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# REVELATION & SCIENCE

IN THE 21<sup>ST</sup> CENTURY

Editors

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Dr. Esam Eltigani Mohamed Ibrahim  
Dr. Raudlotul Firdaus Fatah Yasin

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Esam Eltigani Mohamed Ibrahim  
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Synopsys



**FORWARD**



The revelation (the Qur'an and Sunnah) and the creation (al-kawn) are both sources for man to identify, understand, and confirm the Message of Allah, the Creator, the Sustainer, the Cherisher, the Provider, the Controller of the universe. The revelation is accurately available in words; and the creation exists in precise form. There is no conflict between the revelation and creation; they are both rather complementary to each other. There should not be even an iota of doubt that the Qur'an and Sunnah invite man to read the Nature with a view to developing science which in turn must reconfirm the authenticity and sanctity of the Message handed over to man through the Last Prophet (s.a.w.).

It was out of this fact that the Department of Qur'an and Sunnah Studies, Kulliyyah of IRK & HS, IIUM mooted the idea of inviting learned scholars, specialists, and experts in both Islamic Studies and Natural Sciences to share and exchange views on multi-dimensional link between the Revelation and the Creation from a platform of International Conference. The response from various quarters of intelligentsia was quite overwhelming. Out of so many English and Malay papers on the Conference theme some were very interesting and enlightening. These extraordinarily informative researches deserve preservation in the form of intellectually memorable volume.

The commitment of the Department of Qur'an and Sunnah Studies, IIUM espoused by the Saudi Scientific Society for the Holy Qur'an and its Sciences (*Tybian*), Al-Qaradawi Center for Islamic Moderation and Renewal, Qatar Faculty of Islamic Studies, Hamad Bin Khalifa University affirms that the elaborate and conscious study of the Qur'an and Sunnah will ensure ever-relevance of Islam to the revolutionary growth pace of Science and Technology.

I hope and pray that this volume proves academically significant for both intellectuals and commoners. I would like to thank all those who selflessly devoted their time and energy to this intellectual task. May Allah equip them all with more insights and renewed vigor to serve Islam better in the modern scientific age!

Sincerely,  
Chief Editor & Conference Director (ICQS2),  
Dr. Esam Eltigani  
Department of Quran and Sunnah Studies  
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International Islamic University Malaysia (IIUM)

**IMPLEMENTATION OF THE ISLAMIC INPUT IN ORTHOPAEDICS (IIIIO)  
UNDERGRADUATE MEDICAL CURRICULA AND PRACTICE:  
IIUM'S EXPERIENCE (2002-2014)**

Mohd Ariff Sharifudin, Mohd Adham Shah Ayeop, Aminudin Che Ahmad.<sup>1</sup>

**Abstract**

The secularisation of the modern fields of knowledge leads to the deprivation of religious and spiritual considerations, particularly in the current medical curriculum. In the past, the heavy medical curriculum has been blamed as a major contributing factor of production of 'disease-oriented' rather than 'patient-oriented' medical practitioners. Undergraduate students are very much unprepared to integrate the Islamic knowledge acquired during school-going years into the hectic life and specific conditions that they will encounter in the real clinical settings. There is a great need to reform the current education system to produce critical-minded medical practitioners, especially from the various aspects of the Islamic perspective. In IIUM, the teaching of medicine is augmented by series of relevant lectures and programs in line with the University's Islamization of Human Knowledge agenda. The Department of Orthopaedics, Traumatology and Rehabilitation of IIUM has taken a step ahead by introducing the Islamic Input in Orthopaedics (Triple IO) Module since 2002. Since its implementation, various obstacles have been faced and many improvements have been made. After more than a decade, we would like to share our experience in conducting the program and how to improve it further to cope with future challenges.

**Keywords:** Medical education, Islamization of human knowledge, orthopaedics.

**Introduction**

The role of modern sciences in the present day societies is well recognized. However, concerns had been raised that the development of the various fields of modern sciences is built on materialistic philosophies, in which conflicting with the ideals of Islamic values. The secularization of the modern fields of human knowledge has lead to deprivation of religious and spiritual considerations<sup>2</sup>. In medicine, newly graduate medical practitioners were unprepared to integrate the Islamic knowledge acquired during school-going years into the hectic life and specific conditions that they will encounter in the real clinical settings. In the past, the heavy medical curriculum has been blamed as a major contributing factor of producing 'disease-oriented' rather than 'patient-oriented' medical practitioners<sup>3</sup>.

Kulliyyah of Medicine of IIUM runs an undergraduate medical program, which integrates a specifically designed module to incorporate Islamic perspectives of medicine, professionalism and ethics into the basic medical and clinical sciences<sup>4,5,6</sup>. It started as Islamic

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<sup>2</sup> Arawi, T.A. (2011). The Ethics of the Muslim Physician and the Legacy of Muhammad. *Journal of the Islamic Medical Association of North America*, 43, 35-38.

<sup>3</sup> Hafiz, A., Nazri, M.Y., Khalid, K.A., Aminudin, C.A., Zamzuri, Z., Yusof, A., Azril, A., Shukrimi, A. & Kasule, O.H. (2004). Practical Islamic input in Orthopaedics Undergraduate Medical Curricula. *International Medical Journal Malaysia*, 3(2).

<sup>4</sup> *Ibid.*

<sup>5</sup> Naznin, M. Ariff, O., Abdul Rahman, S., Ahmad Mansur, M. & Kasule O.H. (2008). The impact of the teaching of ethics in a medical and allied health sciences curriculum in International Islamic University Malaysia. *International Medical Journal*, 7(1).

<sup>6</sup> Osman, A. (2013). Integrating Islamic Value in Medical Teaching Curriculum: IIUM Experience. *Bangladesh Journal of Medical Science*, 12(2), 117-120.

input in Medical Curriculum (IIMC) two years after the humble efforts of Prof. Dr. Omar Kasule, and rebranded as Islamic input in Medical Program (IIMP) after a major curriculum review in 2010<sup>1</sup>. Since 2002, The Department of Orthopaedics, Traumatology and Rehabilitation of IIUM has introduced the Islamic Input in Orthopaedics (Triple IO) Module as part of the University's mission in Islamization of various human knowledge, particularly in medicine. After more than a decade, we would like to share our experience in conducting the module and ways to keep persevering.

### Triple IO Module - an Overview

Triple IO is a part of the Orthopaedic and Trauma clinical posting for year 4 medical undergraduates. All the lecturers of the Department of Orthopaedics, Traumatology and Rehabilitation were involved as facilitators. Conducted as a one-day workshop, the module is carried out with specific objectives<sup>2,3</sup>:

1. To inculcate the holistic approach and application of the Islamic values and rules in patient care
2. To introduce the basic principles of *usul fiqh* and educate medical students on the practical aspects of *ibadah* during treatment of Orthopaedics and Trauma conditions.
3. To help the students understand the problems that patients are experiencing during their illness.
4. To build up students' confidence in educating patients on matters pertaining to *ibadah* during illness (Da'awah).
5. To expose the students to the practical aspects of relevant Orthopaedics procedures.
6. To assess the students' understanding of Orthopaedics and Trauma treatments and related problems

For the past 10 years, the module has been divided into two components; a problem base case discussion and a problem base practical simulation. Students are divided into small groups for each session.

### Problem-Base Discussion

The first session was conducted during the morning session. Each group was given a problem-based question (PBQ) in the form of case scenarios. The case scenarios are about various orthopaedic conditions that affect the patient in following religious obligations. Students will be given two hours to discuss and suggest its solution as a team. Each group will present their case to other group members and facilitators. It involves students' ability to perform good literature search, identification of problems and solutions, creativity in group presentation as well as interactive discussion.

Examples of case scenarios that have been used:

1. A 30-year-old man presented with progressive neck pain associated with constitutional symptoms. Physical examinations and investigations are strongly suggestive of TB spine. He is married with one child. His wife does not know his previous social history, in which he was an intravenous drug abuser and had multiple sexual partners.

#### Discussion

- i. Outline management of TB spine

His wife was very upset when she gets to know that he has TB spine and positive HIV.

- ii. How do you counsel the wife and family members?

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<sup>1</sup> *Ibid.*

<sup>2</sup> *Ibid.* 2.

<sup>3</sup> Ariff M.S. (2014). Updates on IMP: Orthopaedic: Presented at the 1<sup>st</sup> Update on Islamization of Medical Curriculum & Practice for Medical Teachers, Banquet Hall of Office of Campus Director Building IIUM Kuantan, 26<sup>th</sup> February 2014. Source: [http://irep.iium.edu.my/36072/2/Updates\\_on\\_IIMP\\_%2D\\_IIIO.pdf](http://irep.iium.edu.my/36072/2/Updates_on_IIMP_%2D_IIIO.pdf)

- iii. In Islam, what is the right of his wife if she wants to ask for divorce?
2. A 16-year-old girl who has polydactyl of both hands came to see you, an Orthopaedic surgeon for second opinion. She requested surgical removal of the extra digits. However, the first doctor that she met refused to do the surgery because in his opinion. It will change Allah's creation.

*Discussion*

- i. What is the Islamic perspective on health and disease?
- ii. What is polydactyl?
- iii. How should you advise her?
- iv. In Islamic view, what are the *syari'ah* principles that allow reconstructive surgery?
3. A 27-year-old Malay man has been diagnosed to have a giant cell tumour of distal right femur. Since the tumour is an aggressive type, he is planned for limb salvage surgery (tumour resection and endoprosthesis). The cost of the implant is RM35000. If he is unable to pay for the implant, the treating doctor suggested him to undergo and above knee amputation.

*Discussion*

- i. What is giant cell tumour and its staging system?
- ii. What is the role of limb salvage surgery (LSS) and amputation?
- iii. What is the ethical issue in deciding the management options for this patient?
- iv. How could you assist this patient financially, what are the options available i.e. zakat, charity fund, donation, SOCSO, etc.?

### **Problem-Base Practical Simulation**

The morning session is followed with an afternoon practical session. During this session, several stations (depending on the total group of students) were set up with each has different case scenario involving specific orthopaedic problem and appliances. Students are expected to understand the case problem and perform the *ibadah* while the orthopaedic appliance is being applied. Similar to the previous session, each group is required to present and performed their tasks in front of other group members and facilitators one at a time. Students from other group will take the opportunity to observe, learn, and clarify any points related to the case. Students' clinical orthopaedic knowledge and *fiqh al-ibadah* are evaluated and discussed.

Examples of case scenarios that have been used:

1. You had involved in a motor vehicle accident and sustained a closed fracture distal third of right radius. The accident happened at 1:00pm. You also sustained a cerebral concussion and your Glasgow Coma Scale was 14/15. Full length was applied on your affected upper limb.

*Discussion*

- i. Show us how you apply the cast?
- ii. Show us how are you going to perform your *wudhu'* and *solat*?
2. A 75-year-old gentleman with fracture intertrochanteric right femur complicated with sacral sore.

*Discussion*

- i. Show us how you do the dressing for the sacral sore?
- ii. How do the patient can perform *solat*?
3. A 25-year-old paraplegic patient with burst fracture L1 post spinal decompression and instrumentation. He also has bowel and urinary incontinence.

*Discussion*

- i. How do you perform cleaning and ablution for the patient?
- ii. How do the patient can perform *solat*?

During each session, a religious scholar, either from the Kulliyah of Islamic Revealed Knowledge and Human Sciences (IRKHS), or local religious institution is invited to

supervise. At the end of the workshop, students and department staff were asked to give their feedback regarding the program.

Students were evaluated in two formats. Formative evaluation is done throughout the workshop by means of performance, discussion and creativity. This include their practical knowledge on Orthopaedics and Trauma, as well as their clinical competency. By these interactive interactions, the facilitator can evaluate and correct students' understanding on specific topics. Students are also allowed to repeat their task to perfection. This is important in developing their confidence in discussing sensitive and challenging issues, as a preparation to deal with real patients in the future. Summative evaluation was done at the end-of posting examination, which include clinical and theory components.

#### **After a Decade – What have we learnt so far?**

We have outline several limitations and obstacles faced in the first report on this module<sup>1</sup>. These were made based on the feedback that we received from the participants, facilitators as well as supporting staff. The most common problem encountered was the issue of *khilaf*, or difference in opinions in achieving solutions for the same problem. When dealing with various clinical case scenarios, we cannot avoid from discussing problems that can be considered as branches of the Islamic fundamentals, or *furu'iyah*, which may lead to conflicts if not handled appropriately. This is where the importance of involvement of religious scholars with good exposure to clinical medicine should be highlighted. Based on our experience, we are lacking of scholars with interest in this aspect, even from within the University. Another problem that was raised up by previous participants was the frequent used of the same case scenarios for different batches of students.

Nevertheless, feedbacks from participants were generally very encouraging. A number of participants also gave their suggestions in improving the module and how it should be carried out. Some participants requested pre-workshop series of lectures on *ibadah* and *taharah*. As mentioned earlier, participants would like to see more variety in problem-base cases given, including advance technology-oriented problems. With comprehensive module involving two sessions, some recommended having a two-day workshop instead of one. This would benefit the participants with longer practical session and discussions. Furthermore, a number of participants believe that conducting the practical session in the actual hospital setting would be better.

There were also suggestions from the students on having a compilation of answers for the case scenarios given with proper references and sources of information. However, we believe that these provisions may defeat one of the reasoning of initiating the module, which is to train the students to do a thorough literature search rather than dependent on lecturers and lecture notes. Other interesting recommendations were to have the workshop earlier in the Orthopaedic and Trauma posting rather than towards the end of it. Some even suggested that the Kulliyyah should look into having similar session in other clinical postings as well.

#### **Improvements**

Throughout the years, many amendments and improvements had been made based on the feedbacks received as well as from our own observations.

#### **The use of Problem-Based Learning Method**

After more than 10 years, the Department still believes that the module is best carried out using the Problem-Based Learning (PBL) Method. PBL has been chosen as the teaching method for this module as it fits better with the students, since it is widely used by them during pre-clinical and other clinical postings<sup>2,3,4</sup>. PBL has been proven as an effective

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<sup>1</sup> *Ibid.* 2.

<sup>2</sup> *Ibid.* 2

<sup>3</sup> *Ibid.* 4

<sup>4</sup> *Ibid.* 5

teaching method<sup>1</sup>. Although some authors reported that students underwent PBL sessions gained slightly less knowledge in relation to the retention period, they also conclude that these students remember more of the acquired knowledge<sup>2</sup>. In a more earlier review, it was shown collectively that the retention of knowledge may further increase over years even though the levels of learning may initially lower compared to the conventional teaching methods<sup>3</sup>.

### **Variety of Case Scenarios with Similar Principles**

In keeping with using PBL as the main teaching method, there are demands on the needs of changing the clinical case discussions and the cases for practical session more frequent after a certain period of time. We have responded to this by preparing variety of cases to be discussed alternately between batches of students. We found this very beneficial to compensate some of the well-known drawbacks of PBL. In a reported study, graduates underwent PBL as their main teaching method were found to engage in backward reasoning rather than the forward reasoning hoped for. Furthermore, authors also found out gaps in students' cognitive knowledge base that may affect their practice outcomes<sup>4</sup>.

For the past five years, we have changed the content of the module but with similar principles to keep them parallel with the learning objectives and outcomes. These involve the PBL session as well as the practical sessions. Case assignments for both morning and afternoon sessions are changed more frequently. To further improve the quality of students' presentations and discussions, case assignments were given one week earlier rather than two hours like what was practiced in the past.

It is almost impossible to teach and educate all clinical and practical cases in a one-day workshop. Our main aim is to integrate basic concepts in *fiqh* and *rukhsah* in *ibadah* into students' clinical knowledge. From this workshop, it is also hoped that students' intrinsic interest in this subject is further enhanced. This can be fairly achieved through PBL method of teaching. What is more important is enhancing self-directed learning skills<sup>5</sup>.

Over the years, the module and workshop remains a one-day program despite suggestions to have a longer duration. The idea of having this workshop is to expose the students to real case scenarios, integrating their clinical knowledge with basic principles in *fiqh* and *ibadah*. The aim, as mentioned earlier, is to create awareness among the students as well as developing their interest and the need to find solutions in demanding situations later in their career. A one-day workshop is definitely not adequate to cover all issues and lengthy discussion. Hence, the need to understand the aim of the workshop is very crucial. It is hoped that through this effort, the students, as well as involved lecturers will keep on learning and improve their knowledge in this matter.

On the idea of having the workshop at an earlier period within the clinical posting, we feel that it is best carried out as presently done since we are not only assessing their knowledge in *fiqh*, but we are also assessing their knowledge in Orthopaedics and Trauma. Without adequate exposure throughout the posting, the workshop will not achieve the learning objectives and aims.

### **Addition of Spiritual Input into the Module**

After several discussions among members of the Department, we feel that our original module was lacking of spiritual input. Thus, since a year ago, the program coordinator has proposed to include a third component into the module, which is *tazkiyah an-nafs* that include *qiam al-*

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<sup>1</sup> Albanese, M.A. & Mitchell, S. (1993). Problem-based Learning: A Review of Literature on Its Outcomes and Implementation Issues. *Academic Medicine*, 68(1), 52-81.

<sup>2</sup> Dochy, F., Segers, M., Bossche, P.V.D. & Gijbels, D. (2003). Effects of Problem-based Learning: A Meta-analysis. *Learning and Instruction*. 13(5), 533-568.

<sup>3</sup> Norman, G.R. & Schmidt, H.G. (1992). The Psychological Basis of Problem-based Learning: A Review of the Evidence. *Academic Medicine*, 67(9), 557-565.

<sup>4</sup> *Ibid.* 13.

<sup>5</sup> *Ibid.* 15.

*lail* as well as *tazkirah* prior to the day of workshop<sup>1</sup>. This session is also conducted by the lecturers themselves, including in giving the religious talk. By this way, both lecturers and students will benefit the additional component of the module. Lecturers as *murabbi* will need to show good examples as well as preparing themselves to address religious issues with the students. Students on the other hand, will have inputs that are beyond their hectic, daily clinical works.

### Issues on Differences in Opinions

For this program, we believe that the discussions should not confine to a single jurisdiction (*Mazhab*) only. It is more appropriate to follow the most suitable and most practical methods for patients based on specific clinical situations. In most cases, there is no single solution to the case scenarios given. Hence, the more important focus is to open the mind and thought of the students and the lecturers to a broader perspective of the situations given. However, it is always important to take into consideration the customs and cultures of the local communities<sup>2,3</sup>.

### Moving Forward

#### Dissemination of the Module

At present, we are still utilizing a general hospital as our teaching hospital. This, in one way or another, limits our options in conducting programs or workshop in the hospital. It is difficult to have the workshops conducted with involvement of the patients in ward. An alternative solution to this is by conducting workshops for the hospital staff involving the students at the same time. By doing this, we can also disseminate the module and further implement them on the patients in ward. We are at present, conducting workshops for the hospital on their demand<sup>4</sup>.

We took another step in disseminating the knowledge by getting the students themselves to share their experience and knowledge during the workshop at local and national level platforms. For example, our students presented their experience and practical works at the recent National Seminar on Islamization of Medical Curriculum and Practice in conjunction with the First World Congress on Integration and Islamicisation of Human Knowledge (FCWII-2013)<sup>5,6,7</sup>. Previously, lecturers would take up the task in presenting reports and updates to other institution or during related conferences or seminars.

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<sup>1</sup> *Ibid.* 8.

<sup>2</sup> *Ibid.* 2.

<sup>3</sup> *Ibid.* 8.

<sup>4</sup> Ariff, M.S. (2014). Ibadah & Rukhsah in Patients with Diabetic Foot Diseases: What are Our Roles as Medical Practitioners. Lecture at *The Diabetic Foot and Wound Management Workshop: Towards Better Management*, Auditorium of Hospital Tengku Ampuan Afzan Kuantan, 5<sup>th</sup> September 2014.

<sup>5</sup> Ariff, M.S., Aminudin, C.A., Abdul Rahman, A.F., Jeffrey, M., Zabidi, S.N.A., Ibrahim, A.S., Mohamad Sha, S. & Mohd Rafee, A.R. (2013). How to Perform Religious Duties in Time of Illness. A Case Study on a Patient with Head Injury and Upper Limb Trauma. Presented at the *Seminar on Islamization of Medical Curriculum and Practice*, Auditorium of Kulliyah of Medicine IIUM Kuantan, 26<sup>th</sup> August 2013.

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<sup>6</sup> Azril, M.A.M., Siron, K.N. & Goh, K.L. (2013). How to Perform Solah with Upper Limb Injuries. Presented at the *Seminar on Islamization of Medical Curriculum and Practice*, Auditorium of Kulliyah of Medicine IIUM Kuantan, 26<sup>th</sup> August 2013.

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## Research and Publications

Education and research must go hand in hand in order to move forward. Since implementing the Triple IO Module, we have also expanded our efforts into researches with involvements of the students to increase their interest in this field. Studies include surveys on patients' knowledge and practices in performing *ibadah* in ward<sup>13</sup>, as well as more explorative studies that correlates *ibadah* with science<sup>1,214,15</sup>. We are also in the process of producing handbooks for students as a guide for the Triple IO Module in implementing them throughout their Orthopaedic and Trauma Posting, as well as in other clinical postings.

We would like to highlight the need of strong collaborations between the Kulliyah of Medicine and the Kulliyah of Islamic Revealed Knowledge and Human Sciences (IRKHS), in both conducting the module as well as collaborative research works. This could also expand the scope of discussion from undergraduate curriculum to postgraduate modules, benefiting students, lecturers and staff. Hence, leading to further theoretical development in main themes of Islamization of medical curriculum and practices.

## Conclusion

Islamization of medical curriculum and practices should be seen as a call for reorientation and reformation of the current medical curriculum. The implementation of the Triple IO Module has proven to be successful with areas that can be improved and upgraded to fulfill the needs and demands of participants and facilitators. Nevertheless, our module has been widely used by other medical schools with their own inputs and amendments to fit in their aspirations in education. Even with the excellent achievement so far, we need to keep our mind open, and keep persevering with clear vision on the aim and potential outcomes from this module. The module, after more than a decade, is still open for suggestions and criticism.

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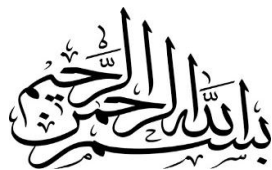
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## SYNOPSIS



The Revelation (the Qur'an and Sunnah) and the Creation (al-kawn) are both sources for man to identify, understand, and confirm the Message of Allah, the Creator, the Sustainer, the Cherisher, the Provider, the Controller of the universe. The Revelation is accurately available in words; and the Creation exists in precise form. There is no conflict between the Revelation and the Creation; they are both rather complementary to each other. There should not be even an iota of doubt that the Qur'an and Sunnah invite man to read the Nature with a view to developing science which in turn must reconfirm the authenticity and sanctity of the Message handed over to man through the Last Prophet (s.a.w.) in the form of Revelation. Research papers included in this volume represent respective authors' sincere and serious endeavor to show the relevance of both Message in the revelation and that in the Creation to human life in its multi-faceted form.

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