



QUEENS MEDICAL COLLEGE

A Project of ILI Education & Health Solutions (Pvt) Limited

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Department of Medicine

Policy on Practice-Based & Problem-Based Training and Student Participation in Patient Care

1. Purpose

Establish an ethical, structured framework for student involvement in clinical care.

Integrate practice-based and problem-based training to enhance competence and critical thinking.

Align student responsibilities with Miller's Pyramid ("Knows → Knows How → Shows How → Does"), escalating with each training year.

Incorporate proven approaches to foster a safe, progressive, and competency-based clinical education environment.

2. Scope

Applies to:

- Undergraduate (Years 1–5) students on clinical rotations.
- Clinical supervisors, residents, and tutors.
- All affiliated clinical facilities—wards, outpatient clinics, emergency, and specialty units.

3. Guiding Principles

Patient safety and rights are paramount.

Progressive responsibilities follow Miller's Pyramid:

- Early years: Knows / Knows How (classroom & interactive learning)
- Middle years: Shows How (guided clinical exposure)
- Final year: Does (under supervision, contributing to care)

Training will include early exposure and spiral/problem-solving curriculum.

4. Policy Statements

4.1 Supervision & Miller Alignment

- Supervisors assign roles fitting the student's Miller stage.
- Clinical rotations include early patient contact and problem-solving tutorials.

4.2 Practice-Based Training

- Activities include history-taking, physical exams, observing/assisting procedures, ward rounds, and clinics.
- Structured rotations, skill labs, and logbooks under faculty guidance.
- Tasks grow in complexity with seniority, with final-year tasks performed under close supervision.

4.3 Problem-Based Training (PBT)

- Implement guided case-based learning (real or simulated).
- Focus areas: clinical reasoning, hypothesis formation, evidence-based discussion, and group learning.

4.4 Patient Consent & Identification

- Students must be identified as such and introduced to patients.
- Consent: verbal for non-invasive; written for procedures and in-depth teaching.
- Patients may decline involvement at any time.
- Students must wear white coats and ID cards.

4.5 Documentation

- Students may record findings; all entries must be countersigned before inclusion in official

record.

4.6 Professional Conduct & Attendance

- Required: institutional attire, ID display, confidentiality, punctuality, and respectful behavior.
- Attendance in clinical blocks, logbook completion, skill sessions, PBT activities, and orientations is mandatory.

4.7 Logbook & Evaluation

- Students maintain logbooks reviewed and signed by supervisors; completion required for certification.
- Assessments include Continuous Assessment and End-of-Rotation exams.

5. Responsibilities

Role	Responsibilities
Students	Participate per Miller's level, complete logbooks, maintain professionalism
Supervisors/Faculty	Provide guided clinical and PBT supervision, verify documentation, offer feedback
Administration	Ensure orientation, badge issuance, policy compliance, quality of training, maintain logbook and evaluation systems

6. Violations & Disciplinary Action

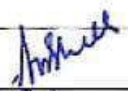
Breaches such as breaching consent, confidentiality, unsupervised care, or unprofessional behavior will be managed through formal disciplinary processes aligned with college standards.

7. Review & Amendment

This policy undergoes annual review by the academic committee, aligned with evolving educational standards, and guided by feedback from students and faculty.

8. Review Schedule

This policy will be reviewed every three years or earlier if required, based on student feedback, audit findings, or regulatory guidance.

Sr.no	Names	Department	Members	Signature
1	Prof. Akmal Bhatti	Medicine	Chair person	
2	Dr. Amir Riaz	Medicine	Secretary	
3	Dr. Nayyer Manzoor	Pulmonology	Member	
4	Prof. Dr. Nabeel Ahmed	Surgery	Member	
5	Dr. Omair Mazhar	Pediatrics	Member	



Prof. Dr. Arif Gulzar
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Prof. Dr. Shireen Khawar
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