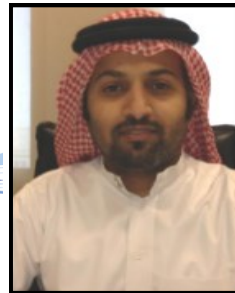


# 'IN TOUCH' NEWSLETTER

Volume 2 Issue 1

February 2018



Dr Fahad Al Wadani

Dear friends,

We are happy to bring out the third issue of 'in-touch', the news letter of the medical education department. We are pleased to inform you that the newsletter will in sha Allah be published every two months now (during the academic year). Please do continue to give us your valuable suggestions. We are really looking forward to more contributions from all of you. Happy reading and please keep 'in touch'!!!!

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## HISTORY OF MEDICAL EDUCATION

### Part 2

**Dr. Ossama Zakaria**

**Professor of Paediatric Surgery and member medical education department**

The study of ancient Greece is essential for the proper understanding of the evolution of modern Western medicine. An important innovation of classical Greek medicine was the development of a body of medical theory associated with natural philosophy, i.e. a strong secular tradition of free enquiry, or what would now be called “science” (Επιστήμη).

Medical education rests upon the ancient Greek foundations and its history remains a fascinating topic for modern physicians and medical teachers. As **Drabkin** so eloquently noted half a century ago: “the history of medical education will show how lasting was the influence of the ancient system of medicine, not only in its substantive contributions, but in its devotion to reason, in its attitude toward the relation between science and the medical art, in its concept of disease and classification of diseases, in its ethical attitudes and standards and in countless other ways”<sup>1</sup>.

Women in Greek antiquity avoided examination and treatment from male physicians, a fact that often hindered successful treatment. This should not come as a surprise considering that ancient Greek women were taught from a young age to be ashamed of their bodies. Before the 5th century B.C. childbirth was almost exclusively entrusted to female kin and neighbours who had themselves given birth. Some of these women stood out because of their skills and became known by the title of “maia” (Μαία) or “midwife”. Most midwife practitioners were usually trained from other midwives. The story of Agnodice (Αγνοδίκη), who according to myth was the first female to achieve the role of physician despite this being forbidden by law, has been cited by many Western midwives during the Renaissance in an attempt to medicalize childbirth. It seems that there were women in ancient Greece who studied medicine serving alongside leading male physicians and practiced obstetrics and gynaecology. As of yet there are few data regarding the involvement of women in general medical practice other than gynaecology.<sup>1-3</sup>

The period between the 5th to the 15th century, known in Europe as the Dark Ages, was characterized in the Middle East and the Arab world by the rise of great civilizations.

It was built by people of differing religions and ethnicities, Muslims and non-Muslims, working under the umbrella of the Islamic civilization in educational and translational institutions, developing science, inventing instruments, and translating books from other languages, such as Indian and Greek books.

There were great advances in medicine and medical education. Hospitals evolved from simple buildings used for the care of the elderly, the leprous, and individuals with chronic diseases, to well-established hospitals according to our modern definitions. A need for well-trained physicians motivated

rulers and wealthy families to establish medical schools.

The training of physicians took various forms. Some trained in famous hospitals that served as medical schools; others studied under the supervision and mentorship of family members; and others still learned by reading books. Training in famous medical hospitals was the most prestigious. One of the earliest hospitals known was the one built in **Baghdad** in the 9th century by the vizier to **Caliph Harun Al-Rashid**. An Islamic hospital was called a *bimarestan*. The word is derived from the Persian word "*bimar*," which means sick, and "*stan*," which means place. *Bimarestans* were secular hospitals serving the poor and rich, Muslim and Non-Muslim, women, men, children, elderly, and lunatics. Another five hospitals were built in Baghdad between the 9th and 10th century.

In **Cairo** the governor **Ahmad Ibn Tulun** built the first hospital in 872. In the 12th century, two more hospitals were founded in Egypt, the **Nasiri Hospital** and the **Mansuri Hospital**.

In **Damascus**, the **Nuri Hospital** was built in the 12th century and remained functioning as a major hospital till the 15th century.

In **Tunisia**, the **Al-Qayrawan Hospital** was built in the 9th century. Later on, many hospitals were built in several countries, in **Mecca, Medina, Cairo, Turkey and Spain**. Some of these hospitals, such as the Adudi hospital in Baghdad, the Nuri in Damascus, and the Mansuri in Cairo were affiliated with medical schools. They had lecture rooms and rich medical libraries. Students attending these schools had the privilege of gaining clinical and theoretical experiences at the same time.

Some families were famous for working as physicians. The **Bakhtishu family** in Baghdad provided mentorship and training to their family members to become skilled physicians. In **Spain**, the **Ibn Zuhr** family had five generations of physicians. Some physicians were self-taught through studying medical books. **Ibn Radawan and Ibn Sina were examples of self-taught physicians.**

### **References:**

1. Drabkin IE. Medical education in Ancient Greece and Rome. J Med Edu 1957; 32: 286-296.
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3. Philips ED. Greek medicine. London: Thames and Hudson; 1973.
4. Rodini, Mohammad Amin. "Medical Care In Islamic Tradition During The Middle Ages." International Journal of Medicine and Molecular Medicine (2012).
5. Ali S. Highlighted in Frontispiece Summer 2013 – Volume 5, Issue 3  
(To be continued in the next issue of 'in touch')



**Dr. Sayed Ibrahim Ali**  
**Assistant Professor of Biostatistics, FAMCO department**

Two of the most common descriptive statistics for continuous data are the mean and standard deviation. However, these statistics correctly describe only a “normal” distribution of values. By definition, about 68% of the values of a normal distribution are within  $\pm 1$  standard deviation of the mean, about 95% are within  $\pm 2$  standard deviations, and about 99% are within  $\pm 3$  standard deviations. In markedly non-normal distributions, these relationships are no longer true, so the mean and standard deviation do not communicate the shape of the distribution well. Instead, other measures, such as the median (the 50<sup>th</sup> percentile: the value dividing the data into an upper and a lower half) and range (usually reported by giving the minimum and maximum values) or interquartile range (usually reported by giving the 25<sup>th</sup> and the 75<sup>th</sup> percentiles) are recommended.

- *Categorical data should be summarized using numbers (N) and percentages (%).*
- *Check the normality first before calculating the descriptive statistics for your research data [ most common statistical test for normality is **Kolmogorov-Smirnov test**]*

## References

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- Strasak AM, et al. Statistical errors in medical research – a review of common pitfalls. *Swiss Med Wkly.* 2007;137:44–9
- Worthy G. Statistical analysis and reporting: common errors found during peer review and how to avoid them. *Swiss Med Wkly.* 2015;145:w14076

## Blackboard- A learning tool - an introduction



**Dr. Habeebuddin Shaji Mohammed**  
**Assistant Professor,**  
**Forensic Medicine Division, Bio-Medical Sciences Dept.**  
**Coordinator, Professional Development Line 2**

Blackboard or to be more accurate Blackboard Learn is an internet based application developed by a company called Blackboard Inc. Its main function is to act as a conduit between the teacher and the student. In effect, it acts as a complete virtual classroom through various means:

### **Lecture repository:**

Any lecture or material, that a teacher feels is helpful or essential for a student to understand a topic, can be uploaded and are available to the student anytime that they wish to view them. They can be in the form of videos, documents or even links to web pages with the related information

### **Assignment submission and grading:**

The students in turn can submit their questions, any doubts or clarifications required about a topic on the portal for the lecturer to see and reply. Assignments can also be submitted by the students and graded by the lecturer on the application in a quick and easy manner.

### **Announcements:**

Announcements regarding schedules of classes, deadline for assignment submission, examination timings and results can be posted on the site and will be instantly available to the students. The students can also fix reminders for these various activities to prevent any lapses or delays in submission of assignments or missing lectures.

### **Access:**

As it is a web-based application, it can be accessed and synced across all the platforms i.e. desktop, tablet or even cellphone (through the Bb app) for easy use by the students.

Although it has all these features and advantages, it does come with its own disadvantages:

Needs some time for getting used to and upload materials:

For lecturers, especially those using it for the first time, it may take some time to get used to the system and upload material.

### **Glitches and backup:**

Since it is an online application, any glitches in the system or corrupted files uploaded by students might lead to loss of all the data filed on the page. Students may not have a backup and this may result in loss of their assignments and grades.

### **Plagiarism:**

Since the assignments are submitted on-line and may be accessible to other students, they might use the content as their own.

In this article, I have presented a brief overview, with advantages and disadvantages, of Blackboard. An in-depth look into the uploading of announcements, lectures and some other content is on the cards in future, based on feedback from our honored readers.

For further information, you can peruse the KFU website at <https://www.kfu.edu.sa/en/Deans/e-learning/Pages/Home-new.aspx>

## **An interview with Dr Mohammed Madadin, Regarding Status of Forensic Medicine in Kingdom of Saudi Arabia**

*Dr Mohammed Saleh Madadin is working as Chairman Department of Pathology at Imam Abdulrahman bin Faisal University (University of Dammam) . He is a Fellow of the Victoria Institute of Forensic Medicine, Melbourne, Australia and is also associated with Monash University, Melbourne, Australia. He is a pioneer in the field of Forensic Medicine in Saudi Arabia.. He can be contacted at [mmadadin@iau.edu.sa](mailto:mmadadin@iau.edu.sa)*



*Dr. Madadin has significant interest in research and has contributed to the scientific literature by publishing in various prestigious journals including those published by the Nature & Lancet groups of journals. He has also contributed a chapter published in the esteemed Encyclopedia of Forensic and Legal Medicine (2<sup>nd</sup> edition; Elsevier) in 2016. He has been assigned different academic and scientific tasks in medical journals, scientific conferences, committees and councils, both nationally and internationally, in the past. Dr. Madadin is keenly interested in forensic medicine education, research and development of forensic medicine practice in Saudi Arabia (KSA) and the Middle-East.*

### **Question 1: Sir, Welcome to the interview, please tell me something about yourself?**

Thank you for inviting me to be interviewed. It is my great pleasure. I graduated from Imam Abdulrahman bin Faisal University (University of Dammam) King Faisal University at that time. I did my post graduate in Forensic Medicine and I loved this specialty. Then it is my honor to join one of the best forensic medicine institutes in the world VIFM in Australia as a fellow in Forensic Pathology for 2 years. I returned back one year ago and now I am assigned as chairman of the department of pathology.

### **Question 2: What is the condition of Forensic Medicine Teaching in Kingdom of Saudi Arabia.**

Forensic Medicine should be one of the main subject especially in Saudi Arabia as the graduate will encounter medico legal cases in his/her routine practice. Unfortunately, the teaching is not uniform and lacking clear directions. It depends on the university itself. I did a study to explore the situation of the undergraduate teaching of Forensic Medicine in Saudi Arabia. Anyone interested can look at it for more details. (Undergraduate teaching of forensic medicine in Saudi Arabia. Med Sci Law. 2016 Jul; 56 (3):163-6. doi: 10.1177/0025802416653584.

### **Question 3: Tell me your opinion about autopsy in Islam.**

This is already discussed and well known issue. There is no objection for autopsy if needed. However, we have to discuss in more details what the needs are! The needs currently are limited for criminal cases however the autopsy can help in many and different issues like clinical diagnosis, epidemiological studies and prevention.

**Question 4: What is the current status of autopsy in Kingdom of Saudi Arabia.**

The autopsy is practiced under ministry of health (MOH) for suspicious and criminal cases.

**Question 5: Tell me about forensic centers in KSA.**

The main forensic center in Saudi Arabia are under Ministry of Health authority. There are about 19 centers located at Eastern Region, Jeddah, Madinah, Makkah, Asir, Al-Qassim, Hail, Tabuk, Taif, Al-Baha, Najran, Jazan, Al-Jouf, Northern Borders Region, Al-Qurayyat, Bisha, Hafr Al-Batin and Al-Qunfuda. The universities and ministry of interior they have their own experts however the biggest mistake is limited scope of forensic medicine practice in the academic institutions.

**Question 6: In your opinion what are the reasons for limited forensic staff in KSA.**

I think this because the limited number of the physicians in general in the past. Then the nature of the practice and the more important is employment opportunity as in forensic the employment are limited. The awareness and understanding of forensic among physicians has a role as well. In addition, the facilities in forensic center is not attractive.

**Question 7: Tell me something about Origin and development of forensic medicine in the Kingdom of Saudi Arabia.**

There is a great paper about this. However, I would love to talk about the future rather than the past. What should the forensic practice be in the future? This seems to be the more interesting question (smiles)

**Question 8: what do you recommend to improve the condition of forensic medicine in KSA.**

Forensic Medicine in Saudi Arabia needs to keep with international standards. The system and guideline of the practice should be updated. New updated technologies should be implanted correctly such as Post mortem CT. Facilities and collaboration between all governmental sectors should be updated and implemented. I also recommend to include Forensic Medicine to be involved in academic institutions and more appropriate manner with separate department of forensic medicine in each medical college/university.

**Question 9: what is your advice for new graduates with reference to forensic medicine in the kingdom?**

Forensic Medicine and Forensic Pathology is promising specialty. It needs hands of new generation for improvement and development. Think about it only if you love and don't think if you are only want to run away from the hospital duties. You will be good forensic physician if you love and enjoy your specialty.

Interview conducted by:

**Dr Imran Sabri, MD**

Assistant Professor, Bio-Medical Sciences, College of Medicine,  
King Faisal University, P.O. Box No. 400 Al-Ahsa-[31982]. KSA

Email: [ikhan@kfu.edu.sa](mailto:ikhan@kfu.edu.sa)





## REFERENCING - TIPS AND TRICKS - Part 1

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

### What is a citation?

A quotation from or reference to a book, paper, or author, especially in a scholarly work.

### Why cite?

- To acknowledge the work of others and to avoid plagiarizing
- To enable others to trace out your sources and study them if needed
- To show the body of knowledge on which your research is based – what gaps in knowledge are there that you attempted to address through your study

### What do you need in a reference?

- Name of the author
- Title of the article/chapter etc.
- Name of journal/book etc.
- Volume/page number
- Publication date (and date updated/cited in case of websites)

### Common referencing styles

- Chicago (known also as Turabian)- Commonly used in history and the natural sciences
- American Psychological Association (APA) -Commonly used in psychology and the social sciences
- Modern Languages Association (MLA)- Commonly used in the humanities - especially the fields of literature and languages
- Harvard
- Vancouver

### Vancouver style—the commonest style used in medical journals

- References inserted in Arabic numerals within the main text in numerical order
- The reference list in the end is also numbered according to the order of appearance
- If reference is repeated – use the same number again

### Example:

Grover et al., [2] have previously documented the use of a computer assisted OSCE (CA-OSCE) for undergraduate dermatology assessment and their study showed good acceptance by the students. This study highlighted the importance of considering such a method in the situation of shortage of faculty in dermatology teaching institutes. However, it was not documented how well the OSCE correlates to overall performance of the student. [2] While the OSCE is definitely more objective compared to other more traditional methods like case presentations, equal importance should be given to other aspects related to reliability and validity. One of the most important factors which increases reliability would be to increase the number of slides. [3] Ensuring a wider sampling covering all the 'must-know' topics in undergraduate dermatology would also be essential to ensure that the assessment has good psychometric properties. [2, 4]

**2. Grover C, Bhattacharya SN, Pandhi D, Singal A, Kumar P. Computer Assisted Objective Structured Clinical Examination: A useful tool for dermatology undergraduate assessment. *Indian J Dermatol Venereol Leprol* 2012;78:519.**

**3. Kaliyadan F, Manoj J, Dharmaratnam AD, Sreekanth G. Self-learning digital modules in dermatology: A pilot study. *J Eur Acad Dermatol Venereol* 2010;24:655-60.**

**4. Davies E, Burge S. Audit of dermatological content of U.K. undergraduate curricula. *Br J Dermatol* 2009;160:999-1005**



## Harvard style

- Name of author and year in the text itself
- References at the end arranged in alphabetical order

### Example

There are a number of barriers which could discourage medical students to proceed with research activities. (Houlden et al, 2004) Time was seen to be a significant barrier to pursue research interest with only twenty-three and twenty-eight percent respondents in USM and UCC respectively felt there was adequate time in medical school for them to pursue research. (Hren , 2004) Time factor also play major role as barriers for medical students to conduct the research activities in other previous studies ( Amin et al, 2012).

•Amin, T., T., Kaliyadan, F., Al Qattan, A., E., Al Majed, H., M., Al Khanjaf, S., H., & Mirza, M. (2012). *Knowledge, attitude and barriers related to participation of medical students in research in three Arab Universities. Education in Medicine Journal*, 4(1), 43-56

•Houlden, L., R., Raja, J., Collier, p., C., Clark, F., A., & Waugh, M., J. (2004). *Medical students' perceptions of an undergraduate research elective. Medical Teach*, 26(7), 659-61.

•Hren, D. (2004). *Teaching research methodology in medical schools: students' attitude towards and knowledge about science. Medical Education*, 38, 81-86.

## So what should we follow?

Follow the journal instructions. For general recommendations - follow the ICMJE guidelines (<http://www.icmje.org/recommendations/browse/manuscript-preparation/preparing-for-submission.html> )

## Where do I find journal abbreviations?

Use **locatorplus** linked to the national library of medicine

<https://locatorplus.gov/cgi-bin/Pwebrecon.cgi?DB=local&PAGE=First>



**Next issue : REFERENCING - TIPS AND TRICKS - Part 2 :- Referencing software—Should I use one? which one? advantages and disadvantages.**

## MEDICAL EDUCATION DEPARTMENT- ACTIVITY UPDATES



Weekly CME activity \_ Dr Sayed Quadri presenting an update on pdate on Diagnostic Challenges and shifting epidemiological trends of Naegleria fowleri



Oientation workshops for new faculty 23rd January , 2018



Weekly CME activity \_ Dr Pradeep Kumar talking on 'xenotransplantation'

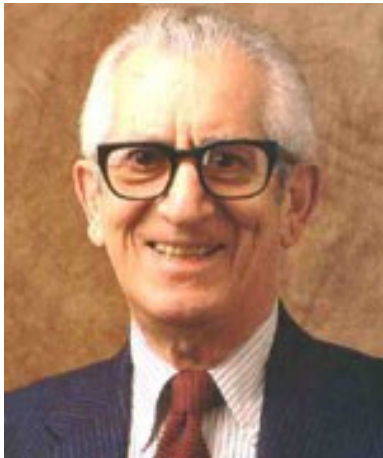


Workshop on assessment - January 30 , 2018



Workshop on PD Line - January 31 , 2018

## QUIZ!!!!



**Identify this psychologist who made significant contribution to the classification of educational objectives**

## 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 RECEIVED AN AWARD RECENTLY?

DID YOU DO A FELLOWSHIP RECENTLY?

IF YOUR ANSWER TO ANY OF THE ABOVE IS 'YES', THEN YOU NEED TO BE FEATURED IN OUR NEWSLETTER!!!!

SEND ANY SIGNIFICANT UPDATES ABOUT YOURSELF OR YOUR DEPARTMENTS SO THAT WE CAN SHARE IT WITH THE REST OF THE COLLEGE

ALSO, A SPECIAL THANKS TO THE PEOPLE WHO HELPED REVIEW THE WORK IN THIS

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

Emails : [shaima.oth@gmail.com](mailto:shaima.oth@gmail.com); [ferozkal@hotmail.com](mailto:ferozkal@hotmail.com);

**Dr Shaimaa and Dr Feroze**

## ANSWER TO THE QUIZ

**Benjamin Bloom (1913-1999) was the originator of the famous 'Bloom's taxonomy' which classifies educational objectives based on complexity. He is also credited with significant contribution to the concept of 'mastery learning', a philosophy which maintains that instructional methods and assessments must ensure that students attain a certain pre-requisite level of mastery in each level of learning before moving on to the next level. 'Master learning' also emphasizes the role of feedback in achieving student learning objectives**

