

'IN TOUCH-' NEWSLETTER

Volume 3 Issue 1

February 2020

KFU
جامعة الملك فيصل
KING FAISAL UNIVERSITY
جامعة ووطن.. نماء.. واستدامة.



MESSAGE FROM THE DEAN

I am really happy to see the latest issue of 'in-touch'. It is good to know that the same is being revived and I hope that it will serve to impart both scientific and extra-curricular information in an interesting manner as before. I wish the team of the newsletter all success and look forward to future issues of the same.

Dr Mohammed Farhan Al Farhan
Dean,
College of Medicine



We are happy to bring out the second issue of 'in-touch' the newsletter of the medical education department after a long hiatus!

The newsletter continues with some of the previous sections, like statistic pearls and the quiz. Something new which we are starting is a very brief review of a recent topic or interesting article. We welcome more contributions to this section – either in the area of medical education or your respective specialties, which might be of interest to all faculty

Thanks a lot to all the contributors and we hope that we will continue to receive your valuable contributions. We hope you will enjoy this issue and give your constructive feedback regarding the same. Happy reading and please keep 'in touch'!!!!

EDITORIAL BOARD

Patron	Dr Mohammed Farhan Al Farhan Dean, College of Medicine
Chief editor	Dr Fahad Al Wadani, Chairman, Medical education department
Managing Editors	Dr Feroze Kaliyadan Dr Imran Sabri

Editorial board Members

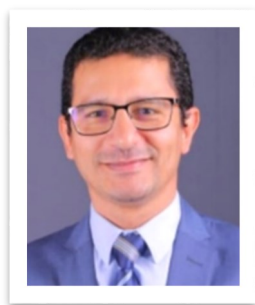
Dr Hany El Barbary
Dr Yasser Daoud
Dr Ossama Zakaria
Dr Sonia Allam
Dr BB Gosai
Dr Lorina Badger
Dr Muthana Al Sahlawi
Dr Habeebuddin Shaji

Medical education
YouTube channel -

[https://
www.youtube.com/
channel/
UCZ0FT38uN3zxrY-](https://www.youtube.com/channel/UCZ0FT38uN3zxrY-)

Highlights of the current issue:

- 'Nausea and Vomiting in pregnancy and Hyperemesis Gravidarum
- 'Pearls in research' series
- Journal club
- Photo-gallery



PEARLS IN RESEARCH - PART 4

Dr. Sayed Ibrahim Ali
Assistant Professor of Biostatistics, FAMCO Department

Reporting Recommendations for Method Sections

Provide information sufficient to enable:

- (a) Accurate and complete interpretation of the study setting, procedures, and analyses;
- (b) Comparison, contrast, generalization with other studies and settings (e.g., in meta-analyses); and
- (c) Replication. Use past tenses to describe the methods used and data collected (i.e., because they occurred in the past).

Population and Participants

- (a) Define the human or other population(s) of interest for the study, including key demographic characteristics or other parameters that limit generalizability and help operationalize who/what is under investigation, such as age, gender, language (first, second, other), proficiency (using standardized or otherwise generalizable measures), language learning/use setting.
- (b) Report precise frequencies of participants reflecting each key demographic characteristic or case feature, including how they were determined (e.g., language proficiency measures utilized and their range, minimum and maximum scores, central tendency, such as mean, and dispersion, such as standard deviation, estimates for participant scores).

Sampling, Assignment, and Power

- (a) Describe precisely how individuals/cases were recruited or otherwise identified for participation or inclusion, including sampling approach (census, convenience, random selection, self-selection, etc.), constraints on opportunity to participate (e.g., specific location, tim-

ing), communication with possible participants, and incentives provided.

- (b) Report response rates, approached/accepted rates, attrition, and other estimates of the likelihood of achieving robust population representation (i.e., the extent to which the study participants or cases can be presumed to reflect a defined population).

- (c) Describe how participants were assigned to study conditions or groups (random, stratified, counterbalanced, intact groups, etc.).

- (d) Estimate the number of participants or cases needed to arrive at trustworthy interpretations given the research questions and complexity of planned analyses; statistical power analysis is advisable when a particular effect size is known or anticipated in advance of the study; otherwise, consideration should be given to the minimal number of observations beyond which the study can begin to answer research questions or research hypotheses (e.g., in light of the planned number and type of inferential analyses, indicating whether minimum expectations were met).

References:

1. Lang T. Twenty statistical errors even YOU can find in biomedical research articles. *Croat Med J.* 2004;45(4):361–70.
2. Strasak AM, et al. Statistical errors in medical research – a review of common pitfalls. *Swiss Med Wkly.* 2007;137:44–9
3. Worthy G. Statistical analysis and reporting: common errors found during peer review and how to avoid them. *Swiss Med Wkly.* 2015;145:w14076
4. John M. Norris, Luke Plonsky, Steven J. Ross, and Rob Schoonen. Guidelines for Reporting Quantitative Methods and Results in Primary Research. *Language Learning.* 65:2, June 2015, pp. 470–476 .DOI: 10.1111/lang.12104

NAUSEA AND VOMITING OF PREGNANCY (NVP) AND HYPEREMESIS GRAVIDARUM (HG)

Dr. Humaira Zareen
(Coordinator Obstetrics and Gynae department)

NVP affects up to 80% of pregnant women and is one of the most common indications for hospital admission among pregnant women. It typically starts between the fourth and seventh weeks of gestation, peaks in approximately the ninth week and resolves by the 20th week in 90% of women. HG is the severe form of NVP, which affects about 0.3–3.6% of pregnant women. HG is protracted NVP with the triad of more than 5% pre-pregnancy weight loss, dehydration and electrolyte imbalance. Reported HG recurrence rates vary from 15.2%–81% if using self-reported diagnosis. However, the incidence of HG reduces in a second pregnancy if there is a change in paternity (10.9%) compared with no change (16%). The etiological theories for NVP and HG range from the fetoprotective and genetic to the biochemical, immunological and biosocial. They are primarily thought to be associated with rising levels of beta human chorionic gonadotrophin (hCG) hormone, and conditions with higher hCG levels, such as trophoblastic disease and multiple pregnancy have been associated with increased severity of NVP.

NVP and HG are associated with hyponatraemia, hypokalaemia, low serum urea, raised haematocrit and ketonuria with a metabolic hypochloraemic alkalosis. If severe, a metabolic acidaemia may develop. In two-thirds of patients with HG, there may be abnormal thy-

roid function tests. The biochemical thyrotoxicosis resolves as the HG improves and treatment with antithyroid drugs is inappropriate. Liver function tests are abnormal in up to 40% of women with HG with the most likely abnormality being a rise in transaminases. Bilirubin levels can be slightly raised but without jaundice, and amylase levels can be mildly raised too. These abnormalities improve as the HG resolves. An ultrasound scan should be scheduled to confirm viability and gestational age and to rule out multiple pregnancy or trophoblastic disease.

An objective and validated index of nausea and vomiting such as the Pregnancy-Unique Quantification of Emesis (PUQE) score can be used to classify the severity of NVP.

The PUQE score can be used to determine whether the NVP is mild, moderate or severe and can be used to track progress with treatment.

There are safety and efficacy data for first-line antiemetics such as antihistamines, they should be prescribed when required for NVP and HG. Combinations of different drugs should be used in women who do not respond to a single antiemetic. Metoclopramide is safe and effective, but because of the risk of extrapyramidal effects it should be used as second-line therapy.

Total score is sum of replies to each of the three questions. PUQE-24 score: Mild ≤ 6; Moderate = 7–12; Severe = 13–15.

Motherisk PUQE-24 scoring system					
In the last 24 hours, for how long have you felt nauseated or sick to your stomach?	Not at all (1)	1 hour or less (2)	2–3 hours (3)	4–6 hours (4)	More than 6 hours (5)
In the last 24 hours have you vomited or thrown up?	7 or more times (5)	5–6 times (4)	3–4 times (3)	1–2 times (2)	I did not throw up (1)
In the last 24 hours how many times have you had retching or dry heaves without bringing anything up?	No time (1)	1–2 times (2)	3–4 times (3)	5–6 times (4)	7 or more times (5)

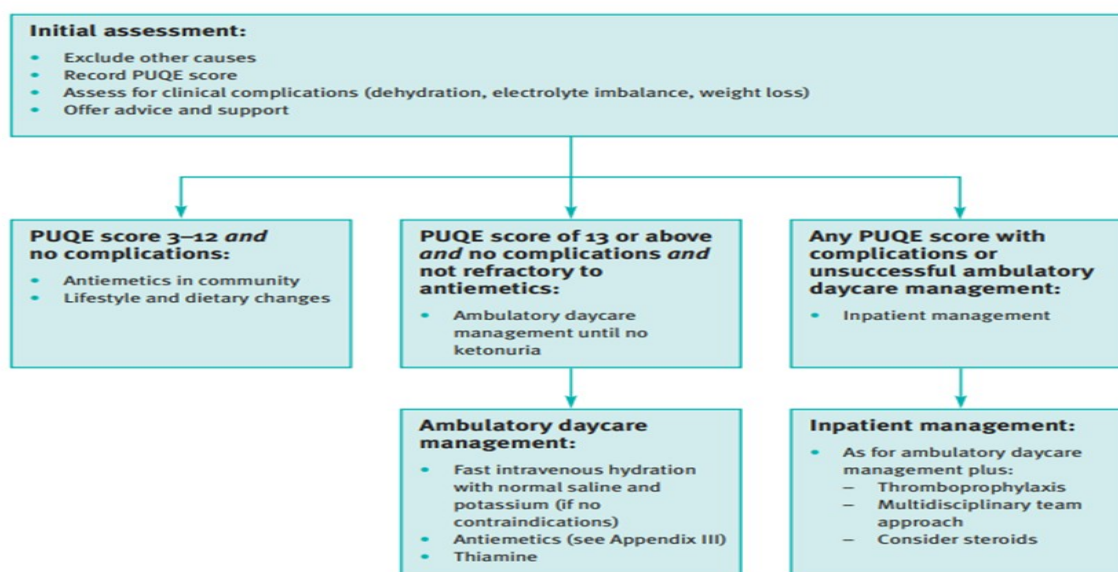
PUQE-24 score: Mild ≤ 6; Moderate = 7–12; Severe = 13–15.

There is evidence that ondansetron is safe and effective, but because data are limited it should be used as second-line therapy. Pyridoxine is not recommended for NVP and HG. Corticosteroids should be reserved for cases where standard therapies have failed. Diazepam is not recommended for the management of NVP or HG. Ginger may be used by women wishing to avoid antiemetic therapies in mild to moderate NVP. Women may be reassured that acustimulations are safe in pregnancy. Acupressure may improve NVP. Hypnotic therapies should not be recommended to manage NVP and HG.

Thiamine supplementation (either oral or intravenous) should be given to all women admitted with prolonged vomiting, especially before administration of dextrose or parenteral nutrition. Women admitted with HG should be offered thromboprophylaxis with low-molecular-weight heparin unless there are specific contraindications such as active bleeding. Thromboprophylaxis can be discontinued upon discharge.

The Hyperemesis Education and Research (HER) Foundation in the USA reports that 10% of pregnancies complicated by HG end in termination. Pregnancy Sickness Support in the UK found that many of these women have not been offered the full range of

treatments available. Treatment options of antiemetics, corticosteroids, enteral and parenteral feeding, and correction of electrolyte or metabolic disturbances should be considered before deciding that the only option is termination of the pregnancy. A psychiatric opinion should also be sought, and the decision for termination needs to be multidisciplinary, with documentation of therapeutic failure if this is the reason for the termination. Women should be offered counselling before and after a decision of pregnancy termination is made. A woman's quality of life can be adversely affected by NVP and HG and practitioners should address the severity of a woman's symptoms in relation to her quality of life and social situation. Women should be referred to sources of psychosocial support if needed. Women should be advised to rest as required to alleviate symptoms.



References:

1. Beckman & Ling: Obstetrics and Gynecology, 8th edition, (2018).
2. The Management of Nausea and Vomiting of Pregnancy and Hyperemesis Gravidarum Green-top Guideline No. 69 June 2016

Important Links:

1. Hyperemesis Education and Research (HER) Foundation [<http://www.helper.org>]
2. Pregnancy Sickness Support [<http://www.pregnancysicknesssupport.org.uk>]

Journal club: Mak-van der Vossen M, Teherani A, van Mook W, Croiset G, Kusurkar RA. How to identify, address and report students' unprofessional behaviour in medical school. *Med Teach.* 2019 Dec 27;1-8. doi: 10.1080/0142159X.2019.1692130. [Epub ahead of print]

Defining professionalism is difficult in any field, including medicine. It is often said that it is easier to describe what constitutes 'unprofessional behavior', as compared to describing what it 'professional behavior'.

In this interesting AMEE guideline, published in 'Medical teacher', Mak-van der Vossen et al, give an overview on identification and reporting unprofessional behavior in medical school.

The article highlights the concept of 4 I's in identification of unprofessional behavior – Involvement, integrity, interaction and /or introspection. The authors mention 30 descriptors for the 4 I's together. For example for 'involvement' the descriptors include – being absent or late for activities, not meeting deadlines, poor teamwork etc

For Integrity – important descriptors include – plagiarism, cheating in exams etc,

Interaction – has descriptors like bullying behaviors, inappropriate clothing etc. and

Introspection includes descriptors like avoiding feedback and lack of insight.

To deal with unprofessional behavior faculty should be able to understand basic profiles or behavior and possible factors underlying unprofessional behavior. The article classifies unprofessional student behavior into four basic profiles - which are directly linked to factors like student adaptability and reflectiveness. The four profiles mentioned are - accidental behavior, struggling behavior, 'gaming the system' and disavowing behavior.

Underlying factors responsible for unprofessional behavior could include: personal factors - like lack of motivation or learning disabilities, interpersonal factors – like language difficulties and cultural issues, external factors - like family problems and contextual factors like – poor role modeling, inappropriate learning environment and a culture that possibly rewards bad behavior.

The strategy the author recommend for teachers to respond to unprofessional behavior is summarized as three phases – explore and understand, remediate, and if necessary gather evidence for dismissal. While there are different models to 'explore and un-

derstand', the authors recommend ten basic questions to cover concepts like student's perspective, intentions, beliefs, context, emotion, causes, effect on others, future plans, power issues and alignment with assessment outcome.

Remediation is indicated when the unprofessional behavior is repetitive. Making a proper, shared plan for remediation needs significant time and effort from the faculty.

In the rare case of failure of remediation, especially in students showing poor reflective skills and disavowing behavior, stronger punitive steps might be required. However strong evidence is needed before such drastic steps. The authors recommend that if the situation does escalate into this third phase it would be better for the responsibility to be handled by a higher administrative body.

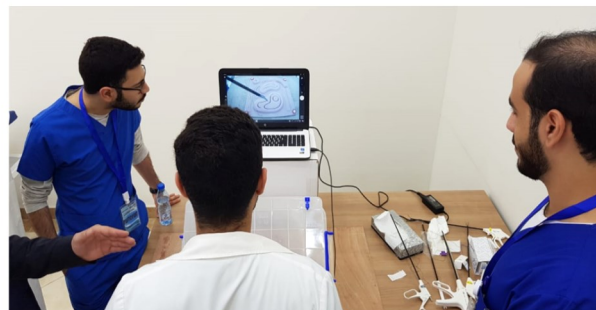
The authors conclude by emphasizing that unprofessional behavior is a symptom, not a diagnosis. It is important to discuss and give feedback regarding unprofessional behavior – as it would be a learning experience for both students and educators.

The article is structured in a clear and precise manner. What could probably be addressed more is cultural contexts related to unprofessional behavior. For us, most of the concepts mentioned are directly or indirectly addressed in our curriculum through the professional development line and the academic counseling process. However it would be probably useful for faculty to go through the concepts mentioned in the article to make faculty level interventions more effective.

Dr Feroze Kaliyadan
Faculty, Department of Dermatology and member medical education department



PBL—review , tips and recent trends 27-01-2020– Dr Abdul Rahim Al Abdul Salam



Seventh surgical skills course 5-10-2019



4th Research day 07-12-2019



Research snippets - Dr Feroze Kaliyadan and Dr Ali Al Saad 25-11-2019



Standard setting in assessment 10-12-2019



Dr Abdul Sattar Khan and Dr Feroze Kaliyadan from the College of medicine, KFU, participated in the 'Problem and Project based learning conference' conducted by Bahrain Polytechnic, in Bahrain from 31st October to 4 November 2019. The theme of the symposium was centered on accomplishing Innovation in Higher Education: Problem and Project-based Learning in Focus. Fac-



The students committee organized an awareness program in Al Rashid mall from 30 Jan to 1st feb 2020 titled 'your skin is your health'

Dr Mahdi al Dhufiri, Department of Dermatology lead the organization on the faculty side

QUIZ!!!!



Identify this famous physician who is known for his contributions to the concepts of problem based learning

Notes from the editors..

DO YOU HAVE AN INTERESTING PIECE OF INFORMATION OR SCIENTIFIC MATERIAL TO SHARE? HAVE YOU PRESENTED OR PUBLISHED A PAPER RECENTLY? HAVE YOU SHARED OR DO YOU WANT TO SHARE IN CONDUCTING WORKSHOPS OR SEMINARS RELATED TO MEDICAL EDUCATION?

PLEASE DO LET US KNOW!

ALSO PLEASE FEEL FREE TO SEND IN ANY OTHER RELEVANT ARTICLES AND SUGGESTIONS THAT YOU HAVE TO IMPROVE THIS NEWSLETTER

Emails :

ferozkal@hotmail.com

imransabri@gmail.com



SIMEC 2020
The Saudi International
Medical Education Conference
المؤتمر الدولي للمنهج التعليمي الطبي

7th to 9th April 2020

King Khalid University, Abha, Saudi Arabia

Announces

Student Travel Awards

To 3 BEST abstracts in the **Student Category**

Awards of SAR 1000 Each plus Registration Waiver

Abstract submission open till 31st January 2020.

Contact information:

ssme@kku.edu.sa

WhatsApp: +447459299287

<https://simec2020.org.sa>



OTTAWA 2020

Kuala Lumpur, Malaysia

29 February - 4 March 2020

Kuala Lumpur Convention Centre

ANSWER TO THE QUIZ

Howard Barrows (1928-2011), was an American physician, who was associated with McMaster University. He was pioneer in the use of problem based learning in medical education. He had also done extensive work related to teaching clinical reasoning. One of his specific areas of interest was the use of 'simulated recall' in the context of clinical reasoning. The concept of 'simulated recall' was described by Bloom as a method in the context of general teaching. Application in medical education, especially in the context of clinical reasoning includes techniques like using videotaped encounters with standardized patients, for reliving the experiences and understanding clinical reasoning processes.