Area -2- educational program

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Area 2- Educational program

- Consists of:
- 8 subareas: 2.1 – 2.8
- 40 standards: 21 basic (must)
- 19 quality development (should)
- Zone I
Subareas:

- 2.1 FRAMEWORK OF THE PROGRAM
- 2.2 SCIENTIFIC METHOD
- 2.3 BASIC BIOMEDICAL SCIENCES [BBS]
- 2.4 BEHAVIOURAL AND SOCIAL SCIENCES, MEDICAL ETHICS AND JURISPRUDENCE
- 2.5 CLINICAL SCIENCES AND SKILLS
- 2.6 PROGRAMME STRUCTURE, COMPOSITION AND DURATION
- 2.7 PROGRAMME MANAGEMENT
- 2.8 LINKAGE WITH MEDICAL PRACTICE AND THE HEALTH SECTOR
The medical college must define the overall curriculum.

- A statement of the intended educational outcomes
- The content/syllabus,
- Learning experiences and processes of the program.
- The curriculum should set out what knowledge, skills, and attitudes the student will achieve.
- A description of the planned instructional and learning methods and assessment methods ....
- (Define, state the principles, methods and practices used for assessment of its students.)
- Models based on:
  - Disciplines, organ systems,
  - Clinical problems or disease patterns
  - Spiral design
2.1.2. The medical college must use a curriculum and instructional/learning methods that stimulate, prepare and support students to take responsibility for their learning process.

- The more the curriculum depends on the students as center of learning, the more they will take responsibility for their learning process.

- What do you think the evidences needed to verify this standard?
The students must be active and participate in the learning process.

**Present:**
- Interactive lectures which stimulate critical thinking.
- Small group discussion.
- Problem-based or case-based learning.
- Peer assisted learning.
- Laboratory exercises.
- Bed-side teaching, clinical demonstrations.

**Applied:**
Timetables or any documents prove that the mentioned instructional/learning methods are applied to the ground.

**Effective:**
- Questionnaire or interviewing the students.
- Estimate the effectiveness of implementation by direct inspection or field inspection by the college’s committee or the visiting team.
2.1.4. The medical college should ensure that the curriculum prepares the students for life-long learning (LLL).

- Evidences:
- Verify types of learning that enhance (LLL);
- Examples ??
- The teaching schedule which should indicate the protective time available to the students for the purpose of achieving LLL.
- Documents showing the time recorded by IT about the activities of students online.
Present:
- verification of types of learning that enhance (LLL).

Applied and effective:
- How curriculum prepare students to LLL, how the syllabus is applied.
- Documents showing the Learning/instructional methods used to deliver the curriculum. [small group learning, clinical problem solving, peer assisted learning, appraisal of articles ........... etc.]
- The teaching schedule which should indicate the protective time available to the students for the purpose of achieving LLL.
- Documents showing the time recorded by (IT) about the activities of students online.... or any other methods suitable for the college.
2.2.1.3. The medical college must throughout the curriculum teach **evidence-based medicine (EBM)**.

- **Present:**
  - syllabus of teaching (EBM).

- **Applied:**
  - how EBM is incorporated in the syllabus? This is achieved by verifying the learning objectives of some of the subjects where (EBM) is applied.

- **Effective:**
  - feedback by interview and/or questionnaire to students, academic staff.
2.2.2. The medical college should in the curriculum include elements of original or advanced research.

- Advanced researches which are published as original articles.
- or advanced researches which carry with it experimental work and scientific analysis.
- or advanced researches which enhance the students’ ability to contribute to the development of medicine.
2.3.1.1. The medical college must in the curriculum identify and incorporate the contributions of the basic biomedical sciences to create understanding of scientific knowledge fundamental to acquiring and applying clinical science.

- **Present:**
  - syllabus of (BBS), theory part.
- **Applied:**
  - learning objectives of the (BBS) lectures or any other learning methods; which give an idea that the (BBS) are given mostly in an applied mode.
- **Effective:**
  - Any type of assessment methods to verify the incorporation aspect between (BBS) and clinical sciences. (MCQ)
2.3.1.2. The medical college **must** in the curriculum **identify** and **incorporate** the contributions of the basic biomedical sciences to create understanding of **concepts** and **methods** fundamental to acquiring and applying clinical science.

- **Present**:  
  - syllabus of (BBS), the practical lessons.  
  - learning objectives of the practical lessons.

- **Applied**:  
  - Explain in few sentences how BBS help students to understand and apply clinical sciences through curriculum.

- **Effective**:  
  - feedback by Interview and /or questionnaire to students, academic staff.  
  - OSPE sheets or any other type of assessment methods to verify the incorporation between BBS and clinical sciences.
2.3.2.1. The medical college should in the curriculum adjust and modify the contributions of the biomedical sciences to the scientific, technological and clinical developments.

- e.g., of scientific development: new disease / syndrome, genetic aspects of diseases, immunological aspect of diseases.....etc.
- e.g., of technology development: new medical devices used for diagnosis or investigation. Or modern methods of doing certain analyses to detect diseases.....etc.
- e.g., of clinical development: new clinical approach, new guideline, a modern way in surgical procedures.....etc.

**Present:**
- determine the scientific, technology, clinical development

**Applied:**
- Meetings minutes showing the modification of the curriculum in light of developments in science and technology.

**Effective:**
- feedback by Interview and /or questionnaire
2.3.2.2. The medical college should: in the curriculum adjust and modify the contributions of the biomedical sciences to the: current and anticipated needs of the society and the health care system.

- How do you generate the evidences?
Present:

❖ First, the college/department/curriculum committee should determine the needs of the society and the health sector through meeting with representatives from both parties, and the curriculum is then modified considering these needs.

Applied:

❖ Document required is/are minute/s of the meeting show that the curriculum has been modified considering these needs of society and health system.

❖ Learning objectives of the subjects which underwent these changes.

❖ Whether it is applied; is verified by checking the concerned teaching schedule/s and syllabus.

Effective:

❖ Feedback by Interview and/or questionnaire to academic staff, health alliance, other stakeholders.
2.4 BEHAVIOURAL AND SOCIAL SCIENCES, MEDICAL ETHICS AND JURISPRUDENCE

Basic standards: The medical college must:

2.4.1. in the curriculum identifies and incorporates the contributions of the:

- behavioral sciences.
- social sciences.
- medical ethics.
- medical jurisprudence.
The behavioral and social sciences, medical ethics and medical jurisprudence would provide the knowledge, concepts, methods, skills and attitudes necessary for understanding:

- socio-economic, demographic and cultural determinants of:
  - causes, distribution and consequences of health problems as well as knowledge about the national health care system and patients’ rights.
  - This would enable analysis of health needs of the community and society, effective communication, clinical decision making and ethical practices.
Present:
- Syllabus of the 4 sciences with their learning objectives.

Applied:
- Schedules of teaching such subjects with sample of lectures.
- Learning objectives of these lectures.

Effective:
- Feedback by Interview and/or questionnaire to students, academic staff...... Graduates, stakeholders.....
2.5.1.1. The medical college must in the curriculum identify and incorporate the contributions of the clinical sciences to ensure that students acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility after graduation.

- **Clinical skills include:**
  - history taking, physical examination, communication skills, procedures and investigations, emergency practices, and prescription and treatment practices.

- **Professional skills** would include:
  - patient management skills.
  - team-work / team leadership skills.
  - inter-professional training.

- **Appropriate clinical responsibility** would include activities related to
  - health promotion.
  - disease prevention.
  - patient care.
Evidences:

Present:
- learning objectives of various theoretical and clinical lessons.

Applied:
- Training schedule in various clinical aspects.
- Log-book.

Effective:
- Interview the students, health staff.
- OSCE.
2.5.4. The medical college must organize clinical training with appropriate attention to patient safety.

- Patient safety would require supervision of clinical activities conducted by students.

- It includes wide range of methods starting simply with, hand hygiene / wearing cloves, mask, maintain confidentiality of information, privacy during examination, drug dispensaries, training under supervision, to more complicated issue.
Present:
- lectures’ notes and/or the syllabus of the clinical sessions which must demonstrate objectives about patients’ safety.

Applied:
- Learning objectives of clinical sessions.
- Interview with patients, health staff.
- Log-book to demonstrate the training of students on patient safety methods.

Effective:
- asking the student
- Observation during clinical training.
- OSCE stations.
2.5.5 The medical college should ensure that every student has early patient contact gradually including participation in patient care.

- Early patient contact would
  - partly take place in primary care settings.
  - would primarily include history taking, physical examination and communication.

- Participation in patient care would include
  - responsibility under supervision for parts of
    - investigations and/or
    - treatment to patients,
  - which could take place in relevant community settings.
Present:
- Curriculum map.
- Syllabus of early training.

Applied:
- Well scheduled relevant settings in the PHCCs or community settings.
- The settings supervised by the responsible seniors.
- List of students’ attendance to the sessions.

Effective:
- Interview or/and asking students about the benefit as well as about the adherence to the stated schedule and objectives.
2.7.1. The medical college **must** have a curriculum committee, which under the governance of the academic leadership (the dean) has the **responsibility** and **authority** for planning and implementing the curriculum to secure its intended educational outcomes.
Present:
- An official order to form the curriculum committee (CC).
- Documents of job description and authority of the (CC).

Applied:
- Meeting minutes showing the recommendations and plan of actions [POA] concerning curriculum.

Effective:
- Documents showing the impact of meeting minutes (recommendation) i.e. implementation of the (POA).
- Documents showing allocation of the granted resources to planning and implementing methods of teaching and learning methods.
- The Curriculum Committee addresses to the Dean.

[ in which it requests to take advantage of the resources granted for the development of the educational process or the educational system, for example: assigning teaching staff, developing classrooms or laboratories, or developing the method of examinations.]
2.8.1 The medical college must ensure operational linkage between the educational program and the subsequent stages of education or practice after graduation.

- **Operational linkage:**
  - This requires clear **definition and description** of the elements of the educational programs and their interrelations in the **various stages of training and practice**, paying attention to the **local, national, regional and global context**.
  - It would include **mutual feedback** to and from the health sector and **participation of teachers and students in activities of the health team**.
  - Also implies **constructive dialogue** with potential employers of the graduates as basis for career guidance.
Subsequent stages of education would include postgraduate medical education:

- preregistration education,
- vocational / professional education and
- specialist / subspecialist or
- expert education, and
- continuing professional development (CPD) /
- continuing medical education (CME).

Note: CPD includes all activities that doctors undertake, formally and informally, to maintain, update, develop and enhance their knowledge, skills and attitudes in response to the needs of their patients.
Suggest evidences for standard 2.8.1 on the bases of
- Present
- Applied
- Effective
Thank you