# • LEARNING SKILLS COURSE (SKLL 101)

**DEPT. OF MEDICAL EDUCATION** 

**COLLEGE OF MEDICINE** 

**KING SAUD UNIVERSITY** 



# **CONTENTS**

- GENERAL INFORMATION
- WHY LEARNING SKILLS COURSE??
- OUTCOME OF THE LEARNING SKILLS COURSE
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- ASSESSMENT
- CONCLUSION

COMPARISON OF PERFORMANCE IN FOUNDATION BLOCK AMONG 3 GROUPS OF STUDENTS FOR THE ACADEMIC YEAR 2016-2017

30



# **CONCLUSION OF THE RESULTS**

- A+ = 3.3%
- A = 12.3%
- B+ = 11.3%
- B = 20%
- C+ = 17%
- C = 10.3%
- D+ &D= 16.6%
- FAILURE= 9 %

## **GENERAL INFORMATION**

- COURSE TITLE: LEARNING SKILLS
- COURSE CODE & NUMBER: SKLL 101
- CREDIT HOUR: 2
- COURSE DURATION: FIRST SEMESTER & PART OF SECOND SEMESTER (TWO BLOCKS)
- COURSE STARTING DATE: 2ND OF SEPTEMBER 2018



#### **COURSE COMMITTEE:**

PROF. HAMZA M. ABDULGHANI

PROF. MAHMOUD SALAH

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## **OUTCOME OF THE LEARNING SKILLS COURSE**

BY THE END OF THE COURSE THE STUDENTS WILL BE ABLE TO:

- 1. IDENTIFY THE UNIVERSITY, ACADEMIC ORGANIZATION AND STUDENT SUPPORT SYSTEMS.
- 2. APPLY PRINCIPLES OF ADULT LEARNING.
- 3. DESCRIBE DIFFERENT LEARNING STYLES, AND EXPLAIN THEIR OWN STYLES.
- 4. EXPLAIN THE CONCEPTS, PRINCIPLES AND PRACTICE THE PROCESS OF LEARNING IN SMALL GROUP.
- 5. ENUMERATE THE PRINCIPLES OF EVIDENCE-BASED PRACTICE AND DEMONSTRATE THE SKILL OF INFORMATION GATHERING.
- 6. MANAGE THEIR TIME AND SET HIS PRIORITIES.
- 7. COMMUNICATE EFFECTIVELY WITH PATIENTS AND THEIR PEERS
- 8. DEMONSTRATE PROFESSIONAL BEHAVIOR EXPECTED FROM MEDICAL STUDENTS.
- 9. RECOGNIZE SYMPTOMS OF STRESS AND DEVELOP THE ABILITY TO HANDLE THEIR STRESS AND ANXIETY.
- 10. DESCRIBE THE COLLEGE TO ASSESSMENT SYSTEM TO MOTIVATE HIMSELF FOR HIGH GRADE ACHIEVEMENT.

## WHY LEARNING SKILLS COURSE??

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Uriginal Article

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#### STRESS AND DEPRESSION AMONG MEDICAL STUDENTS: A CROSS SECTIONAL STUDY AT A MEDICAL COLLEGE IN SAUDI ARABIA

#### Hamza Mohammad Abdulghani'

#### ABSTRACT

**Objectives:** To determine prevalence of stress among undergraduate medical students and to observe an association between stress and academic year, grades, regularity and physical problems.

Arethodogy: All 600 registered students at College of Medicine, King Saud University in years 1,2,3,4 and 5 were enrolled in the study, and asked to complete a stress inventory called Kessler10. Results: There were 494 responses with the response rate of 03%. The prevalence of stress of all types was found among 579 and severe stress among 19.66 study subjects. There was highly statistically significant association between year of study and stress levels, (p-0.001). The association between academic grades of study subjects and their stress levels is not statistically significant, as distribution of prevalence of stress is not significantly different across each of the four academic grades (p-0.46). The main source of stress found to be their studies (p3.67). followed by home environment (2.88) and 36.9% of study population did not mention any source of stress.

Conclusion: High levels of psychosocial distress was found in our students during the initial three years of their course. It poses additional challenges for students' support services delivery which may require to address mental health problems along with common health strategies for our students.



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9/2/2018

#### Stress and Its Effects on Medical Students: A Cross-sectional Study at a College of Medicine in Saudi Arabia

Hamza M. Abdulghani<sup>1</sup>, Abdulaziz A. AlKanhal<sup>2</sup>, Ebrahim S. Mahmoud<sup>3</sup>, Gominda G. Ponnamperuma<sup>4</sup>, and Eiad A. Alfaris<sup>5</sup>

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#### ABSTRACT

Medical education is perceived as being stressful, and a high level of stress may have a negative effect on cognitive functioning and learning of students in a medical school. This cross-sectional study was conducted to determine the prevalence of stress among medical students and to observe an association between the levels of stress and their academic performance, including the sources of their stress. All the medical students from year one to year five levels from the College of Medicine, King Saud University, were enrolled in the study. The study was conducted using Kessler10 psychological distress (K10) inventory, which measures the level of stress according to none, mild, moderate, and severe categories. The prevalence of stress was measured and compared with the five study variables, such as gender, academic year, academic grades, regularity to course attendance, and perceived physical problems. The response rate among the study subjects was 87% (n=892). The total prevalence of stress was 63%, and the prevalence of severe stress was 25%. The prevalence of stress was higher (p<0.5) among females (75.7%) than among males (57%) (odds ratio=2.3 2=27.2, p<0.0001). The stress significantly decreased as the year of study increased, except for the final year.</p> The study variables, including being female (p<0.0001), year of study (p<0.001), and presence of perceived physical problems (p<0.0001), were found as independent significant risk factors for the outcome variables of stress. Students' grade point average (academic score) or regularity to attend classes was not significantly associated with the stress level. The prevalence of stress was higher during the initial three years of study and among the female students. Physical problems are associated with high stress levels. Preventive mental health services, therefore, could be made an integral part of routine clinical services for medical students, especially in the initial academic years, to prevent such occurrence



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#### Open Access Full Text Article

#### ORIGINAL RESEARCH

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Prevalence of stress in junior doctors during their internship training: a cross-sectional study of three Saudi medical colleges' hospitals

> This article was published in the following Dove Press journal: Neuropsychiatric Disease and Treatment 25 September 2014 Number of times this article has been viewed

Hamza Mohammad Abdulghani<sup>1</sup> Mohammad Irshad<sup>1</sup> Mohammed A Al Zunitan<sup>1,2</sup> Ali A Al Sulihem<sup>1,2</sup> Muhammed A AI Dehaim<sup>1,2</sup> Waleed A AI Esefir<sup>1,2</sup> Abdulaziz M Al Rabiah<sup>1,2</sup> Rashid N Kameshki<sup>1,2</sup> Nourah Abdullah Alrowais<sup>2</sup> Abdulaziz Sebiany<sup>3</sup> Shafiul Haque

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Background: Medical science is perceived as a stressful educational career, and medical students experience monstrous stress during their undergraduate studies, internship, and residency training, which affects their cognitive function, practical life, and patient care. In the present study, an assessment of the prevalence of self-perceived stress among new medical graduates during their internship training has been performed, and correlations of self-perceived stress with sex, marital status, and clinical rotations have been evaluated.

Patients and methods: Interns of the King Khalid, King Abdulaziz, and King Fahd University hospitals in Saudi Arabia were invited to complete a stress inventory known as the Kessler 10, which is used for stress measurement. Apart from stress evaluation, the questionnaire collected personal data, such as age, sex, and marital status, in addition to information relevant to hospital training, assigned duties, and clinical training rotations.

Results: Our results showed that nearly 73.0% of interns were under stressed conditions. Most of the interns were affected by a severe level of stress (34.9%), followed by mild (19.3%) and moderate (18.8%) levels of stress. The stress level was significantly higher (84.0%) among female interns in comparison with male interns (66.5%) (odds ratio =2.64; confidence interval =1.59-4.39; P<0.0002). There were statistically significant differences between the

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AlFaris et al. BMC Medical Education (2016) 16:279 DOI 10.1186/s12909-016-0794-y

BMC Medical Education

#### RESEARCH ARTICLE

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#### Health professions' students have an alarming prevalence of depressive symptoms: exploration of the associated factors

Elad AlFaris<sup>1</sup>, Farhana Irfan<sup>1\*</sup>, Riaz Qureshi<sup>1</sup>, Naghma Naeem<sup>2</sup>, Abdulaziz Alshomrani<sup>3</sup>, Gominda Ponnamperuma<sup>4</sup>, Nada Al Yousufi<sup>1</sup>, Nasr Al Maflehi<sup>5</sup>, Mohammad Al Naami<sup>6</sup>, Amr Jamal<sup>7</sup> and Cees van der Vleuten<sup>8</sup>

#### Abstract

Background: There is a need to better understand the depression phenomenon and to clarify why some students become depressed and other don't. The pupped of this study was to compare the prevalence of depressive symptoms among health profession? (HP) students, and to explore the association between socio-demographic factors (eg.yeer of study, discipling, gende) and depressive symptoms.

Methods in this dexiptive-makinc; cross-sectional study; tratified proportionate sampling stategy was used to select the study sample during the academic year 2012-2013. The students from four health polessions' schools studed within a lange, public university located in Riyadh, Sadi Arabia were corrend for depressive symptoms using the 21-item Beck Depression Inventory (BDI) (Chisquare test; student r+test and ANDVA were used to compare different taceprical variables.

Reads: The ownall response net was 790 %, the highest among dental students \$6.1 %, and lowest among nuaring (40.7 %). The overall prevalence rate of depresive symptoms was 40.0 %; it was highest among dentisity students (51.6 %) followed by medicine (46.2 %) applied medical ischnerck (40.6 (57.9 %) and lowest among nuaring students (44.2 %). A statistically significant association was found between the presence and severity of depresive symptoms on one hand and the femile genetic of multition for study on the other hand.

Condusor: This study eerors to indicate an alarming rate of depensive symptoms. Female gender, dentisity, the third year for all schools and fifth year for medicine and dentisty have the highest association with depressive symptoms. Future studies may be needed to explore further the reasons and explanations for the variation in the prevalence of depressive symptoms among these groups. The factors that deserve exploration include curicular variables and personni factors such as the tudent's trivity stills.

Keywords: Depression, Health science students, Mental health, Wellness, Prevalence

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Medical students' study skills and depression

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#### Abbreviations: BDI II, Beck Depression Inventory II; SSI, Study Skills Inventory.

#### Results

A total of 23 items, representing five sub-scales, were included in the inventory. Based on 372 student responses (response rate of 93%), the five-factor solution explained a cumulative variance of 52% and Cronach alpha was 0.84. The SSI total score had a significant negative association with the BDI-II depression score (Pearson correlation of -.348\*\* and P<0.0001).

#### Conclusion

This study showed evidence for acceptable reliability and validity of the newly developed SSI. <u>Poor study skills were found to correlate with higher depressive symptoms</u>. This association needs confirmation in future research and could open a new door for better understanding of student depression.



## TOPICS

- **1. INTRODUCTION TO LEARNING SKILLS COURSE**
- 2. BLACKBOARD TRAINING
- 3. BECOMING A PBL STUDENT
- 4. TIME MANAGEMENT
- 5. LEARNING HOW TO LEARN-GENERAL PRINCIPLES
- 6. STRESS MANAGEMENT
- 7. ESSENTIAL OF FEEDBACK & COLLEGE ASSESSMENT SYSTEM
- 8. MOTIVATION
- 9. HOW TO REMAIN AS HIGH ACHIEVING STUDENTS
- 10. INFORMATION GATHERING: SEARCHING INTERNET FOR MEDICAL REFERENCES
- 11. PROFESSIONALISM IN MEDICAL EDUCATION
- 12. REFLECTION IN MEDICAL EDUCATION
- 13. DOCTOR-PATIENT COMMUNICATION GENERAL PRINCIPLES
- 14. INTRODUCTION TO EVIDENCE-BASED MEDICINE

# **VIDEO PRESENTATION**

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# Detailed Objectives of each Sessions

## **SESSION OBJECTIVES SESSION-1 ORIENTATION**

- EXPLAIN THE CONTENT, TEACHING / LEARNING AND ASSESSMENT METHODS OF LEARNING SKILLS COURSE.
- APPLY APPROPRIATE STUDENT-CENTERED LEARNING METHODS FOR DIFFERENT COURSES OF THE CURRICULUM.
- DESCRIBE THE KEY TOPICS AND MAIN THEME OF THE COURSE.
- LOCALIZE DIFFERENT FACILITIES AVAILABLE FOR THEM LIKE STUDENTS' SUPPORT SYSTEM, LIBRARY, INTERNET ACCESS, CAFETERIA AND SO FORTH.
- ENUMERATE THE DIFFERENT LIBRARY SECTIONS WHICH WILL HELP THEM IN USING LIBRARY
- APPLY THE SEARCHING ABILITIES TO SEARCH SOME TOPICS OR SUBJECT IN MEDICAL DATA-BASE.

## SESSION-2: BLACKBOARD TRAINING. 1. EXPLAIN THE CONTENT OF THE BLACKBOARD LEARNING MANAGEMENT SYSTEM AND IT CONFIGURATION

- 2. ENUMERATE THE DIFFERENT USES OF BLACKBOARD.
- 3. LOG ON THE SYSTEM TO EXPLORE ITS UTILIZATION.
  - 1. COURSE CONTENTS
  - 2. DOWNLOAD ANY MATERIALS
  - 3. CHECK YOUR RESULTS
  - 4. FOLLOW YOUR PROGRESS
  - 5. ETC

## **SESSION-3: BECOME A PBL STUDENT YEAR 1**

1.EXPLAIN THE RATIONAL OF LEARNING IN A SMALL GROUP

2.ENUMERATE THE PRINCIPLES OF SMALL GROUP.
3.EXPLAIN THE DYNAMIC OF SMALL.
4.IDENTIFY THEIR ROLES IN A SMALL GROUP.
5.DEMONSTRATE THE ABILITY TO CONDUCT THE ROLES IN A SMALL GROUP EFFECTIVELY.

6.EMPLOY COMMUNICATION SKILLS EFFECTIVELY TO MAINTAIN GROUP DYNAMICS.

## **SESSION-4: TIME MANAGEMENT:**

# IDENTIFY THE IMPORTANCE OF TM EXPLAIN TIME WASTERS PLAN THEIR SCHEDULES EFFECTIVELY IDENTIFY PROCRASTINATION SIGNS IDENTIFY SOLUTION TO DEAL WITH PROCRASTINATION APPLY THESE PRINCIPLES TO DAILY LIFE SITUATIONS

## **SESSION-5: LEARNING HOW TO LEARN**

- **1. DEFINE "LEARNING"**
- 2. IDENTIFY LEARNING PRINCIPLES.
- 3. COMPARE AND CONTRAST UNDERGRADUATE VERSUS SECONDARY SCHOOL LEARNING.
- 4. IDENTIFY DIFFERENT TYPES OF LEARNING
- 5. DIFFERENTIATE BETWEEN SUPERFICIAL AND DEEP LEARNING
- 6. APPLY THE LEARNING PRINCIPLES TO THEIR DAILY LEARNING ACTIVITIES

**SESSION 6: STRESS MANAGEMENT** 

**1. DEFINE STRESS** 

2. IDENTIFY TYPES OF STRESS

**3. EXPLAIN THE MECHANISMS OF STRESS** 

4. DISCUSS THE RELATION OF STRESS TO HUMAN HEALTH

5. EXPLAIN THE STRESS MANAGEMENT STRATEGIES

6. APPLY THESE PRINCIPLES TO DAILY LIFE SITUATION

## **SESSION7. FEEDBACK COLLEGE ASSESSMENT SYSTEM:**

- **1. CRITERIA FOR GOOD AND BENEFICIAL FEEDBACK**
- 2. IDENTIFY RULES AND REGULATIONS OF THE ASSESSMENT SYSTEM IN THE COLLEGE
- 3. RECOGNIZE THE DIFFERENT COMPONENTS OF THE ASSESSMENT SYSTEM
- 4. DISCUSS THE DEVELOPMENT PROCESS OF A COURSE ASSESSMENT
- 5. IDENTIFY THE PASS/FAIL CRITERIA FOR DIFFERENT COURSES

6. DISCUSS THE STRATEGIES TO IMPROVE ACADEMIC PERFORMANCE IN A TEST.

## **SESSION 8. MOTIVATION**

## **1. DEFINE MOTIVATION**

- 2. RECOGNIZE DIFFERENT TYPES OF MOTIVATION.
- 3. ENUMERATE THE FACTORS WHICH INFLUENCE OR DECREASE STUDENT MOTIVATION.
- 4. IDENTIFY HOW MOTIVATION COULD INFLUENCE ACADEMIC PERFORMANCE.
- **5. RECOGNIZE HOW LOW MOTIVATION IS ASSOCIATED WITH RESTRICTED GROWTH IN ACHIEVEMENT.**
- 6. APPLY MOTIVATION CONCEPTS IN REAL LIFE SITUATION.

## SESSION 9. HOW TO REMAIN HIGH ACHIEVING STUDENTS:

- **1. RECOGNIZE LEVELS OF ACADEMIC PERFORMANCE** 
  - 2. IDENTIFY THE FACTORS LEAD TO HIGH ACADEMIC ACHIEVEMENT
  - 3. DISCUSS THE MANNER OF IMPROVING ACADEMIC PERFORMANCE.
  - 4. ADDRESS THE FACTORS WOULD HELP TO IMPROVE THEIR ACADEMIC PERFORMANCE.
  - 5. SELECT FACTORS WHICH SUITE INDIVIDUAL STUDENT FOR HIS/HER ACADEMIC PERFORMANCE.

6.APPLY THESE CONCEPTS AND PRINCIPLES IN REAL LIFE SITUATION.

## SESSION-10: INFORMATION GATHERING USING INTERNET FOR MEDICAL SEARCH

- 1. IDENTIFY DIFFERENT SEARCH ENGINE FOR LITERATURE REVIEW.
- 2. APPLY DIFFERENT METHODS OF FINDING RELEVANT SCIENTIFIC LITERATURE.
- 3. DEMONSTRATE SOME SITES OF ELECTRONIC JOURNALS AND ITS FEATURES.
- 4. APPLY SEARCHING STEPS TO DIFFERENT DATABASE.

## SESSION-11: PROFESSIONALISM IN MEDICAL EDUCATION

## **1. DEFINE PROFESSIONALISM.**

## 2. IDENTIFY PROFESSIONAL AND UNPROFESSIONAL BEHAVIORS.

## 3. EXPLAIN WHY PROFESSIONALISM IS AN IMPORTANT PART OF THE CURRICULUM.

4. DISCUSS THE STRATEGIES TO BECOME PROFESSIONAL

## **SESSION-12: REFELECTION IN MEDICAL EDUCATION:**

- 1. DISCUSS THE CONCEPT AND PRINCIPLES OF REFLECTION.
- 2. IDENTIFY THE BENEFITS OF REFLECTIVE LEARNING
- **3. DEMONSTRATE REFLECTIVE LEARNING SKILLS.**
- 4. ANALYZE SCENARIOS OR VIDEOS FOR DEMONSTRATING REFLECTION
- 5. ROLE PLAY IN SAFE ENVIRONMENT AND GIVE AND RECEIVE FEEDBACK BY PEERS AND TUTORS.

## **SESSION-13: COMMUNICATION SKILLS:**

- 1. DISCUSS THE PRINCIPLES OF EFFECTIVE COMMUNICATION.
- 2. COMPARE AND CONTRAST BETWEEN ACTIVE AND PASSIVE COMMUNICATION.
- 3. DEMONSTRATE VERBAL AND NON-VERBAL COMMUNICATION, INCLUDING BODY LANGUAGE.
- 4. ANALYZE SCENARIOS OR VIDEOS OF COMMUNICATION SKILLS TO GIVE FEEDBACK.
- 5. ROLE PLAY IN SAFE ENVIRONMENT AND GIVE AND RECEIVE FEEDBACK BY PEERS AND TUTORS.



#### **1.DISCUSS THE PRINCIPLES OF EBM APPROACH.**

#### 2.UTILIZE THE SOURCES OF EBM DATABASE.

# **3.DIFFERENTIATE BETWEEN PRIMARY AND SECONDARY DATA SOURCES.**

## 4.DISCUSS SOME COMMON TERMINOLOGIES USED IN EBM PRACTICE

**5.VALUE THE EBM APPLICATION TO DAILY CLINICAL PRACTICE.** 

# Teaching & Learning Strategies of the Course

## **TEACHING & LEARNING METHODS**

#### LARGE GROUP INSTRUCTION

INTERACTIVE LECTURES AND DISCUSSION

#### > LIVE DEMONSTRATION:

VIDEO PRESENTATIONS; EDUCATIONAL BROADCASTS, EXAMPLES FROM REAL LIFE

#### INDIVIDUALIZED LEARNING

DIRECTED STUDY OF SCIENTIFIC ARTICLES, STUDY OF OPEN-LEARNING MATERIALS; MEDIATED SELF-INSTRUCTION, APPLICATION OF CONCEPTS AND PRINCIPLES TO REAL LIFE ACTIVITIES.

- REFLECTION; THE MOST IMPORTANT STRATEGY OF LEARNING ANYTHING AND EVERY THINGS
- **GROUP LEARNING:** CLASS DISCUSSIONS; DISCUSSION BOARD, PBLS, SEMINARS; GROUP TUTORIALS; GAMES AND SIMULATIONS IN SKILLS LAB; ETC.

# Assessment System of the Course

# **ASSESSMENT METHODS**

**LEARNING SKILLS APPLICATION AND DEMONSTRATING EVIDENCE OF ACHIEVEMENT AND REFLECTION ON ITS REAL PRACTICE** 

- GROUP PRESENTATION (ASSIGNMENT) FOR 10 STUDENTS (PBL GROUP): (30%)
  - > BASED ON AN EDUCATIONAL PUBLISHED ARTICLE
    - > 10-15 SLIDES
    - > SHOW YOUR APPLICATION FOR THOSE SKILLS
    - > CLEAR REFLECTIVE IDEAS ON APPLICATION
    - > WHAT YOU HAVE LEARNED/SUMMARY

# SUGGESTED TOPICS FOR GROUP PRESENTATION

- 1. Learning Theory
- 2. Adult learning
- 3. Goal setting
- 4. Learning strategies
- 5. Learning styles
- 6. Self Directed Learning
- 7. Superficial and deep learning
- 8. Active and Passive learning
- 9. Students centered learning

- 1. Reading strategies of a scientific book
- 2. Note taking during large group (lecture) teaching
- 3. Learning in small group
- 4. Learning in Practical Lab
- 5. Learning in Anatomy lab
- 6. Learning in Skills Lab
- 7. Any other topic related to Learning

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## **GROUP PRESENTATION STERATEGIES & CRITERIA**

- 1. POWER POINT PRESENTATION
- 2. 10-15 SLIDES
- 3. BASED ON AT LEAST ONE-TWO IMPORTANT PUBLISHED ARTICLES
- 4. PRESENTED BY GROUP OF STUDENTS (PBL 10 TO 12)
- 5. ALL STUDENTS SHOULD SHOW THE CONTRIBUTION
- 6. FORMAT OF THE INTERACTIVE PRESENTATION:
  - 1. INTERESTING TITLE
  - 2. OBJECTIVES OF THE PRESENTATION
  - 3. SUBTOPICS
  - 4. INTRODUCTION
  - 5. MAIN TALK
  - 6. **REFLECTION**
  - 7. SUMMARY
  - 8. **REFERENCES**

## **GROUP PRESENTATION MARKING CRITERIA (30%)**

#### 1. 15% OF MARKS AS A GROUP PERFORMANCE

- SEARCHING SUITABLE ARTICLES FOR GROUP PRESENTATION
- FORMATS OF PRESENTATION SLIDES
- ADD PROPER REFERENCES IN SLIDES
- 2. 15% OF MARKS AS A INDIVIDUAL PERFORMANCE IN GROUPS
  - WAY OF PRESENTATION
  - QUESTIONS AND ANSWERS
  - REFLECTIONS



# SELF-DIRECTED LEARNING (SDL)

# WHAT IS YOUR UNDERSTANDING OF SDL?

THINK, PAIR & SHARE

## **SELF – DIRECTED LEARNING**

➢IT IS A VERY CRUCIAL ASPECT OF THE LEARNING PROCESS.

>WHY IT IS CRUCIAL??

## **SELF-DIRECTED LEARNING ?**

- INDIVIDUALS TAKE INITIATIVE AND RESPONSIBILITY FOR LEARNING
- INDIVIDUALS **SELECT, MANAGE**, AND **ASSESS** THEIR OWN LEARNING ACTIVITIES
- MOTIVATION AND VOLITION ARE CRITICAL
- INDEPENDENCE IN SETTING GOALS AND DEFINING WHAT IS WORTHWHILE TO LEARN.
- TEACHERS PROVIDE SCAFFOLDING, MENTORING, ADVISING.
- PEERS PROVIDE COLLABORATION

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# CONCLUSION

- LEARNING SKILLS COURSE IS TO IMPROVE YOUR STYLE OF LEARNING
- THE COURSE DISCUSSES CONCEPTS AND PRINCIPLES OF LEARNING
- THESE SKILLS TO BE APPLIED IN YOUR PRACTICAL LIFE
- SDL IS THE CRUCIAL SKILL TO LEARNED
- REFLECTION TO BE LEARNT TO BECOME A BETTER LEARNER
- APPLICATION OF THESE SKILLS WILL IMPROVE YOUR ACADEMIC PERFORMANCE AND KEEP YOU HIGH ACADEMIC ACHIEVER

We wish you a very successful and enjoyable time in your course and your career All the best