

## learning for life

he Story of the International Medical University Malaysia

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# "To be a good doctor, you must also be a good human being."

Tan Sri Abu Bakar Suleiman, President, International Medical University Malaysia











By all accounts, the setting up of the International Medical University was a huge adventure for all concerned, and it started with a momentous meeting thousands of miles away, in Canberra, Australia. 12 THE IMU STORY: AN ADVENTURE IN MEDICAL EDUCATION IMU 20TH ANNIVERSARY 13

#### A Chance Meeting

The year was 1974. **Dr Kamal Salih** of Universiti Sains Malaysia (USM) in Penang was delivering a paper at the Australian National University (ANU) in Canberra, and as was the norm then, fellow Malaysians decided to go and say hello.

Amongst them – the young and earnest **Mei Ling Young**, a student of demography, who had attended almost by accident.

"I wasn't meant to be there, but a friend, also from Malaysia, contacted me about it. It was really not nice not to go and say hello. When anyone came over from Malaysia, our Malaysian hospitality kicked in, so a group of us went to meet him," recalls Mei Ling.

At the time, Mei Ling's research focused on internal migration as a means to restructure society to alleviate poverty, and she was going to do her fieldwork in villages in Kedah.

A gifted and visionary social scientist, Kamal had already created a name for himself as an economist and regional scientist. He was energetic and always keen to try new things.

So impressed was he by Mei Ling's enthusiasm to return to Malaysia and commitment to serve the country that he offered her the use of USM as the base for her fieldwork, which lead to her joining USM, in the newly set-up department of Development Studies.

#### The Turning Point

This marked the beginning of a long and fruitful relationship that saw the pair working closely, both keen to explore new avenues of research and teaching. The subjects they taught at USM tended to be radical, covering areas of underdevelopment, imperialism, class, poverty, unequal relations, gender, etc.

It was an exciting time. USM had many young and committed lecturers who had returned from abroad and really believed in making a difference through education. It was heady times.

Other than Kamal, the social scientists, many already in senior positions, were people like Lim Teck Ghee and Chandra Muzaffar. They already had a reputation for working against social injustice and poverty. Rubber prices had plummeted causing long and severe economic hardships to families. It caused the death of a child, who, in hunger, ate a poisonous yam in Baling. Students protested against such injustice in rallies in USM, which even spread to Universiti Malaya (UM). The student unrest culminated in the University and University Colleges Act 1971, which

clamped down on student activities in universities.

The next incident in USM involving the young and idealistic faculty was the issue of brain drain of quality staff.

Things came to a head when the press picked up the news from the USM Staff Association that academic standards in universities had dropped owing to the brain drain in faculty.

Mei Ling details the incident, "All of us demonstrated and drove our cars around the Chancellery, holding placards. A court case was filed against us for tarnishing the image of the University. We didn't have much money but we had great ideas and idealism, so we got Raja Aziz Addruse, who was well known for taking on underdog social causes, to represent us. The case dragged on, but eventually we won."

Kamal left the university, and went on to found the Malaysian Institute of Economic Research (MIER). Mei Ling joined him soon after.

#### Think-Tankers

"For a number of months I didn't have a salary," says Mei Ling, "but I felt we were doing something good for the country because MIER was an independent think-tank. We liked the idea of working in an organisation that was autonomous and we felt that this would help us do high quality and independent research."

MIER quickly grew, and a number of academics were recruited as adjunct consultants who did not have to leave their university jobs to work at MIER. Those were interesting days, says
Mei Ling: "We did different types of
research, ran conferences to show the
outcomes of the research, for example
the yearly national economic forum.
There were projects on human resource
development and the labour force, like
the National Clearing House for Unemployed Graduates which was developed
during the reccession, where graduates
were matched to employers."

"In 1986-87 we ran the first conference on private education and got the Government, various non-governmen-

tal organisations and private sector providers to participate. We could do it because we were seen as independent and autonomous, without an agenda, and so private education became one of our principal areas of interest."

Although MIER represented their first foray out of the university environment, Kamal and Mei Ling had toyed with the idea of leaving academia earlier "When we talked of leaving," says Mei Ling, "the only thing we could think of was to become consultants in our area of comfort and expertise – that of education."

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#### **Seeding Change**

In the late 1980's, Kamal and Mei Ling were working out what they wanted to get into after MIER.

At the same time, it was clear that Malaysia was facing a serious shortage of doctors, and they focused on the challenge – how could Malaysia train more doctors?

At that point, there were only four medical schools in Malaysia – Universiti Malaya, Universiti Kebangsaan Malaysia, Universiti Sains Malaysia and the International Islamic University. These institutions only trained around 300 doctors a year, and the choice for a Malaysian student was either to study at one of these institutions or go outside the country. Available places were severely limited in both cases and those choosing a foreign education also had to contend with high fees.

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Juxtaposed against this was the challenge the Malaysian healthcare system was facing. "It was a perpetual struggle to find medical staff of a certain standard that met the requirements of society," said IMU Pro-Chancellor and former Minister of Health, Tan Sri Datuk Seri Dr. Chong Hon Nyan. "In those days, I was a regular delegate at annual meetings of the World Health Organisation, and I began to see that our doctor-patient ratios were unacceptably low and did not meet accepted standards. University output was never sufficient and only a handful of doctors were being trained overseas."

Kamal and Mei Ling hit on a brilliant, simple idea – if young Malaysian students could not go out into the world to get the education they wanted and deserved, they would bring it to them. They wanted to leave MIER, said Mei Ling. "We knew education was our forte. There was a great need for doctors. But I also felt there was a need to produce doctors in Malaysia who were caring, who approached patients by explaining the problem, the medication, and telling them what they should do to get well. We had to make the difference We were gung-ho, young and maybe just a bit naive."

Their plans for a new medical college would not only supply Malaysia's critical demand, but would also give educators the chance to produce a caring, communicative doctor.

And so the idea for the International Medical College (IMC) was born.

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#### Believing In The Impossible

Kamal and Mei Ling agreed on two key points – the first, that to be the best, you have to start with the best and second, that nothing was impossible.

The first thing they did was contact the late **Dr Saidi Hashim**, an old friend from USM who had helped start the university's Medical School and risen to Deputy Dean before leaving academia to pursue his own interests in business. The three then approached the authorities with the idea.

Tan Sri Dr Abu Bakar Suleiman, the current President of IMU, was at that time Deputy Director–General of Health. "For a long time, there were only four medical schools in the country. The decision on the location of medical schools tended to be based on

political considerations, but we needed doctors. For example, when the country's population hit the 16 million mark, we only had one dental school."

"I was involved in long-term planning at the Health Ministry and was appointed advisor to the Education Ministry on the development of medical schools. Kamal, Mei Ling and Saidi came to see me to seek my views on their idea for a medical college. Kamal was two years my junior at Monash University in Melbourne, but I didn't know him or Mei Ling. I only knew Saidi because we were in the same profession."

"I was fascinated by what they told me. In the late 1980s, Monash had proposed a private medical school in Ipoh. There were stumbling blocks — the quality of medical education had to be the same as that offered in Australia, and there were some concerns about graduates here being able to practise in Australia. Because the faculty was divided over this, there was some talk of working with Sheffield University in the UK instead. Students would begin the course there and return to Ipoh for clinical training. The idea collapsed before it could happen."

"With IMC, the opposite was proposed: The student would do five semesters here and complete five semesters abroad. The student would also graduate with a degree from the partner school abroad. This was an attractive and innovative idea, and I encouraged them to work on it."

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Next Saidi contacted his old friend and USM colleague **Professor Ong Kok Hai**. "When Saidi got in touch with me, I said 'sure', since we were friends and had worked together," Ong recalls. "I did a lot of paperwork. Kamal and Saidi were the ideas people and they wanted the college to have partnership programmes with universities abroad."

"That's how Saidi and I were involved – when we started the USM Medical School, we decided to go into the new way of training medical students, through an integrated problem-based approach, which was very new at that time. We adopted it in USM in 1979, and were probably the first medical school in Asia to do it – although we never made a big deal of it."

"I would get Ong to do all the technical work, as Kamal and Saidi were very much the concept people. They were not doing it full time; I was. Ong would fly down from USM every Thursday. I, having noted all the things we had to

follow up on, would work together with him," recalls Mei Ling.

As part of this revolutionary initiative at USM, Saidi and Ong had invited two leading medical educators – **Professor Ron Harden** and **Professor lan Hart** – to run a series of workshops that would provide the framework for the USM Medical School curriculum.

Ron, an endocrinologist, was Professor of Medical Education at the University of Dundee, and was one of the world's leading medical educationists. Amongst other things, he pioneered the Objective Structured Clinical Examination (OSCE) – now the universal standard in assessing clinical competence.

His collaborator, Ian, also an endocrinologist, was Professor of Medical Education at the University of Ottawa. He was also Director of the McLaughlin Centre, which produces examinations for the Royal College of Physicians & Surgeons and the Medical College of Canada. Both played leading roles in the development of the medical curriculum at USM.

"When Saidi contacted me about this new, proposed private medical school, they were the first people we approached," said Ong.

Ron and Ian, Ong recalls, resembled the comedians Laurel and Hardy. "Ron is the serious one, thin and tenacious. Ian is stout, big, light-hearted, with a great sense of humour. They brought a good balance to the discussions and both joined the IMC team."

Ron had been impressed by Kamal and Saidi when he first collaborated with them at USM. "I remember their vision to improve medical education not just in Malaysia," he recalls, "but internationally as well. I was also impressed by their genuine enthusiasm."

"I first met Kamal, then the Deputy Vice Chancellor of Academic Affairs at his office in USM – it was an odd place for an office, on top of a water-tower. He filled me with his presence and excitement and I thought, 'Here was someone with a vision and who had a good understanding of academia and business.' It was not a common mix."

"When he came to see me with Saidi a year later, with the idea for the IMC, the feeling I had about him was reinforced. He was hugely passionate about the project and the IMC's mission was truly forward-looking. The notion that you could do a core curriculum in Malaysia and enter medical schools in other countries was completely new at the time."

"One letter from a medical dean said it would never work, but Kamal, Mei Ling and Saidi had a vision beyond that. Saidi himself had developed an innovative curriculum at USM so he demonstrated what was possible."

Consulting for an already-established University was one thing; building a new medical college from scratch was altogether a different matter. Ron remembers clearly the reason he didn't hesitate to support the project: "Small events have a big impact. When I was at USM, I visited the art gallery there. At the time, there was an exhibition of watercolours by a local artist and I wanted to buy one."

"Unfortunately, they were not for sale, but the gallery manager gave me the artist's number and I telephoned him. I arranged for him to bring some paintings around to the E&O Hotel where I was staying and to my surprise, he arrived on a motorcycle with his girlfriend riding pillion holding his paintings. He was immaculately dressed in a suit and tie – not at all like an artist, I thought. I bought two paintings and they take pride of place at my home in Dundee."

"When I asked him what his ambitions were, he said that he really wanted to

become a doctor. He had done very well in school but he couldn't get a place at any of the universities. That stuck in my mind."

"Many years later, when Kamal and Saidi came to Dundee and told me their vision for a new, affordable medical college, and that one part of that vision was that medical education should have no boundaries, I thought back to this young artist and others like him. It was these small things that made one enthusiastic about the project."





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#### And Then There Were Six



By 1991, the six of them - Kamal, Mei Ling, Saidi, Ong, Ron and Ian – had formed the core group that would lay the foundations for the IMC. Kamal had by then built up a successful business and provided much of the financial resources required to get the project off the ground.

"It was a very special time," says Mei Ling. "The different personalities of the core group formed a close bond – we could agree to disagree. We had two outstanding medical educationists on board and we had a clean slate with no baggage and no existing academics seeking to protect their own turf."

"We wanted to do something completely different for the doctors of tomorrow. So, besides the novel concept of partnering with medical schools abroad, we also started to put together a revolutionary curriculum."

Their first office was a compact little space, on the 3rd floor of a shoplot in Plaza Damansara, Kuala Lumpur – with no lifts and lots of stairs. The college's revenue would come from tuition fees.

- 1. Dr Kamal Salih
- 2. Mei Ling Young
- 3. Dr Saidi Hashim
- 4. Professor Ong Kok Hai
- 5. Professor Ron Harden 6. Professor Ian Hart

#### Reaching Out To The World's Best Medical Educators

The team knew they could not sell their unique model to a skeptical public immediately. Furthermore, Kamal and Mei Ling were social scientists, not medical educators, so they formulated a clear and simple strategy: they would secure the participation of renowned medical schools abroad as Partner Medical Schools through powerful, credible networks.

Mei Ling recalls, "We had sessions late into the night, trying to work out how to make this happen. We knew we had to draw on the connections of Ron Harden and Ian Hart. Ron's Principal at Dundee. Professor Michael Hamlin. was already very supportive of the IMC. If you hit supportive universities, you have a clearer pathway."

"Ron knew **Professor Kevin O'Malley**, the Registrar of the Royal College of Surgeons, Ireland, and he was very keen to link up with us because, like us, their medical school relied solely on tuition fees. They were more entrepreneurial and had a long-standing relationship with Malaysia – providing many places for government scholars as well as private students. They gave us 20 places immediately."

"With this in hand, Ron then approached **Sir Robert Shields**, with whom he did his degree. Sir Robert was very influential at the University of Liverpool, and he told us that the Dean of Medicine there was open to the idea of a partnership."

Before long, the team had secured the participation of two other leading medical schools - the University of Aberdeen and the University of Glasgow, all based on old school ties.

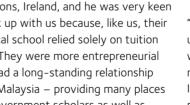
It was quite an achievement, says Mei Ling: "The medical fraternity is a very conservative and close-knit one. From the beginning, we knew we did not want to hawk the concept of the IMC to all medical schools. Therefore, we had to select partners where we knew the medical dean had an interest in medical education, was open, and ready to try new ideas."

"The IMC Board of Governors was made up of well-known people, but they were not international figures, so were not known to potential partner deans. It was Ron Harden and Ian Hart who made the difference – they gave us credibility. The fact that Kamal, Saidi and I were academics, rather than busiAnd So It Began

In November 1992 – after only 2 years of intense planning and with five leading Partner Medical Schools on board - the International Medical College opened the doors of its campus to students in Jalan Selangor, Petaling Jaya.

The college was launched on 13 April 1992 by the then Education Minister, YB Datuk Amar Dr Sulaiman Haji Daud, demonstrating the full support of the Malaysian Ministry of Education and Ministry of Health.

It was a day that forever changed private medical education in Malaysia.







nessmen, also helped, as did Kamal's

Chancellor. All the same, the first five

The early years of the IMC (1990 -

1993) were some of the most hectic.

Says Ong, "We were engaged in a lot of

planning and I was a consultant – I was

still working in USM. My family was in

Penang, where the USM Medical School

had started, but the faculty shifted to

Saturday to Thursday, when I would fly

taking the last plane back to Kelantan

on Friday night. It was really tough, but we really didn't think of it that way, it

Kelantan in 1990. So, a typical week

would see me working there from

to KL to work on the IMC. before

was truly an exciting project."

partner deans really took a huge leap of

former position as a Deputy Vice-

faith by joining us."



The IMC curriculum was unique not just in its teaching and learning methods, but also in the fact that it was designed to be universally accepted as a foundation by some of the world's best medical schools.

#### Faculty: A Leap Of Faith

While the team, in particular Professor Ron Harden and Professor Ian Hart, helped with the framework of the curriculum for the new school, they also faced the challenge of recruiting medical educators to the cause.

The most important factor – could the fledgling, unconventional College prove interesting enough? Were faculty prepared to join?

It had to appeal to two core groups – academics who were prepared to embrace this germ of an idea, of an innovative curriculum – to develop and teach it. And whose teaching expertise would be invaluable to the IMC. The second group – administrative academics who would help set up the partnerships.

An international search for a Foundation Dean started in 1991, and here IMC struck gold – eminent Professor of Pathology, the late **Professor John S Beck** from the University of Dundee became IMC's first Foundation Dean. **Sir Patrick Forrest**, who in the early 1990s had just retired as the Regius Professorship of Surgery and as Emeritus Professor of Surgery from the University of Edinburgh, joined as Associate Dean later.

"John and I were on a plane to London when we met Ron, and I asked him what he was up to," Sir Patrick recalls. "He told me about the IMC and I was quite interested. I told him I would be prepared to teach Anatomy. I had been brought up with the pre-clinical courses in Dundee, Glasgow, Cardiff and Edinburgh, and I wanted to work in a medical school that had a fully-integrated curriculum."

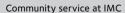
Sir Patrick was by then a leading clinician who had trained Malaysian doctors at the University of Edinburgh for many years. John, on the other hand, was a clinical pathologist and an exceptional scientist. "He was very important, and brought a wholly different perspective,"

says Sir Patrick, "and I was an absolute troublemaker. We became very good friends, but there was a lot of tension."

These were healthy tensions, according to Ron Harden, and John created a vital balance to discussions in the early years. A practical and steady administrator, John worked hard to respond to the various needs of the administration, the Partner Medical Schools, parents, students and academics, and especially to explain the subtleties of IMC's new curriculum to every new lecturer.

Mei Ling, only in her early 40's, totally inexperienced in this type of work, was left with the job of convincing and later negotiating with these two eminent professors. Managing these two famous, but opposites in personality, was very difficult, she reminisced. "John was a pathologist, shy and retiring, even reclusive. Pat was a surgeon, wanted everything like yesterday." The tension between the two, on a daily basis, which Ron called "healthy" was even too hard to bear at times, said Mei Ling, who had to end up placating and reminding them to think of the greater good – that of the success of the IMC.









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Professor John S Beck, IMC's first Foundation Dean.

#### A Groundbreaking Curriculum

The success of the International Medical College was a direct result of the calibre of the medical educationists who came on board, and the reputation of the Board of Governors who lent credibility to the project and worked closely with them.

But it was the progressive, systemsbased, integrated medical currciulum that caught the attention of the Partner Medical Schools.

The IMC curriculum was unique not just in its teaching and learning methods, but also in the fact that it was designed to be universally accepted as a foundation by some of the world's best medical schools.

"One of the challenges in education has always been collaboration; most schools are competitive. To get them to work together on such a project was a significant achievement. As was getting it done on such an international scale," says Ron Harden.

"The notion that a student could spend the first part of training (in one school), then continue in another school; the notion that you could have a core curriculum that could stand the student in good stead wherever they were going – that was truly ground-breaking."

"IMC's curriculum adopted several bold concepts in answer to criticisms of orthodox medical learning," says Sir Patrick. "The first was the division of the medical teaching component into two parts. The first lasted three years in Malaysia, during which students would undertake courses in medical science that would lead to a degree in medical biology."

"The second part required two to three years of further clinical training in a medical school abroad, forming the basis for a graduate degree from a Partner Medical School."

IMC's curriculum also required clinical input that was balanced by the basic sciences. "That was a very powerful combination," says Ron, "so the first thing that didn't make it a traditional medical curriculum was the presence of Sir Patrick, as well as the basic science staff." Then there was **Professor Michael Herbert**, who introduced behaviourial sciences. According to Ron, "Behavioural science and psychology trained the students in how they should deal with the patients in a caring manner. In those days, IMC's behavourial science was ahead of its time."

An important part of the curriculum was the decision to structure teaching according to systems, rather than teaching individual subjects in isolation.

"The key words are integrated and systems – you don't learn the basic sciences separately, ie physiology separate from biochemistry etc.," says Mei Ling. "All the basic sciences are integrated when you learn, say, the cardiovascular system, or the reproductive system. You see how physiology and biochemistry are linked with the particular system you are studying. In the traditional curriculum you study all separately, and you have to integrate them when you go into the hospitals and see the patients."

A critical aspect of the systems approach was the exposure of medical students to clinical skills in hospitals and the community early in their medical training. Having learnt the particular systems, the student goes into the community clinics, or the hospitals and sees the patient in the relevant system.

Sir Patrick took charge of designing IMC's Clinical Skills Unit (CSU), which was the first of its kind in the ASEAN region, and even preceded many similar establishments in IMC's Partner Medical Schools in the UK. He had the credibility to drop out unnecessary aspects of anatomy in the curriculum, being a highly respected surgeon.

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20 APRIL 1998







Professor John Beck and Professor Ron Harden at a curriculum development meeting.

> The integrated curriculum and exposure to clinical skills and patients practically from day one (unlike the traditional curriculum) meant that students are exposed very early on to what patient care is about. In the traditional curriculum, there were students, who, when exposed to hospitals only in their 4th year, find that they cannot stand that type of work. They may have done very well studying the pure sciences in the first three years, but when they deal with people – seeing the suffering, blood and gore - they are horrified.

> Says Mei Ling, "Medicine is very special. Like teaching, it is a noble profession, with a lot of nurturing, mentoring and sharing. How, as a doctor, do you tell someone that he is going to die, or tell a mother that her child is going to die? The curriculum we designed made certain that from day one, students learn how to break bad news, for example, and were exposed to hospitals."

In designing the programme, Sir Patrick took careful note of the clinical skills unit (CSU) in Maastricht. Holland and St Bartholomew's Hospital in London the only two major CSUs then existing in Europe. Today, most medical schools would have a clinical skills laboratory that provides the basic training model for different clinical situations. But in 1993, when Sir Patrick joined the IMC and developed the CSU, the idea was revolutionary.

Students in their first semester would learn to practise taking patients' medical histories, perform physical examinations and practise simple procedures. They were expected to be competent in all these areas.

"In the traditional approach, the first time you would do these things - like taking blood samples – would be on a human, at a later stage in your degree," says Mei Ling. "At IMC, you would

do it again and again on mannequins. Once competent, you would do it on

Students would then go to hospitals and community clinics weekly. These visits included examining and interviewing patients, as well as visits to the full range of specialist departments, clinics and critical care units.

"Students would attend maternal, child health and family planning clinics and make home visits too," Sir Patrick continues. "All this made for a remarkable experience for a 2nd year medical

The medical course also exposed IMU students to public health issues and health delivery in Malaysia.

It is about learning to break away from teacher-dependent learning and learning to be responsible for their own learning. The model, still in place today, is known as the Self-directed Learning model.

#### New Ways Of Teaching & Learning

IMC's focus then, and till today, is innovation in learning – creating novel and innovative curricula, adopting and adapting best practices from all over the world as well as instituting a robust quality system to renew, learn, unlearn and relearn continuously. It is not just about what the students learn, but how they learn.

It is about learning to break away from teacher-dependent learning and learning to be responsible for their own learning. The model, still in place today, is known as the Self-directed Learning model.

**Dr H M Goh**, previously President of the IMU Alumni Association and now Medical Director and Chief Operating Officer, Universiti Malaya Specialist Centre, belonged to IMU's pioneer

batch of students, and has this to say about the sometimes-controversial model. "A lot of us came from a traditional background, where you pay school fees and expect to be taught. At IMC, they asked us to group together and discuss problems, sometimes with a facilitator."

He added, "Some groups would just chat about things, such as girls! But seriously, in the end, we actually did learn. The most useful thing from the sessions, for me, was I remembered things very clearly."

"I realised that it was not so much about the content of the knowledge, but the thought-process, the ability to debate and argue with your peers, which is very similar to what happens in the real world, in the hospital ward. You discuss possible treatments with other doctors, and come to a consensus."

He further explains, "At IMC, it made

you think because you felt very out of place if you had nothing to contribute to the discussion. It also helped in character building, in how you argued and built consensus. This is very important because in clinical medicine, it's not always right or wrong, it's consensus on how to treat a patient."

"The evaluation of the curriculum was under great scrutiny from the deans of all schools," says Ron Harden, "so teaching was a priority, not necessarily research. The amount of hard work, enthusiasm and motivation of staff was amazing - everyone was committed,

inspired by the fact that you not just teach students to be doctors, but also that you could teach students how to learn, and how to cope with change."

To this end, the curriculum has been further improved over the years to incorporate innovative methods such as problem-based learning, and a programme of reflective learning.

IMU has since introduced more nonmedical learning innovations such as speech, language and drama, to improve the students' communications skills; i-learning modules, to improve research and problem-solving skills, and a strong focus on ethics and interprofessional











They were eager to explore the idea of a wholly new medica school which, not bound by established teaching traditions, could develop new educational methods. 30 PMS: A WORLD'S FIRST

With the new curriculum in place, the next step was to secure the Partner Medical Schools. The IMC team knew that this would be the crux to IMC's future success – getting the right, internationally–recognised medical schools to demonstrate their confidence in IMU.

Thankfully for the team, many were enthusiastic about exploring partnerships with IMC.

"Why did they agree to be our partners in the first place?" asks Professor Ong. "If they needed more students, they could have got them from the first year. What they saw was an adventure in medical education – IMC was a new medical school with a unique programme; it was an experiment in medical education."

They were eager to explore the idea of a wholly new medical school which, not bound by established teaching traditions, could develop new educational methods. The international partnership model would also create a network of institutions around the world at a time when international connections were becoming increasingly more important.

In 1992, the IMC team invited the representatives of the universities it sought to be partners to Kuala Lumpur – a group that included senior medical deans.

Ong explains, "We invited them as a means of attracting their participation in the project. At that first meeting, there was a lot of goodwill. Dundee, the Royal College of Surgeons, Liverpool, Auckland and Glasgow were the first universities to come on board."

Michael Orme was the Dean of Medicine at the University of Liverpool in the early 1990s, and recalls clearly that a partnership with IMC would provide advantages to both Liverpool and Malaysia. Sir Robert Shields, the former dean, had already been contacted and was very supportive.

Orme knew Malaysia well, having been an examiner at the Universiti Malaya, and having worked with colleagues at Universiti Sains Malaysia. Kamal and Mei Ling were introduced to him by Ron Harden's friend Sir Robert Shields, and when Michael heard about the plan, he was immediately attracted to the opportunity to help Malaysia deal with its shortage of doctors through a programme that would benefit the University of Liverpool as well.

The international partnership model would also create a network of institutions around the world at a time when international connections were becoming increasingly more important.

"In the early 1990s, universities in the United Kingdom were being pushed by the Government to stand on their own feet (financially) and to attract foreign students," Michael recalls, adding that Liverpool would also benefit from research opportunities for staff for both institutions.

Another strong supporter of IMC was **Professor John Simpson**, Associate Dean of Medical Education at the University of Aberdeen, who describes Kamal and Mei Ling as "an extraordinary mix of talents".

"I had little idea of what to expect, but Kamal and Mei Ling provided me with a very visionary concept of the IMC that would cost nothing for Aberdeen to get involved in. At first we didn't think that we would learn very much ourselves, but it very quickly became apparent that we would be joining a network of experts from what is today more than two dozen Partner Medical Schools."

He added, "When the partner deans of the other institutions came out to Malaysia, many were administrators who did not know much about the education side. IMC provided them a valuable chance to see a new educational theory being put into practice – I was Teaching Dean at Aberdeen, and I gained enormously from this experience. The partnership made us think of things we had not tried."

"The next important milestone was the joining of the rest of the Irish and the Canadians, which made a major difference because the five partner schools could only give IMC places for about 20 students. IMC needed a minimum of 80.

In 1993, IMC took in its pioneer batch of 75 medical students for the PMS programme.

"It was one of our most memorable moments," says Ron Harden. "After all the hard work, when the first group of students enrolled. It was the fruition of all the effort."

These numbers were, however, still insufficient – IMC needed at least 60 more places if it were to be viable.



The first IMU PMS cohort.



2002



IMU 20TH ANNIVERSARY 33 32 PMS: A WORLD'S FIRST

> It was only when Ian Hart started engaging with universities in North America that the prospects for IMC began to brighten. The entry of institutions such as the Jefferson Medical School in the US, the other Canadian universities, and the Irish schools provided the numbers.

#### "That was the magic that made it all happen," says Ong. "With that, the concept of IMC became a reality."

"Suddenly, from a situation of not having enough places for students we had too many. The tables had turned and all the PMS insisted on having at least some, so a quota was set!" recalls Mei Ling.

"It was always exciting to negotiate with the deans for the number of places in the PMS."

This had always been the work of Mei Ling. For example, "Sir Peter Gluckman, then dean of the University of Auckland asked me how many places I wanted, to which I boldly replied, 20 (to test the situation). Then, he asked how much should the tuition fees be (Auckland does not take international students in medicine, except through government-to-government agreements and they were few and far between) and I remember saying "less than the other PMS, and rated in ringgit. To my shock, he agreed! With that, Auckland became the most affordable medical school."

IMC launched into another innovative approach. In order to get the top students throughout the year, Mei Ling suggested the idea of a 2-intake per year to John, Sir Patrick and Ong. Initially, they were shocked – it had never been done before in medical

schools. Again, in her usual challenging style of pushing the barriers, she asked

So the IMC team set to work it out. At the next Academic Council, Mei Ling mooted this idea to the regional caucus heads first, in order to gain acceptance before bringing it up to all the PMS. After some convincing that IMC wanted to capture the best students throughout the year, they agreed. "On reflection, the reason we were able to do all these "first ever" was that all the deans knew they were part of an exciting, unique project. The whole atmosphere of being prepared to try new things which they cannot in their own well-established universities of tradition – gave the whole enterprise a great sense of daringness. We were all caught up in that spirit."

A major turning point was when the students transferred to the PMS. It was the test of the pudding. Says Mei Ling, "We waited with bated breath when the evaluation came back, that our first batch was doing well, that in fact, their clinical skills were better than the home -grown students ... we knew for sure, we were on our way!

Says Ron, "It was a comment by some of the deans – that the students we sent were of such high quality that they could adapt into the system with no trouble at all."

Between 1998 and 1999, the pioneer class of medical students graduated from partner universities, marking a major milestone for IMC. And from 2000 onwards, more PMS, particularly in Australasia and the UK joined the consortium.

One of IMC's early members of the Board of Governors is **Toh Puan Aishah** Ong, who joined in 1993 shortly after IMC was founded. She believes that IMC provided and continues to provide greater access to medical education for all Malaysians.

"IMC gives them the chance to study part of the programme locally, and then qualify with a degree from a renowned foreign university. This would also provide local exposure which students who study full-time overseas don't get - and local exposure is important if you want to work in Malaysia as a doctor."

IMC's success is also due to the support of the non-academic staff, who were prepared to do everything to make it a success. All were caught up with the excitement of the project and to make sure it succeeded.

Since 1993, there have been 32 cohorts of PMS students, totalling 2,519 in number. Today, IMU has 29 renowned Partner Medical Schools, which between them offer around 240 places a year to IMU in this exciting, innovative and transformational education model.

"It was a comment by some of the deans – that the students we sent were of such high quality that they could adapt into the system with no trouble at all."





#### **Our Partners Over The Years**

#### Universities In Australasia

1993 University of Auckland

2000 University of Queensland

2001 University of Tasmania

2002 University of Melbourne (till 2012)

2002 University of Otago

2004 University of Adelaide

2004 University of Western Australia

2005 University of Newcastle

2005 University of New South Wales

2005 University of Sydney

2008 Australian National University

2008 RMIT University

2008 University of Western Sydney

#### University In China

2009 Guangzhou University of Traditional Chinese Medicine 2009 Shangdong University of Traditional Chinese Medicine 2009 Shanghai University of Traditional Chinese Medicine

2010 Beijing University of Chinese Medicine

#### University In Ireland

1993 National University of Ireland, Galway

1993 Trinity College Dublin (till 2007)

1993 University College Cork (till 2001)

1993 University College Dublin (till 2001)

#### Universities In North America

1992 McGill University (till 2005)

1992 University of Western Ontario (till 2006)

1993 Dalhousie University, Canada

1993 Memorial University of New Foundland (till 2010)

1993 University of Calgary (till 2009)

1993 Thomas Jefferson University

#### **Universities In United Kingdom**

1992 Royal College Surgeon of Ireland (till 2001)

1992 University of Dundee, Scotland

1992 University of Glasgow, Scotland

1992 University of Liverpool, England

1992 University of Newscastle Upon Tyne (till 2005)

1993 Queen's University of Belfast, Northern Ireland

1993 Thomas Jefferson University

1993 University of Aberdeen, Scotland

1995 University of Strathclyde, Scotland

2001 University of Edinburgh, Scotland

2002 University of Manchester, England

2002 University of Southampton, England

2004 St. George's University of London, England

2004 University of Leeds, England

2005 University of Leicester, England

2006 Keele University, England

2007 University of Nottingham, United Kingdom

2007 University of Warwick, United Kingdom

2009 Brighton-Sussex Medical School, United Kingdom

2010 Anglo-European College of Chiropractic





#### Our Partners Today























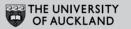




















































The various processes the Academic Council put in place over the years – governing the quality of students IMC was admitting into its programme, the matching system between IMC students and the Partner Medical Schools, the standards that the students would be held to and a myriad of other issues – have withstood the test of time.

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One of the concerns of the Partner Medical Schools was the quality of students coming in from IMC, and whether the sudden influx of foreign students would change the character of their institutions.

Michael Orme of the University of Liverpool says his colleagues at the University of Liverpool were apprehensive about the fact that IMC's students might be admitted to the programme at academic standards that were lower than those of the University. "There were also concerns that IMC students had to be comparable to those of UK students – that the IMC students would have the English language skills necessary for clinical studies in the UK."

His colleagues were also worried about IMC's ability to recruit qualified teaching staff and whether or not the College's curriculum would be approved by the National Accreditation Board in Malaysia – especially considering its innovative approach and departure from traditional methods.

"We all had our own way of doing things, and we didn't know much about what other Partner Medical Schools did," says John Simpson, of the University of Aberdeen. "Some of us were asking questions like: Is the way IMC does things going to produce students who will fit in with our courses? Is this going to affect our product and reputation? (bearing in mind some of the PMS like Aderdeen were over 400 years old)."

"All the Partner Medical Schools had different requirements, but how could IMC satisfy them all? Did it have to? We had to agree that whatever IMC's admission requirements were, we, the Partner Schools, would accept students if they got through IMC's curriculum satisfactorily – even if their qualifications weren't as good as we would have liked. This was a very important issue and if an agreement could not be reached, the entire partnership system would have failed."

While the entry of these renowned institutions provided much-needed operational viability, as well as a boost to morale, each new partner school brought with it specific, and often unique, concerns.

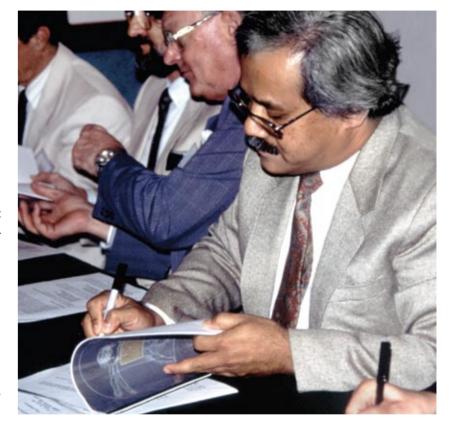
The challenge for IMC was to ensure that each of these concerns were addressed quickly. The solution lay in the establishment of IMC's various governing bodies, the most crucial of which was, and remains, the IMU Academic Council

#### A Stringent Review Process

"The role of the Council in those days was to consider in detail what the project should do – how it should go forward," says Professor John Simpson, who continuously represented the University of Aberdeen from IMC's establishment in 1992, and chaired the Council from 2002 until his retirement from it in 2006.

"In the beginning, IMC needed the expertise of the Partner Medical Schools to advise it about virtually everything it was doing to set up the new institution. In addition, IMC was not a degree-awarding body, so all its students needed to transfer to other schools to graduate. Some amount of supervision of Phase 1 by the Partner Schools was required."

The Council met twice a year until the first cohort of students transferred in 1996, and when they were found to be of quality, the Academic Council met yearly.



The biggest contingent of Academic Council members, the Canadians and Irish, joining the IMC.





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Looking back, Ron Harden, who chaired the Council in its first years, says, "Up until the first student transfer after Phase 1 in 1996, there was a huge amount of debate on the content of the curriculum, at an almost microscopic level. I remember one Council representative – an anatomist – who tried to push for a two-hour lecture on the knee-joint. That was the level of our discussion! But after the first batch of students left for their universities. and fitted in well, the discussions at the Council reached a major turning point because the students' success showed that the content of the curriculum was working well."

The various processes the Academic Council put in place over the years – governing the quality of students IMC was admitting into its programme, the matching system between IMC students and the Partner Medical Schools, the standards that the students would be held to and a myriad of other issues – have withstood the test of time.

Professor Ken Donald joined the Council in 2001, when, as Head of the University of Queensland Medical School, he successfully negotiated a partnership with IMU (as IMC had then become). He remembers being very impressed by the effectiveness of the Council's quality control mechanisms.

"Our only concern at the beginning," he said, "was whether the student would pass, and what reassured me was that when I came to the Council, I could see that the IMU curriculum and programme delivery were both subjected to a formal accreditation process. This process was more rigorous that what my own School went through – if it wasn't for this, I might not have pursued the partnership."



Professor Ron Harden, with Kamal Salih and Professor Ong Kok Hai.

#### The IMU Academic Council Today

Today, the Council meets annually for three days. Membership is composed of the IMU Senate, a member of each of the Partner Medical Schools (the Dean or the Dean's representative, usually the Teaching-Learning Dean) and three student representatives.

While the Academic Council has witnessed some of the most important events to have shaped IMU's history,

it was not all business; the IMU team ensured there was fun involved as well.

As John Simpson says, "What has always been important to the IMC (and IMU today) and the Partner Schools is that we all agreed on the need for clarity and transparency between IMC and the outside world. The Academic Council served this purpose, but the camaraderie of the

Council and the IMU, as well as our developing friendships, was a truly wonderful experience."

"Looking back, when the Academic Council members, in their discussions on the IMU curriculum, referred to it as "theirs", I knew ownership of the IMU curriculum by the Academic Council members was complete!" says Mei Ling.

The Academic Council served this purpose, but the camaraderie of the Council and the IMU, as well as our developing friendships, was a truly wonderful experience.



Intense discussion outside the IMC building in Petaling Jaya.







The IMU MBBS programme was, and remains, a unique programme that created the opportunity for the nation and its younger generation to pursue a world-class degree in medicine.

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From 1992 to 1998, IMC focused on Phase 1 of its masterplan – the building of its Medical Sciences programme – so that Malaysian students could transfer seamlessly to the Partner Medical Schools. By 1995, IMC was running two intakes, and by 1998, transferring approximately 68 students a year.

Kamal and Mei Ling had always had plans that there would be an IMU Clinical School – eventually. The idea was always to consolidate the IMC, then only to start a Clinical School.

But everything changed dramatically, when in 1998, the Asian financal crisis struck, hitting parents with the double whammy of currencies fluctuating by the day and the massive depreciation of the Malaysian ringgit. Added to this, in some cases, lower or fluctuating incomes amongst the parents – the scale of uncertainties was unprecedented.

The situation was especially difficult for students who were in the PMS as well as those who were scheduled to go overseas. Many were in limbo, wondering what to do. Says Mei Ling, "Parents called us in desperation. The ringgit, at its worst, was about RM8 to a £. All currencies were fluctuating by the hour. It was a crisis."

Mei Ling called the deans for help. Students already in UK schools were badly affected. The deans were prepared to let the students leave. But to where? Again, **Sri Peter Gluckman** of Auckland came to the rescue. "As we had negotiated for Auckland fees to be rated in ringgit, and far lower than the rest, he was prepared to help by taking extra students, who were in financial straits, from other PMS," says Mei Ling.

Many parents, whose children were finishing the last semester at IMC before transferring to their scheduled PMS, were gravely concerned as to whether they could now afford to do so. What was going to happen? IMC saw the need for a homegrown private medical degree, and put in place plans to launch an MBBS programme.

#### IMU MBBS: Born Out Of A Financial Crisis

The then Minister of Education, YB

Dato Seri Mohd Najib Tun Razak, now

Prime Minister of Malaysia, asked Kamal
and Mei Ling to fast-track the setting
up of IMC's Clinical School to help solve
the problems of parents as well as the
government-sponsored students.

This had vast implications for IMC – upon completion of their Phase 1, students would have a choice to transfer to a PMS or to the Clinical School to then complete their education. The College would in effect become a degree-awarding body – a university.

With the help of two renowned educationists – Professor Ron Harden and Professor Ian Hart, both whom already had key roles in establishing the IMC, and senior medical deans Professor Michael Orme of the UK, **Dr John Ruedy** of North America and **Professor Ian**Simpson of New Zealand, representing UK, North America and Australasia, the curriculum for Phase 2 and the physical design of the Clinical School were drawn up. A handful of clinicians, under the

inspiring leadership of **Professor John Joseph Bosco**, who was scheduled to be the Foundation Dean of the Clinical School, fleshed out the modern innovative currciulum with eight outcomes, the Phase 2 curriculum. This curriculum incorporated the most forward-looking aspects of medical curricula in the English-speaking world.

The School, comprising its curriculum, faculty and building, was completed in record time – just one year. Again, the sacrifices and commitment of the staff came to the fore. It was like the early days of planning of the IMC. The sense of excitement, of doing something meaningful and daring became infectious. "The only major difference was there were more staff and we had the track record of Phase 1, where parents now knew that transfer to those established medical schools was indeed real, and their children were doing well," said Mei Ling.

#### IMC Becomes The International Medical University (IMU)

On February 4, 1999, IMC was granted university status and became the International Medical University (IMU), thus providing students the additional option of reading the whole medical degree in Malaysia, graduating with the MBBS (IMU). With this, IMU also became the country's first private medical college to be upgraded to a university.

The IMU MBBS programme was, and remains, a unique programme that created the opportunity for the nation and its younger generation to pursue a world-class degree in medicine.

The late YABhg Tun Dr Mohamed Zahir Haji Ismail, Speaker of the House of Representatives, became IMU's first Chancellor, while Professor John Bosco was appointed Dean Designate of the Clinical School in February 1999. It was a great loss to IMU when he passed away suddenly, on April 25th the same year, due to a heart attack, before the Clinical School opened its doors to the inaugural intake.

July 1999 saw the appointment of **Professor Raman Subramaniam**, who was in the pioneer team with John, as Dean of the Clinical School.

Never having done this before, the team found the recruitment of clinicians, as medical scientists for Phase 1, a daunting task. Many doubted the scheme IMU proposed could work. Luckily, many of the new faculty were excited by the concept of this novel curriculum, which they will help to develop, to produce a new breed of doctors, and came on board. There was an esprit de corp, similar to the starting of the IMC.



The IMU building at Bukit Jalil.









#### **Another Innovative Curriculum**

As with its Phase 1 programme for the Partner Medical Schools, the team at IMU worked hard to design a curriculum for the IMU MBBS programme that would challenge the academic status quo rather than replicate it.

Again, what made the IMU curriculum so special was that all the most progressive areas in medical curricula of the English-speaking world were built into the curriculum of Phase 2, the IMU Clinical School. Not only did it incorporate the 8 outcomes, the spiral curriculum (broadening incremental learning), that was the extension of the integrated systems-based curriculum of Phase 1, continued the ideals of being student-centred and self-directed.

Another innovation that could be incorporated into the Phase 2 curriculum,

without negotiation by groups of established academics protecting their own area in the curriculum, was the "senior clerkship", the last semester. This allowed the IMU students to behave like a houseman, (thus the term "shadow houseman"), before graduating and becoming real housemen. It became clear this gave IMU students a maturity and confidence of being a good doctor.

The Phase 2 component was also subjected to the same stringent quality assurance exercises as the Phase 1 programme, resulting in a robust, world-class IMU (MBBS) curriculum drawn from IMU's experiences and inputs from its PMS.

As Mei Ling recalls, the PMS deans felt that the IMU Clinical School had to be as good as theirs to be an equal partner.

#### World-Class Medical Education, Right Here In Malaysia

On September 20, 1999, the IMU Clinical School, built in just 9 months, welcomed its first batch of 46 medical students, all originally scheduled to go to the PMS, but were now stranded. The School was located on the grounds of the Seremban Hospital, where IMC students had been going for their clinical skills training since IMC Associate Dean Professor Sir Patrick Forrest established the course in the early 1990's.

And a month later, in October 1999, Datuk Paduka Professor Mustaffa **Embong** was appointed its first Professor of Medicine.

Speaking of IMU's approach, Mei Ling says, "For the Clinical School, our emphasis was not just on developing a progressive and innovative curriculum but also providing a good clinical environment that would be suitable for student learning activities. We recruited a pool of experienced clinicians with expertise in various specialities to not only teach our students, but provide clinical services to the Seremban Hospital, the full teaching hospital of our Phase 2 students. The faculty were committed to the IMU's mission."

In addition to the introduction of a "senior clerkship" in the final semester, Semester 10, IMU students were also required to organise and participate in community health promotion programmes in collaboration with government hospitals, health clinics and adopt local villages, which not just gave them exposure, but also provided a service to the country. It also instilled good core values of sacrifice, altruism and reflective learning in a context of interprofessional work.

The study guides for the Clinical Programme, consisting of 110 core clinical problems were also develped during this period.

The introduction of the "senior clerkship", portfolio reviews and taskbased learning were all innovations new to medical education in Malaysia. They have worked so well that many other local medical schools are considering incorporating these elements into their own programmes.

These efforts paid off – in 2001, just 3 years after launching the programme, the IMU (MBBS) programme earned accreditation from the National Accreditation Board.









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#### **Engaging The Public Sector**

The IMU MBBS programme called for Phase 2 students to undergo training within the hospital environment, and given the IMU Clinical School location in Seremban, Negeri Sembilan, the first of these partnerships would have to be with Hospital Seremban, later known as Hospital Tuanku Ja'afar.

This was by far one of the most challenging situations faced by the IMU team – getting the buy-in from the hospital. It was the first time a private educational institution was using a government hospital for the full training of medical students (in the IMC days, it was more clinical exposure), and there were many aspects to be hammered out and adjustments made by both parties.

"There was a need to strengthen the fragile relationship we had with with Hospital Seremban," said Raman. "There were consultants and specialists there who were not entirely happy about having to supervise medical students who were in their wards. As time passed however, they began to appreciate the students' contributions."

Speaking at the IMU's Clinical School 10th Anniversary Celebrations in 2009, **Professor Dato P Kandasami**, who was Dean of the IMU Clinical School from February 2007 – October 2009, said, "The mother of all challenges we face is the experience of a private medical school working together with the Ministry of Health in the delivery of healthcare services and sharing teaching-learning activities.

"There are MOUs to guide the working relationship of the two parties, however, professional jealousy and mistrust are major barriers to the growth of this relationship. Over the years, we have learnt to work with each other and now enjoy a smart partnership. The MOH clinicians participate in the teaching, supervision and assessment for IMU students and in some cases, even research, while the IMU academicians provide healthcare services in addition to their teaching responsibilities.

"The Ministry of Health facilities are traditionally service hospitals, but we'd like to think that the relationship with IMU has helped transform these facilities into teaching hospitals with a special commitment to teaching, research and tertiary care."

The success of the partnership lead to wards at Hospital Seremban becoming increasingly crowded. To enhance clinical training, the IMU Clinical School expanded its clinical teaching facilities to Hospital Kuala Pilah in 2008.

Hospital Port Dickson became part of the network in January 2003, as did the Ministry's Health Clinic in Port Dickson a little later. This proved to be an excellent strategy because the faciliies in Port Dickson provided exposure to primary and secondary patient care services, while Hospital Seremban provided exposure to secondary and tertiary care services.

Hospital Batu Pahat was launched as an additional teaching hospital in April 2003 and today Hospital Batu Pahat and Hospital Kluang are dedicated hospitals for Semester 10 training.

### Exposure To The Full Spectrum Of Care

The result of this close working relationship with the Ministry of Health was that IMU MBBS students were exposed, over the course of their degree, to the full spectrum of primary, secondary and tertiary care – with Phase 1 at IMU's Main Campus in Bukit Jalil; Semester 6 to 9 at Hospital Seremban, then on to Hospital Batu Pahat and Hospital Kluang for Senior Clerkship. This is one of the distinguishing features of the IMU MBBS programme, and one that has contributed significantly to the quality of the IMU medical graduate.

#### A True Innovation In Medical Education

June 8, 2002 was a historical day for IMU, as the first batch of IMU MBBS graduated. Not only had it helped the nation meet its need for doctors; it had also helped students overcome the financial crisis and paved the way for yet another option, in Malaysia, for individuals to realise their dreams of becoming doctors.

It also marked the realisation of the country's first homegrown private medical degree, which started in 1999 with 46 students, less than a dozen faculty and clinical training in one hospital.

By 2009, the IMU MBBS programme had nearly 400 students, more than 50 faculty and clinical training done at five hospitals and multiple health centres. It was, and remains, a true innovation in medical education.

Today, the IMU Clinical School offers one of the best medical training programmes in the country, and has produced 1,168 graduates.

Its very success is reflected in the quality of its alumni, many of whom are already specialists.



Launching of the Batu Pahat Clinical









20 APRIL 2007



Well before the development of the IMU MBBS programme, IMC was already exploring ways in which it could expand its healthcare education offering. Despite the variety, the different programmes share the same philosophy – to produce thinking students who are lifelong learners.

IMC soon found that the new programme provided unforseen benefits. "Pharmacy and Medical lecturers cross-teach," says Mei Ling. "In some areas of medicine, the pharmacy teachers are the best one to lecture, and vice-versa. This way, we made our programmes much better and more cost-effective."

#### **Expanding The PMS Programme Into Pharmacy**

As Mei Ling explains, "We had to start the next phase of our development, and the easiest thing to do was to pluck at the lowest hanging fruit – a School of Pharmacy. Like medicine, there was no need to sell the profession because there was a severe shortage of pharmacists in the country."

The Foundation Dean, the late Professor John Beck, was closely connected with the University of Strathclyde, as Sir John Arbuthnott, the Principal, was his colleague in earlier days. John invited the University's Vice-Principal, **Professor Brian Henderson** to Malaysia to explore the idea of a partnership.

"Henderson was a physicist, a gogetter," recalls Mei Ling. "He really

wondered how IMU were going to do it so fast, but he decided to put his faith in us. We were clear that we would take their curriculum and use it here, but we would not pay them and would send our students to them for the completion of their degree." Henderson agreed, and in 1996, IMC started a collaborative pharmacy programme with the University of Strathclyde, for a BSc (Hons) in Pharmacy.

IMC soon found that that the new programme provided unforseen benefits. "Pharmacy and Medical lecturers crossteach," says Mei Ling. "In some areas of medicine, the pharmacy teachers are the best ones to lecture, and vice-versa. This way, we made our programmes much better and more cost-effective."

The first batch of pharmacy students left IMC in 1997, a year and a half after beginning their studies, in order to continue with their final year at Strathclyde. Henderson recalls with pride that the students performed outstandingly well, "Indeed, they comfortably outperformed the home-based students."

In October 1997, a Master of Pharmacy (MPharm) programme was offered to replace the BSc (Hons) in Pharmacy. The MPharm programme was a newlyintroduced undergraduate degree in the UK and replaced all BSc Pharmacy undergraduate courses.

19 years later, IMU has produced 1,247 graduates through its partnership with Strathclyde.



#### Home-Grown Bachelor Of Pharmacy Programme

Based on the success of the partnership programme with the University of Strathclyde, IMU's School of Pharmacy took the bold step of launching its own Bachelor of Pharmacy (Hons) course following the awarding of university status to IMC.

Professor Peter Pook, now Executive Dean at IMU, was tasked with the initiative, becoming IMU's Foundation Head of Pharmacy in January 2001.

"When I joined in 2001, the School of Pharmacy was a rather small one. Because of the nature of the programme, we didn't need a full complement of staff for all the different areas of the pharmaceutical sciences, as students

were transferring to Strathclyde to complete their degree," Peter explains.

"The situation is very different today. We launched the IMU Bachelor of Pharmacy programme in 2004, and now students have the option of spending the full four years of their degree in IMU – it's been very successful."

The pioneer batch of IMU Bachelor of Pharmacy (Hons) students graduated on May 24, 2008. And on April 1, 2010, IMU signed a Memorandum of Understanding with Guardian Pharmacy enabling IMU's pharmacy students to gain industrial experience and work environment exposure through internship placements, attachments or study-visits as well as employment opportunities at

Today, the IMU School of Pharmacy is the largest of its kind in Malaysia, and more importantly, is well regarded by members of the profession. The School has to date trained over 346 pharmacists, many of whom are holding senior positions in the Malaysian healthcare sector.











#### World-Class Facilities For Dentistry

IMU's next initiative in its plan to build a more complete medical and healthcare education offering was its extention into **dentistry**. It was much easier to start the dental programme owing to the track record of the pioneer PMS programme. The main reason was that the dental schools were also from the same partners as the PMS and it was not uncommon for the medical dean, already part of the IMU consortium, and usually the executive dean, who oversees the dental school, to join the IMU.

As with medicine, IMU's dental programme provides a choice of two tracks for the dental student - the first offered jointly with Parter Dental

Schools (PDS), much like its Partner Medical Schools programme for medicine, while the second track offered a 5-year Bachelor of Dental Surgery (BDS) degree from IMU.

Both PDS and IMU BDS students do the Phase 1 (2 ½ years) programme before moving on to their respective tracks. For common subjects such as Foundation, the students learn together with the medical students to promote interprofessional understanding and working relationships.

PDS students then have the option of moving on to the University of Adelaide, the University of Western

Australia and the University of Queensland, all in Australia or the University of Auckland and the University of Otago in New Zealand. Degrees from these schools are recognised internationally as well as locally for full registration by the Malaysian Dental Council.

A student-centred approach is adopted in which the needs of the individual students are met, and they are supported by the use of study guides. Active learning methods are used including problem-based learning, e-learning, role play, self-directed learning and community-based education.

#### Traditional And Complementary Medicine

Students not only have hands-on clinical experience of treating patients at the IMU Oral Health Centre located at IMU's Bukit Jalil campus but are also exposed to government dental and mobile clinics and centres and private dental clinics, for a wide experience to develop their ability to improve the oral health of individuals, families and the community.

Dental clinics at IMU are equipped with digital radiography and electronic patient management systems to operate in a "paperless" environment. The university also promotes the practice of close-support dentistry.

In February 2008 the pioneer batch of 50 students was enrolled in the IMU dentistry programme. And in June 2010, IMU signed an agreement with Shofu, Inc as an industry partner for the dental programme.

The pioneer batch of the BDS (IMU) will graduate in 2012 and 2013, marking a major milestone for the University.

Believing that health is holistic, IMU believes there has to be the integration of allopathic (Western) medicine with complementary medicine. The University introduced the **chiropractic** programme in 2010, the first of its kind in Malaysia and in Southeast Asia.

The chiropractic profession is relatively new to Malaysia and, as a result, there are very few practitioners. Therefore, the need for chiropractors in this region is great and opportunities abound for successful graduates; an opportunity IMU realised.

The IMU chiropractic programme features an evidence-based curriculum, meaning the material that is taught is derived from research findings as much as possible. It is designed to prepare the student for success as a chiropractic physician at an international level, in line with the Councils on Chiropractic Education International.

The 4-year course not only assists students in their academic and clinical goals, but also prepares them for the business side of the practice. It also includes a year's housemanship. Students have the option of graduating with a Bachelor of Science (Hons) Chiropractic

or doing a credit transfer to the RMIT University, Australia and the Anglo-European College of Chiropractic, England. The first batch of IMU chiropractors will graduate in 2014.

Recognising the worldwide trend to integrate certain Chinese medicine practices like acupuncture and herbal remedies to complement the management of pain and reduce side effects of drugs used to treat chronic diseases IMU introduced the **Chinese medicine programme** in February 2011 with a pioneer batch of 13 students.

In IMU, the Chinese medicine programme is integrated, where students are required to learn the basic medical sciences alongside clinical practices of Chinese Medicine. This integration is important as it combines the best of both types of medicine and will allow students to adopt and apply a scientific and an evidence-based approach to Chinese medicine. This enables students to be better equipped to deal with the health challenges of the future.

The IMU Bachelor of Science (Hons) Chinese Medicine (CM) is a 4 year fulltime course taught in English and Mandarin, where necessary. After graduation, the graduate spends 12 months in an accredited hospital as an intern of the Public Service Department of the Malaysian Government. Upon satisfactory internship, the Chinese medicine practitioner (CMP) can be registered by the Ministry of Health (MOH) to practise in Malaysia.

IMU has partnerships with several universities of Traditional & Chinese Medicine (TCM) in China, like the Shanghai University of TCM, the Shangdong University of TCM and the Guangzhou University of TCM. And in Australia, IMU partners RMIT University for students to transfer after 3 years in this programme. After an additional 2 years, the graduates will be awarded bachelor degrees in Chinese medicine from the respective partner universities, the same model for medicine and







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#### Clinical-Based Allied Health

Within the School of Health Sciences is the discipline of **nursing**. IMU launched the Bachelor of Nursing degree in 2005, with an initial intake of nine students. This was a marked difference from other healthcare institutions in the market, which were focused on offering the popular Diploma in Nursing course.

The IMU nursing degree programme is planned to prepare a person to become a registered nurse and to be able to practise his or her profession in a variety of settings – in the public or private sector healthcare system as well as in other health-related industries.

This approach has paid off – IMU's nursing graduates are some of the most sought-after in the region, with many being offered positions in Singapore and the Middle-East even prior to graduation.

IMU introduced **Bachelor of Nursing Science (Hons)**, a programme targeted solely at registered nurses to upgrade their qualification from diploma to degree level, in 2009.

In 2003, IMU introduced the **Bachelor of Medical Sciences (BMed Sci)**, providing research-interested students

the opportunity to do scientific research and to undertake a small research project. In order to enter the BMedSc programme, a medical student must have passed all the examinations in Phase 1 of the medical programme. This is also a pathway to the graduate entry PMS programme.

"We are very short of basic scientists in Malaysia," says Peter Pook, at that time Head of the School of Pharmacy and Health Sciences. "These graduates will not only contribute to the alleviation of staffing problems in hospitals and universities; they will also drive much-needed research in various areas."



#### Non-Clinical Allied Health

Making use of its years of experience in dealing with revolutionary new ideas as well as its strong friendships with colleagues in the 30-plus Partner School around the world, IMU then moved into non-clinical health sciences to complete its medically-related education offering.

It was the first educational institution in Malaysia to offer a combined programme in **nutrition & dietetics**, which it introduced in 2008.

"The combination," says Peter Pook,
"Is important because, until recently,
the two disciplines had been taught as
completely separate programmes. But
there is a great shortage of dieticians,
who work with patients in hospitals,
whereas nutritionists work in the
community and can't prescribe. With
a combined programme, you can take
the role of the dietician to the community level."

The programme also meets the requirements of international standards set by professional bodies in Australasia and the US; an important fact because there is no similar body that regulates the profession in Malaysia.

"These fields also play a large role in general medicine," says Peter. "Consider, for example, eating disorders, which are a growing problem in society. Clinical psychologists and dieticians can play an important role in rehabilitation. By educating both professionals together at IMU, we allow for greater interprofessional and interdisciplinary training."

IMU's degree in **psychology** enables students to qualify in postgraduate training in clinical psychology and other areas badly needed by the Malaysian healthcare services. IMU's 2-track system again allows students to either graduate from a 4-year programme with Bachelor of Science (Hons) Psychology (IMU) or credit transfer options for psychology degrees from the University of Newscastle, Australia and the University of Strathclyde, Scotland.

Recognising their growing importance in Malaysian health sciences, IMU also introduced **medical biotechnology** and **pharmaceutical chemistry**, both in 2008. Medical biotechnology allows graduates to concentrate on using plant-based sources in diagnosis, therapy and the formation of drugdelivery vehicles.

Pharmaceutical chemistry is an interdisciplinary science that deals with drug design and synthesis, drug formulation and testing, as well as the delivery of drugs in the body. Graduates of the programme are in high demand as continuous work in the discovery of new drugs that have high therapeutic efficacies but minimal side effects is necessary, given the increase in the occurrence of existing and new diseases. Pharmaceutical chemists play a significant role in this global effort in drug discovery and also in drug development. More pharmaceutical chemists are required to support Malaysia's growing pharmaceutical sector.









#### Foundation Programme

To meet the needs of students looking for a sound pre-university foundation course, IMU signed an agreement with KBU International College in October 2010, for the **foundation in health sciences** programme. This gave secondary and high school students, interested in pursuing a medical or healthcare-related programme, the opportunity to gain a strong foundation prior to entering the university.

#### Postgraduate Programmes

Since 2004, IMU has been offering postgraduate programmes, their MSc in Community Health, and PhD in Medical by research.

In September 2011, IMU welcomed the pioneer batch of students enrolled in the IMU Master of Science (Public Health) programme. This is the first-ever postgraduate taught course in public health offered by a private university in Malaysia.

Despite the variety, the different programmes share the same philosophy – to produce thinking students who are lifelong learners. with an evidence-based education system.

The university continues to seek to widen access to healthcare education, with courses that are both progressive and innovative. Its aim: to grow into a centre of healthcare educational excellence in the Asia-Pacific region.



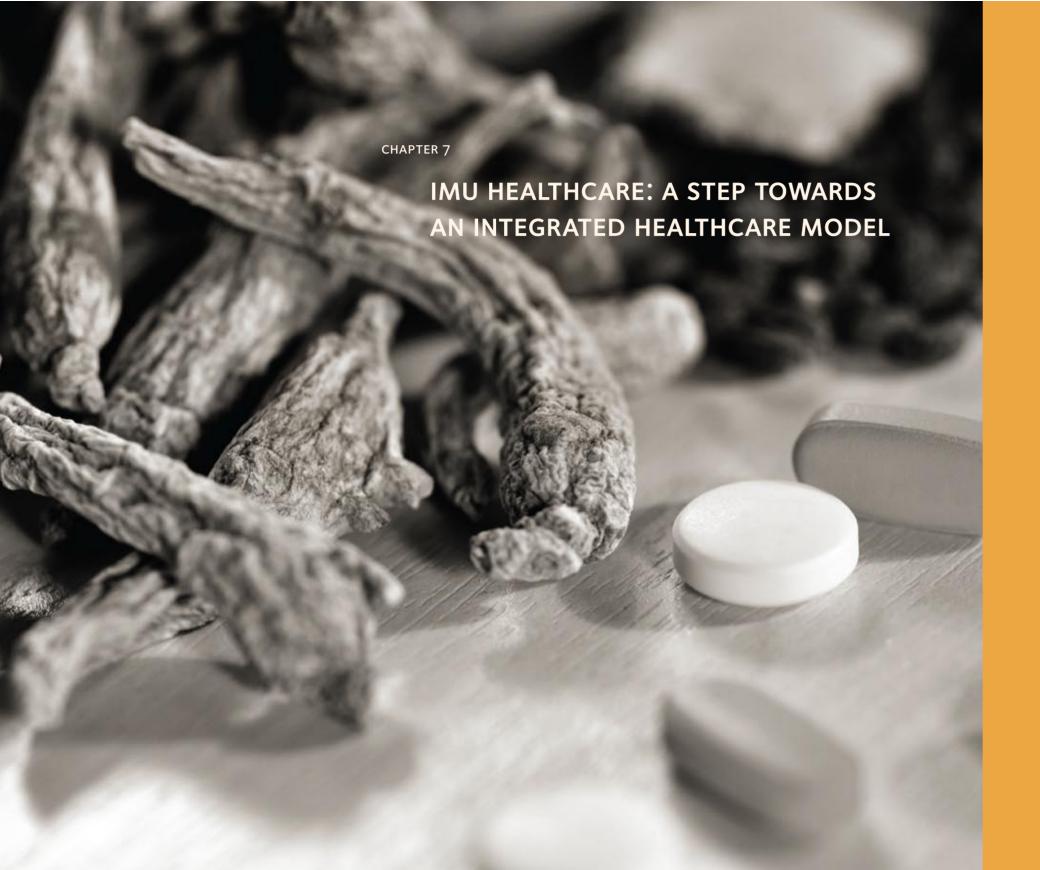
2008

14 JULY 2008

White Coat Ceremony for IMU's first batch of Health Sciences students







The IMU Healthcare Centre is unique in that it brings the disciplines of allopathic medicine under one roof alongside those of traditional and complementary medicine. It is both a teaching and service innovation that IMU is justifiably proud of.

62 IMU HEALTHCARE: A STEP TOWARDS AN INTEGRATED HEALTHCARE MODEL IMU 20TH ANNIVERSARY 63



7 JULY 2009

Visit by YAB Tun Dr. Mahathir Mohamad former Prime Minister of Malaysia

In January 2010, IMU took a bold step in its plan to be an integrated healthcare provider, with the opening of the IMU Oral Health Centre, the first of several clinics in what was to eventually become the IMU Healthcare Centre. This marked a major breakthrough for the university as it moved from just providing educational and research programmes in medicine and health, to healthcare services for the public. For the very first time, IMU was receiving and treating real patients.

The primary role of the **Oral Health** Centre is to support the clinical learning experience of dental students at IMU. The Centre is a patient-centred and technology-driven practice, providing personalized professional care by competent dental students, who work under the supervision of qualified dental clinicians and specialists, and follow MIMI (maximum interception & minimum invasion) principles.

The opening of the **IMU Chiropractic** Centre in May 2010 rapidly followed this – a fully equipped centre, with international-standard equipment complementing the services offered by the Chiropractic team. It was a major

achievement, as noted by **Professor** Michael Haneline, The Foundation Head of IMU's Chiropractic programme, "Chiropractic being taught in a medical university with so many famous medical schools as partners, is a first in the

Pioneer specialists included **Dr George** Le Beau from the United States of America, well-known for his work with the US Judo Olympic team, who was soon joined by **Dr Anna Maria** from Faroe Islands. Services include chiropractic treatment, ultrasound therapy, electric muscle stimulation and general exercises counselling.

In July 2010, the **IMU Medical Clinic** joined the Oral Health and Chiropractic Centres in providing healthcare services to the public, marking IMU's foray into primary healthcare covering acute and wellness services.

Its opening created a new category of healthcare services in Malaysia, as the Clinic offering included a wide range of health services such as nutrition & dietetics and psychological counselling.

Pioneering the team was **Dr Verna Lee**, who was assisted by the IMU Family Medicine Faculty, including **Profes**sor Teng Cheong Lieng and Dr David **Wong**. Together, they catered to all age groups and offered a wide spectrum of services, covering general medical consultation and treatment, medical check-ups, vaccination programmes, screening and wellness programmes. These were provided by an integrated practice of Family Medicine Specialists, medical practitioners, psychologists, dieticians and nurses.

IMU Healthcare's complementary medicine offering was further enhanced in November 2010 with the opening of the IMU Chinese Medicine Centre. Colocated with the Chiropractic Centre, its opening laid the foundation for IMU's plan for a Traditional & Complementary Medicine Centre.

The centre is headed by the renowned and highly sought-after **Dr Liow Sook** Mee, who joined the IMU, like Professor Michael Haneline, to make a difference. For a mainline medical school to want to develop programmes in Chinese medicine and chiropractic is to bring complementary medicine into a holistic healthcare

environment. This will not only spur the standards in complementary medicine, but also give it wider acceptance.

Under her inspiring leadership, the Centre introduced a wide range of services including herbal therapy, traditional and laser acupuncture, cupping, tuina, as well as bone and spinal manipulation. Another innovation was the introduction of herbal extracts formulated for prepacked sachets, which made it very convenient for patients. These herbs comply with WTO standards and are GMP certified.

Together, the four clinics - Oral Health, Chiropractic, Medical and Chinese Medicine, serve as teaching sites for IMU students, and play an important role in educating future healthcare professionals who understand the importance and benefits of offering integrated healthcare services.

Holistically, it also allows IMU to extend the learning experience, beyond that already offered by its partnerships with Ministry of Health hospitals and clinics. At the same time, a strong healthcare offering helps attract quality faculty.

With 32 medical schools in the country of 28 million people, it is important that IMU differentiates itself by offering adequate opportunities for career and professional development, and opportunities for quality clinical practice of a standard that is on par with the best medical facilities in the world.















Moving into research is a natural progression in the evolution of IMU in its continual quest for academic excellence. Says Tan Sri Abu Bakar, "We believe that a university is not a university of quality unless there is good research, which in turn attracts good academics. It is a fallacy to believe that research brings in money; in fact it loses money. But what it does is attract quality faculty, which makes it a sound investment."

#### Maior Achievements In Medical & Healthcare Research

Twelve years on, IMU's research work has grown in quantum leaps, contributing significantly to the academic environment and excellence in teaching and learning activities at IMU. Under the leadership of **Professor Mak Joon Wah**, Dean, Postgraduate Studies and Research. IMU first made inroads into medical and healthcare research, with a focus on bioactive molecules, cancer, building-related illnesses ie, sick building syndrome, pharmacogenomics and pharmaceutics as well as clinical research.

In August 2008, IMU conducted an audit of its research activities, to re-

view and evaluate its research achievements and make strategic modifications to meet future challenges. In addition, it was a necessary activity under good research governance, and mirrored systems and processes put in place by the world's top universities.

Based on conference discussions and

its experience gained in previous years, IMU then fine-tuned its thrust areas for research to be as follows: environmental health, cancer biology, stem cell research, active bio-molecules and cellular mechanisms, pharmaceutics and drug delivery systems, and natural compounds and nutraceuticals. With such a small group of faculty, it is critical to concentrate on a few core areas, to gain maximum benefit.

In 2011, research space was effectively doubled, with state-of-the-art laboratory housing facilities at the expanded Animal Holding Facility.

#### **Exploring New** Research Platforms

While medical and healthcare-related research continues to be an area of focus, the IMU team is also making progress in a new area of research – that of medical education.

#### As Ron Harden says, "IMU is one of the most interesting experiments in medical education."

Using its expertise in developing curricula that meet the needs and expectations of over 36 partner schools, and its own IMU MBBS programme, as well as customised curricula for dentistry, pharmacy, traditional and complementary medicine, and the health sciences, IMU, under the leadership of **Professor** Victor Lim, Vice President, Education, is making inroads into assessment, teaching-learning methodology and curriculum development.

#### A Stringent Research **Management Process**

IMU practices a stringent research management process, with all research projects reviewed, approved and tracked by the IMU Joint Committee on Research and Ethics, which is chaired by the President of the University, Tan Sri Abu Bakar Suleiman, and meets every

IMU has put in place mechanisms to further strengthen support in grant application, research methodology, research supervision, research and publication ethics, and other essential tools researchers and faculty need to compete successfully for external funding. It continues to promote research by strengthening training programmes in research methodology, in clinical research, scientific writing, research ethics, professionalism and research oversight.

IMU has also forged collaborations with industrial partners to commercialise testing services related to its research output, in an effort to translate IMU's research findings into practical applications, and expects to increase commercialisation.

#### **Global And National Recognition**

Since 2000, when research activities first started IMU has initiated 947 research projects, consisting of a mix of undergraduate, graduate and faculty research

From 2008-2011, it successfully competed for and obtained RM4,275.245 in external research funds, and published 568 papers, of which 281 (49.5%) were in ISI papers. These were in respected journals such as the Lancet, British Medical Journal, Cochrane Data Base Systematic Reviews and Human Pathology. The total impact factor (IF) of the 281 ISI papers is 678.244, giving an average IF of 2.41 per paper.

The main source of these external funds has been the Ministry of Science, Technology and Innovation Malaysia through the eScience and eTechno Funds, the Toray Science Foundation, Ministry of Health Malaysia, the Malaysia Palm Oil Board (MPOB), and multinational pharmaceutical companies.

IMU's efforts and achievements have not gone unnoticed - in 2011, Professor Mak Joon Wah was accorded the

Merdeka Award, Malaysia's highest award of excellence, in the category of Oustanding Scholastic Achievement for his tireless efforts in the development of tropical medicine in Malaysia, in particular for outstanding fundamental and applied research in parasitology and parasitic diseases, public health and pathology. This is indeed a fitting recognition of a lifetime in research, and of his prodigious efforts in growing and developing the research programme in IMU.

**Professor Chu Wan Loy**, Associate Dean of Research, has been actively involved in research on algae biotechnology for the past 20 years. In the pursuit of scientific endeavour, he has been on three expeditions to the Antarctic and Arctic for the collection of polar algae.

His most memorable voyage was to Casey Station, Antarctica in 2000, where the ship was stuck in the ice for almost a month. Professor Chu went on another expedition to Marion Island in the sub-Antarctic in 2005, and his third voyage was to the Arctic sea in 2007.

Another significant achievement was the conferment of an Honorary Fellowship of the Royal Australasian College of Surgeons to **Associate Professor Lum Siew Kheong**, for his work in postgraduate training in surgery in Malaysia.

IMU's research efforts are expected to be further enhanced when its proposed Institute of Research, Innovation and Development (IRID) comes onstream, which will elevate the university as a significant player in biomedical and clinical research.

**Dr Joseph Gonella**, the Dean Emeritus of Jefferson Medical College and mem ber of IMU's Professional Educational Advisory Council (PEAC), which oversees the quality of all IMU programmes believes it is important that IMU clearly defines the types of scholarship it needs.

"I believe scholarship is mandatory," he says, "but there are various types of students in a medical school. There are the undergraduates, of course, but there is also the faculty – they are students too. How do we keep them

growing professionally? It can't be just by teaching – there has to be scholar-

Gonella believes that scholarship should be divided into four categories - educational scholarship, an area of critical importance, given IMU's experimental focus; laboratory research, which requires large capital investments in equipment; clinical research, and finally investigations into health services to analyse cost-benefit ratios of the care doctors give their patients.

"How do we judge ourselves (IMU) in these categories?" Joe asks. "In absolute terms, no more than fair, but we need to keep in mind that 20 years is a small step in the evolution of IMU. In relative terms to the other medical schools in Malaysia, with the exception of the two oldest ones, I think we can be proud."









One of IMU's core values is that to be good healthcare professionals, students must be moulded to be good human beings. And this includes being aware of and sensitive to the needs of the communities in which they live and work, hence IMU's long tradition of active community engagement.

70 AN ENGAGED UNIVERSITY IMU 20TH ANNIVERSARY 71

Through a comprehesive community engagement programme, students, faculty and staff work with a variety of local communities, particularly those in need, to build therapeutic relationships, share healthcare knowledge through treatment and counsel and run educational programmes.

These communities clearly benefit from this effort, and in many ways, so does the University. This community engagement provides many opportunities for hands-on, very real life learning experiences, contact with diverse groups of people of different age groups, races, geographical and cultural influences, and as a result, health and wellness issues.

The engagement also creates opportunities for research, with both IMU faculty and students undertaking both long- and short-term research projects • mid-term programmes, like visits that explore a myriad of issues.

These activities don't just help produce graduates who are sensitive towards helping to improve the health and quality of life of their communities, but also who have the experience and exposure in dealing with different people, different situations and different needs.

In particular, it offers IMU students in different healthcare professions an avenue to practise their skills and work together as a healthcare team.

At the IMU Clinical School, community engagement is a requirement to graduate, with students having to complete a minimum of two major community activities by the time they graduate. These activities are recorded in student logbooks, allowing useful reflection on the meaning and value of their experience and on what has been learnt.

Community activities in IMU can be divided into:

- · ad-hoc, for example disasters and calamities, where IMU faculty, staff and students go in to provide help and support.
- to and support of old-folks homes, orphanages and the like.
- · long-term programmes like adopting vilages and working closely with them to improve healthcare services and education over time.

#### The IMU Kampung Angkat Programme

When IMU celebrated its 15th anniversary in 2007, it launched a community service programme – adopting one village in each of its three campuses in Bukit Jalil, Seremban and Batu Pahat. The objective of this "Kampung Angkat" (village adoption) programme – to provide basic health screening and education to the villagers, provide basic medication for minor ailments as well as advise and help them if they need further care.

In Negeri Sembilan, the village Kampung Tekir, was chosen. A community of orang asli (indigeneous people), the village is located about 20 km away from the IMU Clinical School, along the Labu Road, situated within a large oil palm estate owned by Sime Plantations. Access is only by 4-wheel drives or tractors. It has a population of 460 people, with half being children below 12 years of age. The nearest health facility is in Nilai, about 20 km away.

The adoption of the village was launched in July 2007 in a grand ceremony, followed by visits every 3-4 months by groups of 20 - 25 medical students led by 2 – 3 IMU faculty members to do health screenings. Villagers detected with serious ailments were referred to the Nilai Health Clinic or Hospital Tuanku Ja'afar in Seremban for further management. Data was collected for future analysis and record keeping. Many visits later, the villagers have benefitted from the health screening and education, while IMU students have been exposed to practicing medicine in a rural setting.

In 2009, in conjunction with the 10th anniversary of the IMU MBBS programme and the IMU Clinical School, a new programe was planned and launched for the village, called the "Health and Wellness Programme". The programme targets mainly the 200odd orang asli children in the village. Children below 12 are screened and their anthropometric measures taken to monitor for growth deficiencies. Once these are identified; efforts are taken to rectify them. The new programme complements the existing health screening and education programme, which started in 2007. The impacts are monitored and effects measured, so that IMU can take the programme to the next stage.



#### **Beyond Villages**

In addition to the "Kampung Angkat" programme, IMU has also initiated several community engagement programmes on its own and in partnership with other like-minded organisations, centred around student placement, community activities, and sharing of community and academic knowledge.

In October 2002, the University launched the IMU Cares programme, which aimed to create awareness of and to inculcate the practices of recyling, greening the environment, saving of energy and other valuable resources including water.

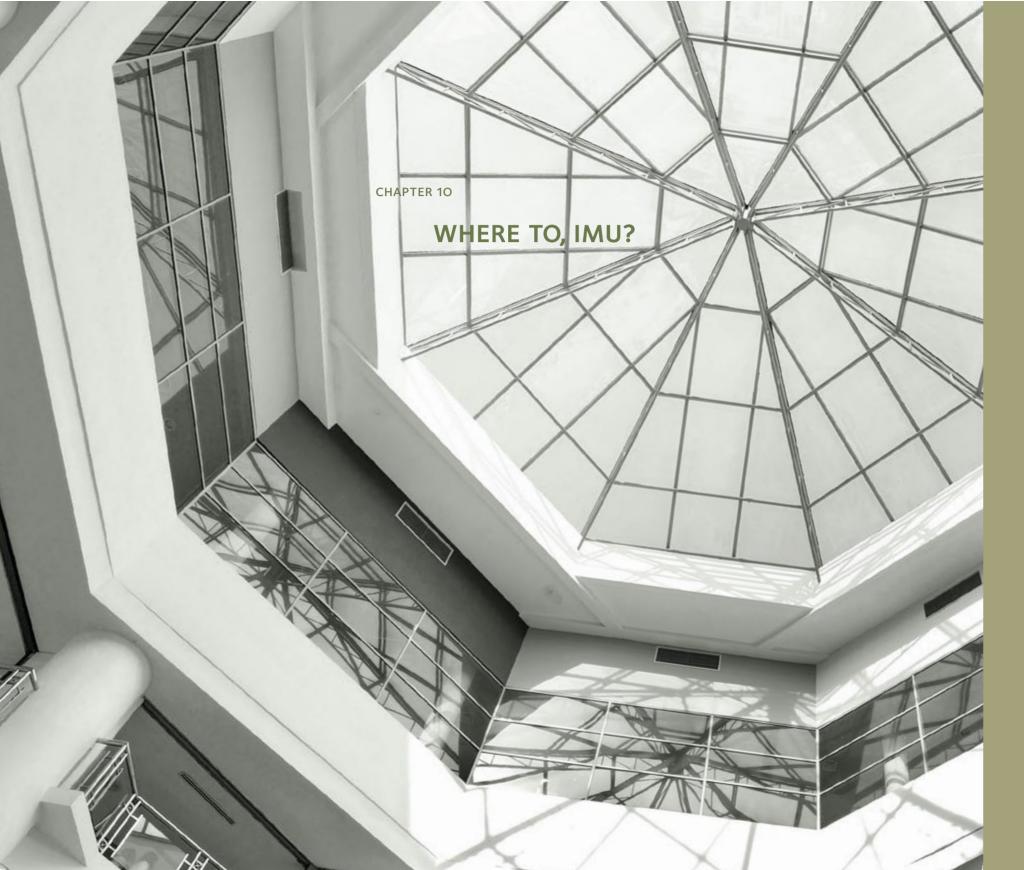
In 2010, IMU started holding regular Health Awareness Days as part of its continuing outreach activities. The events, which include free health screenings, health talks, chiropractic, nutrition and diet counselling as well as Chinese medicine consultation, are designed to educate and build awareness on the need for better health management, and are conducted by IMU management, faculty, staff and students for the public.

In the same year, it initiated a working arrangement with the National Kidney Foundation of Malaysia for shared community services engagement. More

recently, in 2011, dentistry students, in collaboration with their peers from the Universiti Sains Malaysia Dental School, worked on a health promotion project at a village in Kelantan. And in September 2011, specialists from IMU and the Ministry of Health ran a training workshop for students and staff to familiarise them with the use of devices and aids for oral hygiene in individuals with special needs. In demonstrations and roleplay, students were trained on how to manage children with cerebral palsy by the use of appropriate communication skills and body language. Students were also taught manipulative skills for mouth examination, and for tooth brushing in children with special needs.

In September 2011, the Malaysian Pharmaceutical Society held its first Public Health Fair, at the Sunway Pyramid Convention Centre in Petaling Jaya. Students, staff and pharmacy alumni participated by providing screening checks and counselling. A similar event, run by Guardian Pharmacy in early October, saw the involvement of staff and students from the pharmacy, biomedical science and nutrition & dietetics programmes, creating the opportunity for students to experience working in a multi-professional setting.





"Central to IMU's education philosophy are the guiding principles that motivated the founders – access, quality, innovation. My belief is that our core values and purpose must not change, but must inspire change."

Tan Sri Abu Bakar Suleiman, President, IMU

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Tan Sri Abu Bakar Suleiman, President, IMU.

As it approaches its 20th year, IMU faces both challenges and opportunities. Its very success has spurred the rapid growth of the private medical education industry in Malaysia, leading to increased competition as more and more schools try to emulate IMU's successful model. Yet IMU remains Malaysia's only university focused 100% on medical and healthcare education, and continues to play a significant role in nation-building.

At the same time, increasing opportunities in education beyond medicine - especially in new areas in medical biotechnology, pharmaceuticals and traditional & complementary medicine, are creating avenues for growth. This has led to IMU extending its offering to include new programmes in biomedical science, medical biotechnology, pharmaceutical chemistry, nutrition & dietetics, psychology, chiropractic and Chinese medicine. IMU has also increased emphasis on post-graduate study and its offering of continuing professional development (CPD) courses. CPD courses will increasingly be more important as it is geared to enhancement of professions as well as adult learners, the future in education and training.

Through all of this, IMU has remained focused on the central philosophy that guided its founders – access to quality medical education, innovation and imagination as its cornerstone, and continuous reflection leading to insight to guide IMU into the future.

Says Tan Sri Abu Bakar Suleiman, President of IMU, "Central to IMU's education philosophy are the guiding principles that motivated the founders – access, quality, innovation. My belief is that our core values and purpose must not change, but must inspire change."

"Our focus on quality improvement must be relentless. As much as our efforts are invested in achieving excellence, the environment locally and internationally continues to change quickly. There is a sense of continually moving targets, and for us to be considered excellent will require that we also change and adapt quickly. This is very challenging, demanding and exceedingly complex."

In January 2011, IMU launched its 5-year Strategic Plan – ASPIRE, which will see the University work towards becoming a truly Learning Organisation, as envisaged by Peter Senge. Through this systematic approach that includes a measurement system, IMU will work to fulfil Senge's criteria of a Learning Organisation as part of the process of achieving excellence.

Says Tan Sri Abu Bakar, "While a university may possess the most brilliant faculty in the world, or the best infrastructure and facilities, it will ultimately be poorly judged if the graduates it produces don't meet public expectations."

"We recognise that our curricula need to continually evolve to ensure that we produce graduates fit for purpose, skilful, effective and relevant. Therefore, our curricula are regularly monitored for quality, effectiveness and currency, and for the achievement of key exit outcomes. It is important that our curricula not only address the criteria and standards of the Malaysian Qualifications Agency, but that they are also benchmarked to international standards."

"Our medical curriculum, for example, has undergone root-and-branch review and transformation, enabling an updated medical programme incorporating many exciting new features introduced in August 2011. This new curriculum further strengthens the development of clinical and communication skills, and very importantly, addresses the outcomes of teaching, learning and assessments of "Tomorrow's Doctors (2009)" set out by the General Medical Council of the United Kingdom. We are pleased that the pharmacy and health sciences curricula continue to produce graduates who are effective in the roles for which they are prepared."

"It is about creating a community of scholars, strongly grounded in ethical practice, wisdom and humility."

IMU has also intensified its efforts in **Research**, investing in research activities around RM3 million over the past 10 years. In line with the need to critically appraise research activity in 2011 and to formulate clear directions for the next few years, the research strategy has been realigned under the ASPIRE project to meet anticipated challenges, and to take advantage of IMU's research strengths. Under the proposed Institute for Research, Development and Innovation (IRDI), research efforts will be consolidated in four functional centres of excellence.

"Basic knowledge and skills won't be enough, our challenge will be to continue to produce healthcare professionals that are research-driven, and patient-focused; who are holistic, who look to the now, with a firm eye on the future. And who recognise that it is not the system that serves them, but they who serve the system," says Tan Sri Abu Bakar.

IMU's focus will be on understanding the relationship between the education of doctors and the quality of care, and to be clear about how doctors and other health professonals learn more effectively the basic skills related to patient-centredness, evidence-based medicine and systems-thinking.

In **Healthcare**, plans are being put in place to develop a new healthcare model that will change the way patients are treated in the country.

"IMU wants to contribute to a responsive healthcare system, that looks at societal needs. We want to develop a model for patient-centred care that is respectful of, and responsive to, individual preferences, needs and values, and ensures that patient values guide

clinical decisions. We want to be able to provide care that is safer, more reliable, more responsive, more integrated and more available," explained Tan Sri Abu

Bakar.

Mei Ling elaborates, "When we started

the IMC we always knew that Phase 1, which feeds into a variety of medical schools overseas, is only a starter. With time we would have to be a university and develop a complete home-grown medical degree. This university will be a niche university concentrating on health-related courses. But all top medical schools would need to have an academic health centre where what their healthcare students learn as best practice is applied in a clinical environment."

"IMU can differentiate itself when it successfully integrates education with research and healthcare. Only then is IMU complete. Only then is IMU able to stand above its competitors. And with time, IMU will morph into a quality healthcare provider, with the university playing a smaller role, but very prestigious with a small number of high quality students, like the medical schools of Mayo, Johns Hopkins, etc."

"The main reason for this success is, IMU will have combined education, research and healthcare, each component adding more value to each other. Quality must remain an obsession, as with international partnerships. And for organisations that last – core human values, doing what is right all the time, values that transgress race, religion and creed must run though everything we do. That is the dream."

Looking forward, Tan Sri Abu Bakar says, "The future is anticipated to be even more challenging, not least by being intensely competitive. If we are to succeed in this future we must be able to critically and rigorously evaluate our performance, be even more responsive to change, and become more innovative than we have ever been."



