

Student guide

M2- 2023-2024

Second term

- Contents:

- 1-Guide lines (why P.B.L. “Problem Based Learning”) added to integrated system in October 6 university faculty of medicine (what the student & tutor will do this term) , (modules in this term & their general objectives)
- 2-Schedule for lectures , practicals , cases (small group teaching) , skill lab , & exams
- 3-Rubrics for grading assignments and presentations
- 4-Portfolio items
- 5-Cases with objectives

- PBL Philosophy:

In a world where available information is growing exponentially, we believe that the most important thing a student needs to know is how to learn. So the main learning goals of the PBL are a framework for looking at concepts, skills, and abilities and help guide the creation of personalized student curriculum. PBL offers unique environments where students can flourish as individuals within a community of learners.

- PBL Process:

The core of the PBL process is the tutorials that will be held once weekly beside the practical sessions and the interactive lectures. In each tutorial there will be a case scenario that is delivered to the students, where they collaborate together through the seven jumps process to point out the possible problems present in the case and to find out the intended learning objectives need to be known through this case. In the second tutorial, they will discuss the objectives of the case after self study, and a new case will be delivered. In PBL process the role for lectures aim at clarification of complicated areas of information or to integrate different areas of information. Practical sessions and clinical skill lab are included as educational activities in BPL. They act as tools for the students to gain the needed psychomotor skills and to attain the professional attitude and behavior.

- Student role:

The student is the center of the learning process in PBL. **Students will depend on themselves in finding out the learning objectives by brain storming in the case study session. Then they will go home and study and search in the texts for the information of the objectives they got. Then the following session they should try to present the information they gazed and summarized to their students in an easy palatable way.** In PBL the students have to work hard, prepare themselves well for every tutorial group meeting, collaborate with their colleagues and practice team work. They also will have their reflection about the process, their colleagues and the tutor.

- Tutors role:

- The tutor will work as a facilitator more than traditional teacher who delivers all the information to the students. Tutors role is to stimulate and motivate the students to learn and to search for the information and knowledge. During the case they will guide the students and redirect them towards the intended learning objectives. The tutors share in the assessment process. Moreover, the tutor together with the students has the responsibility of setting the roles of the tutorial session.

- The tutor will receive guide information for the objectives in each case from the departments at least one week before the case is to be discussed, he should read them and then in the discussion of the case he should see if the students had fulfilled all the needed items so as to approve their work or they need to search more for certain items and get them so as to complete their work completely or they got more or un needed items they should discard them. By the end of the cases of the module students will have their hand out covering all items needed in the objectives they searched for
- All staff members should have their official mails done by the beginning of the academic year so as good communication may be applicable and to facilitate uploading of their lectures every Wednesday of each week
- In session (1) (week 1)
 - One case will be red by the students
 - They make brain storming with each other and with the tutor to get the objectives the case is talking about. They will go home to search for them and make presentation about them the coming session.
 - Weeks for reading of the cases and discussion of the objectives are written above each case.
 - The presentation have certain rubrics the tutor try that the students stick more and more to them each presentation then at the last presentation of the module they will have certain mark among their portfolio total mark about:
 - The presentation they showed along the module and their share in the discussions and preparation of the work needed (see professional behavior sheet included) (the mark is given by the tutor)
 - After they finish the presentation in each session they will read the following case and brain storm to get the objectives that they will go home to prepare them as presentation in the coming case session and so on all the sessions
 - If the case is long its presentation by the students may take two weeks not one week to ensure that the students presented the objectives in the case in a good way
- All students are to make their Emails in the first week so as to be able to have the on line information uploaded weekly concerning the following:
 - Lectures
 - Videos
 - Presentation done by their colleagues
 - On line exams formative and summative

ملخص إستراتيجية التعليم والتعلم بالكلية *

1. إستراتيجية التعلم الذاتي:

أسلوب من أساليب التعلم المتطورة التي تمكن الطالب من تحصيل المعارف والمهارات معتمداً على قدرته الذاتية من مصادر التعلم المختلفة ، فيعلم نفسه بنفسه وفقاً لقدراته ولسرعته في التعلم.

2. استراتيجيه التعلم التفاعلي:

تعتمد استراتيجيه التعليم التفاعلي على أسلوب التفاعل بين الطالب والمحاضر والمادة العلمية ويمكن تطبيق هذا المفهوم من خلال عدة وسائل منها التعليم التعاوني والتعليم الإلكتروني.

أ- التعلم التعاوني:

من خلال عمل الطلاب معا في مجموعات صغيرة العدد للعمل على حل المشكلات أو د ارسه حالة والمشاركة في حملات التوعية في تفاعل إيجابي متبادل يشعر فيه كل فرد أنه مسئول عن تعلمه وتعلم الاخر .

ب-التعليم الالكتروني:

وسيمة تدعم العملية التعليمية وتحولها من طور التلقين إلى طور الإبداع والتفاعل وتتمية المهارت، حيث تعتمد عمى تطبيقات الحاسبات الإلكترونية وشبكات الإتصال والوسائط المتعددة في نقل المهارت والمعارف وتضم تطبيقات عبر الموقع الالكترونى وغرف التدريس الافتراضية.

3. التدريب

- التدريب الإكلينيكى

- التدريب الميدانى

- القوافل الطبية

- التدريب الصيفى بالمستشفى

- التدريب بمركز التدريب الطبى المستمر ووحدة الابحاث الطبية المتقدمة

- التدريب بالمستشفيات بالخارج

**اساليب وطرق التعليم والتعلم

الاساليب التقييمية	الاساليب الغير تقييمية	أساليب أخرى لمتدريس التفاعلى
المحاضرات باستخدام الداتا شو & Tutorial & السيمينار	حل المشكلات	البحوث وتقديم العروض العملية (أنشطة اخرى: المشاركة فى القوافل الطبية وحملات التوعية)
الدروس المعملية والإكمينيكية (مستشفى الكلية . مستشفى طب القصر العينى	نماذج ومحاكاة Skill lab مشاهدة	الرسومات التوضيحية وعمل بوسترات للابحاث
	لعب الادوار	التعلم الالكتروني

الزيارت الميدانية (الوحدات الصحية - المصل واللقاح - المحرقة بالمستشفى - وحدة التعقيم)	د راسة الحالة	الكس تراييزة سكترا التعليم باستخدام الحالات التعليم التكاملي التفاعلي
التدريب الصيفى بمستشفى الجامعة وبالخارج	المناقشة فى مجموعات صغيرة	

وللتأكد من تحقيق مخرجات التعلم المستهدفة:

يتم تقييم مستوى الطلاب بطرق متعددة تشمل:

- الامتحانات الدورية
- الامتحانات التحريرية
- حل المشكلات ودراسة الحالة
- الامتحانات العممية والاكليينكية وتطبيق نظام) OSPE - OSCE

عميد الكلية

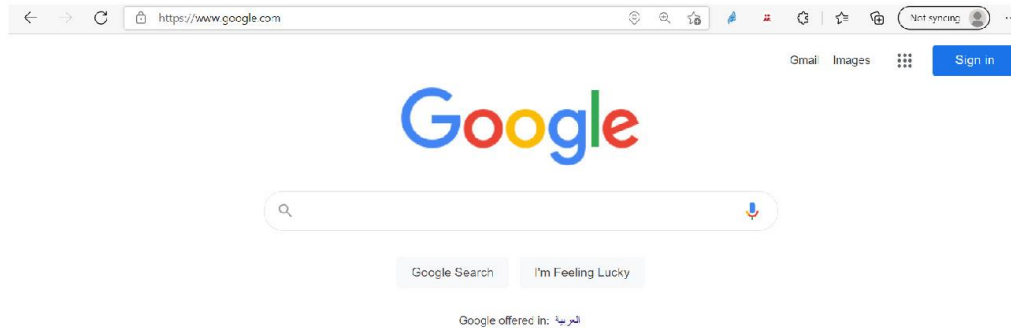
أ.د/ عمرو نديم

- Scoring Rubric for Presentations:

Category	Scoring Criteria	Total Points	Score
Organization (15 %)	Were the main ideas presented in a clear manner?	5	
	Information is presented in a logical sequence.	5	
	Presentation appropriately cites requisite number of references.	5	
Content (45 %)	- The Introduction is attention-getting, - It lays out the problem well, - It establishes a framework for the rest of the presentation.	5	
	Technical terms are well-defined in language that is appropriate for the target audience.	5	
	The Presentation contains accurate information.	10	
	The material included is relevant to the overall message/purpose.	10	
	Appropriate amount of material is prepared, and the points made reflect well their relative importance.	10	
	There is an obvious conclusion summarizing the presentation.	5	
Presentation (40 %)	Speaker maintains good eye contact with the audience and is appropriately animated (e.g., gestures, moving around, etc.).	5	
	Speaker uses a clear, audible voice.	5	
	Delivery is poised, controlled, and smooth.	5	
	Good language skills and pronunciation are used.	5	
	Visual aids are well prepared, informative, effective, and not distracting.	5	
	Length of presentation is within the assigned time limits.	5	
	Information was well communicated.	10	
Score %	Total Points	100%	

Steps to register on the Moodle e-learning website for Faculty of Medicine

1. Open any browser e.g. Chrome, Firefox, Edge, Safari

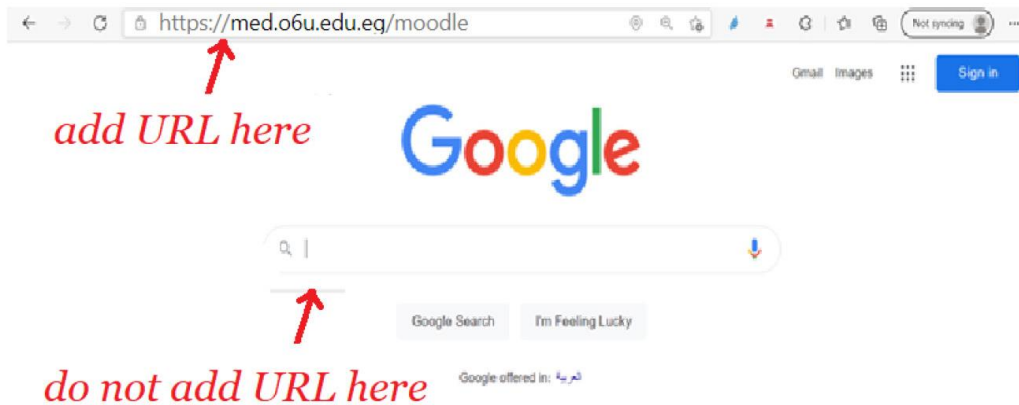


2. Then copy & paste this address in the URL box

<https://med.o6u.edu.eg/moodle>

N.B.

- It is https & not http
- There is no www in the address



3. Press "Enter" Key

o6u-med English (en) You are not logged in. (Log in)

جامعة 6 أكتوبر
October 6 University Egypt

الهيكل الإداري لجامعة 6 أكتوبر- كلية الطب

رئيس مجلس الأمناء

الأستاذ الدكتور أحمد زكي بدر

4. Click on "log in" in the upper right corner of the screen.

جامعة 6 أكتوبر
October 6 University Egypt

Username

Password

Remember username

Log in

Forgotten your username or password?

Cookies must be enabled in your browser ?

Some courses may allow guest access

Log in as a guest

5. Write your ID number twice: in the “Username” & in the “Password” here is an example:



20022792

.....

Remember username

Log in

Forgotten your username or password?

Cookies must be enabled in your browser ?

Some courses may allow guest access

Log in as a guest

6. Then click on “Log in” below. You will be asked to change your Password:

You must change your password to proceed. ×

Change password

Username 20022792

The password must have at least 8 characters, at least 1 digit(s), at least 1 lower case letter(s), at least 1 upper case letter(s), at least 1 non-alphanumeric character(s) such as as *, -, or #

Current password ⓘ

New password ⓘ

New password (again) ⓘ

Save changes

There are required fields in this form marked ⓘ .

The new password must have at least 8 characters, at least 1 digit(s), at least 1 lower case letter(s), at least 1 upper case letter(s), at least 1 non-alphanumeric character(s) such as as *, -, or #

Very Important: DO NOT FORGET THE NEW PASSWORD

How to enroll yourself in a Module?

Some modules need an “enrolment key” to enter it for the first time. Ask you teacher for this key.

Enrolment options

 Pediatrics-5

Teacher: Manar Aref

Teacher: Eman Sharaf

▼ Self enrolment (Student)

Enrolment key

Enrol me

Professional Behavior of student in the case checklist

Students Name:

Date:

End of module (Summative):

Module title:

Student's Signature :.....

Tutor's Name:.....

Criteria	Scale: 1 and 2 is unsatisfactory, 3, 4 and 5 is satisfactory performance					Comments
<p><u>Preparation:</u> Is well prepared with relevant information, uses a variety of references and summarizes key points</p>	1	2	3	4	5	
<p><u>Critical thinking:</u> Identifies problem, analyzes problem, suggests possible reasons for the problem, helps group to formulate learning objectives</p>	1	2	3	4	5	
<p><u>Participation:</u> Participates actively, talks on turn and listens attentively to others</p>	1	2	3	4	5	
<p><u>Communication Skill & Group Skills:</u> Respects tutor and colleagues, communicates well uses appropriate language, accepts feedback and responds appropriately. Contributes to group learning, shares information with others, demonstrates sensitivity to views and feeling of others, takes on assigned tasks willingly</p>	1	2	3	4	5	
<p><u>Presentation skills:</u> Presents the information relevant to the learning objective of the case, explains clearly the reasoning process with regard to solving the problem</p>	1	2	3	4	5	
	SATISFACTORY					UNSATISFACTORY

-The students portfolio (October 6 university - faculty of medicine - 2020 - 2021):

- Each student should go through one of the following links to make his google e-portfolio where he (she) will put the progression he will achieve in each module WEEK BY WEEK and e will send the link to the tutor to revise it. PAPER WORK OR CD OR E-MAIL ARE NOT ACCEPTED.

- Links to make e-portfolio using google sites

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwi9xOnhrYDzAhVERkEAHb_0DCgQFnoECC0QAAQ&url=https%3A%2F%2Fwww.montclair.edu%2Fmedia%2Fmontclair.edu%2Foit%2Fdocumentation%2Fportfolios%2FGoogle-Sites-ePortfolio-3-13-PF-Final.pdf&usg=AOvVaw2PTNDhBjsWkTV75RJGCoen

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwi9xOnhrYDzAhVERkEAHb_0DCgQFnoECC8QAAQ&url=https%3A%2F%2Fshakeuplearning.com%2Fblog%2Fhow-to-create-powerful-student-eportfolios-with-google-sites%2F&usg=AOvVaw0koWnu2boD4ufVDvE_jtdo

- The student portfolio should contain the followings:

1- Paragraph that summarizes his learning experience and contain the followings in short:

- Resume of him
- Impact made by the education on him
- His present strengths
- His present weakness
- Future suggestions & goals

2- Any community medical work the student completed under supervision of a staff presenting the followings:

- Name of staff & position
- Date
- Site
- Results
- Obstacles

3- His cases , objectives he got by brain storming , presentations done by him , (power point)

4- Medical pics & posters done by him or his group if present

5- Web page , or brochure constructed by him or his group if present

6- Conferences attended by him if present

7- Visits done to clinical departments to see relevant experiments studied

8- Two to three education events attended by him

9- Two to three meetings with educational or clinical supervisors

10- Get started with scopus

11- Students should collect the presentations the group will do along the sessions of the cases and put them in the binder of the portfolio, with the cases , CV and the needed assignments , prochures , or links for the channels as will be announced

1,2,3 SHOULD BE FORMED IN THE RESPIRATORY MODULE

3, 4,5,6 SHOULD BE FORMED IN THE CARDIOVASCULAR MODULE

3, 7,8,,9,10 SHOULD BE FORMED IN THE G.I.T. MODULE

BONUS MARKS ADDED TO THE PORTFOLIO MARK ONLY IF NEEDED

- If any student shared in a paper with any of the staff
- If any student constructed cases on spectra table
- If any student shared the activities of the quality unit
- If any student shared in the electronic evaluations

- Portfolio scoring (Rubrics for evaluating portfolios):

- Each student should be rated as one of the followings :

- Out standing & he will be given 95% to 100% of the portfolio mark
- Acceptable & he will be given 70% to 75% of the portfolio mark
- Marginal & he will be given 60% to 65% of the portfolio mark
- Unacceptable & he will be given less than 60% of the portfolio mark

SECOND YEAR	Mid module	Continuous assessment	End module	OSPE	OSCE
RES 150	35 marks electronic	10 marks total 1.5 attendance sections 1.5 attendance cases 4 presentation 3 portfolio	60 marks total 50 MCQ 10 SAQs electronic	45 marks total -slides electronic and practical	
CVS 150	35 marks electronic	10 marks total 1.5 attendance sections 1.5 attendance cases 4 presentation 3 portfolio	60 marks total 50 MCQ 10 SAQs electronic	45 marks total -slides electronic and practical	
GIL 150	35 marks electronic	10 marks total 1.5 attendance sections 1.5 attendance cases 4 presentation 3 portfolio	60 marks total 50 MCQ 10 SAQs electronic	45 marks total -slides electronic and practical	





Cases

(Second year first term 2022-2023)

RES module

Case 1: pneumothorax

Mrs Amal is passing her seventh month of pregnancy. Yesterday she felt sudden colic and successive uterine contractions. She consulted her physician who asked her to go to the hospital quickly, where he ordered her some investigations and made her ultrasonography. He discovered that the strong contractions hindered the baby's life and that he should do her a cesarean operation to get out the baby although he is before complete term. The doctor asked the pediatrician Dr Kamel to be ready in the neonatology ICU and prepare the ventilator as those babies delivered before term are to be having deficient or absent surfactant and they suffer respiratory problems. Dr kamel agreed and after the operation he kept the baby ventilated for two days where he used to examine him several times every day. On the third day due to stiffness of the lung of the baby the pressure exerted by the ventilator caused rupture of some of the baby's alveoli and he developed pneumothorax and began to be cyanosed due to the developed hypoxia. Quickly the pediatrician inserted a chest tube in the pleural sac of the baby to get out the air that was entered in it and made him the needed resuscitation measures. Later after five weeks the baby began to get better and he was weaned from the ventilator gradually.

Objectives that should be got by the students through brain storming:

CVS module

A 71 years old man present to emergency room with severe midsternal chest pain . He appears anxious and in distress HR=66/min ,BP 92/68 mmHg ,RR= 14 breath per minute, There is marked jugular venous distention , On auscultation an S4 gallop is audible and lung field are clear ECG shows 2 mm ST elevation in leads II,III,AVF

ST elevation due to coronary occlusion

Reciprocal ST depression in anterior leads



ST elevation in inferior leads

What is your diagnosis ?

Objectives :

GIL module

Case (1): (Hernia)

A 75-year-old man presented with complaints of episodic abdomen pain and constipation accompanied by a huge right scrotal mass. Physical examination revealed a large, irreducible, non-tender right inguinoscrotal hernia. The hernial mass was about 30 cm and extended to the midpoint of the inner thigh. At laparotomy, the intestine from the proximal transverse colon to the terminal ileum with mesentery was found to have herniated through the right inguinal tract without evidence of ischemia or strangulation. The ascending colon showed no adherence to the retroperitoneum and the third and fourth parts of the duodenum descended vertically. The inguinal defect was closed without complications.

Objectives :

Case (2) : liver cirrhosis

A 43-year-old alcoholic woman presented to the outpatient with an episode of acute cholecystitis , accompanied by haematemesis , melaena and postural symptoms. Upper gastrointestinal endoscopy revealed a duodenal ulcer with adherent clots in the first part of the duodenum. Ultrasonography detected liver cirrhosis and gallstones and portal hypertension. Cholecystectomy with common bile duct exploration was done, then she was given liver support and she was ordered to stop the alcoholic drinks completely.

Objectives :

Cases for the module URS

Cases for the module URS 203

Case 1: A Neighbor's concern about his reports

Akmal is a second-year student at October 6 university. One afternoon, one of his neighbors visited him asking his opinion about his urine analysis report and Ultrasonogram. Actually as the appointment of Mr Akmal with his doctor was 3 days later, he was worried about his reports. Thinking that as Hisham is a medical student, he might help him to assure, that the report findings were not serious. The urine analysis showed presence of protein of 3 plus (increased) and albumin was also detected. The ultrasound showed normal kidneys, ureters and urinary bladder. Hisham had studied the normal urine analysis in the college and knows that serum proteins as albumin are normally not filtered from the blood to the urine.

- Objectives :

October 6 university team at a Seminar

6 students of M2 and two professors were selected from faculty of medicine –october 6 university to attend an international seminar on acid base balance. There were many lectures said by reputed speakers from many countries all over the world. In the afternoon session of the 2nd day, the facilitator of the session divided the participants into small working groups and gave them some clinical scenarios. October 6 university group

received a case with following history:

“A 72-year-old female was found in her house on the floor with the gas stove switched on with no flame. Her neighbours could

not tell the ER doctor for how long she had been there as such.
Femoral arterial blood gases were collected about five minutes after her arrival in the hospital, which were as follows:

pH : 7.27 (Normal range: 7.35 to 7.45*)
pCO₂ : 28 mmHg (Normal range: 35-45 mmHg*)
pO₂ : 79 mmHg (Normal range: 80-100 mmHg*)
HCO₃ : 20 mmol/l (Normal range: 23-28 mmol/l*)

Following is the discussion in the group

regarding the above case; - 1st Student: The pH is low, I think it is acidosis.

- 2nd student: But which acidosis, metabolic acidosis or respiratory acidosis?
- Professor: Actually, it is metabolic acidosis because the bicarbonate is low.
- 3rd student: Sorry, I am little bit confused. Why it is not respiratory alkalosis, as the pCO₂ is low too and I remembered from the seminar that low pCO₂ is the feature of respiratory alkalosis?
- Professor: I am glad you remembered this, but please note that pH is low than normal, so it is acidosis not alkalosis and can someone else tell me why the PCO₂ is too low?
- 2nd student: I think there is something going on with her respiration too.
- 3rd student: I guess that since it is metabolic acidosis where the primary acid base change is a decrease in serum HCO₃, there should be a compensatory hyperventilation, expelling CO₂ out of body.
- Professor: Yes, you are right, I am so happy about your progress. Now there is question for all of you. What are the other compensatory mechanisms by which our body corrects different acid base disorders?

LEARNING OBJECTIVES:

1.