



MedEdu Tabuk



**Weekly Newsletter of the Department of Medical Education, Faculty of Medicine,
University of Tabuk**
February 20, 2017. Volume 1; Issue 14.

Activity

TIPS of Medical Education

Time and Date: 12:00 noon. Thursday, 23rd of February, 2017

Topic: Curriculum Design (Principles/models). Dr. Tanveer Raza

Meeting Room: Staff's activity hall in the 2nd floor opposite the Dean's office

Monthly Research Seminar



Faculty Development Program

Teaching, Learning and Effective Feedback- Dr. Ahmad El-Ebiary

Feedback is information about how a student is doing in his efforts to reach a goal, describing the behavior & its effects. The focus of feedback is behavior change, not judgment. Feedback deficiency and its improper delivery are detrimental to learning because student mistakes go uncorrected, their good performance is not reinforced and their clinical competence is achieved empirically or not at all. Effective feedback should be 1) Descriptive of what is being observed; 2) Specific, pointing to a particular behavior of the student; 3) Action-related, addressing the action rather than the character of the student; 4) Timely, as soon as reasonable; 5) Ongoing, so that the student has opportunities to reshape his performance; 6) User-friendly, neither too technical nor too much; 7) With appreciation & concern, by properly using facial expressions and tone of voice. Feedback in group settings should encourage first self assessment and self-suggestion, to enhance the student's confidence and reception

of negative feedback. Ensuring adequate feedback for students should be an important concern for curriculum and department committees. **For further reading, please refer to PDF.**

Reader's Corner

Medical error—the third leading cause of death in the US

Medical error is not included on death certificates or in rankings of cause of death. The annual list of the most common causes of death in the United States, compiled by the Centers for Disease Control and Prevention (CDC), informs public awareness and national research priorities each year. The list is created using death certificates filled out by physicians, funeral directors, medical examiners, and coroners. However, a major limitation of the death certificate is that it relies on assigning an International Classification of Disease (ICD) code to the cause of death. As a result, causes of death not associated with an ICD code, such as human and system factors, are not captured. The science of safety has matured to describe how communication breakdowns, diagnostic errors, poor judgment, and inadequate skill can directly result in patient harm and death. We analyzed the scientific literature on medical error to identify its contribution to US deaths in relation to causes listed by the CDC. **For further reading, please refer to PDF.**

Knowledge Refreshment- Dr. Abdullah A Alwakeel

A 5-year-old child with short stature is being evaluated for delayed dentition and excessive caries. Examination of the chest shows pectus carinatum and bead-like enlargement of the costochondral junctions.

Which of the following findings is most likely on histologic examination of a section of bone?

- (A) Absence of cartilage in the epiphyseal plates
- (B) Absence of osteoblasts
- (C) Enlarged osteoclasts with an increased number of nuclei
- (D) Increased proportions of osteoid

Answer to previous Question: D. Intercostal nerve block to minimize pain.

Dr. Tanveer Raza, Head, Department of Medical Education, Faculty of Medicine, University of Tabuk, Tabuk, Saudi Arabia.
Telephone: +966144564039, <mailto:traza@ut.edu.sa>