

The University  
of Manchester

MANCHESTER  
1824



**Mansoura- Manchester Programme for  
Medical Education.**

**Phase 1 Handbook,  
2016/2017**

**Edited by,  
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Dean of the Faculty of Medicine.**

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## **1- General Information**

### **1.1 Welcome from the Dean of the Mansoura Medical School:**

Dear students, welcome to the Mansoura-Manchester programme for medical education. This programme uses student-centred and problem- based learning methods which are different from the conventional subject based Mansoura programme. Your regular attendance is the key factor for your success. We wish you all the best.

### **1.2 Important Note:**

The purpose of this Handbook is to help you get the most out of your studies and ensure that you are aware of the range of resources available to support you and your studies. It contains important information about the first phase of the MBChB programme, how it is organised, who does what, who students can go to for help, etc. We recommend that you skim through the whole of this document as soon as you receive it to get an idea of the scope and content of the programme. The Handbook is an important source of reference that you can refer to whenever you have queries about the programme.

**The information in the Handbook is correct as of September 2016. Keep an eye on notice boards and web site of the programme for up-to-date information.**

### **1.3 Dates for Academic Year**

The academic year for phase 1 starts in late September/early October. Each year is divided into two semesters. Each semester is 14 weeks for study and 2 weeks for the exam. Each semester is followed by the semester exam.

### **1.4 Key Academic and Administrative staff**

#### **The main staff members who can support Phase 1 students:**

Professor El-Said Abdel-Hady, Dean of the Medical School.

Professor Mohamed Attia, Vice dean for Education and student's Affairs.

Professor Nagy Sayed Ahmed, Programme Director.

Professor Alaa Mosbah, Director Deputy

Professor Adel Bondok, Phase 1 Director.

Professor Dalia Saleh, Phase 1 Assistant Director.

Professor Rafik Barakat, phase 2 director.

Professor Alaa Wafa, Phase 2 Assistant Director.

Professor Ahmed Negm, Phase 3 Director.

Professor Waleed El-Nahas, Phase 3 Assistant Director.

For communication through programme web site.

<http://manchester.mans.edu.eg/english/staff.htm>

## 1.5 Communication

### *Visits and phone calls*

The programme Offices are located on the 4<sup>th</sup> floor of the medical school and normally open from 9 AM -3 PM for face-to-face and telephone enquiries.

*Notice boards: Are available at the main corridor on the 4<sup>th</sup> Floor.*

### *Electronic communication*

Vice dean for Education and student's Affairs.

Programme Director.

Director Deputy

Phase 1 Director.

Phase 1 Assistant Director.

phase 2 director.

Phase 2 Assistant Director.

Phase 3 Director.

Phase 3 Assistant Director.

For communication through programme web site. <http://manchester.mans.edu.eg/english/staff.htm>

### *Attendance:*

The programme keeps the overall academic and personal records of all students.

*You must attend at least 70% of all theoretical and practical classes; you may not sit the exam if you do not satisfy this ratio.*

## 1.6. CRITERIA FOR ADMISSION

Candidates must be able to satisfy the general admissions criteria of the University of Mansoura and the Egyptian Ministry of higher Education.

- Egyptian students must achieve the score in secondary education (Thanawia Ammaa) to qualify them to enter Mansoura University, Faculty of Medicine, or to be accepted through the national office for transfer of equivalent degrees.
- Foreign students must be accepted by the Waffedin Office in Egyptian Ministry of Higher Education and approved by their own embassy in Cairo.

## 1.7. Health and Safety

There is an emergency point at the ground floor of the medical school. The students' and teaching hospitals are within walking distances from the medical school.



## **2.1 Mansoura Six year MB ChB Programme Overview**

### **Original Mansoura Medical Programme (Years 1:6)**

**Started in October 2006 as:**

**Semester 1: Foundation**

**Semester 2: Life cycle**

**Semester 3: Cardio-Respiratory Fitness**

**Semester 4: Abilities and Disabilities**

**Semester 5: Nutrition and Metabolism**

**Semester 6: Nutrition-Metabolism and Excretion**

**Semester 7: Heart-Lungs and Blood**

**Semester 8: Families and Children**

**Semester 9: Mind and Movements**

**Semester 10: Special Senses**

**Semesters 11 and 12: 4 blocks (12 weeks each) in: Elective course (EL)-Accident and Emergency (AE)-Cancer studies and Imaging (CI) and Community Medicine and Tropical Diseases (CT).**

### **Revised Mansoura Medical Programme (Years 1:6)**

**The sequence of the semesters is revised starting in 2011 to be as follows:**

**Semester 1: Foundation**

**Semester 2: Life cycle**

**Semester 3: Cardio-Respiratory Fitness**

**Semester 4: Abilities and Disabilities**

**Semester 5: Nutrition and Metabolism**

**Semester 6: Tropical and communicable diseases**

**Semester 7: Heart-Lungs and Blood**

**Semester 8: Nutrition-Metabolism and Excretion**

**Semester 9: Mind and Movements**

**Semester 10: Families and Children**

**Semesters 11 and 12: 4 blocks (12 weeks each) in: Elective course (EL)-Accident and Emergency (AE)-Cancer studies and Imaging (CI) and Special Senses (SS).**

## **Why such change in the sequence of the semesters?**

When the programme started in 2006, we had to follow the sequence of the semesters in Manchester. As seen above, Manchester MBBCh is 5 years compared to Mansoura's 6 years programme. We agreed with Manchester from the start that the tropical and communicable diseases and special senses modules will be prepared by Mansoura staff. We gave the chance to Mansoura staff to prepare that modules and so special senses module was planned in year 5 and tropical medicine module was planned in year 6.

## **The sequence was revised in 2011 for the following reasons:**

- 1-Tropical and communicable diseases is actually a basic sciences module dealing with microbiology, parasitology and community medicine, and hence would be better fitted in year 3 (semester 6) and not year 6.
- 2- The Nutrition-metabolism and excretion module that contains surgical-endocrinal and uro-nephrology module is better fitted in year 4 (semester 8).
- 3- The families and children module that contains Obstetrics and Gynaecology and Paediatrics is better fitted in year 5 (semester 10).
- 4- The special senses module that contains ENT, Ophthalmology, and Dermatology-Research Methodology is now fitted in year 6.

### Phase 1 – Laying the foundations

Phase 1 in Mansoura extends over the first 3 years of the programme. Year 1, semester 1 begins with an introductory block of **Foundation Skills**, including an introduction to Problem Based Learning and communication skills. This will prepare you for a new style of learning and will ensure that you have learnt basic communication skills before you meet patients in early (clinical) Experience settings. Year 1, semester 2 continues with modules on **Life Cycle**.

Year 2 starts with a module on **Cardio-respiratory Fitness** in Semester 3 and **Mind and Movement** in Semester 4.

You will also undertake Early Experience sessions, which will begin to ground you in the clinical elements of the programme. These sessions will include both visit to Mansoura University Teaching Hospitals. You will also be required to undertake **Student-Selected Components** (SSCs), which gives you the chance to choose for yourself what you want to study.

Year 3 consists of two semesters, Nutrition **and Metabolism** in Semester 5 and **Tropical and Communicable Diseases** (semester 6).

### Phase 2 – Developing clinical competence

Phase 2 covers two years of the programme.

Heart-Lungs and Blood (semester 7). Nutrition, Metabolism and Excretion (semester 8) and Mind and Movements (Semester 9) and Families and Children (semester 10).

### Phase 3 – Preparation for practice

Phase 3 prepares you for practice as a pre-registration doctor. There is a strong emphasis on clinical apprenticeship, whilst giving you choice over your clinical attachments. In Years 6, you will undertake rotation in 4 modules: Special Senses, which covers Ophthalmology, ENT and Dermatology. Elective course (EL)-Accident and Emergency (AE)- and Cancer studies and Imaging (CI).

## **2.2 Aims and specification of the Programme**

**The overall aims of the MB ChB programme are as follows:**

1. To provide education in basic and clinical medicine including underlying principles of scientific method and to prepare graduates for professional practice as doctors. This encompasses intellectual skills such as analysis and reflection, problem solving and clinical reasoning and has vocational, ethical and legal components.
2. To enable students to acquire knowledge and understanding of health and its promotion, and the origin, prevention, diagnosis and management of disease and injury, and the impact of illness and disability on the individual and his/her place in the family and in society. This includes understanding normal human structure and function at all stages of development, understanding the abnormalities of structure and function that occur in common diseases and recognise how illness affects both physical and psychological function and the patient's interaction with the environment and society.
3. To provide students with proficiency in the basic clinical skills, such as the ability to obtain a history from a patient, to undertake a comprehensive physical and mental state examination and interpret the findings, and to demonstrate competence in the performance of a limited number of basic clinical technical skills.
4. To enable the student to acquire attitudes and professional behaviour necessary for the achievement of high standards of medical practice, both in relation to the provision of healthcare of individuals, their families and community, and to his/her personal and professional development.

## MBBCh Programme Specification

### 2.2.1. GENERAL INFORMATION

| Award                       | Programme Title                   | Duration | Mode of study |
|-----------------------------|-----------------------------------|----------|---------------|
| MB BCh                      | Medicine                          | 6 Years  | Full Time     |
| <b>Awarding Institution</b> | The University of Mansoura-Egypt. |          |               |
| <b>Faculty</b>              | Faculty of Medicine               |          |               |

### 2.2.2. SPECIFIC AIMS OF THE PROGRAMME

The programme aims to:

|            |  |
|------------|--|
| <b>01.</b> | To produce the next generation of doctors trained through an integrated programme of medical education to meet the requirements of professional bodies in training safe and effective medical practitioners for professional practice.                                       |
| <b>02.</b> | To enable students to gain knowledge and understanding of the conceptual and practical aspects of the basic medical and clinical sciences, relevant behavioural and social sciences, and the underlying principles of scientific method.                                     |
| <b>03.</b> | To develop the intellectual skills of students including problem solving and inquiry, critical analysis, logical thinking, clinical reasoning, and reflection.   |
| <b>04.</b> | To develop the proficiency of students in the basic clinical skills while recognising the limitations of their capabilities and acting in a patient-centred, safety conscious manner.  |
| <b>05.</b> | To enable students to acquire the professional behaviours necessary to ensure the provision of high standards of medical practice to individuals, their families, the community and to be responsible for their personal and professional development and clinical practice. |
| <b>06.</b> | To develop core skills in verbal, written and electronic communication.  |

### 2.2.3. INTENDED LEARNING OUTCOMES OF THE PROGRAMME

| <b>A. Knowledge &amp; Understanding</b>  |  |
|--|--|
| <b>Students should, in addition to the demonstration of knowledge and understanding, be able to demonstrate the ability to integrate and evaluate critically the evidence and to apply their knowledge of:</b> |  |
| <b>A1.</b>   | The sciences basic to medicine in terms of the normal structure and function of the major systems and how they interrelate including anatomical, physiological, cellular, and molecular mechanisms important in maintaining homeostasis. |
| <b>A2.</b>   | The underlying principles of scientific method and an appreciation of how new knowledge is acquired.   |
| <b>A3.</b>   | Behaviour and relationships between individuals and their families/partners, immediate social groups, and society at large, recognising diversity and cultural influences.   |

|            |   |
|------------|---|
| <b>A4.</b> | <p>Diseases including:</p> <ol style="list-style-type: none"> <li>a. processes (<i>e.g.</i> trauma, inflammation, immune response, degeneration, neoplasia, metabolic disturbance and genetic disorder) resulting in alterations to body structure and/or the operation of mental and physical function</li> <li>b. as causes of impairment, disability and handicap</li> <li>c. environmental and social determinants, genetic factors and natural history</li> <li>d. the means by which they may spread, the analysis of the burden of disease within the community; and the relationship with risk factors</li> <li>e. the principles of disease surveillance, disease prevention and health promotion</li> </ol> |
| <b>A5.</b> | <p>Therapy including:</p> <ol style="list-style-type: none"> <li>a. the management of acute illness, surgical treatment and perioperative care</li> <li>b. the actions of drugs; their underlying pharmacological principles and their prescription and administration</li> <li>c. principles of non-pharmacological complementary therapies in the management of disease and disability</li> <li>d. the care of the chronically ill and the disabled</li> <li>e. the care of the dying</li> </ol>  |
| <b>A6.</b> | Individuals' preferences and lifestyle in health and ill health, and their response to illness or the belief that they are ill, and how this varies between diverse, social, ethnic and cultural groups.  |
| <b>A7.</b> | The importance of communication in all its forms, with patients and relatives and with other professionals recognising diverse ethnicity and ability.   |
| <b>A8.</b> | Ethical and legal issues relevant to the practice of medicine.  |
| <b>A9.</b> | The organisation, management and provision of health care both in the community and in hospital, the economic and practical constraints within which it is delivered, and the clinical governance processes through which the safety, efficiency and effectiveness of delivery of care is monitored.  |



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| <p><b>Learning &amp; Teaching Processes</b> (to allow students to achieve intended learning outcomes)</p>  |
| <p>A1 – A9 acquired through Problem-Based Learning groups, experiential learning or clinical placement, early experience (Phase I) in the community and hospitals, student selected components (SSCs); laboratory classes (tutorial and skills), seminars, lectures and research projects.</p> |

|   |
|---|
| <p><b>Assessment</b> (of intended learning outcomes)</p>  |
| <p><b>Phase 1</b> Semesters 1 – 5<br/>Individual and group assessment of Problem-Based Learning activity, Semester tests, Objective Structured Clinical Examination (OSCE) <b>and short essay exams.</b></p>  |
| <p><b>Phase 2</b> Semesters 6 – 9:<br/>Individual and group assessment of Problem-Based Learning activity, Semester tests, Objective Structured Clinical Examination (OSCE) <b>and short essay exams.</b></p> |
| <p>Phase 3 (Semesters 10-12: Individual and group assessment of Problem-Based Learning activity, Semester tests, Objective Structured Clinical Examination (OSCE) <b>and short essay exams</b></p>            |

## B. Intellectual Skills

**Students will be able to:**

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| <b>B1.</b> | Demonstrate insight into research and scientific method by critical appreciation and thorough application of research methods.   |
| <b>B2.</b> | Demonstrate through reflection, self awareness, understanding the impact of their own value judgements and those of their patients on medical practice.  |
| <b>B3.</b> | Demonstrate clinical reasoning through ability to recognise, define and prioritise problems and information; and recognition of the limitations of information and medical knowledge and the importance of professional judgement. |
| <b>B4.</b> | Demonstrate the ability to recognise and cope with uncertainty using appropriate cognitive and intellectual management strategies.   |



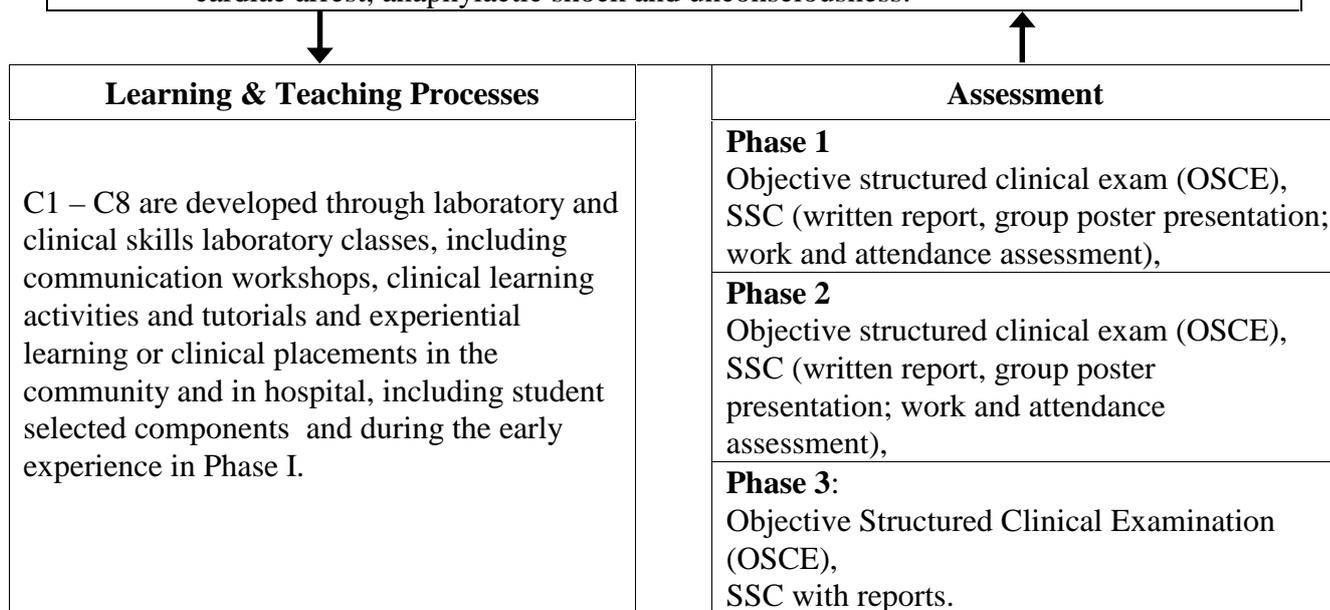
### Learning & Teaching Processes

B1 – B4 acquired through experiential learning or clinical placements in the community and in hospital, including student selected components and early experience placements (Phase I) Problem-Based Learning groups, clinical skills laboratory classes, tutorials and research projects, communication teaching and learning.

### Assessment

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|---|
| <p><b>Phase 1 :</b> Semesters 1-5<br/> PBL individual and group. SSCs x 2 (written report, group poster presentation),<br/> Objective Structured Clinical Examination (OSCE),<br/> Clinical placement assessment of <b><u>clinical skills</u></b>, knowledge, professional behaviour,<br/> Semester test/progress test.</p>   |
| <p><b>Phase 2 :</b> Semesters 6 – 9<br/> PBL individual and group, SSCs x 4 (2,000 word written reports; work and attendance assessment). Project Option Report (15-10,000 words),work and attendance, Oral Presentation,<br/> Objective Structured Clinical Examination (OSCE),<br/> Clinical placement assessment of <b><u>clinical skills</u></b>, knowledge, professional behaviour,<br/> Progress test</p> |
| <p><b>Phase 3:</b> (Semesters 10-12)<br/> PBL individual and group, Community placement and Elective written reports,<br/> Objective Structured Clinical Examination (OSCE),<br/> Clinical placement assessment of <b><u>clinical skills</u></b>, knowledge, professional behaviour<br/> Extended Matching Questions</p>  |

| <b>C. Practical Skills</b>  |  |
|---|--|
| <b>Students will demonstrate the ability to perform safely and effectively the following:</b> |  |
| <b>C1.</b>  | In taking and recording a structured, patient centred clinical history in an appropriate manner.   |
| <b>C2.</b>  | In undertaking a relevant, systematic, physical and mental state examination relevant to age, gender, ethnicity, culture and clinical condition.   |
| <b>C3.</b>  | In defining problems, formulating a differential diagnosis, selecting and interpreting appropriate investigations and making clinical decisions based on evidence and findings.                                  |
| <b>C4.</b>  | As a member of a team of healthcare professionals, in planning and learning to initiate treatment (incorporating the requirements for informed consent), recognising its impact on the patient and their family. |
| <b>C5.</b>  | In effective and appropriate patient-focused communication taking into account social, cultural and ethnic contexts, with patients/relatives/carers/partners and other healthcare professionals.                 |
| <b>C6.</b>  | In clinical procedures including the prescribing and administration of drugs.  |
| <b>C7.</b>  | In the production and maintenance of legible, accurate patient records.  |
| <b>C8.</b>  | In recognising and performing initial treatment in emergency situations; including cardiac arrest, anaphylactic shock and unconsciousness.   |



### D. Transferable Skills and Personal Qualities

**Students will be able to demonstrate the ability to:**

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| <b>D1.</b> | Retrieve, manage, manipulate and present information, (in electronic and oral formats) and communicate ideas, concepts and arguments effectively.   |
| <b>D2.</b> | Act professionally by effective peer and inter-professional team membership, time management, teaching and mentoring others.  |
| <b>D3.</b> | Act as autonomous learners practising reflection, lifelong learning and willingness to participate in peer review.  |
| <b>D4.</b> | Behave in a non-judgemental manner in all aspects of work within the diversity of patients and colleagues.  |
| <b>D5.</b> | Show an awareness of the moral and ethical responsibilities involved in patient care and in the provision of care to populations of patients; applying confidentiality, consent, honesty and integrity. |
| <b>D6.</b> | Recognise patients' rights, in all respects, and particularly in regard to autonomy and, if appropriate, involving carers/partners in treatment decisions.  |
| <b>D7.</b> | Prioritise the care of the patients, whilst working within the limits of their own responsibility and capacity.   |
| <b>D8.</b> | Cope with uncertainty and adapt to change within a working environment.   |



#### Learning & Teaching Processes

D1 – D8 are acquired throughout the course in Problem-Based Learning groups, experiential learning or clinical placements in the community and in hospitals, including student selected components and during early experience in Phase I, communication, teaching and learning activities, seminars and presentations.

#### Assessment

##### **Phase 1**

Individual and group assessment of Problem-Based Learning activity, SSC Reports and group poster presentation, Objective Structured Clinical Examination (OSCE),

##### **Phase 2**

Individual and group assessment of Problem-Based Learning activity, SSC and Project option reports, oral presentation work and attendance, Objective Structured Clinical Examination (OSCE),

##### **Phase 3:**

Elective and Community placement reports, Individual and Group Objective Structured Clinical Examination (OSCE),

## 2.2.4. CURRICULUM PROGRESSION: INTENDED LEARNING OUTCOMES (ILOs) FOR EACH PHASE:

|                       |  |
|-----------------------|--|
| <p><b>Phase 1</b></p> | <p>On successful completion of Phase 1 students will be able to demonstrate:</p> <p>Knowledge and understanding of underlying principles and concepts of medical science; an ability to evaluate and interpret these contextually in the following areas:</p> <ul style="list-style-type: none"> <li>• The sciences basic to medicine, the underlying principles of scientific method, an appreciation of how new knowledge is acquired; normal structure and function of the major systems and how they interrelate including molecular, biochemical and cellular mechanisms important in maintaining homeostasis;</li> <li>• Reproduction including: pregnancy and childbirth, fertility and contraception, and related psychological aspects of reproduction;</li> <li>• Behaviour and relationships between individuals and their families/partners, immediate social groups, and society at large;</li> <li>• The environmental, social determinants and natural history of disease, the principles of disease surveillance and the means by which diseases may spread, the analysis of the burden of disease within the community; and relationship with risk factors; the principles of disease prevention and health promotion;</li> <li>• Patients' reaction to illness or the belief that they are ill, and how illness behaviour varies between social and cultural groups;</li> <li>• Communication; both with patients and relatives and with other professionals, both medical and non-medical involved in their care;</li> <li>• Ethical and legal issues relevant to the practice of medicine.</li> </ul> <p>Personal responsibility and resourcefulness in their professional learning; the ability to evaluate different approaches to problem solving:</p> <ul style="list-style-type: none"> <li>• Resourcefulness in their professional learning, scientific endeavour and clinical practice;</li> <li>• Their ability to think critically by adopting reflective and inquisitive attitudes, applying rational processes, making sound judgements recognising the impact of their own value judgements and those of their patients;</li> <li>• Retrieval, management, manipulation and presentation of information, including electronic and oral formats, and communicate ideas, concepts and arguments effectively;</li> <li>• Adoption of the principles of reflective practice; lifelong learning; studying subjects in depth; willingness to participate in the peer review and appraisal; and to apply principles of scientific research and audit;</li> <li>• An awareness of the moral and ethical responsibilities involved in individual patient care and in the provision of care to populations of patients; applying confidentiality, consent, honesty and integrity.</li> </ul> |
|-----------------------|--|

## Phase 2

On successful completion of Phase 2 students will be able to demonstrate:

Knowledge and critical understanding of the well established concepts and principles of medical science and clinical medicine with the ability to apply the underlying concepts beyond context within which first studied, now with application to the workplace:

- Diseases in terms of processes, resulting in alteration in body structure and function of major systems both mental and physical, such as trauma, inflammations, immune response, degeneration, neoplasia, metabolic disturbance and genetic disorder; knowledge will include how diseases result in impairment, disability, including impairment, eligibility and handicap;
- Environmental, social determinants and natural history of disease, the principles of disease surveillance and the means by which diseases may spread, the analysis of the burden of disease within the community; and relationship with risk factors; the principles of disease prevention and health promotion; at an intermediate level;
- The range of problems that are presented to doctors and the solutions that have been developed for their interpretation, investigation, prevention and treatment;
- The principles of therapy including: the management of acute illness, the actions of drugs, the underlying pharmacological principles, their prescription and administration, principles of non pharmacological therapies in the management of disease and disability, the care of the chronically ill and the disabled, and the care of the dying;
- Patients' reaction to illness or the belief that they are ill, and how illness behaviour varies between diverse social and ethnic cultural groups;
- Ethical and legal issues relevant to the practice of medicine;
- Evaluate critically the appropriateness of approaches to problem solving; use of a range of established techniques and critical analysis; critical appreciation and application of research methods and governance both quantitative and qualitative; formulation of medically pertinent research questions, recognition of the importance of rigour in collecting, analysing and interpreting data and of the relationship between evidence, audit and observed variation in clinical practice and application of the principles of scientific research and audit;

The ability to acquire new skills and competences:

- How to take a sensitive, structured, patient centred clinical history;
- How to undertake a relevant, systematic, physical and mental state examination sensitive for age, gender, diversity and clinical condition;
- Retrieval, management, manipulation and effective communication of information, including electronic and oral formats, and communicate ideas, concepts and arguments effectively;
- Adoption of the principles of reflective practice, lifelong learning studying subjects in depth and be willing to participate in the peer review and appraisal; recognition of the limitations of personal knowledge and how this influences practice; the ability to exercise personal responsibility and the demonstration of decision-making;
- Recognition of patients' rights, in all respects, and particularly in regard to autonomy involving patients and, if appropriate, carers/partners in treatment decisions.

### Phase 3

On successful completion of Phase 3 students will be able to demonstrate:

- Systematic understanding and coherent and detailed knowledge of key aspects of medical science and clinical medicine demonstrating deployment of established theoretical and clinical skills, techniques of analysis and enquiry, with the demonstration of application to the workplace of:
- Diseases in terms of processes, resulting in alteration in body structure and function of major systems both mental and physical, such as trauma, inflammations, immune response, degeneration, neoplasia, metabolic disturbance and genetic disorder; knowledge of how diseases result in impairment, disability and handicap;
- The environmental, social determinants and natural history of disease, the principles of disease surveillance and the means by which diseases may spread, the analysis of the burden of disease within the community; and relationship with risk factors; the principles of disease prevention and health promotion;
- The range of problems presenting to doctors and the solutions that have been developed for their interpretation, investigation, prevention and treatment;
- The principles of therapy including: the management of acute illness, the actions of drugs, the underlying pharmacological principles and, their prescription and administration; including principles of non pharmacological therapies in the management of disease and disability;
- the care of the chronically ill, the disabled, and the care of the dying
- Patients' reaction to illness or the belief that they are ill, and how illness behaviour varies between diverse social and ethnic cultural groups;
- Ethical and legal issues relevant to the practice of medicine;
- The organisation, management and provision of health care both to the community and in hospital, the economic and practical constraints within which it is delivered, and the clinical governance process through which the efficiency and effectiveness of delivery is monitored;
- Ability to think critically by adopting reflective and inquisitive attitudes, applying rational processes, recognition of the impact of their value judgements and those of their patients;
- Clinical reasoning through ability to evaluate critically evidence, arguments, assumptions and abstract concepts to recognise, define and prioritise problems as well as, analysing, interpreting, evaluating objectively and prioritising information, recognising the limitations of information and medical knowledge and the importance of and the ability to make impersonal professional judgement; construction of and sustaining arguments;
- Ability to recognise and cope with uncertainty and ambiguity as part of medical practice using appropriate cognitive and intellectual management strategies;
- Define problems, formulate a differential diagnosis, select and interpret appropriate investigations and make clinical decisions based on evidence and findings;
- Plan and initiate patient management recognising the effect on the patient and their social condition, incorporating the requirements for informed consent, team work and appropriate inclusion of relatives/carers and other healthcare professionals;

- Work and make partnership decisions in the complex and unpredictable clinical working environment with the team promoting effective interprofessional activity; teach and mentor others;
- Management of own learning by adopting the principles of reflective practice, lifelong learning studying subjects in depth and willingness to participate in the peer review and appraisal; and apply principles of scientific research and audit; be aware of the need for continuing professional development, in order to ensure that the high levels of clinical competence and knowledge are maintained;
- Remain non-judgemental in all aspects of work with the diversity of patients and colleagues;
- An awareness of the moral and ethical responsibilities involved in individual patient care and in the provision of care to populations of patients; applying principles of confidentiality, consent, honesty and integrity;
- Prioritise the care of the patients whilst working within the limits of their own responsibility and capacity;
- Cope with uncertainty and adapt to change; in a working environment;

### **3: Teaching, Learning and Assessment:**

#### **3.1 Teaching and Learning**

The medical programme comprises a number of different elements and uses a variety of methods of delivery, underpinned by Problem-Based Learning. It has been designed to ensure that you qualify as a doctor able to take responsibility for life-long learning throughout your medical career.

##### **3.1.1 Problem-Based Learning (PBL)**

The method of study and learning is **problem-based**. Each block consists of a series of clinically related problems, which you use to define your specific study objectives in the biomedical, pathological and social and behavioural sciences week by week. You define your objectives with other members of your **student group** and work with them in developing a sound understanding of the science fundamental to clinical practice. You are expected to take the initiative in making full use of the laboratory, library and staff resources available to you. The role of your **PBL tutor** is to facilitate the work you do in groups and to offer advice and guidance as needed.

##### **Problem-Based Learning Curriculum**

In this problem-based curriculum, you begin to study medicine using relevant clinical problems. In PBL sessions you work out how much you know and understand about the clinical problem from the knowledge you already have, and, importantly, identify what you do not know. This process helps you to define what you need to learn to fully understand the problem. What you study is therefore more clearly defined by the needs of professional practice.

In problem-based curricula the choice of problems is obviously extremely important. The choices we have made, and the framework within which they are presented, have been determined by two main criteria:

- 1. key issues of health and illness in modern clinical practice.**
- 2. key concepts in the sciences fundamental to medical practice.**

**Working through problems, either in a group or on your own is best done with a clear strategy in mind. A useful sequence is given below:**

- 1. identify and clarify the terms that are unknown to you;**
  - 2. look for significant components (cues) of the Case;**
  - 3. using your cues, brainstorm possible explanations.**
  - 4. arrange explanations into tentative solutions;**
  - 5. define the learning objectives needed to test the validity of your explanations.**
  - 6. study privately using appropriate sources of information;**
  - 7. share the results of private study with the rest of your group. See how far your explanations are justified and what further knowledge is required. Cite the resources used.**
- (Recycle through most steps as necessary)**

To build up a thorough understanding, aim always to think broadly (there will always be more than one explanation), but rigorously (don't accept facts without evidence).

Group work is central to the MB ChB programme. In Phase 1, each student will be part of one group of 10-12 students. The groups are re-arranged for every semester to ensure you gain experience of working with changing groups of people, as in professional life. Each group has a different tutor. Tutor allocation to semesters depends only in part upon the special area of expertise of the tutor. Tutors do not have to be subject experts. These groups form the basis for all learning activity in Phase 1, including Early Experience and laboratory work.

There are 2 timetabled PBL meetings, both lasting for 90 minutes. In Phase 1, the tutor is always present for these sessions. The group sessions are where the cases are partly investigated. However, many other resources are used by the group whilst studying a case, including the laboratories and the dissecting room. It is vital that each tutor group attends laboratory sessions strictly according to the timetabled days/times and not at other times.

## **Group work**

**We want you to:**

- **think, analyse**
- **generate ideas, brainstorm**
- **connect facts**
- **develop theories**
- **set up hypotheses**
- **debate and identify cause and effect**
- **prioritise issues**
- **identify what you know and what you need to know**
- **learn about sources of information and where to find them**
- **talk with one another (rather than at the tutor)**
- **be co-operative**
- **work as a team**
- **be effective working parties**
- **develop sufficient knowledge to be able to communicate with relevant experts and to know where to go for help.**
- **reflect on the learning process**

All of these either require that you work with others, or they are promoted by working in a group.

## **Role of the tutor**

Your PBL tutor has two main roles. He/she is responsible for overseeing and facilitating the work of the group throughout the semester. He/she will also keep a record of absences from the group sessions (and will also record late arrivals), keep an eye on the progress of all members of the group, and submit a progress report at the end of the semester. This report is passed on to the next tutor and eventually finds its way into personal files in the Medical School Office, and is a check both for the staff and for the students. The second role is that of a personal tutor. Students can consult privately with their tutor at any time in the semester. However, problems that student's encounter that may affect attendance, progress and examinations should normally be dealt with by making an appointment with a Senior Tutor. Other sources of support are listed in Section 5 of this Handbook (Student Support).

## **Rooms for group sessions**

Each group meets in a room throughout one semester (2 x 1.5 hrs per week). PBL rooms are situated on the 4<sup>th</sup> floor of the medical school. Each room used for case workshop sessions is provided with whiteboard(s). The tutor supplies pens and other materials.

### 3.1.2 Early Experience

Early Experience is an integrated programme of activities and placements that you will follow throughout Phase 1 to help put your theoretical teaching into a professional context.

Through the sessions you will begin to acquire and practise the clinical, communication and history taking skills you will need in Phases 2 and 3 by working with tutors and other health care professionals, and by interacting with patients, their families and carers.

The programme will help you to develop self-awareness and professional and ethical behaviour and an understanding of the models of good practice.

Finally, you will build on your existing knowledge, attitudes and experiences and reflect on these and share with others through discussion and constructive feedback.

All session leaders will discuss your experiences with you and any problems or issues that arise and will also help you to construct and review your portfolio.

### Hospital Visits, incorporating Basic Skills

In your PBL groups you will visit *teaching hospitals* where the sessions are taken by Early Experience Facilitators (EEFs), all of whom are qualified and experienced faculty staff members.

Hospital Visits will include hospital familiarisation exercises, ward visits, patient interviews and Basic Clinical Skills. They will not only help you develop your professional skills, but also allow you to experience all our available hospitals prior to making your Phase 2.

### Attendance

Early Experience is a compulsory part of the MB ChB. EE activities have been organised in hospitals, and we consider it to be the basics of professional behaviour to respect this and to attend every session.

Attendance during all activities will be monitored. Non attendance at any EE activity will be reported to the undergraduate office and, in line with Phase 1 regulations, two EE absences will require you to meet with a senior tutor to give an explanation. Significant absences or those without a satisfactory explanation will be reported to the programme director and your continuation on the course may be in jeopardy.

### Evaluation of Early Experience

We are committed to improving the student experience and providing the best possible support for students. Early Experience is a relatively new initiative and we will be making changes and developing the activities in response to your feedback. As such, Early Experience will be subject to student evaluation, as with the other elements of the programme. It is important that you complete the evaluations when requested in order for us improve the experience.

### 3.1.3 Student Selected Components (SSCs)

The aims of the SSC are for you to:

- adopt an active approach to learning based on curiosity and exploration of knowledge;
- develop communication in an educational context;

- develop communication in an information technology context;
- consider the problems that arise from learning an “expert language”;
- continue to communicate with lay people.

You will complete two Student Selected Components (SSCs) in Phase 1, one in Semester 3 (Year 2) and another in Semesters 5 and 6 (Year 3). SSCs also take place in the clinical years, and you will find these notes helpful later. You will be required to submit signed declarations stating that your SSC reports are entirely your own work (see section on ‘**Plagiarism**’).

### **Semester 3 SSC (Essay):**

The objectives of your Year 1 SSC are to enable you to develop skills in:

- using the library and information services to perform literature searches;
- gathering data from the literature and critical evaluation of those data;
- ranking the range and level of authority of different forms of scientific literature;
- compiling information into a written report that addresses the topic investigated;
- using computer software to produce a written report.

Detailed instructions regarding the selection of SSC topics, the SSC period, as well as the production, submission and assessment of your report will be declared during the course.

During the SSC period, in consultation with your supervisor, you will research your SSC topic using a range of types of literature and plan your report (which will be a literature review).

### **Guidelines for the report**

Your report should contain a lay summary, an abstract, illustrations (tables, figures, graphs etc. where appropriate) and a substantial reference list of appropriately cited literature. You should use only standard abbreviations. Where specialised terms are given a specific abbreviation, this should be indicated as a footnote at the end of the document after References. The Système Internationale (SI) style should be used for units.

The report should include, and make appropriate use of, relevant references from the published literature. There are a number of ways in which the references you use can be cited, or referred to, in the text. You are expected to use the Numeric or Vancouver system as used by the British Medical Journal. Examples of how to cite periodical articles and books (including chapters in books) in the reference list are given below.

#### For periodical articles:

References should include: author(s) surnames and initials, title of article, title of periodical, year of publication, volume number and first and last page numbers. If there are more than six authors, only the first six should be given followed by et al.

#### For books:

References should include author(s) surname and initials, title, edition (if not the first), page numbers referred to, place of publication, publisher and year of publication.

These rules may seem arbitrary but they are not to be ignored. Your ability and discipline to follow editorial policy when preparing a document for publication is being assessed and marks are deducted for non-compliance.

## **Semesters 5 and 6 SSC (Poster):**

In semesters 5 and 6, you will work in a group to produce a scientific poster, which will be displayed during the poster session fixed in advance. The objectives of your semester 5 SSC are to enable you to develop skills in:

- Discussing ideas and collaborating data within a group;
- Acquiring information about a specific subject area using scientific databases;
- Applying your knowledge gathered during hospital and community visits to produce a formal presentation;
- Integrating information from basic sciences, behavioural sciences and clinical relevance;
- Using computer technology to produce a visual presentation.

### **Preparation of Posters**

You will be given a lecture at the beginning of Semester 5 with advice on planning and producing a scientific poster. The groups will be expected to meet outside of the PBL session to decide on a topic for their posters.

The emphasis is on the students, not staff, to identify suitable topics, to encourage students to adopt an active approach to learning, based on curiosity and exploration of knowledge (see SSC Intended Learning Outcomes). If any topic is not deemed appropriate by the tutor, then the group will be advised to make changes.

You will be expected to meet with your group on a regular basis between Week 2 and Week 10 (outside of PBL sessions) to plan and discuss work for your poster. Every member of the group **MUST** participate in planning sessions, and any student who fails to contribute must be reported to the tutor (the penalties for non-contributors are described below). The Poster must include the title, the names of all of the authors contributing and the PBL study group number. The contents must include a summary, information from the three strands of the Medical course (Basic science, People, Health and Illness and Clinical Relevance) and a Reference section.

## **3.2 Examinations and Assessments**

### **3.2.1 General information**

Assessment for the MB ChB programme is by a combination of written and practical examinations, taking place (in general) at the end of each semester. The examinations are designed to test skills and knowledge that you will have acquired throughout the programme. Throughout the examinations you will be tested on behavioural and social sciences, and biosciences including anatomy, physiology, microbiology, pharmacology, biochemistry, pathology, immunology and genetics. All of these topics that you have studied in the PBL cases, and in practical classes (e.g. physiology, pharmacology, anatomy, communication skills and informatics) will appear in the examinations. Details about the types of examination are given below. **The Medical School reserves the right to change any assessment method but will give students full information on such changes.**

### **Possession and use of Mobile Phones and Radio transmitter/receivers in examinations:**

There is a strict policy regarding the possession of electronic equipment, including mobile phones and radio transmitters/receivers (music players, PDAs and pagers) during examinations. **No medical student is allowed to have such a device in their possession during examinations.** To do so may lead to a charge of trying to cheat. Merely switching the device off is not acceptable. **Do not bring any of the above to examinations.** The penalty for having such a device during an examination may be a mark of zero and possibly a referral to the Programme Committee.

### **Student identification Card, Calculators and Dictionaries**

You **must** bring your Card to **all** examinations. **Failure to do so will result in you not being allowed to sit the examination.** You may bring a calculator to examinations but it must not be capable of storing text. You may not bring dictionaries.

### External Examiners

External Examiners will be present during the skills examinations and at Examinations Boards. They are expert and experienced academic staff from other universities who ensure that the examinations are run correctly and fairly.

### **3.2.2 How will I be assessed?**

The Medical School uses a variety of types of examinations and other forms of assessment. A summary of the methods we employ is given below:

#### **Summative (Final) and Formative (Ongoing) Assessments:**

**Ongoing Assessments: 20% of the total mark, will be awarded to your activity in the class, your presentation at weekly student's presentations, a mid-semester MCQ exam and your SSC Essay/poster in semesters 3, 5 and 6.**

**Summative (Final) Assessments (80%): comprise 3 types of exam papers:**

#### **1: MCQ exam**

The examination will include multiple choice questions (MCQs) with a choice of a single best answer from 5 options, true and false statements, and extended matching questions (EMQs) where there is a stem including a clinical or bioscience vignette/scenario relating to semester/PBL case material.

**Negative marking will not be used; a wrong answer will simply be awarded a mark of zero.**

**2: Short Essay Exam:** Studied and unstudied cases will appear in this paper. The questions are short and targeted. No open end questions will be used. A model answer for each question is included to standardize marking.

#### **3. Objective Structured Clinical Examinations (OSCE):**

The Objective Structured Clinical Examinations (OSCEs) test your ability to demonstrate competence in some of the skills you have learnt. It is in your own interest to become proficient in each skill during the semester and to maintain your proficiency in all the skills that you have been taught throughout the programme.

The OSCEs will test your competence in clinical, bioscience and anatomical skills, IT and statistical understanding, communication skills related to Early Experience. These skills will be taught in practical classes (physiology, pharmacology, anatomical, etc, in communication skills other early experience activities. The overall list of skills appropriate for each year will be published during the semester in which the OSCE takes place. The skills to be tested in the OSCE assessments will be chosen from these lists. The total number of skills and stations will be notified well in advance of the assessments.

### **3.2.3 Preparation for examinations**

Sessions will be devoted to explaining the assessment methods. Mock exam is planned for semester 1 students.

### **3.2.4 Examination Results**

**Your result will be declared as:**

**Excellent : >85%**

**Very good:>75%**

**Good: >65%**

**Pass: >60%**

**Fail :<60%.**

**Of the total mark of the semester.**

### **3.2.5 Re-sits examinations:**

- 1- If you fail during the first semester of the academic year (October-January), you will be allowed to move to the next semester, and re-sit the exam in the summer.
- 2- If you failed the second semester exam (February-June), you will have a re-sit exam in the summer.
- 3- A summer exam (July/August) is planned for students who failed any semester during the course.
- 4- If you fail the summer exam, you will repeat that semester during the next year.
- 5- If you failed that semester again during the next year, you will have a final chance in the summer.
- 6- If you failed in the summer (4<sup>TH</sup> attempt) your registration may be cancelled.

### **3.2.6 Sickness and Examinations**

If you are ill on the day of an examination, you must notify immediately to the vice dean for student affairs and education..

You must provide the Medical School with a Doctor's or Hospital note stating that you were unfit to sit the examination.

### **3.3 Appeals and Complaints:**

**If you are not satisfied with your result, you can appeal in writing to the vice dean for education to re-mark your papers. The vice dean will respond to your appeal within one week and any modification of your result will be corrected. There is a small fee for this procedure (100 Egyptian pounds).**

## **4-Student's Progression**

### **4.1 Registration:**

You must assure that you are fully registered with the student's affairs and that you carry a valid identification card for your semester.

### **4.2 Conduct**

As young professionals in training you are expected to develop the attitudes required for your future career in clinical practice. You not only need the discipline to organise and regulate your studies for problem-based learning, but your awareness and treatment of fellow students, academic and non-academic staff and the general public is of paramount importance.

Medical schools are required to pay close attention to the attitudes of their students throughout their training. If the attitude of any student is a cause for concern e.g., antisocial or potentially dangerous behaviour, the Medical School has a duty to ensure that appropriate action is taken - not only for the sake of the individual but, importantly, for the sake of patients and colleagues. **The Medical School has the power to exclude a student from the course, even if their academic performance is satisfactory, if they feel that the attitude of the student is not consistent with the standards required of the profession** (see Appendix 2).

### **4.3 Health Issues**

You should be assured that everything that you discuss with doctors, tutors, counsellors and other advisors will be treated in the **strictest confidence**. The only exception is when it is considered that there may be a risk to patients.

### **4.4: Dress Code:**

It has been shown that non-verbal communication is at least as important as verbal communication, so how a student or doctor appears to patients, relatives or colleagues means as much as what he or she

says. It follows that students (and doctors) must in professional settings:

Dress in a manner that adds to, and does not detract from, effective communication. How he/she appears as a student professional or a doctor is something all students and graduates must consider and respond to. In general, male and female students should be clean and smartly dressed. Thus the following are ***not permitted*** as they are deemed to be incompatible with effective, sensitive communication:

- Wearing a tee-shirt with slogans;
- Visible body art;
- Large amounts of body and face jewellery;
- Revealing clothing that may be considered unacceptable by patients;
- **Covering most of the face** (NEQAB) . ***This is NOT ALLOWED*** not only in clinical settings but also throughout the educational elements of the undergraduate programme, which is built around group work with other students and tutors.

In addition, the convention of some clinical units may require wearing white coats or other approved clothing. Hair should be tied back if it interferes with, or adds risk, to a clinical interaction.

- Students must be able to participate fully in communication and other skills training, discussion and assessment. As well as adhering to the dress code above, it means being able to interact fully with patients, standardised patients, teachers and examiners of any cultural or ethnic background or either gender.

#### **4.5 Attendance**

The Medical School offers a wide range of teaching experiences in a variety of settings and we expect you to attend all timetabled sessions unless there is a good reason (e.g. illness) why you cannot.

##### **100% attendance is expected at:**

- Problem-Based Learning groups.
- Early Experience (Hospital visits).
- Practical classes (Physiology, Pharmacology, Basic Skills).
- Dissection (Anatomy, Neuroanatomy).

Attendance at the above sessions is monitored carefully by the Medical School and late arrival may also be logged as non-attendance at the discretion of the tutor or supervisor. Persistent lateness may be deemed to constitute unsatisfactory attendance.

Students with two absences in any one of the above areas, or three absences in total, will receive a warning from the medical school.

Further absences will result in further appropriate action from the Medical School; and attendance of less than 70% per semester can reflect an unprofessional attitude and may mean students are excluded from the examinations and may be asked to interrupt and repeat or, in extreme cases, terminate their studies.

If this is the case, the student will have the right to submit an appeal against that decision within 14 working days of notification of the decision.

#### **4.6 Religious festivals**

The Medical School expects students to attend all components of the course. However, we recognise that there may be occasions when some students feel unable to attend due to observance of particular religious festivals.

## 5- Student Support and Guidance:

Students' support is possible through the Faculty and University support services. In the medical school, you can get support from the student's union and the student scientific association. You can also get support and guidance from the tutors and staff involved in the programme.

## 6. Student representation and feedback

We are delighted that medical students are actively involved in all aspects of the MB ChB, from programme design to delivery. Students are members of the key Medical School Committees, and a student representative will routinely be asked to join the various working parties set up to modify and improve the programme.

It is important to remember that you should be prepared to be accountable for issues that you raise. You must remember that, as doctors in training, you should be professional in your dealings with both staff and student colleagues, and be polite in your criticism.

All MB ChB students are requested to complete questionnaires during the programme, usually at the middle of each semester. Data gathered is fed back to the organisers and feed into programme review. Students are also invited to help with other types of evaluation (e.g. participation in focus groups).

## 5: Learning Resources:

### 5:1 Textbooks

A full list of core and recommended books can be found on *the Medical school library, located on the fourth floor*. These are free of charge for short term and long term loans. You have to return the books to the library on due date.

### We strongly recommend that you:

**1. Do not discard the books you have used recently for your previous studies.** Bring them with you! Use them to revise relevant knowledge as you go along, whilst adding to it and building on it in the coming year. If you have not previously been studying Biology or Human Biology, we strongly recommend that you make use of an elementary Human Biology book.

**2. Equip yourself with some of the CORE BOOKS.** We recommend that you **buy** these books (or use equivalent ones that you may already have) to enable to you to get going right away on the cases you will be studying. As the year proceeds, you will need to turn to more advanced texts - some of the ones available in the library are listed under Reference Books. You must not rely on the library stock for books that you use regularly and extensively. **We expect you to buy your own copies.**

**3. Build up a comprehensive library during your course.** When you find that you are using a book a lot, invest in your own copy. Set aside some money for purchases later in the year.

### 5.2 Library facilities

*The library is open 8 AM-5 PM, Sunday to Thursday.*

### 5.3 Computer Facilities

*Computer halls are available, one is located inside the digital library and the other inside electronic learning. Both are free of charge for students.*

## 5.4 Laboratory Work

### General information

Work that you do in the laboratories has two aims:

1. Development of skills
2. Development of knowledge and understanding

The aims and objectives of each of the time-tabled sessions will be stated in the course information.

#### 1. Development of skills

We want you to develop a number of technical skills over the first two years of your course. These include using selected pieces of equipment, appropriate computer software and information services, and first aid (e.g. basic life support).

The steps in learning a skill are:

1. Being shown exactly what to do by an expert who takes you through the process step by step.
2. You copy what has been demonstrated to you under the guidance of the expert.
3. You practise the skill (with or without supervision depending on health and safety regulations) in your own time to develop confidence in using it.

If you have learnt a skill properly you will be able to demonstrate it to someone else. If you can't, you need more practice! At various points during your course we will expect you to be able to demonstrate to us the skills that you have. This will, at various times, form part of the examinations. Accompanying each semester's work will be a checklist of skills we expect you to acquire.

#### 2. Development of knowledge and understanding

Using a skill appropriately and intelligently requires that you understand fully what is being done and why. You must therefore aim to develop your knowledge and understanding of technical procedures, as well as your skill in performing them. This is vital for safe practice.

Other laboratory sessions are provided as resources for you to develop your knowledge and understanding of the biological, pathological and psycho-social sciences underlying the case scenarios you are studying each week. At laboratory sessions of this kind, staff are present to:

- a) supervise in accordance with Health & Safety regulations
- b) demonstrate the use of equipment
- c) help you if you get stuck.

In this type of laboratory session you must take the initiative. If you don't you will get very little out of it. It is up to you to make full use of the resources available to you.

### Practicals involving human subjects

The sciences underlying medicine are observational and experimental sciences concerned with living systems. Some practical classes where medical students learn skills require human volunteers (usually other medical students!). In the many years that these practical classes have been held, students have found them both interesting and relevant to their future training and practice. None of the procedures that volunteers are asked to undergo is inherently dangerous. No volunteer has ever suffered serious ill effects, and there is no compulsion of any kind for a student to act as subjects

### Laboratory Coats

You will need to BUY a laboratory coat for the Dissecting Room and the laboratory work. **Please**

**note:** if you are not wearing a laboratory coat for laboratory-based teaching sessions, the staff are required to ask you to leave the laboratory in the interests of safety. Please ensure that your laboratory coat is clean and presentable for laboratory-based teaching sessions.

### **The Laboratories**

Each laboratory is run by a small team of technicians, overseen by a Chief Technician who has responsibility for ensuring Health and Safety. The Chief Technician has full powers to exclude students from practical classes if they do not fully obey instructions. Please help technical staff by clearing up equipment, according to their instructions, and by leaving your work area tidy.

### **Laboratory property**

It is a serious offence to remove any equipment or resource material from the laboratories or resource rooms unless you have been given specific permission to do so. If you would like to borrow an item you must ask the senior technician in charge of the laboratories (see above). If the item is available for loan, permission will be granted, but you will have to sign for the item and leave your library card as security. Anatomical specimens are not available for loan and must not be removed from the labs. The item must be returned promptly at the time requested. You will be responsible for any damage sustained while it is in your possession.

## **6: GUIDANCE ON ETHICS: CONFIDENTIALITY AND DUTY OF CARE**

**In accordance with guidance on professional conduct, you have a duty of care to ensure confidentiality of client information and to make the care of patients your first concern.**

**Confidentiality** is maintaining security of information obtained from/about an individual.

### **Obtaining Information**

Information about a person can be obtained by spoken word, (face to face, telephone etc), observation, written notes, audio tape, photographs or videotape.

When obtaining information:

- Meet in a private room where only the relevant people are present;
- Involve the client (subject/interviewee) as much as possible;
- Do not judge any persons' presence as irrelevant because you think the person cannot understand.

### **Making a record of information**

- Ask the persons present to agree to your making written notes of the information (explain that you need an accurate record).
- Whenever personally recording information, you should make notes during the event/interview. Do not rely on memory to write them later.
- Check your interpretation of the information with others who are present.
- Record only *facts* as facts; identify *opinions* as e.g. "In my opinion, the information shows..."
- All recorded information should be dated and accompanied by your full signature.

### **Maintaining Confidentiality**

Information should be used only for the purpose for which it was given, and should not be shared with other people, or used for other purposes, except with the informed consent of the person who is the subject of the information. For this purpose:

- **Do not identify the subject** (interviewee/client), or refer to him1 in such a way that he could be identified by another person. In any oral or written report, **refer to the subject only by initials, first name or pseudonym;**
- **Do not include photographs or other recorded material** of the subject without his agreement;

