

Dubai Medical College for Girls

CLERKSHIP MANUAL

BACHELOR OF MEDICINE AND SURGERY

2022-2023

CLERKSHIP MANUAL

BACHELOR OF MEDICINE AND SURGERY

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1. PROGRAM

INSTITUTION:	Dubai Medical College for Girls
Program title:	Bachelor of Medicine and Surgery
Program Code:	MBBCh
Delivery mode:	Full time study on campus
DEGREE awarded:	Bachelor degree in Medicine and Surgery
LENGTH & MODE:	5 Years Course & 1 Year Internship 2 years & 6 Months – Biomedical phase 2 years & 6 Months – Clinical phase 1 Year Internship

Accreditation of MBBCh program:

Initial Program Accreditation: May 1996 by Ministry of Higher Education and Scientific Research MOHESR (previous name of MOE)

The program has been regularly re-accredited by the Commission of Academic Accreditation, Ministry of Education.

Subsequent accreditation dates: 2007, 27 April 2015, 25 May 2021.

Next accreditation due date: 19 May 2024

2. PROGRAM SPECIFICATIONS – MBBCh

2.1 Program Information

The program is aligned with the Level 7 of the Qualifications Framework for the UAE approved by The Board of the National Qualifications Authority (NQA) known as the *QF Emirates*.

- **Program title:**
 - **Bachelor of Medicine and Surgery**
- **Program code:** MBBCh
- **Program duration:**
 - MBBCh 5 years and 1-year internship
- **Degree conferred by** Dubai Medical College for Girls
- **Delivery Site:** Dubai Medical College for Girls
- **Delivery mode:** Full time study on campus
- **Acting Dean:** Prof. Yousif El Tayeb
- **Associate Dean Academic Affairs:** Prof. Samar Ahmed

Program Delivery:

Following departments are responsible for delivery of Program:

1. Biomedical Science Dept

2. Clinical Science Dept.
3. Public health and behavioural Science Dept.

Contractual Relationships for clinical training:

From the first batch of DMCG onwards the clinical training has been in the DHA hospitals. Based on an agreement between DMCG and Dubai Health Authority, the clinical clerkship is conducted in the DHA hospitals.

The agreement with DHA contains the start date and end date of agreement, date of renewal if any, roles and responsibilities of each of the parties in student training.

In selection of student training sites, DMCG adheres to national employment Laws in Selection of Student placement.

Program Aims:

- **MEDICAL KNOWLEDGE:** Students should know understand and apply knowledge of the basic biomedical and clinical sciences and demonstrate the skills and attitudes necessary to use this knowledge effectively as a physician.
- **COMMUNICATION SKILLS:** Students must demonstrate knowledge of the principles of communication and the skills and attitudes that allow effective interaction with patients, families, healthcare workers, and others who affect the health and well-being of patients.
- **PROFESSIONALISM:** Students must demonstrate a combination of knowledge, skills, attitudes and behaviors necessary to function as a respected member of the medical profession. They must know the obligations of medical professionals as members of a healthcare team, as members of a healthcare institution, and as leaders in our society in bringing about the common good.
- **CLINICAL SKILLS & PATIENT CARE:** Students should be able to use their knowledge, skills and attitudes to provide patient care. They should demonstrate empathy for a diverse community and provide patient care that is compassionate, appropriate and effective.
- **PRACTICE BASED AND LIFELONG LEARNING:** Students should demonstrate the knowledge, skills and attitudes needed to be able to start evaluating their method of practice, use appropriate tools of evidence to analyze clinical practice, and understand concepts of quality in healthcare and quality improvement.
- **SOCIAL AND COMMUNITY CONTEXT OF HEALTHCARE:** Students must demonstrate the knowledge, skills, and attitudes necessary to function within the larger healthcare system in which they will receive further training and identify resources available to provide high-quality care for their patients. Students should engage in community and social context to promote health, prevent disease and manage illness.

2.2. Program Learning Outcomes

These program learning outcomes (PLO) are prepared in alignment with Level 7 (Bachelor's Degree) of Qualifications Framework -Emirates (QF-E), as required by Commission of Academic Accreditation (CAA).

QF-E Strands	On successful completion of the MBBCh Program of DMCG, the graduate will be able to
Knowledge	<p>A-1 Demonstrate factual and theoretical knowledge with substantive depth in areas of core biomedical, psychosocial and clinical sciences and integrate this knowledge with general medical practice.</p> <p>A-2 Apply the knowledge of these disciplines in clinical context for diagnosis, prevention and management of clinical conditions within the framework of ethical and legal regulations at the level of General Practitioner and in preparation for future specialist training.</p> <p>A-3 Critically analyze existing literature with an understanding of research tools and apply the knowledge of scientific basis to make decisions in patient care to promote health, prevent disease and treat illnesses in the community and specialized healthcare centers</p>
Skill	<p>B-1 Demonstrate clinical and cognitive skills/problem solving skills of obtaining and interpreting history, conducting clinical examination and synthesizing the findings to provide differential diagnosis and suggest the most likely diagnosis for a variety of clinical problems.</p> <p>B-2 Choose appropriate investigations and management strategies at the level of a general practitioner and the need for specialist referral, for a wide range of conditions during clinical encounter with patients.</p> <p>B-3 Communicate effectively and compassionately with patients, relatives, teachers, peers and other professionals in verbal, written and electronic means using advanced communication and information technologies in a professional manner.</p>
Aspects of Competence (Autonomy & Responsibility, Role in context & Self Development)	<p>C-1 Develop approaches to evaluate and improve healthcare literacy and awareness, epidemiology of diseases and healthcare delivery systems, and provide suggestions for improving quality and optimizing patient safety through a continuous process of auditing.</p> <p>C-2 Work individually and as a team member and leader of inter-professional healthcare teams demonstrating principles of handing-over and emphasis on life-long learning.</p> <p>C-3 Manage patient-care under supervision in a primary care setting to treat acute, chronic or emergency conditions of patients, within the limits permissible to an entry level General Medical Practitioner, with ability to properly refer cases that need specialist attention.</p> <p>C-4 Observe principles of medical ethics, anonymity and confidentiality; and demonstrate honesty, integrity, altruism, empathy and social responsibility in their interaction with peers, patients in a multicultural context.</p>

Prepared by Dr. Fouzia Shersad & Dr. Hajer Sheikh April, 2017. Reviewed by Prof. Hafez Ahmed April, 2017

Reference: QF Emirates Handbook https://www.nqa.gov.ae/en/Documents/QF_Handbook_FINAL.pdf

Rewritten Section C in accordance with the QFE 2018 on 20th Feb 2018

As advised by CAA ERT Feb 2020, Section C is revised from Autonomy & Responsibility to "Aspects of Competence". 30th March 2020

Literature reviewed:

1. "Tomorrows Doctors" by GMC 2016 Dec. http://www.gmc-uk.org/Tomorrow_s_Doctors_1214.pdf_48905759.pdf
2. Learning objectives of several medical schools in USA like University of Nebraska, University of South Florida, University of Central Florida and University of Oregon
3. Program Learning outcomes of Gulf Medical University, RAK Medical and Health Sciences University, Zayed University
4. National Qualifications Authority- Qualification Framework for Emirates Handbook 20th Feb 2012 Abu Dhabi [www.nqa.gov.ae](http://www.nqa.gov.ae/pdf/QF%20Handbook_v1b_28_Feb_2012.pdf) accessed on 22nd March 2020
http://www.qualifications.ae/pdf/QF%20Handbook_v1b_28_Feb_2012.pdf

2.3. Program Learning Outcomes mapped to Clinical CLO Matrix

* These Subjects will be continued in the second semester as well

Year & Semester	Course name	Course Code	CLO	PLO									
				A1	A2	A3	B1	B2	B3	C1	C2	C3	C4
Y1S1	Clinical Skills	(CS1116)	K1				√						
	Clinical Skills	(CS1116)	K2				√						
	Clinical Skills	(CS1116)	S1				√						
	Clinical Skills	(CS1116)	S2				√						
	Clinical Skills	(CS1116)	S3				√						
	Clinical Skills	(CS1116)	S4				√						
	Clinical Skills	(CS1116)	S5				√						
Y1S2	PHC 1	(PHC1226)	K1		√								
	PHC 1	(PHC1226)	S1				√						
	PHC 1	(PHC1226)	S2				√						
	PHC 1	(PHC1226)	S3				√						
	PHC 1	(PHC1226)	S4				√						
	PHC 1	(PHC1226)	S5				√						
	PHC 1	(PHC1226)	S6				√						
	PHC 1	(PHC1226)	S7				√						
	PHC 1	(PHC1226)	S8										
Y3S2	Clinical Introductory Course	(CIC329)	K1	√									
	Clinical Introductory Course	(CIC329)	K2	√									
	Clinical Introductory Course	(CIC329)	S1				√		√				
	Clinical Introductory Course	(CIC329)	S2				√		√				
	Clinical Introductory Course	(CIC329)	S3					√					
	Clinical Introductory Course	(CIC329)	S4					√					
	Clinical Introductory Course	(CIC329)	A1								√		
	Clinical Introductory Course	(CIC329)	A2				√		√				√
Y3S2 & Y4S1	Obstetrics and Gynecology	(OBG431)	K1	√									
	Obstetrics and Gynecology	(OBG431)	K2		√								
	Obstetrics and Gynecology	(OBG431)	K3		√								
	Obstetrics and Gynecology	(OBG431)	K4		√								
	Obstetrics and Gynecology	(OBG431)	K5		√								
	Obstetrics and Gynecology	(OBG431)	S1				√						
	Obstetrics and Gynecology	(OBG431)	S2					√					
	Obstetrics and Gynecology	(OBG431)	S3					√					
	Obstetrics and Gynecology	(OBG431)	S4					√					
	Obstetrics and Gynecology	(OBG431)	A1								√		
	Obstetrics and Gynecology	(OBG431)	A2										√
Y3S2 & Y4S1	Pediatrics	(PED423)	K1	√									
	Pediatrics	(PED423)	K2	√				√					
	Pediatrics	(PED423)	K3		√								
	Pediatrics	(PED423)	S1				√						

	Pediatrics	(PED423)	S2						✓				
	Pediatrics	(PED423)	S3					✓					
	Pediatrics	(PED423)	S4					✓					
	Pediatrics	(PED423)	S5					✓					
	Pediatrics	(PED423)	A1										✓
	Pediatrics	(PED423)	A2									✓	
	Pediatrics	(PED423)	A3							✓			
Y4&5	PHC 2	(PHC526)	K1		✓								
	PHC 2	(PHC526)	K2		✓								
	PHC 2	(PHC526)	K3		✓								
	PHC 2	(PHC526)	K4		✓								
	PHC 2	(PHC526)	S1				✓						
	PHC 2	(PHC526)	S2								✓		
	PHC 2	(PHC526)	S3							✓			
	PHC 2	(PHC526)	S4							✓			
	PHC 2	(PHC526)	S5					✓					
	PHC 2	(PHC526)	S6					✓					
	PHC 2	(PHC526)	S7						✓				
	PHC 2	(PHC526)	S8							✓			✓
	PHC 2	(PHC526)	A1										✓
	PHC 2	(PHC526)	A2										✓
Y4S2 & Y5	Surgery	(SUR535)	K1	✓									
	Surgery	(SUR535)	K2	✓									
	Surgery	(SUR535)	K3		✓								
	Surgery	(SUR535)	K4			✓							
	Surgery	(SUR535)	S1				✓						
	Surgery	(SUR535)	S2						✓				
	Surgery	(SUR535)	S3						✓		✓		
	Surgery	(SUR535)	S4				✓						
	Surgery	(SUR535)	S5				✓						
	Surgery	(SUR535)	S6		✓			✓					
	Surgery	(SUR535)	S7					✓					
	Surgery	(SUR535)	A1										✓
	Surgery	(SUR535)	A2										✓
Y5	Internal Medicine	(MED521)	K1		✓								
	Internal Medicine	(MED521)	K2		✓								
	Internal Medicine	(MED521)	K3			✓							
	Internal Medicine	(MED521)	K4		✓								
	Internal Medicine	(MED521)	K5			✓							
	Internal Medicine	(MED521)	K6			✓							
	Internal Medicine	(MED521)	K7		✓								
	Internal Medicine	(MED521)	K8		✓								
	Internal Medicine	(MED521)	S1					✓					

Internal Medicine	(MED521)	S2				✓						
Internal Medicine	(MED521)	S3				✓						
Internal Medicine	(MED521)	S4				✓						
Internal Medicine	(MED521)	S5						✓				
Internal Medicine	(MED521)	S6					✓					
Internal Medicine	(MED521)	A1										✓
Internal Medicine	(MED521)	A2										✓
Internal Medicine	(MED521)	A3										✓
Internal Medicine	(MED521)	A4							✓			
Internal Medicine	(MED521)	A5								✓		
Internal Medicine	(MED521)	A6									✓	

2.4 Teaching Plan (Program Structure):

Curriculum Map 1														
Year	August	September	October	November	December	January	February	March	Spring break	April	May	June	July	August
Year 1	Anatomy and Embryology 1 (ANA1101) Biochemistry 1 (BIO1102) Medical Informatics (MI1113) Medical Professionalism (MP1125) Communication Skills (COMS1114) Medical Education (ME1117) Medical Terminology (MT1112) Clinical Skills (CS1116) History of Medicine (HM1119) Fiqh Islamic 1 (FI1120) Community Medicine (CM1103) Histology (HISTO1106) Physiology (PHYS1111)				Winter vacation	Exams	Anatomy and Embryology 2 (ANA1201) Biochemistry 2 (BIO1202) Microbiology and immunology (MICRO1207) General Psychology (G.PSY1215) PHC 1 (PHC1226) Elective project (EP1227) Fiqh Islamic 2 (FI1220) Community Medicine (CM1103) Histology (HISTO1106) Physiology (PHYS1111)				Exams	Summer Vacation		
Year 2	General Module (GEN21) Biology Module (MOB21) GI module (GIT21)			Winter vacation	Exams	Cardiovascular Module (CVS22) Respiratory Module (RES22) Renal Module (REN22) Miscellaneous module (MIS22)				Exams	Summer Vacation			
Year 3	Endocrine and reproductive module (ENR31) Neuroscience module (NSC31) Exams					Resit Exams and IFOM								

Clinical Rotations														
Year	February	March	April	May	June	July	August	Year	September	October	November	December	January	
Year 3	Clinical Introductory Course (CIC329)	Obstetrics and Gynecology (OBG431) Junior rotation grp 1	Pediatrics (PED423) Junior rotation grp1		Summer Vacation			Year 4	Obstetrics and Gynecology (OBG431) Senior rotation grp 1	Pediatrics (PED423) Senior rotation grp 1		Winter Vacation	Exams	
		Pediatrics (PED423) Junior rotation grp 2	Obstetrics and Gynecology (OBG431) Junior rotation grp 2						Pediatrics (PED423) Senior rotation grp 2	Obstetrics and Gynecology (OBG431) Senior rotation grp 1				
Year 4	PHC 2 (PHC526)							Year 5	Surgery (SUR535)					
	Surgery (SUR535)								Internal Medicine (MED521)					
Year 5	Internal Medicine (MED521)								PHC 2 (PHC526)					
	PHC 2 (PHC526)			Fifth Year Exams										
	Surgery (SUR535)													
	IFOM CS													

2.5. College Courses (Syllabus)

BACHELOR OF MEDICINE AND SURGERY

FIRST YEAR							
First Semester							
Code	Domain	Courses	Prerequisite	Co-requisite	Theory	Practical	Total Hours
ANA1101	MS	Anatomy, Embryology	High school Biology	Histology, Physiology, Biochemistry	61	20	81
BIO1102	MS	Biochemistry	High school Biology or chemistry	Histology, Physiology, Anatomy	81	21	102
CM1103	MS	Community Medicine	High school Biology	Histology, Physiology, Anatomy	46	12	58
HISTO1106	MS	Histology	High school Biology	physiology , biochemistry and anatomy	47	22	69
PHYS1111	MS	Physiology	High school Biology	Histology, Physiology, Anatomy	33	0	33
MI1113	GE	Medical Informatics	High school	nil	20	0	20
MP1125	GE	Medical Professionalism	High school	Basic sciences	14	0	14
COMS1114	GE	Communication Skills	High school	Basic sciences	10	0	10
ME1117	GE	Medical Education	High school	Basic sciences	14	0	14
MT1112	GE	Medical Terminology	High school	Basic sciences	20	0	20
CS1116	CS	Clinical Skills	High school	Basic sciences	3	9	12
HM1119	GE	History of Medicine	High school	Basic sciences	10	0	10
FI1120	GE	Fiqh islamic Arabic/English	High school	Basic sciences	32	0	32
TOTAL			-	-	381	84	475
Second Semester							
Code	Domain	Courses	Prerequisite	Corequisite	Theory	Practical	Total Hours
ANA1201	MS	Anatomy, Embryology	Anatomy Y1S1	Basic sciences	69	26	95
BIO1202	MS	Biochemistry	Biochemistry Y1S1	Basic sciences	88	14	102
CM1103*	MS	Community Medicine	Community Medicine Y1S1	Basic sciences	23	10	33
HISTO1106*	MS	Histology	Histology Y1S1	Basic sciences	21	10	31
MICRO1207	MS	Microbiology & Immunology	Y1S1 courses	Basic sciences	26	2	28
PHYS1111*	MS	Physiology	Physiology Y1S1	Basic sciences	47	13	60
G.PSY1215	GE	General Psychology	High school	Basic sciences	9	1	10
PHC1226	CS	PHC		Basic sciences			20
FI1220	GE	Fiqh islami	Fiqh islami Y1S1	Basic sciences			32
EP1227	MS	Elective Project	Y1S1 courses	Basic sciences			31
TOTAL			-	-	283	76	442
SECOND YEAR							
First Semester							
Code	Domain	Courses	Prerequisite	Corequisite	Theory	Practical	Total Hours
GEN21	MS	General Module	Anatomy Physiology Biochemistry	Microbiology Pathology Parasitology Community Medicine	139	27	166
MOB21	MS	Molecular Biology					

GIT21	MS	GI Module	MBBS – YEAR -1, Second year General and Molecular Module		168	52	220
Total					307	79	386
Second Semester							
CVS22	MS	Cardiovascular Module	Y2S1	Medicine, surgery, Obs.& Gyna.			172
RES22	MS	Respiratory Module	cardiovascular Module, General Module				159
REN22	MS	Renal Module	Y2S1	Medicine, Surgery, Gynecology			86
MIS22	MS	Miscellaneous	MBBS – Year1				52
TOTAL							469
THIRD, FOURTH, FIFTH YEAR							
ENR31	MS	Endocrine and Reproductive	Year 2 S2				134
NSC31	MS	Neuroscience Module	MBBCh Y1, Y2 (Autonomic Nervous System, Head & Neck)		150	P:35, others:35	216
CIC329	CS	Clinical introductory course	Completion of all preclinical sciences	None	60	24	84
OBG431	CS	Obs/Gynae	Completion of Basic sciences	None	64	240	304
PED423	CS	Pediatrics	completion of all preclinical sciences	None	73	353	426
PHC526	CS	PHC	Completion of basic sciences	None	40	296	336
SUR535	CS	Surgery	Completion of basic sciences	None	118	620	738
MED521	CS	Internal Medicine	Completion of basic sciences	None	150	400	550
TOTAL					505	1933	2438

* These Subjects will be continued in the second semester as well

Domains:

MS Basic medical sciences

GE General Education

CS Clinical Sciences

3. Detailed Syllabus of Each Course

CS1116

1. Academic Unit Name: CS1116		
2. Credit/contact hours:	12 hours	
3. Number of weeks	6 weeks	
4. Level/year at which this course is offered:	Y1,S1	
5. Pre-requisites for this course (if any): none		
6. Co-requisites for this course (if any): Communication skills		

Academic Unit Synopsis

This course covered during the first year, in first semester introducing the students to the basic clinical skills Teaching methods involve demonstration and role-playing. clinical skills for individual students with feedback ,with emphasis on professionalism in communicating with the patient history taking and physical examination clinical procedures , at the end of the module has a summative OSCE in

Academic Unit Learning Outcomes

CLOs		Aligned PLOs
1		
K1	Define Clinical Skills	B1
K2	Describe the procedure of hand washing - when and how?	B1
S1	Demonstrate history taking process.	B1
S2	Perform General Physical Examination	B1
S3	Demonstrate how to give an intravenous (IV) injection.	B1
S4	Demonstrate how to give an intravenous (IM) injection.	B1
S5	Calculate and comment on Body Mass Index (BMI).	B1

Academic Unit Content

No	List of Topics	Contact Hours
1	Introduction to Clinical Skills	1
2	Infection Control and Hand Washing	2
3	History Taking:	2
4	General Physical Examination /vital signs	3
5	intravenous (IV) injection	1
6	Intramuscular (IM) Injection	1
7	Weight height waist circumference BMI	1

Teaching and Assessment

1. Alignment of Course Learning Outcomes with Teaching Strategies and Assessment Methods

Code	Course Learning Outcomes	Teaching Strategies	Assessment Methods
1.0	Skills		
K1	Define Clinical Skills	Lecture	none
K2	Describe the procedure of hand washing - when and how?	Simulation/role play	OSCE
K3	Describe management of needle injury	Lecture	MCQ
S1	Demonstrate history taking process.	Simulation/roleplay	OSCE
S2	Perform General Physical Examination	Simulation/role play	OSCE
S3	Demonstrate how to give an intravenous (IV) injection.	Simulation Task trainer ARM	OSCE
S4	Demonstrate how to give an intramuscular (IM) injection.	Simulation Task trainer	OSCE

S5	Calculate and comment on Body Mass Index (BMI).	Checking each other	MCQ
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2. Assessment Tasks for Students

#	Assessment task*	Week Due	Percentage of Total Assessment Score
1	OSCE	6	80%
2	MCQ	6	20%

***Assessment task** (i.e., written test, oral test, oral presentation, group project, essay, etc.)

Learning Resources and Facilities

1. Learning Resources

Required Textbooks	
Essential References Materials	<ul style="list-style-type: none"> Videos /demonstration by instructors
Electronic Materials	<ul style="list-style-type: none"> CDC sites
Other Learning Materials	Web site

2. Facilities Required

Item	Resources
Accommodation (Classrooms, laboratories, demonstration rooms/labs, etc.)	Simulation room
Technology Resources (AV, data show, Smart Board, software, etc.)	Smartboard
Other Resources (Specify, e.g. if specific laboratory equipment is required, list requirements or attach a list)	Small task trainers ,Arm ,Buttocks ,scales ,injections needle

PHC1226

1. Academic Unit Name: PHC1226		
2. Credit/contact hours:	20 contact hours	
3. Number of weeks	15	
4. Level/year at which this course is offered:	Y1S2	
5. Pre-requisites for this course (if any): Completing communication skills and Clinical skills		
6. Co-requisites for this course (if any): none		

Academic Unit Synopsis

This course is designed to give early clinical exposure to students.

Academic Unit Learning Outcomes

CLOs		Aligned PLOs
1		
K1	Describe Primary Health Care components and functions	A2
S1	Structure an interview using the first assessment form	B1
S2	Communicate effectively with patients by role play .	B1
S3	interpretation of the child growth chart.	B1
S4	Measure weight length head circumference on low fidelity manikin	B1
S5	Conduct risk factor screening	B1
S6	Measure the vital signs for adults	B1
S7	Construct genogram	B1
S8	Assess couples for premarital counseling	

Academic Unit Content

No	List of Topics	Contact Hours
1	Interviewing skills	2
2	Pedigree construction(genogram)	2
3	Assessment of growth and developments How to construct growth chart interpretation of growth charts	3
4	physical examination	2
5	premarital counseling	2
6	anatomical landmark	4
7	Assessment of risk factors	2
8	Immunization schedule	2
9	How to take informed consent	1
Total		

Teaching and Assessment

1. Alignment of Course Learning Outcomes with Teaching Strategies and Assessment Methods

Code	Course Learning Outcomes	Teaching Strategies	Assessment Methods
K1	Describe Premarital counseling components	Lecture	non
K2	Critically appraise premarital counseling investigation	SGD	MCQ
S1	Structure an interview using the first assessment form	Clerkship, Simulation lab Using of form	assignment
S2	Communicate effectively with simulated patients	Clerkship, Simulation lab	OSCE
S3	interpretation of the child growth chart.	Low fidelity manikin Simulation lab	OSPE

S4	Measure weight, length, head circumference on manikin	Clerkship, Simulation lab	
S6	Measure vital signs	Clerkship, Simulation lab	OSCE
S7	Assess risk factors in simulated patient encountered	Clerkship, Simulation lab Role play	OSCE
S8	Identify Anatomical landmarks	Simulation Lab low fidelity manikin	OSPE

2. Assessment Tasks for Students

#	Assessment task*	Week Due	Percentage of Total Assessment Score
1	MCQ, OSPE	10	50%
2	OSCE	10	30%
3	Assignment	10	20%

***Assessment task** (i.e., written test, oral test, oral presentation, group project, essay, etc.)

[Learning Resources and Facilities](#)

1. Learning Resources

Required Textbooks	Murtagh
Essential References Materials	<ul style="list-style-type: none"> Lectures
Electronic Materials	<ul style="list-style-type: none"> PPT
Other Learning Materials	

2. Facilities Required

Item	Resources
Accommodation (Classrooms, laboratories, demonstration rooms/labs, etc.)	Clerkship, Simulation lab
Technology Resources (AV, data show, Smart Board, software, etc.)	Smartboard, videos
Other Resources (Specify, e.g. if specific laboratory equipment is required, list requirements or attach a list)	Low fidelity manikin, diagnostic set Consent form, risk assessment form growth chart Initial assessment form

CIC329

1. Academic Unit Name: CIC329 Clinical Introductory Course		
2. Credit/contact hours:	Theory Hours 60	Practical Hours 24
3. Number of weeks	4	
4. Level/year at which this course is offered:		Y3S2
5. Pre-requisites for this course (if any): Completion of all preclinical sciences		
6. Co-requisites for this course (if any): None		

Academic Unit Synopsis

This is an academic unit offered to 3rd year medical students during the transition part of the pre-clerkship phase. It is intended to consolidate the skills gained in previous individual organ system blocks/courses in an integrated and holistic approach to the human body. It enables the learners to acquire professional attitudes ensuring patient safety and maintaining a caring fiduciary relationship with patients. It adopts a mainly student-centered strategy through directed self-learning & practical assessment

Academic Unit Learning Outcomes

CLOs		Aligned-PLOs
	Knowledge	
K1	Define professional attributes required for medical professionals	A1
K2	Describe the general principals, methods and concepts of scientific research and the fundamentals statistics	A1
	Skills	
S1	Interview patients (history taking) with clinical presentations pertaining to medical conditions	B1, B3
S2	Perform physical examination of patients with clinical presentations of different body system	B1 ,B3
S3	Demonstrate good practice of patient-doctor communication skills (I.e.: Breaking Bad News, Communicating with Relatives)	B2
S4	Decide, for each of the common medical conditions, according to presenting symptoms and signs, the laboratory tests and/or imaging studies to confirm the diagnosis, and the plan for initial management	B2
	Attitude	
A1	Demonstrate the ability to work as a team member and the ability to deal with other paramedical health professionals	C2
A2	Observe the measures that ensure the safety of patients during the different consultation encounters	B1, B3, C4

Academic Unit Content

No	List of Topics	Contact Hours
1	Introduction to clinical disciplines	4
2	Communication skills	3
3	Electronic patient record system	3
4	Medical ethics	2
5	History of Medicine	3
6	Patient Safety	2
7	Introduction to Quality	6
8	Medical Errors	1

9	Library Resource	2
10	Evidence Based Medicine	3
11	Professionalism	1
12	Radiology	4
13	Consultation	7
14	Medical Statistics	5
15	Growth Charts	1
16	Value Based Care	8
17	Medical Informatics	4
18	History taking and examination	24

Teaching and Assessment

1. Alignment of Course Learning Outcomes with Teaching Strategies and Assessment Methods

Code	Course Learning Outcomes	Teaching Strategies	Assessment Methods
Knowledge			
K1	Define professional attributes required for medical professionals	Lectures	80% Attendance
K2	Describe the general principals, methods and concepts of scientific research and the fundamentals statistics	Lectures	80% Attendance
Skills			
S1	Interview patients with clinical presentations pertaining to medical conditions	Clinical skills and Lectures	80% Attendance
S2	Perform physical examination of patients with clinical presentations of different body system	Clinical skills and Lectures	80% Attendance
S3	Demonstrate good practice of patient-doctor communication skills (Include BBN, Communication with Relatives)	Clinical skills and Lectures	80% Attendance
S4	Decide, for each of the common medical conditions, according to presenting symptoms and signs, the laboratory tests and/or imaging studies to confirm the diagnosis, and the plan for initial management	Clinical skills and Lectures	80% Attendance
Attitude			
A1	Demonstrate the ability to work as a team member and the ability to deal with other paramedical health professionals	Clinical Skills	80% Attendance
A2	Observe the measures that ensure the safety of patients during the different consultation encounters	Clinical Skills	80% Attendance

2. Assessment Tasks for Students

80% Attendance is must.

Learning Resources and Facilities

1. Learning Resources

Required Textbooks	<ul style="list-style-type: none"> • Macleod's Clinical Diagnosis, 1e, Alan Japp and Colin Robertson. Churchill Livingstone • Text book of physical diagnosis and history taking. Mark H. Swartz. Saunders • Special Tests in Musculoskeletal Examination: An evidence-based guide for clinicians, 1e. by Paul Hattam and Alison Smeatham. Churchill Livingstone. • Orthopedic Physical Assessment, 5e by David J. Magee. Saunders • Bates Guide to Physical Examination and History-Taking by Lynn S. Bickley. Lippincott/Williams and Wilkins • Essential Examination: step-by-step system-based guide to clinical examination with practical tips and key facts... by Alasdair K.B. Ruthven • Clinical Examination: A Systematic Guide to Physical Diagnosis, 6e by Nicholas J. Talley and Simon O'Connor
Essential References Materials	<p>A guide to physical examination and history taking, by Barbara Bates -Latest Edition.</p> <p>Macleod's Clinical Examination by John Munro and C. Edwards.</p> <p>Clinical Examination - 2nd Edition by Nicholas Talley and Simon O'Connor.</p> <p>Macleod's Clinical Examination 13e, Graham Douglas, Fiona Nicol and Colin Robertson. Churchill Livingstone</p> <p>Hutchison's Clinical Methods: An Integrated Approach to Clinical Practice by Michael Glynn and William M Drake. Saunders</p>
Electronic Materials	<ul style="list-style-type: none"> • http://stanfordmedicine25.stanford.edu/Videos/ • https://batesvisualguide.com/multimedia.aspx?categoryID=21787#21768 • https://batesvisualguide.com/ • http://www.learnerstv.com/Free-medical-Video-lectures-ltv032-Page1.htm • http://www.med-ed.virginia.edu/Courses/pom1/videos/index.cfm • https://videos.med.wisc.edu/modules/18 • https://www.youtube.com/watch?v=yAR9lfJHIPY • Macleod's Clinical Examination – DVD • Clinical assessment of the musculoskeletal system – DVD • http://www.doctorshangout.com/page/urogenital-system-physical-examination-male
Other Learning Materials	

2. Facilities Required

Item	Resources
Accommodation (Classrooms, laboratories, demonstration rooms/labs, etc.)	Clinical skills laboratory and simulation laboratory

Item	Resources
Technology Resources (AV, data show, Smart Board, software, etc.)	Online and computer-based digital resources library
Other Resources (Specify, e.g. if specific laboratory equipment is required, list requirements or attach a list)	Volunteers and simulated patients

OBG431

1. Academic Unit Name: OBG431 Gynecology & Obstetrics		
2. Credit/contact hours:	Theory Hours 64	Practical Hours 240
3. Number of weeks	16	
4. Level/year at which this course is offered:		Y3S2, Y4S1
5. Pre-requisites for this course (if any): Completion of Basic sciences		
6. Co-requisites for this course (if any): none		

Academic Unit Synopsis

This is an academic duration during which students will consolidate previously learned foundational knowledge and skills relevant to the practice of obstetrics and gynecology and gain further experience relevant to the different health issues and problems pertinent to women's health. Clinical experience will be gained during rotations in ambulatory and in-patient services. It is mainly hospital based. It includes clinical rounds, antenatal referred clinical attendance & labour room attendance. The skills lab and simulation facilities will be utilized to fulfil objectives of the course. Activities and skills are to be documented in a logbook and a portfolio. Performance of students will be continuously monitored and assessed using the various WPBA instruments

Academic Unit Learning Outcomes

CLOs		Aligned-PLOs
	Knowledge:	
K1	Explain the normal and pathological conditions of pregnancy, antepartum, intrapartum and post-partum including contraception.	A1
K2	Describe the epidemiologic and preventive aspects of common conditions related to Obstetrics and Gynaecology.	A2
K3	Explain the normal and pathological conditions of menstrual cycle including puberty and menopause and abnormal uterine bleeding	A2
K4	Explain etiology and evaluation of infertility, including abortion.	A2
K5	Describe common benign and malignant gynecological conditions including risk factors, signs and symptoms and initial evaluation.	A2
	Skills	
S1	Demonstrate competence in the medical interview and physical examination of Obstetrical and Gynecological conditions.	B1
S2	Identify the conditions in Obstetrics and Gynecology where you need to intervene urgently	B2
S3	Select the most appropriate and cost-effective investigation to reach the proper diagnosis, considering the patient rights and abilities and the capabilities of the health system services.	B2
S4	Formulate the management plan based on the findings of history, examination and investigation; including the need for referral or consultation with senior medical officer.	B2
	Attitude	
A1	Interact effectively with the obstetrical and gynecological health team.	C2
A2	Apply the contemporary ethical principles of medical practice, respect patients' autonomy and confidentiality.	C4

Academic Unit Content

No	List of Topics	Contact Hours
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1	Obstetric History and Examination	
2	Antenatal care	
3	Normal fetal development and growth	
4	Assessment of fetal wellbeing	
5	Prenatal diagnosis	
6	Antenatal obstetric complications	
7	Multiple Pregnancy	
8	Preterm Labour	
9	Hypertensive Disorders of Pregnancy	
10	Medical Complications of Pregnancy	
11	Perinatal Infections	
12	Labour: Normal and Abnormal	
13	Operative Delivery	
14	Obstetric emergencies	
15	The puerperium	
16	The neonate	
17	The development and anatomy of the female sexual organs and pelvis	
18	Gynaecological History, examination, and investigations	
19	Menstrual cycle normal and abnormal.	
20	Contraception	
21	Subfertility	
22	Menopause and post-reproductive health	
23	Genitourinary problems	
24	Benign conditions of the female genital tract	
25	Premalignant and Malignant conditions of the female genital tract	
26	Genital tract infection	
27	Gynaecological surgery and therapeutics	
Total		

Teaching and Assessment

1. Alignment of Course Learning Outcomes with Teaching Strategies and Assessment Methods

Code	Course Learning Outcomes	Teaching Strategies	Assessment Methods
	Skills		
K1	Explain the normal physiological changes of pregnancy, antepartum, intrapartum and post partum.	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback using logbooks and portfolios and final OSCEs
K2	Describe the epidemiological profile of the population and society, their heritage and cultural, social, geographic, legislative and economic characteristics, and relationship of all those to obstetrical and gynaecological practice.	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback using logbooks and portfolios and final OSCEs
S1	Apply the knowledge and skills necessary to identify the obstetrical and gynaecological problems of a patient and their management, including emergency situations, normal and abnormal pregnancy, and gynaecological diseases	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback

Code	Course Learning Outcomes	Teaching Strategies	Assessment Methods
	including health promotion, prevention, treatment, rehabilitation and follow up.		using logbooks and portfolios and final OSCEs
S2	Use the required communication skills for taking appropriate history and conducting physical examination.	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback using logbooks and portfolios and final OSCEs
S3	Apply the foundational structure and function knowledge and the underlying pathophysiological processes relevant to obstetrical and gynecological practice, and the diagnosis and management of pregnancy and complications and other illnesses and ill-health in patient and community.	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback using logbooks and portfolios and final OSCEs
S4	Apply the knowledge and skills necessary to identify the obstetrical and gynecological problems of a patient and their management including emergency situation, normal and abnormal pregnancy and gynecological diseases including health promotion, prevention, treatment, rehabilitation and follow up.	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback using logbooks and portfolios and final OSCEs
S5	Select the most appropriate and cost-effective investigation to reach the proper diagnosis, considering the patient rights and abilities and the capabilities of the health system services.	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback using logbooks and portfolios and final OSCEs
S6	Obtain a pertinent history, performing physical examination and planning an approach to diagnosis and management in all branches of the Specialty: Booking antenatal, intranatal, postnatal, family planning, Gynaecology, infertility and Endocrinology.	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback using logbooks and portfolios and final OSCEs
A1	Interact effectively with the obstetrical and gynecological health team, and other health teams, providing family or reproductive health	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback using logbooks and portfolios and final OSCEs

2. Assessment Tasks for Students

#	Assessment task*	Week Due	Percentage of Total Assessment Score
1	Embedded (WBPA) assessment	Weekly	30%
2	Final Med (written exam, spotter exam, DOCE and OSCE)	Final	70%

*Assessment task (i.e., written test, oral test, oral presentation, group project, essay, etc.)

Learning Resources and Facilities

1. Learning Resources

Required Textbooks	<p>Obstetrics by Ten Teachers, 20th Edition, By: Louise C. Kenny & Jenny E. Myers</p> <p>Gynaecology by Ten Teachers, 20th Edition, By: Louise C. Kenny & Helen Bickerstaff</p> <p>Obstetrics Illustrated, 7th. Edition, By: Kevin P. Hanretty</p> <p>Gynaecology Illustrated, 6th. Edition, By: Catrina M. Bain, Kevin Burton & C. Jay McGavigan</p> <p>Clinical Obstetrics and Gynecology, 3rd. Edition, By: Brain A. Magowan, Philip Owen & Andrew Thomson</p> <p>Oxford Handbook of obstetrics and Gynaecology, 3rd. Edition, By: Sally Collins, Sabaratnam Arulkumaran, Kevin Hayes, Simon Jackson & Laurence Impey</p>
Essential References Materials	
Electronic Materials	<ul style="list-style-type: none"> https://www.amboss.com/us/knowledge/OB/GYN:_history_and_physical_examination
Other Learning Materials	

2. Facilities Required

Item	Resources
Accommodation (Classrooms, laboratories, demonstration rooms/labs, etc.)	Training, sites and Clinical skills laboratory and simulation laboratory
Technology Resources (AV, data show, Smart Board, software, etc.)	Online and computer-based digital resources library
Other Resources (Specify, e.g. if specific laboratory equipment is required, list requirements or attach a list)	Volunteers and simulated patients

PED423

1. Academic Unit Name: PED423 Pediatrics		
2. Credit/contact hours:	Theory Hours 73	Practical Hours Clinical training: 296 Case discussion session: 57
3. Number of weeks	18	
4. Level/year at which this course is offered:		Y3 S2. And Y4S1
5. Pre-requisites for this course (if any): completion of all preclinical sciences		
6. Co-requisites for this course (if any): none		

Academic Unit Synopsis

<p>The pediatrics clerkship is a sixteen-week clinical experience designed to provide medical students with the knowledge and skills that are fundamental to caring for infants, children, and adolescents. Through interactive didactic sessions and clinical training, medical students learn about growth, development, the diagnosis and management of both common acute and chronic pediatric illnesses. During this clerkship, students will learn the skills and techniques that will aid them in the approach and evaluation of pediatric patients. Pediatrics clerkships enable students to develop and apply of appropriate professional attitudes, communication and problem solving skills.</p> <p>During this rotation, students will have opportunities to learn and observe pediatric care in a variety of clinical environments, which may include: inpatient ward services, outpatient primary care & specialty clinics, and the neonatal care units.</p>
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Academic Unit Learning Outcomes

CLOs		Aligned-PLOs
Knowledge		
K1	Describe etiology, clinical features, investigations and management of common pediatric diseases and important disorders in Neonates, infants and children	A1
K2	Describe normal and abnormal patterns of growth during infancy and different ages of childhood and their appropriate management	A1
k3	Define the clinical symptoms, clinical manifestations of common emergency pediatric conditions and management and appropriate plan of action.	A2
Skill		
S1	Demonstrate an ability to obtain information in an age-appropriate from a child and or the accompanying adult including: neonatal history, immunizations, nutrition history, growth & development& family history.	B1
S2	Develop compassionate and respectful communication skills adapted to the clinical setting (e.g. wards, ambulatory) that facilitate an age-appropriate and culturally sensitive with children, adolescents and their families	B3
S3	Demonstrate competency in performing the physical examination of different body systems in children & adolescents, explain the diagnostic correlation of physical exam findings and interpret them	B2
S4	Perform physical growth assessment and anthropometric measurement & Perform the basic developmental milestones assessment of toddlers & children.	B2
S5	Demonstrate improving clinical problem-solving and critical thinking skills through development of a reasonable differential diagnosis, appropriate	B2,

CLOs		Aligned-PLOs
	investigation and interpretation of results (labs & imaging) and plan of care using evidence	
Attitude		
A1	Demonstrate the attitudes and professional behavior and ethics with colleagues, teachers, patients and their families appropriate for clinical pediatric practice	C4
A2	Recognize the community problems related to child health.	C3
A3	Adopt the strategies of health promotion that pertain to infants, children, including disease prevention (assessing immunization status) and anticipatory guidance about nutrition during a health care visit	C1

Academic Unit Content

No	List of Topics	Contact lectures Hours
1	Case clerking in Pediatrics	0
2	Normal growth & development and disorders	1
3	Immunizations & complication of immunization	1
4	Infant and child nutrition and their disorders	2
5	Pediatric infections	
6	Neonatology and Diseases in Neonates	5
7	Chromosomal disorders & common genetic syndromes in infants	2
8	Pediatric emergency	4
9	Respiratory System Diseases	5
10	Gastrointestinal and liver diseases	6
11	Hematological disorder	6
12	Congenital & acquired heart diseases	5
13	Renal diseases in pediatrics	5
14	Convulsions & abnormal movements	1
15	IDDM & other endocrine disorders	5
16	Neuromuscular & neurodevelopmental disorders	4
17	Immunity disorders	1
18	Oncology diseases in Pediatrics	4
19	Specific connective tissue disorders in children	3
20	Inborn error of metabolism	1
Total		

Teaching and Assessment

1. Alignment of Course Learning Outcomes with Teaching Strategies and Assessment Methods

Code	Course Learning Outcomes	Teaching Strategies	Assessment Methods
K1	Describe etiology, clinical features, investigations and management of common pediatric diseases and important disorders in Neonates, infants and children	Lectures, case discussion, clinical rounds, Aquifer cases	MCQ-based exams at mid-term, end of term quizzes. Workplace based assessment activities multi-source feedback and portfolios. Final MCQs based written exam, final OSPE
K2	Describe normal and abnormal patterns of growth during infancy and different ages of childhood. and their appropriate management	Lecture, Clinical rounds, Child health clinics- PHC	Workplace-based assessment activities using portfolios ,and final OSPE

Code	Course Learning Outcomes	Teaching Strategies	Assessment Methods
k3	Define the clinical symptoms, clinical manifestations of common emergency pediatric conditions and describe management and appropriate plan of action.	Lectures, case discussion. Clinical round	MCQ-based written exams at end of term quizzes. Workplace based assessment activities using multi-source feedback and portfolios Final MCQs based written exam and final OSPE
S1	Demonstrate an ability to obtain information in an age-appropriate from a child and or the accompanying adult including: neonatal history, immunizations, nutrition history, growth & development, home environment & family history.	Clinical rounds, simulation session ,outpatient clinics , Students case presentation	Workplace-based assessment activities using Mini-Clex and portfolios feedback, end of term clinical assessment and final OSCE
S2	Develop compassionate and respectful communication skills adapted to the clinical setting (e.g. wards, ambulatory) that facilitate an age-appropriate and culturally sensitive therapeutic alliance with children, adolescents and their families	Clinical rounds, outpatient clinics, simulation session	Workplace-based assessment activities using Mini-Clex and portfolios feedback, final OSCE
S3	Demonstrate competency in performing the physical examination of different body systems in children & adolescents, explain the diagnostic correlation of physical exam findings and interpret them	Clinical rounds, outpatient clinics , simulation session	Workplace-based assessment activities using portfolios feedback, end of term clinical assessment, final OSCE
S4	Perform physical growth assessment and anthropometric measurement & Perform the basic developmental milestones assessment of toddlers & children.	Clinical rounds, Child health clinics- PHC	Workplace-based (PHC) assessment activities using portfolios feedback , final OSCE
S5	Show improving clinical problem-solving and critical thinking skills through development of a reasonable differential diagnosis, suggest appropriate investigation and interpretate of results (labs & imaging) and plan of care using evidence	PHC visits, topic discussions, Case discussion	MCQ-based written exams, end of term quizzes. Workplace-based assessment activities using portfolios feedback , student case presentation evaluation and final OSPE
A1	Demonstrate the attitudes and professional behavior and ethics with colleagues, teachers, patients and their families appropriate for clinical pediatric practice	Clinical rounds, outpatient clinics, PHC	Workplace-based assessment activities, student case presentation evaluation and final OSCEs
A2	Identify and analyze the community problems related to child health.	Clinical rounds, outpatient clinics, PHC visit	MCQ-based written exams, end of term quizzes. Workplace-based assessment activities using portfolios and final MCQs written exam

Code	Course Learning Outcomes	Teaching Strategies	Assessment Methods
A3	Apply the strategies of health promotion that pertain to infants, children, including disease prevention (assessing immunization status) and anticipatory guidance about nutrition during a health care visit	Clinical rounds, Outpatient clinics PHC visit	

2. Assessment Tasks for Students

#	Assessment task*	Week Due	Percentage of Total Assessment Score
1	Embedded (WBPA) assessment		30%
2	Final Med (written exam, OSPE exam and OSCE)	Final	70%

*Assessment task (i.e., written MCQs test, OSPE, clinical examination assessment, oral case presentation.)

Learning Resources and Facilities

1. Learning Resources

Required Textbooks	R. Behrman, R. Kliegman. Nelson Essentials of Paediatrics. W.B Saunders. 9th Edition Illustrated Textbook of Pediatrics. Tom Lissauer and Graham Clayden. Mosby international. 6th Edition Manual of Clinical Paediatrics. Mansour N. Al Howasi 8th Edition Hutchinson Clinical method 24th Edition
	<ul style="list-style-type: none"> Nelsons Textbook of Paediatrics. 21st Edition F. Oski. Principles and practice of Paediatrics
Electronic Materials	<ul style="list-style-type: none"> https://www.amboss.com/us/knowledge/Pediatrics_clerkship/
Other Learning Materials	

2. Facilities Required

Item	Resources
Accommodation (Classrooms, simulation lab room, demonstration rooms.)	Training in healthcare facilities and simulation laboratory
Technology Resources (AV, data show, Smart Board, software, etc.)	Online and computer-based digital resources library
Other Resources (High fidelity mannequin)	Volunteers and simulated patients

PHC526

Academic Unit Profile

1. Academic Unit Name: PHC2526 Primary Healthcare			
2. Credit/contact hours:	Theory	Practical bed side	Simulation
	40	252	44
	Total		
	336		
3. Number of weeks	14		
4. Level/year at which this course is offered:		Y 5	
5. Pre-requisites for this course (if any): Completion of basic sciences			
6. Co-requisites for this course (if any): none			

Academic Unit Synopsis

In this course students will be exposed to the principles, content and practice of the family medicine and primary health care. The course emphasizes the central characteristics and core competencies of the discipline of family medicine. The students will learn the difference in practice of medicine between the hospital and Primary Health Care settings. The students will be trained in Primary Health Care Centers (PHCCs) to understand and practice concepts of primary, comprehensive and continuing care to the individuals, families and to the community by and large. The students will learn also specific problem-solving skills that enable them to use epidemiological knowledge of community prevalence of illness and risk factors to make their hypothesis and diagnosis about the problems presented in PHC settings. During the course the students will see how the family physician views his or her practices as a population at risk and organize the practice to ensure that patients' health is maintained whether or not they are visiting the practice. The art of family physician in providing person centered care and holistic approach using the bio-psychosocial model of illness will be demonstrated to the student during the clerkship period. It's compulsory to conduct a research/audit

Academic Unit Learning Outcomes

CLOs		Aligned PLOs
1	Skills:	
K.1	Describe the concept of primary health care and family practice	A2,
K.2	recognize the structure of health center PHC team	A2
S.1	Demonstrate the ability to Interview and communicate properly with patients presenting in PHC settings, taking a proper history and a focused clinical examination	B1
S.2	Manage with guidance, common, chronic and psychosocial health problems in PHC settings according to up to date evidence-based protocols and guidelines	C3
S.3	Assess the health status and various risk factors in patients and different family members and intervene by providing anticipatory guidance, evidence-based health promotion, prevention, and health education	C1
K.3	Assess the health needs of the community and special groups.	A2
S.4	demonstrate an understanding of the demographic, epidemiological, environmental and cultural factors affecting these needs and the way they modify peoples' use of the health care services	C1
K.4	Recognize common acute problems in PHC	A2

S.5	manage with guidance common acute problem in Primary Health Care according to up to date evidence-based protocols and guidelines	B2
S.6	Demonstrate appropriate skills of using equipment, office procedures and special tests available in PHC settings	B2
S.7	<u>Demonstrate</u> —a person-centered approach in dealing with patients and their problems in the context of the patient's circumstances	B3
S.8	Recognize the importance of keeping sound medical records and making appropriate referrals to other levels of care for preserving the effectiveness of continuity of care	C1
A.1	Adhere to contemporary ethical principles of medical practice, respect patients' autonomy, confidentiality,	C4
A.2	Educate the patient perception experience of illness	C4
S.8	enable the patient to make an informed choice	C4

Academic Unit Content

No	List of Topics	Contact Hours
1	Concept of family medicine and primary health care	1
2	Family life cycle	1
3	The difficult consultation BBN dealing with angry patients	3
4	Research methodology type of study conducting a study	8
5	Headache	1p 1l simulation
6	Mental disorders	5 hours
7	Consultation skills in PHC	4
8	Immunization Program	3
9	Periodic medical examination and evidence-based health maintenance protocols (wellness promotion)	4
10	Medical audit / project	10 h
11	PPD,P.P.BLUE	6
12	Childhood respiratory and ENT disorders ASTHMA OTITIS MEDIA	5
13	Principles of chronic disease management in PHC (e.g. diabetes, hypertension, hyperlipidaemia and coronary heart disease, asthma, backache)	16H
14	UTI / Cystitis/ Dysuria	4 H
15	Adult respiratory ,COBD ,ASTHMA ,CANCER	8
16	Common skin problems	2
17	Evidence based practice	2
18	COUNSELLING PREMARITALCOUNSELING ,SMOKING ,	4
19	ELDERLY HEALTH GERIATRIC MEDICINE ,OSTOPOROSIS	4
Total		

Teaching and Assessment

1. Alignment of Course Learning Outcomes with Teaching Strategies and Assessment Methods

Code	Course Learning Outcomes	Teaching Strategies	Assessment Methods
1.0	Skills		
K.1	Describe the concept of primary health care and family practice	Lecture PHC centers, Clinical skills simulation sessions	Continuous and final OSCEs
K.2	recognize the structure of health center PHC team	Health center visit	MCQ
S.1	Demonstrate the ability to Interview and communicate properly with patients presenting in PHC settings, taking a proper history and a focused clinical examination	PHC centers, Clinical skills simulation sessions CBL Aquifer	CEX, academic day direct observation eportfolio

S.2	Manage with guidance, common, chronic and psychosocial health problems in PHC settings according to up to date evidence-based protocols and guidelines	CBL PHC centers, Clinical skills CBL tutorial simulation sessions Aquifer	Logbook students case presentations Formative assessment CEX and final OSCEs
S.3	Assess the health status and various risk factors in patients and different family members and intervene by providing anticipatory guidance, evidence-based health promotion, prevention, and health education	PHC centers, Clinical skills simulation sessions	Case presentation Logbook Continuous and final OSCEs
K.3	Assess the health needs of the community and special groups.	PHC centers, Clinical skills simulation sessions	Continuous and final OSCEs Log book Research
S.4	demonstrate an understanding of the demographic, epidemiological, environmental and cultural factors affecting these needs and the way they modify peoples' use of the health care services	PHC centers, Clinical skills simulation sessions Lectures Aquifer	Continuous and final OSCEs MCQ Logbook eportofolio
K.4	Recognize common acute problems in PHC	PHC centers, Clinical skills simulation sessions	Continuous and final OSCEs MCQ
S.5	manage with guidance common acute problem in Primary Health Care according to up to date evidence-based protocols and guidelines	PHC centers, Clinical skills simulation sessions	Continuous and final OSCEs
S.6	Demonstrate appropriate skills of using equipment, office procedures and special tests available in PHC settings	PHC centers, Clinical skills simulation sessions	Continuous and final OSCEs
S.7	Demonstrate —a person-centered approach in dealing with patients and their problems in the context of the patient's circumstances	PHC centers, Clinical skills simulation sessions	MCQ-based written exams, Workplace-based assessment activities using multi-source feedback using logbooks and portfolios and final OSCEs
S.8	Recognize the importance of keeping sound medical records and making appropriate referrals to other levels of care for preserving the effectiveness of continuity of care		
A.1	Adhere to contemporary ethical principles of medical practice, respect patients' autonomy, confidentiality,		
A.2	Educate the patient perception experience of illness		
S.8	enable the patient to make an informed choice		

2. Assessment Tasks for Students

#	Assessment task*	Week Due	Percentage of Total Assessment Score
1	Embedded (WBPA) assessment	Weekly	30%
2	Final Med (written exam, spotter exam, DOCE and OSCE)	Final	70%

***Assessment task** (i.e., written test, oral test, oral presentation, group project, essay, etc.)

Learning Resources and Facilities

1. Learning Resources

Required Textbooks	<ul style="list-style-type: none"> • Fraser, Clinical methods in General Practice. • Rakel , textbook of Family Practice • Swanson , Family Practice Review • 10. Bope MCQs Book (Based on Rakel)
Essential References Materials	
Electronic Materials	<ul style="list-style-type: none"> • www.guideline.gov • http://www.aafp.org/clinicalrecs.xml • www.nice.org.uk • www.bmjjournals.com • www.icsi.org • http://www.sign.ac.uk/guidelines/
Other Learning Materials	

2. Facilities Required

Item	Resources
Accommodation (Classrooms, laboratories, demonstration rooms/labs, etc.)	Training sites and Clinical skills laboratory and simulation laboratory
Technology Resources (AV, data show, Smart Board, software, etc.)	Online and computer-based digital resources library
Other Resources (Specify, e.g. if specific laboratory equipment is required, list requirements or attach a list)	Volunteers and simulated patients

SUR535

1. Academic Unit Name: SUR535 Surgery		
2. Credit/contact hours:	Theory Hours 118	Practical Hours 620
3. Number of weeks	20 weeks	
4. Level/year at which this course is offered:		Y4S2, Y5
5. Pre-requisites for this course (if any): Completion of Basic sciences		
6. Co-requisites for this course (if any): none		

Academic Unit Synopsis

The surgical clerkship is intended to allow the students to acquire and consolidate their surgical knowledge, surgical skills, and attitudes. The clerkship capitalizes on knowledge and skills acquired by the medical students from previous pre-clerkship courses and other rotations with emphasis to foster clinical skills by covering the essential surgical problems in order to enable the students to manage those surgical problems in the community after their graduation. Special emphasis will be laid on emergency surgery, traumatology and lifesaving procedures.

Academic Unit Learning Outcomes

CLOs		Aligned PLOs
	Knowledge	
K1	Describe the causes, manifestations, differential diagnosis of surgical diseases	A1
K2	Explain the risks and benefits of common surgical procedures	A1
K3	Discuss the management of surgical patients in the context of a surgical team	A2
K4	Apply the principles and techniques in research in healthcare and the translation of research evidence in practice.	A3
	Skills	
S1	Obtain an accurate history of patients presenting with features of what could suggest the possible diagnosis as a surgical problem.	B1
S2	Communicate with patients (to break bad news and good news) and to obtain informed consent for doing specific procedures	B3
S3	Interact with other professionals, medical and paramedical in the management of surgical patients.	B3, C2
S4	Perform a complete general and organ specific physical examination of patients presenting with possible surgical problem.	B1
S5	Demonstrate ability to make working or differential diagnosis	B1
S6	Select appropriate investigation/investigations to make diagnosis	B2, A2
S7	Outline briefly the management plan of surgical diseases	B2
	Attitude	
A1	Demonstrate respect of patient's privacy, confidentiality	C4
A2	Observe the various aspects of patients safety	C4

Academic Unit Content

No	List of Topics	Contact Hours Theory	Contact Hours Practical
1	General Surgery	39	360
2	Accident & Emergency	0	120
3	Ortho/Trauma	11	10

4	Vascular Surgery	10	10
5	Neurosurgery	9	10
6	Plastic Surgery	6	10
7	Cardio Thoracic Surgery	2	5
8	Urology	7	15
9	Anesthesia/Radiology	5	40
10	Rehabilitation	2	0
11	Histopathology	1	0
12	Forensic Medicine	14	0
13	ENT	6	20
14	Ophthalmology	6	20
Total		118	620

Teaching and Assessment

1. Alignment of Course Learning Outcomes with Teaching Strategies and Assessment Methods

Code	Course Learning Outcomes	Teaching Strategies	Assessment Methods
Knowledge			
K1	Describe the causes, manifestations, differential diagnosis of surgical diseases	Lectures, Discussion, Demonstration of sign on clinical patients.	MCQ-based written exams, Workplace-based assessment activities using Mini-Cex
K2	Explain the risks and benefits of common surgical procedures	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex
K3	Discuss the management of surgical patients in the context of a surgical team	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback using logbooks and portfolios and final OSCEs
K4	Apply the principles and techniques in research in healthcare and the translation of research evidence in practice	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback using logbooks and portfolios and final OSCEs
Skills			
S1	Obtain an accurate history of patients presenting with features of what could suggest the possible diagnosis as a surgical problem	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback using logbooks and portfolios and final OSCEs
S2	Communicate with patients (to break bad news and good news) and to obtain informed consent for doing specific procedures	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback using logbooks and portfolios and final OSCEs
S3	Interact with other professionals, medical and paramedical in the	Clinical rounds, case discussions, lectures,	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and

	management of surgical patients.	clinical skills and simulation lab sessions	multi-source feedback using logbooks and portfolios and final OSCEs
S4	Perform a complete general and organ specific physical examination of patients presenting with possible surgical problem.	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback using logbooks and portfolios and final OSCEs
S5	Demonstrate ability to make working or differential diagnosis	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback using logbooks and portfolios and final OSCEs
S6	Select appropriate investigation/investigations to make diagnosis	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback using logbooks and portfolios and final OSCEs
S7	Outline briefly the management plan of surgical diseases	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback using logbooks and portfolios and final OSCEs
	Attitude		
A1	Demonstrate respect of patient's privacy, confidentiality	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback using logbooks and portfolios and final OSCEs
A2	Observe the various aspects of patients safety	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	MCQ-based written exams, Workplace-based assessment activities using Mini-Clex and multi-source feedback using logbooks and portfolios and final OSCEs

2. Assessment Tasks for Students

#	Assessment task*	Week Due	Percentage of Total Assessment Score
1	Embedded (WBPA) assessment	Weekly	30%
2	Final Med (written exam, spotter exam, DOCE and OSCE)	Final	70%

***Assessment task** (i.e., written test, oral test, oral presentation, group project, essay, etc.)

Learning Resources and Facilities

1. Learning Resources

Required Textbooks	<ul style="list-style-type: none"> Orthopedic Physical Assessment, 5e by David J. Magee. Saunders Bailey and Love – Short Practice of Surgery An introduction to the symptoms and signs of surgical disease - Norman L. Browse
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	<ul style="list-style-type: none"> The Manual of clinical objectives in Surgery: Symptoms and Problem based approach. Prof. Abdul Jabbar Mehdi Salih – DMCG Publication Churchill' pocketbook – Surgery - Churchill Livingston
Essential References Materials	
Electronic Materials	
Other Learning Materials	

2. Facilities Required

Item	Resources
Accommodation (Classrooms, laboratories, demonstration rooms/labs, etc.)	Training sites and Clinical skills laboratory and simulation laboratory
Technology Resources (AV, data show, Smart Board, software, etc.)	Online and computer-based digital resources library
Other Resources (Specify, e.g. if specific laboratory equipment is required, list requirements or attach a list)	Volunteers and simulated patients

MED521

1. Academic Unit Name: MED521 Internal Medicine		
2. Credit/contact hours:	Theory Hours 150	Practical Hours 400
3. Number of weeks	20 weeks	
4. Level/year at which this course is offered:		Y4S2, Y5
5. Pre-requisites for this course (if any): Completion of basic sciences		
6. Co-requisites for this course (if any): none		

Academic Unit Synopsis

The Internal Medicine Clinical Clerkship is a required rotation done at one of several clerkship sites in UAE healthcare facilities. This course is designed to develop the students' logical approach to the diagnosis and treatment of common medical conditions. This involves obtaining a complete history, eliciting and assessing information from the patient, performing a competent physical examination, and formulating a differential diagnosis list in order of probability with a diagnostic and management plan.

The overall objective of the clerkship in Internal Medicine is to ensure that every student develops a systematic and effective approach to clinical problem solving in adult patients. Each student will obtain a precise, thorough, and reliable medical history and perform a complete and accurate physical examination on two to three new patients every week. The student is expected to integrate medical facts and clinical data, weigh alternatives, and understand the limits of knowledge and incorporate risk and benefit analysis in the care of the patients they are following. Finally, the student is expected to demonstrate integrity, respect, professionalism and compassion.

The internal medicine rotation consists of lectures, seminars, data interpretation and case scenarios, plus students will practice medicine in the hospital doing rounds, attending clinics and evaluating the patients.

Academic Unit Learning Outcomes

Knowledge CLOs		Aligned-PLOs
K1	Describe the common medical problems presenting to doctors at different health care levels with emphasis on their diagnosis, prevention and treatment.	A2
K2	Describe the causes, clinical manifestations, and the management of cardiovascular, haematologic, respiratory, gastrointestinal, endocrine, musculoskeletal, urinary, dermatologic, neural, and psychological problems	A2
K3	Apply the principles of body defense mechanisms against infections and describe Primary and secondary immune defense mechanisms and various strategies for the prevention and the prophylaxis against infections.	A3
K4	Discuss the normal aging process in terms of physiologic and clinical manifestations and identify age related diseases and variable causes of disability in the elderly.	A2
K5	Correlate genetics with health and disease status knowing the basic principles of gene therapy and genetic counseling.	A3
K6	Point out appropriate measures for prevention of diseases.	A3
K7	Describe the clinical manifestations and differential diagnosis of the common medical disorders with an emphasis on the incidence of the different manifestations and their relative importance in establishing	A2

Knowledge CLOs		Aligned-PLOs
K8	Describe the Epidemiology of the common adult infectious diseases, and develop a diagnostic approach for the common infectious diseases	A2
Skills CLOs		Aligned PLOs
S1	Decide, for each of the common medical conditions, the etiology and pathophysiology, the natural history, the presenting symptoms and signs, the laboratory tests and/or imaging studies to confirm the diagnosis, and the plan for initial management	B2
S2	Obtain from a patient an accurate focused or complete medical history based on the presenting complaint and appropriate to the clinical setting	B1
S3	Perform an accurate focused or complete physical examination appropriate to the clinical setting.	B1
S4	Prioritize patients' problems, formulate appropriate differential diagnoses, and develop plans for diagnosis and management	B1
S5	Communicate to patients, families and caregivers the diagnosis, prognosis and treatment plan for their condition, and educate them about beneficial lifestyle behaviors and preventive health measures.	B3
S6	Perform in a simulator environment routine procedure commonly required for the evaluation and care of patients, including venipuncture, bladder catheterization, arterial puncture, insertion of peripheral intravenous catheters, fecal occult blood tests, electrocardiograms, insertion of nasogastric tubes, use of sterile technique, and use of universal precautions.	B2
Attitude CLOs		Aligned PLOs
A1	Respect the patient's best interest is the main motivation and reason to put management and not physician financial best interest.	C4
A2	Recognize the basics of health and patient's safety during clinical practice.	C4
A3	Prioritize to patients' triage based on their clinical conditions, seriousness but not on gender, nationality or culture	C4
A4	Prepare and maintain in an accepted format the medical record of the evaluation and care of inpatients and outpatients, including written or electronic entry of a complete history and physical examination, progress notes, procedure notes, clinic visit notes, physician's orders, and prescriptions for medications.	C1
A5	Communicate orally with other members of the health care team regarding the evaluation and care of a patient. This includes giving case presentations to ward teams, attending physicians, and consultants, and verbal instructions to ancillary health care personnel.	C2
A6	Implement clinical practice at the level of general medical practitioner with supervision of consultants/specialists in primary care setting knowing the limitations of each level.	C3

Academic Unit Content

No	List of Topics	Contact Hours
1	Cardiology	16
2	Pulmonology	13
3	Gastro-enterology	13
4	Neurology	13
5	Hematology	12
6	Nephrology	13
7	Rheumatology	13
8	Endocrinology and diabetology	16

9	Psychiatry	10
10	Infectious disease	12
11	Critical care	11
12	Dermatology	8
Total		150

Teaching and Assessment

1. Alignment of Course Learning Outcomes with Teaching Strategies and Assessment Methods

Code	Course Learning Outcomes	Teaching Strategies	Assessment Methods
1.0	Knowledge and Skills		
K1	Describe the common medical problems presenting to doctors at different health care levels with emphasis on their diagnosis, prevention and treatment.	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	Workplace-based assessment activities using Mini-Cex and and final OSCEs
K2	Describe the causes, clinical manifestations, and the management of cardiovascular, haematologic, respiratory, gastrointestinal, endocrine, musculoskeletal, urinary, dermatologic, neural, and psychological problems	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	Workplace-based assessment activities using Mini-Cex and and final OSCEs
K3	List the principles of body defense mechanisms against infections and describe Primary and secondary immune defense mechanisms and apply various strategies for the prevention and the prophylaxis against infections.	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	Workplace-based assessment activities using Mini-Cex and and final OSCEs
K4	Demonstrate familiarity with the normal aging process in terms of physiologic and clinical manifestations and identify age related diseases and variable causes of disability in the elderly.	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	Workplace-based assessment activities using Mini-Cex and and final OSCEs
K5	Correlate genetics with health and disease status knowing the basic principles of gene therapy and genetic counseling.	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	Workplace-based assessment activities using Mini-Cex and and final OSCEs
K6	Point out appropriate measures for prevention of diseases.	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	Workplace-based assessment activities using Mini-Cex and and final OSCEs
S1	Describe the clinical manifestations and differential diagnosis of the common medical disorders with an emphasis on the incidence of the different manifestations and their relative importance in establishing the diagnosis, and the early manifestations of serious diseases (e.g. malignancy, emergencies ...etc.)	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	Workplace-based assessment activities using Mini-Cex and and final OSCEs
S2	Describe the Epidemiology of the common adult infectious diseases, and develop a diagnostic approach for the common infectious diseases	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	Workplace-based assessment activities using Mini-Cex and and final OSCEs

Code	Course Learning Outcomes	Teaching Strategies	Assessment Methods
S3	Describe, for each of the common medical conditions, the etiology and pathophysiology, the natural history, the presenting symptoms and signs, the laboratory tests and/or imaging studies to confirm the diagnosis, and the plan for initial management	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	Workplace-based assessment activities using Mini-Cex and and final OSCEs
S4	Obtain from a patient an accurate focused or complete medical history based on the presenting complaint and appropriate to the clinical setting	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	Workplace-based assessment activities using Mini-Cex and and final OSCEs
S5	Perform an accurate focused or complete physical examination appropriate to the clinical setting.	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	Workplace-based assessment activities using Mini-Cex and and final OSCEs
A1	Make a candidate realize the patient's best interest is the main motivation and reason to put management and not physician financial best interest.	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	Workplace-based assessment activities using Mini-Cex and and final OSCEs
A2	Observe the basics of health and patient's safety during clinical practice.	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	Workplace-based assessment activities using Mini-Cex and and final OSCEs
A3	Learning to prioritize to patients' triage based on their clinical conditions, seriousness but not on gender, nationality or culture	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	Workplace-based assessment activities using Mini-Cex and and final OSCEs
A4	Prepare and maintain in an accepted format the medical record of the evaluation and care of inpatients and outpatients, including written or electronic entry of a complete history and physical examination, progress notes, procedure notes, clinic visit notes, physician's orders, and prescriptions for medications.	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	Workplace-based assessment activities using Mini-Cex and and final OSCEs
A5	Communicate orally with other members of the health care team regarding the evaluation and care of a patient. This includes giving case presentations to ward teams, attending physicians, and consultants, and verbal instructions to ancillary health care personnel.	Clinical rounds, case discussions, lectures, clinical skills and simulation lab sessions	Workplace-based assessment activities using Mini-Cex and and final OSCEs

2. Assessment Tasks for Students

#	Assessment task*	Week Due	Percentage of Total Assessment Score
1	Embedded (WBPA) assessment	Weekly	30%
2	Final Med (written exam, spotter exam, DOCE and OSCE)	Final	70%

*Assessment task (i.e., written test, oral test, oral presentation, group project, essay, etc.)

Learning Resources and Facilities

1.Learning Resources

Required Textbooks	<ul style="list-style-type: none"> • A guide to physical examination and history taking, by Barbara Bates -Latest Edition. • Macleod's Clinical Examination by John Munro and C. Edwards. • Clinical Examination - 2nd Edition by Nicholas Talley and Simon O'Connor. • Macleod's Clinical Diagnosis, 1e, Alan Japp and Colin Robertson. Churchill Livingstone • Text book of physical diagnosis and history taking. Mark H. Swartz. Saunders • Special Tests in Musculoskeletal Examination: An evidence-based guide for clinicians, 1e. by Paul Hattam and Alison Smeatham. Churchill Livingstone. • Orthopedic Physical Assessment, 5e by David J. Magee. Saunders • Bates Guide to Physical Examination and History-Taking by Lynn S. Bickley. Lippincott/Williams and Wilkins • Essential Examination: step-by-step system-based guide to clinical examination with practical tips and key facts... by Alasdair K.B. Ruthven • Clinical Examination: A Systematic Guide to Physical Diagnosis, 6e by Nicholas J. Talley and Simon O'Connor
Essential References Materials	<ul style="list-style-type: none"> • Clinical Medicine - A textbook for Medical students and doctors. P.J Kumar and M.L. Clark "Latest Edition" • Textbook of Medicine - by Souhami and Moxham - Latest Edition • Davidson's Principles and Practice of Medicine, 22nd Edition • Kumar and Clark's Clinical Medicine, 8th Edition • Harrison's Principles of Internal Medicine, 18th Edition • A guide to physical examination and history taking, by Barbara Bates -Latest Edition. • Macleod's Clinical Examination by John Munro and C. Edwards. • Clinical Examination - 2nd Edition by Nicholas Talley and Simon O'Connor. • Macleods' Clinical Examination 13e, Graham Douglas, Fiona Nicol and Colin Robertson. Churchill Livingstone • Hutchison's Clinical Methods: An Integrated Approach to Clinical Practice by Michael Glynn and William M Drake. Saunders
Electronic Materials	<ul style="list-style-type: none"> • http://stanfordmedicine25.stanford.edu/Videos/ • https://batesvisualguide.com/multimedia.aspx?categoryID=21787#21768 • https://batesvisualguide.com/ • http://www.learnerstv.com/Free-medical-Video-lectures-ltv032-Page1.htm • http://www.med-ed.virginia.edu/Courses/pom1/videos/index.cfm • https://videos.med.wisc.edu/modules/18 • https://www.youtube.com/watch?v=yAR9IfJHIPY • http://www.doctorshangout.com/page/urogenital-system-physical-examination-male • Macleod's Clinical Examination – DVD • Clinical assessment of the musculoskeletal system – DVD

Other Learning Materials	
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2. Facilities Required

Item	Resources
Accommodation (Classrooms, laboratories, demonstration rooms/labs, etc.)	Training, sites and Clinical skills laboratory and simulation laboratory
Technology Resources (AV, data show, Smart Board, software, etc.)	Online and computer-based digital resources library
Other Resources (Specify, e.g. if specific laboratory equipment is required, list requirements or attach a list)	Volunteers and simulated patients

4. Student Support Services & Facilities

Standards and Behavior in Hospitals

Accepted standards of behavior and conduct for physicians and students.

Students must understand that when they are in hospitals and clinics, they must obey the rules and regulations that are pertinent to the location. They must learn what is expected from a professional person working with sick people and adopt the professional attitudes that underpin the behavior of a doctor in training.

The following are some of the accepted declarations of the duties and responsibilities of physicians. Although they are intended primarily for physicians, they form part of the basis for training and should be learned and adhered to at all the stages of the medical student's life.

The General Duties of Physicians towards the Sick

A physician shall always bear in mind the obligation of preserving human life.

A physician shall owe his patients complete loyalty and all the resources of his science. Whenever an examination or treatment is beyond the physician's capacity, he should summon another physician who has the necessary ability.

A physician shall preserve absolute confidentiality on all he knows about his patient even after the patient has died.

A physician shall give emergency care as a humanitarian duty unless he is sure that others are willing and able to give such care.

Duties of physicians towards each other

A physician shall behave towards his colleagues as he would have them behave

Towards him. A physician shall not entice patients from his colleagues.

A physician shall observe the principles of the Declaration of Geneva, as approved by the World Medical Association.

World Medical Association: International Code of Medical Ethics

Duties of physicians in general:

- A physician shall always maintain the highest standards of professional conduct.
- A physician shall not permit motives of profit to influence the free and independent exercise of professional judgment on behalf of patients. A physician shall in all types of medical practice be dedicated to providing competent medical services full of technical and moral independence, with compassion and respect for human dignity.
- A physician shall deal honestly with patients and colleagues and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.
- A physician shall respect the rights of patients, colleagues and other health professionals and shall safeguard patient confidence.
- A physician shall act only in the patient's interest when medical care might have the effect of weakening the physical or mental condition of the patient.
- A physician should use great caution in divulging discoveries or new techniques or treatment through non-professional channels.
- A physician shall certify only that which he has personally verified.

Student Support Facilities:

1. MOSQUES

The College has mosques inside its campus for faculty, staff and female students which sustains the Islamic atmosphere in the College.

2. Transportation

Daily transportation facilities are available for close destinations. Every weekend (Friday) buses take students staying at the hostel back to their homes in Abu Dhabi, Fujairah, Ras Al Khaimah and Al Ain and bring them back to the College on the next working day.

3. Student Lounge

A plush resting area located around the round hall allows students to rest and relax during their intervals.

4. Other services

The College provides a study room, mosque, a mini-mart and a dining hall.

5. Hostel Facilities

Hostel facilities include boarding rooms, study rooms, a restaurant and a mosque. The cozy single and double boarding rooms are furnished with all basic amenities. The hostel facility is provided to all external and UAE candidates, except those belonging to Dubai, Sharjah, and Ajman. All relevant information for those interested in boarding is included in the application form.

6. Recreational Facilities

It is our desire to help students develop coordination and self-confidence. Our international fitness centre is located beside the campus of DMCG and offers recreational services at a reduced rate. Amenities include a gymnasium; equipped with various exercise machines, table tennis, and a swimming pool. Professional instructors are also available for personal training.

Student Services:

- Student rotation Policy

All students have equal opportunity for exposure in rotations in different training sites. All student batches are broken down into groups. Each group is rotated equally between the training sites.

- Student Advising (Mentoring) Services

6-8 students are allotted per faculty member for academic advising. The faculty members serve to establish good rapport with students. A rota is prepared by the student counselling Unit for spending break time and office hours with the students. In addition, the faculty member arranges regular meetings and prepares reports which is submitted to the Director of student affairs.

- Student Counselling Services

If a student requires counselling regarding personal, social or psychological problems, she is referred to a student counsellor. The counsellor provides mental health and personal counselling. The students may be referred to the counsellor, by their advisors or they may drop by the office to discuss their issues. The counsellor provides a report on her activities every semester. In case of urgent referrals, the students may be sent to the Rashid Hospital Psychiatry department for management.

- Student Career Planning Services

Alumni Service Unit, which is formed by one dedicated staff member, will conduct Career planning Activities.

Program Learning Facilities and laboratories:

Teaching Facilities:

The following facilities are available at the College:

Lecture Halls

There are 8 lecture halls all of which are duly equipped with state-of-the-art audio-visual aids and wireless network access.

Laboratories

We have following state-of-the-art laboratories for our students.

a. Biochemistry and Molecular Biology Laboratory:

This facility is equipped with:

- Equipment for training on laboratory diagnostics such as balances, centrifuge machines, ovens, water baths, a pH meter, a thermal cycler, an electrophoresis, a UV camera, spectrophotometers and so forth.
- Reagents, chemicals, glassware and pipettes necessary for biochemical and molecular tests and experiments.
- This facility is well equipped to conduct tests like PCR, ELISA, and Western Blot.

b. Histopathology Laboratory:

This facility is equipped with par-focal, illuminated, binocular microscopes for each student, binocular teaching microscopes and explanatory slides on various body systems for the study of diseases.

Microtome has also been made available for the preparation of slides.

c. College Museum:

This facility is equipped with gross specimens of different organs.

d. Anatomy laboratory

This facility is equipped with cadavers preserved in formalin in addition to plastinated organs, plastinated sections, plastic models, human bones, skeletons, X-rays, CT scans & MRI's and interactive audiovisual aids.

e. Histology Laboratory

This is another laboratory which is equipped with par-focal, illuminated, binocular microscopes for each student, accompanied by explanatory slide packages.

f. Physiology Laboratory:

This facility is equipped with state-of-the-art teaching facilities like Power Lab software, a Bio Pack System, ECG apparatus, Stethoscopes, Haemocytometer, Respirometer, Sphygmomanometer, Oscillograph, Westergreen tubes, Korrsystem, cardiac monitor, Life form with speaker, Coagulometer, Snellen chart, Treadmills, Ishihara chart and Kymographs.

g. Pharmacology Laboratory

This facility is equipped with power lab and PCCAL companion software. The lab is also equipped with an electrical pressure calibrator, a dbl tissue bath set, a mammalian heart perfusion isolator and hot plates.

h. Microbiology and Parasitology Laboratory

This facility is equipped with sterilization devices, incubators, ovens, centrifuges, microbe culturing plates, culturing media, light microscopes, explanatory slides and videos for practical sessions.

Library

The basic science library is equipped with a reasonable collection of medical textbooks, journals,

periodicals and internationally peer-reviewed literature. Wireless access and computerized literature search facilities are also provided. An attached study room is available for students wishing to study on campus.

The learning and assessment center

This center is equipped with 90 computers and projection facilities, where computerized examinations are conducted. This center is also the venue for conducting elective project presentations, interactive learning and clinical skills training.

Simulation Centre:

The state-of-the-art simulation center is equipped with high fidelity mannequins, and task trainer mannequins.

DHA Facilities:

Comprehensive, advanced and up-to-date teaching facilities are provided for our students by the Dubai Health authority (DHA). They include wards for patients, clinics, health centers, operation theatres, laboratories, and diagnostic facilities (such as X-ray, CT-Scans, Nuclear Medicine).

Contractual Relationships for clinical training

From the first batch of DMCG onwards the clinical training has been in the DHA hospitals. Based on an agreement between DMCG and Dubai Health Authority, the clinical clerkship is conducted in the DHA hospitals.

5. STUDENT ASSESSMENT

5.1 Grading Scheme

Students are given grades for each of the courses in the clerkship phase.

- Excellent 85% and above
- Very Good 75-84.9 %
- Good 65-74.9 %
- Pass 60-64.9 %

5.2 Academic Progress

The student should pass all the courses in each academic year in the preclinical and clinical years to be promoted to the next year.

The total allocation of marks for the clinical phase are 2000 (similar to the allotment of marks for the pre-clinical course), and the allocation of marks is calculated from the following table:

Clinical Sciences phase:

S.No	SUBJECTS	MAXIMUM MARKS ALLOTTED	MINIMUM PASSING MARKS
1.	Medicine, Surgery & PHC	1200	720
2.	Log Book & Research	200	120
3.	Pediatrics	300	180
4.	Obst/Gynae	300	180
TOTAL		2000	1200

Excellent 85% and above Excellent 85% and above Excellent 85% and above
 Very Good 75-84.9 % Very Good 75-84.9 % Very Good 75-84.9 %

The table illustrates the maximum marks and the minimum marks for passing that are allocated to each subject.

The requirements for graduation are:

- Successfully complete and pass exams of all the courses in the preclinical and clinical phases.
- Successfully complete the internship training phase.

5.3 Examination and Assessment

Our Goals of Assessment and Examination are meant to determine the academic level of a student's achievement in both the theoretical and practical aspects of the subject on completion of the prescribed syllabus. This will enable the authorities monitoring the performance of the students to decide as to whether or not the student concerned should be passed on to the next class. It also aims at ascertaining the effectiveness of the prescribed courses in achieving the goals of the College as well as in producing capable students with sharpened skills so that they may take their due place in the job market with competence comparable to graduates of other universities and institutions.

Rules to be followed in the Examination Hall

1. No mobile phones are allowed in the exam hall. The student will be prevented from taking the exam if found to be carrying a mobile phone.
2. Students are required to bring their ID cards to the exam hall.
3. Their names and ID nos. should be entered only on the name slips on the answer books.
4. Students are required to bring all stationery needed by them. They are not allowed to borrow stationery in the exam hall.
5. Students should not write anything other than the answers in the answer books.
6. Students are instructed not to write any prayer or anything that might indicate the identity of the candidate.
7. Answers should be only on answer books and answer sheets. If answered on question papers, they will not be valued unless specified otherwise.
8. Answers may only be inked in black or blue. Pencil and other colours may only be used for drawing.
9. Students should not remove any paper from the exam hall or add any paper to the answer book.
10. No student shall be admitted to the examination hall after a passage of ten minutes from the scheduled start of the exam, except with the permission of the Dean of the College.
11. The Dean may order a special exam supervisory arrangement in exceptional cases, such as fracture due to which the student is rendered unable to write her own exam provided the arrangement is done inside the College and concurrently with the general exam.
12. The student may be allowed to go to the bathroom in the company of one of the invigilators. It must, however, be ensured that she carries no paper or mobile phone or any other material with him/her.
13. Students will not be allowed to quit the exam hall before half of the allotted time for exam has passed.
14. Any incidence of cheating or attempted cheating or disturbance during the exam will be reported to the Head of the Surveillance Committee.

5.3.1 Assessment and Evaluation of Clinical Competence**Evaluation of Student Outcomes in the Fourth and final year of study:**

"The current curriculum is moving slowly but surely into an integrated curriculum throughout all the years of the medical college. Instead of the previous two by three curriculum (first 2 years' basic science and the last 3 years' standard clinical experiences); the new integrated curriculum looks like a continuum where the basic and clinical sciences complete each other at any time with the ratio being higher in favour of basic sciences in the first 2 years then gradually shifting to clinical sciences dominating in the clinical years. However, at no point should there be a lack of one or the other. Therefore, as students' progress from novices to experts, they integrate their basic knowledge with the more complex tasks of clinical applied knowledge. In addition, multiple aspects of their profession are introduced into their training for which assessment of performances will require the proper selection of measurement methods and instruments.

The learning assessment tools applied in the college ensure that the assessment is fair, reliable, valid, and transparent.

Most importantly, we aim specifically to plan the various assessment methods against learning objectives "Blueprinting" to ensure there is a match between students learning and their ongoing or

eventual assessment. We employ multiple approaches that include several different measurement methods and several different raters in order to ensure that results are similar and the findings are robust.

We also make the students aware that the primary goal should of their assessment is to ensure that the learning objectives are being achieved and not mere paper certification. We believe that students need to be involved both as assessors of their own learning and as resources to other students. We are working on tools where students can get descriptive feedback from the teachers as they learn.

Types of assessment used in the medical college:

- Formative assessment: "assessment for learning". "Classroom assessment".
- Summative assessment used to gauge the intended learning outcomes of a module or programme."

Conduct of assessment:

We keep in mind that assessment methods are designed while maintaining the reliability, validity, educational impact, acceptability, as well as cost – effectiveness of tools used.

Assessment tools testing knowledge and its application (Clinical Years) :

1) Multiple choice questions

The MCQ used in both formative and summative assessments throughout the college years. They are mostly a "One best response" type while keeping the "all the above or none of the above" ones to minimum. The college has moved a long way from when the multiple choice questions where initially a true or false kind into negative marking and finally into the single best answer type now. The main advancement in the MCQs however, is that the stem moved from being a question of a mere recall of factual knowledge into a more scenario like stem that needs thinking and linking of the information provided.

2) OSCE UNMANNED:

This is a form of exam where instead of a single best answer, there is a standard questions displayed on the screen for the students that needs to be read, interpreted and answered accordingly in their answer booklet. The questions can take the form of:

- a) Matching type: This format consists of two lists of statements or words, which have to be matched with one another with specific instructions. The two lists should contain different number of items to avoid cueing.
- b) Multiple true-false where there is a stem (a picture, ecg, x-ray, rash) followed by four or five true or false statements.
- c) Modified essay questions (MEQ); this consists of a case followed by a series of questions that relate to the case and must be answered in the sequence asked. This format assesses the candidate's reasoning skills and understanding of concepts instead of mere recall of factual knowledge

3) Distinction Viva:

For those students who achieve an overall "Excellent" mark they will be called for a distinction viva. There, the candidate is questioned by one, two or a group of examiners in an interview or discussion-like format. It mostly focuses on examining communication skills, ethical issues, attitudes and professionalism.

Assessment tools testing clinical competence:

1) Clinical cases:

- a) Objective structured long examination record (OSLER).

We have moved from using a long case in the final clinical exams into the Objective structured examination record. Here the students have 20 minutes instead of the old 40 minutes used in the long

case together a history, perform a clinical examination, carry out appropriate side laboratory investigations and arrive at a clinical diagnosis. Students are examined by a set of examiners, asking the students about the case and related topics. Examiners use a structured record or mark sheet to assess the candidate. The OSLE is a 10 item analytic record of the traditional long case in an attempt to improve on the objectivity, validity, and reliability. All the candidates are assessed over 20-30 min by the examiners on the same items. The 10 items consist of 4 on history, including communication skills, 3 on physical examination include examination technique and establishment of correct physical findings while the remaining three items are based on appropriate investigation, management and clinical acumen. In addition, case difficulty is identified by the examiners; it takes about the same time with the traditional long case. OSLE demands sufficient cases and greater number of examiners than the traditional long case raising the issue of practicality in resource limited countries.

1) Manned OSCE

All the students sequentially rotate around a series of structured clinical cases called stations. Using the principle of blueprinting, stations are structured to cover a wide range of competencies. At each station, the students are assigned a specific task to perform in a specified time. Each station is designed to test a particular skill such as history taking etc., The OSCE consists of active stations, e.g., examination of the oculomotor nerves and inactive station e.g., data or image interpretation A bell is used to signal the end of the period for each station and the students move to the next station. Each station has a checklist or a structured marking scheme used by a staff member who observes the students especially in the active stations.

Even though we will continuously try to implement assessment procedures that will result in medical students exercising and developing critical thinking skills from the time of matriculation through their life-long practice of medicine. Application questions have been defined as requiring an examinee to reach a conclusion, make a prediction, or select a course of action

How we ensure that the exam covers the intended outcomes:

We code exam questions. We will ensure that this is done throughout the years and specialties rather than part of them. The way it is done now is that before the final (med/surg) exam each faculty member is provided with a hard copy of each exam and an excel spreadsheet (coding sheet) that corresponded to each individual exam. The reviewers coded exam questions independently to determine the "type" of question that was asked; and to determine if the exam question was a recall, application, or competence question. Next year, we are moving towards an even more integrated exam when Primary health care (PHC) will be part of the final (Med/surg) exam and therefore we will apply the coding process to all those fields. We will discuss this in our faculty board meeting with the Pediatrics and Ob/Gyn specialties and plan on implementing it in the near future to those subjects as well.

The theoretical framework that we applied to our coding of exam questions was based on Moore's framework (attached), where we expected the exam questions to fall into one of three categories, Level 3a, 3b, or 4.

Comparing to MRCP/ NBME questions:

We are trying to improve our exams to better prepare our medical students for successful completion of USMLE step exams as well as MRCP part 1. Therefore, we are developing and preparing in-house faculty experts to assist with the development and maintenance of high quality application, competence, and beyond exam questions."

Assessment and Evaluation of Clinical Competence

The assessment and evaluation of students is divided into 2 main parts:

1. **Formative Assessment** consisting of continuous appraisals during the clerkships and throughout the clinical phase.

The Formative Assessment aims to ascertain the effectiveness of the teaching methods used and to pick up deficiencies in individual students early enough for remedial measures to be applied. During this assessment the students have an opportunity to give their impression of their clerkships and teaching, either verbally to the Head of the Department or by filling in special forms.

During this period, students also have a number of mock examinations in the various departments to ascertain their level of understanding, of knowledge and professional development.

Mini Clinical Evaluation Exercise

Evaluator:

Date:

Student:

Batch:

Year:

Patient Problem /Dx:

Setting: ■ Ambulatory ■ In-Patient ■ ED ■ Other

Patient: Age:____ Sex:____ ■ New ■ Follow-up

Complexity: ■ Low ■ Moderate ■ High

Focus: ■ Date Gathering ■ Diagnosis ■ Therapy ■ Counseling

1. Medical Interviewing Skills (■ Not Observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY			SUPERIOR		

2. Physical Examination Skills (■ Not Observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY			SUPERIOR		

3. Humanistic Qualities / Professionalism (■ Not Observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY			SUPERIOR		

4. Clinical Judgment (■ Not Observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY			SUPERIOR		

5. Counselling Skills (■ Not Observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY			SUPERIOR		

6. Organization Efficiency (■ Not Observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY			SUPERIOR		

7. Overall Clinical Competence (■ Not Observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY			SUPERIOR		

Mini-CEX Time: Observing ____ Mins.

Providing Feedback: ____ Mins.

Evaluator Satisfaction with Mini-CEX

LO	1	2	3	4	5	6	7	8	9	HIG
W										H

Student Satisfaction with Mini-CEX

LO	1	2	3	4	5	6	7	8	9	HIG
W										H

Comments: _____

Student's Signature

Evaluator's Signature

THE SIX GENERAL COMPETENCIES***▪ Patient Care and Procedural Skills (PCPS)**

Students must be able to provide patient care, including the safe and effective use of procedures that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

▪ Medical Knowledge (MK)

Students must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social- behavioral sciences, as well as the application of this knowledge to patient care.

▪ Practice- Based Learning and Improvement (PBLI)

Students must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

▪ Interpersonal and Communication Skills (IPCS)

Students must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.

▪ Professionalism (P)

Students must demonstrate a commitment to carrying out professional responsibilities and adherence to ethical standards.

▪ Systems- Based Practice (SBP)

Students must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

**Six general competencies adapted by ABMS/ACGME in 1999.*

Please insert this divider sheet between duplicate sets

EXAMPLES OF CLINICAL SKILLS EVALUATED

Medical Interviewing (PCPS, MK, IPCS)

- Facilitates accurate collection of a patient's history
- Effectively uses questions/ directions to obtain accurate information needed
- Responds appropriately to non- verbal cues
- Shows respect, compassion, empathy, and establishes trust
- Attends to a patient's needs of comfort, modesty, confidentiality and information

Physical Examination (PCPS, MK)

- Follows efficient, logical sequence
- Balances screening/ diagnostic steps for problem
- Sensitive to a patient's modesty and comfort

Informed Decision Making/ Counseling Skills (PCPS, MK, IPCS)

- Explains rationale for test/ treatment, obtains a patient's consent
- Educates/ counsels regarding disease management
- Discussion is prioritized, timely and concise

Clinical Judgment/ Reasoning (PCPS, MK, PBLI, SBP)

- Selectively orders/ performs appropriate diagnostic studies
- Considers risks and benefits of prescribed treatment

Overall Clinical Competence (PCPS, MK, PBLI, IPCS, P, SBP)

- Demonstrates judgment, synthesis, caring, effectiveness and efficiency in patient care

DMCG recognizes that not all the general competencies can be easily assessed and evaluated by observing clinical skills. The listed examples are intended to demonstrate examples of how the Mini- CEX could facilitate competency- based assessment and evaluation.

The Mini-CEX is a 10- 20 minute direct observation assessment or “snapshot” of a student- patient interaction. Faculty are encouraged to perform at least one Mini-CEX per clinical rotation. To be most useful, faculty should provide timely and specific feedback to the student after each Mini-CEX of a student-patient encounter.

- Out-patient clinic
- In-patient service (CCU/ ICU, general medical floor)
- Emergency department

- Medical interviewing
- Physical examination
- Informed decision making/ counseling
- Clinical judgment/ reasoning

- General faculty
- Core faculty
- Chief medical residents

- 1 through 3 is unsatisfactory
- 4 through 6 is satisfactory*
- 7 through 9 is superior

1. Determine if the performance was satisfactory, unsatisfactory , or superior
2. Determine which of the three possible ratings best reflects the observed student- patient encounter within the selected performance category

The grading of marks :< 60%	fail
60 to 64.9%	Pass
65 to 74.9%	Good

75 to 84.9%	Very Good
85 – 100%	Excellent

Note 2:

Students that have attained marks of 85% or over are invited for a Distinction Viva. This Viva examination is carried out exclusively by the External Examiners with the Clinical Dean and Heads of Academic Units in attendance.

There are no marks given in this except 'Distinction' or 'No Distinction'.

Assessment of students during the Primary Health Care (PHC Rotation)

The students of the Batch in the medical course attend the PHC in 3 groups for a period of between 18 to 20 weeks. Each group will have a continuous formative assessment during their rotation and allocation of marks is according to the schema described below.

Each group; will have their end-of-rotation (summative) examination immediately after their individual rotation, so that by the end of the medical course the results from all the three groups will have been submitted to the Clinical Dean office.

Students who fail the final (summative assessment at the end of their rotation) will be given a chance to re-sit their examination with the next group.

Methods of Assessment with allocation of percentage of final marks**1. Continuous Formative Assessment (50% of final marks)**

- Attendance 10%
- Log Book activities 20%
- Project (audit/research) groups 20%

- Assessed by Clinical Dean, Professor in PHC, and Senior Lecturers.

All the students participate in the research project during their rotation in PHC. The final report is presented by 4 students selected from among the group by the students themselves. All the students in the group are involved in the discussion of the project and its presentation.

2. Final Summative Assessment (50% of final marks)

- OSCE 25%
- MCQ 25%

The Final Summative Examinations – Paediatrics & Obstetrics /Gynaecology

The Summative examinations of Paediatrics and Obstetrics/Gynaecology is carried out at the end of the attachment in these areas towards the end of the first clinical year. The process is as per attached document.

Final Examination Schedule for Paediatrics and Obstetrics/Gynaecology**Final Examination in Medicine and Surgery:**

This final examination is carried out at the end of the clinical course and its aim is to ascertain the suitability of the candidate to get her diploma and to be able to cope with the duties that she would have to undertake as an intern.

The format of the examination and the allocation of marks will be as following

GENERAL RULES FOR FINAL Clinical Phase Exams (SUMMATIVE EXAMINATION)

The grading of marks :< 60%	fail
60 to 64.9%	Pass
65 to 74.9%	Good
75 to 84.9%	Very Good
85 – 100%	Excellent

The Final Summative Examination can be taken on 4 occasions – the examination at the end of the course and 3 Re-Sit examinations that are permitted.

The student will have to pass all the final (Summative) examinations within a period of 2 years following the end of the medical course.

The student will be expected to attend remedial clinical teaching sessions that will be organized by the Academic Head of the clinical academic department involved.

Student Attendance Policy for Clinical Phase:

A student should attend a minimum of 80% of clinical sessions and lectures to be eligible for final summative exams. This rule also applies to resit students, who should attend at least a minimum of 80% of the rota arranged especially for them, in order to be eligible for resit exams.

Non-Attendance at Final Examination

Non-attendance at an examination will be considered as a failed attempt at the examination. However, the following may be considered as good reasons for non-attendance:

- A) Admission to a hospital as an inpatient
- B) Death of a near relative within one week of the date of the examination
- C) Inability to attend because of having been involved in an accident (evidence from an official authority must be submitted).

Acceptance of one of these reasons will allow the student to be eligible to sit the examination at the next available re-sit examination without forfeiting one of her chances.

Disqualification from the Examination

The following actions will disqualify a student from the examination and the attempt will be considered as a failed attempt, thus forfeiting one of her chances.

- A) Arriving for the examination more than 15 minutes after the start of the examination
- B) Insisting on carrying a mobile phone or other means of communication into the examination hall
- C) Unruly behaviour during the examination
- D) Cheating or attempts to cheat.

If the student is considered to have acted in such a manner, she should be made to leave the examination hall and her case is reported to the Clinical Dean.

- The Dean will convene a disciplinary committee consisting of himself and 2 other senior members of the faculty to hear the case.
- The student will have the right to present her own version of the incident to the committee.
- Their findings are submitted to the Faculty Board and eventually to the college council for further action.
- This may include expulsion from the college.

Results of the Final Examination

The results of the final examination will be reviewed by the Clinical Dean, the Clinical Faculty Board, and then they are published.

The total allocation of marks for the clinical phase are 2000 (similar to the allotment of marks for the pre-clinical course), and the allocation of marks is calculated from the following table:

The table illustrates the maximum marks and the minimum marks for passing that are allocated to each subject.

5.4 Marks Distribution

Total Marks distribution in Clinical Phase

Subject	Maximum	Minimum
Medicine, Surgery & PHC	1200	720
Log Book & Research	200	120
Pediatrics	300	180
Obst/Gynae	300	180
TOTAL	2000	1200

Y4 MBBCh FINAL EXAM MARKS DISTRIBUTION Paediatrics

Assessment Tasks for Students

#	Assessment task*	Week Due	Percentage of Total Assessment Score
1	Embedded (WBPA) assessment		30%
2	Final Med (written exam, OSPE exam and OSCE)	Final	70%

*Assessment task (i.e., written MCQs test, OSPE, clinical examination assessment, oral case presentation.)

Y4 MBBCh FINAL EXAM MARKS DISTRIBUTION Obstetrics and Gynaecology

Assessment Tasks for Students

#	Assessment task*	Week Due	Percentage of Total Assessment Score
1	Embedded (WBPA) assessment	Weekly	30%
2	Final Med (written exam, spotter exam, DOCE and OSCE)	Final	70%

*Assessment task (i.e., written test, oral test, oral presentation, group project, essay, etc.)

FINAL MBBCh EXAM MARKS DISTRIBUTION Internal Medicine, General Surgery and Primary Healthcare

Assessment Tasks for Students

#	Assessment task*	Week Due	Percentage of Total Assessment Score
1	Embedded (WBPA) assessment	Weekly	30%
2	Final Med (written exam, spotter exam, DOCE and OSCE)	Final	70%

*Assessment task (i.e., written test, oral test, oral presentation, group project, essay, etc.)

6. Evaluation of Teaching and learning

1. Program Review and Evaluation

The academic program curriculum at DMCG undergoes rigorous reviews to ensure the continuous enhancement of its academic program. The review includes internal auditing and reporting as well and compliance with CAA standards and requirements.

Internal reviews and reports are conducted at both the course level and program Level. The documentation is guided by the external review accreditation requirements to facilitate the effective re-accreditation process of the medical program at DMCG.

The curriculum review process is essential for academic program improvements and ensures that students are prepared to embark on their career journey and develop the relevant competencies and skills for their medical profession.

The outcome of the process will guide decision-making and curriculum improvement to ensure that students achieve the required knowledge, skills and competencies to progress in their medical careers.

The review and evaluation process is conducted at the course level and program level as described below:

1.1 Course Delivery Review and Evaluation

Course components are evaluated every semester to guide program and course quality improvements through an annual program review and planning cycle. Course/module reviews are conducted during and at the end of each semester/term and includes the following:

1.1.1 Course Learning Outcomes Review and Evaluation

Course learning outcomes (CLOs) are reviewed by the faculty member and Associate Dean of Academic Affairs (ADAA). The reviews are done during the Academic Affairs Meetings for aligning CLOs with course assessment tools.

The instructor documents the attainment of the CLOs in the Course Review Report for further review and follow up.

The CLO review evaluates the effectiveness of the course in facilitating students' achievement of the course learning outcomes. The instructor reviews the suitability of the assessment tools to measure the relevant CLOs and also assesses the relevancy of the CLOs to the learning topics.

The instructor's recommendations are reviewed by the ADAA and included in the Course Review Report. At the end of each semester, the reviews and the recommendations are identified, and an improvement action plan is developed.

Course Syllabus Review and Evaluation

The course syllabus is reviewed to include Course Description, Course Learning Activities, Learning and Teaching Strategy, Course Assessment Plan, and Course Learning Resources.

The instructor records his/her recommendations in the Course Review Report. The ADAA, reviews recommendations for change (if any) and submits changes to the College Council for approval and change implementation. QA & IE Unit follows up on all changes and implementation.

1.1.2 Course Assessment Review and Evaluation

Course assessment plans and tools are developed to plan and map all assessments to the course learning outcomes. Before the commencement of the semester, the course assessment plan and tools are reviewed by the instructor and ADAA, for validation of allocated marks and timeline. The CLO matrix that maps the CLOs to the assessment tools in the course assessment plan is reviewed to ensure alignment and balance of weighted assessment tools to each CLO.

At the end of each semester, assessment tools and results are reviewed by the instructors to comment on their suitability to measure course learning outcomes. Findings are documented in the Course Review Report. Instructor's comments regarding course assessment are reviewed by the ADAA for final approval.

The QA&IE Unit conducts an audit on course assessment plan and issues findings to course instructors and ADAA for corrective action, if required.

1.1.3 Course Teaching Review and Evaluation

At the course level, teaching is evaluated by the ADAA through the faculty performance appraisal conducted annually.

The ADAA utilizes the audit reports of the course file and class observation reports to assess the teaching practice of each faculty. Class observations are introduced as a tool to improve and share teaching best practices. The class observer is appointed by the ADAA for his recognition of teaching excellence. Written feedback is provided to the instructor and a copy is sent to the QA & IE , for follow-up sessions.

At the college level, teaching is reviewed against pre-established KPIs. QA & IE records the progress against established KPIs to ensure the quality of teaching. The KPIs are measured annually and recorded in the Annual Report.

The Academic KPIs issued to ADAA and the College Council to review the performance achieved against established KPIs and a corrective / Improvement action plan is then developed as required.

1.1.4 Course Evaluation by Students

At the end of each semester, the QA & IE Unit administers the Course Evaluation Survey and issues survey results reports to be reviewed by the Dean, ADAA and faculty, to comment and develop improvement plans wherever required.

1.1.5 Course File Administration Review

The course file content is reviewed during the semester and at the end of each semester by the QA & IE Unit for compliance with course file documentation requirements.

The QA & IE Unit conducts an audit at the end of the semester to ensure course file compliance with CAA standards and DMCG policy requirements. Noncompliance statements are issued with required corrective action to faculty who did not meet the required compliance indicators.

1.2 Program Review

Program reviews are comprehensive and guide the future development of academic programs at DMCG.

Program effectiveness is judged on the following dimensions: how well students achieved the program learning outcomes; the program's success in retaining and progressing students; students' satisfaction with the process; the ability of graduates to gain employment and employers' satisfaction with the performance of DMCG graduates.

At the beginning of each academic year, ADAA will review the annual program report prepared by Academic Affairs Department. The program effectiveness results are reviewed and approved and Program Improvement Plans are prepared to be implemented the following year. The outcome of the review will be carefully considered by course instructors, ADAA, Dean and the QA & IE Unit to ensure that all issues and concerns have been satisfactorily addressed to close the loop.

1.2.1 Student Retention and Progression Review

Cohort analyses of student retention and progression will be prepared annually by the Student Affairs and Admission Unit. Reports will be shared with the QA & IE Unit and ADAA . These reports will be reviewed and improvement plans will be developed as required..

1.2.2 Student Experience Review

The student experience is measured annually through student experience surveys conducted by the QA&IE Unit. Students will evaluate all teaching and learning facilities and related services at DMCG. Results will be shared with the ADAA, academic heads and student services to develop improvement plans , follow up and close the loop as per the requirement.

1.2.3 Program Learning Outcomes Review

Program learning outcomes (* PLOs) are mapped with the Course learning outcomes of each course. At the end of each academic year, the College Council reviews PLOs of the program through the achievement of CLOs of taught courses with the relevant PLO of the program.

The committee takes into consideration the comments/recommendations outlined in the Course Review Report for the program. The information is recorded in the annual program review report and the matrix of the Program PLOs is updated based on the PLOs review and calculated values.

Revision to program matrices is conducted to ensure alignment between PLOs and CLOs and National Qualification Framework.

1.2.4 Program Competency Review

Program competency alignment is a vital component of the curriculum alignment to ensure DMCG delivers knowledge, skills and competency focused education. The alignment measures the competency and skills that students acquired as they progress through the 6 year program, duration.

The first phase of the alignment is to collect performance data from the assessment of the relevant courses mapped to the Program learning outcomes and aligned with NQF descriptors.

The mapped competency chart is reviewed by the ADAA and College Council and correlated with PLOs/CLOs/NQF matrices to ensure optimization of the assessment alignment across the program.

The program learning outcomes are also aligned with Emirates Med Competency descriptors.

The competency achievement results are included in the annual program review for further analysis and discussions. Recommendations for improvements are presented to ensure DMCG graduates readiness as a medical professional.

1.2.5 Student Employment Review

DMCG developed the following indices to measure the Employability effectiveness during internship and after graduation. Employability Effectiveness is measured by GDS survey conducted by the Ministry of Education and also QA & IE Unit at DMCG

- c. Student Internship Satisfaction Survey: During the internship, QA & IE Unit will assess student satisfaction with the internship.
- d. Employer Satisfaction with Intern Student: During the internship, employers will be asked to provide feedback on DMCG internship performance. The evaluation is based on employability skills.
- e. Employment in Field of Study: One year after graduation, graduates are contacted by the QA & IE Unit to follow up on their employment status.

The process is done over the phone and information about their employment is recorded in the Employment Survey. The results are issued to the Academic Affairs and the Dean, to incorporate in the program annual review report.

1.2.6 Alumni Engagement Review

QA & IE Unit will conduct alumni satisfaction survey. The survey is focused on measuring the Alumni communication and engagement of the College. The survey results are sent to the Communication office and Academic heads for further analysis and devised improvement plan as required.

7. PLOs mapped to QF Emirates level 7

PLO	MBBCh PLOs	QF Emirates	Level 7
A1	Demonstrate factual and theoretical knowledge with substantive depth in areas of core biomedical, psychosocial and clinical sciences and integrate this knowledge with general medical practice	Knowledge	Specialized factual knowledge with substantive depth
A2	Apply the knowledge of these disciplines in clinical context for diagnosis, prevention and management of clinical conditions within the framework of ethical and legal regulations at the level of General Practitioner and in preparation for future specialist training.		understanding knowledge at substantive depth with critical approach to creation and compilation of knowledge, legal regulations of the profession
A3	Critically analyze existing literature with an understanding of research tools and apply the knowledge of scientific basis to make decisions in patient care to promote health, prevent disease and treat illnesses in the community and specialized healthcare centers		Comprehensive understanding of critical analysis, research systems and methods to evaluate problem solving techniques, integrating from outside fields
B1	Demonstrate clinical and cognitive skills/problem solving skills of obtaining and interpreting history, conducting clinical examination and synthesizing the findings to provide differential diagnosis and suggest the most likely diagnosis for a variety of clinical problems.	Skills	Solve specialized complex problems in predictable and new context and devising sustaining arguments
B2	Choose appropriate investigations and management strategies at the level of a general practitioner and the need for specialist referral, for a wide range of conditions during clinical encounter with patients		Evaluate and select appropriate tools to investigate
B3	Communicate effectively and compassionately with patients, relatives, teachers, peers and other professionals in verbal, written and electronic means using advanced communication and information technologies in a professional manner.		highly developed advanced communication and IT skills to present, explain and/or critique complex and unpredictable matters
C1	Develop approaches to evaluate and improve healthcare literacy and awareness, epidemiology of diseases and healthcare delivery systems, and provide suggestions for improving quality and optimizing patient safety through a continuous process of auditing	Aspects of competence	Responsibility for innovative approaches to manage unpredictable procedures, engaging with society
C2	Work individually and as a team member and leader of inter-professional healthcare teams demonstrating principles of handing-over and emphasis on life-long learning		Take responsibility for group and individual outcomes in specialized field , managing contexts, across technical or professional activities
C3	Manage patient-care under supervision in a primary care setting to treat acute, chronic or emergency conditions of patients, within the limits permissible to an entry level General Medical Practitioner, with ability to properly refer cases that need specialist attention.		Can function with autonomy and little guidance, participate in peer relationship, leading multiple and complex groups,
C4	Observe principles of medical ethics, anonymity and confidentiality; and demonstrate honesty, integrity, altruism, empathy and social responsibility in their interaction with peers, patients in a multicultural context.		responsibility for contributing to professional practice, and lifelong learning in complex and sometimes unfamiliar learning contexts & can contribute to ethical standards

8. LIST OF FACULTY MEMBERS

8.1 TEACHING FACULTY (CLINICAL)

Name	Designation	Email ID
Yousif El Tayeb	Acting Dean and Chair of Clinical Sciences Department	yeltayeb@dmcg.edu
Samia Farghaly	Professor of Family Medicine	Samia@dmcg.edu
Badriya AbdulRaouf Abdulrahman Alawar	Professor	balawar@dmcg.edu
Samar Ahmed	Professor & Associate Dean of Academic Affairs	prof.samar@dmcg.edu
Pakkirisamy Kannan	Associate Professor & Associate Dean of Health and Community Services	dr.packiri@dmcg.edu
Ali Houni	Professor of Internal Medicine	dr.abdelmoniem@dmcg.edu
Amina Begum	Teaching Assistant	amina@dmcg.edu
Sara Safwat Ibrahim	Teaching Assistant	dr. sarah @dmcg.edu
Momna Basheer Muhammad Basheer	Teaching Assistant	momna@dmcg.edu
Sumbal Riaz	Teaching Assistant	sumbal@dmc.edu
Maha Ayman	Lecturer	mayman@dmcg.edu
Nujood Al Shirawi	Teaching Assistant	nujood@dmcg.edu
Raja Haqqi	Assistant Professor	dr.raja@dmcg.edu
Youness Zidoun	Director - Simulation Center	youness@dmcg.edu

Clinical Faculty Supervisors at DHA

CLINICAL FACULTY LIST

Sr. No.	Name	Post in DHA	Academic Title	Specialization
1	Afzalhussein Yusufali	Consultant	Professor	Medicine
2	Ahmed A Hassoun	Consultant	Associate Professor	Medicine
3	Ahmed Abdelmoniem Elsayed Ibrahim Negm	Consultant		Medicine
4	Ahmed Saleh Abdou	Consultant	Assistant Professor	Medicine
5	Amani Abdulla AlFalasi	Clinical Tutor		Medicine
6	Amna Al Mehairi	Sp Sr Registrar	Assistant Professor	Medicine
7	Bassam Mahboub	Consultant	Sr Lecturer	Medicine
8	Dima Abdelmannan	Consultant	Clinical Dean	Medicine
9	Elhassan S Elhassan	Consultant	Professor	Medicine
10	Fadhil Abdulla	Consultant	Sr Lecturer	Medicine
11	Dr. Faisal Ahmed Elhussain Elbadawi	Clinical Tutor		Medicine
12	Fatheyah Al Awadi	Consultant	Associate Professor	Medicine
13	Ghazi Radaideh	Consultant	Professor	Medicine
14	Hasan Radhi Al-Yassin	Sp Sr Registrar	Assistant Professor	Medicine
15	Humaid Ghanem	Consultant	Sr Lecturer	Medicine

16	J M Muscat-Baron	Consultant	Vice Clinical Dean	Medicine
17	Dr. Jaheersha Pakran	Clinical Tutor		Medicine
18	Jamal Al-Saleh	Consultant	Sr Lecturer	Medicine
19	Jihad Inshasi	Consultant	Associate Professor	Medicine
20	Dr. Khadija Ahmed Hafidh	Adjunct Clinical Associate Professor		Medicine
21	Mohamed J Railey	Consultant	Sr Lecturer	Medicine
22	Dr. Mohammed Baqer	Adjunct Clinical Senior Lecturer		Medicine
23	Mohammed Nizam Iqbal	Consultant	Assistant Professor	Medicine
24	Dr. Mona Al Rukhaimi	Adjunct Clinical Professor		Medicine
25	Niaz Ahmed Shaikh	Consultant	Associate Professor	Medicine
26	Yasim Mohamed Shawki	Sp Sr Registrar,	Sr Lecturer	Medicine
27	Dr. Samia Abul Abdulla	Clinical Tutor		Medicine
28	Dr. Sumaiya Maklai	Clinical Tutor		Medicine
29	Dr. Amna Khalifa Alhadari	Adjunct Clinical Assistant Professor		Medicine
30	Dr. Manoj Pazhampallil Mathews	Adjunct Clinical Assistant Professor		Medicine
31	Dr. Layla Mohamed Al - Marzouqi	Adjunct Clinical Assistant Professor		Medicine
32	Abeir Mahmoud Nouman Amar	Consultant, Fetal Medicine	Senior Lecturer	OBS & GYNE
33	Amal Mohammed Alqedrah	Consultant, Laparoscopy	Senior Lecturer	OBS & GYNE
34	Azza Elsayed Abdelmonem AlSayed	Specialist Senior Registrar	Lecturer	OBS & GYNE
35	Bazegha Akhtar	Specialist Senior Registrar	lecturer	OBS & GYNE
36	Faiza Badawi Mahgoub	Consultant, Urogynae	Associate Professor	OBS & GYNE
37	Fareeda Nikhat	Specialist Senior Registrar	Senior Lecturer	OBS & GYNE
38	Fatima Cherifi	Specialist Senior Registrar	Lecturer	OBS & GYNE
39	Geetha Indira	Specialist Registrar	lecturer	OBS & GYNE
40	Israa Mouhsen Khalil Al-mulai	Consultant	Lecturer	OBS & GYNE
41	Jancy Mannanthara Ali	Specialist Registrar	lecturer	OBS & GYNE
42	Josephine Jose	Consultant		OBS & GYNE
43	Kauthar Yahya Sulaiman	Specialist Senior Registrar	lecturer	OBS & GYNE
44	Kinda Al-Ani	Consultant	Senior Lecturer	OBS & GYNE
45	Maryam Khalid Jassim	Specialist Senior Registrar	lecturer	OBS & GYNE
46	Nabilah A.K.M. Ali Mashhrawi	Consultant, Fetal Medicine	Associate Professor	OBS & GYNE
47	Nawal Mahmoud Hubaishi	Head & Consultant	Associate Professor	OBS & GYNE
48	Nemat Abduljabbar	Consultant	Professor & Head of Department	OBS & GYNE
49	Nighat Aftab	Consultant, Colposcopy	Associate Professor	OBS & GYNE
50	Omyma Abdelkarim	Consultant	Associate Professor	OBS & GYNE
51	Raja Ismail Haqqi	Consultant	Associate Professor	OBS & GYNE
52	Saba Yehya AlSayari	Specialist Senior Registrar	Senior Lecturer	OBS & GYNE

53	Salma Al Mahdi	Specialist Senior Registrar	Senior Lecturer	OBS & GYNE
54	Sara Abdul Kareem	Specialist Senior Registrar	Senior Lecturer	OBS & GYNE
55	Shabnam Saquib	Specialist Senior Registrar	Assistant Professor	OBS & GYNE
56	Tazeen Makhdoom	Specialist Senior Registrar	lecturer	OBS & GYNE
57	Zuhdi Khalid Nagshabandi	Consultant Oncologist	Senior Lecturer	OBS & GYNE
58	Ajmal Kader		Assistant Professor	Pediatrics
59	Anwar Hamidullah Khan	Consultant & Incharge of ICU Noenatology	Senior Lecturer	Pediatrics
60	Entesar Abdulla Ali AlHammedi	Speicalist S. Registrar	Assistant Professor	Pediatrics
61	Fadhil Hussein Ghayb	Speicalist S. Registrar	Lecturer	Pediatrics
62	Farheen Khan	Specialist Registrar	Lecturur	Pediatrics
63	Hani Humad			Pediatrics
64	Hassan Ali Mundi			Pediatrics
65	Hisham Khalil	Speicalist S. Registrar	Lecturer	Pediatrics
66	Khaled Mahmoud ElAtawi	Consultant Neonatologist,Clinical Quality Specialist	Assistant Professor	Pediatrics
67	Loai Akram Ouda Eid	Consultant	Lecturer	Pediatrics
68	Mahmoud Ahmad AlHussain	Consultant	Assistant Professor	Pediatrics
69	Mahmoud Galal Mahmoud Ahmed	Consultantr	Assistant Professo	Pediatrics
70	Mohamed Ashraf Kandath	Specialist Senior Registrar	Assistant Professor	Pediatrics
71	Nadia Ghazala	Specialist Senior Registrar	Assistant Professor	Pediatrics
72	Sarmad Farook Yahya AlHamdani	Specialist Senior Registrar	Assistant Professor	Pediatrics
73	Sen Variaveettil Thomas	Specialist Senior Registrar	Lecturer	Pediatrics
74	Sobhy Elsayed Kotb Mohamed	Consultantr	Assistant Professor	Pediatrics
75	Yusuf Parvez	Specialist Registrar	Lecturer	Pediatrics
76	Abdulla Mohammed Qassim	(Consultant) & Head	Sr. Lecturer	Surgery
77	Ali Abdulla Ali Khammas Yammahi	(Consultant)	Sr. Lecturer	Surgery
78	Basim Raad Al Khafaji	(Consultant)	Adjunct Ass. Professor'	Surgery
79	Deena Mohd AlQedrah	(Consultant)	Sr. Lecturer	Surgery
80	Esaaf Hasan Ghazi Mohd	(Consultant) & Head	Ass. Professor	Surgery
81	Fawzy A. Benomran	(Consultant)	Professor	Surgery
82	Fawzy Hamdy	(Consultant)	Ass. Professor	Surgery
83	Hani Fouad Sakla	(Consultant)	Ass. Professor	Surgery
84	Hany Fawzi W. Greiss	(Consultant)	Adjunct Ass. Professor	Surgery
85	Hassan Yousuf Hotait	(Consultant)	Sr. Lecturer	Surgery
86	Hayder Abdul Hadi Al Saadi	(Sp. Sr. Registrar)	Adjunct Clinicl Lecturer	Surgery
87	Hussain Talib S. Salman	(Consultant)	Lecturer	Surgery

88	Jamal M. Eid Kassouma	(Consultant)	Adjunct Ass. Professor'	Surgery
89	Kamal Moustafa Abdulla	(Sp. Sr. Registrar)	Lecturer	Surgery
90	Khaled Ghandour	(Consultant)	Ass. Professor	Surgery
91	Labib Sallam D. Al O-Zaibi	(Sp. Sr. Registrar)	Adjunct Professor	Surgery
92	Masoud Shafiei	(Consultant)	Lecturer	Surgery
93	Mohammed Seddiq	(Consultant)	Adjunct Clinicl Professor	Surgery
94	Mouza AL Sharhan	(Consultant)&Head	Sr. Lecturer	Surgery
95	Navin Kumar Manickam	(Sp. Sr. Registrar)	Lecturer	Surgery
96	Nazim Ahmed Alrifai	(Sp. Sr. Registrar)	Lecturer	Surgery
97	Nooruddin K. Mosa	(Sp. Sr. Registrar)	Sr. Lecturer	Surgery
98	Omar Mohamed Al Marzouqi	(Consultant)	Sr. Lecturer	Surgery
99	Packirisamy Kannan	(Consultant)	Ass. Professor	Surgery
100	Rajesh Sadhu Ram Jesrani	Sp. Neurosuregon	Adjunct Professor	Surgery
101	Rania Medhat Seliem	(Consultant) & Head	Ass. Professor	Surgery
102	Saeb Bayazid	(Consultant)	Lecturer	Surgery
103	Salah A. Qadir Al Arnaout	(Consultant)	Adjunct Clinicl Professor	Surgery
104	Salam M.J. Hasan AL-Hasani	(Consultant)	Adjunct Clinicl Professor	Surgery
105	Saleh Saad Kadhim	(Consultant)	Adjunct Clinicl Professor	Surgery
106	Samir Mohamed AlAssar	(Sp. Sr. Registrar)	Sr. Lecturer	Surgery
107	Tarek Abdul Aziz	(Sp. Sr. Registrar)	Sr. Lecturer	Surgery
108	Tarik A Al Janabi	(Consultant)	Adjunct Clinicl Professor	Surgery
109	Yasir Amin A. Latif	(Sp. Sr. Registra)	Ass. Professor	Surgery
110	Yousif El Tayeb	(Consultant)	Professor	Surgery
111	Ahd Qassim Shahin	Consultant	Lecturer	PHC
112	Amna Mustafa ElAwad	Specialist Registrar	Lecturer	PHC
113	Ashraf Swidan	Head of Unit & Specialist Senior Registrar	Associate Professor	PHC
114	AyeshaMohammed Ali Abdulrahman Sultan Al Olama	Specialist Senior Registrar	Lecturer	PHC
115	Fatma Mohd AlOlama	Head of Unit & Consultant	Senior Lecturer	PHC
116	Fatma Sayed Mahdi Ahmad	Consultant	Lecturer	PHC
117	Fawzia Ahmed Mohamed Abdouli	Head of Center & Consultant	Lecturer	PHC
118	Hala Azez Metry Sad	Specialist Senior Registrar	Lecturer	PHC
119	Ilham Mohamad Elzobair	Specialist Senior Registrar	Lecturer	PHC
120	Mohammad Morhaf Alwani	Specialist Senior Registrar	Lecturer	PHC
121	Mohammad Naser Fargaly	Senior Specialist	Associate Professor	PHC

122	Mohammed Gamil El Noamani	Consultant	Senior Lecturer	PHC
123	Moulham Saleh Ashtar	Head of Office & Specialist Senior Registrar	Lecturer	PHC
124	Nabelyon Taha Faeq	Member of Gen.Med.Committee & Specialist Senior Registrar	Senior Lecturer	PHC
125	Nahed AbdulKhaleq Monsef	Director	Senior Lecturer	PHC
126	Najla Mohammad Kazim	Consultant	Lecturer	PHC
127	Nargis Khatoon Hossein Mehdi Poor	Specialist Senior Registrar	Senior Lecturer	PHC
128	Nehad Hassan Mahdy Abd El Magid	Consultant	Asst. Professor	PHC
129	Ola Saleam Awad Al Ayedi	Head of Health Center & Consultant	Lecturer	PHC
130	Sajitha Prasad	Specialist Senior Registrar	Lecturer	PHC
131	Soha Abd El Aziz	Soha Abd El Aziz Abd El Aal	Lecturer	PHC
132	Suad Hashim Ahmed	Head of Unit & Consultant	Lecturer	PHC
133	Wadeia Mohd. Al-Sharief	Head of Section & Consultant	Senior Lecturer	PHC
134	Zamzam Abdalla Mohamed Haji	Consultant	Senior Lecturer	PHC

9. Glossary

ADAA	<i>Associate Dean of Academic Affairs</i>
CRC	<i>Curriculum Review Committee</i>
CPE Reports	<i>Course Plan and Evaluation Reports</i>
DMCG	<i>Dubai Medical College for Girls</i>
DPCG	<i>Dubai Pharmacy College for Girls</i>
DHA	<i>Dubai Health Authority</i>
QA manual	<i>DMCG Quality Assurance Manual</i>
EIU	<i>Educational Informatics Unit</i>
FH	<i>Faculty Handbook</i>
GPD	<i>Graduate Program Director</i>
IE	<i>Institutional Effectiveness</i>
MOH	<i>Ministry of Health</i>
PPM	<i>Policies and Procedure Manual</i>
PH	<i>Program Handbook</i>
PER	<i>Program Effectiveness Report</i>
QFE	<i>Qualification Framework-Emirates</i>
SH	<i>Student Handbook</i>

Teaching Methods

L	<i>Lecture</i>
CBL	<i>Case based Learning</i>
PBL	<i>Problem based Learning</i>
TBL	<i>Team based Learning</i>
SBIL	<i>Scenario based Interactive Learning</i>
ICM	<i>Introduction to Clinical Medicine</i>
SP	<i>Student Presentations</i>
SGD	<i>Small group Discussions</i>
CAL	<i>Computer assisted learning</i>
SDL	<i>Self-Directed learning</i>
PHC	<i>Primary Healthcare center visits</i>

10.Scheme of Pedagogy & Assessment

Scheme of Pedagogy & Assessment																							
No.	Course Code	Course Title	Lec	CBL	PBL	TBL	SBIL	ICM	Tutorial	SP	Practical lab	SGD	CAL	SDL	PHC	Field trip	Bedside teaching	Simulation lab	Assessment Tasks				
																			Year Assessm ent (continu ous assessme nt)	Mid semester exam	Video of history taking, BB news, Presentation	OSCE	Oral, Practical, EMQ, MCQ
44	CIC329	Introductory Course	✓	✓					✓	✓		✓		✓	✓		✓	☐					
45	OBG431	Gynaecology & Obstetrics	✓	✓					✓	✓		✓		✓	✓		✓	✓	30			70	
46	PED423	Pediatrics	✓	✓					✓	✓		✓		✓	✓		✓	✓	30			70	
47	PHC526	Primary Health Care	✓	✓					✓	✓		✓		✓	✓		✓	✓	30			70	
48	SUR535	Surgery	✓	✓					✓	✓		✓		✓	✓		✓	✓					
49	MED521	Internal medicine	✓						✓	✓		✓		✓	✓		✓	✓					

* These Subjects have final Exams in the second semester

11. Appendices

Appendix 1. Student Assessment Rubrics

Oral Examination Rubrics

Rubrics for Oral examination

Criteria	Poor	Fair	Good	Excellent
	1 point	2 points	3 points	4 points
Criterion 1 Fluency	Communication fluency -not clear and not understandable	Communication fluency -not clear, but just understandable	Communication fluency -moderately clear and understandable	Communication -very clear and understandable
Criterion 2 Promptness	unable to answer even with prompting	Numerous prompts needed from examiner to get incomplete answer	Up to 3 prompts needed from examiner to get the answer	No prompts needed from examiner to get the answer
Criterion 3 overall understanding	Farfetched answer with lack of understanding of subject	Inaccurate answer showing poor understanding of subject	Accurate answer showing acceptable understanding of subject	Accurate answer showing in-depth understanding of subject
Criterion 4 Correlation and coherence	Basic concepts are not clear and unable to think even after prompting.	unable to make connections between topics, even though the topics are individually clear	Able to make moderately clear connections between topics which have been covered in syllabus.	Able to make connections between topics of one discipline and another to derive conclusions even beyond what is covered in course.
Criterion 5 Confidence and attentiveness	Either not polite or complete lack of confidence	Showing either over-confidence or poor confidence	Shows politeness and moderate level of confidence.	Shows politeness: professional level confidence, with being overconfident
Overall Score	Poor	Fair	Good	Excellent
	4 to 8	9 to 13	14 to 17	18 to 20

Assignment Assessment Form

Name of the Student : _____

Student ID : _____

Course : _____

Date of assessment : _____

Criteria for Assessment	Poor Effort	Inadequate /Incomplete Effort	Satisfactory Effort	Good Effort	Excellent Effort	Score
	1	2	3	4	5	
Provides summary overview and introduction of topic						
Points covered (accuracy of all major and minor areas)						
Shows initiative in gathering different sources of information: e.g., interviews, information centre, libraries, websites, journals, books						
Displays confidence in presenting a unique opinion indicative of professional judgment						
Utilizes appropriate language and grammar for submission; includes page numbers						
Citation structure and format follow acceptable protocols						
Acknowledges other people's work and critically emphasizes different points of view with credit given to previous work						
Produces a professional visual presentation for the assignment						
Total Marks:						Out of 40

General Comments:

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.....

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Marks: _____

Assessed by: _____

Signature: _____

Approved by: _____

Signature: _____

Rubric for Oral presentation / Journal Club

Student Presenter: _____ Student ID: _____ Date: _____

Knowledge & content	Poor Effort 1	Inadequate /Incomplete Effort 2	Satisfactory Effort 3	Good Effort 4	Excellent Effort 5	Score
Organization and Presentation	Hard to follow; sequence of information jumpy	Many parts of information presented in sequence	Most of information presented in sequence	Information presented in logical sequence; easy to follow	Information presented as interesting story in logical, easy to follow sequence	
Background content	Material not clearly related to topic or background dominated	Many parts are sufficient for clear understanding but not clearly presented	Material sufficient for clear understanding & moderately clearly presented	Material sufficient for clear understanding & Effectively presented	Material sufficient for clear understanding AND exceptionally presented	
Contribution of work	Significance not mentioned or just hinted	Significance mentioned in some areas	Significance mentioned in most areas	Significance explained	Significance exceptionally well explained	
Knowledge of subject	Does not have grasp of information; answered only rudimentary questions	At ease with information; answered many questions	At ease with information; answered most questions	At ease; answered all questions but failed to elaborate	Demonstrated full knowledge; answered all questions with elaboration	
Presentation Skills						
Graphics (use of PowerPoint)	Uses graphics that rarely support text and presentation	Uses some graphics that relate to text and presentation in some areas	Uses graphics in many areas that relate to text and presentation	Uses graphics in most areas to explain text and presentation	Uses graphics that explain and reinforce text and presentation	
Language and grammar	Presentation has more than 10 misspellings and/ or grammatical errors	Presentation has no more than 6-7 misspellings and/or grammatical errors	Presentation has no more than 4-5 misspellings and/or grammatical errors	Presentation has no more than 2 misspellings and/or grammatical errors	Presentation has no misspellings or grammatical errors	
Eye contact Body language, confidence and clarity	Reads most slides; no or just occasional eye Contact Voice is low; difficult to hear	Refers to slides most of the time; occasional eye contact Voice fluctuates from low to clear; difficult to hear at times	Refers to slides to make points; makes satisfactory eye contact Voice mostly clear; but difficult to hear occasionally	Refers to slides to make points; eye contact majority of time Voice is clear with few fluctuations; audience can hear well most of the time	Refers to slides to make points; engaged with audience Voice is clear and steady; audience can hear well at all times	
Time management	Short; less than 30 min	Short <30 min OR long >50	Barely appropriate time	Adequate 30-40 min	Appropriate (15+5) min)	
	Rushed OR dragging throughout	Rushed OR dragging in many parts	Some parts are Rushed OR dragging	Most of the seminar well-paced	Well-paced throughout	

General Comments: (Score:out of 40)

.....

Marks : _____

Assessed by: _____

Signature: _____

Approved by: _____

Signature: _____

Rubric for Assessment for Case Presentation

Name of the Student : _____
 Student ID : _____
 Course : _____
 Date of assessment : _____

Points for assessment	Below expectations			Meeting expectations	Surpasses expectations			UC*
	1	2	3	4	5	6	7	
Assessment and clinical examination								
Interpretation of clinical evidence								
Use of investigations								
Presentation and delivery								
Global rating								

General Comments:

.....

Marks : _____

Assessed by: _____

Signature: _____

Approved by: _____

Signature: _____

*UC: Unable to comment

Courtesy: This form is adopted from RCPsych.

Appendix 2. PBL Form

Dear Students,

This survey will help you analyze how this PBL session has helped you achieve knowledge, skills and attitude. The data from this survey will be used for research and to improve the effectiveness of PBL sessions.

Name.....Batch.....

PBL session Topic:

	STUDENT SELF ASSESSMENT	Strongly Disagree 1	2	3	4	Strongly agree 5
Knowledge and reasoning skills	1. I feel confident of my knowledge of the topic. 2. I am able to interpret the problem and arrive at a hypothesis. 3. I was able to pick out the relevant problems. 4. I was able to support my clinical reasoning and decision making with evidence					
Self-directed learning	1. I set learning objectives 2. I utilized different Resources (library, internet, Textbooks, Journals ... etc.) 3. I pushed myself to the limits of my knowledge and abilities. 4. I established a concrete action plan to achieve my learning needs					
Team work	1. I learnt to work in a team. 2. I respected other people's opinion 3. I had equal chance to share in discussion					
Attitude	1. I studied and prepared for every class. 2. I showed responsibility and commitment in all the assigned tasks 3. I made an effort to suit my behavior to the occasion 4. I was open to criticism and reacted favorably					

	STUDENT SATISFACTION ON PBL SESSION	Strongly Disagree 1	2	3	4	Strongly agree 5
PBL	1. Working was pleasant 2. It was interesting 3. Objectives and solutions were clearly interrelated 4. The problem was suitable for systematic approach by small groups. 5. The facilitator's guidance was helpful.					

This part of the survey is anonymous and will help us evaluate the process. The data from this survey may be used for research purpose and to improve the effectiveness of PBL sessions.

FACILITATOR ASSESSMENT OF STUDENTS' PARTICIPATION IN PBL TUTORIALS

Name of facilitator: **Cerebrovascular Accident- Neuroscience Module**. Date: 1st **15 sep 2014** 2nd.....

Topic covered in this session.....Number of students...1st2nd.....

PLEASE GRADE 1-10 (average for section)

Name of Student Please write the names/initials											
Application of Knowledge Base											
<ul style="list-style-type: none"> Shows evidence of thorough reading of documented sources Answers questions or shares her opinions about the topic without reading notes/books. Applies acquired knowledge about the topic to the problem. 	1st session										
	2nd session										

Clinical Reasoning and Decision-Making skills

<ul style="list-style-type: none"> Prioritizes the patient's problems... Supports her clinical reasoning and decision making with evidence about the problem Shows evidence and critical understanding of facts about the problem Shows ability to generate alternative diagnostic hypothesis according to new information given (differential diagnosis). 	1st session										
	2nd session										

Self- Directed Learning (Self-study)

<ul style="list-style-type: none"> Defines learning objectives & meets them... Shows evidence of accomplishment of learning objectives If necessary, seeks counseling to orient her study 	1st session										
	2nd session										

Collaborative Work

<ul style="list-style-type: none"> Works towards achievement of the group's learning goals... Shares bibliographic sources with classmates about... Respects classmates' opinions. Helps classmates who lag behind. 	1st session										
	2nd session										

Attitude during discussion and Professionalism

<ul style="list-style-type: none"> Reacts positively to feedback and criticism Manages her impulsiveness adequately Attentive and arrived on time Is honest. 	1st session										
	2nd session										
Overall average for each student for session 2 (It does not have to be mathematically calculated)											

-1st Session will be taken into account only if a student is absent in the 2nd session due to an accepted excuse.

-Please note that all questions may not be relevant to both sessions

Scoring rubric

1-2	extremely poor	- needs counseling
3-4	very poor	- may need counseling
5-6	satisfactory	- but can improve
7-8	good/very good	- there is still room for improvement
9-10	excellent	- (10 can be a role model)

Any comments

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Appendix 3. External Examiner Form

DMC External Examiner Report 2018

External Examiners Report Form

Please complete a separate report form for each module on which you have acted as an External Examiner and submit it either to the faculty member as hard copy or electronically as an email attachment in the form of a Microsoft Word document to magda@dmcg.edu

Name of External Examiner					
Home Institution					
Module(s)/course(s) examined					
Program to which modules are attached to					
Type of Assessment examined	Oral / Practical / OSCE / Written / Thesis / Project				
Date of Assessment					
Did you receive information sufficient enough to help you perform as an External Examiner?	Yes	No	Did you receive sufficient information on the marking criteria/rubrics?	Yes	No

Explanatory notes

In the following sections we ask that any areas you identify as requiring attention are categorised as follows:

- **Essential** = critical cause of concern that impacts academic standards. Remedial action must be taken before the start of the next academic year.
- **Advisable** = potential cause for concern that may impact academic standard if left. No immediate remedial action necessary but monitoring required.

Please note that the completed report form will be made available to Faculty and accreditation bodies.

Course Content and Assessment Strategy	Yes	No	Unable to comment
1. Was the syllabus of the course that you examined comparable to those of similar programs in other universities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the standard of the student performance comparable to those of similar programs in other universities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the amount and type of assessment appropriate to the course examined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the existing assessment process measure the student achievement rigorously and fairly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was there an appropriate balance between the various methods of assessment (eg in-course assessments, oral, practical and written assessments)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Please comment on the appropriateness of the assessment methods, the marking schemes or rubrics or any other areas related to the assessment strategy employed			
Good Practice comments:			

1/2

Appendix 4. Log Book Evaluation

DUBAI MEDICAL COLLEGE FOR GIRLS

ACADEMIC YEAR

Subject: _____

S#	Title of case/procedure	Peer evaluation		self-evaluation	
		100	20.0	100.0	10.0
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Appendix 5. DMCG Course Plan & Evaluation Report

1. BASIC INFORMATION

Course Type

· Masters · MBBCh

Course Title:

Name of course eg. Anatomy

OR Biochemistry

Code:

Batch

Course

Time:

Semester:

Academic Year

Classification (domain):

Basic sciences OR Clinical Science OR General Education

Number of Hours:

if applicable

Number of
Credits

if applicable

Theory Hours

Number of Contact hrs.

Practical Hours

Number of Contact hrs.

Prerequisites:

Courses or topics which should have been covered earlier

Co-requisites:

: Other courses or topics which should be taken together with this course

2. COURSE SYNOPSIS

This course provides an introduction.....

Head of Departments / Course Coordinator:

Instructor 1

Instructor:

Name of Professors and Doctors

Page 2

3. COURSE LEARNING OUTCOMES (CLOs)

You may add up to 10 CLOs but 5 would be ideal.

CLOs and Alignment with Bloom's Taxonomy

Upon successful completion of this course the student will be able to:

CLO 1

Bloom's Taxonomy levels

 · Recall · Comprehension
 · Application · Analysis ·
 Synthesis · Evaluation

Enter the full text of each CLO

Alignment of CLOs with program learning outcome (PLOs)

Knowledge= A1, A2, A3

Skills = B1, B2, B3,

Accountability and Engagement= C1, C2, C3, C4

*Please find the PLOs on DMCG website

Mapping of CLOs with knowledge and skills

CLO	A1	A2	A3	B1	B2	B3
	—	—	—	—	—	—

1

Mapping of CLOs with Accountability and engagement

CLO	C1	C2	C3	C4
	—	—	—	—

Page 3

4. COURSE CONTENTS:

Item 1

Chapter (Group of Topics)

Weeks

Practical /
Clinical

Others

Total

Pedagogy

CLO

Assessment methods

% of the total course
marks

Provide the number of
CLO with which the
chapter is aligned

5. LEARNING & INFORMATION RESOURCES

Material Prepared by instructor

Enumerate learning material e.g. PowerPoint /lecture notes/video/ narrated lecture etc.

Text books & other resources

Enumerate resources like Text books, websites, (Up-to-date, Access medicine, Aquifer)

Technology Resources:

Technology Support:

· LMS course content · LMS quizzes · LMS drop box · LMS discussion · MS Office tools · Internet search engines · Demonstration videos · Other software

6.PLAN FOR STUDENT ASSESSMENT

Assessment Tool

Score Distribution (%)

Page 4 -Course Evaluation

Course Evaluation (End of Semester)

7. COURSE COVERAGE

Students
enrolled

% of course
covered

If not fully covered, mention titles of topics

Mention reasons for not covering each topic (if course coverage is less than 100%):

Strategies to be implemented to complete the course in the coming years:

8. EXAMINATION STRATEGY & STUDENT PERFORMANCE

Placement of the Course (Select from drop-down menu)

Examination Blueprint

Chapter (group of topics)	Percentage of total teaching hours	Year assessment	Oral marks	Practical marks	MCQ marks	Account t Marks	Total Marks

Examination Blueprint

Specialties (groups of topics)	Percentage of total teaching hours/Weightage	Pre-Final Exam/end of rotation exam	Written Exam	Clinical Exam	Total Marks

Comment on how successfully you have implemented the above blueprint. (whether you have deviated

Student Score for each Assessment tool (Number of Students)

Modules	Examination Tool	>85%	75- 84.9%	65- 74.9%	60- 64.9%	<60%	Incomplete/ Absent

Student Score for each Assessment tool (Percentage of Students)

Modules	Examination Tool	>85%	75- 84.9%	65- 74.9%	60- 64.9%	<60%	Incomplete/ Absent

Comments on the extent to which learning outcomes are met

Mention any deviation from planned student teaching and assessment methods and specific comments on assessment findings & suggestions.

DMCG CRITERIA FOR SUCCESS (KPIs)

80% or more students should get 60% or above in theory exam.	More than 75% should get 75% or above in practical
????	???

75% or more students should score 75% or above marks in oral	75% or more students should get 75% or above in manned OSCE
???	???

9. COURSE EVALUATION (INDIRECT ASSESSMENT)

External Feedback: From External Examiner or External Source

Student feedback score obtained for this course:

Scale 1- 5

Response rate

Department

Student Feedback

Survey Question

Score Obtained (Weighted Average 1 - 5)

Student Feedback

Survey Question

Score Obtained (Weighted Average 1 - 5)

Other assessment results like student attendance percentage

10. SELF-REVIEW BY DEPARTMENT (Please rate the following. Scale 1= Poor, 5= Excellent)

appropriateness of the course

learning outcomes

· 1 · 2 · 3 · 4 · 5

appropriateness of assessment

instruments in relation to

learning outcomes

· 1 · 2 · 3 · 4 · 5

extent to which learning

outcomes were met (with evidence)

· 1 · 2 · 3 · 4 · 5

appropriateness of prerequisites

· 1 · 2 · 3 · 4 · 5

appropriateness of the balance

of assessment

· 1 · 2 · 3 · 4 · 5

appropriateness of textbooks

and other learning resources

· 1 · 2 · 3 · 4 · 5

Comments on results of student feedback and department self-review

11. PROPOSED ACTIONS PLANNED FOR NEXT SEMESTER (To be followed up in next year's report)

Based on the assessment results, what changes, if any, are planned to increase student success? When will they be implemented? Please check any appropriate boxes and provide a brief description with a timeline for changes.

12ACTION PLANS & INTENDED OUTCOMES FOR NEXT SEMESTER: (For each action, include implementation dates planned)

Choose one or more summary statements.

· Results are positive—no changes to be made · Conduct further assessment related to the problem encountered and outcome · Use new or revised teaching methods (e.g., more use of group work, new lecture, etc.) · Develop new methods of evaluating student work · Plan purchase of new equipment or supplies needed for modified student activities · Make changes in staffing plans (e.g., modified job descriptions, requests for new positions, etc.) · Engage in professional development about best practices for this type of class/activity · Revise the course sequence or prerequisites · Revise the course syllabus or outline (e.g., change in course topics)

Appendix 6. Course Change Add Proposal Form

COURSE CHANGE/ADD PROPOSAL FORM

INSTRUCTIONS: This form is used to make changes to a course number, title, credit hours, pre- or co-requisites, description, assessment, delivery method, or to add /delete a course. If the change affects the interests of another department, letters of concurrence from that department must be attached. The form is available with the Associate Dean of Academic Affairs/Program Director.

A. INFORMATION NEEDED

Degree program

☐ MBBCh☐ MSc/POSTGRADUATE

Department: _____

B. PROPOSAL

Proposed Change

Course Number and Title: _____

- ☐ New Course
- ☐ Delete Course
- ☐ Change Course Title to:
- ☐ Change Course code to:
- ☐ Change Credit Hours to:
- ☐ Change Course Description/Content (Please attach a completed course description forms)
- ☐ Change Prerequisites/Co-requisites to:
- ☐ Change in Course Learning Outcomes
- ☐ Change in teaching pedagogy
- ☐ Change in assessment tools
- ☐ Other Change (Specify):

Reasons/justification for proposed change: _____

Does the proposed course affect the curriculum, students or academic interest of any other department in DMCG?

☐ Yes ☐ No

Identify which department(s) / unit(s) _____

	Current	Proposed
Course Number		
Course Name		
Description		
Prerequisite		
Corequisite		
Hours		
Credits		
LOs		
Assessment Tools		
Teaching Pedagogy		
Learning Resources		

Proposed by : _____

Signature:	Date :
------------	--------

D. REQUIRED APPROVALS

Head of the Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved
Signature:	Date:	
Program Review and Assessment Committee	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved

Endorsed by:
The Dean Chair, Program Review and Assessment Committee

Appendix 7. Course Equivalency Form (Students)

Course Equivalency Request Form

To:	The Dean
Program:	
Date:	
Student Name:	
Name of the University/institution last attended:	
Year last attended:	

I request to transfer theCollege.

Student Signature_____

=====

For Official Use ONLY:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
List of Courses Approved	
Associate Dean of Academic Affairs Name: _____ Signature _____ Date _____	

.....
Endorsed by the Dean
Prof. Saeed Ahmed Khan

Requests must be submitted to the Dean's Office

Revision History:

Version	Date of Publication	List of changes	Prepared by	Approval date
V1.1	1 October 2022	<ul style="list-style-type: none"> Updated curriculum and assessment New modules in the second year, DHA agreement details, List of adjunct Faculty 	Prof. Samar Ahmed Dr. Fouzia Shersad Dr. Hajer Sheikh Ms. Fathima Ghani	26 April 2022