FAMILY AND COMMUNITY MEDICINE DEPARTMENT

EDITORIAL BOARD

Patron Dean of the College Dr. Waleed Hamed Albuali

Vice Deans :

- Dr. Abdulrahman Alsultan
- Dr. Mohammed Farhan A Alfarhan
- Dr Ibrahim Al-Jabr
- Dr. Nadia Al-Jadidi

Editor in Chief:

Dr. Abdul Sattar Khan

Editors:

Dr. Ayub Ali Dr. M. Talha Khan Dr. Seba Ghreiz

English Editor: Manoj Chakravarty

Designer & Advisors

Dr. Imran Sabri Dr. M. Habeebuddin Shaji

Photographer

Jose Karlo M. Pangan

INDEX	Pg
Editorial:	1
Article: Dr Saba	2
Article: Dr Manoj	3
Student Corner	4
Medical Ethics.	4
Photo-Gallery	5
Upcoming Issue	6
Quiz, Tips	6

FAMCONEWS



Theme : Recent Advances in Medical Education

VOLUME 2 ISSUE III-IV, 2015

Editorial:



Philosophy of Teaching in Medical Education

In the name of Allah, the Most Beneficent, the Most Merciful

I still remember when I took my first class and received a message from my Professor that saying, "you are a borne teacher", and I assumed it to be a sarcasm. Later, it convinced me after I received an encouraging feedback from the students, which made me believe that teaching is was purely instinctive and that it was an innate drive or ability. The session was conducted in a threat-free environment during my teaching session and that was indeed entertaining.

From that day on, my philosophy of teaching evolved and I now firmly believe that the learning environment was the most important element for any teaching either at the graduate or the postgraduate level. From the time when it is was still evolving, I believed that my philosophy of teaching, based on providing a good non-threatening environment, should be learner-centred and projected professionalism. I always used 'break the ice' to convert a threatening environment into a friendly one and give full opportunity to motivate my students. This student-friendly environment enhanced collaborative learning and provided me the chance to offer and receive feedback, of our performances respectively in an easy manner.

The students-centred approach provides us with the opportunity to involve students in the planning of any teaching activity and therefore, they express more motivation. As a matter of fact, I want to hone the self-directed learners (SDL) but in my personal opinion, based on the culture, we first need directed self learners (DSL) who would then progressively move towards SDL. I believe this is not only for students but also applicable for all and therefore, I always consider myself to be a learner and use the term "Life Long Learner" as my motto.

Professionalism is one of the most important competencies required by all medical professionals. This competency is attained not only through the structured curriculum but also through a so-called hidden curriculum. Teachers' behavior plays a vital role in teaching and this is what we refer to as the 'epitome' of professionalism. Students are generally known to admire teachers and get inspired by them and try to imitate them. The way of imbibing professionalism through role-modelling had been incorporated through apprenticeship mainly through clinical teaching. Nonetheless, in a competency based curriculum at the undergraduate level, professionalism is a core compentency that everyone should be able to acquire prior to graduation.

As we're still in the evolving process, we should be ready to accumulate some more innovative ways to enhance teaching and learning, and in doing so provide a friendly environment for learning, motivate students to become self-dependent and life long learners in a professional way.

Dr. Abdul Sattar Khan

PAGE 2

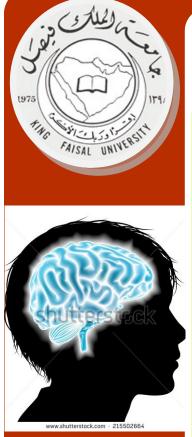


Image taken from www.shuttestock.com

Faculty Corner:

Counseling Psychology and Medical Education

Similarly. ical education. With this relaxation, ting, counseling such as agement. post-traumatic coping and adjustment, and anxiety etc generally controls various issues and problems. Infact, counselling psychologists could also performed a leading role to in providing an opportunity to focused on health education and preventative counseling.

munication and basic treatment of the main characteris- ment comprehensive plan personal

years, the clientcentered approach has had a significant impact recognized need to deon medical practice especially among those counseling in medical practitioners who have become dissatisfied with Thus, the older centered model of pa- point to the fact that efin sionals is the presence of ed that to facilitate this members, tency to correlate their have developed in the gram. It is therefore recknowledge (e.g. funda- such as active listening, be part of every curricuand assessment) been adopted by medical postgraduate level with counseling thera- practitioners. Davis and medical education. pies, skills and inter- Fallow field (1991) arcommunica- gue that the use of coun-

Beneficial outcomes of tion. The significance of seling skills within a pacounseling have been counseling psychology tient-centered approach reported by many stud- has is widely accepted to medical care results ies in various areas. by all over the world. It shows many benefits for counseling is well-documented that patients and health propsychology also strongly psychological counsel- fessionals. These inassociates with the med- ing includes meditation, clude increased patient and other and professional satisfact in the medical set- methods of stress man- faction, greater diagnostic adequacy and imstress, Interestingly, in recent proved adherence to treatment. Similarly, there is now a welltermine the efficacy of settings.

increasing an doctor- number of evidences tient care. Medical Prac- fectiveness of counseltitioners reported that an ing and its interventions It is important to men- understanding of the pa- are closely and positivetion that medical profes- tient's view is vital to ly connected in the medsion is incomplete with- the process of consulta- ical setting. The central out having positive com- tion and that medical role of counseling is parshould be ticularly beneficial for counselling skills. One based on shared involve- patient-related issues or decision- illnesses (physical and tics of medical profes- making. It has also cod- mental both), for family community a distinguished compe- in practice, various skills and for the safety procontext of counseling ommended that it should mental facts, diagnosis, empathic response and lum at both the underrisk behavior, treatment reflection, which have graduate as well as the in

Dr. Saba Firods

College Corner: Assessment in Medical Education



Assessment in medical education is a dynamic and multifaceted domain that allows accurate, efficient and effective recognition of mastery supporting educators to confidently and scientifically identify levels of mastery within the curriculum.

Examinations provide a logical and balanced sampling of achievement of instructional objectives at pre-defined levels in any particular curricular setting. Assessment essentially, is a fact-finding process that effectively assesses the outcome of the teaching-learning process. It is associated with judgment on the desirability, effectiveness and utility of a curriculum in terms of carefully defined objectives. Thus, assessment may be defined as the process that determines the extent of attainment of learning

objectives. In effect, it justifies the preamble that instructional objectives offer the foundation of curricular development, implementation and evaluation. Assessment therefore, should reflect the students' qualities and achievements that are actively awarded by the system.

The purpose of assessment put simply, is to enhance learning and the purpose of teaching in effect, is to facilitate it. The National Research Council (NRC) emphasizes three guiding principles to assessment: Content, where assessment reflects what is most important for students to learn; Learning, where assessment enhances learning and supports instructional practice; and Equity, where assessment supports every students opportunity to learn.

Prior to implementation of any teaching method, there has to

be a standardized method to assess its product. Assessment systems are designed to ensure that testing procedures are congruent with instructional principles and educational goals. It has been historically established in the earlier part of the previous century by reformers in medical education, who have emphasized that students' learning was largely influenced by examinations and which still holds ground at present. In an effectively designed curriculum, instructional objectives reflect assessment content as they serve to facilitate the effectiveness of the same educational product. By harmonizing instructional objectives with assessment strategies, a unified curriculum can be ensured.

Dr. Manoj Chakrobarty Faculty Member

STUDENTS CORNER: PBL curriculum vs. Traditional

The Problem based learning (PBL) curriculum is designed to train students to be selfdependent. This means that the students in this curriculum are able to search and gather information on their own in addition to the other resources that are available during the blocks. In this curriculum, the focus isn't just on the knowledge as it's in the traditional setting. The students communicate with the patient at an earlier stage than in the traditional curriculum by the means of short internships and patient lectures. As a result, they have better communication and presentation

skills, which they are able to present constantly during the vears course unlike students in the traditional curriculum. Also, the PBL students get the chance to be monitored in research-oriented courses for several times during their studies, which is not the case for in the traditional curriculum As a matter of fact students in the traditional curriculum have more knowledge regarding the basic sciences such as anatomy, pathology, and biochemistry than PBL students. Also, the paperwork is less in the traditional curriculum than in PBL curriculum. which is considered as to be an advantage.

To conclude, "PBL" is a great curriculum that which intends to cover all the professional aspects that are expected to be in each and every future doctor. The problem lies in understanding how to apply it. Furthermore, the curriculum needs to be crystal clear in the faculty's mind so that they are able to deliver it in a good way. Finally, to decide which one of these two curricula is better is not that easy; each curriculum has its pros and cons. But if I get to choose, I'll choose to be a PBL student all over again.

Afnan Khalifah AlBarjas 2nd Year MBBS

Ethics of Dealing with the Developments in Healthcare Practices

Medicine is characterized with rapid developments which are sometimes undisciplined in its technologies and practices that have led to a number of recent health issues, which are news worthy, and incidents in general health practices that have no known previous religious rulings in the Islamic jurisprudence (Figh) that require Ijtihad [refer to introduction] from the contemporary scholars (like organ transplantation, assisted reproduction, genetic therapy, use of stem cells, and other recent developments). The healthcare practitioner should commit him/ herself to them with respect to all the religious, ethical, and

regulatory standards, of which the most important are: 1. The healthcare practitioner should make sure of the permissiveness from a health practice standpoint, the religious view, and if the issue has not been studied religiously vet. Then, the healthcare practitioner should wait until authentic rulings (Fatwas) are issued in this regard, or seek to get them decided (i.e. the fatwas).

2. To observe the regulations & directions issued in regards to recent health developments.

3. The probable likelihood that the health practice will

benefit the patient should be established by the healthcare practitioner, regardless of any personal interests and ensure its safety the patient.

4. Consult other experienced consultants in the field of the recent development under consideration.5. Inform the patient or his/her guardian, if the patient is a minor, about this new development, es-

pecially if it is done for the first time.

6. Inform the responsible authorities in his/her health institution.

Dr Imran Sabri Coordinator, Medical Ethics

PHOTO-GALLERY



Activities of FAMCO Department

- 1 and 2: Conducted workshop on consultation skills at Al-Moosa Hospital.
- 3. Departmental Celebration of Marriage of Dr Saba.
- 4. MOH Workshop on professionalism at King Fahd Hospital, Al-Ahsa

PAGE 6

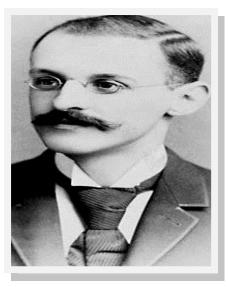


FAMILY AND COMMUNITY MEDICINE DEPARTMENT

College of Medicine King Faisal University Al-Ahsa, KSA

Phone: +966-135897789 Fax: +966-35800820 Email: drsattarkhan@gmail.com

Quiz:V2N3-4



Identify this famous educator whose report formed the basis for modernization of medical education in the United States of America.

Medical Education Tip

The curriculum is a sophisticated blend of educational strategies, course content, learning outcomes, educational experiences, assessment, the educational environment and the individual students' learning style, personal timetable and programme of work. Curriculum mapping can help both staff and students by displaying these key elements of the curriculum, and the relationships between them. Students can identify what, when, where and how they can learn. Staff can be clear about their role in the big picture.

Harden RM1..AMEE Guide No. 21: Curriculum mapping: a tool for transparent and authentic teaching and learning.Med Teach. 2001 Mar;23(2):123-137.

Welcome New Faculty Dr. Mohamed Iheb Boumiza,

Associate Professor, FAMCO

Upcoming Issue

Them: Medical Professionalism and Communication

Opinion, suggestions and contribution are welcome for upcoming

Answer of Quiz FAMCONEWS V2N2:

This is the logo of UNICEF (the United Nations Children's Fund) is a United Nations Program headquartered in New York City that provides long-term humanitarian and developmental assistance to children and mothers in developing countries. It is one of the members of the United Nations Development Group and its Executive Committee.

On 7 September 2006, an agreement between UNICEF and the Spanish Catalan association football club FC Barcelona was reached whereby the club would donate 1.5 million Euros per year to the organization for five years. As part of the agreement, FC Barcelona will wear the UNICEF logo on the front of their shirts. This was the first time a football club sponsored an organization rather than the other way around. It was also the first time in FC Barcelona's history that they have had another organization's name across the front of their shirts.