



INTERNATIONAL MEDICAL UNIVERSITY
MALAYSIA

Learning for the Future: The IMU Experiment

Editors - P.K.C. Lim and J.W. Mak







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IMU Vision

IMU shall be an innovative global centre of excellence in learning and research, supporting a community of scholars and professionals committed to serving society, promoting the development of students to reach their true potential in becoming competent, ethical, caring and inquiring citizens and visionary leaders.

IMU is committed to academic freedom and the principles of equal opportunity in the pursuit and application of knowledge, the highest standards of intellectual, educational and research productivity; and the establishment of a learning organisation that respects the individual.



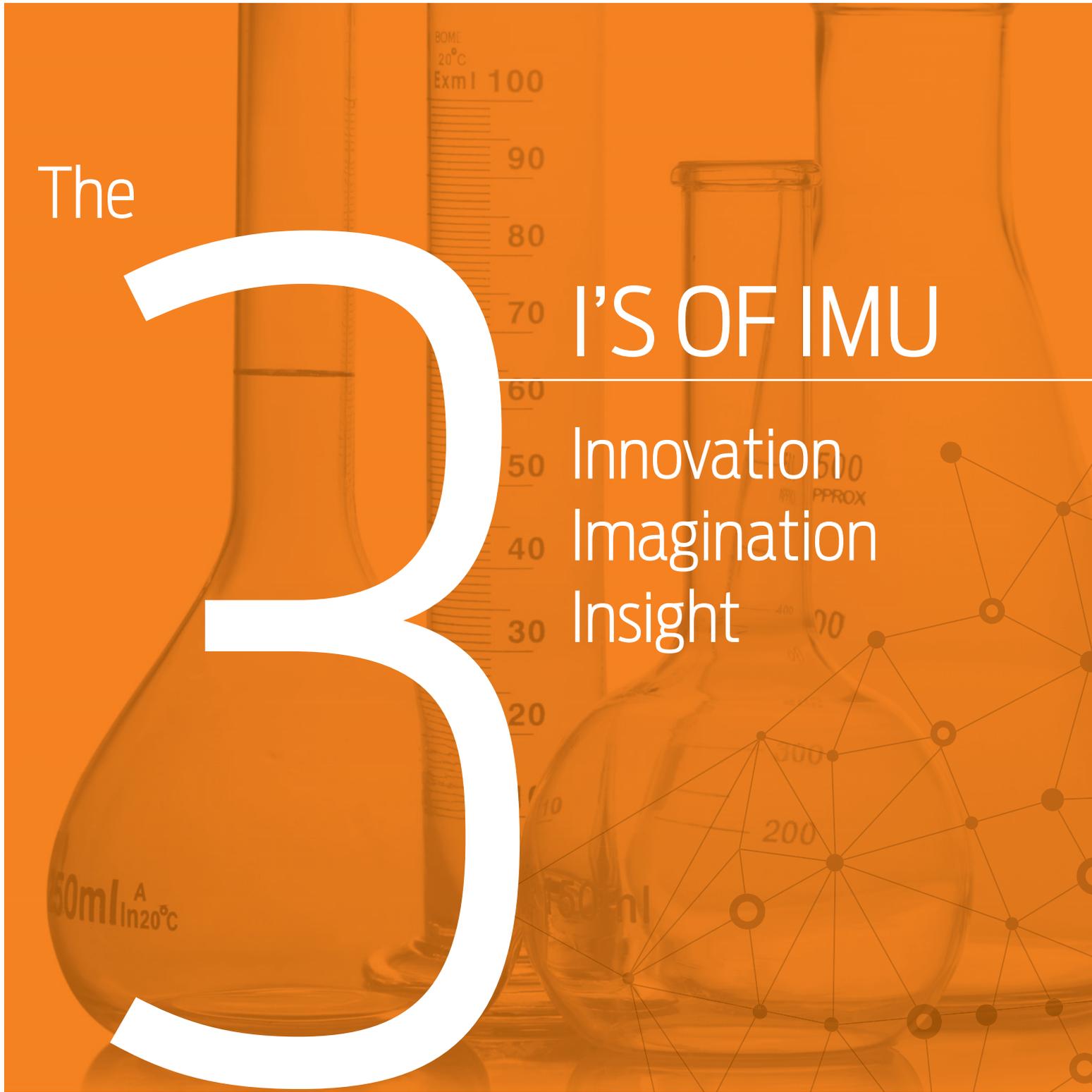


The

3

I'S OF IMU

Innovation
Imagination
Insight



Preface



The story of the development of the International Medical University (IMU) has been published in “The IMU Journey”, “Learning for Life - The Story of the International Medical University Malaysia 2012” and “International Medical University - 10th Anniversary MBBS (IMU) and The Clinical School” to commemorate the 20th anniversary of IMU and the 10th Anniversary of the Clinical School and the MBBS programme respectively. IMU’s progress is illustrated in Appendices (1) to (5).

This publication is all about consolidating the growth, and working towards realising the vision of IMU. We have a long way to go, however the leadership and staff members of IMU have accepted the vision and will work together to realise it.

In this process, one of the activities involved teams of staff members working together to discuss, disseminate and document specific topics that had been identified. These topics form the basis for this publication which will consist of three sections. Basically the topics centre on the important values and issues that need to be considered to enable us to work towards realising our vision.

The vision is clear on the need for IMU to achieve excellence and be a leader at national, regional and international levels. It is also clear that our graduates must serve and be caring, ethical and capable of exercising leadership in their respective communities. The vision also clearly states the liberal attitude to be taken to ensure academic staff can excel and to develop a learning organisation at IMU. The vision is broad, ambitious and emphasises the need for innovation and the importance of embracing change.

The various topics in the three sections are important and should be considered together to work to realise the IMU vision. This publication is also to document a “reference” point in our thinking at this particular point of time and is also relevant in working towards creating a learning organisation.

The various chapters in the three sections are the work of working groups and while some attempts at editing had been done, it is nowhere near what should probably be done. Nonetheless it does reflect the views of the different working groups. The content tends to be somewhat “lengthy” and overlap considerably between chapters, but has been tolerated to allow the degree of “autonomy” of the different working groups to achieve their respective objectives.

The various topics in the three sections really are to ensure that the “conversation” can continue and will always be “works in progress”. The eight principles of higher education, the attributes of IMU graduates, the IMU Learning Model and the outcome-based curriculum relate to our educational philosophy and how we work to achieve these aspects of our vision relating to teaching and learning.

The chapters on scholarship and the roles of the Professor and Professoriate are to push the conversation on these topics in the light of the challenges of a rapidly changing world. Boyer’s four part paradigm of scholarship is very important and useful in considering the contributions of academics and managing the interface between scholars and the rest of the world.

The role of the University is changing and hence the roles of the professor and the professoriate need to be discussed. How much autonomy can there be for academics to function effectively and the role of the professoriate in academia and outside it, needs to be further discussed.

The consideration of the various topics really helps us to understand better the values that are embedded in the IMU vision. Too often these values have not been considered and discussed sufficiently, as what has been considered as “values” have merely been the obvious and superficial. I had identified the various topics based on the issues and concerns that had arisen in different ways over the last decade at IMU. There will be other issues that will need consideration and this can surely be done. It is important however to go back to the vision when we consider the priorities that are relevant in our rapidly changing environment.

In working to realise our vision, IMU needs to work to be “values-led” and “purpose-driven”. While we are going in that direction, a lot more needs to be done. This publication will help to push the conversation in that direction and continue to galvanise our action towards achieving our vision, which includes the development of a learning organisation.

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“Learning for the Future - The IMU Experiment” will continue to grow with the partnerships with universities around the world. What we do at IMU can be useful to others and we can share this experience with them ... our challenge is to live our vision.

Tan Sri Dato’ Dr Abu Bakar Suleiman

President

International Medical University



Appendix 1

Programmes in IMU – 2015

IMU PROGRAMMES IN 2015	
1.	Bachelor of Medicine and Bachelor of Surgery (MBBS)
2.	Bachelor of Medical Sciences (Hons)
3.	Bachelor of Dental Surgery
4.	Bachelor of Pharmacy (Hons)
5.	Bachelor of Science (Hons) Pharmaceutical Chemistry
6.	Bachelor of Nursing (Hons)
7.	Bachelor of Science (Hons) Dietetics with Nutrition
8.	Bachelor of Science (Hons) Nutrition
9.	Bachelor of Science (Hons) Biomedical Science
10.	Bachelor of Science (Hons) Medical Biotechnology
11.	Bachelor of Science (Hons) Psychology
12.	Bachelor of Science (Hons) Chiropractic
13.	Bachelor of Science (Hons) Chinese Medicine
14.	Bachelor of Science (Hons) Psychology
15.	Bachelor of Nursing Science (Hons) Post Registration
16.	Foundation in Science
17.	Master of Science in Public Health
18.	Master of Science in Analytical and Pharmaceutical Chemistry
19.	Master of Science in Molecular Medicine
20.	PhD in Medical and Health Sciences (By Research)
21.	Master of Science in Environmental Health
22.	Master of Science in Medical and Health Sciences (By Research)
23.	Post Basic Certificate in Teaching Methodology for Nurses

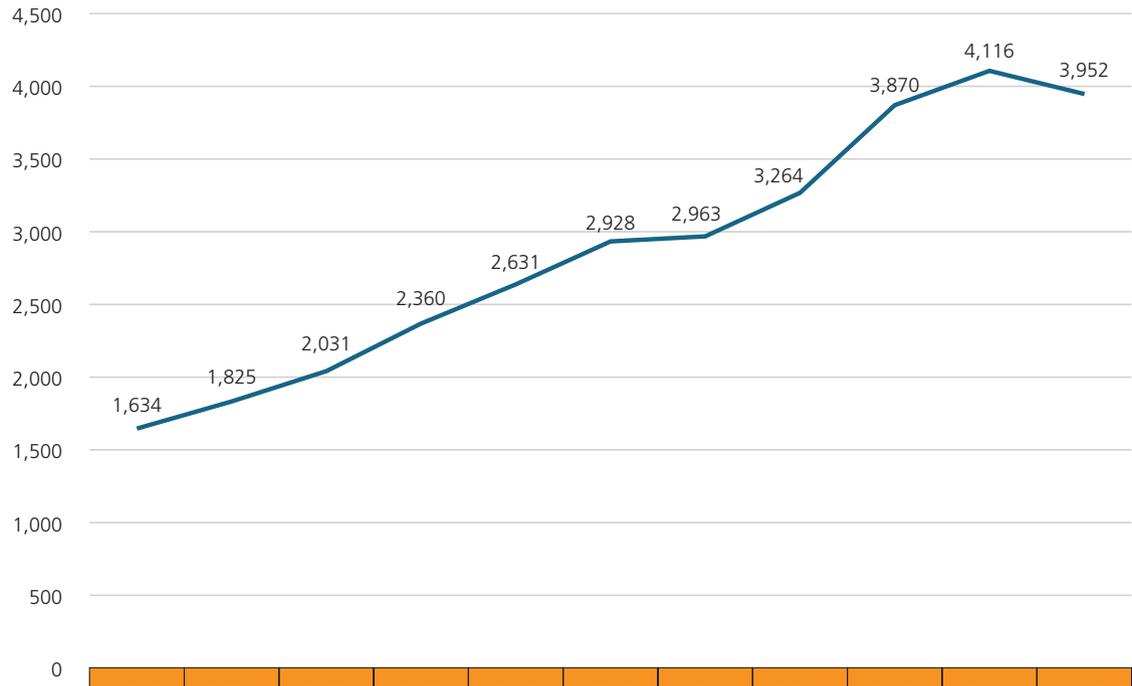
Appendix 2

Student Population in IMU from 2005 - 2015

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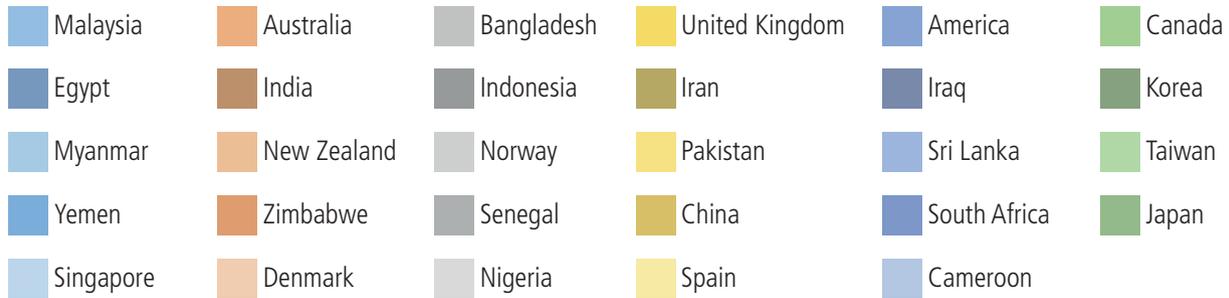
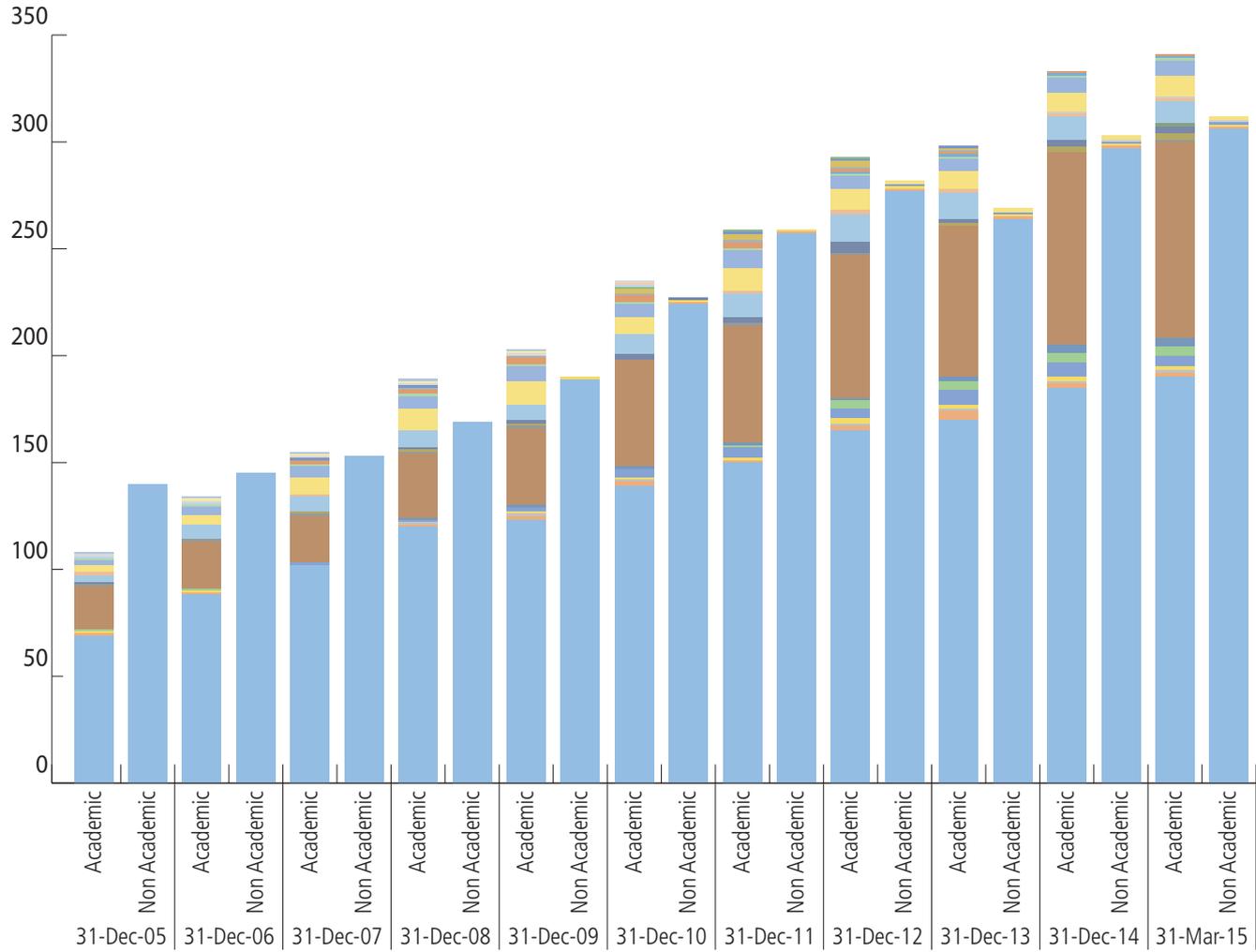
The IMU Experiment

Student Population 2005 - 2015



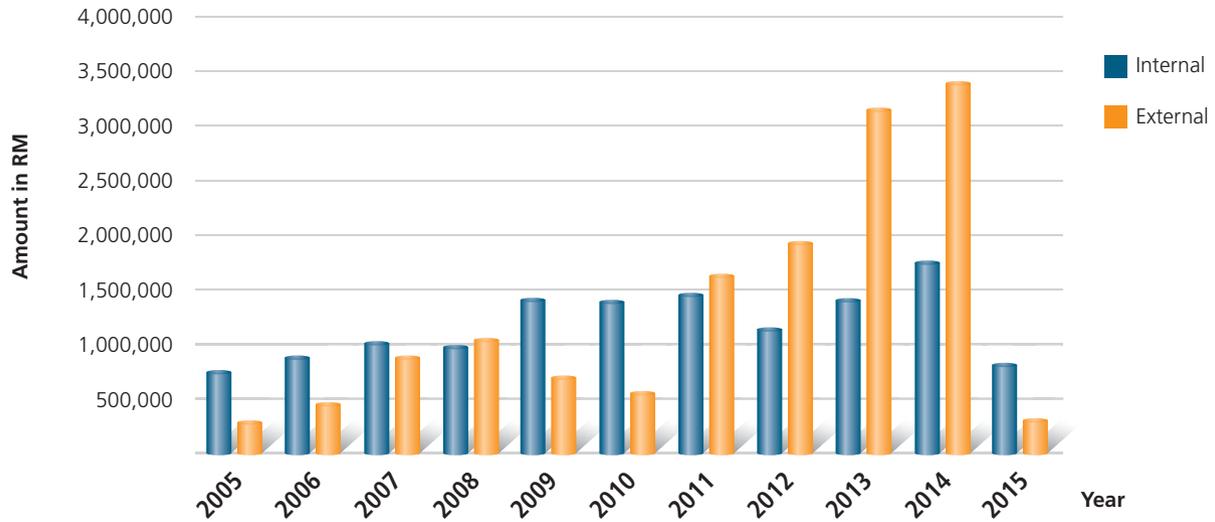
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Mar 2015
Student Population	1,634	1,825	2,031	2,360	2,631	2,928	2,963	3,264	3,870	4,116	3,952

IMU Staff Strength (2005 - 2015)

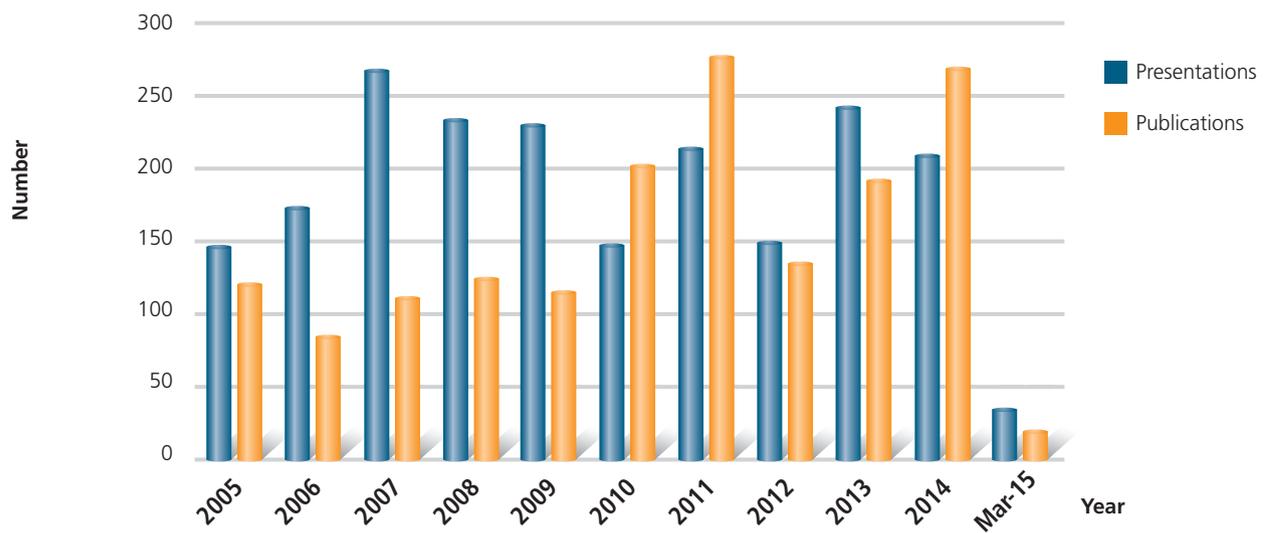


Appendix 3

IMU Research Funding (2005 - 2015)



IMU Presentations and Publications (2005 - 2015)



Appendix 4

Award for Community Service Presented by Talloires Network and MacJannet Foundation (Prize for Global Citizenship)

The MacJannet Prize was established by the Talloires Network and the MacJannet Foundation to recognise exceptional student community engagement initiatives at Talloires Network member universities and contributes financially to their ongoing public service efforts. The MacJannet Prize was established in order to:

- Recognise and encourage exceptional student community engagement and community service
- Financially support the ongoing work of university-based civic initiatives
- Elevate innovative civic engagement programme models and disseminate them throughout the Network as examples of promising practices
- Strengthen public support for the global civic engagement movement in higher education
- Champion the values and extend the legacy of Donald and Charlotte MacJannet, who devoted their lives to fostering international understanding
- Promote action around the principles of the Talloires Declaration, which recommends steps to elevate the civic engagement of universities around the world

The IMU-Cares Kg Tekir Project was declared the winner in 2013, beating 61 other universities from around the world. The project was considered exceptional by the Talloires Network and the MacJannet Foundation because it fulfils most, if not all of the criteria for the MacJannet Prize.



Appendix 5

Association for Medical Education Europe (AMEE) Award for Student Engagement

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The IMU Experiment



The ASPIRE to Excellence Programme has been established to go beyond the traditional accreditation process and to recognise that the education programme in a medical school can be subjected to peer review against an agreed set of standards or benchmarks that identify world-class excellence in education.

Areas of Excellence

Three spheres have been selected for assessment.

- Assessment of students
- Student engagement in the curriculum and in the medical school
- Social responsibility and accountability as a mission of a medical school

The IMU was a winner of the 2013 Awards for student engagement.

Appendix 6

Acknowledgements

We are indebted to Tan Sri Dato' Dr Abu Bakar Suleiman, President of IMU, for initiating the idea of publishing this book in an effort to better understand the values embedded in IMU's vision. Our special appreciation to Dr Mei Ling Young, Professor Victor Lim, Professor Aziz Baba, Professor Peter Pook, Professor Mak Joon Wah and Ms Christy Chiu for their continuous support, understanding and encouragement during the preparation of this book. Our special thanks to all the authors and reviewers who have worked endlessly on the book chapters and to the school administrators for their coordination of the various working groups. We are grateful to the Marketing Department and Ms Ida Fazlina for their assistance in the design, layout and printing of this book. We would also like to thank all others who have in one way or another contributed to this book.





23 years ago, three Malaysian academicians namely Kamal Salih, Mei Ling Young and the late Saidi Hashim together with the help of two internationally renowned medical educationists, Ron Harden and Ian Hart started the first private medical college in Malaysia, the International Medical College (IMC). It was however more than just another medical college, it was an experiment in the internationalisation of medical education. Based on the underlying principle that there is sufficient commonalities in medical education, it was hypothesised that a medical student trained in one part of the world will be able to seamlessly transfer to a medical school in another part of the globe and successfully complete the entire medical programme. Thus, work started on a unique model of international partnership in the training of doctors. The reputations of Ron Harden and Ian Hart helped lend credibility to the IMC project. Through their personal links with schools in the United Kingdom and Ireland, 5 medical schools joined the original consortium namely Dundee, the Royal College of Surgeons of Ireland, Liverpool, Aberdeen and Glasgow. Under this arrangement, medical students were recruited in Malaysia to undergo a 5-semester Phase 1 programmes in IMC using a common curriculum. Upon successful completion of the Phase I course, the students will transfer to an overseas Partner Medical School and complete the medical programme.

23 years on, IMU is a full-fledged tertiary institution offering some 20 health professional programmes at pre-university, undergraduate and postgraduate levels. Students can complete these programmes entirely in Malaysia or opt for a credit transfer arrangement modelled after the original medical programme. IMU has credit-transfer agreements

Introduction

with nearly 40 partner universities around the world. Even though 23 years is a very short duration of time in a university's life cycle, IMU can look back with some sense of pride and satisfaction at the progress it had made over the last 23 years. This series of booklets is an attempt at a situational analysis of what we are, what we do, where we are now and importantly where we want to be. Many members of faculty have contributed to the chapters which are also partly reflections of how true we have or have not been to our vision, mission, philosophy and values which were articulated at the time of the establishment of the institution.

The original experiment had been a very bold, even audacious venture. Not everyone involved in the early years were confident of its success. Professor Ian Simpson, formerly the Clinical Dean of the Medical School at the University of Auckland (one of the five original partner schools) said, "In the early days, I was not sure that the IMU would be a viable project." He remembered that when he first came to Kuala Lumpur, he found a lack of high quality infrastructure at private institutions and this added to his doubts. He recalled that a particular professor from Australia was particularly vociferous in his criticism of the proposed IMC programme with partner schools. He wanted the students to come to the partner schools first and then complete clinical training in Malaysia with a Malaysian degree. It was also clear that the public university medical schools and their leadership in Malaysia were rather antagonistic to a private school which might threaten their status and access to resources. Like most medical schools anywhere they preferred a closed shop even if it meant inadequate numbers in the medical workforce. Their alumni

often felt the same about a private medical school saying “that the standard of medical graduates in Malaysia would fall”.

Professor Ian Simpson became more confident with time when he got to know the people at IMC better and began to realise that they had the energy, enthusiasm, political connections and business plan to make it work. Moreover, the students, while mostly not from the 90+ percentile of school leavers, were very motivated (their parents’ monies were at stake) and most could be successful in a medical programme. He attributes the success of IMU to the leadership of Mei Ling who provided constant energy and drive and effectively made use of everything and everybody necessary for the success of the school. Much of the guidance with the first group of partners came from the senior deans and caucus representatives as they were able to advise mainly on which medical school to approach, how to go about it, and what we need to do in IMC to give them confidence.

Thus, the partner schools, Academic Council and Professional Education Advisory Committee (PEAC) (formerly the International Consultative Committee) where Professor Michael Hamlin, Dr Joseph Gonnella, Professor Michael Orme and Dr John Ruedy played critical roles, had facilitated the rapid development of the IMU and the educational professionalism.

The experience and quiet advice of Tan Sri Dato’ Dr Abu Bakar Suleiman were very valuable for the Malaysian scenario, especially how to work with the Seremban Hospital staff, the building of the Clinical School on the

grounds of the hospital, and other important considerations for a private-public partnership which had no precedence.

Professor Michael Orme, the former Dean of Medicine in Liverpool University remembers quite vividly the summer of 1991, when Sir Robert Shields (a previous Dean of Medicine in Liverpool) brought two visitors from Malaysia to see him. Those visitors were Mei Ling Young and Kamal Salih who he got to know very well in succeeding years. After a preliminary visit to Kuala Lumpur, the University of Liverpool became one of the first universities to join the IMC in April 1992. Michael did not have any worries about the IMC being a viable project because the enthusiasm of all involved overcame any concerns about the project. He did however have some concerns over where the project would be based. He still remembers clearly being taken on a visit to a potential site located along the North South highway with a chicken farm near Rawang. Kamal dreamt of a bridge over the highway called “Gerbang Ayu” on the slope of the hill heading north on the highway, it had a view of the spreading township of the “new” Rawang. In retrospect, Michael felt that it would have been a very difficult site to manage and the final arrangements at Bukit Jalil are clearly much better.

John Marley first came to the IMU with Derek Frewin, Dean of Adelaide. John convinced Derek Frewin to join the IMU. He was then the Dean of Students. After that, John moved to Newcastle as its Vice Chancellor of the Faculty of Health Sciences. Then he moved to University of Queensland as Professor. Professor Marley, from the very start, had no doubt that IMU was a viable project. He was impressed with the founders who saw that to help make access to

medical education more equitable, a model that allowed students to be in their home country for longer was both more economical and enabled them to be older and more mature at the point of transfer to a different medical school in a different country with a very different culture. John added that the IMU model has been copied by many universities in different parts of the world and he had no doubt that there was a market for the idea. By the time he was associated with IMU the challenging task of recruiting partner medical schools had been achieved successfully.

Nonetheless Professor Marley noted there were significant challenges in the early years. Recruiting suitable staff was and continues to be a major challenge. This is especially so for medicine where clinicians can earn so much more being clinicians than they can by working in a medical school. The challenge to recruit staff meant that the workloads of the IMU staff were high and this in turn can lead to high staff turnover. IMU was brave in introducing a problem-based learning (PBL) curriculum in an environment wholly unfamiliar with such a concept. The anxiety around PBL was in staff as well and a parallel didactic curriculum grew up and this in time was reinforced by assessments being set on the unofficial didactic curriculum. PBL tutors were teaching rather than facilitating. Compounding this was a perception that IMU students would be different to students in more Western countries and not be vocal enough for PBL. Some parents contributed to the anxiety by thinking their children needed to be taught rather than taught to enquire. The Partner Medical Schools were also a significant challenge in the early days with each thinking that the way they educated students was the best and the only way that it

should be done. IMU had the unenviable task of trying to synthesise these conflicting views and reach a compromise.

Professor Michael Orme also remembers the challenges in the early years both in Malaysia and the UK. The one concern he had was the quality of the students. He was quite surprised (and delighted) that IMC was allowed to go ahead with student entry based on merit rather than the admission criteria applied to other public medical schools. He was also concerned as to how the first cohorts of new IMC graduates would be assessed when they went to their partner medical school for clinical studies. As it turned out, some of the IMC students were eventually among the top of the class in Liverpool (and in other UK medical schools) and their ability to speak good English was also impressive.

The UK medical schools also had to “do battle” with the UK government concerning the financing of the project in the UK. Michael was closely involved with discussions about what was known as “SIFT” (the Special Increment for Training) which brought extra government funding to cover the increased costs of delivering health care in hospitals where medical students were taught. This became a very complex issue and was best solved by each medical school discussing the matter with their regional health authorities.

What then for the next 25 years? Joseph Gonnella, the former Dean of Medicine at the Thomas Jefferson College of Medicine in Philadelphia feels that IMU should now focus on postgraduate education and in particular continuing professional development. IMU should also move into health policy research. Professor Gonnella is convinced that there is only so much education can do. The health system and its

methods of reward has a far greater influence in changing health professionals' behaviour and producing better patient outcomes in Malaysia. However policy changes can only be made based on good quality data and that IMU should work with relevant parties to produce such data.

Professor Michael Orme shares this view for the future. He would like to see IMU encouraging the development of research in subject areas that are not linked directly to medicine and which are particularly relevant to the development of Malaysia.

Professor Ron Harden, who was closely involved in the establishment of IMC is of the opinion that the concept of internationalisation should be revisited. IMU should have a real sense of pride in what has been achieved. IMU will continue to evolve but the challenge is whether IMU should build on its achievements and strong base to lead a new wave in medical education. Perhaps IMU's direction should be towards an 'edu-glomerate' where students have an opportunity to mix and match programmes from a variety of local or international providers. Professor Ron Harden concludes, "This is a vision I share and could represent a future direction for IMU."

Prof Victor Lim

*Vice President, Education
International Medical University*



