CERTIFICATE IN HEALTH PROFESSION EDUCATION (CHPE)





SHAHEED ZULFIQAR ALI BHUTTO

MEDICAL UNIVERSITY

Department of Medical Education

Introduction

The Shaheed Zulfigar Ali Bhutto Medical University (SZABMU), a public sector federal university, was established in the premises of a premier postgraduate medical institute, Pakistan Institute of Medical Sciences, Islamabad; by an ordinance of national assembly on 21st March, 2013. The SZAB MU, a budding institution on the horizon of medical education of Pakistan, has taken no time to establish its credentials under the dedicated and visionary educational leadership. The university has made an immediate impact in the field of healthcare, postgraduate medical education and research pertaining to serious health problems faced by our country.

The SZABMU has structured training programs in 32 disciplines of medicine, surgery and dentistry. It is also involved in postgraduate education of paraclinical and basic medical sciences and offers MPhil and PhD in 12 disciplines. The university has a vibrant 5 years MBBS program. It has a Federal Medical and Dental College, a constituent medical college; besides 4 other private sector medical colleges in Islamabad capital territory attached to it. The university also runs several graduate and postgraduate courses in the fields of nursing, pharmacy, rehabilitation sciences and medical laboratory technology.

Certificate in Health Professions Education (CHPE)

SZABMU Pakistan has launched a Certificate in Health Professions Education (CHPE) Program starting with the session 2020.

Goal

To train educational scholars, leaders and researchers who contribute to the advancement of health professions education in the country

LEARNING OUTCOMES

By the end of this CHPE course, the participants will be able to:

- Design evidence-based educational programs which are learner-centered;
- Deliver effective, current, theory-based instructions in different learning encounters;
- Effectively use various assessment methods / tools to evaluate students' progress and learning;
- · Plan and implement curricula

Course Structure

This six (6) months programme is divided into following two independent modules:

- 1. Fundamentals of teaching, learning; assessment
- 2. Fundamentals of curriculum design and other content area.

CHPE consists of a total of 56 hours of lecturing, reading and exercises,

distributed in two contact sessions of four days

Total # of teaching hours: 56 Total # of days: 8

Time : 8:00 am – 4:00 pm

Distribution of days in Contact Sessions :

Module One = 4 days (Learning, teaching and Assessment)

Module Two = 4 days (Curriculum Design and other content areas)

Target Participants of Course

- All the faculty members who desire to improve their teaching skills.
- Junior teachers who are entrusted with the new teaching responsibilities.
- Senior faculty assigned to different committees like curriculum developement, assessment planning, CME/CPD etc.
- Junior Faculty members who wish to take up Medical Education as a career choice in future.

Main Contents

- · Teaching and learning
- Assessment
- Curriculum

Eligilbilty Criteria

- The candidates should possess the following qualifications / skills for applying in this course:
 MBBS / BDS.
- Postgraduate qualifications (preferred)
- Any experience in medical education in form of:
- Attended workshops, seminars, conferences etc.
- Conducted workshops, paper/poster presentation
- Organized seminars, conference(s)
- Taken up responsibilities of membership/head of module development committee, curriculum planning etc.
- Proficiency in computer skills

CHPE FEE BREAKUP

1/1/1

| Sessions | Admission | Tution Fee |
|-----------------|-----------|------------|
| Module 1 | 3,000/- | 20,000/- |
| Module 2 | | 20,000/- |
| Examination Fee | | 7,000/- |

Total Fee 50,000

FACULTY

PERMANENT FACULTY

Prof. Muhammad Lugman

MBBS, MPhil, FCPS, MCPS, HPE Program Director MHPE

Prof. Tanwir Khaliq

MBBS, FCPS, FRCS (Eng), FRCS (Edn), FRCS (Ire), MCPS-HPE, FFSTED, FRCS (Glasgow)

Assistant Prof. Zainab Abdullah

BDS, MPH, MHPE Program Coordinator MHPE

Assistant Prof. Fouzia Sultana MBBS, MPH,

LOCAL FACULTY

Prof. S H Waqar MBBS, FCPS (Surgery),MCPS-HPE

Prof. Zarmina Saga MBBS, MPhil, DCPS-HPE

Prof. Rehmah Sarfaraz MBBS, M.Phil Anatomy, MHPE

Prof. Tayyaba SaleemBDS, FCPS, MSC (Medical Education)

Prof. Haroon Qazi BDS, MS (Ortho),MCPS-HPE

Prof. Inam-Ul-Haq

MBBS, PhD Family Medicine, Dip in Health Profession Ethics, MPH, MHPE

Prof. Uzma Hassan MBBS, MPH, MSc,MHPE

Dr. Arifa Manzoor

Assistant Professor MBBS, FCPS, MHPE (DUHS)

Dr. Memoona Mansoor

Assistant Professor MBBS, MHPE (DHUS)

Dr. Ahsan Malik

Assistant Professor MMEd (UK)

VISITING FACULTY

Prof. Amina Ahmad

MBBS, MPhil Education(Cambridge) MCPS-HPE, Doctoral Scholar

Prof. Shamunnisa Sadia MBBS, MCPS, FCPS, MCPS-HPE

Prof. Idrees Anwar MBBS, FRCS, DCPS-HPE, MHPE

Prof. Irfan Shukr MBBS, FCPS, FRCS, MHPE, DCPS-HPE

Prof. Tariq Saeed Mufti MBBS, FRCS(Edin) FCPS, MHPE

Associate Prof Naushaba Sadiq

MHPE (Aga Khan University)Adv Level Diploma, MCPS

FOREIGN FACULTY

Prof. Gohar Wajid

MBBS, Phd(Medical Education) MSc in Health Management Science, MPH

Prof. Kamran Ali

BDS, FDSRCS (Oral Surgery), FCPS (Oral Surgery) Masters in Medical Education, FFDRCS (Oral Surgery)

Dr. Ayaz Abbasi

MBBS, FCPS, FRCS, PGD-PET

Dr. Tahira Ayub

MBBS (Urologist, General Surgical Specialist)
MCPS-HPE
Saudia Arabia

FOR FURTHER DETAILS CONTACT ON

www.szabmu.edu.pk

medicaledu@szabmu.edu.pk

U 051-9107503

SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

ADMISSION FORM FOR CHPE PROGRAM

Recent Photograph

| Name: | | | | |
|------------------|--------|-----------|---------------|--|
| Father's Name: | | | | |
| Date of Birth: | | _ Gender: | [Male/Female] | |
| Contact Informat | ion: | | | |
| Office Address: | | | | |
| Mailing Address: | - | | | |
| E-mail Address: | | | | |
| Phone #: | Office | | Res | |
| Mobile #: | | | | |

| Employment information (Current Position): | | | | |
|---|---|-------------|---------------|---------------|
| Designation | on: | | | |
| Institution | nstitution/Organization:Date of Joining | | | |
| Address:_ | | | | |
| Tel No Current Job Responsibilities (Brief) Academic Qualifications: (Starting from MBBS/BDS) | | | | |
| S/No | Name of Qualification | Institution | Year obtained | City/Country |
| 1 | rame of guamication | motitution | Tour obtained | City/ country |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| Primary S | nal Experience: (in years) pecialty: | | | |

Employment Experience:

| | Designation | Institution | Start Date | e/Finish Date | Duration |
|--------|--------------------|--------------------|------------------------|---------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | in indexed Journ | als: (Attach de | tailed list) | |
| Natio | nal: | | _ | | |
| Interr | national: | | _ | | |
| Expe | rience in Medical | Education: (attach | separate shee | | ucted/Assisted |
| > | Workshop | | | | |
| A | Seminars | | | | |
| A | PBL | | | | |
| > | Supervisory Skill | Workshops | | | |
| Comp | puter Literacy | | Good | Fair | Nil |
| | | | | | |
| A | MS Word | | | _ | _ |
| A | MS PowerPoint | | | | |
| > | SPSS | | | | |
| > | Internet | | | | |
| A | Proficiency in Eng | lish Language | | | |

Please type a one page statement about the following: > What are your reasons for joining this postgraduate program in medical education?

| Financial Support | |
|---|--|
| Who will pay your fee Institution | Self any other |
| Fee Paid: | |
| Bank Draft / Pay Order # 1000/- in favour of | _ |
| List of documents to be included in applicat | tion: |
| Bank Draft of Rs. 1000 /- Application form duly completed 2 x Passport size photographs | |
| Attested copies of followings:- Computerized National Identity Computerized National Identity Computerized National Identity Computerized National Services PMDC Registration Certificate of educational workshops | nt |
| UNDERT | T A K I N G |
| I have carefully read the instructions a complete and correct. I understand that wit information shall make me ineligible for admexpenses incurred on travel, boarding and lodgincurred on purchasing of books and reference | mission to this program. I agree to bear all ging, for attending contact sessions and those |
| | |

Date

Signature