

# **RMDC Department of Ophthalmology**



**Rahbar Medical & Dental College**

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# **1. Mission Statement**

## **Our Vision and Guiding Principles**

- Understanding
- Curing
- Preventing
- Treating Eye Disease

The Department of Ophthalmology RM&DC has always upheld the values of exemplary patient care and dedication to our patients and their families.

The faculty and staff together have developed a statement of purpose, a longterm vision, and a set of guiding principles that reaffirm these values.

### **Purpose:**

Improve lives through curing, preventing, and treating eye disease.

### **Vision:**

We seek to improve lives around our community by enhancing vision.

### **Guiding Principles**

Teamwork: We are a collegial, productive, and collaborative community.

Caring: We are respectful and compassionate.

Innovation: Our curiosity drives innovation and the quest for knowledge.

Integrity: Our ethics are built on openness, honesty, and trust.

## **2. Out Comes**

Ophthalmic medical student education is a cornerstone to improving eye health care.

By optimizing teaching available through improved evidence-based education, the ultimate goal is to increase medical students' knowledge and produce graduates who are highly trained in eye examination skills, resulting in improved patient eye care through timely diagnosis, referrals and treatment.

After qualifying from the eye department, the medical graduates of RMDC will be able to,

- Identify ocular refractive errors and provide treatment accordingly.
- Diagnose common ocular diseases and treat them accordingly.
- Diagnose ocular emergencies and refer or treat in a timely manner.
- Provide timely referrals where appropriate.

### **3. Institutional Autonomy and Academic Freedom**

The Principal has financial autonomy, duly authorized by the RMDC governing body. He is authorized to exercise control over the Pakistan Rangers Teaching Hospital. He has a free access to the UHS authorities and its governing body and other officials. He has clear understanding to execute his authority appropriately in institution's matters along with their faculty. He is responsible to maintain discipline in the college and takes steps to prevent harassment of faculty, students and ensure that there is no ragging. He is keen in faculty development utilization available opportunities. He has an authority to design and implement its curriculum and meets the standards set by the PM&DC. He is responsible to implement and to compliance of PM&DC rules regulations at all levels and for the supply of correct information as and when required by the council.

#### **3.1 Academic Council**

Constituted academic council is in function under the PM&DC directives. The Principal is the Chairman of the Academic council and other members include all the Professor and head of the Teaching depts. The Academic Council determines institutional academic policies, curricular delivery techniques and is responsible to determine and provide scenarios and appropriate patient access with clear learning objectives in each discipline as a supervisory and oversight body. The Academic Council, RMDC meets periodically. All members of the Academic Council have the opportunity to participate in discussion about academic policies and practices.

#### **3.2 Curriculum Committee**

Curriculum committee monitors, evaluates and takes corrective measures in accordance with time table issued by the Medical Education Department. RMDC time table incorporates respective subjects to be taught on that particular day. Modes of instructions to be followed to the respective content and its assessment accordingly. RMDC assessment comprises both formative and summative component. The curriculum committee in consultation with Medical Education department duly approved by the Principal, RMDC ensures the adherence with the given in completion of subject(s). The time tables are reflecting the topic, teacher (facilitator) and the expected outcome of the module. Appropriate resources are allocated through annual budgeting implementation of designed curriculum which is in line with University of Health Sciences guidelines to meet the PM&DC standards. Curriculum committee directed to inculcate active learning in the students in the instructional strategy in which students are doing meaningful activities. To follow direction of PM&DC and UHS RMDC has adopted such educational strategy which enable the students to achieve the session objectives during the class e.g lectures, Tutorial or small group discussions.

### 3.3 Curriculum Committee Meeting

Meetings quorum is maintained with 75% attendance of committee members. Curriculum committee is discussing issues pertaining to planning, implementation, timetable and review of curriculum for future improvement with the aim to produce doctors who are humane and compassionate in dealing with the patients and provide the holistic care.

### 3.4 Departmental Standard Operating Procedure

**Policy:** To maintain the standard of teaching in ophthalmology department as per the PMDC/UHS/HEC directives and rules.

**Purpose:** The rationale of this SOP is to appraise all the faculty members of the departmental policies for strict adherence and compliance.

**Scope:** Applicable on all the ophthalmology department staff members in RMDC.

1. Strict timings as per college rules must be maintained which is 8am -3pm Mon- Friday. Entry and exit signatures must be done as per college rules.
2. Strict lecture timings (45 minutes) should be followed and the lecture should finish in that time period and not before. No student should be allowed to leave class during the lecture timings unless there is an emergency.
3. All the Departmental deadlines must be followed strictly.
4. The lecture schedule must be strictly followed; no change should be made unless prior approval of the HOD.
5. The lectures should be interactive ensuring student participation and must cover all the topics as per the UHS curriculum. The faculty must ensure student participation as well as hands on training.
6. The students should be coached about the pattern of UHS examination.
7. Tutorials for students must ensure hands on training on topics as per the UHS curriculum.
8. At least 10-15 MCQ and 5 SEQ on the topic must be given to the HOD before the end of the topic for review by the HOD. UHS pattern of examination must be followed including scenarios based MCQs and SEQs. All the questions should be accompanied by a key and reference for standardization of marking. The viva questions must include the table of specification of that topic.
9. The faculty member who teaches a particular topic will help in making the test for that topic although finalization of the test will be done by the HOD.
10. Student should be given a feedback about their test performance.

11. Lectures should be prepared from the recommended books as per UHS/ PMDC guidelines. PowerPoint slides should not be overcrowded and should use appropriate font and color.
12. Revision classes will be done by all faculty members.
13. Viva and OSPE training will be done by all faculty members.
14. All personal/sick/short leaves have to be forwarded by HOD before being sent to the administration. HOD must be informed before availing any leave. Please check the college leaves policy as well.
15. All leave requests must be submitted at least 24 hours prior so the Principal can approve them BEFORE the faculty can avail the leave. In case of emergency the HOD must be informed for urgent approval.
16. HOD should be informed of any problems within the department.
17. All the faculty members must maintain a professional working environment. Faculty should wear their name tags and overalls while in the college.
18. All correspondence must be sent to the HOD before being sent to anyone. The HOD will then forward it to the Principal to make sure the hierarchy is strictly followed.
19. The faculty member assigned to the student research group is responsible for their research project including SPSS data entry / analysis and publication in a journal in a timely manner.
20. Departmental meetings must be attended by all faculty members to discuss any issues/ problems.
21. These SOPs will be revised as needed.

## **4. Curricular Organization**

Ophthalmology Department RM&DC follows the traditional MBBS curriculum as prescribed by UHS which is the degree awarding institute, RM&DC being affiliated to the university.

The department makes regular assessments of its students and results are discussed with each student in back ground of feedback.

Continuous assessment system is in use to mark progress in the students towards their achievement in attitudinal objectives as well as those of knowledge and skills and in all basic and clinical disciplines as to prepare and assess them before appearing in final examination.

The department works within the orbit of UHS standards to implements the designed curriculum and teaching strategies.

The time tables and weekly planners are attached for reference.

The subjects for teaching is adjusted as per weightage of credit hours in clinical sciences to ensure teaching for minimum 100 hours which as allocated by the PM&DC in MBBS curriculum.

It is pertinent to mention that the department exceeds the number of minimal allocated hours.

The curriculum being taught is focused around the issues related to the patients so that it helps graduates to provide holistic care to the patients.

### **4.1 Following curriculum documents are attached,**

UHS Syllabus

College Time Tables

Rotation Plans

Batch Distribution

Lectures

Clinics

Departmental Study Guide

## **UHS SYLLABUS COURSE CONTENTS**

Basic Anatomy and the functions of the Eyeball and Orbit

**Orbit:** Orbital Cellulitis, Proptosis

**Lids:** Blepharitis, Styte, Chalazion, Trichiasis, Entropion, Ectropion, Ptosis, and Common Tumors.

**Conjunctiva:** Infective and Allergic Conjunctivitis, Pterygium.

**Cornea:** Corneal Ulcers, risk factors, complications and its management.

**Sclera:** Episcleritis and Scleritis

**Pupil:** Pupillary reflexes and their common abnormalities

**Lacrimal Apparatus:** Composition and function of Tear film, Dry Eye Excessive watering (Epiphora), Dacryocystitis (Acute & chronic).

**Uveal Tract:** Uveitis, and its differential diagnosis from other causes of the Red Eye.

**Lens:** Classification of cataract, Congenital Cataract (lamellar, signs and symptoms and management), Rubella syndrome, Acquired Cataract (senile, traumatic, drug induced), cataract due to systemic diseases (clinical picture and management including visual rehabilitation).

**Glaucoma:** Physiology of Aqueous humor formation and its circulation. Measurement of IOP, Definition & classification of glaucoma, Primary open angle and closed angle glaucoma, Secondary glaucoma due to hyper-mature cataract and uveitis. Principles of medical and surgical management of glaucoma.

**Vitro-Retina:** Posterior vitreous detachment, primary retinal detachment (common presentation and principle of management) Diabetic Retinopathy, Hypertensive Retinopathy, Retinitis Pigmentosa, Retinoblastoma.

**Optic Nerve:** Papilloedema, Optic Neuritis (Papillitis and Retrobulbar Neuritis), Optic Atrophy

**Visual Pathway:** Introduction to Visual Field defects in the lesions of Chiasma and visual Pathway.

**Injuries:** Extraocular Foreign Bodies, Closed globe injuries, Open globe injuries with or without retained Intra ocular foreign bodies. Burns and Chemical Injuries, Sympathetic Ophthalmitis.

**Squint and Amblyopia:** Definition, Classification and Principle of Management.

**Errors of Refraction:** Introduction to Optical System of Normal Eye  $f$  Emmetropia, Myopia, Hypermetropia, Astigmatism, Presbyopia, Aphakia, Pseudophakia, Anisometropia and Amblyopia.



### **Details of Clinical and Practical Competence:**

Level of Learning: Level-1 Observer status

Level-2 Assistant status

Level-3 Perform under supervision

Level-4 Perform Independently

LEVEL 4 History Taking –

Defects in Vision - Pain in and around the Eye - Discharging Eye - Abnormal appearance of the Eye and Orbit Examination, Visual Acuity, for distance and near, Use of a pinhole, Examination of Adnexa and anterior segment of the eye. Eversion of the upper Eye Lid and Lacrimal regurgitation Test, Detection of the Deviated Eye, Ocular Movement & Pupillary Reflexes (Afferent Pupillary defects) , Measurement of Intra ocular pressure. Palpation Assessment , Schiotz Tonometer, & Distant Direct Ophthalmoscopy for Identification of defects in Ocular Media, Direct Ophthalmoscopy with emphasis on disc and its abnormalities, Swollen disc, cup disc and pale disc. Confrontation test for field of vision, Familiarization with Retinoscopy, Indirect Ophthalmoscopy, Slit Lamp and its Uses, Visual Fields and Use of Laser in Ophthalmology Procedures, Irrigation of eye, Instillation of eye drops, Staining for corneal ulcer, Removal of superficial foreign bodies, Rational use of topical anaesthesia, Preparation for operation and post operative management, Understand medical ethics and maintain the confidentiality of the patient

#### **4.1 Teaching Methodologies**

Our educational strategy include lectures, small group discussions, and clinical rotations. For self-directed learning assignment are given and CPCs (Clinical Pathological Conferences) are held on regular basis.

E-library is linked up with HEC digital portal.

#### **4.2 Teaching Learning Strategies**

- (1) Interactive Lectures
- (2) Conference and seminars
- (3) Students presentations in lectures
- (4) Peer Assisted Learning (PAL) class is divided into 4 batches
- (5) Each batch is further divided into 5 small groups (almost 6 to 7 in each group) small group discussions
- (6) Reinforcement classes for weak students

- (7) Special remedial session for weak students

#### **4.3 Attendance Protocol**

The department endeavors and stresses to maintain 75% class attendance in lectures and clinical rotations.

#### **4.4 Level of faculty Involvement**

The faculty members of the department are actively involved in the learning process.

Detail is as under:-

1. **Lectures:**

- A. 4th year MBBS; is dealt by Professor, Associate Professors & Assistant Professors
- B. 3rd year MBBS; is dealt by Assistant Professors

2. **PAL:**

Is conducted by Professor, Associate & Assistant Professors, and Registrars.

#### **4.5 Assessment Formats**

- a. Short essay questions
- b. MCQs
- c. OSPE
- e. Clinical Batch Tests

#### **4.6 Feedback System**

- a. Discussion of test paper in class
- b. Returning checked test papers for review
- c. One to one feedback meetings with student
- d. Parents Teacher meeting maintaining to discuss student(s) performance to high light weak areas to involve them in their improvement and taking their feedback.

#### **4.7 Maintenance of record**

- 1. Hard copies
- 2. Soft copies in computer

3. Attendance record
4. Test record
5. Class wise result analysis

#### **4.8 Departmental Library**

An updated departmental library is maintained in the department having original, latest edition of reference and recommended books as per PMDC and UHS guideline

1. J.J Kansky Clinical ophthalmology
2. Modern ophthalmology by L.C Dutta
3. Eugene wolf's Anatomy of the eyeand orbit
4. Principls and practice of ophthalmology by PaymanSanders Goldberg
5. Vaughan and Asbury's General ophthalmology
6. Oxford Handbook of ophthalmology
7. Clinical ophthalmology by Shafi M. Jatoi
8. Basic ophthalmology by Prof. Dr. M. Saleem Akhtar
9. Duke- EeLDER'S Practice of Refraction
10. Parson's Diseases of the eye
11. Basic ophthalmology by Renu Jogi
12. Greer's ocular pathology
13. Clinical decision making in ophthalmology
14. Stallard's eye surgery
15. Will's eye diseases
16. American academy of ophthalmology

#### **4.9 Question Bank**

Question bank (SEQs, MCQs, OSPE) maintained individually by the departmental faculty.

## **5. Educational Content**

Is in alignment with the UHS curriculum, the educational content is decided in consultation with HoD.

Contents and their delivery is aligned to achieve desired outcome which is agreed upon by the curriculum committee and Academic Council.

A calendar is issued annually. Knowledge, skills and attitudes are the pivotal characteristics focused upon during delivery of the contents in the department.

College is aligned with UHS policies with regard to relevance of the content taught and assessed for general practice.

Detail describing the content, extent and sequence of courses and other components are attached.

### **5.1 Clinical Rotations**

Schedule specified timing so that students spend sufficient time with patients in the wards, for clinical work under the supervision of Professors, Associate Professors, Assistant Professors and Senior Registrars.

Over and above it is monitored by DME/ADME.

All academic activities assessment results or any important information are displayed on the Notice Board in the concerned department and college.

## **6. Curricular Management Standard**

The college Organogram with curricular committee is as under:-

### **A. Hospital Laboratory Work**

Laboratory work in the hospital is supervised by the senior faculty members of Pathology dept assisted by their Aps and Demonstrators.

### **B. Skill Lab**

Functioning under supervision of Col (R) Rizwan Ullah, AP Community Medicine who has develop log book or study guides which clearly specify overall objectives of the course and terminal objectives for every teaching session. The hand on work training is conducted by the relevant clinical dept as per the time table.

### **C. Log Book**

A log book and study guide of each department is attached.

## **7. Assessment**

The department has a comprehensive assessment plan encompassing formative and summative method of teaching and learning.

### **Formative Assessment Plan**

Evaluation is carried out under the FAP continuous round the year and test schedule is displayed on notice board. This assessment is covering knowledge attitudes and skills.

### **Summative Assessment and Internal Sendup Examination**

Summative assessment is carried out annually at the end of academic session prior to the university annual examination. It contains following instruments:-

- (1) MCQs
- (2) SEQs
- (3) Viva

### **Objectively Structured Performance Evaluation (OSPE)**

We have an internal assessment of each student as a pre-exam quality assurance standard. During exams confidentially and setting up of a difficulty index to ensures an exam quality assurance.

The assessment includes MCQs, SEQs, OSPE and Viva aligned with UHS directive in conformance with the weightage of subjects. The student(s) are allowed to appeal against his/her result in light of UHS policy.

### **Assessment Policy**

Detailed assessment policy is appended as attached.

## **Student's Assessment Policy – 2019**

- 1 Purpose:** In light of University of Health Sciences (UHS) rule following SOP is formulated to carryout assessment of students.

Assessment is an integrated process involving variety of procedures to obtain information about student learning and development. Assessment is necessarily ingrained term in the curriculum. Assessment when properly planned and carried out has a powerful steering effect on learning and curriculum. In medical education its importance cannot be overstated as the stakes are very high.

- 1.1 Scope:** All students of RMDC

- 1.2 Responsibilities:**

All faculty members of RMDC under the supervision of Assessment Committee comprising of HODs of all depts.

- 1.3 Procedures:**

Committee is ensuring fairness and holding of assessment examination in conducive environment.

The assessment committee is subcommittee of curricular committee, composed as under:-

- a. President
  - (1) Prof Dr. Attiya Mubarak Khalid (Basic Sciences)
  - (2) Prof Dr. Manzoor Ahmed (Clinical Sciences)

- b. Members

- (1) Prof Dr. Rafiq Ahmed Khan
- (2) Prof Dr. Azam Ali
- (3) Prof Dr. Mushtaq Ahmed
- (4) Dr. Azhar Masood Bhatti
- (5) Prof Dr. Noureen Rahat
- (6) Prof Dr. Zaka Ullah Khan
- (7) Brig (R) Dr. Muhammad Tahir
- (8) Prof Dr. Nasir Ullah Khan
- (9) HOD Psychiatry & Behavioral Sciences
- (10) Prof Dr. Shahnaz Kausar

- 1.4 Assessment Principles**

- 1.4.1 Adopt programmatic approach being an quest of improvement.

- 1.4.2 Use collective efforts of faculty members and staff to assess competence as whole.

- 1.4.3 Designed comprehensive assessment program by using presupposed criteria as shown in the table below.

- 1.4.4 Assessment is based on the following:-

- 1.4.4.1 Purpose of assessment.

- 1.4.4.2 Determine content to be assessed.

- 1.4.4.3 Select relevant assessment procedures.
- 1.4.4.4 Incorporate variety in assessment procedures.
- 1.4.4.5 Beware of limitation of assessment procedures.
- 1.4.4.6 Modify instructional plan according to feedback.
- 1.4.4.7 Assessment is a means to an end, not an end in itself.

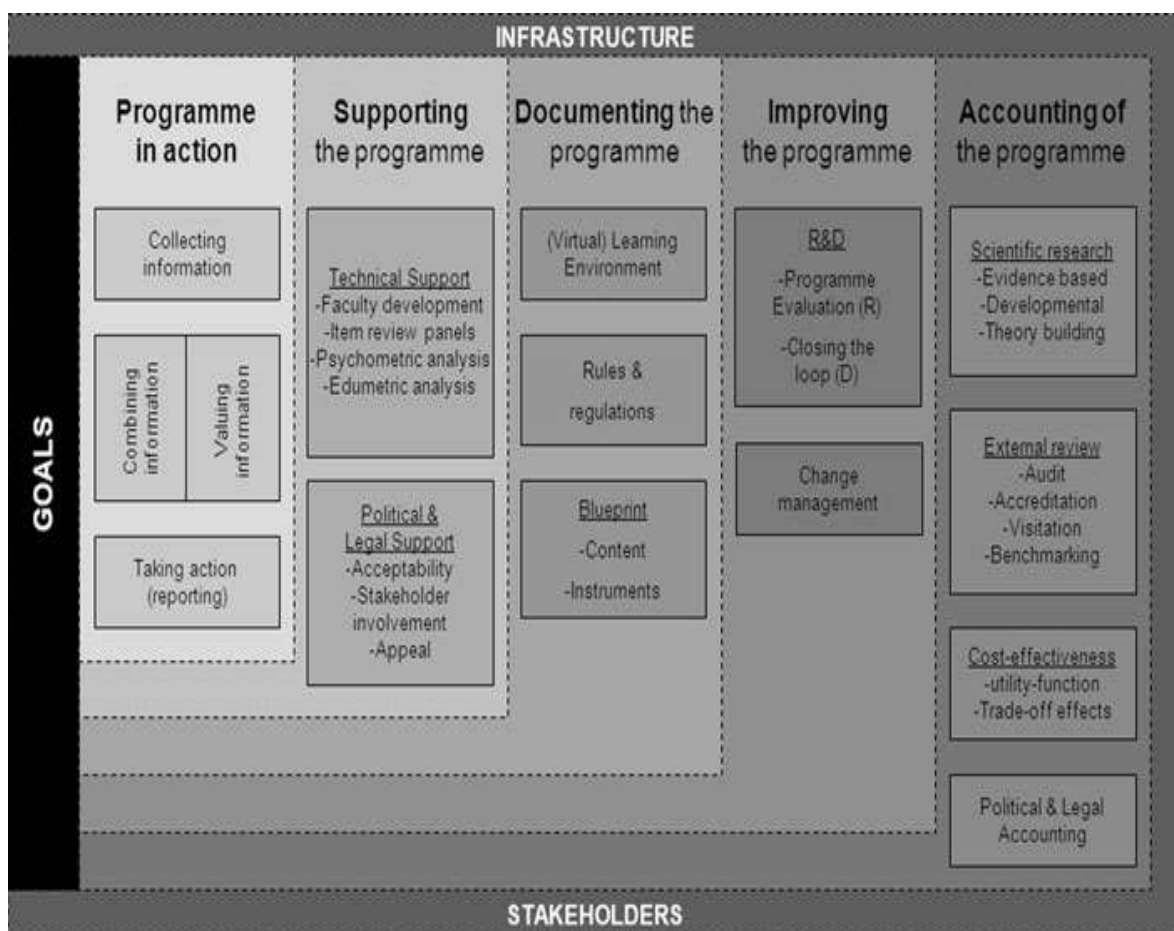


TABLE 1

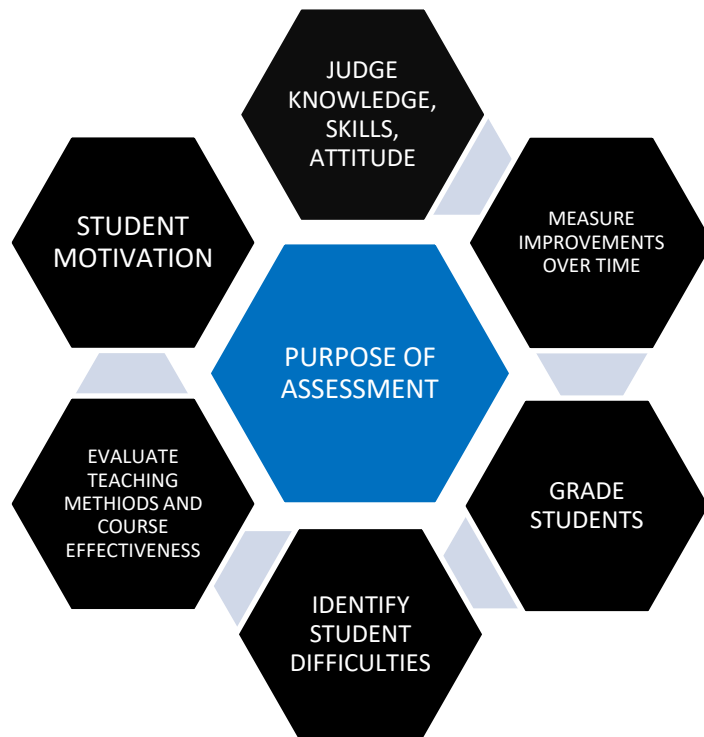
## 1.5 Assessment Policy

RMDC is following traditional discipline based curriculum developed in light of Pakistan Medical & Dental Council and University of Health Sciences guidelines essence of the assessment policies are as under:-

- 1.5.1 Passing criterion is 50% marks.
- 1.5.2 Assessments will be carried out at end of each term and at the end of academic year.
- 1.5.3 The frequency, timing and weightage of assessments will be feasible, valid and reliable.
- 1.5.4 Assessment criteria will be clear and available to students in a timely.



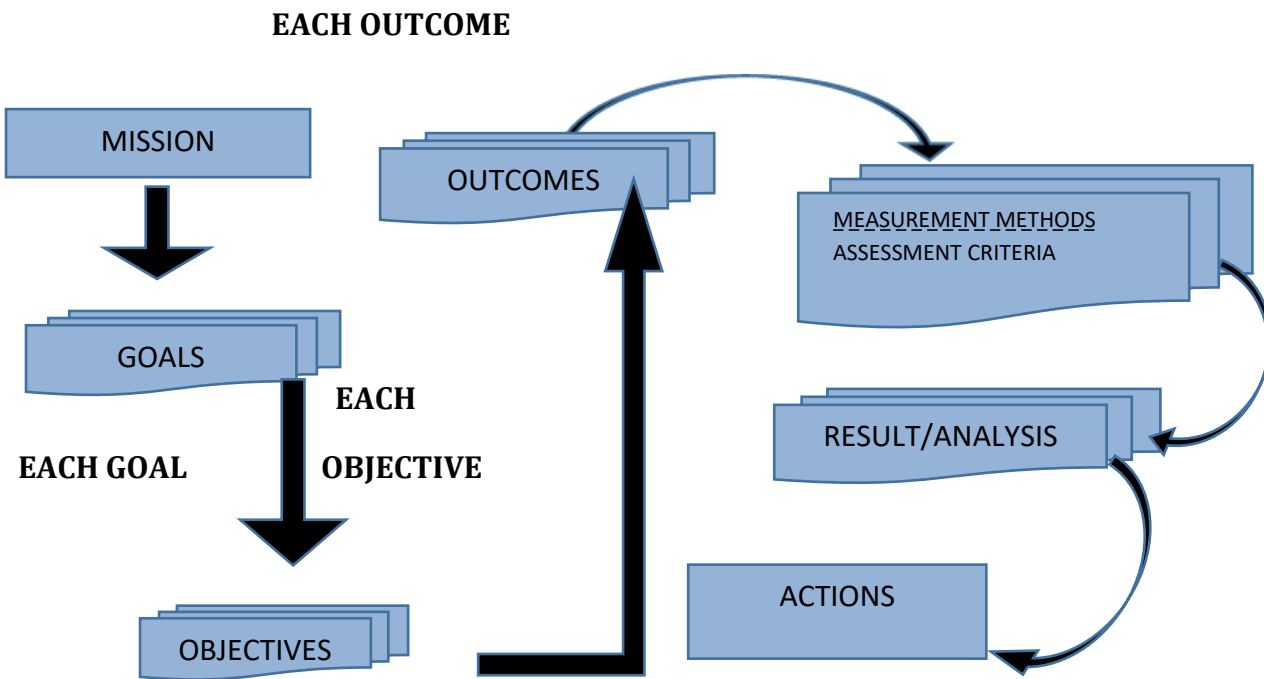
- 1.5.5 Appropriate feedback from students and teachers after each term (formative as well as summative assessments) will be carried out.
- 1.5.6 Assessment schedule once approved will not be changed without approval by the Assessment Committee and Academic Council.



## 1.6 **Assessment Procedures**

RMDC is adhered to the following instructional model (Figure 3) in carrying out assessment. The simplified instructional model (Figure 3) summarized below showing the basic steps to be followed in the instructional process and it illustrates the interrelated nature of teaching learning and assessment.

**FIGURE 3**



#### 1.6.1 Instructional Goal

Regarding the MBBS program our specific instructional goal is to produce graduate who are competent humane and compassionate provide holistic care to the patients with this foundation assessment plan is formulated. Detail is as under:-

#### 1.6.2 Types of Assessment

**1.6.2.1 Continuous Assessment During Academic Year:** It will incorporate both formative and summative assessment for whole academic years.

**1.6.2.2 Formative:** Conducted throughout in each term. Though low stake examinations but with feedback it will improve student's learning, leading to better performance in summative assessment.

**1.6.2.3 Summative:** Conducted at end of each term, consisting of MCQs, SEQs, OSPE and structured viva. However, logbooks will be maintained during each academic year by the respective depts. In light of UHS guidelines.

#### 1.7 Assessment Tools

Various selected tools used in assessment are as under:-

##### 1.7.1 Written Assessment

Questions are given to the student and they write their relevant answers appropriately in a specified time.

##### 1.7.2 Multiple Choice Questions (MCQs)

MCQs are extremely flexible and assess knowledge, understanding, interpretation and application. These will be effective to judge / determine the cognitive aspects of students, one best answer is selected from 5 given options to answer.

##### 1.7.3 Short Answer Question

Written assessment formats are the most well-known and most widely used assessment methods in medical education. Learning outcomes which are mainly based on cognitive domains can be assessed by written tools. We will use short answer question (SAQ).

#### **1.7.4 Assignments**

Every month the departments are assigning topics to the students as assignment. These will be a part of formative assessment. As well as Clinico- Basic and Pathologic Conferences are held for preclinical and clinical years, respectively.

#### **1.7.5 Practical/Clinical Assessment**

##### **1.7.5.1 Objective Structured Practical Exam (Ospe)**

A formative OSPE will be held during terms and summative at the end of year. It is consisting of laboratory-based and practical questions related to the learning objectives covered in the course. A feedback from student is sought after formative assessment.

##### **1.7.5.2 Objective Structured Clinical Exam (OSCE):**

A formative OSCE will be held during the term and summative at the end of year. It is consisting of clinical and practical questions related to the learning objectives covered in the course. A feedback from student is sought after formative assessment.

##### **1.7.5.3 Long Case**

At the end of fourth and final year each subject is being assessed on patient as a long case. Frequently encountered problems are made the case scenarios for which students will be trained during formative assessment in clinics.

##### **1.7.5.4 Structured Viva**

At the end of examination an integrated viva is being taken in which relevant specialists are asking the questions in light of laid down guidelines on the subject.

##### **1.7.5.5 Log Books**

Log books of each student are being maintained in dept and each entry is initiated by the observer concerned. To meet the requirement of the UIHS all students are required to fulfill the criteria (ie assignment, case presentation in words and departmental log book).

## **8 Examination**

### **8.1 Internal Assessment**

Internal examinations (Sendup) are compulsory for students of all classes. The students who do not appear or fail in the examination is regarded as student whose courses of instructions are incomplete and unsatisfactory and will not be allowed to appear in the university professional examination for promotion to the next higher class, may also loose scholarship if any granted pass percentage for sendup examination is 50%.

### **8.2 Regulation of Internal Assessment**

- 8.2.1 The weightage of internal assessment shall be 10% is all subjects. 5% internal assessment marks shall be added to the aggregate score of theory and 5% marks to aggregate score of oral and practical examination not to an individual component like MCQs, SEQs paper or oral practical / clinical examination.
- 8.2.2 Continuous internal assessment shall consist of evaluation at the end of each assignment e.g stages / sub-stages, class tests etc. attitudinal assessment from educational and or clinical supervisors and years' work books.
- 8.2.3 Assessment of knowledge, skill and attitude shall contribute towards internal assessment. Methods used to assess these domains shall include multiple choice questions, short essay questions, oral / viva and practical clinical examinations.
- 8.2.4 The score of internal assessment shall contribute 10% to final examination and final University examination and final university examination of each subject shall contribute 90% to total score and candidate shall pass in aggregate.
- 8.2.5 The marks of internal assessment will be submitted only once a year prior to annual examination and same shall be counted both for annual and supplementary examination.
- 8.2.6 Record of continuous internal assessment shall be maintained by respective department of medical / dental college.
- 8.2.7 Internal assessment awarded in particular year may not be decreased subsequently detrimental to candidate.

### **8.3 Notification of Results**

Faculty Assessment Committee will display result on notice board as well as online on the college website <http://www.rmdc.edu.pk>.

Results as hard copy and e-mail will also be sent to parents concerned of each term for their information.

### **8.4 Conducting Examinations and Assessments**

Conducting Examinations and Assessments confirm the University of Health Sciences Guidelines. In all examinations rules of examination assessment are displayed on concerned department notice boards to students prior to the examination or assessment.

Note: Any requests for special assistance example reader/writer are being entertained prior to the examination or assessment.

## **8.5 Examinations and Assessments conducted under ‘Examination Conditions**

Following rules are being followed for conducting examination.

- 8.5.1 Students may only enter the examination room under the instruction of their supervisor.
- 8.5.2 Students must display their RMDC Student ID card on their desk throughout the examination. If student(s) are not possession of their ID card, the supervisor may, at his/her discretion, allows the student to provide some other form of identification such as a CNIC.
- 8.5.3 All types of bags and personal possessions are not allowed in the examination hall and examination area must be left clear.
- 8.5.4 Hats, caps and earplugs are not allowed to be worn in the examination room and watch alarms must be turned off.
- 8.5.5 Cell phones are to be switched off and kept inside the bags/personal possessions outside examination hall. Use of all types of electronic devices is prohibited in the examination hall.
- 8.5.6 Students to bring pens, pencils, eraser, ruler. Pencil cases, however wallets and purses of any type are not permitted in the examination hall / room.

No eatable is allowed to bring along in the examination room. Students may bring a clear, plastic water drink bottle. Dictionaries or any printed / electric material is not allowed.

## **9. FACULTY**

**Professor Dr. Iftikhar Ahmed,**

Head of Department,

MBBS; MCPS, FCPS(Ophth),

PMDC Reg. No. 10450-P.

Dr Tariq Shakoor,

Associate Professor,

MBBS; FCPS(Ophth).

**Dr. Mohammad Ali Haider**

Assistant Professor,

MBBS; FCPS (Ophth), FCPS(Vitreo-Retinal Ophth),

Fellowship in Retina, Manchester University UK.

PMDC Reg. No. 44136-P

**Dr. Sobia Karamat**

Medical Officer

MBBS;MCPS( Ophth)

### **SUPPORTING STAFF**

Mrs.Uzma Sattar Ocularist

Mrs. Sana Saghir Optometrist

Hav. Mohammad Riaz, Lab Technician

Hav. Mohammad Safdar

# Organogram

Principal



Professor (Head of Department)



Associate Professor



Assistant Professor



Senior Registrar



Medical Officers

## **9.1 JOB DESCRIPTIONS**

### **A. PROFESSOR:**

1. Professor is responsible and accountable for setting and advancing the academic strategy of the Department in line with Faculty and University strategic plans and direction.
2. He is responsible to develop and sustain appropriate structures for management, consultation, decision-making and communication with staff and students and promote and represent the college as well as the university both internally and externally.
3. He must ensure that staff performance is managed appropriately and in a way that is consistent with the expectations of the college management and that fair workload allocation processes are in place.
4. He should ensure all staff has access to the necessary support to enable them to contribute fully and develop their skills and experience.
5. Engender a culture of excellence, co-operation and respect both within and beyond the Department.
6. Make effective use of all staffing resources and seek opportunities for collaboration and joint working with others beyond the Department and beyond the Faculty.
7. Ensure students are included, as appropriate, in the various decision making fora within the Department.
8. Ensure a safe and healthy environment for both staff and students in full compliance with health and safety requirements
9. Ensure all activities are carried out to the highest possible standards and put in place the necessary evaluation and monitoring procedures to ensure both compliance and improvement: by equally giving the chance to the faculty members to improve the teaching skills.
10. Delegate whenever deems fit, the associate or assistant professor to carry out the matters of department with regard to teaching and management.

### **B. ASSOCIATE PROFESSOR:**

1. An associate professor is a professional who assists the professors and senior educators in instructional purposes.
2. May assist the professor to help complete the teaching assignments along with other related issues to help the students resolve their problems through interactive sessions.
3. Assist the Professor to plan the yearly curriculum, make day to day lesson planning to come up with innovative ideas to make learning flexible and enjoyable.
4. Support the Professor to take up classes to finish up scheduled targets in his/her absence.
5. Implement ways to handle students to motivate their interest in the subject as well as elevate the interest of the students through positive reinforcements.



6. Assist in making of models and illustrations with the approval of the Professor to make learning easier.
7. Attend meetings and discussions held from time to time to understand the functioning of the department and the strategies implemented.
8. Help the Professor to take up the classes for the weaker students to help them bring up the grades of the overall class.
9. Maintain the performance logs of the students to help the teacher to elevate the confidence of the students in a positive direction.
10. Prepare the medical students for the UHS examination to comprehend and solve the MCQ's and SEQ's in the correct manner and make them confident to answer the VIVA questions in the proper manner.

### **C. ASSISTANT PROFESSOR:**

1. Reinforce lessons presented by Professor/associate professor by reviewing material with other teaching faculty members.
2. Enforce departmental rules to help teach students proper behavior.
3. Help other faculty members with recordkeeping, such as tracking attendance and calculating grades.
4. Assistant Professor may seek feedback from other faculty members to monitor students' progress. Faculty members and assistant professor may meet regularly to discuss lesson plans and student development. Assistant professors may sometimes help other members of department by grading tests and checking assignments.
5. The log books should be complete and checked, if not then assistant professor reports to professor or associate professor to take the necessary action.
6. Responsible for the duties carried out by associate professor in his/ her absence.

## **10. Research**

The department and college encourage and facilitate all academic activities and research.

Students are actively encouraged to participate in research projects and helped to undertake them.