



The University
of Manchester

MANCHESTER
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Mansoura-Manchester Programme for Medical Education

Phase 3 Handbook

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Introduction:

Phase 3 Handbook

The purpose of this handbook is to provide you with a source of generic information about Phase 3 of the programme, its aims and objectives, how it is organised, who does what, who you can go to for help, etc. During the course of your time at the university, you will be provided with more detailed handbooks which will supplement information provided here. This booklet should therefore be read in context with your **Phase1** and **2 Handbooks** (provided on entry to the university and on phase 2 respectively) and with the various module handbooks which are supplied throughout the phase.

The main Medical staffs that support all Phases of the programme are:

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>

Overview of Phase 3

Phase 3 represents the final one year of the revised programme (one and half year of the original programme). The overall aim of phase 3 is to prepare you for practice at the internship (house officer) level.

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).**

2. AIMS AND OBJECTIVES

2.1 Programme Aims

The overall aims of the MBCh programme are as follows:

1. To provide education in basic and clinical sickness 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. 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.

2.2 Programme Objectives

On successful completion of the MBCh programme, students will have gained and demonstrated the knowledge, skills and attitudes necessary for them to practice medicine competently. Specifically, they will have acquired and demonstrated:

(i) **Knowledge of:**

- The range of core problems presenting to doctors, their diagnosis, prevention and treatment;
- Disease in terms of mental and physical processes;
- Factors influencing variability of disease presentation and patient perceptions of disease;
- The management of disease, its symptoms and sequelae in hospital and the community.

- (ii) **Skills encompassing:**
- (a) Clinical method, including the ability to:
- Obtain and record a comprehensive history, perform a complete examination and use the findings to assess patient problems and formulate management plans;
 - Interpret basic imaging and laboratory-derived data;
 - Communicate with, and inform others about disease process, management and prognosis, including the breaking of bad news;
 - Initiate appropriate treatment.
- (b) Basic clinical procedures, including life support
- (iii) **Attitudes essential to the practice of medicine, including:**
- Respect for patients and colleagues that encompasses, without prejudice, diversity of background, opportunity, language, culture and way of life;
 - Respect of patients' rights, particularly in regard to confidentiality and informed consent;
 - Awareness of the ethical responsibilities involved in patient care;
 - Awareness of the need to ensure provision of the highest possible quality of patient care;
 - The ability to identify their own strengths and preferences as a basis for making appropriate career choices.
- (iv) **Competence needed to practice medicine as a pre-registration house officer**

General Objectives relating to Communication

At the end of your study, you should be able to demonstrate:

- a) Knowledge of the effects of age, gender and culture on health beliefs and expressed health needs. (MCQ)
- b) The ability to:
- *Put a patient at his/her ease (OSCE)*
 - Determine the reasons for his/her attendance (OSCE)
 - Obtain a factual medical history from an adult patient, including relevant genetic and environmental factors (OSCE) PLEASE NOTE: this is shorthand for family tree and occupational history, which are listed as separate skills in the Skills Portfolio.
 - Ascertain a patient's perceptions, feelings and expectations. (OSCE)

- Evaluate a patient's history in order to express his/her health care and social needs (OSCE)
 - Record clearly the information obtained in a medical interview. (OSCE)
- c) The ability to set personal learning objectives and negotiate them with clinical tutors. (SSCs & Group Assessments)
- d) The development of a positive and professional attitude towards patients despite the presence of communication barriers on occasions. (Self-appraisal- attitude assessment form)

Clinical Skills: These are listed under the individual modules

Generic Timetable in phase 3:

Classical week, clinical phase

	Saturday	Sunday	Monday	Tuesday	Wednesday
9-10	Lecture	lecture	Lecture	Lecture	Lecture
10:30-12:30	Clinical Training	Clinical Training	Clinical Training	Clinical Training	Clinical Training
12:30-13:30		Clinical Seminar	Clinical Seminar	Clinical Seminar	
14-16	PBL 1	Skills Lab	SSC	Skills Lab	SSC

OBJECTIVES AND CORE SKILLS OF PHASE 3

1: Special Senses Module:

- **Dermatology and Research Methodology**
- **ENT Course specification**
- **Ophthalmology**

A) Dermatology and Research Methodology

This 5- week module is divided between Dermatology, Andrology and STD (3 days) and Research Methodology and Biostatistics (2 days).

I) Dermatology, Andrology & STDs.

Overall Aims of Course

- 1- Acquire knowledge about common disorders of skin, andrology and sexually transmitted diseases (STDs) likely to be seen by general practitioner .
- 2- Get acquainted with clinical skills such as obtaining a patient's full history, undertaking a comprehensive skin and genital clinical examination. Interpreting the findings, distinguishing the disease from similar conditions, i.e., differential diagnosis and constructing diagnostic and treatment plan.
- 3- Acquire ethical attitude in general and towards patients with disfiguring and serious skin & STDs and sexual dysfunction.
- 4- Attain team relationship and personal development including a lifelong continued medical education.

B) ENT Course specification:

This 5-week course is intended to cover diseases of the ear, nose and throat including:

I) Ear diseases:

1. Anatomy of the Ear:

- a. External ear, middle ear, and inner ear.
- b. Anatomy of the Facial nerve to the motor nucleus in pons.
- c. Anatomy of the cerebello-pontine angle.

2. Physiology of Hearing and Equilibrium.

3. Examination:

- a. Otoscope
- b. Oto-telescope
- c. Tuning fork tests
- d. Audiogram
- e. Tympanogram
- f. Facial nerve examination.

4. **Trauma:**
 - a. **Traumatic rupture drum**
 - b. **Traumatic disruption of ossicles**
 - c. **Fractures of petrous part of temporal bone**
 - d. **Traumatic facial nerve paralysis**
 - e. **Traumatic CSF leak from the ear**
 - f. **Otitic barotraumas**
 - g. **Haemtyimpanum**
 - h. **Foreign body trauma.**

5. **Otitis media:**
 - a. **Acute otitis media**
 - b. **Chronic otitis media**
 - c. **Otitis media with effusion.**
 - d. **Complications of otitis media.**

6. **Otosclerosis.**

7. **Inner ear:**
 - a. **Meniere's disease.**
 - b. **Vestibular schwannoma.**
 - c. **BPPV.**

II) Nose & Facial bones:

1. **Anatomy of the Nose and paranasal sinuses.**
2. **Physiology of the Nose and paranasal sinuses.**
3. **Examination:**
 - a. **Nasal speculum.**
 - b. **Nasal telescope.**

4. **Trauma:**
 - a. **Traumatic fracture nasal bones.**
 - b. **Zygomatic fractures.**
 - c. **Maxillary fractures.**
 - d. **Mandibular fractures.**
 - e. **Traumatic CSF leak from the nose.**
 - f. **Oro-antral fistula.**
 - g. **Foreign body trauma in the nose.**
 - h. **Epistaxis.**
5. **Rhinosinusitis:**
 - a. **Acute rhinosinusitis**
 - b. **Chronic rhinosinusitis**
6. **Neoplasms in the nose and paranasal sinuses.**
7. **Headache:**

- a. Sinus headache.
- b. Migraine.

III) Pharynx:

1. Anatomy of the pharynx.
2. Neoplasms of the nasopharynx.
3. Adenoids and chronic bilateral nasal obstruction.
4. Sore throat and tonsillitis.

IV) Larynx:

2. Anatomy of the larynx.
3. Neoplasms of the larynx.
4. Hoarseness and stridor.

C) Ophthalmology Course contents

This 5-week course is intended to cover diseases of the eye including:

- **Conjunctiva and cornea**
- **Ocular trauma and emergencies**
- **Ocular manifestation of systemic diseases**
- **Cataract**
- **Glaucoma**
- **Neuro ophthalmology**
- **Orbit and adnexa**
- **Errors of refraction**
- **Ocular therapeutics**
- **Strabismus**
- **Retina**

Training on Methods of Examination of the Eye including:

1. Visual Acuity:

- Chart & Chart Projector - Far Vision - Near Vision - Colour Vision

2. Tonometry:

- Schiötz - Applanation

3. Refraction:

- Streak Retinoscope - AutoRefractometer

4. Fundus:

- Direct / Indirect ophthalmoscopy

5. Slit Lamp

- Ruby Lens - Gonioscopy Lens

6. Pupillary reaction: (Light, Near) visual reflexes

7. Ocular motility:

- Duction - Version - Vergence

8. Lid closure & UL eversion

9. Lacrimal system

- Schirmer test - Fluoresceine staining - Rose Bengal staining

10. Check eye glasses by Phacometer.

11. Exophthalmometry (Hertel)

12. Fitting of contact

13. Exam of Injured eyes.

14. Application of drops to the eye

15. Eye cover

Intended Learning Outcome of Course (ILOs)

a- Knowledge and Understanding

a1- Etiology, pathogenesis, clinical features, diagnoses and complications of common skin diseases and sexually transmitted diseases.

a2- Principles of management of common skin diseases and sexually transmitted diseases

a3- Principles of disease surveillance and screening.

b- Intellectual Skills

b1- Integrate basic biomedical science with clinical care.

b2- Utilize reasoning in solving clinical problems

b3- Use personal judgment for analytical and critical problem solving.

c- Professional and Practical Skills

c1- Take and record a structured patient-centered history.

c2- Perform full physical examination of patients with acute and chronic clinical dermatologic and andrologic conditions

d- General and Transferable Skills

d1- Communicate ideas and arguments effectively

d2- Work effectively within a team

d3- Present information clearly in written, electronic and oral forms

List of References

Essential Books (Text Books):

- Rook text book of dermatology, 2008. Blackwell company, USA.

- Andrews' Diseases of the skin Clinical dermatology 2006.

Bologna: Dermatology, 2nd ed.2008

Andrology for the clinical skill, F comhair & T. Hargreave editor. Springer-Verlag Berlin Heidelberg 2006

6.3- Periodicals, Web Sites,....etc www.emedicine.com & www.dermis.com

II) Research methodology and Biostatistics:

The course is designed to provide the necessary skills in basic research methods and biostatistics.

Course contents:

A) Lectures (by epidemiologists):

Variables, data and statistical analysis: Mean, mode, median and st. deviation

Significance tests (qui square, t-test, and z-test, etc)

How useful is a test (sensitivity, specificity, PPV, NPV)

Vital statistics MMR, Perinatal MR, Infant MR, Child MR, etc

Epidemics, pandemics, Case fatality rate, etc

Incidence and prevalence

Lectures (by other Staff):

Research ethics and Research ethics committees

Audit versus research
Consent
Fraud in research
Evidence based medicine
Levels of evidence
Grades of recommendations
EBM in clinical practice
How to read a scientific article?
Critical appraisal of scientific articles.

B) Practical training

Will be carried out at the experimental research center involving:

Research design:

Pre-clinical studies (in-vitro and in-vivo studies)

Clinical trials (phases 1-3)

Prospective vs. retrospective studies

Research involving experimental animals.

II) Accident and Emergency Module:

A multidisciplinary module covering all aspects of acute medicine including:

- Surgical emergencies:
(Trauma, acute abdomen, shock, and bleeding).
- Medical emergencies:
(Cardiac, Respiratory, Endocrinal and metabolic).

Obstetric and Paediatric emergencies:

Obstetric and Gynecological emergencies: Obstructed labour, obstetric shock, bleeding in Obstetrics and Gynaecology and acute painful conditions).

Paediatric emergencies: (cardiac, respiratory and acute febrile morbidity).

- Forensic medicine and toxicology: all through.

III) Cancer studies and imaging: (Oncology Module)

A multidisciplinary module covering common cancers in men, women and children with their methods of diagnosis and treatment.

Common cancers in Men:

(Respiratory, GIT, Urinary tract cancers).

Women:

(Breast, Gynecological and Skin cancers).

Children:

(Haematological, Embryonal and Brain tumours).

Imaging modalities and adjuvant therapy: all through.

IV) Elective Module:

Objectives:

This module aims to prepare students to spend enough time in one specialty to be able to see if it suitable for him/her or not. Students should start preparation for their elective course at least 6-12 months before the elective begins. The programme has decided to make the elective module during the summer months (July-August-September) each year when the weather and circumstances are more suitable.

Students can do their electives in:

Any specialty and in any country

Duration of the elective:

Students are given 12 weeks; a minimum of 6 weeks in one or more specialties is acceptable.

Methods of assessment of the elective module:

The elective module is an integral part of year 6 (final year). 100 marks are allocated to the elective as follows:

- A) Log book of activity: (25 marks).
- B) Report from the supervisor (s): 25 marks.
- C) Essay submitted at the end of the module: (25 marks)
- D) Viva: Power Point presentation and discussion with a staff member (25 marks).

A) The Log book of activity: 25 marks

This should contain all activities done during the elective period and should be filled in day by day and signed by the supervisor/Registrar on duty.

B) The Supervisor's report: 25 marks

The supervisor must comment upon your performance during the period of the elective, either a narrative comment or a standardized comment is accepted.

C) Essay submitted at the end of the elective period: 25 marks

This should differ in length and content from the SSC report you used to submit during the previous years.

Length: 10000 words (20-25 pages)

Content: should cover one topic related to the specialty that you have spent your elective in.

Essays on case series, case reports or literature review are accepted.

The essay should be divided into:

Introduction, aim of the work, methods, results, discussion and conclusion. References should be added at the end either in alphabetical or Vancouver system.

Tables and figures should be numbered and explained by legends.

D) Viva: (25 marks).

Students should prepare a Power Point presentation for 10 minutes. 10 slides are usually needed. The first 2 slides should refer to your elective (where and when) and your supervisor (s). The rest of the presentation should cover your essay contents.

A faculty staff member from the same specialty or sub-specialty that your essay is covering will discuss the essay content and will ask for explanations.

Methods of Assessment in Phase 3

12 months divided between the 4 rotations i.e. 3 months each followed by. Final exam November/December of each year and the Internship starts by March of each year.

MCQ following each module

- **Special Senses**
- **Accident and Emergency Medicine**
- **Oncology**

Year 6:1300 marks

Special Senses = 150 marks

A&E = 150 marks

Oncology = 150 marks

Elective module = 100 marks

Total marks = 550 marks

At the end of the year: final exam covering all subjects: (750 marks)

Essay (Special Senses): 50 marks

OSCE (Special Senses): 100 marks

MCQ: 150 mark

Essay: 150 marks

OSCE: 300 marks

Total Marks (all six years)

Revised Programme

Year 1:-

Semester 1

200 marks

Semester 2

550 marks

Year 2:-

Semester 3

550 marks

Semester 4

550 marks

Year 3:-

Semester 5

550 marks

Semester 6

550 marks

Year 4:-

Semester 7

650 marks

Semester 8

650 marks

Year 5:-

Semester 9

650 marks

Semester 10

650 marks

Year 6 (4 modules)

1300 marks

Total= 6850 marks

Best wishes.