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- O.6.U. graduates:
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in O.6.U.

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Characters of O.6.U. graduates:

1- Work to maintain normal health, provide primary health care and deal with common health problems in the society



- 2- Be aware of the importance of a good doctor patient relationship and work to establish and maintain it. 3- Follow rules of medical ethics.
- 4- Show appropriate attitudes and professionalism.
- 5- Demonstrate appropriate communication, clinical and practical skills.
- 6- Be prepared for lifelong learning.
- 7- Be able to engage in post- graduate and research studies.
- 8- Acquire basic administrative capabilities

** ملخص إستارتيجية التعلم بالكلية ** 1.استراتيجية التعلم الذاتي: أسلوب من أساليب التعلم المتطورة التى تمكن الطالب من تحصيل المعارف والمها ارت معتمداً على قدارته الذاتية من مصادر التعلم المختلفة ، فيعلم نفسه بنفسه وفقاً لقدارته ولسرعته فى التعلم. 2. استراتيجيه التعلم النفاعلي: تعتمد استراتيجية التعليم النفاعلي على إسلوب النفاعل بين الطالب والمحاضر والمادة العلمية ويمكن

- تطبيق هذا المفهوم من خلال عدة وسائل منها التعليم التعاوني والتعليم الإلكتروني. <u>أ التعلم التعاوني</u>: من خلال عمل الطلاب معا فى مجموعات صغيرة العدد للعمل على حل المشكلات أو د ارسة حالة والمشاركة فى حملات التوعية في تفاعل إيجابي متبادل يشعر فيه كل فرد أنه مسئول عن تعلمه وتعلم الاخر . <u>ب التعليم الالكتروني:</u> وسيمة تدعم العملية التعليمية وتحولها من طور التلقين إلى طور الإبداع والتفاعل وتنمية المها ارت، حيث تعتمد عمى تطبيقات الحاسبات الإلكترونية وشبكات الإتصال والوسائط المتعددة في نقل المهاارت والمعارف وتضم تطبيقات عبر الموقع الالكترونى وغرف التدريس الإفتراضية.
 - 3. التدريب

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- التدريب بالمستشفيات بالخارج

أساليب أخرى لمتدريس التفاعمى	لاساليب الغير	الاساليب التقميدية
	قميدية	
البحوث وتقديم العروض العملية	حل المشكلات	المحاضرات باستخدام الداتا شو
) انشطة اخرى: المشاركة في القوافل الطبية		& Tutorial السيمينا ارت
وحملات التوعية(
الرسومات التوضيحية وعمل بوسترات للابحاث	تماذج ومحاكاة	الدروس المعملية والإكمينيكية
	Skill lab مشاهدة) مستشفى الكلية . مستشفى طب القصر
التعلم الالكتروني	لعب الادوار	
الزيا ارت الميدانية)الوحدات الصحية –	د راسة	الكس ترابيزة سكترا
المصل واللقاح – المحرقة بالمستشفى – وحدة	الحالة	لرابيره سكارا التعليم باستخدام الحالات
التعقيم(التعليم التكاملي التفاعلي
التدريب الصيفي بمستشفى الجامعة وبالخارج	المناقشة في مجموعات	
	صغيرة	

* * اساليب وطرق التعليم والتعلم

وللتأكد من تحقيق مخرجات التعلم المستهدفة:.

- :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 or hand outs** for the information of the objectives they got. Then the following session they should try to present the information they gazered and summarized to their students in an easy palatable way. In BPL 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, he share with the students the responsibility of setting the roles of the tutorial session.
- Tutor will divide the students into groups to work with each other.
- 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 each session one of the students will be the reader (the one who reads the case) and another one will be the writer (the one who writes the objectives on the board after brain storming of the students with the tutor and collect them after that)

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- In session) 1 (
- One case will be red by the students
- They make brain storming with each other and with the tutor to reach the objectives the case is talking about. They will go home to search for them and make presentation about them the coming session according to rubrics given in this guide.
- 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 should stick more and more to them each time they make the presentation
- STUDENTS SHOULD ATTEND THE CLINICAL DISCUSSION OF THE CASE THAT WILL BE DONE IN THE LAST WEEK OF THE MODULE WITH MEMBERS OF THE DEPARTMENTS SHARING IN THE OBJECTIVES OF THE CASE, AND STUDENTS SHOLUD RECORD IT.
- At the end of each module marks will be given according to :
- The attendance in the case sessions and the clinical case discussion
- 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 assignment they will be given which includes presentation and they should comply completely to the presentation and assignment rubrics (included in the guide)
- (the mark is given by the tutor and program heads after revising the assignments and discussing the students in them in the date of one of the case sessions scheduled with the students. This is to complete the mark of the portfolio for this module as shown in the assessment schedule included)
- After the students 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 and try to enter the learning management system on the moodle (<u>https://med@o6u.edu.eg/moodle</u>) so as to be able to have the on line information uploaded weekly and lectures , videos and on line formative exams as well as the grades



Category	Scoring Criteria	Total Points	Scor
	Were the main ideas presented in a clear manner?	5	
Organization	Information is presented in a logical sequence.	5	
(% 15)	Presentation appropriately cites requisite number of references.	5	
	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	
Content	The Presentation contains accurate information.	10	
(% 45)	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	
	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	
Presentation	Delivery is poised, controlled, and smooth.	5	
(% 40)	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	



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	.Information was well communicated	10
% Score	Total Points	%100

Professional Behavior of student in the case checklist

End of module (Summative): : :Module title
Tutor's

Criteria		3, 4 a	Scal 2 is unsat nd 5 is sa performan	tisfactory tisfactory		Comments
Preparation: Is well prepared with relevant information, uses a variety of references and summarizes key points	5	4	3	2	1	
:Critical thinkingproblem, analyzessuggests possibleobjectives	5	4	3	2	1	
:Participation Participates ac attentively to o	4 5	3	2	1		

4	3	2	1	
4	3	2	1	
	-			4 3 2 1 SATISFACTORY

The students portfolio (October 6 university - faculty of medicine - 2023 - 2024):
- The student binder for the portfolio should contain the followings:
- Binder should contain the names of the group of the students, and contact

information (telephone, - emails), their leader and names and emails of their tutor (s), - Binder of portfolio may be either in papers or elecrtronic.
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

SHOULD ATTEND THE CLINICAL DISCUSSION OF THE CASE THAT Students

WILL BE DONE EVERY WEEK ON LINE WITH MEMBERS OF THE DEPARTMENTS SHARING IN THE OBJECTIVES OF THE CASE , AND STUDENTS SHOLUD RECORD IT.

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

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

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- Each group of students should make a channel on the you tube and put in it their presentations and summary of their manuscript or brochure work. This should be accomplished by **END OF APRIL** information about this channel should be included in the binder of portfolio.

- Conferences attended by him if present

- Visits done to clinical departments to see relevant experiments if present.

- PORTFOLIO SHOULD BE SUBMITTED IN FULL BY FIRST WEEK OF MAY.

- 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

Schedule is available separately





Cases

Cases for the Fourth year students (second term):

Case (1) (Case scenario:

Female patient 33 years old presented with single painless swelling in front of the right side of the neck of 5 months duration. The swelling moves with swallowing. The patient has no previous history of neck surgery or radiation exposure. She has average body built. Radiologically it proved to be single nodule from right thyroid lobe.

: Objectives

<u> Case 2: Parathyroid adenoma and hypercalcemia. (Surgery + medicine)</u>

Male patient presented with recurrent bony aches, pathological fracture in the neck of femur and recurrent renal stones with ovoid right side neck swelling 2 × 2 cm moves with swallowing.

: Objectives

Case (3):

<mark>Case 3: <u>Female breast carcinoma . (Surgery + pathology)</u> <u>Case scenario:</u></mark>

Female patient aged 48 years clinically examined for her breasts. It revealed ill-defined left breast lump 2×2 cm located deep at 3 o'clock. Further examination revealed 2 beans like hard separated swellings each 1 × 1 cm behind anterior axillary fold. Mammography revealed multiple dots of calcifications scattered within the breast. .General assessment revealed nothing specific

: Objective

Cases for the module Ped 407 (pediatrics) Pediatric case for module 407

The mother of an eight years old boy presented to the pediatric clinic complaining that her son is refusing to go to school since 2 weeks. He always loved his class and teachers, and gets A+ in all exams. The mother notice this change after his returned from 3 days school camp in the red sea. Going through the history taking, the mother mentioned that the boy can't control his bladder and usually wets his bladder ever since he was born (toilet training was a complete failure). He had frequent medical consultations, labs, x-rays, and even some tests on the bladder, with no improvement. The mother was also advised to see a psychiatrist.



What is your plan for managing this child

:Objectives and Tutor guide

Cases for the module SM 409 (Neurology)

A) <u>NEUROLOGICAL CASE</u>

(ATAXIA)

A 11 year old girl born of second degree consanguineous marriage presented with history of swaying while walking for past two years. There was associated difficulty in squatting and climbing down stairs. There was no history of tripping over walking, wasting of muscles; tingling or paraesthesia in the lower limbs. Over one year it slowly progressed to gait instability. She did not have any feeding difficulties. There were no abnormalities in hearing or vision. There was no significant past or family history except for pes cavus in father. Examination revealed high arched palate, saddle gap in the feet, pes cavus and kyphoscoliosis. Vitals were normal. She had Microcephaly with subnormal intelligence. Cranial nerves and fundus were normal. She had wide based gait with ataxia; dysmetria, dysdiadochokinesia and positive Romberg's sign.

: Objectives

Case (2):

B) <u>NEUROSURGICAL CASE</u>

A 49 year old male patient married and has 3 offsprings, the youngest one has 5 years, working as manual worker in a food company with no special habits of medical impotence. Presented to neurosurgery clinic complaining of low back pain and severe left sciatica that was progressive in course over the last 4 weeks and not improved on medical treatment. On examination, patient was fully conscious, with left partial foot drop, positive straight leg raising at left side at 20 degrees and hyporeflexia of left ankle jerk. MRI Lumbosacral spine .showing L5-S1 disc herniation

Objectives

Competency Area I: The graduate as a health care provider

1.2. Adopt an empathic and holistic approach to the patients and their problems.

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- 1.3. Assess the mental state of the patient.
- 1.4. Perform appropriately timed full physical examination of patients appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive.
- 1.5. Prioritize issues to be addressed in a patient encounter.
- 1.6. Select the appropriate investigations and interpret their results taking into consideration cost/ effectiveness factors.
- 1.7. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice. 1.8. 1.8. Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand.
- 1.9. Retrieve, analyze, and evaluate relevant and current data from literature, using information technologies and library resources, in order to help solve a clinical problem based on evidence (EBM).
- 1.10. Integrate the results of history, physical and laboratory test findings into a meaningful diagnostic formulation.
- 1.11. Perform diagnostic and intervention procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances.
- 1.12. Adopt strategies and apply measures that promote patient safety.
- 1.13. Establish patient-centered management plans in partnership with the patient, his/her family and other health professionals as appropriate, using Evidence Based Medicine in management decisions.

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- 1.14. Respect patients' rights and involve them and /or their families/careers in management decisions. 1.15. Provide the appropriate care in cases of emergency, including cardio-pulmonary resuscitation, immediate life support measures and basic first aid procedures.
- 1.16. Apply the appropriate pharmacological and non-pharmacological approaches to alleviate pain and provide palliative care for seriously ill people, aiming to relieve their suffering and improve their quality of life.
- 1.17. Contribute to the care of patients and their families at the end of life, including management of symptoms, practical issues of law and certification.

Competency Area II: The graduate as a health promoter

- 2.1 Identify the basic determinants of health and principles of health improvement.
- 2.2 Recognize the economic, psychological, social, and cultural factors that interfere with wellbeing.
- 2.3 Discuss the role of nutrition and physical activity in health.
- 2.4 Identify the major health risks in his/her community, including demographic, occupational and environmental risks; endemic diseases, and prevalent chronic diseases.
- 2.5 Describe the principles of disease prevention, and empower communities, specific groups or individuals by raising their awareness and building their capacity.
- 2.6 Recognize the epidemiology of common diseases within his/her community, and apply the systematic approaches useful in reducing the incidence and prevalence of those diseases.
- 2.7 Provide care for specific groups including pregnant women, newborns and infants, adolescents and the elderly.
- 2.8 Identify vulnerable individuals that may be suffering from abuse or neglect and take the proper actions to safeguard their welfare.
- 2.9 Adopt suitable measures for infection control.

Competency Area III: The graduate as a professional

3.1. Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, commitment, compassion, and respect.



- 3.2. Adhere to the professional standards and laws governing the practice, and abide by the national code of ethics issued by the Egyptian Medical Syndicate.
- 3.3. Respect the different cultural beliefs and values in the community they serve.
- 3.4. Treat all patients equally, and avoid stigmatizing any category regardless of their social, cultural, ethnic backgrounds, or their disabilities.
- 3.5. Ensure confidentiality and privacy of patients' information.
- 3.6. Recognize basics of medico-legal aspects of practice, malpractice and avoid common medical errors.
- 3.7. Recognize and manage conflicts of interest.
- 3.8. Refer patients to appropriate health facility at the appropriate stage.
- 3.9. Identify and report any unprofessional and unethical behaviors or physical or mental conditions related to himself, colleagues or any other person that might jeopardize patients' safety.

Competency Area IV: The graduate as a scholar and scientist

- 4.1 Describe the normal structure of the body and its major organ systems and explain their functions.
- 4.2 Explain the molecular, biochemical, and cellular mechanisms that are important in maintaining the body's homeostasis.
- 4.3 Recognize and describe main developmental changes in humans and the effect of growth, development and aging on the individual and his family.
- 4.4 Explain normal human behavior and apply theoretical frameworks of psychology to interpret the varied responses of individuals, groups and societies to disease.
- 4.5 Identify various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of illness/disease and explain the ways in which they operate on the body (pathogenesis).
- 4.6 Describe altered structure and function of the body and its major organ systems that are seen in various diseases and conditions.
- 4.7 Describe drug actions: therapeutics and pharmacokinetics; side effects and interactions, including multiple treatments, long term conditions and non-prescribed medication; and effects on the population.
- 4.8 Demonstrate basic sciences specific practical skills and procedures relevant to future practice, recognizing their scientific basis, and



interpret common diagnostic modalities, including: imaging, electrocardiograms, laboratory assays, pathologic studies, and functional assessment tests.

Competency Area V: The graduate as a member of the health team and the health care system

- 5.1 Recognize the important role played by other health care professions in patients' management.
- 5.2 Respect colleagues and other health care professionals and work cooperatively with them, negotiating overlapping and shared responsibilities and engaging in shared decision-making for effective patient management.
- 5.3 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports collaborative work.
- 5.4 Apply leadership skills to enhance team functioning, the learning environment, and/or the health care delivery system.
- 5.5 Communicate effectively using a written health record, electronic medical record, or other digital technology.
- 5.6 Evaluate his/her work and that of others using constructive feedback.
- 5.7 Recognize own personal and professional limits and seek help from colleagues and supervisors when necessary.
- 5.8 Apply fundamental knowledge of health economics to ensure the efficiency and effectiveness of the health care system.
- 5.9 Use health informatics to improve the quality of patient care.
- 5.10 Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements.
- 5.11 Improve the health service provision by applying a process of continuous quality improvement.
- 5.12 Demonstrate accountability to patients, society, and the profession.

Competency Area VI: The graduate as a lifelong learner and researcher

- 6.1 Regularly reflect on and assess his/her performance using various performance indicators and information sources.
- 6.2 Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 6.3 Identify opportunities and use various resources for learning.

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- 6.4 Engage in inter-professional activities and collaborative learning to continuously improve personal practice and contribute to collective improvements in practice.
- 6.5 Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them.
- 6.6 Effectively manage learning time and resources and set priorities.
- 6.7 Demonstrate an understanding of the scientific principles of research including its ethical aspects and scholarly inquiry and Contribute to the work of a research study.
- 6.8 Critically appraise research studies and scientific papers in terms of integrity, reliability, and applicability.
- 6.9 Analyze and use numerical data including the use of basic statistical methods.
- 6.10 Summarize and present to professional and lay audiences