Policy regarding Electives for BDS students

INTRODUCTION:

Clinical electives are short, student-selected placements where one steps out of the classroom to actively participate in patient care within a specific hospital or specialty. Elective courses can provide students with an opportunity to explore topics beyond the core curriculum, gain specialized knowledge and skills, and expand their career prospects.

VISION:

KCD will be the Global leader in Health care sciences, academics, and research for efficient, compassionate health care.

MISSION:

To produce highly skilled & motivated Dental Professionals to prevent & combat the dental diseases burden in Pakistan.

OBJECTIVES:

1. To introduce students to the key concepts, principles, and practices of a specific medical specialty.
2. To provide students with clinical experience through supervised patient care, and other practical learning activities.
3. To develop students' ability to critically evaluate and apply evidence-based medical knowledge to diagnose and treat patients.
4. To enhance students' communication and interpersonal skills with patients, families, and colleagues in a clinical setting.
5. To foster students' understanding of the ethical, legal, and social issues related to the practice of medicine in their chosen specialty.

Rules /Regulations:

1. Clinical electives will be offered to the students of KCD and other students of national and international dental colleges.
2. Duration and timings: Clinical electives will be offered during summer vacations from 16 June to 15 August. Timing will be from 8:00 AM to 4:00 PM.
3. Duration of electives for students will be 1 month.
4. Only ten students will be allowed per session (per month).

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5. During the elective, students will only observe and assist different clinical procedures.
6. Selection will be on merit, based on third year BDS DMC marks.
7. Those students who have passed their 3rd year exam in annual will be preferred over those who passed in supply exam.
8. Students must abide by the rules /regulations of KCD, like timing, discipline, etc.
9. If any student is found breaching rules/regulations of the college, it will lead to the termination of his/her electives and no certificate will be provided.
10. In case of severe misconduct, the concerned college will be informed about the incident, and the concerned college has to implement the penalty; otherwise, that college will be banned.
11. Interested students should submit the application from 1st June till 10th June.
12. Sixty percent quota will be allotted to public sector colleges, and 40% will be allotted to private sector colleges.
13. If a seat in any of the above categories is vacant, it will be shifted to the other category.
14. The college will not be responsible for accommodation and travelling.
15. Elective rotation will be offered subject to availability.
16. Preference will be given to institutions with whom an MOU has been signed.
17. Only those students who belong to a PMDC-recognized institute will be entertained.
18. Students on elective at KCD would be required to wear a white coat and display the College ID card at all times to identify them as a "visiting student". Without a card, security personnel could challenge them and stop them from entering the premises or any part of them.
19. Students should be punctual and should remain present for the full duration of the session.
20. House Officers are strictly prohibited from posting or sharing any hospital related information or content on social media without prior written authorization from hospital administration.
21. A student who misses a clinical rotation without prior approval will be considered absent.
22. Repeated absentees may result in dismissal from the program. Students are responsible for making up any missed clinical rotations at a later date as determined by the departmental elective director. Exceptions to the attendance policy may be granted in exceptional circumstances, such as a medical condition or a family emergency. Requests for exemptions should be made in writing to the Associate Dean Undergraduate, who will review and approve them on a case to case basis.

Application Documents

- Completed application form, duly signed and dated
- 4 passport-sized photographs with white background on Mat Paper (taken within the last 6 months)
- One copy of NOC form Principal/Dean of the Dental College / University mentioning that the student has successfully completed his three years of Dental/medical Study or is enrolled in the Dental College.
- One copy of result of each Professional Examination or Dental college transcript.
- One personal statement

Elective Coordinator

Associate Dean, Undergraduate-KCD

Elective Expenses: Traveling, boarding, and food expenses shall be borne by the student

Application / Selection & Record Keeping Process

STEP- I

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Submission of Application Forms for applying for Clinical Elective Training for the desired number of departments and period.

STEP- II

Compilation/processing of applicants' data and forwarding to the Principal/Dean for approval.

STEP- III

Issuance of acceptance letter to prospective 'elective student'

Orientation / Introduction to KCD

Orientation and welcome session will be conducted for these students by the Student Affairs Office.

Elective Clinical Rotation Planner:

The program will be handed over to the students on the first day of the rotation.

Hospital Program / Training Coordinator

Senior Manager Student Affairs- KCD will be the "Clinical Training Program Coordinator" who can link up different activities and facilities with students as and when required. He / she will be responsible for day-to-day clinical and administrative issues at KCD.

Student/Trainee Personal File

Student Affairs Office will maintain personal file of each student.

Following records will be kept:

1. Duly filled application form
2. Photocopy of CNIC
3. Photocopy of Passport (foreign students)
4. All academic credentials of the student
5. Clinical Rotation Program
6. Attendance Record
7. Final Evaluation of the student by the department
8. Students' feedback about the 'elective experience.

ID cards

ID cards will be issued to elective students for their Elective Training at KCD.

Students shall wear this card at all times during their rotation in various departments at KCD.

Remarks of the Head of Departments

After completion of each rotation, HOD/Chairperson will give remarks about the performance of the students, which will be kept in students' file.

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Correspondence with the Foreign Dental Colleges/ Universities

Correspondence with the Local/Foreign Dental Colleges/ Universities will be done through the Student Affairs Dept.

Office of Student Affairs,
Khyber College of Dentistry,
Peshawar University, Pakistan.
Tel: +92-91-9222062 (SAS)
: +92-91-9221436/37 (Exchange)
Web: ww.kcd.edu.pk

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Photo
Passport
size
(With white
background)

Date of Application----------

Name of college in which you are studying: ----------

1. Name of student ----------
2. Class in which studying: ----------
3. Date of Birth: ---------- 4. Place of birth: ----------
5. Nationality: ---------- Gender: Male Female
6. C.N.I.C. number: ----------
7. Passport number: (If Applicable) ----------
8. Father's Name: ----------
9. Father's Occupation: ----------
10. Phone Number: ---------- ---- (Mobile/Cell) (Other): ----------
11. E-mail address: ----------
12. Postal address: House #----------Street # ---------- Road----------

    Town/City----------Country ----------ZIP----------

13. Person's contact number & relation in case of emergency: ----------

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12. ACADEMIC RECORD

EXAMINATION	YEAR OF PASSING	TOTAL MARKS	MARKS OBTAINED	NAME OF INTSTITUTION
4th YEAR				
3rd YEAR				
2nd				
1st				
Any other				

13. DECLARATION

I Mr. /Ms. _____Son/Daughter of _ _____ _____an applicant for Clinical Elective Rotation / Training at Khyber College of Dentistry from_____ to _____ for a total duration of _____ weeks/months and solemnly affirm and declare that the above present information supplied by me is correct. I have read and understood the College terms and conditions of the clinical elective training procedure. I agree to abide by the rules and regulations. Failure to do so, as determined by the Elective Committee /Administration may result in immediate cancellation of my elective and a failed grade.

Please note:

□□No trainee is allowed to handle and examine any patient without Supervision of a KCD faculty member.

□□KCD is not responsible for the well-being of the elective trainee outside the campus.

□□Trainees are required to take care of their valuables; KCD will not be responsible for any loss incurred.

_____ _____ _____

Applicant's Signature Signature of Parent/Guardian Date

14. Application Checklist

(Please ensure that you have enclosed the following)

□ Completed application form, duly signed and dated

□ 4 passport-sized photographs with white background on Mat Paper (taken within the last 6 months)

□ One photocopy of letter issued by the Dental College / University mentioning that student has successfully completed his / her one/two/ three/four years of Medical Study or is enrolled in the medical school.

□ Letter of recommendation

□ One photocopy of result of each Professional Examination or Dental college transcript. (English Translation)

□Curriculum Vitae

□Proof of Proficiency in English (1 Optional)

The process of approval may take up to two weeks

Errors &Omissions Excepted

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EVALUATION OF THE ELECTIVE PROGRAM
(STUDENT ELECTIVE FEEDBACK FORM)

(To be filled in by the student at the end of his/her elective period and submitted with Associate Dean Undergruate)

1. Personal Information:
- Name:
- Student ID:
- Email:
- Elective Period (Start date---------- - End date ----------)

2. Overall Experience:

How would you rate your overall elective experience at KCD?
(Scale: 1-5, with 1 being very poor and 5 being excellent)
- Excellent
- Very good
- Good
- Fair
- Poor

3. Learning Opportunities:

Did the elective provide adequate learning opportunities in the field of your interest?
- Yes
- No

Please describe the learning activities or experiences that were most valuable to you:

_____
_____
_____

4. Faculty and Preceptors:

How would you rate the support and guidance provided by the faculty and preceptors?
(Scale: 1-5, with 1 being very poor and 5 being excellent)
- Excellent
- Very good
- Good
- Fair
- Poor

Please provide any feedback or suggestions regarding the faculty and preceptors:

_____
_____
_____

5. Elective Organization and Logistics:

5.1. How would you rate the organization and logistics of the elective program? (Scale: 1-5, with 1 being very poor and 5 being excellent)
- Excellent
- Very good
- Good
- Fair
- Poor

5.3. Please provide any comments or suggestions regarding the organization and logistics of the

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elective:

6. Facilities and Resources:

6.1. How would you rate the availability and accessibility of the necessary facilities and resources during your elective? (Scale: 1-5, with 1 being very poor and 5 being excellent)

- Excellent
- Very good
- Good
- Fair
- Poor

6.2. Please provide any feedback or suggestions regarding the facilities and resources:

7. Interprofessional Collaboration:

7.1. Did you have the opportunity to collaborate with healthcare professionals from different disciplines during your elective?

- Yes
- No

7.2. Please describe your experiences or interactions with other healthcare professionals:

8. Elective Curriculum:

8.1. How would you rate the content and relevance of the elective curriculum? (Scale: 1-5, with 1 being very poor and 5 being excellent)

- Excellent
- Very good
- Good
- Fair
- Poor

8.2. Please provide any feedback or suggestions regarding the elective curriculum:

9. Personal Development:

9.1. Did the elective contribute to your personal and professional development?

- Yes
- No

9.2. Please describe how the elective has impacted your knowledge, skills, and career goals:

10. Suggestions for Improvement:

Do you have any suggestions for improving the elective program at KCD?

11. Additional Comments:

Please provide any additional comments or suggestions you may have.

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