

HEALTH PROFESSIONS EDUCATION GAZETTE



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INSIDE THIS ISSUE

Welcome by Editorial Team.....	01
Cognitive Overload for Students: A Call to Action.....	03
Artificial Intelligence: Intelligent Tutoring Systems.....	05
Digital slides: A Bliss to Teaching and Learning During the COVID 19-Pandemic.....	07
How to Reform Health Professions Education to Meet Contemporary Issues and Challenges.....	09
Basic Certificate in Health Professions Education.....	11
Activities of Medical Education Centre 2020-2021.....	13
Authors Guidelines.....	15

WELCOME

Dear Reader,

It is an absolute pleasure to welcome you to the first issue of the Medical Education Gazette for the Academic year 2021-2022. This year brings about some changes, as we have a new editorial team that will be issuing four Medical Education gazettes. Each print will focus on a theme; for the coming issue the focus will be on Hybrid Learning in Medical Education: Enablers and Challenges. We have added a dedicated section for students' voices; they can participate with their perspectives and share their opinion.

Our Mission is to bring out the expertise and experiences of educators, researchers, and students at the University of Sharjah Medical and Health Sciences Campus; also display the campus's novel initiatives in medical education. Anyone is welcome to submit his/her work for publication, including achievements, summary of research findings, and personal experiences related to health professions education. On the last page of this issue, please find the updated author's guide for submission.

Our editorial team is elated to furthering the mission of the Medical Education Gazette and to hear your suggestions and comments. We look forward for your valuable contributions.

Editorial Team



COGNITIVE OVERLOAD FOR STUDENTS: A CALL TO ACTION

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INTRODUCTION

Cognitive load theory (CLT) describes a state in which working memory demand exceeds working memory capacity, this has a detrimental effect on both learning and performance. In a learning environment, cognitive overload occurs when instructors provide extensive information or multiple tasks to learners simultaneously, which overloads working memory and consequently impedes the transfer of information resulting in difficulties for the learner to process all the information given. With the emergence of the COVID-19 pandemic and the shift towards online learning, there is evidence that the risk of exposure to cognitive overload is highly combined with feelings of anxiety in the new learning situation which can further impair learning. This briefly outlines the relationship between cognitive load and memory, discusses different types of cognitive overload concluding with some guidelines to modulate cognitive load on learners.

RELATIONSHIP OF MEMORY CAPACITY TO COGNITIVE OVERLOAD

There are two types of memory capacity namely working memory and long-term memory. The former has a relatively limited capacity while the latter has more capacity; however, it requires that the information come to it through working memory. If the working memory is loaded beyond its abilities much like the hard drive of your computer, the information will not transfer accurately and consistently impacting retrieval in the future.

TYPES OF COGNITIVE LOAD

Intrinsic Cognitive Load

This type denotes the complexity or nature of the information being presented, the number of information elements and element interactivity. For example, in learning the anatomy of the heart, there is relatively low element interactivity with names of structures remaining the same due to interactions between the parts. In contrast, when learning about cardiac output, there is more element interactivity—preload, afterload, and contractility (three information elements). The

higher the degree of interactivity, the more is the intrinsic load. On the other hand, the higher the level and expertise of the learner, the lower the intrinsic cognitive load as he or she can relate the new information to prior knowledge.

Extraneous Cognitive Load

This type refers to the load imposed upon the learners working memory though not necessarily for learning the task at hand. Extraneous load distracts the working memory from processing new information. Below are some instructional practices that can unintentionally impose extraneous cognitive load:

- Insufficient guidance to do a task or assignment and thereby forcing learners to employ weak problem-solving methods.
- Presenting full text slides but allowing too little time for the learners to read them.
- Giving verbal information that does not align with the (visual) slides.

Germane Cognitive Load

This is a productive load imposed on working memory that can have a positive impact on learning. This load can be generated within the learner during construction and processing of mental models or schemas such as mental rehearsal, organization of learning material and elaboration strategies which can help gain in depth knowledge of learning material.

INSTRUCTIONAL PRACTICES TO REDUCE COGNITIVE OVERLOAD

According to CLT, the sum of these three types of load must be less than what the working memory can handle for learning to be truly effective. The instructors' role is mainly to reduce intrinsic cognitive load by simplifying the complexity taught in accordance with the level of the learner. Similarly, extraneous cognitive load can be minimized by avoiding distractions that prevent working memory from processing the new information. On the other hand, it is recommended that educator promote germane cognitive load maximizing the activities that will

encourage deep processing of new information along with integration with previous learning. The following three ways provide a guide to tackle cognitive load.

• Manage the emotional atmosphere:

Ensure a non-threatening environment that will encourage engagement and participation. Emotions associated with a learning experience frequently influence a student and become part of their brain memory system.

• **Keep it simple:** taking out all content from the course that is not immediately relevant to the topic at hand.

• **Chunk the information:** complex topics should be broken down into pieces, to enable the learner to take it in fully.

• **Avoid promoting multitasking:** Multitasking is counterproductive, it reduces cognitive performance, and has a detrimental effect on the brain and mental health.

• **Words and graphics:** Choose your words and graphics carefully and use different techniques to present the information.

• **Remove interesting pictures that are not essential. (Coherence)**

• **Remove background music when possible. (Coherence)**

• **Highlight keywords or a picture. (Signaling)**

• **If you are going to put lots of words on a screen use signaling to reduce cognitive load.**

• **Provide cognitive "helpers" at every step of learning:** Always connect new learning with what the students already know. Some of these may be:
– Checklists
– Case studies
– Graphic organizers

• **Encourage reflection by using the "one-minute paper":** Have students keep ready a paper divided into three 3 columns before each educational session. By the end of the session:

students can answer these three questions under each column.

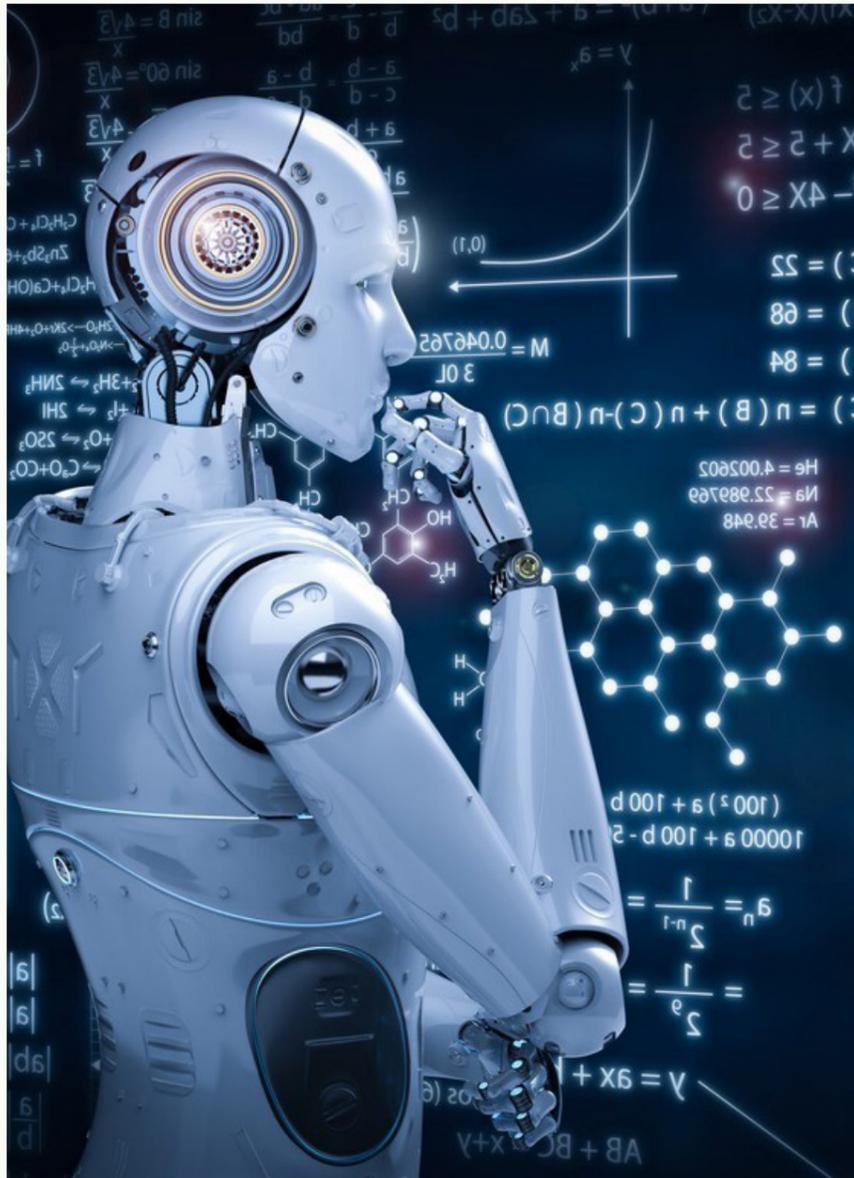
1. What did I know before the class?
2. What did I learn today?
3. What should I learn more about?

CONCLUSION

Cognitive overload is particularly relevant in medical education as the tasks and professional activities to be learned require the simultaneous integration of multiple and varied sets of knowledge, skills and behaviors at a specific time and place; all of which may overload the learner. Educator awareness is vital to develop new and innovative instructional approaches to constructively assist learning while minimizing cognitive load as much as possible.

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ARTIFICIAL INTELLIGENCE: INTELLIGENT TUTORING SYSTEMS

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INTRODUCTION

Artificial intelligence (AI) technology, plays a major role in our everyday life. It is behind our Google searches and the recommendations we receive from Amazon and Netflix. However, AI is not just being used to retrieve information or perform tasks; it is also involved in teaching and learning. Do you want to pick up a new language? Try the Duolingo app—powered by AI. Interestingly, it is expected that by 2024 more than 47% of learning management tools will be enabled by AI capabilities.

ADVANTAGES OF AI IN EDUCATION:

Previous literature claims that machine learning and educational AI applications have the potential for improving education, and can be beneficial to students as well as teachers. Some of the benefits include the following:

I. For students:

- 1) The opportunity to study during their free time and get feedback from tutors in real time mode.
- 2) AI-based solutions can accommodate and adapt students' level of knowledge, interesting topics, and so on. The AI system tends to help students and offers learning materials based on their weaknesses. For example, the student does an assessment test before starting to use the app, the app analyzes it and provides suitable tasks and courses.

- 3) AI-based platforms offer virtual mentors to track the students' progress. Although human teachers can understand the students' needs better, but it is good to get instant feedback from the virtual tutor.

II. For teachers:

- 1) Tailored learning: the opportunity to see the gaps and weaknesses in students' knowledge (see the Coursera platform). As a result, has an opportunity to tailor learning to the topic in demand.
- 2) Better engagement: Modern technologies like virtual reality (VR) and gamification help engage students actively making it more interactive.

- 3) Personalization: various AI-enabled algorithms analyze the users' knowledge and interests and provide more personalized recommendations and training programs.

- 4) Automated curriculum: creating an automatic curriculum, so the instructors do not need to create a curriculum from scratch. As a result, they spend less time searching for necessary educational materials.

- 5) Matching students to instructors: opportunity to find an appropriate instructor depending on the teaching experience and soft skills.; educational platforms have a lot of instructors, so the student has an opportunity to communicate with specialists from other countries and find the right one for their needs.

COMPARISON OF COMPUTER BASED LEARNING (CBL) WITH INTELLIGENT TUTORING SYSTEMS (ITS)

The current machine/ computer-based learning (CBL) solutions may be effective in helping learners by providing the content material, but do not provide them the same feedback or attention as a human tutor. Moreover, the provided instruction is not individualized according to the learner's needs. These pitfalls have promoted research in the field of Intelligent Tutoring System (ITS), which is an advanced AI technology platform applied in education. Compared to the CBL, ITS offers considerable flexibility in presenting the appropriate material (content or assessment) to the learners based on their own profile and level. Then, it responds to the student's needs by providing immediate and customized constructive feedback and solutions for his gaps. It has the ability to diagnose students' errors and adapt the instructions based on the diagnosis. Therefore, it tends to perform these functions: 1) Collecting and analyzing information; 2) Getting conclusions; 3) Making decisions or suggestions.

COMPONENTS OF THE INTELLIGENT TUTORING SYSTEM (ITS)

Although there are many examples of ITS's being used in both formal

education and professional settings, they share the four major components, called modules, e.g. the student module, the pedagogical module, the domain-expert module, and the communication module.

Student module: this module stores the specific information for every individual learner, such as his demography, learning style, academic progress, weak and strong points, and even his micro-conceptions.

Pedagogical module: this module is about the teaching processes, such as, when to review, when to proceed to a new topic, which topic to be presented, or when to assess.

Domain-expert module: this component contains the content material taught by the teacher and the way of presenting this material. In addition, it classifies the level of domain what if low- or high-cognitive domains. Smart, interactive and interesting content material should be considered. The ideal and expert knowledge is presented by expert teacher as a benchmark for the learners' response. Therefore, his difficult areas could be identified, and managed.

Communication module: This component concerns with the interactions with the learner like the dialogue and screen layout. In addition, all AI platforms should create the Minimum Viable Product (MVP) version, which allows the instructor to get some feedback from users.

CHALLENGES:

Despite the great promises of intelligent systems employed in education, they are currently not widely used in classrooms, partly because of their cost, and because of measurement/ assessment limitations. Some challenges that need to be tackled include the need for mentors per learner; second, teaching and learning 21st century skills; third, easy and effective ways for the interaction of data and communication to support learning; fourth, the universal access to the global classrooms; and fifth, lifelong learning. Finally, developing an educational AI platform needs

teamwork with different specialists such as expert instructors, expert software builders and developers. In conclusion, ITS (which integrate AI), has a range of benefits, however their widespread use is limited by cost and assessment limitations. These can be further explored through more research in this area, development and training of mentors with universal access to global classrooms and teamwork within different specialties.

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DIGITAL SLIDES: A BLISS TO TEACHING AND LEARNING DURING THE COVID 19-PANDEMIC



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“
**COVID-19 PANDEMIC
NEVER HAMPERED THE
PROCESS OF TEACHING
AND LEARNING.”**

In the recent past, digital pathology has revolutionized medical diagnosis. Beyond diagnosis and research, digital pathology has become an integral part of teaching especially during the implementation of distance learning with the emergence of COVID-19 pandemic. This innovation in technology has eased the process of teaching histology and pathology for both the undergraduate and post graduate medical/ dental students through the online platform.

Traditionally students view the teaching glass slides using microscope under the preceptor guidance in the laboratory. Advancement of software technologies has enabled digitalization of the convention glass slides resulting in a novel transformation in medical education. The primitive slide scanners were introduced in late 1990s and have undergone a series of upgrades resulting in high end equipment that can produce high resolution digital slides in a span of minutes.

SOURCES OF DIGITAL SLIDES:

Digital slides are classified into three types.

1. Static image systems
2. Real-time systems
3. Virtual microscopy systems

The static image system provides only images of selected regions of the slide with selected magnification however the real-time and virtual microscopy systems (WSI- whole slide imaging systems) can generate image of the entire tissue section of a given slide and also allows navigation and magnification of the selected regions of the slide. A wide range of commercial digital teaching slides are available online for a specified duration or lifelong subscription. Many universities also are equipped with digital scanning systems to digitalize their routine slides both for diagnosis and teaching assignments.

The task of preparing the digital slides requires the slide scanner and the software which is a one-time investment for any institution. Once digitalized these slides can be stored in the web and new slides can be added routinely to the digital library.

ADVANTAGES OF DIGITALIZATION OF SLIDES IN:

Teaching: Digitalization of teaching slides has sophisticated teaching histology and pathology to students especially with an increase in student numbers through the academic years. It has also facilitated quality teaching in rural schools with the paucity of

trained academicians. This mode of teaching is cost effective and time saving. High quality images and live streaming enables faster learning among students and also permits standardization of tissue sections (all the students visualize the same sections of the tissues at a given point of time) which is unlikely with conventional optical microscopy when they read the slides individually.

Also it facilitates simultaneous visualization of the slide by both the student and the mentor. An additional advantage with digitalization is the opportunity towards out of the hour's self-paced learning chiefly benefitting the slow learners as the teaching material is available online at any time or place with a click of the internet.

The digital library of images empowers comparative study of tissue sections which is a challenging task in a compound microscope as only a single slide can be viewed at a given point of time. Further these slides are also serve as a valuable source for online examinations which has become the current mode of evaluation during the COVID -19 times.

Diagnosis: In addition to telemedicine/tele pathology consultations and discussions, digital slides are widely utilized to provide primary diagnosis and second or expert opinions. It has enabled the pathologist to report cases from home owing to limited access to the workplaces during the COVID-19 lockdowns.

In conclusion, virtual microscopy has noteworthy advantages over real microscopy and plays valuable role in distance medical education. Digitalization of educational materials is becoming more common especially with technology becoming more cost effective.

The digital slides are a bliss to both the teachers and students during this COVID-19 pandemic as they facilitate smooth transition from laboratory to online teaching. In the future, digital virtual slides would entirely replace the glass slides and grow into a mainstream mode teaching in the education sector.

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HOW TO REFORM HEALTH PROFESSIONS EDUCATION TO MEET CONTEMPORARY ISSUES AND CHALLENGES

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Currently, there are several contemporary issues and challenges facing health professions education. Various socioeconomic, political, technological, and economic factors influence and shape the contemporary healthcare environment, which ultimately raises challenges in healthcare education. Health professions education (HPE) has a critical role in tackling these issues and challenges. However, without significant reforms, health professions education cannot meet these dynamic and complex issues.

Successful reform within the health professions education demands an effective educational culture and greater integration and coordination between classroom and practice environment.

Evans et al. (2016) argue that to attain global health goals within the presently constrained financial situation, a paradigm shift is required concerning the health workforce and related education systems. Evans et al. maintain that currently, health professions training is mainly clinical, curricular, and detached from the demands of the health system. The report suggests a shift towards innovative and economical

training opportunities that integrate the wide range of knowledge, skills, and qualifications to successfully address health needs.

I believe that a reformed healthcare system demands a reformed health professions education to ensure the effective functioning of health professionals in education and practice settings and to promote quality and safety.

Citing the Quality Chasm report, Knebel & Greiner (2003) discusses key challenges in the healthcare systems faced by reformers and health professions educators. Health professions education reform faces the challenge of insufficient funding to reassess curriculum and teaching methods and the resources needed to effect changes. The report faults excess focus on research and patient care in various academic environments with a limited reward for teaching. Also, inadequate faculty and faculty development to guarantee faculty presence at training locations and the ability to successfully educate students on new competencies pose a challenge for health professions educators. Additionally, health professions education faces challenges in its

reform from lack of coordinated supervision across the continuum of education, and disjointed duties for undergraduate and graduate education. The shortage of visionary leaders is another problem that I believe health professions educators must address to effectively meet future challenges. I think that the UAE has made significant efforts towards bridging the gap in visionary leadership in health professions especially through addressing previous gender gaps in healthcare education at all levels.

According to Knebel and Greiner, reform in health professions education also needs effective integration across oversight processes such as certification, accreditation, and licensing. Similarly, highly crowded curricula and opposing demands, as well as obstructive culture and customs in health professions education, are major hindrances that reformers should address.

Despite the various challenges, I believe that effective reforms in health professions education will be determined by how health professionals are educated. A serious problem in today's health

system is the educational-clinical practice gap. This gap can be bridged through a culture change and a closer link between the class and practice. Education and training of health professionals sometimes fail to echo reality in practice. It is critical to reform health professions education to better reflect the skills and knowledge required in the real setting. Today's technologies can address this mismatch by establishing a team-based learning atmosphere and clinical methods that are vital in contemporary healthcare.

According to Pamela Jeffries, technology can close this gap by connecting, informing, and empowering students and providers. Jeffries points out five issues in health professions education that technology can improve. These include the new generation of learners that understand technology better than previous generations and their faculty; clinical education; shortage of qualified nursing faculty; changes in health care such as demand for global aspects of care and medical problems that demand just-in-time learning; and cost (National Academies of Sciences, Engineering, and Medicine, 2018). This further demonstrates the need for a culture change and a greater link between class and practice, both issues that can be attained through the integration of emerging technologies to improve health professions education and practice. Thibault (2013) identifies six critical areas where reform of health professions education is required. These areas include:

1) INTERPROFESSIONAL EDUCATION

Thibault (2013) cites that Interprofessional education is a vital innovation for matching health professions education with the needs of society. Interprofessional education occurs where learners from two or additional professions learn about, from, and with one another to foster successful teamwork and better health outcomes. A culture change

is required to better embrace Interprofessional education in health professions education. The past and current widely used educational model culture involve maintaining members of various professions distinct unless they are completely trained and this is when teamwork is implemented. But, Thibault notes that this educational model and its related culture usually fail due to attitudinal biases, poor knowledge of others' professional roles and experiences, and lack of skills and knowledge necessary for successful teamwork and collaboration in practice.

2) NEW MODELS FOR CLINICAL EDUCATION

Thibault argues that equipping the healthcare workforce to address current and future needs will demand "more clinical experiences that are longitudinal, integrated, immersive, and community-based" (Thibault, 2013). This model allows for continuity in student-teacher relationships, student mentoring, and allow for constructive and meaningful feedback and evaluation (Thibault, 2013).

3) NEW CONTENT TO COMPLEMENT THE BIOLOGICAL SCIENCES

Health professions educators should properly integrate new content during learners' educational experiences.

4) NEW EDUCATIONAL MODELS BASED ON COMPETENCY

Developing a competent and current workforce requires more than initial training and education for licensure and certification. Rather, Thibault argues that for more emphasis on ongoing professional development for all students and professionals to promote enduring education characterized by Interprofessional, team-based, and related to practice.

5) NEW EDUCATIONAL TECHNOLOGIES

Health professionals should be quick in embracing new educational and health informatics technologies.

Where these technologies are effectively utilized and integrated with individual experiences with patients and faculty, they can better equip students for the changing environment.

6) FACULTY DEVELOPMENT FOR TEACHING AND EDUCATIONAL INNOVATION

Realizing educational reforms also demands that teaching faculty learn unfamiliar content and skills including the application of new educational and information technologies. Besides, educational leadership and innovation should be emphasized.

In conclusion, significant reforms in health professions education face dynamic and complex issues. Effective educational culture and greater integration and coordination between classroom and practice environments using some of the above recommendation can help mitigate these issues to a large extent.

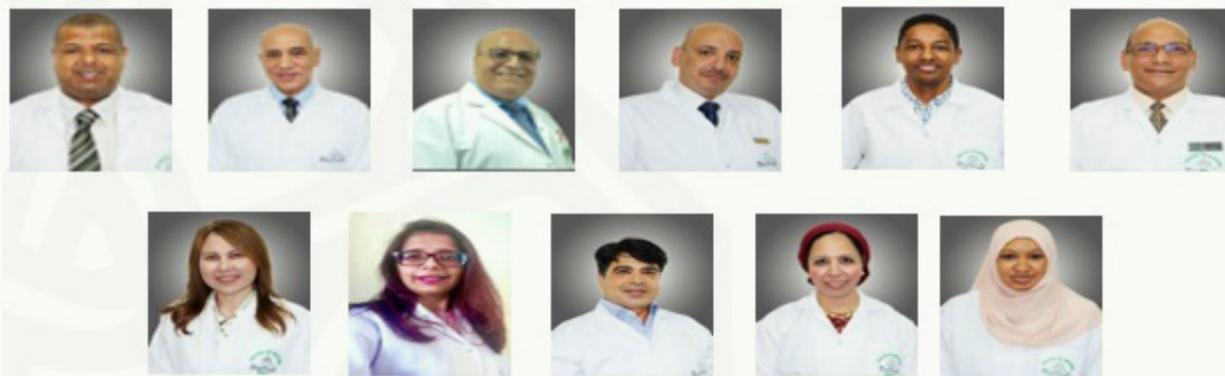
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NEWS. NEWS. NEWS. NEWS. NEWS

NEWS. NEWS. NEWS. NEWS. NEWS

Basic Certificate in Health Professions Education Facilitators of the Certificate Program 2021-2022



START OF THE BASIC CERTIFICATE IN HEALTH PROFESSIONS EDUCATION

The Medical Education Center at the University of Sharjah launched the certificate program in Health professions education on Monday 11th of October 2021 for the academic Year 2021-2022. This certificate program aims to provide faculty with the knowledge and skills needed to improve the educational process in medicine, dental medicine, pharmacy, and health sciences colleges. The program comprises 10 workshops delivered in a weekly base in curriculum development, teaching and learning & innovation, student engagement, and student assessment.

START OF MASTER OF LEADERSHIP IN HEALTH PROFESSIONS EDUCATION

The College of Medicine at the University of Sharjah organized an induction program for the eighth batch of students enrolled in the Master of Science in Leadership in Health Professions Education program. Prof. Azzam A. Magazachi, Assistant Dean for Graduate Studies in the College of Medicine at the University of Sharjah, Dr Mohamed Hassan Taha. The programs' coordinator and Professor Dr. Kenda Crozier from the College of Health Sciences were in attendance. The students of this batch were from the United Arab Emirates, Bahrain, and Egypt. The program is organized in collaboration with East Anglia University in the United Kingdom.

Link for registration:

<https://www.sharjah.ac.ae/en/Research/gs/Pages/gsa.aspx>

NEWS. NEWS. NEWS. NEWS. NEWS

NEWS. NEWS. NEWS. NEWS. NEWS

ACTIVITIES OF MEDICAL EDUCATION CENTRE FOR THE ACADEMIC YEAR 2020-2021

FALL SEMESTER 2020-2021									
DATE	ACTIVITY	FACILITATORS	NO. OF PARTICIPANTS	COLLEGES				HOSPITALS	
				MED	DENT	PHAR	H.S	UHS	MOH
Mon 7/9/2020	E-Problem-based learning	Prof. Nabil Sulaiman Dr Mohamed H. Taha	41	41	0	0	0	0	0
Tues 22/9/2020	Enhancing In-class Student Engagement Using Socrative	Dr Ali Ibrahim Saeed Ahmed Shorbagi	37	11	6	9	17	1	Al Amal 1
Tues 29/9/2020	Enhancing In-class Student Engagement Using Mentimeter and Kahoot	Dr Jibran Muhammad Dr Veena Raigangar	31	8	5	6	12	0	0
Two-day Mon 19/10/2020 + 26/10/2020	Advanced E-assessment Skills: Crafting Credible Exam Questions & Effective Online Proctoring	Dr Mohamed Eladl Dr Emad Nosair	49	14	5	12	16	1	Al Qassimi 2
Mon 5/10/2020 - 7/12/2020	Basic	Prof. Esam Agamy Prof. Salman Guraya Prof. Nabil Sulaiman Dr Nihar Dash Dr Mohamed H. Taha Dr Maha Saber Dr Sara Shorbagi Dr Mohamed Eladl Dr Iman Talaat Dr Ali Shorbagi Dr Veena Raigangar Dr Emad Nosair	15	5	2	0	7	0	MOH 1
Tue 29/9/2020 - 8/12/2020	Advance	Prof. Nabil Sulaiman Dr Mohamed H. Taha Dr Nihar Dash Dr Mohamed Eladl Dr Maha Saber Dr Wiam Elshami Dr Sara Shorbagi Dr Jacqueline Dias Dr Emad Nosair Dr Amal Hussein	17	5	3	5	4	0	0
TOTAL	6 Activities	29 Facilitators	200	84	21	32	56	2	4

ACTIVITIES OF MEDICAL EDUCATION CENTRE FOR THE ACADEMIC YEAR 2020-2021

SPRING SEMESTER 2020-2021									
DATE	ACTIVITY	FACILITATORS	NO. OF PARTICIPANTS	COLLEGES				HOSPITALS	
				MED	DENT	PHAR	H.S	UHS	MOH
Tues 9/2/2021	A Practical Guide to "Meditation and Mindfulness" for Faculty Members to Stay Focused at Work During COVID-19 Pandemic	Dr Meeyoung Kim	8	3	1	0	4	0	0
Tues 16/2/2021	Integration of simulation into your teaching in Health Professions Education Workshop	Dr Jacqueline Maria Dias and Dr Mohamed Hassan Taha	20	3	5	4	8	0	0
Tues 23/2/2021	A Practical Guide to "Yoga Break at Office" for Faculty Members' Well-being During COVID-19 Pandemic	Dr Meeyoung Kim	17	5	1	1	10	0	0
Tues 2/3/2021	How poor exam items affect students' achievement and quality of tests	Dr Emad Nosair	19	6	5	3	7	0	0
Tues 23/3/2021	Workplace posture and ergonomics; Tips & Take home strategies for faculty	Dr Veena Raigangar	15	5	3	0	8	0	0
Tue 13/4/2021	Copyright in Online Teaching: Creative Commons as an Alternative	Dr Abdelrahim Mutwakel Ballal	17	4	2	5	3	0	0
Mon 8/2/2021 - 7/5/2021	Advance	Prof. Nabil Sulaiman Dr Mohamed H. Taha Dr Emad Nosair Dr Amal Hussein Dr Jacqueline Maria Dias Dr Sara Shorbagi Dr Wiam Elshami Dr Maha Saber Dr Mohamed Eladl Dr Nihar Dash	10	5	2	0	6	0	0
TOTAL	7 Activities	16 Facilitators	106	31	16	13	46	0	0

AUTHORS GUIDELINES

We greatly appreciate that you follow the specifications listed below to be included in your submitted work.

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