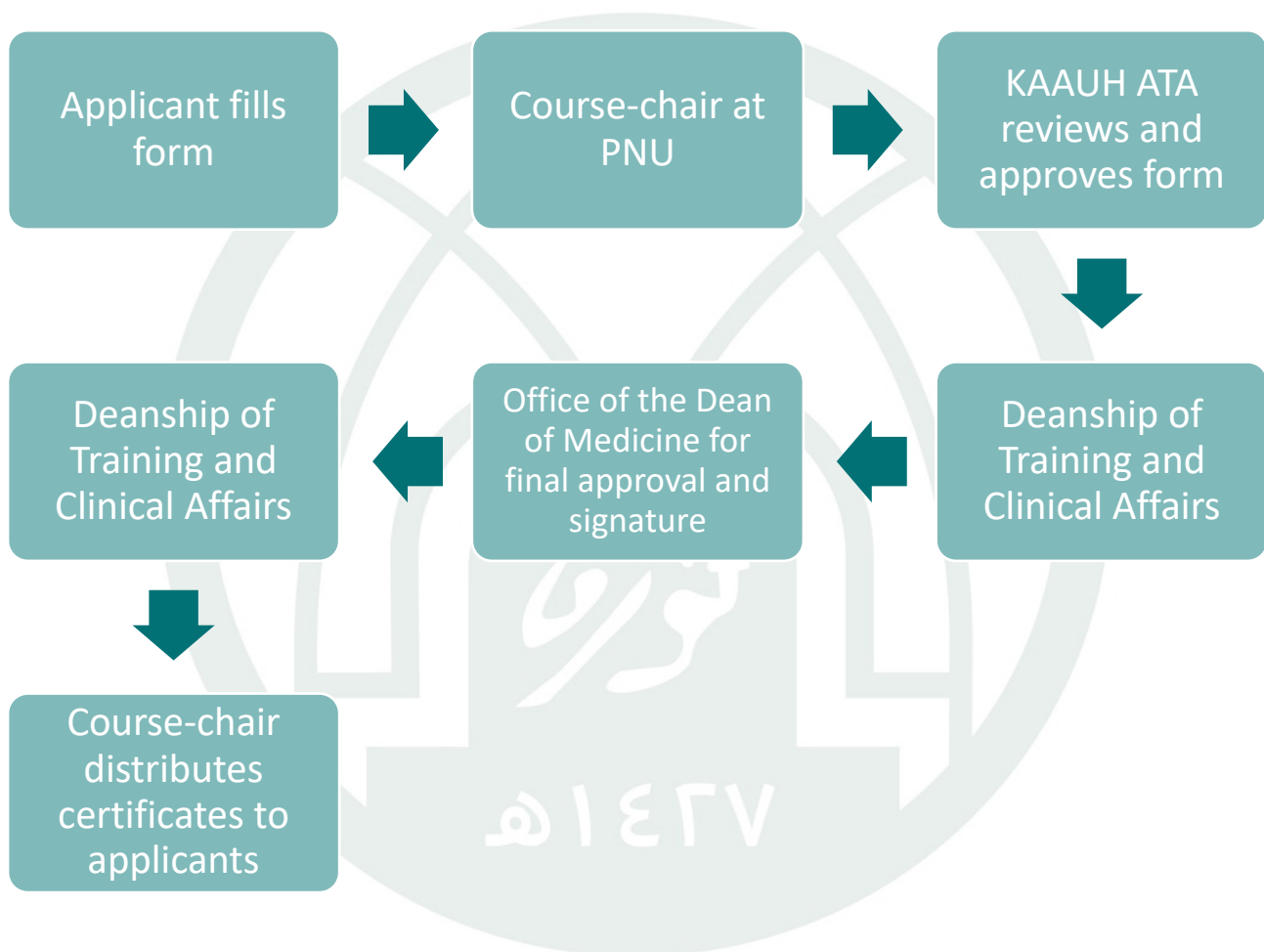




### PNU College of Medicine

The following outlines the process by which Certificates of Acknowledgment and Gratitude are issued (by PNU) to physicians employed by KAAUH who participate in the educational courses of the PNU College of Medicine.



## KAAUH Staff Participation in College of Medicine Courses Form

Filled by Applicant	Applicant's full name (as it will appear on the certificate)				KAAUH Employee Number			
	SCFHS Classification	<input type="checkbox"/> Assistant Consultant	<input type="checkbox"/> Associate Consultant	<input type="checkbox"/> Consultant	<input type="checkbox"/> Other: _____			
	Department							
	Specialty							
	<b>Course Data</b>							
	Course Name							
	Course Duration	From:			To:			
	Type of Educational Process	<b>Participated in bedside teaching</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not requested	<input type="checkbox"/> Declined	___ times
		<b>Participated in clinical teaching (clinics, patient rounds, operating rooms)</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not requested	<input type="checkbox"/> Declined	___ times
		<b>Gave lectures</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not requested	<input type="checkbox"/> Declined	___ times
<b>Participated in OSCE as an examiner</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not requested	<input type="checkbox"/> Declined	___ times		
<b>Participated in preparing OSCE questions/stations</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not requested	<input type="checkbox"/> Declined	___ stations		
<b>Prepared quiz/exam questions</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not requested	<input type="checkbox"/> Declined	___ questions		
<b>Participated in Mini-CEX or PBL sessions</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not requested	<input type="checkbox"/> Declined	___ session		
<b>Participated in simulation sessions</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not requested	<input type="checkbox"/> Declined	___ session		
<b>Participated in community service</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not requested	<input type="checkbox"/> Declined	___ times		
<b>Acted as chair or co-chair of the course</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not requested	<input type="checkbox"/> Declined			
<b>Acted as clinical training coordinator for the department (arranged session/training schedules)</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not requested	<input type="checkbox"/> Declined			
<input type="checkbox"/> I pledge that the data and information described above are correct and I bear responsibility if proven otherwise			Signature		Date			
Filled by Course-Chair	Were the above tasks completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Additional remarks:				
	The information above has been reviewed and the applicant is entitled to the following number of participation hours:			_____	Hours			
	Course-Chair	Name			Signature	Date		
	Department head [PNU]	Name			Signature	Date		
KAAUH ATA	Reviewed and recommend	<input type="checkbox"/> Issue certificate <input type="checkbox"/> Do not issue certificate			Justification for not issuing certificate:			
	Head of Academic and Training	Name			Signature	Date		
Deanship of Training and Clinical Affairs	Reviewed and recommend	<input type="checkbox"/> Issue certificate <input type="checkbox"/> Do not issue certificate			Justification for not issuing certificate:			
	Vice Dean of Training and Clinical Affairs	Name			Signature	Date		
	<b>Final Approval</b>							
Office of the Dean of Medicine	Dean of College of Medicine	Name			Signature	Date		



## Calculating Educational Participation Hours

Type of Participation	Hours Earned	
Participated in bedside teaching	2 hours per session	
Participated in clinical teaching (clinics, patient rounds, operating rooms)	2 hours per session	
Gave lectures	2 hours per lecture	
Participated in OSCE as an examiner	8 hours per exam	
Participated in preparing OSCE questions/stations [OSPE; OSLEP; SAQ]	2 hours per question	
Prepared quiz/exam questions	1-4 MCQ	1 hour
	5 + MCQ	2 hours
Participated in Mini-CEX or PBL sessions	Mini-CEX	1 hour
	PBL	2 hours
Participated in simulation sessions	4 hours per session	
Participated in community service	3 hours per event	
Acted as chair or co-chair of the course*	1-3 credit hours	4 hours
	3-6 credit hours	6 hours
	7-10 credit hours	8 hours
Acted as clinical training coordinator for the department (arranged session/training schedules)*	1-3 credit hours	4 hours
	3-6 credit hours	6 hours
	7-10 credit hours	8 hours

\*based on course credit hours



## RULES FOR WRITING MULTIPLE-CHOICE QUESTIONS

1. A minimum of 90% of all questions submitted must be scenario-based
  - The scenario should be followed by a clear question starting with ‘what, which, where’

SCENARIO:	QUESTION:
A 42-year-old man with cirrhosis is admitted with hepatic encephalopathy for the third time this month. While admitted, he is treated successfully with lactulose and rifaximin, both of which are routinely prescribed on discharge.	What is the most likely cause of his recurrent encephalopathy and frequent admissions?

2. Emphasize Higher-Level Thinking

[SCENARIO] A 42-year-old man with cirrhosis is admitted with hepatic encephalopathy for the third time this month. While admitted, he is treated successfully with lactulose and rifaximin, both of which are routinely prescribed on discharge.	
DIRECT RECALL	Why might patients with cirrhosis present with encephalopathy?
APPLICATION	What is the most likely cause of this patient’s recurrent encephalopathy and frequent admissions?
ANALYSIS	How can the healthcare team prevent recurrent episodes of hepatic encephalopathy for this patient?

3. Use Plausible Distractors (wrong-response options)

[QUESTION] What is the most likely cause of his recurrent encephalopathy and frequent admissions?	
Examples of non-effective distractors:	a) Stress from work b) Social media addiction <b>c) Medication noncompliance</b> d) Lack of physical exercise
Examples of effective distractors:	a) Dietary indiscretion b) Urinary tract infection <b>c) Medication noncompliance</b> d) Upper GI bleed

4. Keep Option Lengths Similar
5. Be Grammatically Correct
6. Avoid Negative Questions “All of the following except \_\_\_ is true”
7. Avoid the “All the Above” Option
8. Avoid the “None of the Above” Option