

PRACTICAL ISLAMIC INPUT IN ORTHOPAEDICS UNDERGRADUATE MEDICAL CURRICULA

Hafiz A^[a], Nazri MY^a, Khalid KA^a, Aminudin CA^{a [b]}, Zamzuri Z^a, Yusof A^a, Azril A^a, Shukrimi A^a, Kasule OH^[c]

INTRODUCTION

The International Islamic University of Malaysia (IIUM) was founded in 1983 upon a renewed awareness of the perennial values of the teachings in the *Al-Quran* and *Sunnah* and is dedicated to the reorientation of the *ummah* and mankind towards this end. The first Mission Statement of IIUM stated that it would ‘...undertake the special and greatly needed task of reforming the contemporary Muslim mentality and integrating Islamic Revealed Knowledge and the Human Sciences in a positive manner’. When it was first founded, IIUM had faculties only in the Human and Social Sciences. In 1995, the Kulliyah of Medicine (*Kulliyah al-Tabb*) was established and the first batch of 69 medical undergraduates started their medical education in 1997.

Previously, fresh medical graduates have been accused of being very uncaring towards their patients when they start working in the hospitals. In a country with a large Muslim population like Malaysia there are certain aspects of medical practice that may make both the patient and the medical practitioner uncomfortable, such as how to perform *solah* while the patients are incapacitated. As the doctor is responsible for patients while they are hospitalised, there is a responsibility under *syariah* law for the doctor to ensure that the patients do not forgo their obligations as Muslims. The fact that the patient is under the doctor’s care does not absolve the doctor of this responsibility and, in fact, further strengthens the need for something to be done.

The heavy medical curriculum has been blamed in the past as a major factor that medical students become more ‘disease-orientated’ rather than ‘patient-orientated’. In a non-English speaking country like Malaysia, the burden on the medical students to perform is much bigger due to the language barrier as most teaching medium available are in English. Thus, the medical students’ time will be further taken up by their efforts to study and do well in their exams at the end of their posting or semester. They spend more time in trying to read and memorise as much as possible rather than understanding the problem. In the Western world this phenomena is a well known fact, leading to the advent of ‘Problem Based Learning’ (PBL) in trying to overcome this shortcomings in the medical student.

Furthermore, the secularisation of all fields of knowledge has lead towards the medical curriculum largely devoid of any religious or spiritual considerations. Although undergraduate students have had formal teaching about the basics of the Islamic *fiqh* and *tawhid* during their school-going years, they are very much unprepared to apply the knowledge that they acquired towards the pathological conditions that they will see in the clinical setting. Therefore, there is a great need to re-educate the medical undergraduates on how to be more critical of the information that they acquire in medical school and how to better apply the knowledge gained, especially from the various aspects of the Islamic perspective.

In the Kulliyah of Medicine in IIUM the teaching of medicine in a holistic manner is being achieved by having a series of relevant Islamic Revealed Knowledge lectures for the students every week throughout their five year course. To our knowledge IIUM is the first university in the world to incorporate Islamic Input courses into the medical curriculum. The Department of Orthopaedics, Traumatology & Rehabilitation has gone further by introducing a practical session on the relevant aspects of the Islamic Input in Orthopaedics (Triple IO) practice since 2002.

OBJECTIVES

The Practical Islamic Input session was devised to overcome the shortcomings of the traditional Western orthopaedic curriculum with the following objectives in mind:

1. To educate medical students on the practical aspects of *Ibadah* during treatment of Orthopaedic and Trauma conditions.
2. To help the students understand the problems patients are experiencing during their illness.
3. To build up students’ confidence to educate patients on matters pertaining to *Ibadah* during illness.
4. To expose the students to the practical aspects of relevant Orthopaedic procedures.
5. To assess the students’ understanding of Orthopaedic treatments and related problems.

METHODOLOGY

This programme was proposed and discussed by the staff of the Department of Orthopaedics, Traumatology and Rehabilitation (DOTR), supported by the Islamic Input committee, and approved by the Kulliyah of Medicine, IIUM. At the end of the day, feedback forms were distributed to both students and staff that were involved in session and the responses evaluated to enable the Department to further improve the sessions. The program consists of two sessions as will be further explained below.

Facilitators

All DOTR Lecturers were involved as facilitators, with the support from Islamic scholars and the Kulliyah's Coordinator for Islamic Input as the advisor.

Participants

All fourth year medical students during their Orthopaedics Block Posting were involved. There were approximately thirty students in each block posting, with three blocks in each academic year. Students are divided into small teaching groups of about 4 or 5 students in each group (i.e. 6 – 8 groups in total).

Program

Session I: Case Discussion

Students were divided into the aforementioned groups during the briefing and introduction session. Each group of students is given a Problem Based Question (PBQ), with two hours given for the groups to solve as a team. The components of Teaching and Learning that were addressed by this session include Problem-Based Learning (PBL), literature search, identification of problems and their solutions, group presentation, and interactive discussion.

Example 1:

You have a 24 year-old quadriplegic patient who had an MVA on coming back from his engagement ceremony. The wedding ceremony is next month. He is asking you whether he can become a good husband and bring happiness to his future wife.

Questions

Can he have a normal sexual relationship?

Is there any medical treatment that you can suggest?

Will he be able to have children?

Example 2:

A 60 years old man was admitted for gangrene of his right foot following a nail prick injury. The Doctor wanted to amputate his leg in order to save his life. He strongly refused and demanded to be discharged from the ward. The doctor refused to let him go and told him that he would die if he got out of the hospital. This really made him angry because he believed that his life is in *Allah's* hand and not in the doctor's hand.

Questions

What are the main problems?

How do you overcome these problems?

Session II: Practical Session

A clinical scenario was given to each group of students and they are given half an hour to discuss and practice performing the tasks entailed. Each group would present and performed their given tasks at the end one at a time while the students from the other groups are given the opportunity to observe and learn from them. These presentations were recorded using both video and still photography. Both the Orthopaedics and *ibadah* component of the practical session were assessed and discussed. This is followed by a review of the video recording at the lecture hall and further discussion of any issues raised.

Example 1:

You just had a full length Plaster of Paris (FLPOP) applied following a closed midshaft fracture of the right tibia. You were involved in a motor vehicle accident (MVA) at 1.00 pm. It is now 5.00 pm.

Questions

Show us how you apply the cast?

Show us how are you going to perform your wudhu' and solah?

Example 2:

You are a diabetic patient who had persistent pus discharge from the wound on the sole of your foot. It is time for Friday prayers.

Questions

How do you perform dressing for the wound?

How do you perform wudhu' and solah?

DISCUSSION

Feedback from the students who participated in the session was very encouraging. Generally they find it very good and beneficial; however they have also given a number of suggestions to further improve the sessions. This includes the need for a pre-workshop series of lectures on *ibadah* and *taharah*; more variety in the problems given, including advance technology-oriented problems; longer duration of time for the practical session and discussion including extending the session to two days; and to conduct the session in the actual hospital setting. As to be expected, there were also a few suggestions that may actually defeat the reasoning for initiating the session itself such as the provision of proper references and sources of information and the provision of a copy of the compilation of answers, which will make the students dependent on the lecturers only and not able to think critically for themselves. The students have also recommended that a similar sort of program is also made available during their postings with the other clinical departments.

The staffs' feedbacks were much less in number and are generally related to improving the running of the session itself. This includes the improvement of the audiovisual facilities and involvement of Islamic scholars during the sessions. Interestingly, the students have also suggested the latter too, indicating the amount of trust that is given to Islamic scholars to solve the daily problems experienced by the general population and just how much of a lack there is in this area. The most important cause for this state of situation is probably the absence of Islamic scholars who are also well versed in Clinical Medicine. This shows just how important it is to have more collaboration between Islamic scholars, such as from the Kulliyah of Islamic Revealed knowledge and Human Sciences (KIRKHS) in IIUM, with lecturers from the Kulliyah of Medicine, where they could learn from each other. This is something that the administrators in the Kulliyahs concerned and the University itself will have to look into and implement at a later date.

Formative evaluation was applied to the students during this program in which they were asked to perform, discuss, and present their answers before the facilitators would correct them and allow them to perform it again. With this, they would have the confidence to discuss and explain the concept of *ruksoh*; and also understand their role in advising the patients. The students also will be assessed for their clinical competency and practical knowledge of Orthopaedics and Trauma. Summative evaluation was done during the theory and clinical components of the end-of-posting examinations.

Some of the problems that were encountered during the running of the Islamic Input Practical Sessions includes the *khilaf*, which is differencing opinions in achieving the same solutions for the problem; and *furu'*, which is branches which may cause conflict and having different ways of solving the same problems. The four different *Madhhabs* (*Shafie*, *Hanafi*, *Hambali* and *Maliki*) have different ways of practicing some of the finer points in the practise of Islam. At the same time there may also be differences within the same *Madhhab* for the same problem. For this program we should not be confined to one jurisdiction (*Madhhab*) only but to follow the most suitable method for the individual problems on a case by case basis. In the vast majority of cases there is no single solution to the problems given. This is important to open the mind and thought of both the medical students and lecturers to a broader view of the situation. Other aspects that need to be considered are the cultures and customs of the local population.

In the future, the Department is going to upgrade the program to be more objective and clinically oriented and to also strengthen the program with the other modules in the IIUM medical curriculum as have been suggested above. The inclusion of the Islamic Input in all of the Kulliyah's clinical activities and having more innovative programs in the teaching of clinical subjects to medical students is becoming more relevant today, especially with the advent of the internet that opens the students to an ever increasing amount of outside influences. By inference, the same Practical Islamic Input program could also be implemented in the undergraduate courses for all medical and health personnel including nurses, physiotherapists, occupational therapists and paramedics.

CONCLUSION

Implementation of the Practical Islamic Input in Orthopaedic teaching is a good program that can be use as a tool to strengthen and integrate the knowledge of Islam and medical science within the medical curricula. The program needs to be upgraded to further fulfil the needs of both participants and facilitators. This pioneer project needs to be supported and

expended in order to ensure that future doctors have the strength and confidence to face their patients during their career as practicing Islamic Medical Personnel.

REFERENCES

1. Farrow R. ABC of Learning and Teaching in Medicine: Creating Teaching Materials. *BMJ* 2003; 326:921-3.
2. Gordon J. ABC of Learning and Teaching in Medicine: One to One Teaching and Feedback. *BMJ* 2003; 326:543-5.
3. International Islamic University Prospectus, 2004
4. Jacques D. ABC of Learning and Teaching in Medicine: Teaching Small Groups. *BMJ* 2003; 326:492-4.
5. Medical Curriculum, Kulliyah of Medicine, International Islamic University of Malaysia, 1995 (revised 2001).
6. Morrison J. ABC of Learning and Teaching in Medicine: Evaluation. *BMJ* 2003; 326:385-7.
7. Prospectus for the Kulliyah of Medicine, International Islamic University Malaysia, 2004
8. Smee S. ABC of Learning and Teaching in Medicine: Skilled Based Assessment. *BMJ* 2003; 326:703-6.
9. University Philosophy, International Islamic University of Malaysia, 2001.
10. Wood DF. ABC of Learning and Teaching in Medicine: Problem Based Learning. *BMJ* 2003; 326:328-30.

[Click on the image to enlarge](#)



Picture 1: Solah in sitting position



Picture 2: Taking wudhu'



Picture 3: Perform solah in cast



Picture 4: Application of cast



Picture 5: Presentation



Picture 6: Discussion

[a] Department of Orthopaedics, Traumatology and Rehabilitation, Kulliyah of Medicine International Islamic University Malaysia <ahafiz@iiu.edu.my>

[b] Correspondence: Dr Aminudin Che Ahmad Department of Orthopaedics, Traumatology and Rehabilitation, Kulliyah of Medicine International Islamic University of Malaysia P. O. Box 141 25710 KUANTAN Pahang MALAYSIA Tel: +609 5132797 (Ext 3452) Fax: +609 5151518 E-mail: aminudinc@iiu.edu.my or dramin@time.net.my

[c] Co-ordinator The Islamic Input Curriculum Kulliyah of Medicine International Islamic University Malaysia