SYLLABUS

On Evidence-based Medicine for the Educational Program for the specialty:" 7M10102 Public Health" Autumn semester 2022-2023 ac.y.

Cod of discipline	Name of discipline	Self- Кол-во кредитов			N. of	Self-master's work	
		master student's work (SMW)	Lecture (L)	Classes (C)	Lab work (LW)	credits	under Teacher's supervision (SMTS)
EBM 5301	Biostatistics and Epidemiology	196	-	90	-	10	14
	Academic information of course						
Education type	Course Type	Types of lecture Types of classes		Form of final control			
		educational			Case study		
Lecturer	F.A.Iskakova						
e-mail:	Farida.iskakova@kaznu.edu.kz						
Phone:	+77011013086						
An assistant of lecturer							
e-mail:			·				
Phone:							

Academic course presentation

Aim of discipline	Expected learning outcomes (LO)*	Indicators of LO achievement (ID)		
_	As a result of the discipline, the student will be	(at least 2 indicators for each RO)		
	able to:	student		
Aim of discipline is to 1. Identify and define the concept of		1.Use DM concepts in solving health care		
form in students a Based Medicine		problems		
knowledge of		2.Apply evidence-based principles to address		
principles Evidence-		diagnostic, etiological, prognostic, and		
based medicine and		therapeutic challenges of clinical medicine.		
skills and professional	2. Recognize the 5-step process in Evidence-	1. Apply the DM steps to form a research		
competencies for apply	Based Practice	question		
them into Clinical		2. conduct a search for information in evidence-		
Practice		based databases		
		3. apply critical appraisal of publications in		
		terms of evidence-based findings		
	3. Understand the key research methods needed to	1.Distinguish between observational and		
	locate medical evidence	experimental methods in publications		
		2.Use the distinction between descriptive and		
		analytical methods in publications		
	4. Distinguish between various levels of evidence	1.Plan the most evidence-based research methods		
	and their corresponding clinical study	for epidemiologic studies		
	categories	2.Use a hierarchy of evidence-based methods to		
		evaluate clinical diagnostic and treatment		
	C A : 1 1 1 1 1111	protocols for diseases.		
	5. Appraise the evidence based on validity,	1.Use levels of evidence to analyze systematic		
	reliability, and applicability	reviews and meta-analyses		
	Di ante opposi	2.Apply evidence in the clinical setting		
Prerequisites	Bio2215, OE3216			
Post-requisites	RBDONI6206, DM5208, EE530			
Literature and resource	1. Trisha Trinhalk. Bases of Evidence-based Medicine, 2010222 p.			
	2. Evidence-Based Medicine Guidelines. John Wiley & Sons Ltd, The Atrium, Southern Gate,			
	Chichester, West Sussex PO19 8SQ, England 2005 1343 p.			
	3. Users' Guides to the Medical Literature: Essentials of Evidence-Based Clinical Practice, Third Edition (Uses Guides to Medical Literature) by Gordon Guyatt, 2015402 p.			
	4. Wolfgang, A. Handbook of Epidemiology. Vol.1//Ahrens Wolfgang, Peugeot Iris 2 ed			
	Springer Reference, 2014 469 p.			
	Recommended Reading:			

5.	Key topics. Evidence-based medicine. D.P.V. MqGoverin, R.M. Valori, W	'.S.M.
	Summerskill, M. Levi, 2001167 p.	

- 6. Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB, RW Scott: Evidence based medicine: what it is and what it isn't. Editorial. BMJ 1996; 312: 71–2.
- 7. KEY TOPICS IN EVIDENCE-BASED MEDICINE. Dermot P.B. McGovern, Roland M. Valori, William S.M. Summerskill, Marcel Levi, University of Amsterdam, The Netherlands, BIOS Scientific Publishers Limited, 2001.-167 p.
- 8. REVIEW ARTICLE Critical Appraisal of Scientific Articles Part 1 of a Series on Evaluation of Scientific Publications Jean-Baptist du Prel, Bernd Röhrig, Maria Blettner
- 9. Evidence-Based Medicine Guidelines/Duodecim Medical Publications Ltd, PO Box 713, 00101 Helsinki, Finland, 2000
- 10. International standards for clinical trial registries. 1.Clinical trials as topic standards. 2.Registries standards. I.WHO, 2012.-40 p.
- 11. Evidence-Based Medicine Guidelines. Editor in chief Ilkka Kunnamo. John Wiley & Sons Ltd, England.-1313 p.
- 12. AGREE tool https://www.agreetrust.org/practice-guidelines/
- 13. AGREE II Training Tools
- 14. The AGREE Reporting Checklist: a tool to improve reporting of clinical practice guidelines. BMJ 2016;352:i1152. doi: 10.1136/bmj.i1152.

Electronic sources:

www.who.org

www.cdc.gov

www.medline

www.cockraine.library

www.PubMed.

www.e-library.kz

Academic Policy of	Rules of Academic Conduct:			
the Course in the	Students are expected to attend class and be prepared to discuss reading material.			
Context of	Students who have 3 or more unexcused absences will receive a score of 0 for class participation.			
University Moral	If IWS will passed a week later, it will be accepted, but the grade is reduced by 50%.			
and Ethical Values	Academic Values:			
	Practical/laboratory classes, SRS must be independent, creative in nature. Plagiarism, forgery, use of			
	cheat sheets, cheating at all stages of control are unacceptable.			
	Students with disabilities can get advice by phone and at vitaliy.kamhen@kaznu.edu.kz			en@kaznu.edu.kz
Evaluation and	Criterion evaluation: assessment of learning outcomes in relation to the descriptors (check the			
Assessment Policy	formation of competencies at the boundary control and examinations).			
				e classroom (on the webinar);
	evaluation of the completed task. The final grade for the discipline is calculated by the following			
	formula:			
	BC1+BC2/3*0.6 + \cdot 0.4, where BC – boundary control; FC - final control (exam).			
		tudent knowledge asse	ssment table	
	Grade by letter	Numerical		Grade by traditional
	system	equivalent	Score (% content)	_ system
	Α	4,0	95-100	Perfect
	A-	3,67	90-94	
	B+	3,33	85-89	Good
	В	3,0	80-84	
	B-	2,67	75-79	
	C+	2,33	70-74	
	С	2,0	65-69	Satisfactory
	C-	1,67	60-64	
	D+	1,33	55-59	
	D-	1,0	50-54	
	FX	0,5	25-49	Unsatisfactory
	F	0	0-24	-

$\label{lem:content} \textbf{Calendar} \ (\textbf{schedule}) \ \textbf{of the implementation of the content of the training course}$

week	Title of the topic	Number of hours	Max.grade
	Module 1 Introduction to Epidemiology		
	L 1 Principles of Evidence-based medicine. Evidence-based Practice.		
1	C 1. Definition and principles of Evidence-based medicine. History of development and role of Evidence-based medicine in Public Health. World experience.	3	7
	L 2. 5- step process in Evidence-Based Practice. First step - Asking answerable clinical questions or a clinical problem by using the PICO principle. PICOT.		
2	C 2. 5-step process in Evidence-Based Practice. First step of EBM – Asking answerable clinical question or a clinical problem by using the PICO principle. Create	3	7
	a clinical example (task) on a given topic. SMTS1. Consultation on the execution of the Preparation to SMW 1.	2,3	
	L 3. Second step of EBM – Acquiring the highest quality evidence	2,3	
	available by using the Internet and an Electronic Database.		_
3	C 3. Find information or evidence to answer question from the Internet and an Electronic Database. Database: Cochrane library, Trip Database, PubMed, Medline.	3	7
	SMW 1. Analyze of one type of epi-research on the publication from PubMed resource.		40
	L 4 Clinical trails' Procedures and Design.		
4	C 4. Clinical trails' design: types, pyramid of evidence-based researches. Scope,	3	7
·	interpretation of results, strength and limitation of Cross-Sectional, Cohort and Case-Control studies.	3	,
	SMTS 2. Colloquium (quiz, test, project, essay, case study, etc.).	2,3	11
	L 5 Clinical trails' design: Randomized Controlled Trails and Non-Randomized Controlled Trials	2,3	11
5	C 5. Clinical trials' design: Scope, Interpretation of results, strength and limitation of Randomized Clinical Trails.	3	7
	Module 2 Basics of Biostatistics		I
	L 6 Diagnostic Test: sensitivity and specificity. Likelihood ratio and prognostic value		
	(negative and positive).		
6	C 6. Diagnostic and Screening tests. Sensitivity and specificity of the test. PPV and NPV indicators.	3	7
	L 7 The practical application of principles of Evidence-Based Medicine in diagnostic, etiological (risk assessment), prognostic and therapeutic purposes in medicine.		
7	C 7. The practical application of principles of evidence-based medicine in diagnostic, etiological (risk assessment), prognostic and therapeutic purposes in medicine.	3	7
	SMTS 3. Consultation on the execution of the SMW 2.	2,3	
BC 1	Sittle by Comparison on the Execution of the Sitting	2,3	100
ъс т	L 8 Systematic review.		100
8	C 8. Definition and content of systematic review. Traditional literature review and systematic review. Evidence and weaknesses in systematic reviews.	3	10
	SMW 2. Database creation in SPSS program.		50
	L 9 Meta analysis		
9	C 9. Meaning of meta-analysis. Cochrane Collaboration. Cochrane library. Systematic and random errors.	3	10
	L 10 Grading of evidence and levels of recommendation		
10	C 10. Evidential value of various clinical trials' design. Classification of scientific research. The hierarchy of evidence. Levels of evidence: A, B, C, D. Classes of	3	10
	recommendations: I, II, II-a, II-b, III	2,3	20
	SMTS 2. Colloquium (quiz, test, project, essay, case study, etc.). Module 3 Advanced Biostatistics	۷,೨	
	L 11 Step 3 of EBM.		
11	C 11. Step 3 of EBM – Appraising the clinical relevance and validity of the evidence in the current clinical environment. Critical appraisal and analysis of scientific publications	3	
	from the perspective of evidence-based medicine. Tools of evaluation. L 12. 4 and 5 steps of EBM		
12	C 12. The 4 th step of EBM- Applying evidence-based interventions in the current clinical environment. The 5 th step 5 of EBM – Assessing the efficacy and utility of	3	10
	EBM practice. SMTS 5. Consultation of the execution CDC 2	2.2	10
	SMTS 5. Consultation of the execution CPC 3.	2,3	10

	L 13 Clinical practical guidelines: definition, principles of development and using in		
	Medicine.		
131	C 13. Principles of EBM in development of Clinical Practical guidelines and	3	10
	recommendations. Types of clinical practical guidelines. Requirement and stages of		
	development of Clinical Practical Guidelines and Recommendations. Strength and		
	limitation of Clinical Practical Guidelines.		
	SMW 3 Тема, вид выполнения задания.		50
	L 14 AGREE system and evaluation of Clinical Practical Guideline.		
4	C 14. Evaluation of Clinical Practical Guideline with using AGREE system.	3	10
	L 15 Tests' sensitivity and specificity. Likelihood ratio and prognostic value (negative		
	and positive).		
15	C 15. Estimation of sensitivity and specificity of tests in clinical trials. Prognostic	3	10
	value of a negative and positive result.		
	SMTS 6. Advice on preparing for exam questions.	2,3	
BC 2			100

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Head of Department	
Lecturer	