



Islamabad Medical & Dental College Curriculum Policy

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Approved by the Islamabad Medical & Dental College Academic Council on 8th January 2019

This policy is applicable to all the stake holders of the BDS program of Islamabad Medical & Dental College from the date of approval by the Islamabad Medical & Dental College Academic Council.

1. Guiding Principles of Curriculum Policy

1. The curriculum at IMDC is forward its vision and ensuring that all requisite regulations of the University and national regulators are complied with.
2. The curricular policy provides an outline of experiences of students while at IMDC and lays a foundation of students' expectations and achievements on graduating from the College.
3. There are many facets of the curriculum including hidden, documented and practiced.
4. Hidden curriculum operates parallel to the official/practiced curriculum and heavily influences it so much so at times it takes precedence over what is documented and more importantly practiced. The College policies are designed to ensure that the hidden curriculum DOES NOT negatively impact the official curriculum.
5. Many aspects of the curriculum may not be practiced as documented; the real time requirements of academic activity provide some room for maneuverability while remaining true to the basic tenet of the documented curriculum.
6. The Office of the Principal and the Academic Council are the custodians of the curriculum while those directly or indirectly associated with the College including faculty, staff, students, parents, patients, community both local, regional and global are its stakeholders

2. Curriculum Organization

1. The academic head for dentistry (BDS) is the Principal dental section, who acts through the curriculum committee to plan, implement, evaluate and review the curriculum.
2. Other academic units of the College report to the Principal, dental section. These include module coordinators, clinical HODs, department heads (including student affairs, examination, and library staff).
3. All official faculty engagements including duties as external examiners etc. are to be approved by the Principal dental section. This is to ensure the College's own academics are not adversely affected.

3. Curriculum Model

1. The four-year undergraduate BDS program is divided into pre-clinical (Years I-II) and clinical (Years III-IV) years.

2. For year I-II the college follows an integrated modular curriculum. The academic content is organized into system based and the major portion is delivered thematically.
3. For years III-IV the clinical teaching program is organized into term rotations.
4. The academic calendar approved by the academic council and notified by the principal, provides an organization overview of the academic program of the college (Annexure-I).

4. Curriculum Implementation

1. The maximum time available to a student to complete the BDS program is as per the PM&DC policy.

4.1 Curriculum Implementation: Years I-II

1. The academic content is divided in system-based modules which is the smallest unit of teaching/learning of the curriculum. Modules are organized into blocks. Each academic year has 3 blocks with a varying number of modules. Please see the Academic Calendar (Annexure-I) for more detail.
2. Each Module is managed by a module team and led by a coordinator nominated and notified by the Principal dental section. The responsibilities of the coordinator include planning, organization, scheduling, delivery, assessment (both formative and summative) and review of feedback & evaluation in collaboration with the team. Please see Annexure II (responsibilities of module coordinators & team members) for more detail. The team members report to the module coordinator irrespective of their department, academic rank etc.
3. Office Assistants will support the module teams in administrative affairs of the module. Please see Annexure IV (responsibilities of office assistants) for more detail
4. No member of a module team can proceed on leave without the permission of module coordinator.
5. The module team works on their module as per the timeline specified in the academic calendar and distributed to the departments. The module team activities must be documented appropriately according to the curriculum. DME is responsible for documentation of module implementation and feedback.
6. Module schedules should be created prior to the start of the module. They may be issued on a per week basis or the entire schedule can also be issued at the start of module.
7. Student academic activities during the module are recorded in their log books which must be completed at the culmination of all relevant academic activities and signed off by the faculty in-charge of these activities. The scores from log book contribute to the internal assessment of students (see Assessment Policy for more information).
8. Faculty is divided into teams to fully realize the potential of small group learning.

9. The faculty involved are to report to the module coordinator and their duties and leaves must be authorized by the module coordinator or principal.
10. Vertical integration for sensitization in relevant clinical sciences is required and highly encouraged.
11. Module teams are required to review their programs on the feedback from team members and students. The reviewed plan is deliberated with the curriculum committee, sent to the academic council for approval prior to implementation.
12. **Student Groups:** Student groups (for Small Group Discussions, Laboratory sessions etc.) formed by the module coordinator. Any change required, in special circumstances can only be done with the permission of the principal or his designated committee.

4.2 Curriculum Implementation: Years III-IV

1. The following tables provide an organizational overview of the term rotation program for third year and final year BDS. Please see term rotation calendars (Annexure I) for more details.

	Term	Rotation at IDH*	Duration	Rotation at ANTH**	Duration
Third Year BDS	1 st term rotations (8 weeks)	Oral pathology/OMFS	2 weeks	General Medicine	4 weeks
		Periodontology/Oral medicine	2 weeks		
		Prosthodontics	2 weeks	General Surgery	4 weeks
		Pre-clinical Operative dentistry (Phantom)	2 weeks		
	2 nd term rotations (12 weeks)	Oral pathology/OMFS	3 weeks	General Medicine	6 weeks
		Periodontology/Oral medicine	3 weeks		
		Prosthodontics	3 weeks	General Surgery	6 weeks
		Pre-clinical Operative dentistry (Phantom)	3 weeks		
	3 rd term rotations (12 weeks)	Oral pathology/OMFS	3 weeks	General Medicine	6 weeks
		Periodontology/Oral medicine	3 weeks		
		Prosthodontics	3 weeks	General Surgery	6 weeks
		Pre-clinical Operative dentistry (Phantom)	3 weeks		

Rotation at IDH (Islamabad Dental hospital) is done in 4 groups for 2 weeks each in first term and 3 weeks each in 2nd and third term (*according to the no. of working days designated for each subject*).

**Rotation at ANTH (Akbar Niazi Teaching hospital) is done in 2 groups for 4 weeks each in first term and 6 weeks each in 2nd and 3rd term (*according to the no. of working days designated for each subject*).

Final Years BDS

	Rotation*	Department	Duration
Final Year BDS	1 st term rotations	Oral & Maxillofacial Surgery	2 weeks
		Operative Dentistry	2 weeks
		Prosthodontics	2 weeks
		Orthodontics/radiology	2 weeks
	2 nd term rotations	Oral & Maxillofacial Surgery	3 weeks
		Operative Dentistry	3 weeks
		Prosthodontics	3 weeks
		Orthodontics/radiology	3 weeks
	3 rd term rotations	Oral & Maxillofacial Surgery	3 weeks
		Operative Dentistry	3 weeks
		Prosthodontics	3 weeks
		Orthodontics/radiology	3 weeks

**Each batch will rotate to the four clinical departments for a minimum of 8 weeks divided into three term rotations*

2. Clinical rotations are self-contained units of clinical teaching and provide opportunities for students to work in a clinical environment allowing them to perform various assigned clinical procedures under close supervision.
3. Each rotation is managed by the respective department team led by the HOD.
4. The departmental team works according to the rotation plan for the particular term.
5. The rotation schedule is a part of the rotation plan. For each batch of students, the schedule **MUST** be issued prior to the start of rotation. It is essential that the student know the clinical requirements (quota i.e. number and type of procedures to be done) prior to the start of the rotation.
6. Student academic activities during the term rotations are documented in their log books which must be completed at the conclusion of three terms and signed off by the faculty in-charge of these activities. Completion of clinical quota is part of the eligibility criteria for university examination. Please see assessment policy for more details.
7. The clinical rotation content is delivered using a variety of closely supervised strategies in pre-clinical and clinical settings. The focus of all clinical rotations is the patient and their wellbeing while imparting the clinical skills to the dental students.
8. Clinical departments are required to review their programs on the feedback from team members and students. The reviewed plan is deliberated with the curriculum committee, sent to academic council for approval prior to implementation.
9. Electives are encouraged during vacations however, they are not mandatory. The students are to arrange their own electives while the College will offer all documentary support required.
10. **Student Groups:** Student groups are formed by the department of student affairs at the

beginning of academic year. Any change required, in special circumstances can only be done with the permission of the principal or his designated committee. Please see “Student Attendance & Leave policy - Academic Year 2019” for more information.

5. Attendance Requirements

1. The attendance requirements & responsibilities are based on the guidelines of the national regulator and University and further refined by the decisions of the College Academic Council and detailed in the student attendance and leave policy.
2. Minimal student attendance requirements are listed in the student attendance and leaves policy. Briefly, to be eligible to take the block assessment, the student must maintain a minimum of 75% attendance in individual blocks. Cumulative attendance of 75% in each block for first year and second year BDS and 75% cumulative attendance, separately in each clinical subjects for third year and final year is the required eligibility for university examination.
3. Appeals against calculated attendance can be sought on prescribed application form as stated in the student attendance and leave policy.

6. Assessments & its timings

1. The modules/terms offer formative assessment opportunities to the student in the form of small groups, practical/clinical sessions. A portion of these scores contribute to internal assessment of students as described in the assessment policy.
2. Summative assessments are conducted at the end of block/end of term. The written assessment is the responsibility of the examinations department. Details are provided in the assessment & Examination policy.
3. The current internal assessment for each block in Years I-II is 30% separately for each theory and practical. For year III and IV the internal assessment for each subject is 10% separately for written and Practical.

7. Curriculum Evaluation

1. All academic programs of the College are evaluated at during and after the session. The details of evaluation are described in the evaluation policy. The student’s evaluations are reviewed by the DME and distributed to the concerned module coordinators and clinical department heads for further action. Any issue of concern is further reviewed by the Principal office for necessary action.

8. Curriculum Support

1. Support for the academic program is provided by the principal office and the DME.
2. Meetings for review of programs are scheduled by the DME on the advice of principal dental section or as requested by module/clinical rotation teams.
3. Logistical support is provided by the DME and student affairs.
1. For modules, large group activities take place in designated lecture halls, while small group activities take place in specified areas. Skill sessions take place in pre-clinical laboratories and phantom head lab and specialized laboratories (Histology, Histopathology, Biochemistry, Physiology etc.). For community dentistry identified out-reach areas also serve as learning resources.
2. For term rotations, PBL/TBL and case-based discussions take place in designated areas while clinical departments serve as places for interaction with patients.
3. Module and end of term written assessments are conducted by the Examination department.

9. Student Services

1. The student affairs department offers student services including but not limited to admissions, record keeping, contacting students/parents/guardians as required.
2. All student reports are distributed to students/parents/guardians by the student affairs department.
3. Application forms for student leave, review of calculated leave and missed exams are available from the student affairs office.
4. Application form for review of calculation of assessment scores is available from examination department.
5. The student affairs department also provides necessary documents required for completion of the BDS program, electives etc.
6. The counselling cell provides psychological support services to the student. For more details of the procedure and scope of services please see the Counselling Policy.
7. All students are entitled to Emergency and Out-patient services (OPD) at Akbar Niazi Teaching Hospital (ANTH) and Islamabad Dental Hospital (IDH). Students may also avail

In-patient services if required and desired. They will be required to procure their own medicine as advised from the OPD or IPD. In case of serious (life threatening) illness or trauma the parents/ guardians/closest relative residing locally/in country of the student will be informed immediately.

10. Co-curricular Activities

1. The college supports student societies and its officially sanctioned functions. These societies are managed by students and supervisory and financial support is provided by the college.
2. The college also provides opportunities to its students to participate in local/national events ensuring that the core academic curriculum is not adversely affected.
3. The college organizes its own sports activities & encourages participation in external events that do not interfere with academic activities of the students.

11. Curriculum and the Community

1. The college will, from time to time publish and create awareness regarding the contribution of the curricular program towards building the health of the nation. This includes, but not limited to short awareness videos and campaigns, workshops for professionals, conferences, symposia, short courses and competitions.
2. The college organizes dental camps to targeted areas to provide oral health care services.
3. The college aspires to establish itself or partner with other health care organization to offer services to local community.
4. The College encourages participation of students and faculty in national and international conferences that promote & enhance health of the nation.

12. Information to Parents/Guardians

1. The college through the student affairs department communicates information regarding student performance including, but not limited to, academics, punctuality and discipline. Any issues arising out of these or other relevant domains will be communicated at appropriate points in times as defined in college policies. Briefly assessment and attendance performances are issued at the end of modules/terms. Any deficiency in attendance is reported at mid points of modules/terms.
2. Information regarding life-threatening illness/trauma will be immediately communicated to the designated contact by student affairs (liability of college).

13. Issues pertaining to discipline and professionalism

1. Issues pertaining to student behavior and professionalism are to be reported by faculty/other students to the Principal's office who will act according to code of conduct as reflected by the nature of offense. These issues might include, but not limited to student attire, fights, immoral behavior etc.
2. Issues pertaining to faculty behavior and professionalism are to be reported by students/ other faculty members to the Principal's office. Students may also use the evaluation system to anonymously share their concerns. The Principal's office will act according to the relevant policy as reflected by the nature of offense.
3. The college follows a zero-tolerance policy towards sexual harassment. Any incident pertaining to this may be reported by students in full confidence to any senior faculty member (Assistant Professor and above) with whom they feel comfortable in talking to. The faculty member shall immediately share the incident with DME/Dean or Principal's office for immediate inquiry and action.

14. Conflict of Interest

In the purview of this policy a conflict of interest is defined as a situation where the interest of faculty might conflict with the interest of student(s) or other faculty within the domain of academics. In all pertinent scenarios it is expected that the involved parties would ensure that the resolution of the situation arising out of conflict of interest does not provide undue, unjust and injudicious favor/disfavor over other student(s) and/or faculty. The code of conduct shall be adhered to minimize or altogether negate these situations from arising

1. A faculty member cannot be an internal examiner for University examination if their children/blood relation are to appear in the said examination
2. A faculty member cannot be a part of a decision-making process whose outcome may directly impact (i.e. favor) their children/blood relation.
3. Other cases which are not mentioned here may be decided by a committee formed on the instructions of the Principal. The decision of the committee would be binding on all concerned.

Annexure II: Responsibilities of Module/Coordinators & team members

A. Responsibilities of Module Coordinators

1. The module coordinators are responsible for:
 - Overseeing the running of the module.
 - Preparation of study guides for their respective modules.
 - Dissemination of study guides to team members in the form of soft copy or hard copy or both.
 - Preparation of exam material (theory and OSPE).
2. Module coordinators must have an active and visible participation in the delivery of content in their module.
3. Module coordinators must hold regular weekly module meetings with their team members for;
 - Assigning Pre-SGD reviews for instructors to team members as required.
 - Finalization of next week time table.
 - Trouble shooting regarding logistics/venues/grouping of students or other issues.
 - Recommendations regarding disciplinary issues.
 - Feedback of the day to day activities of the module.
4. The attendance of these meetings will be submitted to DME by the end of each module
5. Communication with faculty members (clinical & basic sciences) will be done through college email addresses.
6. All leaves of team members will be signed by the module coordinator in addition to the respective head of the departments and its record will be kept by him/her.
7. Every module coordinator will use the assigned human (office assistant) and material resources (computer, printer, papers etc.) including maintenance of students' attendance.
8. Module coordinators must ensure smooth liaison with different departments through office assistants or self:
 - Student Affairs: for providing attendance in the middle and end of module/block.
 - Examinations: for paper printing, arrangements of venues, invigilation, post hoc analysis, marking and provision of end of module/block results.
9. The OSPE coordinators must discuss the OSPE of their blocks with DME one week prior to the date of assessment.

B. Responsibilities of team members

Members in a module team will be from various sections of basic and clinical health sciences. They are required to:

1. Assist the module coordinator in preparation of study guides and related materials.
2. Attend the modular meetings regularly.
3. Support the module coordinator in planning and execution of module activities.
4. Facilitation of all small group discussions (SGDs), problem-based learning sessions (PBL), practical and skill lab sessions.
5. Facilitation of large group sessions.
6. Timely provision of the MCQs and SAQs for the module paper.
7. Timely provision of stations and or tasks for end of block OSPE.
8. Arrangement of logistics and venues for any kind of tests/formative assessments which they schedule during the module.
9. Assistance in invigilation and conduct of “end of module theory” and “end of block OSPE” as and when required.
10. Acting as Observers/examiners at “end of block OSPE” stations.
11. Marking of OSPE and written examination at examination cell.
12. Assistance in preparation of results.
13. Provision of learning objectives of the respective sessions to module coordinators and delivery of their respective course content (the learning objectives will be provided by the senior faculty members).

Annexure III: Responsibilities of Clinical HODs

Clinical HODs are medical educators who shape clinical education of students. The core functions of a clinical HOD are:

- i. Curriculum design & implementation
- ii. Student orientation to the clinical rotation
- iii. Student learning
- iv. Administration
- v. Assessment of students
- vi. Evaluation of the rotation program
- vii. Modifying the rotation program and/or assessments
- viii. Faculty development
- ix. Catering to students with special needs

Clinical HODs should create and maintain a 'safe', 'vibrant' and clinically oriented environment for students. The environment should be 'safe' for students to freely speak their mind. It should be 'vibrant' to stimulate learning.

The assessments designed should be 'fair', reflect term rotation objectives and in accordance with the prevailing assessment policy of the institution. The institution bases its assessment policy so that it complies with the rules laid down by the national regulator and university.

Clinical HODs should take regular informal feedback from students as well as other team members. This should form the basis for review at the end of term, as well as end of academic year. This feedback should be in addition to the feedback taken by the medical education department and serve as a form of self-reflection.

Clinical HODs are also responsible for faculty development. They should ensure that their faculty attend workshops conducted by the College to enhance their facilitation skills. Further the HODs, considering feedback or their own observation can plan term activities to ensure that the faculty deliver the content to meet the objectives.

Academic and administrative support to the clinical HODs is provided by the Principal office. The HODs are encouraged to positively engage principal office and director in order to ensure efficient running of the clinical rotation program.

Annexure IV: Responsibilities of office assistants

The Office Assistant will be required to fulfil obligations in the following areas:

A. MODULES:

1. Grouping of students for SGDs and practical/laboratory sessions if required
2. Arranging class-rooms, skill lab and other areas for modular activities as required
3. Generating, distributing and filing time tables/schedules
4. Maintaining record of student attendance & leave forms
5. Maintaining record of student performance in modules
6. Handling & forwarding of incoming memos, mail and other communications.
7. Ensuring secrecy of all academic assessment data including questions, results etc.
8. Writing of outgoing memos, mail or other communications
9. Filing of memos, notices and other documents received electronically or otherwise
10. Providing clerical assistance to OSCE/OSPE coordinators during end of block examination
11. Liaison with different departments (clinical and basic) for modular activities and OSPE set up.

B. CLINICAL ROTATIONS

As deemed necessary by the clinical HOD the office assistant is responsible for

1. Generating, distributing schedules, memos and other clerkship related material to students, faculty and management
2. Maintaining record of student attendance and absences and leave
3. Providing assistance in academic and assessment activities including being deputed to the department etc.
4. Record keeping of incoming and outgoing memos and other documents pertaining to the clinical rotations
5. Ensuring complete confidentiality and honesty in all responsibilities as designated by the clinical HOD
6. Any other task related to clinical rotations as deemed necessary by the clinical HOD

C. DEPARTMENT

1. Administration of department as required by the head (of department).
2. Maintaining paperwork as required by the department's staff and faculty
3. Recording of information pertaining to the functioning of the department
4. Performing general office duties as required by the department's staff and faculty
5. Coordinating with other office assistants for inter-departmental/modular meetings
6. Maintaining & managing supply inventory for the departments
7. Maintaining office equipment as needed.