th</sup> Jun 2014

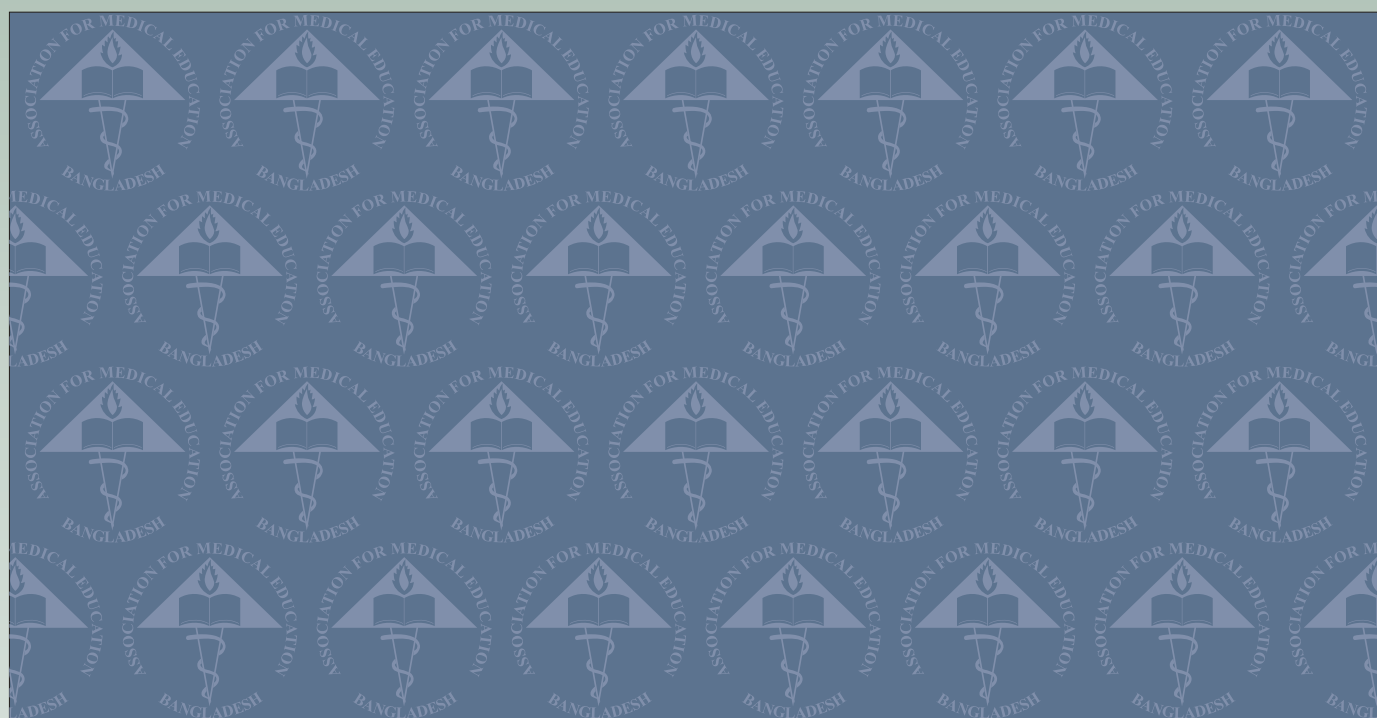


**Dr. Tabassum Ferdous Khan**

Lecturer in Educational Science  
Centre for Medical Education (CME)

Date of Birth: 5<sup>th</sup> July, 1966

Death : 13<sup>th</sup> April 2014



Association for Medical Education (AME), Bangladesh

Email: [amebangladesh@hotmail.com](mailto:amebangladesh@hotmail.com), [hktalukder@yahoo.com](mailto:hktalukder@yahoo.com)

[www.amebd.org](http://www.amebd.org)