Green Life Medical College Journal

Volume 1 Number 1 January 2016

Official Journal
of
Green Life Medical College

Website: gmch-bd.net

GREEN LIFE MEDICAL COLLEGE JOURNAL

Vol. 1, No. 1, January 2016

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ABOUT THE JOURNAL

Full Name of the Journal	:	Green Life Medical College Journal
Short Name	:	GMCJ
Nature of Publication	:	Bi-annual
Published From	:	Green Life Medical College
Address	:	32, Bir Uttam K.M. Shafiullah Sarak, Dhanmondi, Dhaka-1205 Tel: 9612345-50

AIMS & SCOPE

The Green Life Medical College Journal is an English Language Scientific papers dealing with clinical medicine, basic sciences, epidemiology, diagnostic, therapeutics, public helath and healthcare in relation to concerned specialities. It is an official journal of Green Life Medical College and is published bi-annually.

The Green Life Medical College Journal of Bangladesh intends to publish the highest quality material on all aspects of medical science. It includes articles related to original research findings, technical evaluations and reviews. In addition, it provides readers opinion regarding the articles published in the journal.

INSTRUCTION TO AUTHORS

Papers

The Green Life Medical College Journal (published bi-annually) accepts contributions from all branches of medical science which include original articles, review articles, case reports, and letter to the Editor.

The articles submitted are accepted on the condition that they must not have been published in whole or in part in any other journal and are subject to editorial revision. The Editor preserves the right to make literary or other alterations which do not affect the substance of the contribution. It is a condition of acceptance that the copyright becomes vested in the journal and permission to republish must be obtained from the publisher. Authors must conform to the uniform requirements for manuscripts submitted to biomedical journals (JAMA 1997; 277: 927-34).

Legal Considerations

Authors should avoid the use of names, initials and hospital numbers which may lead to recognition of a patient. A table or illustration that has been published elsewhere should be accompanied by a statement that permission for reproduction has been obtained from the authors or publishers.

Preparation of manuscript

Each manuscript should indicate the title of the paper, and the name(s) and full address(es) of the author(s). Contributors should retain a copy in order to check proofs and in case of loss. Two hard copies of each manuscript (double-spaced) should be submitted. If a manuscript is accepted for publication in the GMCJ, the editor responsible for it may request a soft copy (a CD or via internet) of the final revision. Each paper will be reviewed for possible publication. The Editor may wish to see the raw data (electronic form) if necessary.

In preparing the manuscript, use double spacing throughout, including title, abstract, text, acknowledgement, references, table and legends for illustrations and font size 'Times New Roman 12'. Begin each of the following sections on a separate paper. Number pages consecutively.

The standard layout of a manuscript is:

- Title page
- Abstract, including Keywords
- Introduction
- Methods
- Results
- Discussion
- Acknowledgements
- Funding
- List of references
- Tables & Figures
- Illustrations

The pages should be numbered in the bottom right-hand corner, the title page being page one, etc. Start each section on a separate page.

Title page

A separate page which includes the title of the paper. Titles should be as short and concise as possible (containing not more than 50 characters). Titles should provide a

reasonable indication of the contents of the paper. This is important as some search engines use the title for searches. Titles in the form of a question, such as 'Is drinking frequent coffee a cause of pancreatic carcinoma?" may be acceptable.

The title page should include the name(s) and address(es) of all author(s). Details of the authors' qualifications and post (e.g., professor, consultant) are also required. An author's present address, if it differs from that at which the work was carried out, or special instructions concerning the address for correspondence, should be given as a footnote on the title page and referenced at the appropriate place in the author list by superscript numbers (1 *2* 3 etc.) If the address to which proofs should be sent is not that of the first author, clear instructions should be given in a covering note, not on the title page.

Abstract

The 'Abstract' will be printed at the beginning of the paper. It should be on a separate sheet, in structured format (Background; Methods; Results; and Conclusions) for all Clinical Investigations and Laboratory Investigations. For Reviews and Case Reports, the abstract should not be structured. The Abstract should give a succinct account of the study or contents within 350 words. The results section should contain data. It is important that the results and conclusion given in the 'Abstract' are the same as in the whole article. References are not included in this section.

Keywords

Three to six keywords should be included on the summary page under the heading Keywords. They should appear in alphabetical order and must be written in United Kingdom English spelling.

Introduction

The recommended structure for this section is

- Background to the study
- What is known/unknown about it
- What -research question/hypothesis you are interested in
- What objective(s) you are going to address

The introduction to a paper should not require more than about 300 words and have a maximum of 1.5 pages double-spaced. The introduction should give a concise account of the background of the problem and the object of the investigation. It should state what is known of the problem to be studied at the time the study was started. Previous work should be quoted here but only if it has direct bearing on the present problem. The final paragraph should clearly state the primary and, if applicable, secondary aims of the study.

Methods

The title of this section should be 'Methods' - neither 'Materials and methods' nor Patients and methods'. The Methods section should give a clear but concise description of the process of the study. Subjects covered in this section should include:

- Ethics approval/license
- Patient population
- Inclusion/exclusion criteria
- Conduct of the study
- Data handling
- Statistics
- Cognitive Task Analysis (CTA)

Ethical clearance

Regardless of the country of origin, all clinical investigators describing human research must abide by the Ethical Principles for Medical Research Involving Human Subjects outlined in the Declaration of Helsinki, and adopted in October 2000 by the World Medical Association. This document can be found at: http://ohsr.od.nih.gov/guidelines/helsinki.html. Investigators are encouraged to read and follow the Declaration of Helsinki. Clinical studies that do not meet the Declaration of Helsinki criteria will be denied peer review. If any published research is subsequently found to be non-compliant to Declaration of Helsinki, it will be withdrawn or retracted. On the basis of the Declaration of Helsinki, the Green Life Medical Journal requires that all manuscripts reporting clinical research state in the first paragraph of the 'Methods' section that:

- The study was approved by the appropriate Ethical Authority or Committee.
- Written informed consent was obtained from all subjects, a legal surrogate, or the parents or legal guardians for minor subjects.

Human subjects should not be identifiable. Do not disclose patients' names, initials, hospital numbers, dates of birth or other protected healthcare information. If photographs of persons are to be used, either take permission from the person concerned or make the picture unidentifiable. Each figure should have a label pasted on its back indicating name of the author at the top of the figure. Keep copies of

ethics approval and written informed consents. In unusual circumstances the editors may request blinded copies of these documents to address questions about ethics approval and study conduct.

The methods must be described in sufficient detail to allow the investigation to be interpreted, and repeated if necessary, by the reader. Previously documented standard methods need not be stated in detail, but appropriate reference to the original should be cited. However, any modification of previously published methods should be described and reference given. Where the programme of research is complex such as might occur in a neurological study in animals, it may be preferable to provide a table or figure to illustrate the plan of the experiment, thus avoiding a lengthy explanation. In longitudinal studies (case-control and cohort) exposure and outcome should be defined in measurable terms. Any variables, used in the study, which do not have universal definition should be operationalised (described in such terms so that it lends itself to uniform measurement). Where measurements are made, an indication of the error of the method in the hands of the author should be given. The name of the manufacturer of instruments used for measurement should be given with an appropriate catalogue number or instrument identification (e.g. Keyence VHX-6000 digital microscope). The manufacturer's town and country must be provided, in the case of solutions for laboratory use, the methods of preparation and precise concentration should be stated.

Single Case Reports

Single case reports of outstanding interest or clinical relevance, short technical notes and brief investigative studies are welcomed. However, length must not exceed 1500 words including an unstructured abstract of less than 200 words. The number of figures/tables must not be more than 4 and references more than 25.

Animal studies

In the case of animal studies, it is the responsibility of the author to satisfy the board that no unnecessary suffering has been inflicted on the animal concerned. Therefore, studies that involve the use of animals must clearly indicate that ethical approval was obtained and state the Home Office License number or local equivalent.

Drug's

When a drug is first mentioned, it should be given by the international non-proprietary name, followed by the chemical formula in parentheses if the structure is not-well known, and, if relevant, by the proprietary name with an initial capital letter. Dose and duration of the drug should be mentioned in sufficient details. If the drug is already in use (licensed by appropriate licensing authority), generic name of the drugs should preferably be used followed by proprietary name in brackets.

Present the result in sequence in the text, table and figures. Do not repeat all the data in the tables and/or figures in the text. Summarize the salient points. Mention the statistics used for statistical analysis as footnote under the tables or figures. Figures should be professionally drawn. Illustration can be photographed (Black and White glossy prints) and numbered.

Discussion

Comments on the observation of the study and the conclusion derived from it. Do not repeat the data in detail, already given in the results. Give implications of the findings, their strengths and limitations in comparison to other relevant studies. Avoid un-qualified statements and conclusions which are not supported by the data. Avoid claiming priority. New hypothesis or implications of the study may be labeled as recommendations. Letters are welcome. They should be typed double-spaced on side of the paper in duplicate.

References

References should be written in Vancouver style, numbered with arabic numerals in the order they appear in the text. The reference list should include all information, except for references with more than six authors, in which case give the first six names followed by et al.

Examples of correct forms of references

Dorababu M, Prabha T, Priyambada S, Agrawal VK, Aryaa NC, Goel RK. Effect of Azadirachta indica on gastric ulceration and healing of bacopa monnierang in experimental NIDDM rats. *Indian J Exp. Biol 2004; 42: 389-397.*

Chapter in a book:

Hull CJ. Opioid infusions for the management of postoperative pain. In: Smith G, Covino BG, eds. Acute Pain. London: Butterworths. 1985,1 55-79.

All manuscripts for publication should be addressed to the Editor-in-chief.

Professor Ava Hossain
Principal
Green Life Medical College and
Editor-in-chief
Green Life Medical College Journal

ABOUT THE COLLEGE

INTRODUCTION

In 2005, about 50 distinguished physicians of the country started a hospital to give specialized care in the private sector. They named it Green Life Hospital and it turned out to be a great success. So in 2009, they decided to make a medical college which will be a non-government, non-profit, self-financing project and will serve the humanity.

This College came into existence in 2009. The college commences its activities with the enrollment of 51 students in the 1st batch in 2010. Since inception, the college has undergone tremendous development and became a splendid centre for learning and development. At present we are enrolling 110 students each year. Among them, numbers of seats are reserved for overseas students.

We continue to evaluate and improve our programme to ensure the best medical education for the students. Our educational strategy is to create a conducive learning environment and to steer our students to acquire adequate knowledge, skills and temperament to practice medicine and be a competent health care professional group.

Green Life Medical College (GMC) is approved by the Ministry of Health and Family Welfare (MOHFW), Government of Bangladesh and Bangladesh Medical and Dental Council (BMDC) and affiliated to the University of Dhaka.

AIMS AND OBJECTIVES OF THE COLLEGE

Aims

To create a diverse and vibrant graduate scholars in medical discipline and to create highly competent and committed physicians for the country.

Objectives

- To provide an appropriate learning environment where medical students can acquire a sound theoretical knowledge and practical skills with empathetic attitude to the people.
- To carry out research in medical sciences to scale up the standard of medical education in the country.

LOCATION

The campus is located at 32, Bir Uttom K. M. Shafiullah Sarak (Green Road), Dhanmondi, Dhaka. The location is at the heart of the mega city Dhaka and is facilitated with very good communication networks.

The Medical College and the Hospital complexes have been raised in a multistoried fully air-conditioned building with an arrangement of approximately 500 patients. The building is equipped with state-of-the-art infrastructure, excellent with an out-patient department and adequate in-patient facilities.

GREEN LIFE MEDICAL COLLEGE JOURNAL

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EDITORIAL

Medical Education in Bangladesh: Goals and Challenges

National Professor Shahla Khatun

In a country with a population of about 160 million[1] we need a large number of basic medical graduates, nurses, dentists and qualified post graduate professionals to serve the health needs of communities and to improve the population health.

The key goal of medical education is to improve the quality of health care through qualified and competent Health Work Force. To obtain efficient, qualified and committed doctors an exact medical education, which could deal with the updated information of medical science, new medical technologies and advanced health care management world wide are essential. So, the newly graduates from the medical colleges could work both locally and in abroad. The responsibility, the competency, commitment and attitude of empathetic care of the patients by the doctors depend on the quality of medical education they obtained from the medical institutes.

At present in our country to meet the increased demand for doctors, the number of medical colleges has also increased both in public and private sectors. Therefore, it is a prime challenge to maintain, uphold or scale up the quality of the medical education in all, old and new medical colleges both in public and private sectors. The quality of medical education in all the medical colleges should be assured at any cost in the country. One of the way by which the quality of medical education can be assured, is by "Quality Assurance Scheme" (QAS).[2] Therefore, the Quality Assurance Scheme should be implemented in all medical colleges and monitored, and feedback should be given by the proper authorities regularly.

In the medical education, the educational principles should be student – centred with the provisions for self- directed learning, early clinical contact and early contact with health care services.[3] Self-directed learning involves the learner as an active participant and encourages the development of deep learning. Strategies that have been developed as self – directed learning include: problem based learning; task based learning, small group teaching and learning, self instructional and project based learning. Most of the current undergraduate training is didactic and pedagogical, with the teacher as a source of information, which encourages the student for surface learning.[3] The key features of self – directed learning [4] concord with the principle of adult learning. [5]

It is evidenced that early clinical contact during study of basic science is handled well by the students, who see the relevance and value of what they are learning.[3]

To overcome the challenge of subject wise approaches of teaching, the mass of information given to a student over five years in the current curriculum in undergraduate medical education may be changed to Problem - Based learning (PBL). Problem based learning (PBL) is an educational format that is centred on discussion and learning that emanates from a clinically based problem which encourages deep learning.[6] Problem - based learning has been described as one of the most significant developments in professional education, which was pioneered by the McMaster University in Canada in 1969.[3] Problem - based learning adopts learner – centered method, where students learn by working on real life problems and activities, and teachers act as a facilitator. The problems are used as a focus for learning basic science and clinical knowledge along with clinical reasoning skills in an integrated manner.[7]

In the undergraduate medical education, core curriculum should be given much emphasis and should be developed by delineating basic knowledge, skills and attitude. The core contents must be studied before a newly qualified doctor can assume the responsibilities and serve the health needs of the communities and to improve the health of the people.

Further challenges relate to the need for the teacher who has the appropriate skills and experience of teaching a new generation of future doctors. The teaching and learning methods should be followed, be consistent with the medical educational objectives and should promote competency – based learning, simulate analytic and problem - solving abilities and foster life – long learning skills.

To impart the effective teaching and learning to the students in medical institutes a group of well trained, efficient and committed teachers is needed. For the teacher in the medical colleges, teacher's training, continuing medical education (CME) and continuing professional development (CPD) are very much needed and is an essential part of teaching profession.

To develop the teaching skills the teacher should be trained either for a short period or long periods as diploma and master in medical education. The faculty member in the medical institutes should be efficient with the various methods of teaching style, methods of assessment, developing teaching materials, information technology, computer skills and many others. The new teaching methodologies can be well supported by the internet and other communication technologies including e-libraries and information technology learning programs.

A research activity is a neglected corner in our medical institutions – either government or private.[8] In addition, research is important for evidence based and need based teaching and learning process to engender knowledgeable, skilled physicians in the country. The research conducted and published by the faculty members should be made mandatory for getting scholarship, training program or promotion. A research cell should be an essential component in all medical institutions to conduct fundamental and applied research. A fund for research could be raised through this research cell in each medical college. The financial support for research initially for limited period of time may be given to all the medical colleges irrespective of public and private, either by the government or by the development partners and financing organizations who are working in the health and medical education sectors in Bangladesh.

Therefore, medical education of Bangladesh should maintain its quality with all relevant efforts to teaching and learning.

Journal of Green Life Med. Col. 2016; 1(1): 1-2

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Green Life Medical College.

References

1. Bangladesh demographics profile 2014.CIA World Fact book, last updated on June 30,2015.
2. CME and WHO. National Guideline and Tools for Quality Assurance Scheme (QAS) for Medical Colleges in Bangladesh; Nov. 2012. Centre for Medical Education and Directorate General of Health Services.
3. Majumder A, D'Souza U, Rahman S. "Trends in medical education: Challenges and directions for need based reform of medical training in South – East Asia", Indian Journal of Medical Sciences,2004; vol: 58, Issue 9; pp 369-380.
4. Spencer JA, Jordan RK. Learner - centred approach in medical education.BMJ 1999;318:1280-3.
5. Knowles M. The adult learner: a neglected species. Houston,TX: Gulf Publishing,1990.
6. Faiz MA, Medical Education in Bangladesh – Is there room for improvement ? Editorial, JCMCTA 2007; 18(2):1-3.
7. Barrwos HS, Problem - based learning: An approach to Medical Education. New York: Springer, 1980.
8. Khan A H, Private Medical Colleges in Bangladesh, Editorial, J Enam Med Col, Vol.2No.1.January, 2012.

EDITORIAL

Importance and Relevance of Community Oriented Medical Education (COME)

Professor Ava Hossain

Community oriented medical education refers to the training of health personnel that focuses on both population groups and individual and thereby takes into account the health needs of the community.[1]

The existing curriculum for the medical graduation in Bangladesh has not designed to develop attitude of the students to work during their professional practice adopting the cultural and behavior status of the community. The curriculum is mostly focused on the teaching and learning of diagnosis and management of diseases. Medical students are exposed to rare, complicated cases, rather than common health problems in the community where they will serve.

Community-oriented medical education (COME) can produce health-oriented professionals who are equipped with broad skills and able to work for health promotion, disease prevention and cure. The graduates going through such education can adapt themselves to the environment of the health care delivery system and cultural values of the communities.[2]

Community placement in community oriented medical education is an essential part of the teaching and learning process to provide opportunities to the students to learn medicine in the context of community which is far away from the tertiary level health care services.

Doctors graduated from Community Oriented Medical Education Curriculum should be able to use community oriented approach in solving the major health problems of the community they work.[3]

In the curriculum of Bangladesh Undergraduate Medical Education, 2002 and updated curriculum 2012,[4] a time period has been allocated for the students of 3rd / 4th year for community based medical education. In that period they are placed in an Upazila (sub-district) health complex. During that period they are supposed to stay there and learn the health problems of that community and conduct survey to get the distribution and determinant of health related events or disease. Moreover, they should learn the management of disease in the context of rural settings. Also they should learn to work in groups or with other sectors to resolve the health problems. In addition, after passing the MBBS course intern doctors needs to be placed for two weeks in the upazila (sub-district) health complex as a part of community placement during internship program. But most of the Medical Colleges are facing challenges in running this program with effective monitoring and outcome.

If the goals of the Community Oriented Medical Education could be achieved, this would have resulted in having more doctors who are willing to work in remote communities. It is expected that through the community oriented medical education, we could solve the problem of uneven distribution of doctors which is common problem in many countries. Also, community oriented medical education would help the students to learn and develop skills in a different context.

Community based education in the community oriented medical education is now recognized as an important addition to the methods available in medical education, because the skills and attitude of graduates will be more community friendly and may meet the health care demand of the citizen of Bangladesh.[5]

Journal of Green Life Med. Col. 2016; 1(1): 3

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References

1. Report of the first inaugural meeting, Kinston, Jamaica 4 – 8 June 1979], HMD/794. Geneva, Switzerland: World Health Organization, 1979.
2. Hammad B. Community Oriented Medical Education: What is it? Med.Educ.1991,25:16-22
3. Sriruksa K, "Community Oriented Medical Education", Journal of Medical Research and Education, 2012; Vol 1 No1:12-14.
4. Bangladesh Undergraduate Medical Education Curriculum updated.2012.
5. Eldin M, Magzoub, Schmide HG, A Taxonomy of Community – based Medical Education, Academic Medicine, Vol. 75, No. 7 / July 2000; 699 – 707.

Printed by: **ASIAN COLOUR PRINTING, 130 DIT Extension Road, Fakirerpool, Dhaka-1000**
Phone : 9357726, 58313186, E-mail: asianclr@gmail.com