



جامعة الجوف
Jouf University

College of Medicine

College Guide

Contents

College of Medicine	1
Overview.....	4
Rationale for the new curriculum of Medical College	5
Drawbacks and shortcomings of classical system:	5
Merits of Community-Based/Problem-Based programs:.....	5
Changing needs of the health system	6
The revolution of information technology	6
The change in epidemiological of diseases	6
Values	6
Mission	6
Vision	7
Education.....	7
Research	7
Service	7
Institutional Goals and Objectives:.....	8
Goal-1:	8
Goal-2:	8
Goal-3:	8
Goal-4:	9
Goal-5:	9
Goal-6:	9
Goal-7:	10
Goal-8:	10
Goal-9:	11
The Undergraduate Medical Curriculum.....	11
Objectives (Attributes and Competencies) of the Graduate.....	11
Departments of the College:	12
Learning Strategies:	12
Admission to the College of Medicine:.....	13
Entry requirements:	13
Transfer to the College of Medicine requirements:.....	13

Phase II: Basic medical sciences and the integration of systems	13
Bylaws of Educational system & Examination Regulation:	14
Basic Science Phase:	14
Sequential block:	14
Longitudinal blocks:.....	15
Promotion of students from year to year in basic sciences phase:.....	15
Examination plan in basic science phase:.....	15
Clinical Phase:.....	16
Primary Courses:.....	16
Secondary Course:.....	16
Promotion from year to another in clinical phase:	16
Exam Plan in Clinical Phase:.....	16
The Internship Period:	16
Objectives of internship:	17
Job description and responsibilities of Year Coordinator:	17
Job Description and Responsibilities Of Block Committee.....	17
Job Description of seminar Committee (And The Chief Of The Committee) :	19
Job Description Problem Reviewing Committee:.....	19
Job Description and Responsibilities Of Block Organizer	20
Job Description and Responsibilities of Block Co-Organizer:	21
Job Description and Responsibilities of Panel Discussion Moderator.....	22
Job Description Of The Clinical Skill Lab Coordinator.....	23
Job Description of Field Training Coordinator:.....	23
Job Description of the Central Exam Control committee (CECC)	24
Job Description Chief Examination Invigilator.....	24
Job Description of Examination Invigilator.....	25
Study plan for the College	28

Overview

College of Medicine in Al Jouf University was established in the academic year 2000/2001, and became a regional leader in medical education. It adopted the Problem-Based Learning (PBL) curriculum, as well as integration within basic sciences and between basic and clinical sciences.

The curriculum is oriented towards training students to undertake the responsibilities of a physician of first contact who is capable of looking after preventive, promotive, curative and rehabilitative aspects of medicine. Curriculum aims to ensure that our graduates have a good working understanding of biological, psychological and social mechanisms and processes, as well as their impact on health and disease, based on principles of learning drawn from cognitive psychology.

At the end of undergraduate program, the student shall endeavor to be able to:

- Achieve competence in practice of holistic medicine, encompassing promotive preventive, curative and rehabilitative aspects of common diseases

- Develop scientific temper, acquire educational experience for proficiency in practice and promote health living
- Become exemplary citizen by observation of medical ethics and fulfilling social and professional obligations, so as to respond to national obligations.

The students coming out of the College of Medicine shall be competent in diagnosis and management of common health problems of the individual and the community; be competent to practice of medicine; be able to appreciate the socio-cultural, economic and environmental factors affecting health and develop humane attitude towards the patients

Attitude for the continued self- learning and to seek further expertise or to pursue research in any chosen area of medicine; acquire basic management skills in the area of human resources, materials and resource management related to healthcare delivery; be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps, evaluating outcome of such measures; be able to work as a leader in healthcare teams; and have personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

College of Medicine education enables students to develop a set of life and learning skills that promote a continuing ability and desire to learn, and a set of technical and professional skills that permit a range of career choices. Our excellent undergraduate academic programs leave graduates well prepared for their personal and professional lives and with a continuing ability and desire to learn. Integrated interdisciplinary learning is a hallmark.

The medical graduates of modern scientific medicine shall endeavor to become capable of functioning independently in both rural and urban environment. Every attempt will be made to encourage students to participate in PBL and seminars to enable them to develop personality, expression and other faculties which are necessary for medical graduates.

Interwoven throughout the training program is a rigorous new curriculum that enables the student to pull together the complexities of clinical practice: ethics, communication skills, self-reflection, and health systems, inter professional teamwork and being that well-rounded doctors of tomorrow must possess.

Rationale for the new curriculum of Medical College

Drawbacks and shortcomings of classical system:

Major among these is lack of full response to community needs and a tendency to continue maintaining the status quo in curricula and educational methods rather than updating and using more effective and relevant teaching/learning methods in accordance with current, evidence-based medical education. Moreover, students are passive during lectures, which are the dominant feature, and there is lack of integration between disciplines and insufficient preparation of the students for continuing their own education after graduation and for applying what they have learned to actual practice.

Merits of Community-Based/Problem-Based programs:

Earlier studies on 10 innovative, community- oriented, PBL schools (Richards & Fulop, 1987) showed that the graduates from these schools were" more skilled in clinical work especially in

dealing with patients....more concerned, more committed to patients, better communicators and strong patient advocates':

They compared favorably in examination on knowledge of basic sciences, and were better off in the knowledge and its application in relation to health needs. (Woodward,1996) has reported, in reference to certain studies, that PBL graduates were more motivated, they enjoyed their studies and that students used the library more, did more self-learning and their clinical knowledge and skills were judged slightly better. Their retention, retrieval and application of basic science knowledge were also better (Network: TUFH, 2003). It has also been reported (Jones et al., 2001) that" there is evidence that students in a PBL curriculum become better self-directed learners, that their confidence and feeling of belonging to the medical school increases, and that scores in some exams could be higher. Some have suggested that.....the work environment for students and teachers is much better. (Jones et al., 2001).

Changing needs of the health system

«The focus of health care, has shifted from the individual to the community, from cure of disease to preservation of health, from episodic care to continuous and comprehensive care, and from an individual approach, provided by single primary care physicians, to comprehensive, community-based care, provided by primary-care teams. These changes have significant implications for educational institutions» (Jones et al., 2001).

The revolution of information technology

The revolution of information technology making health science information available and fairly accessible to the public and profession.

The change in epidemiological of diseases

The change in epidemiological milieu of diseases e.g. HIV/AIDS, malaria and tuberculosis.

Values

- Team spirit and leadership
- Innovation, creativity and adaptability
- High Standards
- Commitment to community
- Professionalism
- Life-long learning
- Partnership

Mission

To prepare competent and compassionate physicians who are able to meet and respond to the changing health care needs and expectations of the community, through innovative medical education, research and health services collaborating with local and international partners

Vision

To be a leading national, an internationally accredited and recognized college in innovative medical education.

This can be accomplished by adopting a didactic strategy stands on problem-based learning, self-directed, student-centered, community-based, and community-oriented education. Promoting faculty development in their career profession, education, and research is a corner stone of the college program. Collaborating with national and international partners to achieve this mission is an important strategic pillar of the college.

Education

Our College is pursuing Problem Based Learning (PBL) models of curriculum which is a well-established method of learning and instruction. PBL emphasizes small-group work on problems, self-directed learning to advance problem-solving skills and critical thinking, to prepare students for the types of problems they will face as professionals

The objective is to foster academic excellence and to provide an education of the highest quality so as to produce medical practitioners of the highest caliber, and in addition providing the teachers and researchers of the future.

In addition to graduating doctors, the college has its role to play in education and training of the various categories of health personnel to develop and update their knowledge and skills through continuing professional development (CPD) programs. The responsibility in education also includes postgraduate education and educating the community in matters related to health.

Research

In research the emphasis will be on studies that would help to sort out the priority health problems of the country and efforts will be expended in equipping both students and staff with the required research capabilities in this regard.

We will lead the nation in quality-of-care research that builds clinical excellence aimed at improving health care. We are in the process of establishing a Research Resource Centre for coordination of research opportunities and to stimulate the development of research themes besides promoting research collaboration with other departments, institutions and originations at regional and national levels.

Service

The college has an important role to play through its partnership with the health system and community, through its faculty who render appreciable health care to the people and through its community-based education programs in which both students and staff are involved. During

their training in health care facilities the students work for upgrading these facilities by involving the concerned communities and authorities.

We will continue to work towards:

1. Continuous Development of a curriculum responsive to Saudi community needs and expectations.
2. Prepare students for life-long learning in the study and practice of medicine, and for the initiation, and adaptation to, changes in medicine and health care.

We will be recognized as leaders and innovators in education and research in Medicine. The College is dedicated to excellence through the integration of clinical care, research, education, and community service.

Institutional Goals and Objectives:

Goal-1:

Develop a curriculum responsive to Saudi community needs and expectations

Objectives

1. Extend the College campus into the community and health care facilities (Ministry of Health (MOH); health-care units, centers and hospitals; profit and non-profit health organizations and other health care settings);
2. Work with the community and the government to identify, help define and attempt to meet societal needs; and
3. Establish a structure that ensures ongoing community dialogue on curriculum improvement and development.

Goal-2:

Prepare students for life-long learning in the study and practice of medicine, and for the initiation, and adaptation to, changes in medicine and health care.

Objectives

1. Identify, as accurately as possible, expected changes in society, demographics, technology, resource allocation and other factors relevant to medicine and health care, and address these changes in the undergraduate medical curriculum.
2. Provide students with the required skills and motivation to continue to educate themselves, and others, throughout their careers.
3. Provide students with the knowledge and skills to work as members of a multidisciplinary health care team.

Goal-3:

Establish, on educationally sound basis, an assessment system which is in line with the educational objectives and fair to students

Objectives

1. Formulate and disseminate an educationally sound assessment and evaluation document and exam regulations which are fair to students.
2. Train faculty in assessment and evaluation methods to ensure the quality of examinations, improve them and develop the educational program.
3. Monitor and evaluate exams to make sure that they are valid, reliable, and feasible and have educational impact.

Goal-4:

Respond to students and personal and academic needs

Objectives

1. Establish an admission policy (including student intake and selection procedures) which is in line with the requirement of the national plan for human resources for health and the needs of the community;
2. Work with students to develop ways and means to identify academic and personal concerns for individual students(through academic advisor system) and for the general student body;
3. Develop mechanisms to help prevent and address stresses related to the undergraduate medical education experience;
4. Provide the required welfare to students including health care coverage;
5. Foster an environment that promotes a caring and compassionate attitude, both for students and the patients with whom the students interact;
6. Ensure representation of students in the appropriate committees to secure their full involvement in the design, management and evaluation of courses and the curriculum as a whole.

Goal-5:

Ensure that undergraduate medical education is a priority among faculty (both full-time and part-time).

Objectives

1. Make education and training of students (especially undergraduate) stimulating to faculty;
2. Improve opportunities for recognition of individual contribution to medical education, including promotion on the basis of excellence in teaching/learning approaches and methods;
3. Provide opportunities for continuing professional development (CPD) of faculty in medical education to maintain and continue to develop their skills in this field;
4. Establish mechanisms to ensure departmental accountability for priority allocation of resources to education and to ensure full involvement and participation of faculty in College committees and affairs;
5. Establish mechanisms to protect faculty teaching time; and
6. Adopt recruitment policies that specifically reflect this goal

Goal-6:

Develop a resource strategy that is responsive to education, research and community needs.

Objectives

1. Encourage rational, optimal and innovative use of existing human, financial and physical resources;
2. Seek opportunities for new and sustained funding for medical education and educational research.
3. Provide the required physical facilities, clinical training resources and resources for information and communication technology;
4. Ensure establishment of research facilities and delineate research priorities for the College including research in medical education;
5. Provide facilities and resources in medical education (medical education unit/centre and educational expertise).
6. Open sustainable channels of communication and means of collaboration with other education institutions to facilitate exchange of faculty and students, sharing of resources and experiences, mutual transfer of education credits, etc.

Goal-7:

Establish mechanisms of program evaluation involving a large base of representation of stakeholders to monitor and evaluate the curriculum and ensure timely identification and rectification of obstacles and problems. physical resources;

Objectives

1. Use valid, reliable and feasible methods for program evaluation which include:
 - a. The process of education;
 - b. The learning environment and resources;
 - c. The component courses of the curriculum and curriculum outcome (student performance at undergraduate and postgraduate levels with information on exam results, attrition rate, and student feedback and career preference) in relation to the College mission and objectives.
2. Ensure, through appropriate mechanisms, full participation in the process of the faculty (full-time and part-time), students and administration of the College as well as the health authorities, the medical profession, postgraduate institutions and, last but not least, community representatives.
3. Ensure thorough documentation and utility of information for curriculum and program development.

Goal-8:

Develop an organizational structure that facilitates effective and efficient curriculum management.

Objectives

1. Create a structure that meets day-to-day curriculum management needs and facilitates and promotes teamwork with regular communication and cooperation among groups and individuals involved in the undergraduate and postgraduate medical curriculum (for example, curriculum committee, course supervisors/ coordinators, tutors, teachers, hospital-based and community-based education officers or committees, etc.);
2. Create a structure that encourages and facilitates continuing faculty development.

3. Introduce and sustain appropriate mechanisms for the regular evaluation and quality assurance of the College management and leadership

Goal-9:

Ensure ongoing curriculum renewal, and encourage active participation of faculty and students in the process

Objective

Establish mechanisms that facilitate an ever-evolving curriculum and overall program modification and development in accordance with developments in the biomedical, social, behavioral and clinical sciences and in accordance with contemporary, best-evidence medical education (BEME).

The Undergraduate Medical Curriculum

College of Medicine adopts a community-oriented, problem-based learning curriculum where people, patients and problems are studied from a number of standpoints. Problem-based learning (PBL) is integrated with appropriate training in clinical skills and community-based learning experiences. Emphasis is given to critical thinking and self-directed learning.

The undergraduate curriculum is designed to realize the mission and the institutional objectives of the College as outlined above and is based on the objectives (attributes and competencies) of the graduate of the College as shown below.

Objectives (Attributes and Competencies) of the Graduate

At the end of the program each student is expect to:

1. Utilize his skills in information management effectively to retrieve relevant information, analyze it critically and apply it to the solution of clinical/health problems in a scientific reasoning manner;
2. Use an evidence-based approach to apply the most effective and up-to-date knowledge, skills, values and attitudes in his medical practice and in his pursuit of postgraduate studies and life-long learning;
3. Identify, diagnose, evaluate and manage common or serious health problems competently in individual patients, families and the community with special reference to Saudi Arabia including provision of care for high-risk groups and follow-up measures;
4. Educate and counsel patients and others (especially in the promotion of health and healthy life style, prevention of disease and securing consent) using effective communication skills;
5. Observe medical ethics strictly in his practice, in the efficient and optimum use of available resources and their equitable allocation especially for minority, disadvantaged and high-risk groups.
6. Help patients adjust to their condition when managing clinical problems with due consideration to the family and social environment and the personal needs, limitations and abilities of each patient;

7. Refer cases beyond his capacity whenever required and extend support, empathy, respect and friendliness to the patient, family members and relatives without traversing the bounds of professionalism and medical ethics;
8. Diagnose and manage common emergencies and deal with unfamiliar situations;
9. Work effectively and harmoniously within a health team that includes physicians, other health and health-related personnel and community members or agencies;
10. Participate in peer review activities and respond positively to constructive criticism;
11. Act as a change agent and contribute to community development with special reference to the development and success of health care programs and health institutions;
12. Conduct relevant health research (especially health system research) to contribute to the solution of health problems and the evolution of medicine

Departments of the College:

It serves study in the Bachelor period without specialty in any course at this stage, the students are specialized after joining the postgraduate program. These departments serve also all colleges in the university, such as college of Dentistry, Pharmacy, Applied Medical Sciences and nursing, the Departments are:

- | | |
|-----------------------------------|-----------------------------------|
| 1. Anatomy and Histology | 2. Physiology |
| 3. Pharmacology and Therapeutics | 4. Pathology |
| 5. Medicine | 6. Surgery |
| 7. Pediatrics | 8. Obstetrics & Gynecology |
| 9. Ophthalmology | 10. Ear Nose and Throat (ENT) |
| 11. Orthopedics | 12. Family and Community Medicine |
| 13. Radiology and Medical Imaging | 14. Dermatology |
| 15. Psychiatry | 16. Medical Education |

Learning Strategies:

1. Problem-Based Learning (PBL)
2. Self-Directed Learning (SDL)
3. Team Based Learning (TBL)
4. Seminars
5. Early involvement in clinical skill
6. Community-oriented through primary health care centers
7. Panel discussion
8. Electronic learning
9. Use of various assessment methods:
 - a. Continuous assessment:
 - i. Participation in the PBL sessions, seminars, laboratory and clinical skills

- ii. Objective Structural Practical Exam (OSPE)
- iii. Objective Structural Clinical Exam (OSCE)
- b. Final Exam:
 - i. Multiple Choices Questions (MCQs)
 - ii. Modified Essay Questions (MEQs)
 - iii. Short Essay Questions (SEQs)

Admission to the College of Medicine:

The University accepts student in the preparatory year and not in the College of Medicine. Student is accepted at the college after passing the preparatory year successfully and completing the requirements of admission.

Entry requirements:

1. Obtain GPA of 4 out of 5 or more in the preparatory year.
2. Obtain degrees 80% or more in the English language in the preparatory year.
3. Availability of seats allocated at the college of medicine.
4. Passing skills examination held by the college.
5. Have a certificate of decent health and free from infectious diseases.

Transfer to the College of Medicine requirements:

1. Available seat for the student transferring to the College of Medicine.
2. Pass the personal interview presented after the completion of the conditions above.
3. Transfer conditions are announced through Admission and Registration Deanship in coordination with the College.
4. The transfer is only once in the academic year, it,s during summer, this is the period of transfer.

Phase II: Basic medical sciences and the integration of systems

Summary of distribution the credit hours of study:

Phase	Year of study	Hours
First phase	the preparatory phase	00
Phase II: Basic Medical Sciences	1 st Year	40
	2 nd year	39
	3 rd year	41

Phase III:	4 th year	41
Clinical Phase	5 th year	38
<hr/>		
Total hours		199

Bylaws of Educational system & Examination Regulation:

Basic Science Phase:

In this phase, the educational strategy depends on problem-based learning in either sequential or longitudinal blocks (courses):

Sequential block:

- | | |
|--|--|
| 1. Concepts and principles of learning | 2. Man and his environment, & metabolism |
| 3. Growth and development | 4. Principles of Disease |
| 5. Musculoskeletal & integumentary systems | 6. Cardiovascular system |
| 7. Endocrine and reproductive systems | 8. Respiratory system |
| 9. Hemopoietic and immune systems | 10. Urinary system |
| 11. GI system | 12. Integrated multi-system & therapeutics |
| 13. Nervous system | 14. |

Longitudinal blocks:

- | | |
|------------------------|--|
| 1. Clinical skill -1 | 5. Health and illness in the community-1 |
| 2. Clinical skills - 2 | 6. Health and illness in the community-2 |
| 3. Clinical skills – 3 | 7. Health and illness in the community-3 |
| 4. Clinical skills - 4 | |

Promotion of students from year to year in basic sciences phase:

- Following successful pass in all blocks of the year, all next year blocks are registered without selection, deletion, or addition.
- Student who fails in one sequential block will register all blocks of the next year in addition to the defective block (from the previous year) and the student will attend the exam only of this defective block (no need to attend this block activities).
- Student who fails in two or more of the sequential blocks will register these defective blocks in the next year in addition to block(s) (sequential or longitudinal) of the blocks of the subsequent year but taking care of avoiding contradiction (overlap) in timing between the fresh block(s) and the defective blocks; and the total teaching units of the whole year should not less than the minimum required teaching units of the year. In this condition the student will attend the whole academic activities of the block (defective and fresh).
- For faulty students, if only one year is remaining to pass to the clinical phase and there is an overlap in the timetable between sequential and longitudinal blocks, students can register all remaining block (of this year) provided that the student's percentage of absence in any one block must not exceed the acceptable by-law percentage of absence.

Examination plan in basic science phase:

- Student who fails in one or two sequential block is allowed to apply to resit exam in one block only provided that the reset exams will include this block.
- Student who fails in more than two blocks are not allowed to apply to resit exam.
- In resit exam, the exam score is out of 60 marks and the on-going marks (out of 40) of this block is added to the gained score in the resit exam. If the student pass the grade in all condition will be fixed as "D".
- For student who re-register the defective blocks in the subsequent year, the marks of the on-going exam of the same block, that was gained previously, would be re-used and the student has the choice to repeat lab exam-component of this ongoing exam or to fix the marks of these lab exams as previously gained.
- For student who fails in one sequential block and this block is the only remaining block in the basic science phase, this block will be registered to the student and he/she must attend all the academic activities of this block. In this condition the student can apply to the nearest exam for this block in the first semester. If the exam occasion of this block is located in the second semester, an exceptional exam for this block is arranged before the end of the first semester, and if the student pass this exam, he/she can join the clinical phase in the second semester, but if the student fail, he/she can apply again to the exam for this block in its original time (in the second semester), if he/she pass this exam the score of this block will be D2, but if he/she fail in exam, he/she is not allowed to join any exam arranged for this block during this academic year.
- If the student fail in one of the longitudinal blocks, he/she can apply to the resit exam of this block.

- For any other issue not mentioned in the above regulations, the university by-law regulations will be applied.

Clinical Phase:

The educational strategy depends on PBL in addition to bed-side teaching in the hospitals. Clinical courses are divided into primary and secondary courses.

Primary Courses:

- | | | |
|----------------------|--------------------------|------------------------------|
| 1. Internal Medicine | 2. Ophthalmology | 3. Obstetrics and gynecology |
| 4. General surgery | 5. Ear, Nose, and Throat | 6. Family Medicine |
| 7. Orthopedics | 8. Pediatrics | 9. Psychiatry |
| | | 10. Emergency |

Secondary Course:

- | | | | |
|--------------|----------------|----------------------|----------------------------|
| 1. Radiology | 2. Dermatology | 3. Forensic medicine | 4. Medical ethics in Islam |
|--------------|----------------|----------------------|----------------------------|

Promotion from year to another in clinical phase:

1. Students must successfully complete basic science-phase blocks to join clinical phase.
2. Student can pass from year four to year five regardless results of course-exams of year four.
3. If the student successfully complete year four and five, he/she is eligible to join internship phase. But if he/she fail in one or more of the primary courses he/she has to register these courses again and must attend all the academic activities of these courses as long as no contradiction in timing between courses.

Exam Plan in Clinical Phase:

1. If the student fail in one primary course of the clinical phase, he/she has to re-register this course again after completing year five courses, and he/she has to attend the academic activities of this/these course(s) as long as there is no contradiction with other courses (in timing) and the gained exam score is recorded as such.
2. If the student fails in one secondary course, this course will be re-registered in the next year. Attendance of the course's academic activities is not required and the gained exam score recorded as such.

The Internship Period:

The internship is the clinical training of the students after successfully passing all courses, it is the period which precedes graduation, the duration of the training is twelve months inclusive trainee vacations, it is part of the requirements of studying medicine, the student is not eligible to

practice medicine until ending of internship successfully. This Period is subjected to the regulations of internship.

Objectives of internship:

- Application of information and foster medical skills through clinical training. Training in medical course, making autonomy in education and to deal professionally.
- Application of medical ethics and commitment to Moslem physician ethics in all dealings.
- Familiarize trainee with medical team work education potential and the limits of his destiny, as well as training to seek advice from those who are more experienced. Development interest in what is new in the medical field, development the skills of reading, searching for information, reference books, medical journals and electronic means to search.
- Development of communication skills of the trainee with his colleagues, the rest of the medical team, as well as with patients and their families.
- Orientation about postgraduate medical programs and specialization.

Job description and responsibilities of Year Coordinator:

The year coordinator has to:

1. Be familiar with all objectives and activities of the blocks of the concerned year
2. Coordinate the activities within the year and with other year coordinators
3. Help the block organizer to deal with the daily implementation of the problems when needed
4. Work effectively with the block organizers of the concerned year to:
 - Follow up preparation of the block
 - Attend block committee meetings
 - Share in exam preparation
 - Make sure that the evaluation material of the block are running and analyzed properly by the block organizer and the results of this evaluation are presented to the phase coordinator in the mean time
 - Replace block organizer temporarily in emergency situations
5. Give feedback to and communicate with phase coordinator about planning, implementation, obstacles, and problems related to the concerned blocks
6. Evaluate the performance of block organizers and co-organizers of the concerned year and reporting to phase coordinator the outcome of this evaluation with his suggestion to improve the performance to be considered in the next year
7. Share, whenever appropriate and necessary, with phase coordinator the decisions related to the concerned year
8. Keep a record for each block about the performance of the block organizer and the block activities, problems of implementation, and his vision for improvement regulations will be applied.

Job Description and Responsibilities Of Block Committee

The committee structure is composed of:

1. A representative of each department
2. Block Organizer.

3. Block Co-organizer(s).
4. At least 12- members of medical education unit.
5. Phase Coordinator.
6. When the EOB exam is discussed, the department/unit supervisor will join the committee.

Four meetings are required for each block and all meeting must be attended by all members to valid in its decisions;

- **First meeting:** To review block objectives and translating these objectives to educational activities.
- **Second meeting:** To review the timetable of the block.
- **Third meeting:** To discuss the MEQs exam.
- **Fourth meeting:** To discuss the SEQs and MCQs exam.

First Meeting:

1. All members of the committee are at equal foot in discussing of and commenting on block objectives and activities.
2. Department representative has the full authority to express the department's point of view regarding the reformulation, deletion, or edition of block specific objectives (but within the general objectives of the block) and learning activities. In case of disagreement, after thorough discussion, the majority points of view will be considered.
3. The task and responsibility of the committee is to finalize reviewing block objectives Vs. block activities.

Second Meeting:

The task and responsibility of the committee are to finalize the timetable of the educational activities of the block tacking in consideration:

1. Maintaining the balance between different disciplines.
2. Maintaining the logic sequence of educational activities.
3. Avoiding any activity-title that gives clue to the problem of the week (especially in the timetable of student copy).
4. Keeping the number of SDL during the week.
5. Maintaining the slots of University activity, Clinical skills, and Field work.
6. Stressing the issue of lab exam in the following week of the final departmental session of each department and avoiding overcrowding of all lab exams in the last week.
7. One - two hours-seminars per week.
8. Two Iwo tutorial sessions (2 hours each) in year 2 and 3; and additional third (-I hour) session for year one.
9. One panel discussion (one hour) session.

Third and fourth meetings:

1. The task of the committee is to review, edit, and finalize exam problem scenarios and questions of MEQs, MCQs, and SEQs taking in consideration the principles of exam-question formulation and question / objectives matching.
2. Final edition of the questions regarding their consistency with the medical education principles is the responsibility of the medical education staff member of the committee

without encroachment on the scientific content of the question. (Full cooperation of the committee members in this regards is required) .

3. The confidentiality of the exam questions is the responsibility of the committee and block organizers.

Job Description of seminar Committee (And The Chief Of The Committee) :

The purpose of the Seminar Committee is to improve the quality and effectiveness of seminars in learning process.

1. To ensure that the topics and objectives chosen for seminars are appropriate for time allocated.
2. To ensure that the objectives of seminar are relevant to the Blocks.
3. To ensure that the objectives of the seminar are achievable by the students.
4. To ensure that the time allocated is sufficient to achieve the objectives.
5. To ensure minimal overlap of objectives of the seminar with the lectures.
6. To ensure the sequencing of seminar topics is appropriate to the theme of the week.
7. To ensure that the seminar objectives are not repeated in a particular batch of students.
8. To make a seminar map for each batch.
9. To ensure questions related to the seminar objectives are included in the examinations.
10. To develop and implement effective and efficient process of monitoring and evaluating seminars along with the Block Committees.
11. To recommend measures to improve the quality of seminars in the light of students' and faculties feedback.
12. With the help of seminar advisor(s) and relevant department(s) prepare MCQs for non-presenters and to make these questions available to the co-organizer of the block (who is a member of the committee) at least 2 days before the date of seminar session.
13. To suggest to the block organizer the name of seminar advisor (staff name or department).
14. To suggest to the block organizer two evaluators (nominates two staff or two departments)
15. To keep appropriate record of the committee activities.

Job Description Problem Reviewing Committee:

Main purpose:

To ensure that problems that are designed, are ill-structured and multifaceted real-life ones and consequently make students critically analyze, suggest multiple hypotheses and initiate them into following the seven steps to problem- based learning.

1. This activity will include reviewing all problems
2. Ensuring that the main objectives derived through the problem are within the scope of the objectives of the block.
3. Ensuring that the problem is designed in such a way that the pre-set objectives are derivable through the text of the problem.
4. Ascertaining that the problem released to students has been appropriately corrected and stamped as the final version.
5. Assigning one committee member, the task of maintaining a bank containing all problems that have been reviewed, corrected and stamped.

6. Make it mandatory upon block organizers to ensure that at least one-third of the problem scenarios are new every year.
7. Distribute, through the Committee for Faculty Development of the Medical Education Unit, a well-organized framework for designing a problem.
8. With the help of the Evaluation Committee, design questionnaires regarding feedback from students and tutors regarding each particular problem.

Job Description and Responsibilities Of Block Organizer

A. In the planning phase:

He/ She is responsible of:

1. Suggesting problems' areas of the block based on the general objectives of the block.
2. Preparing the problems' draft (with the help of whoever interested staff) and distribute them to the problem reviewing committee (with the general and preset objectives) and collect the committee input and repair the problems and accordingly make the problems in their final form.
3. Distribute block objectives (general, intermediate, and specific "if available") to the block committee after highlighting those objectives shown in problems, seminars, and SDL. The task of the committee is to highlight the objectives presented in the other departmental learning activities (lectures and labs).
4. Distribute block objectives and problem areas (Themes) to the seminar committee to suggest seminar topics.
5. Communicating with the departments to suggest lab activities based on block objectives.
6. Preparing provisional timetable of the block and submit it to the block committee.
7. Preparing students' list of the block and distribute students to tutorial and seminar (presenters) sessions.
8. Preparing formative assessment with the help of relevant department/staff.
9. Preparing the block booklet.
10. Preparing the agenda of the introduction meeting session of the block.
11. Obtaining tutor list, seminar advisors, and seminar evaluators.
12. Obtaining mark sheet and student attendance sheet.
13. Obtaining checklists implemented during the block.
14. Photocopying block materials.

B. In the Implementation Phase:

15. Follow-up implementation of learning activities of the block: Tutorials, seminars, labs, panel discussion, and lectures; and obtaining appropriate feedback, raising the unsolved problems to the phase coordinator.
16. Follow-up of records of student's attendance, recording the marks of the finished activities.
17. Dealing with the trouble shooting problems, solving them and/or suggesting solutions to phase coordinator.
18. Dealing with the received checklists appropriately:
 - a. Learning issue-lists to make them available to all students (after the first tutorial session), and to compare the received learning issues as raised by the students with those pre-set objectives of the problem to judge the quality of the released problems.

- b. Evaluation checklist of the tutorial session: to monitor the student group dynamics, to obtain the students' opinions as regards the problem of the week, to monitor the tutor performance in the tutorial session, and other written comments raised by the students.
- 19. Preparing blue prints of block exams as early as possible, communicating with department, collecting their input and present the draft exam data to exam (block) committee and finalize exam questions (then photocopying and packaging of exam papers to be available for release) and hand-give exam package to the chairman of invigilation committee.
- 20. Preparing list of denial students based on their absence rate.
- 21. Distributing checklist of block evaluation to students in the last week of the block and collect student response.

C. In Post-implementation Phase:

- 22. Starting the checking of exam paper by both male and female sides (with the due confidentiality).
- 23. Checking the exam computer answer sheets.
- 24. Recording marks of EOB exam to students' mark sheet.
- 25. Submitting the final draft of the students' mark sheet to phase coordinator within 10 days after the end of the block exam.
- 26. Preparing all the exam papers (including those of in-going assessment) to be submitted to the central control-exam within 2 weeks after the end of block exam
- 27. Preparing a copy of final form of the block to be submitted to phase coordinator within 3 weeks after the end of block exam (but before summer vacation leave).
- 28. Preparing a copy of re-sit exam to be submitted to phase coordinator within 3 weeks after the end of block exam (but before summer vacation leave).
- 29. Analyze the block evaluation-check list and prepare a final report about block planning and implementation, and submit this report to phase coordinator suggesting ways of improvement and the appropriate constructive comments.

Job Description and Responsibilities of Block Co-Organizer:

Although the block organizer is main responsible staff concerning block planning and implementation, the co-organizer is equally sharing the duties with the block organizer. Block organization (planning and implementation) is a team work involving both organizer and co-organizer.

- 1. In the planning phase the co-organizer shares the organizer responsibility by not less than 30 % of the work (fair distribution of tasks between both parties is better decided by both of them).
- 2. In the implementation phase the co-organizer shares the organizer responsibility by not less than 50- 75 % of the overall work.
- 3. In the post-implementation phase the co-organizer shares the organizer responsibility by not less than 50% of the work.
- 4. The quality of achieved work by both organizer and co-organizer must be the same.
- 5. If the organizer is not available (due to any cause) the co-organizer should replace him immediately and should carry-on the full responsibility of the block accomplishment.

Job Description and Responsibilities of Panel Discussion Moderator

A. Before the panel:

1. Invite and remind all professors, experts and teachers about date, time and points of discussion
2. Have educational objectives of the week written or displayed on the board.
3. Prepare a list of sub-points or controversial issues for discussion

B. At the beginning of the panel:

1. Introduce the topic and objectives to students
2. After a brief background introduction, go directly to the sub-points and questions

C. During the discussion:

1. Direct each discussion question to the panel in general
2. Do not single out a particular panelist for each question.
3. Allow the discussion to flow naturally from member to member in a spontaneous way.
4. Students can participate their opinions at this stage
5. Give every panelist an equal chance to participate on every question:
6. If a panelist is not contributing, ask for his opinion.
7. If a panelist is dominating the discussion, explain tactfully that others should participate their opinion.
8. After a point has been discussed thoroughly, ask if anyone has anything else to add.
9. Summarize before bringing up the next point.

The moderator is also a panel participant:

1. Allow others to speak first.
2. State your own opinions and supporting evidence
3. Then proceed with your duties as moderator

Bring the discussion to closure:

1. Inform students that the time is up.
2. Make a brief concluding statement regarding basic points of agreement and disagreement, etc.
3. The conclusion should be short in a few minutes.

Invite questions from students:

1. Ask students to bring up their questions or to make their comments.
2. Questions to be asked verbally better than in a written format

Conclude the panel discussion:

1. Thank the panelists & the students for their participation.

Report to block planner & medical education unit:

Prepare a summary report (can be in a check list format) that include:

1. Students' attendance.
2. Relevance of discussion to week objectives
3. Relevance of questions to week objectives
4. Teachers respond to questions and avoid lecturing
5. Active role of the moderator
6. Punctuality of professors

7. Subjective rating of active students participation
8. Diversity of discussion areas

Job Description Of The Clinical Skill Lab Coordinator

Introduction

Clinical Skill Lab Coordinator (CSLC) is the responsible person for effectively putting educational goals of clinical skill training into action in cooperation with the CSL committee. This includes translating the goals in the Curriculum related to clinical skills training, into feasible achievable and workable specific objectives and matching these with the running block of preclinical phase.

He is also the person affiliated with daily implementation of these objectives in the clinical skill lab and he is entitled with planning of student assessment by the end of the clinical training course.

- A. Role towards Clinical Skill Lab (CSL)** In detail, the Clinical Skill Lab Coordinator is expected to:
1. Make sure that the Curriculum Goals of preclinical skill training included are implemented.
 2. Request learning materials (including models, posters & allied equipment) required for CSL.
 3. Organize the timetables for CSL training of the students in the preclinical years and other years.
 4. Request staff members to share in the training activities of CSL for the three years of preclinical phase
 5. Keep regular briefings & progress notes on the course of training in CSL
 6. Manage the administrative aspects of CSL & to organize work of the CSL technicians (males & females)
 7. Coordinate the formative and summative student assessment related to clinical skills training
- B. Role towards Clinical Skill Lab Committee:**
1. Put the decisions & recommendations of CSL committee into action
 2. Inform CSL Committee regularly of the progress of training and of any related difficulties in CSL
 3. Coordinate CSL Committee meetings (suggest agenda, assign date, place & time & inform members)

Job Description of Field Training Coordinator:

He should, organize, coordinates, and evaluates all field training programs through the following activities:

1. Designs and develops guides and manuals required for each training program
2. Trains and assists training program instructors with teaching materials such as syllabus, and evaluation tools.
3. Coordinates with college administration to analyze and determine appropriate training equipment's and resources.

4. Coordinates with Ministry of Health to select appropriate training sites and time for students, selects field instructors, ensure the integration of students' field training within the duties of the PHC activities.
5. Supervises the performance of the training program to ensure its effective implementation.
6. Evaluates the implementation of training programs and writes reports of results;
7. Develops class schedules in coordination with phase II & III coordinator(s).
8. Supervises the performance of the training program to ensure its effective implementation.
9. Coordinates with skill lab coordinator to ensure acquisition of appropriate clinical skills before its application in the field.
10. Advises students on curriculum and educational material available.

Job Description of the Central Exam Control committee (CECC)

1. Providing facilities for printing and copying of exam papers (by the course instructor/ block organizer or whom he nominates) in a secure manner
2. Supply stamped bubble sheets for MCQs before exam
3. Keeping a copy (hard and soft) from each exam with model answers and scoring guide for SEQs & MEQs
4. Keeping of exam papers of students for two previous years (following the university regulations), after this period these papers should be destroyed after having a written license from the college administration
5. Keeping record of exam results (a soft and an officially approved hard copy for each exam)

Job Description Chief Examination Invigilator

1. Building rapport with his team of invigilators prior to the examination.
2. Ensuring that the invigilators are aware of university regulations regarding the conduction of examinations and behavior of both students and invigilators.
3. Ensuring that invigilators are aware of the procedures to be adopted when they detect any inappropriate behavior on the part of the students.
4. Assigning invigilators to appropriate locations in the examination hall so that all students are being observed properly.
5. Ensuring that invigilators stay at their assigned spots.
6. Ensuring setting up examination venues by laying out stationery, equipment and examination papers in accordance with strict procedures.
7. Closely following and enforcing exam procedures and regulations regarding space and behavior of invigilators and candidates taking the examination.
8. Supervising the invigilators in assisting candidates prior to the start of examinations while they are directing them to their seats and advising them about possessions permitted in examination venues.
9. Making sure that his team of invigilators is performing its duties appropriately during examinations, and dealing with queries raised by candidates and dealing with examination irregularities in accordance with procedures.

10. Ensuring that attendance of candidates attending the examination has been taken and checked during examinations.
11. Escorting candidates on toilet breaks ensuring no unauthorized material is consulted and that examination regulations are observed at all times.
12. Collecting, collating and delivering scripts at the end of the examination in accordance with strict procedures.
13. Supervising candidates leaving examination venues, ensuring that candidates do not remove equipment or stationery from the venue without authorization and ensuring that candidates leave venues in an orderly and quiet manner.
14. Supervising and assisting with the packing of examination papers, stationery (sometimes heavy) and equipment prior to the examinations and the delivery to and from venues as appropriate.
15. Ensuring the preparation of seating plans.
16. Scribing for students with special needs.
17. Announcing the number of questions and number of pages the exam paper is printed on, to avoid any student getting empty or erroneous papers.
18. Reading aloud the printed instruction form to the students at the start of the examination.

Job Description of Examination Invigilator

To assist the chief examination invigilator in ensuring the fair and proper conduction of examinations in an environment that enables students to perform at their best.

Specific Duties:

1. Communicating with the chief invigilator as regards to any service he/she may require regarding the examination.
2. Reporting for invigilation duty 10 minutes before the start of the examination.
3. Becoming aware of university regulations regarding the conduction of examinations and behavior of students.
4. Following the instructions of the chief invigilator regarding staying at the assigned area in the examination hall so that all students are being observed properly.
5. Assisting the chief invigilator in setting up examination venues by laying out stationery, equipment and examination papers in accordance with strict procedures.
6. Helping the chief invigilator in closely following and enforcing exam procedures and regulations regarding space and behavior of candidates taking the examination.
7. Assisting candidates prior to the start of examinations and directing them to their seats and advising them about possessions permitted in examination venues.
8. Performing duties appropriately during examinations, and reporting any queries raised by candidates to the chief invigilator.
9. Ensuring that attendance of candidates attending the examination has been taken and checked during examinations.
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14. Assisting in the preparation of seating plans.
15. Scribing for students with special needs.

Study plan for the College

Course name	Code	Cr H	duration
Phase II, Year I			
Principles of Medical Education	CMD 211	3 h	3weeks
Man & His environment and metabolism	CMD 213	7 h	8 weeks
Growth and Development	CMD 212	5 h	5 weeks
Principle of diseases	CMD 221	6 h	7 weeks
Musculoskeletal and Integumentary system	CMD 222	9 h	10 weeks
Clinical Skills-I	CMD 214	3 h	Long
Arabic language-1	ARB 101	2 h	Long
Health & Illness in Community-1	HIC 2111	2 h	Long
Introduction to Islamic Culture	IC 101	2 h	Long
Islam & Community	IC 102	2 h	Long

Phase II, year II			
Endocrine and Reproduction System	CMD 322	9 h	9 weeks
Heamopoitic and Immune system	CMD 311	8 h	9 weeks
Cardiovascular system	CMD 312	7 h	8 weeks
Respiratory System	CMD 321	7 h	7 weeks
Clinical Skills-II	CMD 313	2 h	Long
Health & Illness in Community-2	CMD 311	2 h	Long
Principles of Human Rights	IC 105	2 h	Long
Economic System of Islam	IC 103	2 h	Long
Principles of Political System of Islam	IC 104	2 h	Long

Phase II, Year III			
Digestive System	CMD 332	10 h	9 weeks

Urinary System	CMD 341	5 h	5 weeks
Nervous System, Special Senses and Behavior	CMD 331	10 h	10 weeks
Integrated Multisystem and Therapeutics	CMD 342	10 h	9 weeks
Arabic language-1	ARB 103	2 h	Long
Clinical Skills-III	CMD 333	2 h	Long
Health & Illness in Community-3	CMD 331	2 h	Long
Clinical Skills-IV	CMD 341	2 h	Long

Phase III, Year IV

Dermatology	DERM 411	2 h	2 Weeks
Ear, Nose, & Throat (ENT)	ENT 421	3 h	2 Weeks
Radiology (Medical Imaging)	IMG 421	2 h	2 Weeks
Internal Medicine-1	MED 411	4 h	3 Weeks
Internal Medicine- 2	MED 412	10 h	8 Weeks
Ophthalmology	OPTH 421	3 h	2 Weeks
Orthopedic	ORTH 421	5 h	4 Weeks
General Surgery	SURG 421	11 h	8 Weeks

Phase III, Year V

Forensic Medicine	CMD 431	2 h	2 Weeks
Medical Ethics in Islam	CMD 441	3 h	2 Weeks
Emergency Medicine	EMR 441	4 h	3 Weeks
Family & Community Medicine	FCM 431	6 h	5 Weeks
Obstetrics & Gynecology	OBN 441	8 h	7 Weeks
Pediatrics	PED 431	11 h	9 Weeks
Psychiatry	PSYC 441	4 h	3 Weeks

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