



University of Duhok
College of Medicine
Department Of Medical Education
Educational Program description
Document
2019-2020

This descriptive document was issued by the department of medical education and had been revised and approved by the college curriculum committee.

Duhok Medical College adopted the integrated outcome based curriculum. After two years of preparation the college applied this new curriculum starting at 2018 -2019 with the 1st stage. This curriculum will continue year by year to involve the whole 6 stages. At the time being the older stages will continue on the classical discipline based curriculum for the next few years. However major changes and modifications were made in the educational program to meet the intended objectives and achieving the college mission and outcome.

The Integrated Curriculum Philosophy:

Introduction: the program of undergraduate medical education employs a curriculum which is designed to meet the outcomes of graduates that are appropriate for the 21st century. It encourages student-centered learning towards these outcomes. An important part of that is to have both 'core' elements which all students study, and 'Student selected Components ', where students may choose between different options in both phase I and phase II.

Phase I is the first stage towards achieving the outcomes specified for the curriculum. None will be fully achieved in Phase I, however some are substantially achieved, particularly those under the heading of 'the doctor as a scholar and scientist'. The aim is to lay a solid foundation upon which you may build a future learning with full-time clinical work in Phase II. These foundations will include knowledge, skills and attitudes. In particular, we are concerned about attitudes to learning. You will not be able to practice effectively as a doctor unless you own the skills of self-directed learning. By the end of the course you must be able to take a clinical problem, break it into its component parts, identify what you already understand, set yourself clear learning goals. To achieve them you still need learning strategies. These are not idle words. Lifelong learning is the skill you need to be a true professional.

However, we recognize that some of the students may take longer than others to achieve these objectives, depending upon the learning styles that you have adopted before. The curriculum philosophy in Phase I is, therefore, "student directed learning" in which we aim to exemplify to you the processes you will have eventually to undertake for yourself with the benefit of the more detailed guidance from us. By the end of Phase I you should be ready for student-directed learning where you take much more control of the learning process. No single part of this process enables you to succeed. The lectures alone are not the curriculum. You must play an active part in the problem-solving groups and you must be engaged in a significant amount of self-directed learning if you are to achieve the outcomes and demonstrate to us that you have done so in the assessment. The whole educational program is designed to achieve the outcomes.

Student Directed Learning

- We have set detailed learning, outcomes for each element of the curriculum.
- We will explain the key concepts and material in a small number of lectures.
- You will engage in supervised problem-solving tasks, working in groups to reinforce by active learning the concepts and materials. This learning will be supported by extensive written material-workbooks.
- We aim to point out the clinical relevance of your learning. You should always seek to understand why you are learning material and how you will use it in the future.
- You will undertake self-directed learning to complete your understanding of the material.
- We will assess your attainment of the detailed outcomes frequently and provide feedback to aid your learning.

Most of Phase I is 'core' programs , but you will be able to choose two 'student selected components' in semester five and six. Once you get into Phase II, you also will have significant opportunities to follow your interests by choosing different options. The core course is made up of a series of modules. All are integrated and interdisciplinary in nature, often dealing with a system of the body or major topic.

Throughout your working life you will need to reflect upon your career progression, upon your learning and skills in their broadest sense, and upon your own health and well-being. To help you to develop a proactive approach to these areas the Personal and Professional Development Program will regularly expose you to Personal Development Planning (PDP), to career management and guidance, and to a consideration of your duties to your personal health and well-being as well as that of your peers.

Finally you will spend your working life as part of a team of health care professionals providing patient-centered care. Patient outcomes will be largely dependent upon the degree to which your team understands the interdependence of its varied roles, and can interact intelligently and respectfully with all concerned to maximize the efficiency of care. From a very early stage of the course you will have the opportunity to work with students of allied health care professions in a variety of Inter-Professional Learning Events.

Overview Of The Six-Year Curriculum:

Medical College runs a 6-years MBChB course. It is divided into two phases. Phase I lays the foundation that will be built upon by the full-time clinical work in phase II. Each phase lasts 3 years. The curriculum is highly integrated, both 'horizontally' so that disciplines within medicine are learned together, and 'vertically' in the clinical work and relevance are introduced from the beginning

Phase I (Laying the Foundations):

Phase I will equip you with knowledge and skills you need to profit immediately from full-time clinical education in Phase II. Phase I takes place over 6 semesters, 2 for each year.

The first semester differs from the following 5 semesters in contents, as it is intended to cover the modules of University requirements, including **Computer, English language and Medical Terminology, Medical biophysics, Scientific debate and Kurdology.**

Semesters two to six of phase I :

Duhok Medical College will follow an integrated systems oriented outcome based approach. There are distinct modules of learning, which are taught using a combination of large groups lectures and small groups work. In each semester you will take a series of 5 integrated, interdisciplinary modules related to human structure and function in health and disease. The semester runs over a 14-weeks period (allowing for vacations & holidays). All the 5 modules are visited alternatively during the 5 days of study per week. Typically a module is run over a half day for 14 sessions. You will have 1 or 2 lectures and a group work session in that half-day. Each module is supported with a workbook that contains the timetable, assessment outline, patient cases, key information... etc.

Objectives of Phase I:

1. ***Learning How to learn*** medicine requires a commitment to lifelong learning. We aim progressively to develop your skills of self-directed learning (active learning) in contrary to the former teacher-dependent passive learning. Core teaching in Phase 1 has few lectures, much more group work and learning by problem solving. There is lots of time for self-study and, guided by the course outcomes, you learn how to organize your own work. The learning in Phase I provides you with essential knowledge and skills that will underpin your clinical practice throughout life. All learning takes place in an obvious clinical context, so that you will see how it relates to your future practice as a doctor. There are a few lectures, designed to set the scene and to give a broad framework. Most of your learning, however, takes place in small groups. You

will work on structured, clinically related problems. Each student is assigned to a group of 6 students for the duration of Phase I. You will do all the group work with this group. Group work varies but can include case studies, problem solving, anatomical dissection of cadavers, student presentations..etc.

2. ***Understanding Medical Science:*** You will learn medical sciences through integrated, interdisciplinary modules. Applied subjects like Pathology, Medical Microbiology and Pharmacology are introduced very early, so that you can immediately understand both normal and abnormal functions. Each module is delivered by an interdisciplinary team of clinicians and scientists, and will emphasize continuously the application of knowledge to clinical practice. Doctors must strive to practice 'Evidence Based Medicine', where the efficacy of medical practice is constantly assessed. In Student Selected Components, you will learn to assess scientific evidence and design of studies by studying a discipline in depth. Students will take three 'Student Selected Components' in disciplines of their Choice, to develop skills of scientific understanding and evaluation.
3. ***Patient contact & clinical skills:*** This is a great part of Phase I and a welcome escape from the lecture theatres. You will learn skills of professional communication and physical examination by working first with 'simulated patients' — actors trained to help you learn, and other volunteers. Very soon you will begin working on hospital wards with real patients. During phase I, you will follow the Introductory Clinical Course which is half a day a week. It involves attending one of the Teaching hospitals where you will be taught basic clinical skills by a consultant or GP.
4. ***Learning how to Integrate (Putting it All Together):***At the end of the day all parts of the curriculum must come together in your own mind, so you may focus them on clinical problems. Throughout Phase 1 all students work on integrating their knowledge by means of the Living with Long Term Condition Module (LwLTC). You will be guided in your work by a medically qualified mentor (a practicing doctor) and present your work as a thesis examined at the end of Phase I. you must find and study 2-3 suitable patients in our Teaching Hospitals and general Practices with a common problem (e.g. chest pain with different underlying etiology), so that you can prepare a dissertation linking basic medical science to real patients' problems you are expected to meet them in their own homes and will see them several times during phase I.
5. ***Understanding People:*** You will learn how the human body is put together, and how it works in health and illness, but you will also come to understand that patients are not just the illnesses they suffer from. They have social and psychological dimensions to their lives that affect the kind of illness that they suffer, how they react to illness, and the consequences of illness for them '**Social and Behavioral**' medicine, which help you to understand the whole

person and the context of health care, is a prominent feature of phase I curriculum. You will work with patients in innovative community attachment to help you realize the importance of social and behavioral issues for yourselves.

Assessment at Phase I: In Phase I each module has 2 formative¹ assessments that give you immediate feedback on your progress.

Failure to attend the formative assessment without an acceptable excuse will result in preventing you from submitting to the summative exam.

In the presence of a legitimate excuse you must fulfill the following demands to be allowed to sit for the summative exam:

1. Providing a certified report.
2. Submitting a task to the assessment committee before the date of the summative exam.

You will also be tested summatively² on your knowledge and ability to link material across modules at the end of each semester. At the end of semesters 1-5, it is called the end of semester assessment (ESA1 to ESA5). At the end of semesters 6, it is called the end of phase I assessment (EPA-I). A detailed description of assessments at phase I will be given in the following sections.

By the end of Phase I you will:

- Be able to communicate with patients, examine them clinically and have a good understanding of the structure and function of the human body and how this relates to health and illness.
- Appreciate the psychological and social context of health and illness.

¹Formative assessment is used to give feedback & guidance to the students through the course of study identifying& remedy any deficiency.

²Summative assessments are held at the end of semesters for progress & completion decisions.

Phase II (The Clinical Course):

This part is divided into twelve blocks. Each student is linked to a colleague (clinical partner) for the duration of the course. Together the two students are attached one or two, clinical teams in each block. This makes a student to consultant ratio of 1: 1 or 2:1, which is superb.

The first 6 blocks comprise the junior rotation which includes *musculoskeletal care, Peri-operative care, cardiorespiratory care, gastrointestinal care, mental health care & clinical methods*. The final 6 blocks are your senior rotation which includes *Special senses, Cancer care, Acute care, Child health, Reproductive health, Elderly and chronic care*.

In Phase II learning takes place in a clinical environment, through seminars, clinical skills sessions and bedside teaching, all supported by structured work-books.

Objectives of phase II:

1. ***Developing Your Clinical Skills:*** We believe that the best way to learn medicine is to work with practicing doctors. You will spend virtually all of your time in Phase II working full-time in clinical environment. During a series of themed clinical blocks you will be expected to make the most of opportunities for learning provided by the patients who come under the care of your clinical team. The aim is that you should develop general skills rather than receive training in individual specialties. You will be given clear outcomes defining what you should be able to do by graduation. We will ensure that you get the right pattern of experience to develop these 'competencies' as effectively as possible.
2. ***Organizing Clinical Learning:*** You will spend time in a series of themed placements designed to give you the optimum combination of broad experience and benefits of learning from the masters of the art of medicine. Learning in each block is by a series of structured activities guided by a workbook and led by experienced clinical teachers.
3. ***Having the Appropriate Clinical Learning Environment:*** your clinical training will be accomplished in the 5 main Hospitals in Duhok City, namely Azadi Teaching Hospital, Hivi Pediatrics Teaching Hospital, Duhok Emergency Teaching Hospital, Duhok eye Hospital and Duhok Gynecology& Obstetric Teaching Hospital. The range of patients and illness you will see accurately reflects the demands made upon doctors, giving you the best possible chance to prepare for the environment in which you will work once qualified. You will also spend time in innovative community attachments that allow you to explore the working of multidisciplinary primary care teams caring for a wide range of patients.
4. ***Student Selected Components:*** During Phase II there are three blocks of clinical attachments where you may choose what to study, in order to pursue your interests and explore possible careers. You are expected to devise and undertake a project on a medical topic in a setting of your choice.

Assessment at phase II:

You will receive continual feedback on your developing clinical skills and knowledge, block by block through reviewing of your clinical performance and your developing patient portfolios. Your clinical knowledge, skills and attitudes will also be tested in a fully integrated examination at the end of each year, each involves written papers based on clinical problem solving and a further Objective Structured Clinical Examination (OSCE). You will always be tested on your ability to solve the clinical problems you will have to face as a doctor. Students who successfully complete the academic requirements of their Medical course for the degrees of MBChB will be awarded the degrees only if they are deemed by the Medical College to be fit to practice medicine.

A medical degree is just the beginning of your medical career.

Phase 1

	SEMESTER 1	SEMESTER 2	SEMESTER 3	SEMESTER 4	SEMESTER 5	SEMESTER 6
Longitudinal themes	scientific debate	Molecules, Genes & Disease	Musculo-skeletal System	Forensic Medicine	Student-selected Component	Student-selected Component
	Computer	Tissues of the Body	Mechanisms of Diseases	Urinary System	Infection & Immunity ¹	Infection & Immunity ²
	Medical Biophysics	Metabolism	Cardio-vascular System	Respiratory System	Reproductive System	Nervous System
	Kurdology	Health & Disease in Populations	Membranes & Receptors	Gastro-intestinal System	Head & Neck	Clinical Pharmacology
	English language & Terminology	Clinical Problem Solving 1	Clinical Problem Solving 2	Health Psychology & Diversity	Health & Disease in Society	Integrative

Clinical Skills Foundation course
And Living with Long term condition

	4 TH YEAR	5 TH YEAR	6 TH YEAR
6/9-17/10	GIT	CHILD 1	CHILD 2+ REPROD. 2
18/10-26/12	MSK	REPROD 1	Cancer care
27/12-6/2	Cardio-Respiratory	Perioperative	Student Selected Component
7/2-27/2	Student Selected Component	Student Selected Component	JOB SHADOW
28/2-9/4	Endocrine+Renal	Special senses	Chronic care /Elderly
10/4-22/5	MENTAL	Clinical methods	ACUTE CARE

The structure of phase I of the curriculum

Phase I runs over 6 semesters. Each year is divided into 2 semesters. Each semester is composed of 5 alternating modules. At the end of phase I you will take summative assessment-The End of Phase I assessment (EPA-1),or called ESA6

Clinical work is introduced from the first semester as an increasing fraction of the curriculum until you undertake full time clinical education in Phase II. The modular structure has been chosen so that you may see how to divide your time. The medical course does not however work by 'credit accumulation', and you cannot pass or fail individual modules, nor can you re-sit components electively. All assessments cover the whole course up to the point of assessment. We have designed the curriculum so that each module should require approximately the same amount of work. Clearly, however, your differing backgrounds and skills will mean that for some individuals, some modules will be more demanding than others.

The overall structure of the curriculum is indicated on the colour diagram on the previous page. Each column of rectangles corresponds to a semester, each rectangle to a module. The 'Clinical Skills Foundation Course' runs over 5 semesters in Phase I beginning from semester 2. Each single module comprises approximately 75 hours of scheduled teaching time organized as 15 (minimum 14) five-hour slots (sessions), running on the same half day each week for 14 consecutive weeks (allowing for vacations). In each week therefore you are scheduled for about 25 hours teaching, which you must attend. You should expect to spend at least an equivalent time in self-directed learning, a minimum of 40 hours per week overall. The timetable is organized to allow you time for this purpose, and we provide a wide range of educational resources to help you, but it is up to you to organize your time and effort to achieve the outcomes of any particular module. You will not be able to achieve a module's outcomes just by attending the teaching sessions. You must undertake work on your own account.

Teamwork is a vital element of medical practice. Accordingly you will be working in groups during much of the scheduled teaching time. It is very important that you recognize the advantages of co-operative working with others, to share knowledge and skills and promote effective learning. We hope you will continue to work in groups in your own learning time.

Inter-professional learning events will take place at regular intervals giving you the opportunity to further enhance your team working skills through direct interaction with fellow students of other health professions.

The Clinical Skills Foundation Course: runs in semesters 2-6, and consists of a series of events some based in the Medical college, some in Clinical Skills Units, and some in the hospitals. Your performance must be satisfactory for the module leaders to make you eligible for the summative exam.

Clinical skills: Students must master more than 30 skills outlined in the college outcomes of graduates. These skills will be learned through different courses throughout the 6 years. Mastery assessment will be organized and included within the assessment program of the involved courses. Failure to pass the mastery assessment will prevent you from applying to the summative assessment.

The Main Core Modules: Each module deals with a topic or system of the body in an integrated, interdisciplinary way. Each module is the responsibility of a module leader who co-ordinates the work of a small team of staff drawn from various disciplines, including in all cases relevant clinical disciplines, to deliver the module curriculum as described in the later pages of this document. These curricula have all been approved by the Curriculum Committee of the College and are the responsibility of the College as a whole, not individual disciplines or departments within it. Although you will often be taught by specialists in their subject, you will not be learning "Anatomy", "Physiology", "Biochemistry", etc., as individual subjects, nor will you be assessed upon them separately. The critical test will be your ability to interrelate material in a rational approach to clinical Medicine.

Student Selected Components' make up the remaining components of the course. One module in semester 5 & one module in semester 6 are devoted to Student Selected Components. In each of these modules there will be a number of courses offered, which you may choose between.

1. **Science Skills Student Selected Component Modules:** from which you must select at least one. Many of the Science Skills modules are organized by disciplines and departments, both in the clinical and basic medical sciences they will provide you with an opportunity to work closely with specialists in the fields of your choice, and to take your studies to a high level. They offer you a valuable opportunity to develop your skills as a medical scientist in disciplines of your choice.
2. **Personal Development(Student Selected Component modules):** 'Personal Development' (optional) modules aim to allow you to study a humanities subject in ways that will broaden your educational experience, and so better prepare you for a balanced approach to professional life as a doctor.

Living with Long Term Condition (LwLTC)Course:

The learning and practice of Medicine requires you to draw together knowledge and skills from many different sources, not necessarily conveniently organized into modules. One part of the curriculum therefore spans all of the others. This Course which provides a unique opportunity to experience medicine in a longitudinal rather than episodic way. With the help of tutors you will study a small number of patients with the same presentation but different conditions. You have choice in both. Eventually, after ongoing visits to three patients in their homes, and if necessary in hospital, in your first two years, you will be assessed by dissertation and viva.

The teaching and learning in the core is the basic material that you will work with for the rest of your life to support your continued learning of clinical medicine, and achieve the objectives laid down for you by the Medical College. You must therefore complete the core course satisfactorily if you are to be permitted to carry on with your course.

To progress to phase II, therefore, you must satisfactorily complete the core modules in basic science, social and behavioral medicine and the Clinical Skills Foundation Course plus the Student Selected Component Modules, and your LwLTC.

Throughout Phase I, as you study your Personal Development Tutor (PDT) will help you to plan your future personal and professional development, to consider the career opportunities open to you and to recognize the importance to your practice of medicine, of looking after yourself at every level.

Organization of Modules:

Semester 1

The first semester is intended to cover five subjects comprising the university requirements (**i.e. Computer, English Language & Medical Terminology, Medical biophysics, scientific debate, Kurdology**). These are arranged in five alternating Modules as in the following course of study.

The Module Of Scientific debate, includes lectures in the following topics: Medical Ethics, Medical Terminology. History of Medicine, Biosafety and Biosecurity

The Module Of Computer includes lectures and practical sessions providing the Medical students with the necessary basic information in computing.

The Module Of Medical Biophysics, includes lectures & small groups work, in addition to hospital programs & Medical Physics lab. work.

The Module Of Kurdology, includes lectures outlining Kurdish Language and Kurdish History.

The Module Of English Language and Medical Terminology, includes lectures comprising the essentials of English languages and Medical Terminology. In addition, the English Medical language learning involves small groups work.

Semesters 2 to 6

Each module will run for at least 14 weeks (allowing for vacations), starting in week 1 of your semester dates scheduled by a detailed timetable provided for you at the beginning of the year. Almost all of the core modules are allocated 14 sessions (i.e. half days) of teaching time, which will take place on the same half day for the 14 weeks. For some semesters, almost all morning and some afternoons of the week are taken up by core module teaching. The Clinical Skills Foundation course will be dovetailed with the above module teaching and will generally occupy one half day, and occasionally two half days per week, different students' being scheduled for different days. Attendance at all of these scheduled events is compulsory. Attendance will be monitored and will form part of your assessment. The remaining time is available to you for your own learning and both educational resources and tutorial support will be provided to help you. Sessions usually begin at 08.00 am to 2:30 pm. There are however exceptions so pay close attention to your module workbooks and messages on the notice boards.

The scheduling of activities within the sessions for any particular module is the responsibility of the module team. You will be informed in writing of the detailed week-to-week schedule in the module handbooks. Many other facilities will be available to you to support your learning, such as the electronic student learning environment, the histology laboratory, dissecting room, and computer suite.

•**Semester 2**, is composed of the following modules: **Molecules, Genes & Disease, Tissues of the Body, Metabolism, Health & Disease in the Populations, & Clinical Problem Solving 1.**

•**Semester 3**, is composed of the following modules: **Musculoskeletal System, Mechanisms of Disease, Membranes & Receptors, Cardiovascular System, & Clinical Problem Solving 2.**

•**Semester 4**, is composed of the following modules: **Forensic Medicine Urinary System, Gastro-intestinal System, Respiratory system, & Health Psychology & Diversity.**

•**Semester 5**, is composed of the following modules: **Infection & immunity I, Head & Neck, Reproductive System, Health & Disease in Society, in addition to 1 Student-Selected Component.**

• **Semester 6**, is composed of the following modules: **Infection & immunity II, Nervous system, Clinical pharmacology, Integrative, in addition to student-selected Components.**

Assessments at phase I:

Never forget that the test during a medical course is not the passing of exams, but how well you are able to deal with the clinical problems you face as a doctor. It will be of little comfort to your patient (or yourself) if you 'play the system', manage to scrape through the course with minimum of learning and then find it difficult to cope with the clinical responsibilities of a junior doctor. The Personal and

Professional Development program aims to help you plan your development in a context much broader than that of passing assessments. Your progress in this program is not formally assessed but is regularly reviewed with your Personal Development Tutor. **The assessment at each stage of this course is not there to define what you should learn. The outcomes are there for that purpose.** Assessments are designed to check whether you have the competence necessary to continue to the next stage or whether you should be asked to do more work. For any given assessment therefore, there are only four possible outcomes. You will be classed as *satisfactory*, *unsatisfactory*. You will not be awarded marks, nor will the grades be sub-divided in any way. We will provide the opportunity for **formative assessment**; that is assessment designed to produce feedback which will enable you to identify deficiencies in your understanding, and plan appropriate work to remedy them.

In order to proceed from Phase I to Phase II of the medical course you must:

- complete the core modules to the satisfaction of the examiners
- satisfy the examiners in each of the Student Selected Components

Assessment of the core modules

Your performance in the course will be assessed at the end of each semester through examinations which cover the whole curriculum up to that point. This means that assessment is cumulative, as must be your learning. You will be classed as *satisfactory*, *borderline*, *unsatisfactory* or *excellent* on the basis of:

- **Attendance** at the taught sessions. Unauthorized absence from module sessions will lead to you being classed as unsatisfactory irrespective of performance in summative assessments. The assessment committee and college council hold the right of taking actions against you that may involve subtracting a predetermined marks from your summative total marks.
- You must ensure that the College Office knows where you are ill, and that you obtain appropriate medical certification.
- **End of Semester Assessments (ESAs):** you will be required to complete satisfactorily assessments held at the end of each semester. ESAs in semester. 2, 3 and 5 consist of two written papers. The assessment in each of semesters 4 and 6 (ESA-4 , EPA-I) consists of Objective Structured Clinical Examination (OSCE) in addition to the two written papers. The two written papers in each semester are combined to yield as single grade, with a separate grade awarded for the OSCE when taken. Written assessments are in a standard format, largely short answer questions based on clinical scenarios, and these assessments are cumulative i.e. the content will be drawn from the whole curriculum up to that point, not just the material covered in the preceding semester. OSCEs test a range of skills and knowledge related to clinical practice. In addition, in order to progress to Phase II of the course, students must demonstrate satisfactory completion of the Phase I Record of Clinical Skills.

Qualifying Examinations (re-sit examinations):

Students may **gain exemption** from qualifying examinations by satisfactory performance in the end of semester assessments (ESAs). Any student, however who receives a grade of **Unsatisfactory in any written assessment or OSCE in a year**, will fail to gain exemption, and be required to pass a **qualifying examination (2nd trial)** to proceed to the second year in the case of semesters 1 and 2, to the third year in the case of semesters 3 and 4 or to Phase 2 in the case of semester 5 &6..

If the student's performance was unsatisfactory in **either** the written or OSCE components of the ESAs (or **both**), you will be required to re-sit **the part (or parts) you failed to pass** at the 2nd trial

After completing the 2nd trial :Satisfactory results of one semester and unsatisfactory in the other semester of the same year will make you repeat your failed course next year and you will be exempted from re-siting for the satisfactory course.

The qualifying examination will consist of two written papers, and an OSCE (S4 and S6), **covering between them all the core modules to date**. There is no option of selective re-sit of any component. If you do not satisfy the examiners (including external examiners) in the qualifying examination, then you will not have passed the core course and your medical studies are liable for termination.

Assessment of Student Selected Components

Student Selected Components must be passed separately to the core course. Assessment in these modules will be by course work and examination. **External examiners will be involved**. The precise pattern of assessment will vary from module to module, but as with core modules the outcome will be one of *satisfactory, borderline, unsatisfactory or excellent*. Students who at the first attempt are deemed unsatisfactory by the examiners will be allowed three re-sit of each module(one in the same year and two in the following year). Failure by a student to satisfy the examiners at re-sit will lead to termination of the course for that student, irrespective of performance in the core course assessment.

Assessment of Living with Long Term Condition (LwLTC)Course:

This course must also be passed separately from the core courses. It runs into your third year, with a formative assessment in the form of reflective essay at the end of year 1 to ensure that you have organized yourself to face the assessment during year 3. The assessment will consist of:

- **A dissertation:** you will be required to present a dissertation on your chosen presentation at the start of semester 6. Detailed instruction on word length and presentation will be provided.

A viva-voice examination: external examiners will be involved•

Students who fail to satisfy the examiners at the first attempt will be allowed one re-sit. Failure to satisfy the examiners at re-sit will lead to termination of your course.

Board of Examiners

All assessments are overseen by the Phase I Board of Examiners, chaired by the Dean. The Phase I Examination Board will decide, at the end of each year, which students are subject to a qualifying examination in the Core, and the outcome of that examination. At the end of Phase I, the board will award merits to those students who have performed very well over the core modules as a whole, and a distinction to those who have performed outstandingly over the core modules as a whole. The Phase I Board will also decide the outcome of the assessments in the Student Selected Components and the Living with Long Term Condition (LwLTC) Course . It has the power to award a merit in the combined Students Selected Components to students who have performed very well, and a distinction to those who have performed outstandingly. In neither of the two elements will there be a fixed number of merits or distinctions awarded. Merit or distinction may also be obtained in (LwLTC) course. A top-flight student could therefore collect three distinctions if they demonstrate to the examiners that they have achieved the objectives of the course outstandingly well, Distinctions and merits in Phase I will also be taken into account when deciding whether to award the degree of M.B.Ch.B with honours at the end of the course.

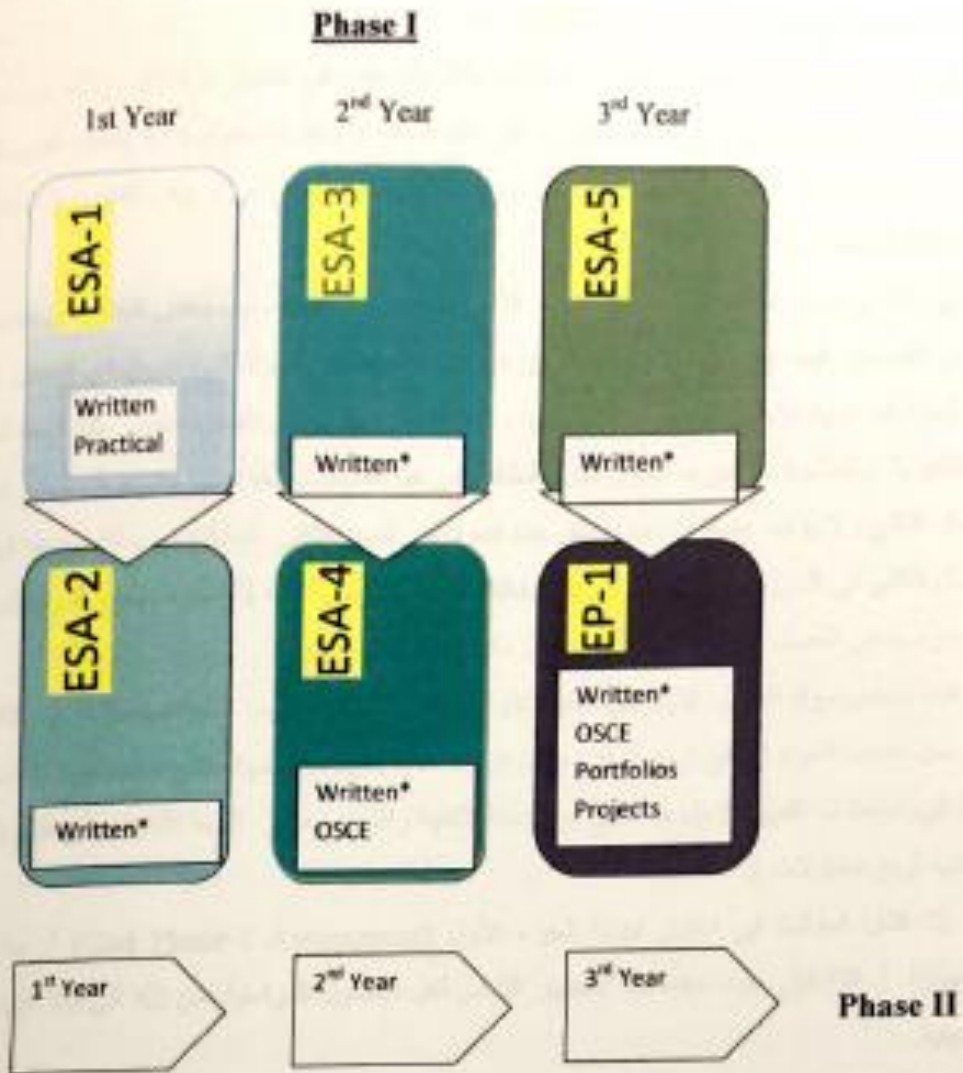


Diagram of Assessments at Phase I

THE CURRICULUM DESIGN

Phase II is designed to build on the strengths of what has gone before. It provides much more structure to clinical learning than has been usual in the past, by extending many of the very successful features of Phase 1 of the curriculum into full time clinical learning. This helps to ensure consistency of experience between students, and enable us to check that the competencies necessary for graduation have been met.

Phase II is not like , phase I. Learning must take place in the clinical environment, where the first priority is to look after patients, not students. All clinical teachers have major clinical responsibilities in addition to education, and the vagaries of clinical work will constantly compromise timetables. Learning must remain, as it always has been largely opportunistic, depending upon the clinical activity going at any time, and as students you will have to take huge responsibility for your own learning by seeking out and utilizing clinical experience wherever you can find it in an environment that will not always be sympathetic to you or your needs. This cannot be avoided.

The only way to become a good doctor is to gain extensive experience working with patients and doctors in clinical practice. Students who recognize this and actively seek out learning will prosper. Those who hide in the corner and wait to be taught will fail. The Medical School cannot and will not take responsibility for lack of Initiative on your part. We have however, tried to give you good guidance on how to hunt for experience and what to hunt for, and to provide means of recording that experience that you will find useful.

BLOCKS & THEMES

Phase II is made up of three years containing a series of clinical attachments (blocks') which are arranged in groups. Year 4 is made up of five six-week blocks each with a separate focus and a two week Student Selected component. There is then the first main summative assessment the 'intermediate Professional Examination1 (IPE1), followed by Year 5 series of blocks. This consists of five six-week blocks each with a different focus, and another period of Student Selected component ('SSC'), where you choose what to study. Year 5 is followed by another main summative assessment — the 'Intermediate Professional Examination 2 (IPE2), Year 6, the final year, consists of four six-week blocks each with a different focus. There is also a 9 week period of "Job Shadow". Year 6 is followed by a final summative assessment; 'Final Professional Examination (FPE)

All the blocks other than SSC have a defined focus, sometimes on a system of the body, like in phase I sometimes on particular patterns of clinical care. The blocks are not organised by clinical specialty, and most span several. Across the curriculum however, you will have experience of all areas of clinical appropriate for undergraduate education.

The Blocks are:

Year 4:

- Clinical methods
- Musculoskeletal care
- Cardio-respiratory care
- Gastrointestinal care
- Endocrine and renal care

Year 5:

- Peri-operative Care
- Mental Health Care
- Special Senses
- Reproductive Care 1
- Child Care 1

Year 6:

- Reproductive Care 2 + Child Care 2•
- Cancer Care
- Elderly and Chronic Care
- Acute Care

Each of the fourteen blocks has its own learning outcomes which collectively share to fulfill the overall outcomes defined in the college outcomes of graduate document. Learning within each block will be structured by workbooks similar to those you have used in Phase 1, but modified for the clinical environment. The workbooks specify a minimum range of learning activities and allow both you and us to monitor progress as the course proceeds.

In addition to the block structures there are 'longitudinal themes' which appear to a greater or lesser extent in all blocks, and allowing you to link your developing understanding into a coherent whole. These are:

- **Basic sciences:** prompts to revisit, revise and expand material encountered in phase 1 of the course.
- **Pathological processes:** developing an integrated understanding of disease processes to inform your clinical work.
- **Infection:** developing an integrated understanding of infectious disease, infection control and treatment of infections.

- **Imaging:** linking together your understanding of anatomy and disease processes.
- **Pharmacology & therapeutics:** extending your understanding of the rational use of drugs in clinical practice.
- **Public Health:** developing and integrating understanding of health and disease in populations, and the psychological and social factors influencing health & illness.
- **Professionalism:** facilitating your acquisition of attitudes and behaviors appropriate for a medical practitioner.
- **Team working:** assuring that you will be able to work in multi-professional health care teams. Your workbooks will emphasize material that relates to these themes, but the ultimate responsibility for pulling material together is yours.

CLINICAL SKILLS

The ultimate longitudinal theme is clinical competence, as that is what the whole course is about. This comprises first, consultation skills, the ability to take a history from a patient, examine them, and use problem solving skills to make a diagnosis so as to plan and implement appropriate management. Second is a procedural skill that you will need to be competent in as a foundation doctor and third the professional attitudes and behaviors necessary for effective practice.

"The essential unit of medical practice is the consultation and all else in the practice of medicine derives from it." This statement was made by a pediatrician, Sir James Spence in 1963 and despite all the technological changes in medicine remains as true today as it was then.

This philosophy informs the standard model of consultation skills utilized throughout the curriculum. You are already familiar with the basic features of this model from your learning in Phase 1. It emphasizes an approach requiring focused history taking and examination informed by developing hypotheses about the underlying clinical problem and the effective negotiation of management plans with the patient. The competencies required to conduct such a consultation are laid out precisely, and you will be judged against them when your consultations are observed in assessments, including the Intermediate and Final Professional Examinations.

The component competences are listed below. During the Clinical Methods block you will be given further specific teaching about those competences. You will build on that in all the other blocks to improve your consultation skills.

Procedural skills will be learned in every block according to a coordinated program which will ensure that all necessary skills (see the outcome of graduates document) are signed off and we will be able to confirm that you can perform them competently.

Professional attitudes will be developed and assessed in every block, and will be coordinated through the **Personal & Professional Development program**.

Standard Consultation Competencies across the curriculum

History taking

- *Introduces self to the patient*
- *Puts the patient at ease*
- *Enables the patient to elaborate presenting problem fully*
- *Listens attentively*
- *Seeks clarification of words used by the patient as appropriate*
- *Phrases questions simply and clearly*
- *Uses silence appropriately*
- *Recognizes the patient's verbal and non-verbal cues*
- *Identifies the patient's ideas, concerns and expectations*
- *Considers physical, social and psychological factors as appropriate*

Examination

- *Performs examination and elicits signs correctly*
- *Uses diagnostic instruments competently*
- *Displays sensitivity to patient's needs during examination*
- *Washes hands competently and at an appropriate moment*

Problem solving

- *Accesses relevant and specific information from the patient's record.*
- *Seeks relevant and specific information from the patient to help distinguish between working diagnoses.*
- *Generates appropriate working diagnoses or identifies the problem depending on circumstances.*
- *Seeks relevant and discriminating signs to help confirm or refute working diagnoses.*
- *Correctly interprets and applies information obtained from the patient's record, history, examination and investigation.*
- *Applies knowledge of the basic, behavioral and clinical sciences to the identification of the patient's problem.*
- *Identifies and applies knowledge to the management of the patient's problems.*
- *Recognize the limits of personal competence and acting accordingly.*

- *Exhibits a well-organized approach to gathering and giving of information.*

Patient management

- *Reaches a shared understanding with the patient.*
- *Collaborates with the patient in negotiating a mutually acceptable plan.*
- *Provides appropriate advice on self-care.*
- *Utilizes drug therapy safely and rationally with regard to sound pharmacological principles.*
- *Orders appropriate investigations and interprets results correctly*
- *Makes discriminating use of referral.*
- *be able to act on appropriate opportunities for health promotion.*
- *Arranges appropriate follow-up.*
- *Checks the patient's level of understanding.*

Relationship with patients

- *Maintains friendly but professional relationship with the patient with due regard to the ethics of medical practice.*
- *Uses empathy to encourage the patient to express feelings and thoughts.*
- *Supports the patient in coping with the situation.*
- *Demonstrates awareness that the patient's attitude to the doctor (and vice versa) affects achievement of co-operation.*

LEARNING IN CLINICAL BLOCKS

Each clinical block consists of a structured set of experiences combined with opportunities for you to learn in a student directed way. You will need to do both if you are to be successful. Activities in the block will be coordinated by a workbook. You will be familiar with workbooks from phase I. Those in phase II will have many similarities, but also some critical differences.

All workbooks will define:

1. **The aims of the block:** a broad statement of the outcomes intended.
2. **Detailed learning outcomes for the block.** These are different to those in phase 1, being less knowledge oriented, and more focused on competencies. All are derived from the overall course outcomes listed above, but expressed in the context of the topics for the particular block. **First**, the general outcomes are expressed in the context of the clinical presentations that you must learn how to

deal with in the block. **Second**, the general outcomes are extended by defining the contexts, usually disease conditions, in which those presentation specific outcomes need to be expressed. This approach is chosen because clinical competence is known to be very context specific. In reality there is no such thing as the 'generic' competence implied by our (or any other medical school's) broad outcomes. The statement is only meaningful if expressed in the context of a particular clinical situation, be it a presentation or disease. For example the ability to take a history from a patient presenting with epigastric pain, examining him and solve his problem depend upon knowing what might cause this presentation and previous experience of similar presentations, and is very poorly correlated with the ability to do the same basic clinical tasks for a patient presenting with, leg pain, which depends upon knowledge of and previous experience of that presentation, not on any mythical 'generic' competence. Your task therefore is to avoid being caught by this 'context specificity' by making sure that you perform the same basic clinical tasks in as many contexts as possible as often as possible spanning the whole curriculum. The consultation competencies provide the framework for systematic practice across all contexts specified in each block so that you have an excellent, structured knowledge base.

3. Learning opportunities in the block:

- a. **Structured teaching:** All blocks will have structured, largely didactic teaching to introduce topics and set the scene. These will often occur in the first week, but may be spread through the block.
- b. **Learning with the clinical team:** This is likely to be the main part of your learning, when you spend time with practicing doctors in the clinical environment. You may be attached to one doctor for a period of time, or may move around between clinicians to gain different experiences. Whatever, the workbook will specify tasks that you must complete to consolidate your clinical experience. This may be a list of particular types of patients that you must see and write up, investigations you should observe, surgical procedures you should observe and be able to describe, or any one of a large variety of other clinical events.

The purpose of these tasks is to be a stimulus to obtain a breadth of clinical experience, but there is a danger in specifying such tasks that you need to be aware of and avoid. It is easy to assume that completing the defined tasks ('I have clerked a patient with chest pain —tick in the box') means that you are now competent in that area. Nothing could be further from the truth. Every patient is different, and the only way to become clinically competent is constant repetition with a succession of patients, learning a little from each, and gradually building a proper integrated understanding.

Research shows that to become properly competent at a complex task like clinical medicine it must be repeated over and over again in lots of different contexts for several thousand hours. No check-list will do that for you. All it provides is a definition of the range of contexts you need to practice over, as many times as possible for each. Just take every opportunity you can to Interact with patients.

Successful medical students seek clinical experience rapaciously and learn from everything, however repetitive it may seem. For most blocks the task will include:

- i. A list of common presentations which must be seen and written up
 - ii. Whole of their clinical encounter. If you are to do your job you must know what happens before and after you deal with the patient. There is a huge body of evidence to indicate that major failings in care result from ignorance by health professionals about all aspects of a patient's care so that although most health professionals involved may appear to be doing their job, the overall end result is disaster for the patient.
 - iii. Understanding investigations and procedures: You need to be able to perform some simple investigations and will be trained and tested for those. You will also however need to see and know about many others, so that you may explain them to patients, and make sense of the results which are returned.
 - iv. Describing surgical procedures: You will not learn practical surgery as an undergraduate, but you must be familiar with what happens during common and important surgical procedures, and most important, be able to describe and explain them to patients.
- c. **Clinical Skills:** There is a coordinated program over phase II to ensure that you develop the procedural skills essential for practice as a foundation doctor, Every block has some of these skills associated with It, and many appear in more than one block try emphasize their importance. For each skill you will, first attend a clinical skills workshop, where you learn the basic procedure in a clinical skills laboratory. You will then extend that skill by further high fidelity scenario based simulations, and finally practice on real patients to complete your training. You will be signed off formally at each stage, and by the end of the course you will have a record of clinical skills completed which will certify your areas of competence for your Foundation School. There will be multiple opportunities to attend the necessary events. You will be allocated to some, but must sign up to others. You must be aware however, that It is your responsibility to ensure that you have completed the tasks necessary to be competent in the full range of skills. If you do not you will not be allowed to graduate, irrespective of performance over the rest of the course.

STUDENT- SELECTED COMPONENTS (SSCs)

Student selected components run during years 4 and 5 for a duration of 3 weeks. These blocks aim to enable students to study subjects of their choice in order to follow interests including investigation of possible future careers, and to develop generic skills of self-directed study, scholarship and research and self-confidence. These blocks run at one time when there are no other clinical blocks running for any phase II students. All students must satisfactorily complete all SSC to graduate. To complete a SSC block satisfactorily the students must have attended all sessions, completed a piece of reflective work and passed a clinical assessment and a professional behavior assessment. Further details are available in the SSCs document.

WORKING IN THE CLINICAL ENVIRONMENT

your presence as a medical student on the ward, in clinics and in the community is a further step in taking on the professional role of a doctor. As a medical student you are considered to be an integral part of the medical team caring for those patients. Accordingly, you have access to patient information and will listen to discussions relating to the patients. Hopefully you will also contribute to the discussions with your own knowledge of the patient. In this context you naturally take on a range of professional responsibilities towards the patient. At the same time you will also be taking on responsibilities to the medical and nursing team of which you are a part. Some of these responsibilities include normal courtesies and the need to respect divergent views of team members.

These principles of professionalism relate to the following areas:

Working with patients

- *Putting the care of your patient first;*
- *Respect for the autonomy and rights of the patient;*
- *Maintaining confidentiality;*
- *Empathy and understanding for patients in all their diversity;*
Communicating clearly and honestly with patients;
Courtesy towards patients and their families;
- *Keeping your relationships with patients professional.*

Working to a good standard of care

- *Working within your own level of competence;*
- *Striving for high quality in clinical practice;*
- *Keeping knowledge and skills up-to-date in a changing scientific world;*
- *Developing judgment to make sound clinical decisions;*
- *Using good organizational procedures;*
- *Communicating effectively with colleagues;*
- *Respecting roles and expertise of colleagues;*
- *Reflecting on and auditing your own and colleagues' practice to improve clinical care*
- *Acting to reduce clinical risk;*

- *Good team-working skills;*
- *Maintaining a high level of teaching and support for students and colleagues.*

Personal qualities

- *Altruism and compassion;*
- *Honesty and integrity in professional and personal undertakings;*
- *Responsibility and accountability for improving your own practice and that of colleagues;*
- *Actively undertaking self-appraisal of your knowledge, skills and attitudes;*
- *Developing leadership skills*
- *Implementing personal and professional codes of ethics in day-to-day life;*
- *Looking after your own health.*

The wider world of medicine

- *Upholding professional self-regulation;*
- *Active involvement in clinical governance;*
- *Promoting justice within healthcare*
- *Patient advocacy.*

The principles of professionalism are therefore both individual and collective.

CONDITIONS FOR MEDICAL STUDENTS ON CLINICAL ATTACHMENTS

To ensure that the interests of patients are safeguarded, there is a set of conditions under which students may undertake clinical work. The points below are those that are of most importance and that you should be aware of:

The admission of a medical student to the premises of a Health Authority is subject to the prior written approval of that authority. Only certifiable medical students may have access to patients and take part in any clinical procedure involving patients, including all forms of clinical examination, even under supervision. You must be readily identifiable as a student e.g. by wearing a suitable lapel badge.

Before admitting a Medical Student Health Authorities:

- Should make any necessary inquiries into the health of students, and may request and arrange for them to undergo a medical examination as a condition

of their attendance in hospital if they are satisfied that the interests of patients require it; (the status quo in Iraq needs revision)

- Must ensure that any clinical assistance by a student, whether or not on their premises, is given under the close supervision of a registered medical practitioner; save that where a student assists with a maternity case, the supervision of a registered midwife is acceptable.

You Must In No Circumstances:

- Initiate, alter or stop the treatment of a patient on your own diagnosis;
- Prescribe, request radiological examinations or other diagnostic investigations, or order blood to be cross-matched, If you complete an order form for any of these purposes, it must then be signed by the registered medical practitioner supervising you before it is executed; When acting in an emergency, e.g. a cardiac arrest, you have the same rights and responsibilities as any other citizen.

ASSESSMENT

SUMMATIVE DECISIONS AT PROGRESSION POINTS

I. End of the Year 4:

- After the Year 4, it will be decided whether you are fit to progress to the Year 5. To progress automatically you must meet all of the following conditions:
- Have completed satisfactorily all blocks in Year 4
- Have completed satisfactorily defined elements of training in specified clinical skills
- Satisfied the examiners in the first sit of the Intermediate Professional Examination I (IPE 1).

If you do not meet all of these conditions after the first sitting of the IPE1 you will:

- meet with a school tutor who will define an action list of conditions which must be met within two blocks for progression to occur. This list will include as a minimum:
 - If unsatisfactory in **either** the written or OSCE components of the Intermediate Professional Examination1 (or **both**), you will be required to resit **the part (or parts) you failed to pass** of the Intermediate Professional Examination1.
 - If you have not completed satisfactorily course work in any blocks you will be given a list of specific tasks related to the block(s) that were not completed satisfactorily. This is likely to involve
 - Completion of additional course work tasks

- written assessments if part of the block(s) concerned
- Completion of any unsatisfactory clinical skills elements

In order to progress you must satisfy the examiners in the resit Intermediate Professional Examination I, if required to take it, and be judged by the school tutor to have met the action list conditions specified.

If you fail to meet the progression conditions your course will be recommended for termination, and you will be referred to the Academic Progress Committee.

II- End of the Year 5

After the end of Year 5 and Intermediate Professional Examination 2 IPE2, it will be decided whether you are fit to progress to the Year 6. In order to progress you must meet all of the following conditions:

- Complete satisfactorily all blocks in the Year 5, including student selected components
- Complete satisfactorily training in clinical skills
- Satisfy the examiners in both clinical and written components of the Intermediate Professional Examination 2 IPE2

If you do not meet all of these conditions you will meet with a school tutor, who will define an action list of conditions which must be met by the end of June in order to progress to graduation. This will include a minimum:

- In the case of students who fail **either** the written or clinical parts or **both** of the Intermediate Professional examination 2 (IPE2), a resit exam of **the part (or parts)** held at the end of **June must be passed**
- If you have not completed satisfactorily course work in any block(s) in the senior rotation you will be given a list a of specific tasks related to the block(s) that were not satisfactorily. This is likely to involve
 - Completion of additional course work (see below)
 - Written assessments if part of the block(s) concerned
 - Completion of any unsatisfactory clinical skills elements

II- End of the Year 6

After the end of Year 6 and Final Professional Examination it will be decided whether you are fit to graduate to the Foundation Training. In order to progress you must meet all of the following conditions:

- Complete satisfactorily all blocks in the Year 6, including student selected components
- Complete satisfactorily training in clinical skills
- Satisfy the examiners in both clinical and written components of the Final Professional Examination

If you do not meet all of these conditions you will meet with a school tutor, who will define an action list of conditions which must be met by the end of **June** in order to progress to graduation. This will include as a minimum:

- In the case of students who fail **either** the written or clinical parts of the Final Professional examination (or **both**), a resit exam of **the part (or parts)** held at the end of **June** must be passed.
- If you have not completed satisfactorily course work in any block(s) in the senior rotation you will be given a list of specific tasks related to the block(s) that were not satisfactorily. This is likely to involve
 - Completion of additional course work (see below)
 - Written assessments if part of the block(s) concerned
 - Completion of any unsatisfactory clinical skills elements

It is likely that many students will have some elements to complete during the period between the Final professional Examination and the end of June, If you do not meet all of the conditions by the end of June in the final year your course will be recommended for termination, and you will be referred to the Academic Progress Committee.

To graduate, therefore you must have:

Either progressed satisfactorily after the Final professional examination, *or* following the period of remediation.

ACTION AT 'REVIEW POINTS'

After three blocks in each of Year 4, Year 5 and Year 6, the Phase II Examination Board, or a designated sub-group of it, will meet to review the progress of all students. Those who have completed satisfactorily all elements of the first three blocks and who have made satisfactory progress in clinical skills training will be noted. Those whose progress is in doubt for any reason will be referred to

professional and Academic Concerns Group and then monitored intensively over the following blocks.

ACADEMIC DISHONESTY

Cheating of any sort is extremely unprofessional behavior, which if detected will lead to referral to the Fitness to Practice Committee, and possibly to termination of your course.

Do not forget signatures in workbooks, logbooks or attendance registers.

Do not sign attendance registers for others

- Do not plagiarise. Remember that plagiarism is a serious academic offence. ***"ANY ACTION KNOWINGLY TAKEN BY A STUDENT WHICH INVOLVES MISREPRESENTATION OF THE TRUTH IS AN OFFENCE WHICH THE UNIVERSITY BELIEVES SHOULD MERIT THE APPLICATION OF VERY SEVERE PENALTIES.*** "However, more often than not there might be no deliberate intention to cheat but offences results from misunderstanding of correct ways in which quoted text should be referenced-many students simply do not understand what plagiarism is. The Oxford Dictionary defines plagiarize as: **"to take somebody else's Ideas or words and use them as if they were one's own."**
- Do not collude with the cheating of others. Collusion is defined as "the secret agreement or understanding between two or more people with the aim of deceiving or cheating others." If you give someone your case study to submit as their own you are as guilty of academic dishonesty as they are.
- Do not try to use unfair means in assessments.

WHY DO STUDENTS CHEAT?

In many cases students will cheat for simple practical reasons:

1. Bad time management skills
2. Unable to cope with the work load
3. Lack of understanding

If you find yourself struggling for one of these reasons it is much better that you talk to your consultant or one of the Education Leads or to someone in the Medical School.

There are other reasons:

1. I want to see if I can get away with it
2. I don't need to learn this, I only need to pass it
3. The tutor doesn't care, why should I?

These are clear examples of unprofessional attitudes and behaviour that will lead to referral to the Fitness to Practice Committee, and possibly to course termination.

GETTING DATA FROM THE INTERNET

With increasing amounts of useful information available to students on the web, from informative pages to unpublished academic works, It won't be long before you want to Incorporate some of this information into your own work, Use of material from the web follows exactly the same rules as use of information from traditional printed sources: you are positively encouraged to use ideas, information and quotations in your own work as long as you do not try to pass them off as your own work. Any source you use, either directly in the form of quotations or indirectly as a basis for ideas and theories, must be acknowledged in your bibliography: any other use will be deemed as plagiarism, and will be punished heavily.

PATTERN OF CLINICAL BLOCKS

The class will be divided into six roughly equal streams identified by color. Each stream will take the blocks in each year in a different order, so that at any one time one stream is taking each type of block. In each block students will be allocated to multiple hospitals within Duhok governorate, though you will move around between them frequently.

DETAILS OF THE BLOCKS

The block workbooks provide detailed organization, description and outcomes of all the blocks.