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AGU Medical Curriculum Map

Year	AGU Medical Curriculum Map			Phase	
1	Semester I 15 credit hours Biology-I (3 Hrs) Medical Physics (3 Hrs) English-I (5 Hrs) Social Sciences (2 Hrs) Psychology (2 Hrs)	Semester II 16 credit hours Biology-II (3 Hrs) Biochemistry (3 Hrs) English-II (5 Hrs) Biostatistics (3 Hrs) Islam & Medical Ethics (2 Hrs)		I	
	Unit I 12 Weeks Man & His Environment				
2	Unit II 8 Weeks Respiratory System	Unit III 10 Weeks Cardiovascular System		II	
	Professional Skills & Community Health Programs				
3	Unit IV 12 Weeks Endocrine, Metabolism & Reproductive Systems	Unit V 11 Weeks Gastrointestinal & Renal Systems	Unit VI 9 Weeks Hematopoietic & Immune Systems	B. Sc	
	Professional Skills & Community Health Programs				
4	Unit VII 9 Weeks Integumentary & Musculo-Skeletal Systems	Unit VIII 12 Weeks Nervous System, Special Senses & Human Behavior	Unit IX 10 Weeks Multi-System Integration	III	
	Professional Skills & Community Health Programs				
5	Clinical Rotation 10 Weeks Obstetrics & Gynecology	Clinical Rotation 10 Weeks Pediatrics	Clinical Rotation 20 Weeks Internal Medicine Cardiology 2 Wks Pulmonary 2 Wks Neurology 2 Wks Dermatology 2 Wks Radiology 1 Wk GIT 2 Wks Rheumatology 1Wk	Electives 6 Weeks Nephrology 1 Wk Hematology 1 Wk Endocrinology 2 Wks ICU 1 Wk Infectious Dis. 1 Wk Review & Exam 2 Wks	MD
	Problem based Multidisciplinary Seminars				
6	Clinical Rotation 17 Weeks (Surgery) General Surgery 11 Wks Urology 1 Wk Orthopedics 1 Wk Anesthesia 1 Wk A & E 1 Wk Examination 2 Wks	Clinical Rotation 17 Weeks Family Medicine 8 Wks Psychiatry 4 Wks ENT 2 Wks Ophthalmology 2 Wks Examination 1 Wk	MD Review 3 Weeks	MD Summative Exam	

Abbreviations

- **B.Sc** : Bachelor of Basic Medical Sciences
- **CHA** : Community Health Activities
- **CMMS** : College of Medicine and Medical Sciences
- **ENT** : Ear, Nose & Throat
- **HC** : Health Center
- **MCH** : Maternal & Child Health
- **MCQ** : Multiple Choice Questions
- **MD** : Doctor of Medicine
- **MPL** : Minimum Pass Level
- **OSCE** : Objective Structured Clinical Examination
- **OSPE** : Objective Structured Practical Examination
- **PBL** : Problem Based Learning
- **SAQ** : Short Answer Questions
- **WOSCE** : Watched Objective Structured Clinical Examination

General Principles of Student Assessment

- Assessment stimulates learning.
- Assessment is a challenge for any medical curriculum. Since Problem-Based Learning (PBL) is the strategy of learning at AGU, this adds another challenge for student assessment.
- Multiple tools of assessment are used to assess different domains of learning or competencies.
- Assessment should match the educational objectives of the program and relate to the curriculum objectives and outcomes.
- Outcome-based assessment is done at the end of each Phase of the medical curriculum.
- Assessment methods used should be reliable, valid, feasible and have a positive educational impact.
- Assessment is used for both formative and summative purposes.
- Assessment of both process and content is emphasized.
- As per University regulations, the passing mark for any examination is sixty percent (60%) or more.
- Students are NOT allowed to repeat any year more than once throughout the undergraduate program except in year 1 where students are not allowed to repeat the year. Failure in the repeat year will result in the dismissal of the student from the university.
- Final results of examinations are reported as a numerical score with a letter grade, e.g. 90% (excellent with Honor).
- Maximum number of years allowed for completion of the Medical Program is nine years.
- Any student who is absent for more than 15% of the total course activities *will not* be allowed to sit for the end-unit/ course exam.

Examination Preparation and Item Analysis

The CMMS follows these steps in relation to examinations:

1. Examination blueprinting

All examinations are designed based on an examination blueprint which determines the proportional distribution of the content items and the most suitable test item format to be used. The blueprint is principally constructed around themes/competencies in relation to problems (cases) in the unit/rotation.

2. Construction of test items

Different test items are constructed based on the purpose of the examination. Written exam items might be MCQs of the A-type (single best response), within a context or SAQs (usually based on a clinical scenario) with multiple integrated questions related to that context. Other formats include OSCE, WOSCE, OSPE questions and reflective essays.

3. Standard setting

Absolute standards are used at CMMS for student assessment. Modified Angoff method is used

to set the standards for pass/fail (minimum pass level or MPL). Briefly, a group (8-10) of judges estimate the percentage of borderline examinees who would answer each examination item correctly. The pass/fail standard of the test is the average percentage of all the items set by all the judges.

4. Test item analysis

Post-examination analysis of MCQs is used to evaluate the quality of items and the accuracy of the answer keys. Item analysis output includes the percentage of students who selected each option as well as some measures of difficulty (difficulty index) and discrimination (discrimination index).

5. Post-examination review

Following each examination, a session is held for all students to review their performance in different test items, and to receive feedback about the overall examination. This provides an additional learning opportunity for the students.

General Regulations For Examinations

Regulations during the examinations:

- Students are required to wear their AGU identification Badge.
- Students should bring pencils, pens, an eraser and a calculator.
- Students who are late more than 30 minutes will not be allowed to take the examination.
- No mobile phones or electronic translators/gadgets are allowed during the examination (except a calculator, when required).
- Answer sheets for Multiple Choice Questions (MCQs) should be filled in pencil, while other examination papers are answered using ball point pen (blue or black).
- Side talking during the examination or any other illegal or suspicious communication is considered cheating and examination may be declared null for such students.
- Students are not allowed to leave the examination hall before 60 minutes have elapsed since the beginning of the examination.
- Students have to wear a lab coat during OSPE/OSCE examinations.

Regulations for appeals and review of examination results:

- Students are entitled to make a written request to the Registrar's Office indicating the examination components need to be reviewed. A processing fee for reviewing the examination results will be charged.
- Requests are accepted no later than ONE week after announcing the examination results.
- The Vice Dean for Academic Affairs appoints a Committee to review the examination papers of the student.
- Students are informed about the final decision of the review through the Registrar's Office.

Regulations for students who are absent from examinations:

- **Absence with no valid reasons:** A student who is absent from a summative examination without a valid reason will be considered as he/she has sat and failed the examination.
- **Students who are absent from examinations due to valid reason:**
 - ➡ General rule: A student who is absent from a summative examination due to a valid

General Regulations For Examinations

and acceptable reason will be allowed only to take the exam with the next available cycle and no special re-sit exams will be given to a particular student. Exceptions to this rule are Year 4 who will be allowed to take a repeat end-unit exam within 2 weeks, if they provide a justifiable (valid) reason for being absent from the exam.

- ➡ Students in Years 1 and 6: A student who is absent from a summative examination at the end of any of the two phases of the program (Year 1, and MD exam) due to a valid reason will be allowed to sit in the next available exam.
- ➡ Students in Years 5 and 6: A student who is absent from end-rotation examinations because of justifiable (valid) reason will be allowed to take the examination with the next available cycle.

The process of submitting the evidence for absence from examinations

- If absence is due to any emergency or other unavoidable circumstances, the student must fill the (Absence from Educational Activities Form) which can be downloaded from the AGU website (www.agu.edu.bh); a paper copy is also available

at the Medical Education Office and Department secretaries.

- The student must explain in the form all the relevant circumstances which prevented his/her attendance and attach any documentary evidence which support his/her explanation .
- The form has to be submitted within a maximum of 2 weeks after absence from examinations or other educational activities. An exception is hospitalization cases where the medical certificates must be submitted within 2 weeks after discharge from hospital.
- In case of absence from examination due to sudden serious illness, a valid Medical Certificate from a Government Hospital must be submitted within a maximum of 2 weeks after the examination. Medical certificates issued after this period will not be accepted.

Student Assessment in Phase I

In this Phase, the one-year program is divided into two semesters with a total of 31 credit hours as follows:

1. First semester (15 weeks): courses include: Biology-I, Medical Physics, English I, Psychology and Social Sciences.

2. Second semester (16 weeks): courses include: Biology-II, Biochemistry, Biostatistics, English-II, and Islam & Medical Ethics.

Assessment regulations in Year 1:

1. Regulations for Promotion to Year 2:

- Student must fulfil the following requirements:
- Pass all courses/subjects taken in Year 1.
- Obtain a total score of 60% or more in each course/subject.

2. Regulations for Re-Sit Exams:

Students are allowed for re-sit exams under these terms:

- Failed student is allowed to take the re-sit exams in a maximum of three subjects (in the first and second semester together); and to get promoted to Year 2, students must pass all repeated course(s) and obtain a total score of 60% or more in each course.

Note: The grade obtained in the re-sit exam supersedes the old grade, and it will be the final grade to be recorded in the student's transcript.

N.B: In CMMS, a student is not allowed to repeat Year 1.

Student Assessment in Phase II

In this phase, the curriculum is structured around nine integrated organ/system units. Approximately ninety three health problems are covered during the three years. Problem-Based Learning (PBL) is the main educational strategy, which is implemented through small group tutorials and self-directed learning. Content and process of PBL are emphasized.

- **The curriculum is organized around three strands:**

- 1. Integrated medical knowledge of the following disciplines:**

Anatomy, Behavioral Sciences, Biochemistry, Biostatistics, Epidemiology, Family & Community Medicine, Genetics & Molecular Biology, Microbiology

& Immunology, Pharmacology, Pathology, Physiology and Clinical Sciences.

- 2. Professional Skills Training Program**

(Professional Laboratory Skills, Communication Skills, History Taking, Physical Examination Skills and Critical Appraisal of Literature).

- 3. Community Health Activities**

(Maternal and Child Health, Family Studies, Community-Oriented Research Projects and Clinical Skills Training Program).

- Health problems are organized into **nine units** which are listed below (see also medical curriculum map in page 1):

Year 2	Unit I Unit II Unit III	Man and His Environment (12 weeks) Respiratory System (8 weeks) Cardiovascular System (10 weeks)
Year 3	Unit IV Unit V Unit VI	Metabolism, Endocrine & Reproductive (12 weeks) Gastrointestinal and Renal Systems (11 weeks) Hematopoietic and Immune Systems (9 weeks)
Year 4	Unit VII Unit VIII Unit IX	Integumentary & Musculo-Skeletal (9 weeks) Nervous System and Human Behavior (12 weeks) Multi-system Integration (10 weeks)

Student Assessment in Phase II

Multiple tools are used for student assessment in this phase. These tools include the following:

1. Written examinations: Using multiple choice questions (MCQs) and Short Answer Questions (SAQs).
2. Objective Structured Practical Examination (OSPE)
3. Objective Structured Clinical Examination (OSCE)
4. Direct observation in clinical encounter
5. Evaluation by facilitators in small group tutorials
6. Student Presentations
7. Case write-up
8. Concept mapping
9. Portfolio preparation
10. Research reports and critical appraisal
11. Diagnostic reasoning using computer-based patient encounter

1. Written examination

This examination is a summative evaluation of the core knowledge that students gain during their study. The examination is made up of two formats:

i. Multiple-choice questions (MCQs):

A number of MCQs (usually 75 - 100) are selected to cover most of the themes in the problems students have studied. MCQs are also selected to cut across disciplines involved in the unit. MCQs are constructed to choose the best single response out of 5 options (called A-type), but extended matching (R-Type) is also used especially in high-stake examinations. Usually the format of the question is based on a “context” or a clinical case “vignette”. However, there are few MCQs designed to test “factual recall” of information. In some MCQs, a vignette is given and a set of multi-disciplinary integrated questions testing different themes are designed around that vignette (case clusters).

Student Assessment in Phase II

ii. Short answer questions (SAQs):

Approximately 3-10 SAQs are selected based on :

- A clinical scenario (or another context) and the questions are related to the context with integrated concepts.
- Usually 3-7 questions related to each scenario are asked. The answers to these questions usually range from one statement to a brief explanation. Sometimes, a student may be asked to draw, label or interpret a diagram or a graph or do a calculation related to the case.

2. Objective Structured Practical Examination (OSPE)

This examination is for testing basic practical skills related to health problems in the units. The exam consists of different STATIONS (20-35) where students spend THREE MINUTES at each station. The exam is integrated and students are tested on various cognitive and psychomotor skills such as:

- Identification and interpretation of a histological slide or micrograph.
- Identification and interpretation of a pathology specimen or photograph.
- Interpretation of a pathophysiological finding.
- Identification of anatomical specimens (Human dissected parts, models, plastinated specimens or sections, X-rays, CT-scans, skeletal materials, etc).
- Interpretation of graphs or charts.
- Interpretation of clinical reports.
- Interpretation of a microbiological or biochemical test.
- Living anatomy (Surface marking, bony landmarks, performance of clinical anatomical skills, etc).
- Performance of certain physiological, biochemical or microbiological diagnostic techniques.
- Prescription writing.

Student Assessment in Phase II

3. Professional Clinical Skills Assessment

Two main types of assessment of students' competencies are tested:

1. Formative assessment

This assessment is given by a clinical tutor based on student's performance in the small group sessions. Each student is evaluated based on a checklist which takes into consideration different competency domains that a student should achieve by the end of the unit. The competencies include two main categories:

- **Skills:** this includes students' ability to apply acquired knowledge to history taking, communication skills and physical examination.
- **Professionalism:** this includes students' attitudes (respect towards peers, tutor and patient), punctuality, general appearance and behavior.

This type of assessment will be used to **provide feedback** to students.

2. Summative assessment

At the end of each unit there will be a performance-based examination using *Objective Structured Clinical Examination (OSCE)*. The OSCE exam consists of multiple STATIONS, which are designed to test certain clinical skills that students should have acquired at this stage. Standardized/simulated or real patients are used for assessment. The exam usually consists of 5-10 stations. The time allocated for each station varies from 4 to 15 minutes.

This assessment is usually composed of the following components:

- A. History-taking & communication skills:** Clinical tutors evaluate this component based on a structured checklist. The skills tested include communication, history taking, hypothesis generation and history write-up.
- B. Physical examination skills:** This component of examination aims to test physical examination skills such as vital signs, general examination, and focused examination of individual body systems.

Student Assessment in Phase II

4. Assessment in PBL Tutorials

This includes evaluation of students individually in each tutorial session. Each session is scored out of 5 marks. The score of the two sessions together comprises 10 marks. Students in tutorials are evaluated according to the following activities:

* In the first tutorial session:

- 1) Identification of learning needs
- 2) Participation in group interaction
- 3) Discussion of the learning needs utilizing prior knowledge
- 4) Ability to discuss and share ideas with the group.
- 5) Asking relevant questions that helps in meaningful discussion

* In the second tutorial session:

- 1) Gathering information on the learning needs identified in the first tutorial session.
- 2) Participation in group discussion, integration of the new knowledge with prior knowledge.

- 3) Integrating and linking concepts in relation to the case of the week.
- 4) Summarizing, correlating and organizing concepts in a concept map.

* In both tutorial sessions:

- 1) Punctuality
- 2) Supporting group learning and encouraging peer learning
- 3) Respect for group members
- 4) Ability to make constructive evaluation of self and the group

N.B: A score of zero will be given for absence in a tutorial session.

Student Assessment in Phase II

5. Assessment in Community Health Program

Assessment in Community Health Activities in Phase II (years 2, 3, 4) consists of four main components:

1. Maternal and Child Health Program:

This program is integrated with Unit II (Life Cycle) and Unit IV (Reproduction subunit). Students are evaluated based on the following:

- a. Completing the personal logbook of attendance and participation and SUBMITTING it to the assigned tutor at the end of the program for certification of the clinical skills acquisition.
- b. Student participation in the case presentations.

2. Family Studies Program

This program is taken in year 3. Students are required to SUBMIT a final report consisting of:

- a. A “family” assessment summary, commenting on the family structure and function, adaptive strategies and areas of difficulty. The use of quotes and field note extracts to illustrate issues is encouraged.

- b. An “illness” assessment documenting the disease itself, its prognosis and impact on the family.

These, along with individual presentations to the group and to the family physician supervisor, will be used to complete a summary evaluation.

3. Community - Oriented Research Project

This program overlaps years 3 and 4. Students, in groups determined by their country of origin undertake a field research project that explores relevant and priority issues related to community health e.g. nutrition, care of the elderly, life style illness, reproductive health etc. Through this activity, students have to be familiar with research methodology and data collection and analysis and they should prepare a research report and make presentations as posters.

4. Clinical Skills Training program

This program is taken in year 4 at Primary Health Care Centres. It aims to give the students clinical experience in applying the knowledge and the

Student Assessment in Phase II

skills they have learned during their four years of medical education on real patients. It also aims to expose them to the opportunity for taking proper and relevant history, applying the learned communication skills, performing physical examination and practicing practical office procedures. Assessment will be done through the following means:

- a. Assessment of student's attendance, punctuality, attitude, appearance, and relationships with staff and patients. (50%)
- b. Demonstrating the learned skills on real patients. (50%)

• **Assessment regulations for end-unit examinations:**

1. Eligibility to sit for end-unit exams:

To sit for the end-unit exams, students should have at least 85% attendance in all activities.

2. Requirements for passing end-unit exams:

- a. Achieving a “pass” grade in end-unit exams requires an aggregate 60% score (Weighted according to the standard setting described in page #4).
- b. Achieving a satisfactory grade in Community Health Activity.
- c. Achieving a satisfactory grade in professional skills.

• **Assessment regulations for promotion from year 2 to 3 and 4:**

Students will be promoted from year 2 to year 3 (or from year 3 to year 4) if they fulfill all **THREE** criteria:

- 1) Pass ($\geq 60\%$) in the three Units of that year.
- 2) Achieving a satisfactory grade in Community Health Activities.
- 3) Achieving a satisfactory grade in professional skills.

Weightage of end-year scores (aggregate of three Units)

Written (MCQ, SAQ)	OSPE	Prof. Skills (OSCE)	CHA	PBL Tutorials
65%	25%	Satisfactory/ Unsatisfactory	Satisfactory/ Unsatisfactory	10%

Student Assessment in Phase II

- **Assessment regulations for promotion from year 4 (pre-clerkship phase) to year 5 (clerkship phase) and for awarding the B.Sc degree:**

Student promotion from year 4 to year 5 and awarding the B. Sc degree at the end of year 4 are based on the following criteria:

- Passing in the three units in year 4.
- Achieving a satisfactory grade in Community Health Activities in year 4.
- Achieving a satisfactory grade in Professional skills in year 4.
- Achieving a basic Life Support (BLS) Certificate.

N.B: No comprehensive B. Sc examinations at the end of year 4.

Regulations for failures in Phase II

General rules for failures

- A student who fails in a particular unit will have to repeat ALL components of that unit.
- A student who fails in a particular year will have to repeat ALL units of that year.

Failure in ONE unit in year 2, 3 & 4

- Students who fail in ONE Unit (< 60%) in the year 2, 3 or 4 will have the chance to take a resit examination in the summer of that year after attending mandatory remedial program. If they pass that Unit, they will be promoted; otherwise they will have to repeat that year.

Failure in more than ONE unit in year 2,3 & 4

- Students who fail in more than ONE Unit will have to repeat that year and will not be eligible to sit for the resit examination in the summer.

Failure in Professional Skills or Community Health Activities

- Students have to satisfactory complete these activities to

be promoted from year 2 to year 3 and from year 3 to 4. Students cannot carry them to next year.

- Students who fail in Professional Skills examination will have ONE attempt for re-sit examination in Professional Skills after 2 weeks. A student who pass the re-sit examination will be awarded “satisfactory” grade. In case of failure in first re-sit, students are expected to undergo remedial training in summer before taking the second re-sit examination. In case of failure in second re-sit examination, they will repeat the year.
- Students who fail in Community health activities will have another ONE attempt to achieve a “satisfactory” grade. In case of failure in re-sit examination, they will repeat the year. The duration and nature of the mandatory remedial program shall be decided by the department of Community Medicine.

Student Assessment in Phase III

In this final phase of the undergraduate curriculum, students undergo supervised clinical training in hospitals and health centers. The goal is to prepare students to acquire knowledge, skills and attitudes that will enable them to identify, analyze and manage common health problems in the primary, secondary and tertiary care settings. The activities include bedside teaching, clinical problem solving sessions, outpatient clinics, teaching rounds, workshops, computer-based patient encounter and departmental seminars. Students rotate for 2 academic years in the following clinical disciplines:

Year 5: Pediatrics (10 weeks), Obstetrics/Gynecology (10 weeks), Internal Medicine (20 weeks), and Summer Electives (6 weeks). The Internal Medicine rotation includes training in Cardiology, Neurology, Pulmonary Medicine, Gastroenterology, Endocrinology, Hematology, Nephrology Radiology, Intensive Care Unit (ICU), Infectious Diseases and Dermatology.

Year 6: Surgery (17 weeks), Family Medicine (8 weeks), Psychiatry (4 weeks), Ophthalmology (2 weeks), Ear, Nose & Throat “ENT” (2 weeks). In addition to General Surgery, the Surgery rotation includes training in Urology, Orthopedics, Accident & Emergency (A&E) and Anesthesia.

Multiple tools are used for student assessment in this phase including the following:

1. Written examinations: Using MCQs (A or R-Type) and SAQs.
2. Objective Structured Clinical Examination (OSCE)
3. Watched Objective Structured Clinical Examination (WOSCE)
4. Evaluation by clinical tutors
5. Presentations
6. Case write-up
7. Direct observation in clinical encounter
8. Portfolios
9. Diagnostic reasoning using computer-based simulations
10. Logbooks

Student Assessment in Phase III

1. Assessment regulations for end-rotation examinations:

1.1 Types of Assessment:

The scores for end-rotation assessment are made up of two components:

- **Continuous assessment:**

It includes continuous evaluation of the student during the clerkship rotation. This assessment is based on:

- ➔ Attendance
- ➔ Completion of the case write-up reports
- ➔ Satisfactory completion of the Logbook
- ➔ Active participation in the different learning and training activities
- ➔ Satisfactory overall student performance and professional behavior
- ➔ Completion of the form to be signed by the clinical tutor at the end of each clinical rotation

- **End-rotation summative exam:**

This is a comprehensive examination of all the knowledge and skills of students during the respective rotation.

➔ The examination takes place during the last week of each Clerkship rotation.

➔ The examination has a clinical component in the form of real patients encounter concentrating on clinical skills, critical appraisal skills, student attitude and behavior. In addition, there is a written examination and an OSCE.

1.2 Eligibility to sit for end-rotation exams:

To sit for the end-rotation exams, students should have satisfactory completion of the rotation with at least 85% attendance and satisfactory completion of the portfolios.

1.3 Requirements for “Pass” in end-rotation exams:

For the students to “Pass” an end-rotation exam, both of the criteria below have to be fulfilled:

a. Get a score of $\geq 60\%$ in the combined clinical exams (OSCE & Clinical Encounter).

b. Get an aggregate score of $\geq 60\%$ in the overall components of the exam.

Student Assessment in Phase III

1.4: Weightage for different components in end-rotation exams:

Clerkship Rotation	Continuous Assessment	Written	OSCE/ WOSCE	Clinical Encounter
Internal Medicine, Surgery, Pediatrics, Obs/Gyn, Psychiatry, ENT & Ophthalmology Family Medicine	25%	35%	10%	30%

1.5: Regulations for failures in end-rotation exams:

- ➔ No special repeat exams for failed students in end-rotations.
- ➔ Students who fail the end of rotation examination will have to sit for the examination with the next available cycle/batch of that rotation.
- ➔ Any student who **FAILS** the second attempt must **REPEAT** that particular clerkship rotation.

- ➔ If the student failed in the third attempt then his/her case will be referred to the College Council for taking decision.

1.6: Regulations for summer electives:

No numerical weightage is given for performance of students in the electives. However, the nature and outcome of students' performance in the electives will be recorded in the student transcript.

Student Assessment in Phase III

2. Assessment regulations for final qualifying MD examination:

2.1: Awarding the MD degree

MD degree is awarded at the end of year 6 based on scores from two main types of assessment:

- *Continuous assessment (50%)*: from the aggregate student's scores of the end-rotation exams in years 5 & 6.
- *Final MD Summative examination (50%)*: This examination is taken after completion of the six years of the medical program and having satisfied all the

requirements and passed all the end-rotation examinations.

2.2: Eligibility to sit for the final MD examination

To sit for the MD summative examination, students must get satisfactory completion of all clerkship rotations and obtain Advanced Cardiac Life Support (ACLS) Certificate.

2.3: Calculation of the MD scores

Scores for the MD examination is derived from the two categories of assessment (end-rotation exams and final MD exams) as follows:

Type of Assessment	Weight (%)
Aggregate end-rotation assessment	50 %
• <i>Pediatrics</i>	7 %
• <i>Obstetrics/Gynecology</i>	7 %
• <i>Internal Medicine</i>	13 %
• <i>Surgery</i>	11 %
• <i>Family Medicine</i>	6 %
• <i>Psychiatry</i>	3 %
• <i>ENT</i>	1.5 %
• <i>Ophthalmology</i>	1.5 %
Final MD summative exam	50%
• <i>Written</i>	25%
• <i>OSCE</i>	10%
• <i>Clinical Encounter</i>	15%

2.4: Requirements for “graduation” with MD degree

For the students to get an MD degree, both of the criteria below have to be fulfilled regarding the final qualifying MD exam:

- a. Get a score of $\geq 60\%$ in the combined clinical exams (OSCE & Clinical Encounter).
- b. Get an aggregate score of $\geq 60\%$ in the overall components of the exam.

2.5: Regulations for failures in MD examinations

- Students who fail in the MD examination will be strongly recommended to undergo a remedial program.

- The remedial strategy would target areas of their weakness based on the students performance in the MD examination and end-rotation exams.
- An Academic Advisor will be designated by the Vice Dean for Clinical Affairs to follow-up the progress of the student during the remedial program.
- After completion of the remedial program, students will be able to sit for the next available MD examination (it is offered twice a year; in June and December).

Grading of Students Performance

Score (%)	Grade
90 & above	Excellent with Honors A*
85 & < 90 %	Excellent A
75 & < 85 %	Very Good B
65 & < 75 %	Good C
60 & < 65 %	Fair D
< 60	Fail F

N.B: In the MD exams, students scoring more than 85% but less than 90% are eligible to take an oral (*Viva-Voce*) exam to make a decision about their final grade (i.e. with Honors).

General Regulations for Dismissal

A student will be considered for **dismissal** under the following conditions:

1. Phase I:

- Failure in more than 3 courses at the end of first semester or failure in more than 3 courses from total subjects/courses in semester I & II.
- The student did not achieve the requirements to be promoted to Year 2 after the re-sit exam, which are: pass in all courses taken in Year 1 and obtain a total score of 60% or more in each course.
- Note that a student is not allowed to repeat Year 1.

2. Phase II:

Under any of the following conditions in the REPEAT year:

- Fail in more than one Unit (out of the three Units of that year).
- The student did not pass the re-sit examination of that year.

3. Phase III:

Students in year 6 are given THREE attempts for taking the Final Qualifying MD examinations before being considered for dismissal. Those students dismissed from the medical program will exit the college with ONLY a B.Sc degree.

N.B: Maximum number of years allowed for completion of the Medical Program (Phase I, II & III) is **Nine** years.

قواعد التقويم في نهاية المراحل بكلية الطب

ملحوظة:

الدرجة التي يحصل عليها الطالب في امتحان الدور الثاني (الإعادة) تحل محل الدرجة القديمة، وهي الدرجة التي تظهر في السجل الأكاديمي للطالب حسابياً.

المرحلة الثانية (المرحلة ما قبل الأكلينكية)

تتم العملية التعليمية في هذه الفترة والتي تمتد إلى ثلاث سنوات من خلال ثلاث برامج أساسية:

1. برنامج الوحدات المتكاملة

هذا البرنامج يمثل التوجه الاساسي للكلية فمن خلاله يتم دراسة المعضلات الصحية. ومن خلال تسع وحدات تعليمية (أنظر خارطة المنهج الدراسي). تدرس كل معضلة طبية في أسبوع . يتم تقسيم الطلاب في كل عام دراسي إلى مجموعات صغيرة من 8-10 طلاب في شكل حلقات نقاش يشرف على كل مجموعة عضو أكاديمي من هيئة التدريس تكون مهمته تسهيل مهمة الطلاب في دراسة وتفهم وحل المعضلة الطبية.

2. برنامج المهارات المهنية

يعتبر هذا البرنامج مكملاً لبرنامج الوحدات المتكاملة فهذا البرنامج يعمل على اكتساب الطالب للمهارات المهنية المتعلقة بأعضاء وأجهزة الجسم. يمتد هذا البرنامج أيضاً على مدى السنوات الثلاث من السنة الثانية حتى الرابعة، وهو مترابط ومتناسق مع الوحدات التعليمية. ويتم تقييم الطالب على مدى اكتسابه للمهارات بصفة دورية و مستمرة. تقوم إستراتيجية التعلم والتدريب في هذا البرنامج على تعرض الطالب للمهارات على مستويات مختلفة تتدرج من اكتسابه للمهارة أولاً داخل معمل للمهارات ثم تطبيق ما اكتسبه في مراكز الرعاية الصحية الأولية أو المستشفيات لضمان ممارسته لما اكتسبه في اطار مشابه ومقارب لواقع الممارسة الطبية في الحياة العملية.

المرحلة الأولى (السنة الأولى)

هذه المرحلة ومدتها عام دراسي واحد تعتبر مرحلة انتقالية تحضيرية بين الدراسة الثانوية والدراسة الجامعية الطبية المتبعة للمنهج الإبداعي. تهدف هذه المرحلة إلى اكتساب الطالب لقدر أساسي من العلوم الإنسانية والعلوم الأساسية المرتبطة بالدراسات الطبية. تعمل هذه المرحلة على تقوية لغة الطالب الإنجليزية لمساعدته على الدراسة والاطلاع على المراجع والدوريات كما تعمل أيضاً على اكتشاف الطلاب الذين قد يواجهون مشاكل في إستكمال الدراسة الطبية وبالتالي يمكن توجيههم في مرحلة مبكرة لدراسات تتماشى مع قدراتهم. يدرس الطالب خلال عام دراسي كامل مجموعة من المقررات في اللغة الإنجليزية والعلوم الاجتماعية والثقافة الإسلامية وعلم النفس والكمبيوتر والعلوم البيولوجية والفيزياء والكيمياء الحيوية والإحصاء الطبي.

اللوائح والقوانين الخاصة بتقويم الطلاب في

السنة الأولى بكلية الطب والعلوم الطبية

1. شروط الانتقال من السنة الأولى إلى السنة الثانية بكلية الطب:

على الطالب استيفاء ما يلي:

- النجاح في جميع المواد للسنة الدراسية الأولى.
- درجة النجاح في المادة لا تقل عن 60%.

2. شروط الجلوس لأداء امتحانات الدور الثاني (الإعادة):

يسمح للطالب الراسب في ثلاث مواد كحد أقصى (في الفصلين الأول والثاني) بدخول امتحانات الدور الثاني (الإعادة)، وللانتقال إلى السنة الثانية على الطالب النجاح في جميع المواد المعادة وبدرجة لا تقل عن 60% لكل مادة.

ملحوظة: لا يسمح بإعادة السنة الأولى في كلية الطب.

3. برنامج طب المجتمع

يهدف برنامج طب المجتمع إلى إتاحة الفرصة للطلاب لاكتساب خبرات وكفاءات، ذات علاقة بالتوجه نحو المجتمع. ويشمل برنامج طب المجتمع على أربع أجزاء، تشكل جزء من الإطار العام للمنهج، ورسخه هي صحة الأم والطفل، الدراسات العائلية والمشاريع البحثية ذات التوجه للمجتمع وبرنامج تدريب المهارات السريرية.

التقويم في المرحلة ما قبل السريرية (السنة الثانية والثالثة والرابعة) يشمل على:

1. قواعد الانتقال من السنة الثانية الى السنة الثالثة والرابعة:

- في نهاية كل عام دراسي تنظر لجنة التقويم في مجمل أداء الطالب أثناء ذلك العام وتتخذ القرار المناسب حسب القواعد التالية:
- ينتقل الطالب إلى السنة التي تليها (من السنة ثانية إلى الثالثة أو من الثالثة إلى الرابعة) عند توفر كل من الشروط التالية:
- 1. أن ينجح (60% أو أكثر) الطالب في وحدات الثلاث وحدات في تلك السنة.
- 2. الحصول على علامة مرضي في برنامج طب المجتمع.
- 3. الحصول على علامة مرضي في وبرنامج تدريب المهارات السريرية.

- إذا رسب الطالب في وحدة واحدة وكان أداءه في الوحدات والنشاطات الأخرى جيداً فعليه أداء اختبار إعادة (دور ثاني) للوحدة الدراسية التي رسب بها، فإذا نجح ينتقل للسنة التي يليها، أما إذا كان غير ذلك فيجب عليه أن يعيد السنة.
- إذا رسب الطالب في أكثر من وحدة دراسية (من الثلاث وحدات في تلك السنة) فيجب أن يعيد السنة.
- إذا رسب الطالب في تقييم الوحدات الشامل مرة ثانية بعد سنة إعادة يوصى بفصله من الجامعة.

2. القواعد الخاصة بالانتقال من السنة الرابعة (المرحلة ما قبل السريرية) الى السنة الخامسة

(المرحلة السريرية) وكذلك منح درجة بكالوريوس العلوم الطبية الأساسية (B.Sc)

ينتقل الطالب من السنة الرابعة الى السنة الخامسة ويمنح درجة بكالوريوس العلوم الطبية الأساسية بناءً على المعايير الآتية:

1. ان ينجح (60% أو أكثر) الطالب في ثلاث وحدات الدراسية في السنة الرابعة.
2. الحصول على علامة مرضي في برنامج طب المجتمع في السنة الرابعة.
3. الحصول على علامة مرضي في برنامج تدريب المهارات السريرية في السنة الرابعة.
4. الحصول على شهادة BLS

لا يوجد امتحان شامل لبكالوريوس العلوم الطبية الأساسية في نهاية السنة الرابعة.

- إذا رسب الطالب في وحدة واحدة وكان أداءه في الوحدات والنشاطات الأخرى جيداً فعليه أداء اختبار إعادة (دور ثاني) للوحدة الدراسية التي رسب بها، فإذا نجح ينتقل للمرحلة السريرية، أما إذا كان غير ذلك فيجب عليه أن يعيد السنة الرابعة.
- إذا رسب الطالب في سنة إعادة فيوصى بفصله من الكلية.

المرحلة الثالثة (المرحلة الأكاديمية)

في حالة عدم نجاح الطالب في هذا الامتحان، يعطى فرصة لإعادة الامتحان في الدورة التي تليها. أما وفي حالة إذا ما رسب الطالب في امتحان الإعادة، فيطلب منه إعادة دورة التدريب السريرية، و ثم من دخول الامتحان السريري مرة أخرى. أما إذا رسب الطالب مرة ثالثة، فيتم تحويل حالته إلى مجلس الكلية لاتخاذ القرار المناسب.

الامتحان النهائي لدرجة دكتور في الطب (M.D):

يعقد هذا الامتحان في نهاية السنة الدراسية السادسة، ويشترط أن ينجح الطالب في كل الدورات السريرية قبل السماح له بدخول هذا الامتحان. ويمثل هذا الامتحان ما مجموعه 50% من الدرجة النهائية.

وبذلك تتوزع درجة الامتحان النهائي لدرجة دكتور في الطب (M.D) كالتالي:

النسبة المئوية	نوع التقويم
50%	1. التقويم المستمر
50%	2. الامتحان النهائي لدرجة دكتور في الطب
25%	■ الامتحان الكتابي
15%	■ الامتحان السريري
10%	■ الامتحان الإكلينيكي التركيبي (OSCE)

مرحلة التدريب السريري، مدتها عامان تشمل العام الدراسي الخامس والسادس وتتكون من مجموعة دورات تدريبية في أقسام تخصصية يتعرض خلالها الطالب للتدريب بقدر متوازن بين المستشفيات والعيادات الخارجية و مراكز الرعاية الصحية الأولية. وهذه المرحلة هي امتداد للمرحلة ما قبل السريرية حيث يواصل البرنامج الطبي الاهتمام بالتدريب الطالب واكتساب قدرات تساعد الخريج على التحليل العلمي و الاستنباط المنطقي و اتخاذ القرار السليم مع اكتساب المهارات التشخيصية والعلاجية والوقائية المرتبطة بمسئوليته الوظيفية بعد التخرج ومعرفة الجوانب القانونية والاقتصادية والأخلاقية لممارسة الطب.

يتم تقييم الطالب في هذه المرحلة من خلال نظام التقييم المستمر، وكذلك الامتحان النهائي للحصول على درجة دكتور في الطب (M.D) في نهاية هذه المرحلة.

يشمل التقييم خلال المرحلة السريرية من جزئين هما:
1. التقييم المستمر أثناء كل وحدة تدريب سريري في جميع التخصصات.
2. امتحان في نهاية كل دورة سريرية.
يجب على الطالب النجاح في وحدات التدريب السريري في جميع التخصصات.

امتحان نهاية دورة التدريب السريري :
يعقد هذا الامتحان في الأسبوع الأخير من كل دورة تدريب سريرية، ويجب على الطالب النجاح في التقييم المستمر حتى يحق له دخول هذا الامتحان. ويركز الامتحان على المهارات السريرية، السلوكيات، والقدرة على التقييم العلمي للمعلومات الطبية.

Arabic Summary of Student Assessment

- متطلبات النجاح في الامتحان النهائي :
1. ينجح الطالب في هذا الامتحان عند توفر الشرطين التاليين:
a. الحصول على مجمع إجمالي قدره 60% أو أكثر.
b. الحصول على مجموع قدره 60% أو أكثر في الامتحانات الإكلينيكية (الامتحان السريري + الامتحان الإكلينيكي التركيبي).
 2. في حالة عدم توفر أي من الشرطين السابقين للنجاح فإنه يسمح للطالب إعادة الامتحان في الدورة التي تليها.
 3. يحق للطالب دخول الامتحان النهائي ثلاث مرات فقط. وفي حالة رسوب الطالب في امتحان الإعادة للمرة الثالثة، يوصى مجلس الكلية بإيقاف قيد الطالب، وعليه ترك الدراسة في الكلية مع حصول على درجة بكالوريوس العلوم الطبية الأساسية (BSc).
4. يتم منح التقدير العام في شهادة التخرج كالتالي:
5. إذا حصل الطالب على 85% أو أكثر ولكن أقل من 90%، فيعطى فرصة دخول امتحان شفوي، للنظر في إمكانية رفع درجته إلى 90% ومنحه درجة الامتياز مع مرتبة الشرف وإلا يبقى تقديره امتياز.

أكثر من 90%	امتياز مع مرتبة الشرف
85% - أقل من 90%	امتياز
75% - أقل من 85%	جيد جدا
65% - أقل من 75%	جيد
60% - أقل من 65%	مقبول
أقل من 60%	راسب

ملحوظة: لا يسمح لطلاب المرحلتين الثانية والثالثة بإعادة أي سنة دراسية أكثر من مرة واحدة .

القواعد العامة للفصل من الجامعة

يعتبر الطالب معرضاً للفصل في الحالات الآتية:

1. المرحلة الأولى:

- الرسوب في أكثر من 3 مواد مع نهاية الفصل الأول أو الرسوب في أكثر من ثلاثة مواد من مجموع مواد الفصلين الأول والثاني.
- عدم تحقيق شروط النجاح وذلك بعد أداء امتحانات الدور الثاني (الإعادة) وهي النجاح في جميع المواد المعادة وبدرجة لا تقل عن 60% لكل مادة.
- لا يسمح بإعادة السنة الأولى في كلية الطب.

2. المرحلة الثانية:

يفصل الطالب في أي من الحالات الآتية في **سنة الإعادة:**

- الرسوب في أكثر من وحدة دراسية (من الثلاث وحدات في تلك السنة).
- الرسوب في اختبار الإعادة (الدور الثاني) في تلك السنة.

3. المرحلة الثالثة:

- يعطي طلاب السنة السادسة ثلاثة فرص للجلوس لامتحان النهائي لدرجة دكتور في الطب قبل أن يوصى بفصلهم .
- الطلاب الذين يتم فصلهم من برنامج الطب (MD) يمنحوا فقط درجة بكالوريوس العلوم الطبية الأساسية (B.Sc) .

ملحوظة: العدد الأقصى للسنوات المسموح به لإنهاء كافة مراحل برنامج الطب (الأولى والثانية والثالثة) هو 9 سنوات.