## **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	ne Self- Кол-во кредитов		В	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	Evidence-Based Medicine	196	15	30	-	5	14
	Academic information of course						
Education type	Course Type	Types of lecture Types of classes		f classes	Form of final control		
		educ	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**

	T (11 ) ( (70)*	1 11 ( 010 11 ((ID)			
Aim of discipline	Expected learning outcomes (LO)*	Indicators of LO achievement (ID)			
	As a result of the discipline, the student will be able to:	(at least 2 indicators for each RO)			
A:	1. Identify and define the concept of Evidence-	student			
		1.Use EBM concepts in solving health care			
form in students a knowledge of	Based Medicine	problems			
C		2.Apply evidence-based principles to address			
principles Evidence- based medicine and		diagnostic, etiological, prognostic, and therapeutic challenges of clinical medicine.			
skills and professional	2. Recognize the 5-step process in Evidence-	1. Apply the EBM steps to form a research			
competencies for apply	Based Practice	question			
them into Clinical	Dased Flactice	2. conduct a search for information in evidence-			
Practice		based databases			
Tractice		3. apply critical appraisal of publications in			
		terms of evidence-based findings			
	3. Understand the key research methods needed	1.Distinguish between observational and			
	to locate medical evidence	experimental methods in publications			
		2.Use the distinction between descriptive and			
		analytical methods in publications			
	4. Distinguish between various levels of	1.Plan the most evidence-based research			
	evidence and their corresponding clinical	methods for epidemiologic studies			
	study categories	2.Use a hierarchy of evidence-based methods to			
		evaluate clinical diagnostic and treatment			
		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			
		2.Apply evidence in the clinical setting			
Prerequisites	Bio2215, OE3216				
Post-requisites	RBDONI6206, DM5208, EE530				
Literature and resource	<ol> <li>Trisha Trinhalk. Bases of Evidence-based</li> </ol>				
	2. Evidence-Based Medicine Guidelines. John Wiley & Sons Ltd, The Atrium, Southern Gate,				
		Chichester, West Sussex PO19 8SQ, England 2005 1343 p.			
	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:				
	P.V. MqGoverin, R.M. Valori, W.S.M.				
	5. Key topics. Evidence-based medicine. D.I				

Summerskill, M. Levi, 2001.-167 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
- 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

#### **Rules of Academic Conduct:**

Students are expected to attend class and be prepared to discuss reading material.

Students who have 3 or more unexcused absences will receive a score of 0 for class participation.

If IWS will passed a week later, it will be accepted, but the grade is reduced by 50%.

#### **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

# Evaluation and Assessment Policy

**Criterion evaluation:** assessment of learning outcomes in relation to the descriptors (check the formation of competencies at the boundary control and examinations).

**Summative assessment**: evaluation of the activity of work in the 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).

### Student knowledge assessment 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	

## ${\bf Calendar\ (schedule)\ of\ the\ implementation\ of\ the\ content\ of\ the\ training\ course}$

	Title of the topic	Number of hours	Max.grade
	Module 1 Introduction to Epidemiology		
1	L 1 Principles of Evidence-based medicine. Evidence-based Practice.		
	C 1. Definition and principles of Evidence-based medicine. History of development	3	7
	and role of Evidence-based medicine in Public Health. World experience.		
2	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.		
	C 2. 5-step process in Evidence-Based Practice. First step of EBM – Asking	3	7
	answerable clinical question or a clinical problem by using the PICO principle. Create		
	a clinical example (task) on a given topic.		
	SMTS1. Consultation on the execution of the Preparation to SMW 1.	2,3	
3	L 3. Second step of EBM – Acquiring the highest quality evidence available by using		
	the Internet and an Electronic Database.		
	C 3. Find information or evidence to answer question from the Internet and an	3	7
	Electronic Database. Database: Cochrane library, Trip Database, PubMed, Medline.		
	<b>SMW 1.</b> Search for publications on the topic of the study in evidence databases.		40
4	L 4 Clinical trails' Procedures and Design.		
	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.		
	SMTS 2. Colloquium (quiz, test, project, essay, case study, etc.).	2,3	11
5	L 5 Clinical trails' design: Randomized Controlled Trails and Non-Randomized		
3	Controlled Trials		
	C 5. Clinical trials' design: Scope, Interpretation of results, strength and limitation of	3	7
	Randomized Clinical Trails.	3	,
	Module 2 Basics of Biostatistics		
6	L 6 Diagnostic Test: sensitivity and specificity. Likelihood ratio and prognostic value		
U	(negative and positive).		
	C 6. Diagnostic and Screening tests. Sensitivity and specificity of the test. PPV and	3	7
	NPV indicators.	3	<b>'</b>
7			
/	L 7 The practical application of principles of Evidence-Based Medicine in diagnostic,		
	etiological (risk assessment), prognostic and therapeutic purposes in medicine.	3	7
	C 7. The practical application of principles of evidence-based medicine in diagnostic,	3	/
	etiological (risk assessment), prognostic and therapeutic purposes in medicine.  SMTS 3. Consultation on the execution of the SMW 2.	2.2	
DC 1	SW118 3. Consultation on the execution of the SWI w 2.	2,3	100
BC 1	T.O. C. daniela de la constanta de la constant		
0			100
8	L 8 Systematic review.	2	
8	C 8. Definition and content of systematic review. Traditional literature review and	3	100
8	<b>C 8.</b> Definition and content of systematic review. Traditional literature review and systematic review. Evidence and weaknesses in systematic reviews.	3	10
	C 8. Definition and content of systematic review. Traditional literature review and systematic review. Evidence and weaknesses in systematic reviews.  SMW 2. Analysis a systematic review from the evidence databases.	3	
9	C 8. Definition and content of systematic review. Traditional literature review and systematic review. Evidence and weaknesses in systematic reviews.  SMW 2. Analysis a systematic review from the evidence databases.  L 9 Meta analysis		10 50
	C 8. Definition and content of systematic review. Traditional literature review and systematic review. Evidence and weaknesses in systematic reviews.  SMW 2. Analysis a systematic review from the evidence databases.  L 9 Meta analysis  C 9. Meaning of meta-analysis. Cochrane Collaboration. Cochrane library. Systematic	3	10
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9	C 8. Definition and content of systematic review. Traditional literature review and systematic review. Evidence and weaknesses in systematic reviews.  SMW 2. Analysis a systematic review from the evidence databases.  L 9 Meta analysis  C 9. Meaning of meta-analysis. Cochrane Collaboration. Cochrane library. Systematic and random errors.  L 10 Grading of evidence and levels of recommendation  C 10. Evidential value of various clinical trials' design. Classification of scientific	3	10 50 10
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9	C 8. Definition and content of systematic review. Traditional literature review and systematic review. Evidence and weaknesses in systematic reviews.  SMW 2. Analysis a systematic review from the evidence databases.  L 9 Meta analysis  C 9. Meaning of meta-analysis. Cochrane Collaboration. Cochrane library. Systematic and random errors.  L 10 Grading of evidence and levels of recommendation  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 recommendations: I, II, II-a, II-b, III  SMTS 5. Colloquium (quiz, test, project, essay, case study, etc.).  Module 3 Advanced Biostatistics  L 11 Step 3 of EBM.  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 3 2,3	10 50 10
9 10 11	C 8. Definition and content of systematic review. Traditional literature review and systematic review. Evidence and weaknesses in systematic reviews.  SMW 2. Analysis a systematic review from the evidence databases.  L 9 Meta analysis  C 9. Meaning of meta-analysis. Cochrane Collaboration. Cochrane library. Systematic and random errors.  L 10 Grading of evidence and levels of recommendation  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 recommendations: I, II, II-a, II-b, III  SMTS 5. Colloquium (quiz, test, project, essay, case study, etc.).  Module 3 Advanced Biostatistics  L 11 Step 3 of EBM.  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 from the perspective of evidence-based medicine. Tools of evaluation.	3 3 2,3	10 50 10
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9 10 11	C 8. Definition and content of systematic review. Traditional literature review and systematic review. Evidence and weaknesses in systematic reviews.  SMW 2. Analysis a systematic review from the evidence databases.  L 9 Meta analysis  C 9. Meaning of meta-analysis. Cochrane Collaboration. Cochrane library. Systematic and random errors.  L 10 Grading of evidence and levels of recommendation  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 recommendations: I, II, II-a, II-b, III  SMTS 5. Colloquium (quiz, test, project, essay, case study, etc.).  Module 3 Advanced Biostatistics  L 11 Step 3 of EBM.  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 from the perspective of evidence-based medicine. Tools of evaluation.  L 12. 4 and 5 steps of EBM  C 12. The 4 <sup>th</sup> step of EBM- Applying evidence-based interventions in the current	3 3 2,3	10 50 10
9 10 11	C 8. Definition and content of systematic review. Traditional literature review and systematic review. Evidence and weaknesses in systematic reviews.  SMW 2. Analysis a systematic review from the evidence databases.  L 9 Meta analysis  C 9. Meaning of meta-analysis. Cochrane Collaboration. Cochrane library. Systematic and random errors.  L 10 Grading of evidence and levels of recommendation  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 recommendations: I, II, II-a, II-b, III  SMTS 5. Colloquium (quiz, test, project, essay, case study, etc.).  Module 3 Advanced Biostatistics  L 11 Step 3 of EBM.  C 11. Step 3 of EBM.  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 from the perspective of evidence-based medicine. Tools of evaluation.  L 12. 4 and 5 steps of EBM  C 12. The 4 <sup>th</sup> step of EBM- Applying evidence-based interventions in the current clinical environment. The 5 <sup>th</sup> step 5 of EBM – Assessing the efficacy and utility of	3 2,3 3	10 50 10 10 20
9 10 11	C 8. Definition and content of systematic review. Traditional literature review and systematic review. Evidence and weaknesses in systematic reviews.  SMW 2. Analysis a systematic review from the evidence databases.  L 9 Meta analysis  C 9. Meaning of meta-analysis. Cochrane Collaboration. Cochrane library. Systematic and random errors.  L 10 Grading of evidence and levels of recommendation  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 recommendations: I, II, II-a, II-b, III  SMTS 5. Colloquium (quiz, test, project, essay, case study, etc.).  Module 3 Advanced Biostatistics  L 11 Step 3 of EBM.  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 from the perspective of evidence-based medicine. Tools of evaluation.  L 12. 4 and 5 steps of EBM  C 12. The 4 <sup>th</sup> step of EBM- Applying evidence-based interventions in the current clinical environment. The 5 <sup>th</sup> step 5 of EBM — Assessing the efficacy and utility of EBM practice.	3 2,3 3	10 50 10 10 20
9 10 11	C 8. Definition and content of systematic review. Traditional literature review and systematic review. Evidence and weaknesses in systematic reviews.  SMW 2. Analysis a systematic review from the evidence databases.  L 9 Meta analysis  C 9. Meaning of meta-analysis. Cochrane Collaboration. Cochrane library. Systematic and random errors.  L 10 Grading of evidence and levels of recommendation  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 recommendations: I, II, II-a, II-b, III  SMTS 5. Colloquium (quiz, test, project, essay, case study, etc.).  Module 3 Advanced Biostatistics  L 11 Step 3 of EBM.  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 from the perspective of evidence-based medicine. Tools of evaluation.  L 12. 4 and 5 steps of EBM  C 12. The 4 <sup>th</sup> step of EBM- Applying evidence-based interventions in the current clinical environment. The 5 <sup>th</sup> step 5 of EBM – Assessing the efficacy and utility of EBM practice.  SMTS 6. Consultation of the execution CPC 3.	3 2,3 3	10 50 10 10 20
9 10 11	C 8. Definition and content of systematic review. Traditional literature review and systematic review. Evidence and weaknesses in systematic reviews.  SMW 2. Analysis a systematic review from the evidence databases.  L 9 Meta analysis  C 9. Meaning of meta-analysis. Cochrane Collaboration. Cochrane library. Systematic and random errors.  L 10 Grading of evidence and levels of recommendation  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 recommendations: I, II, II-a, II-b, III  SMTS 5. Colloquium (quiz, test, project, essay, case study, etc.).  Module 3 Advanced Biostatistics  L 11 Step 3 of EBM.  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 from the perspective of evidence-based medicine. Tools of evaluation.  L 12. 4 and 5 steps of EBM  C 12. The 4 <sup>th</sup> step of EBM- Applying evidence-based interventions in the current clinical environment. The 5 <sup>th</sup> step 5 of EBM — Assessing the efficacy and utility of EBM practice.	3 2,3 3	10 50 10 10 20

	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 Analysis Clinical Practical Guideline using AGREE protocol.		50
4	L 14 AGREE system and evaluation of Clinical Practical Guideline.		
	C 14. Evaluation of Clinical Practical Guideline with using AGREE system.	3	10
15	L 15 Tests' sensitivity and specificity. Likelihood ratio and prognostic value (negative		
	and positive).		
	C 15. Estimation of sensitivity and specificity of tests in clinical trials. Prognostic	3	10
	value of a negative and positive result.		
	<b>SMTS 7.</b> Advice on preparing for exam questions.	2,3	
BC 2			100

Dean		 	
Head of	Department _	 	
Lecture	r		