Quality Assurance Unit

TantaUniversity
Faculty of Medicine

Program of Master Degree, Chest Department

Annual Program Report

for Diploma In chest diseases

April 2016

Program Report

University:	**Tanta**
Faculty:	**Medicine**
Department:	**Chest**

A- Basic Information

1-Program title: Master degree of Chest

2-Speciality: Chest

3-Program duration: 2 years (24 months) ,12 month for firstpart and 12month for second part

4- credit hours/Courses:

Credit / taught hours (total of the program)

Lectures & Tutorial: 15.5 h Practical : 18.5 h Thesis: 7h Total: 41h

Courses included in the program:

Prerequisites for admission to first part

- Computer
- English

Courses` titles in the first part

- Anatomy and Histology
- Physiology and Biochemistry
- Pathology, Bacteriology and Pharmachology
- Public Health
- Internal Medicine

Courses` titles in the second part

- Chest Diseases

***Department (s) offering the courses*:**

Anatomy and Histology, Physiology, Biochemistry, Pathology, Bacteriology,Pharmacology

Public Health, Internal Medicine and Chest Diseases

5- Examination committee' structure

Selection of external and internal committee through the department meeting

6-External examiners' system

Available

B-Specialized Information

7-Statistic

7.1.No. of students starting the program: **11**

7.2 Success rate:54.5%

7.3 Tendency of enrollment in the program: The number of students in the programs in the last three times is increasing.

7.4. Results of final exam:

- Passed: 6 (54.5%)
- Failed: 5 (45.4%)

7.5. Grading of students: number (%)

- Excellent: 0 (0%) of total passing
- Very Good: 0 (0%) of total passing
- Good : 4 (36.3%) of total passing
- Pass: 2 (18.2%)of total passing
- fail: 5 (45.4%) of total

8-**Academic Reference Standards: ARS**

8.1 . Medical academic standards for Master degree adopted by the faculty council in 24/5/ 2010 and offered by The Egyptian Authority for Quality Assurance and Accreditation for Education (NAQAAE) for post graduate 2009 was adopted.

- National Academic Reference Standards (NARS)

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-knowledge and understanding	a.1. Identify the basic science in relation to respiratory medicine. a.2. Discuss the various causes and pathogenesis of diseases in respiratory medicine. a.3. Discuss the methods of promoting health and preventing diseases in respiratory medicine, including nutrition, exercise, life styles, physiological health, genetic predisposition to disease, sanitation, environmental and work place hazards, preventive pharmacology and immunization. a.4. Express the clinical manifestations and differential

	diagnosis of respiratory diseases with an emphasis on the incidence of the different manifestations and their relative importance in establishing the diagnosis, and the early manifestations of serious diseases (malignancy, emergencies). a.5. Explain the scientific basis and interpretation of diagnostic studies with knowledge of the study / studies of choice in any specific situation and of the accuracy of the study in establishing diagnosis. a.6. Express the principles, the indications, the relative advantages and disadvantages of various therapeutic modalities including mental health care and behavioral modification, nutritional therapy, pharmacotherapy, surgery, radiotherapy, immunotherapy and physical rehabilitation as applied to common clinical situations in respiratory medicine. a.7. Express the principles of genetics, the role of genetics in health and disease and the basic principles of gene therapy and genetic counseling in respiratory medicine. a.8. Summarize the theories and principles that govern ethical decision making in clinical practice and the major ethical dilemmas in respiratory medicine, particularly those that arise at the beginning and the end of life and from the rapid expansion of medical knowledge and technology. a.9. Identify the relevant airways and pulmonary vascular structures and their relation to each other in order to help the candidate while performing invasive bronchoscopy or non invasive imaging by all imaging techniques (e.g. CT, MSCT pulmonary angiography and MRI a.10. Discuss the physiological basis of control of breathing (central & peripheral). a.11. Specify information from different types of sample from the lung, view of the pathologist. a.12. Summarize the classification, mode of action, indications, contraindications, interactions and adverse effects of drugs used in the field of pulmonary medicine especially asthma, COPD and Tuberculosis. a.13. Outline the WHO International Health Regulations (2005) a.14. Outline WHO Epidemic and Pandemic Alert and

	Responses (EPR) a.15. Define and classify hormonal disorders related to chest diseases.
Intellectual Skills	**(b.1.) Data acquisition:** b.1.1. Obtain and document a complete and a focused medical history for a patient with respiratory disease. b.1.2. Perform and document a complete and a focused physical and mental status examination for a patient. b.1.3. Perform an emergency - directed examination for patients with common respiratory emergencies. b.1.4. Utilize sources of information in addition to the patient interview to augment the medical history. Such sources include family or friends, medical records and other health care professionals. b.1.5. Identify anatomic landmarks on postmortem specimens b.1.6. Interpret results of physiologic tests such as pulmonary function tests, arterial blood gases and electrolyte analysis. b.1.7. Define the place of bronchoalveolar lavage (BAL) and lung biopsy in the diagnostic work-up of diffuse lung disease. b.1.8. Take a relevant history of a patient's medication regimen **(b.2.) Data analysis and problem solving:** b.2.1. Interpret patient symptoms and physical findings in terms of their anatomic, pathologic and functional diagnostic significances. b.2.2. Identify problems, prioritize them, and generate a list of initial diagnostic hypotheses (differential diagnosis) for each problem. b.2.3. Select the most appropriate and cost effective diagnostic and therapeutic producers for each problem. b.2.4. Interpret the results of diagnostic procedures. b.2.5. Use the results of all tests ordered to modify the problem list and the differential diagnosis accordingly. b.2.6. Combine the clinical and investigational database, with the evidence based knowledge in clinical problem solving. b.2.7. Clinical assessment of different cardiac, renal and

	hepatic diseases and their impact on the chest. **(b.3.) Skills related to treatment strategies:** b.3.1. Recognize patients with immediately life-threatening conditions and institute appropriate initial therapy. b.3.2. Recognize patients with serious conditions requiring critical care and institute course of management according guide lines available. b.3.3. Design and apply rational therapeutic strategies for both acute and chronic conditions that take into account the various variables that influence these strategies. b.3.4. Deal with complications of respiratory diseases. b.3.5. Identify and manage patients with chronic conditions requiring long term follow-up, rehabilitation, or relief of pain. b.3.6. Achieve consensus with the patient or the patient's relatives on the treatment plan selected. b.3.7. Monitor the effectiveness of therapy by identifying clinical and investigative parameters to be used in assessing the patient's response to treatment and re-evaluate management plan accordingly.
- professional & practical skills	**(c.1.) Communication skills:** **((c.1.) Communication skills:** **(c.1.1.) Patient- doctor relationship** c.1.1.1. Apply respect to all patients irrespective of their socioeconomic levels, culture or religious beliefs and use language appropriate to the patient's culture. c.1.1.2. Conduct patient interviews that are characterized by patience and attentive listening. c.1.1.3. Explain to the patient or the patient's relatives the nature of illness, the diagnostic plan, the treatment options and the possible complications in such a way that is easily understood, answers patient's questions,encourages discussion and promotes the patient's participation in decision making. c.1.1.4. Write clear concise patient records: admission sheet, progress notes, physician orders, and referrals for consultation, discharge summary and follow-up notes. c.1.1.5. Use appropriate skills and strategies of communication during difficult situations such as giving bad news and dealing with angry patients.

	c.1.1.6. Discuss medical errors or professional mistakes honestly and openly in a way that promotes patient trust and self-learning. **(c.1.2.) Relation to collaboration with healthcare professionals**: c.1.2.1. Communicate effectively with other health care professionals to maximize patient benefits and minimize the risk of errors. c.1.2.2. Respect the role and contributions of other health care professionals regardless of degree or occupation. c.1.2.3. Undertake appropriate formal and informal consultations with colleagues and perform appropriate referrals to other health care professionals. c.1.2.4. Write a concise and informative report on patient(s) conditions. c.1.2.5.Work effectively as a member or a leader of an interdisciplinary team, and acquire the ability to develop and apply management plans for patients in collaboration with the members of the team. c.1.2.6. General measures to reduce spread of infection in hospital wards
- General transferable skills	**(d.1.) Life-long learning:** d.1.1. Show commitment to life-long self-learning. d.1.2. Use the sources of biomedical information to remain current with advances in knowledge and practice. d.1.3. Frame a question, search the literature and utilize the obtained information to solve a particular clinical problem or plan management of an individual patient according to the principles of Evidence-Based Medicine. d.1.4. Know the principles of critical Appraisal of scientific research. **(d.2.) Ethical behavior:** d.2.1. Identify alternatives in difficult ethical choices, analyze considerations supporting different alternatives and formulate course of action that takes account of this ethical complexity. d.2.2. Behave towards patients in a manner consistent with the ideals of profession by consistently doing the following: d.2.3. Treat the patient as a person, not a disease, and

	understand that the patient is a person with beliefs, values, goals and concerns which must be respected. d.2.4. Respect the patient's dignity, privacy, information confidentiality and autonomy. d.2.5.Deliver care in a way that will allow the patient to feel he / she has received medical care in a caring, compassionate and human manner. d.2.6. Maintain honesty and integrity in all interactions with patients, patient's families, colleagues and others with whom physicians must interact in their professional lives. d.2.7. Maintain a professional image in manner, dress, speech and interpersonal relationships that is consistent with the medical profession's accepted contemporary standards in the community. d.2.8. Be responsible towards work and in emergency situations. d.2.9. Advocate the patient's interests over ones' own interests. d.2.10. Provide care to patients who are unable to pay. d.2.11. Recognize and effectively deal with unethical behavior of other members of the healthcare team. d.2.12. The trainee should consider the cost implications of cost benefit of various treatment modalities. **(d.3.) skills related to social and community context of healthcare:** d.3.1. Define the Egyptian healthcare system and the community based resources and services and properly-utilize them to provide high quality and cost-effective patient and community care. d.3.2. Participate actively in health promotion, disease prevention. d.3.3. Deal appropriately with a specific community health problem.
Teaching and learning facilities for handicapped	It is a clinical and practical program and there is no facilities for such service There is a plan for applying services for them like Ramp + Parking slot As regard to the present time the is elevators in the faculty for the physically handicapped

Reference standards for the program	National academic standards of NAQAAE
Program guide lines	Available
System of regular reviewing of the program	Available Annual
Compliance of the academic standards of the program with ILOS	There is compliance of the academic standards of the program with ILOS
Administrative Obstacles	The quality unit does not have full authority to obligate the staff members and faculty employees.

9- Student assessment for acquiring ILOs

A&b) Methods, timing and scale	**Method of Assessment**	**Percentage**
	Written examination	100 degree (33.33%)
	Oral examination	100 degree (33.33%)
	Practical/laboratory work	100 degree (33.33%)
	Thesis	Just pass
	Total	300 degree (100%)
C) Comments of external reviewers	Fulfill all criteria and goals of the program	

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	Thesis	Just pass
	Total	300 degree (100%)
C) Comments of external reviewers	Fulfill all criteria and goals of the program	

10- Learning Facilities

10.1. Ratio of staff members to students	Academic degree	Total number	Staff in leave	Number of working staff
	Professors	9	---	9
	Assistant professors	5	---	5
	Lecturers	4	---	4
	Assistant lecturers demonstrators	----	---	----
	Academic year	Staff	Students	Ratio
	Total	18	4	4.5 :1
10.2. Staff Qualification & program aim	Suitable – staff trained on the new teaching and assessment methods (TOT , presentation skills , communication skills, using technology in teaching)			
10.3. Lecture halls and Library	Lecture halls : Suitable Reconstruction and renewal of the old one, supplying with data show.It has good aeration and ventilation. Library . not available in chest department In the faculty, the postgraduate library is open from 9.00am-3.00pm on weekdays except Fridays and Saturday; The study space is ideal and lighting is adequate. It has a photocopying facility. It is air conditioned many old textbooks and journals are available. The availability of recent textbooks and periodicals is adequate to somehow. It is suggested that the adoption of teaching methods that would demand increased utilization of the library. There is also Technology Lab supplemented with many computers ,printers and internet for upgrading of its services to share in teaching as well as research work.			
10.4.Laboratories	The sleep laboratory is constructed			

10.5.Computers	Suitable The teaching hall and secretary room is under cover of wireless internet.
10.6.Role of stakeholders in providing chances for student training	No role
10.7.Any other request for the program	There must be an increase in the time allowed for practical skills applied all over the program

11. Quality improvement and enhancement

11.1. Follow up system for shortage	Effective
11.2. Procedures for implementation of the faculty regulation	Some degree a. Availability of regular evaluation and revision system for the program The faculty nominated one of the national staff member to evaluate the program b. Effectiveness of the system The Faculty administrative skeleton is suitable to some degree in applying and assuring regulations. The system of delegated authority is suitable in vice deans responsibilities, in managing implementation of program and regulations. The internal quality assurance unit has a role in assuring implementation of faculty regulations and program application , as there is a monthly reporting and special element in the faculty council report about quality c. Effectiveness of Faculty and University laws and regulations for progression and completion
11.3. The effectiveness of the internal reviewing system for program development	There is internal reviewing system, - Many Staff members are joining quality assurance unit. - There is change in exam models - All Course have internal reviewers

11.4. Comments of external reviewing for ILOS of the program and assessment standards	None

12. **Suggestions of improvements**

12.1 Program skeleton (Courses/Hours)	We need more time for clinical practice
12.2. New courses	no
12.3. Training and skills	More models and instruments must be offered for more skill training
12.4. Suggestion of stake holders for program development	no
12.5.Responsible personnel	All staff members
12.6. Time of implementation	Already under application

Responsible about the program ---------- Signature ---------- Date : / /

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6-External examiners' system

Available

B-Specialized Information

7-Statistic

7.1.No. of students starting the program: **5**

7.2 Success rate:100%

7.3 Tendency of enrollment in the program: The number of students in the programs in the last three times is increasing.

7.4. Results of final exam:

- Passed: 2 (40%)
- Failed: 3 (60%)

7.5. Grading of students: number (%)

- Excellent: 0 (0%) of total passing
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Administrative Obstacles	The quality unit does not have full authority to obligate the staff members and faculty employees.

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C) Comments of external reviewers	Fulfill all criteria and goals of the program	

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	Assistant professors	5	---	5
	Lecturers	4	---	4
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10.3. Lecture halls and Library	Lecture halls : Suitable Reconstruction and renewal of the old one, supplying with data show.It has good aeration and ventilation. Library . not available in chest department In the faculty, the postgraduate library is open from 9.00am-3.00pm on weekdays except Fridays and Saturday; The study space is ideal and lighting is adequate. It has a photocopying facility. It is air conditioned many old textbooks and journals are available. The availability of recent textbooks and periodicals is adequate to somehow. It is suggested that the adoption of teaching methods that would demand increased utilization of the library. There is also Technology Lab supplemented with many computers ,printers and internet for upgrading of its services to share in teaching as well as research work.			
10.4.Laboratories	The sleep laboratory is under reconstruction			

10.5.Computers	Suitable The teaching hall and secretary room is under cover of wireless internet.
10.6.Role of stakeholders in providing chances for student training	No role
10.7.Any other request for the program	There must be an increase in the time allowed for practical skills applied all over the program

11. Quality improvement and enhancement

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11.4. Comments of external reviewing for ILOS of the program and assessment standards	None

12. **Suggestions of improvements**

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12.3. Training and skills	More models and instruments must be offered for more skill training
12.4. Suggestion of stake holders for program development	no
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12.6. Time of implementation	Already under application

Responsible about the program ---------- Signature ---------- Date : / /