



Iraq – Kurdistan Region
Ministry of Higher Education & Scientific Research
University of Sulaimani
College of Medicine



Student Guide
College of Medicine
2023 - 2024

TABLE OF CONTENTS

Table of Contents	2
Vision	4
Mission	4
GOALS & Objectives	4
Core Values	6
Deanery statement.....	7
Vice Dean statement.....	8
The Historical background of the college	9
Scientific Departments and Administrative units	11
Student Supportive Unit.....	12
Vision.....	12
Mission	12
Objectives.....	12
Learning outcomes for graduates of	13
1. Clinical skills:	13
2. Communication skill.....	14
3. Patient management	14
4. Health promotion and diseases prevention.....	16
5. Personal Development and student’s health.....	17
6. Domain of professionalism, medical ethics and law.....	17
7. Domain of decision making:.....	19
8. Domain of physician role in health system:	20
Practical Procedures and Laboratory tests performance required	21
Integrated System General Instructions	23
The Program Structure and Credits	24
Assessments (examinations)	27
Types of Assessments, definitions and instructions	27
Formative assessment	27
Summative assessment.....	28
Written assessment (MCQ).....	28
Written assessment (Case Scenario/studies).....	28
Objective structured clinical examination (OSCE)	29
Oral Presentation (Seminar)	30

Objective Structured Long Examination Record (OSLER)/Long cases.....	31
Logbook	31
Portfolio	31
Principles of Assessments	32
Structure of Assessments.....	33
Examination Instructions and Final grade calculations.....	34
Student’s admission and student disciplinary laws.....	36
Students transfer from/ to other medical colleges:	37
Absence Instructions.....	37
ACADEMIC DISHONESTY	37
WHY DO STUDENTS CHEAT?.....	38

VISION

“The College of Medicine University of Sulaimani (CoM - UoS) is aspiring to be a global center of excellence in medical education, scientific research and health care, dedicated to graduating proficient and ethical physicians who contribute to advancing the frontiers of patient care services and medical knowledge.”

MISSION

“To achieve excellency in medical education by fostering high quality teaching and training programs that nurture the students with the knowledge, skills and attitude they need to become competent physicians. By conducting innovative medical research, the (CoM-UoS) aims to enrich the medical literature and improve health services locally, regionally and globally.”

GOALS & OBJECTIVES

1. Excellence in medical education: Utilization of comprehensive and up-to-date basic and clinical programs to graduate high-quality doctors that can provide community-based health care services as well as being qualified to specialize in different branches of medicine. Furthermore, the admission and employment policies will ensure that only the most capable students and faculty members are selected.

- **Objective 1-1:** Infrastructure developments to provide the students with ideal studying environment.
- **Objective 1-2:** Admission of capable students.
- **Objective 1-3:** Implementation of e- learning.
- **Objective 1-4:** Implementation of integrated teaching system.
- **Objective 1-5:** Continuous curriculum development.
- **Objective 1-6:** Graduating highly competent physicians.

2. Investment in human development: Investing in the development of the academic and administrative staff members to help them reach their full potential that will ultimately promote the evolution of the college.

- **Objective 2-1:** Recruitment of highly qualified staff.
- **Objective 2-2:** Supporting academic and administrative staff.

3. Continuous medical learning: Establishing mechanisms to encourage the faculty members, students and local community physicians to continuously learn and foster their medical knowledge to keep up with the rapidly evolving field of medicine.

- **Objective 3-1:** Involvement of stakeholders in the process.
- **Objective 3-2:** Deep analysis of the current medical learning state.
- **Objective 3-3:** Collaboration and certification.

4. Scientific medical research: Developing a culture for innovative research amongst students and faculty members in both basic and clinical sciences to tackle health issues in local communities and to achieve advancement in medical knowledge.

- **Objective 4-1:** Improving the international ranking of the college of medicine.
- **Objective 4-2:** Granting staff members sabbatical leave to involve in research **programs.**
- **Objective 4-3:** Fostering a supportive culture for novel scientific research.

5. Community commitment: Involvement with local communities and directorate of health in providing healthcare services and public awareness by contribution in medical campaigns and initiatives.

- **Objective 5-1:** Involvement in patient care services of the local communities.
- **Objective 5-2:** Implementation of service learning.
- **Objective 5-3:** Community-directed research.

6. Institutional collaboration: Collaborating with national and international medical institutions to ensure exchange of knowledge and expertise while improving health services and research quality.

- **Objective 6-1:** Collaboration with medical institutions.
- **Objective 6-2:** Collaboration with non-governmental hospitals.

7. Postgraduate programs: A variety of basic and clinical specialties programs are available for postgraduate candidates from both faculty members and health sector doctors to continue their life-long learning.

- **Objective 7-1:** Deep situation analysis to develop an impeccable postgraduate studies plan.
- **Objective 7-2:** Curriculum development and practical training.

8. Accreditation and quality assurance: Gaining international accreditation from a recognized institution is a top priority to ensure meeting the standards of excellence.

- **Objective 8-1:** Commitment to acquiring global recognition.
- **Objective 8-2:** Commitment to achieving compliance to high quality assurance standards.

CORE VALUES

• **Professionalism:** Graduates are expected to show a high level of competence, ethical behavior and compassion.

• **Honesty & Integrity:** Encouraging a sense of trust and transparency among doctors and their patients.

• **Diversity & Equality:** Acknowledging and accepting others regardless of their different cultural and ethnical backgrounds while treating everyone equally.

• **Education for life:** To provide high quality health care services, doctors must be lifelong learners.

DEANERY STATEMENT



Despite the challenging situation that the College of Medicine-University of Sulaimani was resurrected in, the College has been significantly growing to become one of the leading medical colleges in the region. This has been achieved through continuous quality improvement with a tremendous effort from various stakeholders, especially from our students. This culture of inclusiveness, diversity, and constant self-assessment has been, over the last few years, focused on further quality development of medical education to meet international standards.

Hence, the College of Medicine, in collaboration with national and international experts, adjusted its undergraduate curriculum to be integrated, student-centered, and outcome-based. This newly-integrated program has been launched in 2018 and it is still in progress and subject to regular updates according to local needs and international standards.

To fully achieve our objectives, the college offers a Personal Professional Development Program, which provides extra support to our students. The program nurtures an environment of life-long learning. The College supports, moreover, extracurricular activities in terms of sports activities, debate clubs, etc... Promoting the culture of volunteerism and self-development, wide range of opportunities have been created for our students' active participation in all our international conferences, over last decades. This extra support and activities enrich the student experience by offering equal opportunities for student leadership and participation beyond classroom setup and academic programs.

Parallel to undergraduate programs, significant changes have been made in research and postgraduate programs' standards and requirements. Our postgraduate programs have witnessed tremendous development from a handful of projects in the early 1990s to wide-spectrum programs of Diploma, M.Sc. as well as Ph.D., recently, covering all medical specialties from Basic-Medical to Clinical-Sciences. The College is committed to create the best-possible research-friendly environment for its faculties as well as postgraduate and undergraduate students.

In summary, transforming education in our college has resulted in ongoing student experience improvements and enrichment of the intellectual and cultural environment of the College. Furthermore, we are committed to maintain that progress to move our college headlong to a higher level, and ultimately make a difference in the health system in the region and globally.

Professor
Twana Abdulrahman Rahim
FIBMSPsych; MBCh



VICE DEAN STATEMENT

I am interested in the position of Acting Dean of the College of Medicine because I see it as an opportunity to contribute meaningfully to the vital work of our educational program. Our staff, trainees, and students create a diverse mix of ideas and experiences that enhance our ability to train the next generation of open-minded leaders and discover their abilities to participate in creating a healthy community, and our duty as a college of medicine to teach and practice our students in ways that are helping our society regarding their health issue.

Our goal is to raise the scientific level of undergraduate and graduate students as well through the college's desire to deliver its various programs in accordance with standards for academic accreditation and local and international quality assurance.

Assistant professor

khanda Abdulateef Anwar

MBChB MSc. Ph.D. Microbiologist

THE HISTORICAL BACKGROUND OF THE COLLEGE

As one of the main colleges of the University of Sulaimani (UoS), the College of Medicine (CoM) was first established in 1978 in the city of Sulaimani, Kurdistan Region of Iraq. In 1981, the former Iraqi Baath regime forcefully relocated UoS to the city of Erbil and renamed the university 'University of Salahaddin'. In 1992, despite the economic and political crises, a group of Kurdish scholars and academicians rebuilt the UoS, including the CoM in Sulaimani. With a tremendous effort from various stakeholders, the college was re-established to support the advancement of the health sector in Sulaimani, the Kurdistan Region, and Iraq as a whole.

As the reestablished college opened its doors for the academic year 1992-1993, one hundred and two students from across Kurdistan were admitted to the inaugural undergraduate class. Thanks to the devotion and perseverance of faculty, staff, and students, the college was able to graduate 86 students in the academic year 1997-1998 despite the challenges.

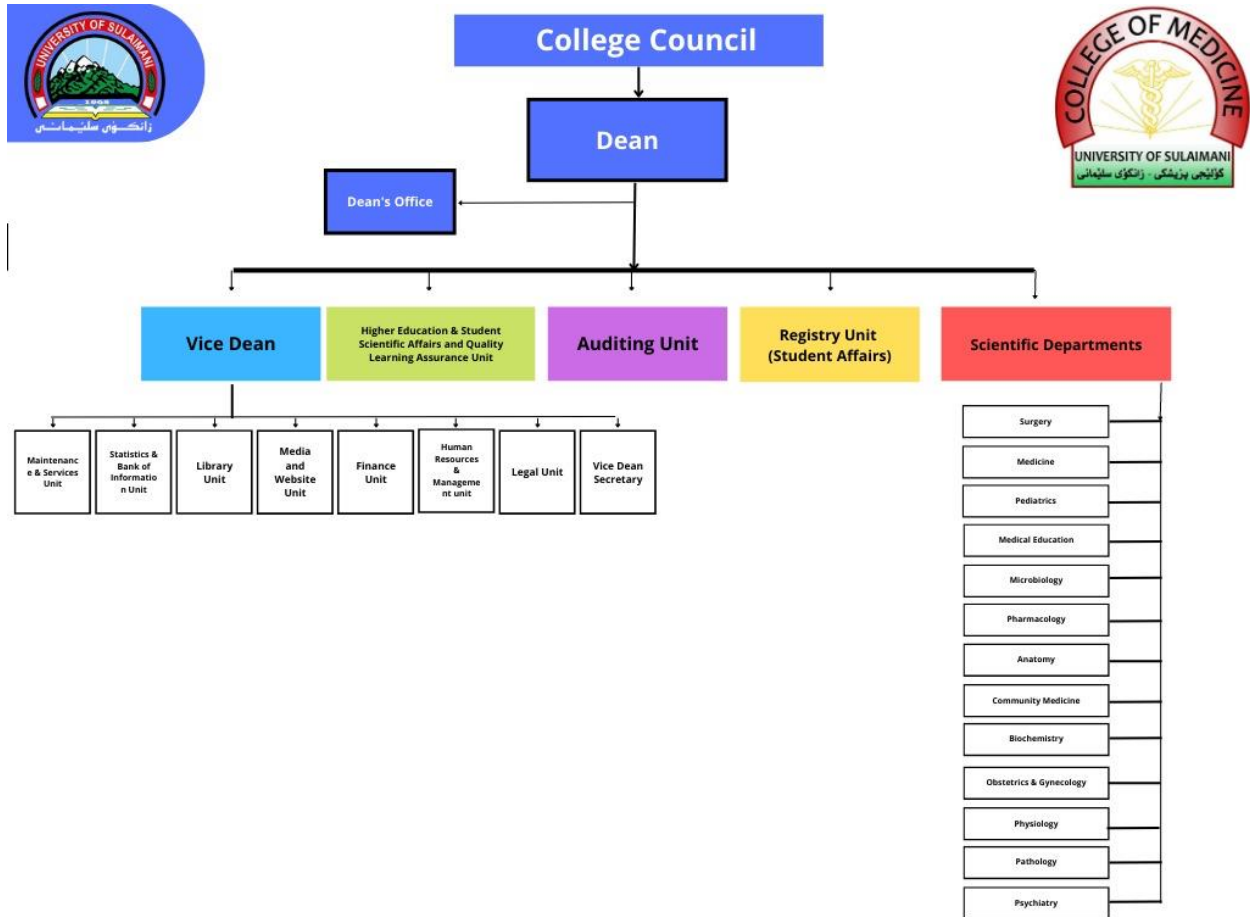
The challenging environment the college was resurrected in fostering a culture of collaboration and equity, which in turn resulted in significant continuous growth. As of today, the CoM has graduated 3008 students, awarded bachelor's degrees, of which more than 65% are women. Additionally, since 1998 the college has launched postgraduate award programs, including Higher Diplomas, M.Sc., and Ph.D. in various subspecialities. The majority of the alumni are now skilled pioneer doctors who have contributed significantly to developing their respective fields, the health sector, and medical education on both national and international levels.

The CoM continued to grow to become one of the largest leading medical colleges in the region that is still focused on further development. As part of its mission, the college is determined to provide graduates with not only knowledge but also skills and ethics for professional and national leadership roles. Thus, in 2018 the college adjusted its curriculum to be integrated and outcome-based and implemented a student-centered pedagogy to ensure students are equipped with the necessary knowledge, ethical standards, and communication and clinical skills when they graduate. The first cohort of the new curriculum will graduate in the academic year 2023-2024.

The new curriculum consists of six academic years after which students will earn a bachelor's degree in Medicine and General Surgery. The medical faculties who are leading the curriculum development consisting of basic, clinical, and medical education departments. The college is located on the Old Campus in the city center – one of the UoS's five campuses. The campus is surrounded by the best affiliated teaching hospitals in the country, in which students perform their clinical training.



SCIENTIFIC DEPARTMENTS AND ADMINISTRATIVE UNITS



Student Supportive Unit

Personal and Professional Development Program (PPDP) Unit

Vision

The students of the College of Medicine need to have high levels of professional personality concepts in order to graduate with the necessary clinical and nonclinical attitude. The personal and professional development unit provides the students during their six years of learning with the necessary knowledge skills and attitude. Continue to learn & develop to keep their skills & knowledge up to date, and ensure they continue to work safely, legally, and effectively.

Mission

The personal and professional development unit PPDP ease unit is a unit included in the College of Medicine at the University of the Suleimani. It is a started first in this college since the academic year 2021. It is an effective unit in the College of Medicine organizing the development of professional personality of students and teachers of this college.

The curriculum and activities of this unit are organized in a way to concentrate on the outcome of the undergraduate students making them be graduated with high levels of professional skills and equipped with the necessary knowledge and attitude, performance or achievement and to plan for their personal, educational, and career development.

The curriculum of this unit includes theoretical lectures on personal and professional development and workshops for both teachers and students including many ways of training and activities concerning the skills and attitudes needed in the future.

The unit equips the teachers with all the needed knowledge and skills to become mentors of students. This unit arranged followers for these mentors in order to organize their work with their students. The mentors are in route to individual and group meetings with their students periodically either biweekly or monthly according to the needs of the students. During this meeting, they learn their students' important clinical and nonclinical skills. Furthermore, they are ready to help the students who are facing inside or outside college problems whether academic or non-academic.

The unit also follows the students through following up on their portfolios which contain all the matters concerning their personal and professional development.

Objectives

The main objectives of the personal and professional development unit are to provide medical graduates with the best clinical and non-clinical skills. Personal Professional Development Program is a systematic and supported process that an individual undertakes to reflect on their own learning, performance, or achievement and to prepare for their personal, educational, and career growth.

PPDP Head:

Dr. Farman Othman Hassan Faraj

Contact phone: +964 770 155 1164, Contact email: farman.faraj@univsul.edu.iq

PPDP Deputy Head; Dr. Avan Hussein Ghaib, Contact email: avan.ghaib@univsul.edu.iq

LEARNING OUTCOMES FOR GRADUATES OF

College of Medicine/ University of Sulaimani

The learning outcomes for the graduates of our college fall into eight domains:

1. Clinical skills
2. Communication skills
3. Patient management
4. Health promotion and disease prevention
5. Personal development and student health
6. Professionalism
7. Decision making
8. Physician role in the health system

1. Clinical skills:

Graduates of College of Medicine – University of Sulaimani must be competent in wide range of clinical skills including taking medical history, performing clinical examination, recording and presenting medical information's, performing practical procedures and some laboratory tests on the basis of a given standards.

A. Taking medical history from patient, family or care givers:

- Taking detail history in different age groups.
- Taking focused medical history based on chief complaint.
- Provide explanation, advice, re assurance and support.

B. Clinical examination:

- Performing general clinical examination and comprehensive systemic examination in different age groups.
- Performing focused clinical examination based on chief complaint in emergency and non emergency situations.
- Taking and measuring vital signs by using different tools.

C. Record and present the information obtained:

- Recording medical information obtained from the history and examinations.
- Presenting them in written or verbal forms; which includes:
 - . Writing patient file.
 - . Writing discharge summary
 - . Writing police report.
 - . Writing death certificate and note.
 - . Writing consultation and referral papers.
 - . Explanation of procedures.

D. Performing diagnostic and therapeutic procedures:

Attend and be able to perform clinical procedures and explain them; this includes (appendix 1):

- Taking blood samples in different situations.
- Obtaining peripheral venous access.
- Inserting catheters and performing aspiration procedures.
- Performing basic suturing and wound care.
- Performing basic (diagnostics and therapeutic) procedures in gynecological and obstetric cases.
- Performing basic (diagnostics and therapeutic) procedures in medical and surgical patients.

E. Conducting diagnostic and laboratory tests (Appendix 1):

Perform routine diagnostic and laboratory tests. Indications, limitations and interpretation are mandatory to be learned.

This includes:

- ECG, X-Ray and contrast study.
- Urine analysis
- Swabs
- Special diagnostic tests (tuberculin, lumbar puncture...)
- Hematological tests.

2. Communication skill.

- A. Communicate appropriately and effectively with patient, relatives and family member in a medical context including breaking bad news, putting patient dignity the priority.
- B. Communicate with the colleagues, staff members verbally, written and electronically about patient problem.
- C. Communicate with interested communities in appropriate ways such as with Medias and have good knowledge about writing scientific papers.

3. Patient management

General principle of patient management	1- They should be able to differentiate urgent and non-urgent situations and provide appropriate healthcare procedures based on patients' condition 2- Assessing the patient, taking into account the history, the patient's views, and an appropriate physical examination. The history includes relevant psychological and cultural aspects.
---	---

	<ul style="list-style-type: none"> 3- Justify the selection of appropriate investigations for common clinical cases and explain the fundamental principles underlying such investigative technique. 4- They should be able to prepare a list of problems and differential diagnosis based on the findings through patient's medical history and examination records in order to relate them to an etiological or pathogenic factor. 5- Formulate a plan for treatment, management and discharge, according to established principles and best evidence, in partnership with the patient, their careers, and other health professionals as appropriate. Respond to patient's concerns and preference, obtain informed consent, and respect the rights of patients to reach decisions with their doctor about their treatment and care and to refuse or limit treatment. 6- Consider the team work practice as consult or refer if this serves the patient's need.
Drugs	<ul style="list-style-type: none"> 1- knowledge of prescribing regarding age and sex 2- select method of delivery 3- calculating dosages 4- consideration of interactions and adverse effect
Surgery	<ul style="list-style-type: none"> 1-recognition of indication for interventions and the available surgical interventions 2- appropriate use of informed consent 3- understanding of principles of pre-, peri and post-operative care
Psychological	Recognition of interventions available and their use
Social	<ul style="list-style-type: none"> 1- consideration of patient 's social circumstance, work, family etc...when determining treatment options and available interventions 2- The role of other organizations
Nutrition	<ul style="list-style-type: none"> 1- Understanding the role of nutrition as a major non-drug therapy in some non -medical 2- Selecting appropriate method of ensuring adequate nutrition to meet individual patients' need
Supportive and palliative care	recognition of what palliative care can offer, where it can be delivered and by whom
Rehabilitation	Understanding of the integral role of rehabilitation in recovery according to the patient's condition and role of other healthcare professionals in providing this
Alternatives and complementary medicine	Demonstrate awareness that many patients use complementary and alternative therapies, and awareness of the existence and range of these therapies, why patients use them, and how this might affect other types of treatment that patients are receiving.

4. Health promotion and diseases prevention

Graduate students should be able to understand health concept, determinants of health, risk factors, causes of diseases, and ways of control and prevention of diseases. Also they should know components of health system, functions of the system as well as health education and promotion developments.

- 1- Understanding of health system function, its components, activities and process of health system.
- 2- Understanding the general principles of public and preventive medicine like levels of preventions especially health education, promotion and screening programs
- 3- Discuss basic principles of health improvement, including determinants of health, health inequalities, health risk factors and diseases surveillance with obligation in notification of notifiable diseases.
- 4- Identification unhealthy life styles and acting effectively to promote healthy life styles among individuals and population
- 5- Able in identifying natural course of health events among individuals.
- 6- Familiar to work in their practice within health system to reduce error and improve patient safety, and to protect patient rights.
- 7- Understanding appropriate health interventions in order to prevent and control common health problems as cardiovascular diseases, accidents, communicable diseases, cancer and mental health problems in community.
- 8- Recognize the role of environmental and occupational hazards in health and ways to limit these adverse effects.
- 9- Know and apply epidemiological data in managing health care for individuals and population at the level of community.
- 10- Discuss the role of nutrition in relation with health of individual and population.
- 11- To know general principles of biostatistics and its application in research and health as a general.
- 12- To be familiar with general principles of research methodology and steps in conducting research.
- 13- Explain sociological factors that contribute to the illness, the course of diseases, and the success of treatment.

5. Personal Development and student's health

Students will be encouraged to look after their own health and appreciate the importance of the personal growth including self-care promotion, psychological, social, and economic and job related abilities. This includes seeking an appropriate work life balance.

A. Physical development;

- 1- Students should adopt the healthy lifestyle standards, like; exercise, nutrition, relaxation, avoiding risk behavior or abusing drugs or substances.
- 2- Students should seek for advice when he or she needs medical care and being aware of not relying on self-diagnosis and self-treatment.
- 3- Making sure that she or he are immunized against communicable disease.
- 4- If students know that they have a serious condition which could be passed on to patients, or that their judgment or performance could be significantly affected by an illness or its treatment, they must take and follow advice from a consultant.

B. Psychological development;

- 1- Students should have the ability to identify oneself as a reflective and accountable practitioner, knowing their abilities and weakness, and face them appropriately.
- 2- They should be able to manage their own learning (self-learning), by searching and selecting appropriate tools and methods of available information technology.
- 3- Students should identify short and long term career and personal plans, adopt goal setting and planning principles; participate fully in life of the professional community.
- 4- Students should recognize key personal motivating factors, positive attitude, religion and spirituality, and their importance in sustaining a high level of motivation.
- 5- Students should be able to use economic management principles to improve their financial situation while considering professional ethics.
- 6- Students should have the ability of time management and leadership principles in their life.

C. Scientific development

1. Student should improve their skills in effective self-learning
2. Students must learn how to use reflection as a tool for improving their learning skills
3. Students must learn how to access evidence based scientific information and be able to critically appraise that information.

6. Domain of professionalism, medical ethics and law

The graduates of medical college must acknowledge the values, characteristics, and behaviors that underpin the society trust to the medical profession and demonstrate commitment to them in his or her medical practice. They must be able to recognize and analyze ethical issues, while adhering to professional values and considering legal and ethical obligations with respect to the beliefs and culture of serving community.

A) Self-sacrifices and self-denial (Altruism):

- 1- Making the safety and benefit of the patient in every diagnostic and therapeutic intervention their first concern
- 2- They should provide enough time for the patients and their companion for counseling
- 3- Should not hide their knowledge and experience whenever there is an ask for their consultation.

B) Respect:

- 1- Respect the patients right regarding:
 - a. Expressing his or her beliefs, opinions, values, and worries
 - b. Confidentiality and privacy.
- 2- Respect to the colleagues, teachers, and health staff role in patient management.

C) Responsibility:

- 1- Should show responsibility and reliability in delivering the best quality service to the patient via appropriate teamwork and collaboration
- 2- Making a balance between personal responsibilities and professional duties

D) Morality:

- 1- Should be rational, accept criticism, and accept the truths
- 2- Keeping their knowledge up to date continuously via self-learning commitment
- 3- Should be able to recognize his knowledge limitation and seek for professional help whenever it is necessary
- 4- Should not use their professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them
- 5- Should not express their personal belief (political, religious, and moral beliefs) to patients in ways that exploit their vulnerability or are likely to cause them distress.
- 6- They should be clear and honest to the patient when things go wrong. If the patient under their care has suffered a harm or distress, they should:
 - a. Put matters right (if it is possible)
 - b. Offer apology
 - c. Explain fully and promptly what has happened and the possible short term and long-term effects

E) Justice:

- 1- Giving the priority to the patients on the basis on their clinical needs
- 2- The investigations and treatment that provided to the patient based on their assessment priorities and clinical judgment about the effectiveness of the treatment option
- 3- They should not deny treatment to the patient because of their medical situation put them at risk. If the patient's condition poses a risk to their health or safety they should take all available steps to minimize the risk before providing treatment or making other suitable alternative arrangement for providing treatment

- 4- They should avoid all kinds of discrimination on the basis of gender, ethnicity, religion, socioeconomic status, medical condition, and personal habit

F) Honor and integrity:

- 1- They should be polite, disciplined, and present a professional appearance, speech, and manner
- 2- They should act according to professional standards when they facing an unprofessional behavior from their colleagues

G) Medical law:

- 1- They should know the rules and laws of medical profession, implement, and respect them (Death certificate, police report, medical report, compulsory admission etc.)
- 2- They should have a good knowledge about ethical concept in medicine and how to be used in their practice and communication with their colleagues when there is a problem need an ethically considered decision.
- 3- They must keep records that contain personal information about patients, colleagues or others securely, and in line with any data protection law requirements. Clinical records should include:
 - a. Relevant clinical finding
 - b. The decisions made and actions agreed, and who is making the decisions and agreeing the actions
 - c. The information given to the patients
 - d. Investigations, treatments, and drugs
 - e. Who is making the record and when
- 4- They must take a prompt action if they think that patient safety , dignity , or comfort is or may be seriously compromised
- 5- They should be honest in financial and commercial dealing with patients, employers, and other organizations or individuals
- 6- They should not allow their interests affect the way of dealing with the patients
- 7- They should not ask for or accept- from patients, colleagues, or others- any gift, inducement or hospitality that may affect or be seen to affect the way they deal with the patients.

7. Domain of decision making:

The graduates of medical college should be able to recognize the dimensions of each problem, search and collect the best available literatures related to that problem in order to understand all its aspects. Based on logical reasoning critically appraise the problem and accordingly search for ways and methods of solving that problem, then choose the best option (for its solution) based on the available resources.

A. Critical thinking:

- 1- They should be able to notice each problem, evaluate it, identify its dimensions, strengths and limitations to provide the whole picture of the problem

2- They should be able to perform a logical reasoning

B. Problem solving:

- 3- They should be able to identify the problems related to their area of activity
- 4- They should be able to analyze the problem and convert it to answerable questions
- 5- They should have the ability to provide the practical solutions
- 6- They should have the ability to evaluate the suggested solutions for strengths and weaknesses based on available facilities and services
- 7- They should be able to evaluate the available results of decisions and possible failure or poor consequences

C. Evidence based medicine:

- 7- Should be able to identify strengths, deficiencies, and limitation in their knowledge and expertise's
- 8- Set learning and improvement goals
- 9- Use information technology to optimize learning
- 10- Locate, appraise, and assimilate evidence from scientific studies related to the problem
- 11- Incorporate feedback into daily practice

8. Domain of physician role in health system:

The graduates of medical college should be able to contribute in the health care system in an effective way as physician, researcher, teacher, manager, and health advocate.

A) Primary care provider:

- 1- They should know the health care framework in his country very well, and the alternative systems in other countries as well
- 2- They should know the guideline instruction for providing the health service in each situation
- 3- They should be prepared to take the responsibility of promoting the health of the community through disease prevention and control, education and screening. Good medical practice involve:
 - a. Understanding the principles of public health, including health education, health promotion, disease prevention & control, and screening
 - b. Participating in efforts to promote the health of community and being aware of their obligations in disease prevention, screening, and reporting notifiable diseases
- 4- Perform a necessary coordination and follow up of patient management inside the health provider team

B) Training provider:

- 1- They should contribute in teaching a healthy lifestyle to the recipients and his/her family
- 2- They should contribute in awareness of population about the care of themselves
- 3- They should provide counselling to the health provider team members
- 4- They should participate in education of patients, families, trainees, and other health professionals

C) researcher:

- 1- Should be consider themselves as a physician, as well as a researcher, so he has to contribute in research process

D) Head of health service unit:

- 1- They should have a knowledge about principles of administration to analyse the resources of his unit and using them in an appropriate way to solve the problem in a cost-effective way

E) Health advocate:

- 1- They should be able to attract the other related sectors via making a good inter-sectoral collaboration for supporting the health of the community
- 2- They should be able to communicate with other related sectors to improve their capabilities in providing the service to the beneficiaries

PRACTICAL PROCEDURES AND LABORATORY TESTS PERFORMANCE REQUIRED

Diagnostic Procedures

Perform the following procedures

1. Blood glucose measurement.
2. Sputum collection for c/s.
3. Taking swabs from different sites (wound, throat, nose, vagina, rectum..).
4. ECG.
5. Venepuncture and taking blood sample.
6. Blood group and cross match.
7. Cardiotocography.
8. Urine analysis.
9. Pregnancy test.
10. Respiratory function tests.
11. Lumbar puncture.

Observe the following procedures

1. Arterial cannulation and blood sampling.
2. Venesection.
3. Pap smear.
4. Intraosseous access.

Therapeutic procedures

Perform the following procedures

1. Oxygen delivery.
2. Blood and blood product transfusion.
3. Suturing wounds and dressing.
4. Episiotomy.
5. Inserting nasogastric tubes.
6. Inserting foley's catheter.
7. Peripheral and central venous cannulation.
8. Endotracheal intubation.
9. Injections (I.V, I.M, S.C, I.D).
10. Local and regional anaesthesia.
11. Fixation of fractures (splints and PoP).

Observe the following procedures

1. Pleural fluid aspiration.
2. Peritoneal fluid aspiration.
3. Synovial fluid aspiration.
4. Bone marrow aspirate and biopsy.
5. Chest tube insertion.
6. Tracheostomy and cricothyroidotomy.

General procedures

1. Disinfection and sterilization.
2. Infection control.
3. Hand washing and scrubbing according to guidelines.
4. Dealing with medical waste disposal.
5. Handling hazardous waste.
6. Giving correct information and recording consent.
7. Basic Life Support, and transport of injured patient.

INTEGRATED SYSTEM GENERAL INSTRUCTIONS

The education system has been changed from a traditional education program to an integrated education program. This change has been applied since 2018-19 as all the educational instructions, transfer, courses, exams, graduation, and students ranking will be established according to the college policy and regulation of the integrated system, which should be taken into consideration by all students.

Examples of some of the changes of the policy and regulation by the integrated system which differ from the classical system involve:

-Phase I includes three stages: one, two, and three.

-Phase II includes three stages: four, five, and six.

The Program Structure and Credits

Years 1-3

No.	Year, Semester	Module	Code	Theory	Group	Pract.	Credits
1	1,1	Critical Thinking & Scientific Debate	11101CT	30	30		4
2		Computer	11102CO	30		60	4
3		Medical Physics	11103MP	30	30		4
4		Kurdology	11104 KU	30			2
5		University Work Environment	11105UWE	30	60	45	7.5
				150	120	105	21.5

No.	Year & Semester	Module	Code	Theory	Group	Pract.	Credits
6	1, 2	Molecules, Genes and Diseases	11206MGD	30	45		5
7		Tissues of the Body	11207TOB	30	30		4
8		Health and Disease in Population	11208HDP	30	30		4
9		Metabolism	11209 Met	30	30		4
10		Clinical Problem Solving I	11210CPS I	30	30		4
11		Clinical Skills Foundation course I	11211CSFC	15	45		4
				165	210		25

No.	Year & Semester	Module	Code	Theory	Group	Pract.	Credits
12	2, 3	Musculoskeletal	12312MSK	30	30	30	5
13		Mechanism of Diseases	12313MOD	30	30		4
14		Membrane and Receptors	12314MR	30	45		5
15		Cardiovascular	12315CVS	30	30	30	5
16		Clinical Problem Solving II	12316CPS	30	30		4
				150	165	60	23

No.	Year & Semester	Module	Code	Theory	Group	Practi.	Credits
17	2, 4	Infection	12417Inf	30	45		5
18		Urinary System	12418Uri	30	30	30	5
19		Gastrointestinal System	12419GIT	30	30	30	5
20		Respiratory System	12420Res	30	45		5
21		Health Psychology & Diversity	12421HPD	30	30		4
22		Clinical Skills Foundation Course II	12422CSFC II	15		30	2
				165	180	90	26

No.	Year & Semester	Module	Code	Theory	Group	Pract.	Credits
23	3,5	Head and Neck	13523HN	30	30	30	5
24		Health and Disease in Society	13524HDS	30	30		4
25		Reproduction	13525Rep	30	45		5
26		Forensic Medicine *	13526FM	30	30		4
27		Selected Component **	13527SC	30	30		4
				150	165	30	22

No.	Year & Semester	Module	Code	Theory	Group	Pract.	Credits
28	3, 6	Pharmacology	13628Pha	30	30		4
29		Nervous system	13629NS	45	45		6
30		Integrative	13630Int	30	30		4
31		Immune System	13631IS	30	30		4
32		Clinical Skills Foundation course III	13632CSFC III	15		30	2
				150	135	30	20

*: Not Integrative.

** : Selected component include; Substance, Sub-tropical Dis., Transfusion, Neonate, Sport Med., and Bite & sting.

Years 4-6

No.	Year, Phase	Block	Code	Theory	Group	Clinical	Credits
33	4, 2	Musculoskeletal Care	24033MSC	48	12	120	8
34		Cardio-Respiratory Care	24034CRC	48	12	120	8
35		Gastrointestinal Care	24035GIC	48	12	120	8
36		Endocrine-Renal Care	24036ERC	48	12	120	8
37		Research and Family	24037ReF	40	12	70	6.3
						550	37.8

No.	Year, Phase	Block	Code	Theory	Group	Clinical	Credits
38	5, 2	Special Senses Care	25038SpSC	48	12	120	8
39		Child Care	25039ChC1	48	12	120	8
40		Reproductive Care	25040RC1	48	12	120	8
41		Perioperative Care	25041PC	48	12	120	8
42		Selected Component **	25042SSC	20	12	80	3.5
						480	36.1

No.	Year, Phase	Block	Code	Weeks	Group	Clinical	Credits
43	6, 2	Mental Health and Neurology	26043M&N	7	60	192	9.8
44		Hematology and Cancer Care	26044H&C	7	60	192	9.8
45		Acute and Primary Care	26045A&P	7	60	192	9.8
46		Job Shadow Medicine	26046JOBM	7		294	9.9
47		Job Shadow Surgery	26047JOBS	7		294	9.8
48		Job Shadow Gyne. & Pediatrics	26048JOB	7		294	9.8
				42	180	1458	58.9

** : Selected component include; Audio-vestibular; Bariatric Care, Aesthetic Med.; Advanced Eye care; Intensive care.

Grading scale:

Pass mark determined by (standard setting)

up to 59.9 = E, 60-69.9 = D, 70-79.9 = C, 80-89.9 = B, 90-99.9 = A, and Full mark = A+

The average is calculated by:

1st year, S1 → 2%, S2 → 7%

2nd year, S3 → 7%, S4 → 7%

3rd year, S5 → 7%, S6 → 10%

4th year → 17%

5th year → 18%

6th year → 25%

Assessments (examinations)

Types of Assessments, definitions and instructions

Formative assessment

This is a type of assessment that is used during the learning process to provide feedback to the students about their strengths and weaknesses, and help the teaching staff to know where the students are struggling. Formative assessment has low or no point value, even if graded its mark will not be counted in the final mark. Usually, the formative assessment is used as an example of the summative assessment with the same format but with a lesser number of questions, done during studying the module, to familiarize students with the type and format of questions while obtaining a general idea about their level of learning.

Other examples of formative assessment include drawing a concept map during class work, simple questions asked by students to write or state their understanding after a lecture or group session. Moreover, few questions (could be in a form of a quiz) could be asked about the main points of a lecture to evaluate the level of the student's understanding.

Summative assessment

This type of assessment is used at the end of the semester or phase and thus it is called the end semester/phase examination, hence it is an assessment after the learning activity, with summation of learning that has occurred.

Written assessment (MCQ)

It is an objective assessment type that is regarded as one of the most reliable and valid assessment methods to assess the clinical competence of candidates especially for measuring their medical knowledge. In MCQ the students should choose correct answers from a possible answer list, usually, a single choice question (SCQ) is used, in which the respondents must choose the single most appropriate answer among the answer options (usually 4-5 options).

Instructions:

- Read and understand the question (the stem) carefully, to know what exactly is asked before reading the options.
- Underline keywords.
- Try to guess the answer first.
- Read the options carefully.
- Choose the best answer, not the correct one, you should be able to choose which option is the most appropriate.
- Answer the questions that you are confidently able to answer first, skip the ones that are difficult for you and mark them.
- If there is time, go back to the skipped questions, read them carefully and answer
- Don't miss any questions, if you still haven't figured the answer guess, don't leave a question unanswered.
- Don't review every question, only the ones you have doubts about, and only if you are sure then change your answer option, otherwise, you might change the correct answer to the wrong one. The one you are choosing first is most probably the correct answer.

Written assessment (Case Scenario/studides)

It is an assessment type that allows students to correlate the learned theory and basic knowledge to clinical and real-life situations. It usually started with a presentation of a clinical case about a certain disease with history, examination record, investigation performed followed by a list of questions about the case that the student should answer.

This type of assessment is important as the student is assessed for different skills, not just the knowledge but clinical problem solving, analyzing and reasoning.

The diagnosis is given in phase I, while most probably diagnosis and management are asked from students in Phase II, so as to evaluate decision-making skills.

It is an integrated case scenario in that students should integrate all the systems and knowledge they learned to be able to answer the questions correctly.

Instructions:

Prepare yourselves by reading and reviewing what you have studied in both theory and practice during that semester and relate them to clinical and real-world situations. Try to understand and learn the concept of all the information you have in the theory from all modules and body systems to be able to relate to the case scenario.

It is also important to try to solve some case scenarios to practice relating the theory to real case scenarios. You can either find case scenario examples in your coursebook, textbook, previous or current formative assessments, or on the net. During your practice put a timer to be able to solve it within the time limit you have in the exam.

During the exam, read the case stem carefully, underline the keywords, find some clues that are present within the case. Read every question asked about the case carefully, and try to understand every question well before answering it. Sometimes simple information that you could ignore like the age, sex, weight, occupation, etc. of the patient, or a sentence from the history could help a lot and can be used as a hint to you to diagnose the disease, recognize the disease situation and answer the questions.

Objective structured clinical examination (OSCE)

Is composed of different short stations of actual or simulated patients, each station has different examiners and the students are rotating on the stations in a way that all students are examined on the same stations with a number of specific questions or procedures that test knowledge, clinical, practical and communication skill. The uniform type of examination provided in OSCE with the same stations for all students and specific questions is important to prevent inter-examiner variability in the type and level of the question they ask and the marking process. The pass mark will be counted by summing up all the station marks, with angoff for the global assessment system.

OSCE could be summative or a Mock OSCE with limited stations, Usually the summative OSCE as an assessment tool is utilized on the final examination and the student must pass this exam to be able to progress. While mock OSCE mainly occurs at Phase II at the end of each block (of a total of 5 blocks) rather than at the end of the semester or stage, it is used as a part of the learning process, the number of stations is less (4-5) with low mark counted and passing the Mock OSCE is not an academic requirement. The aim is mainly to get an idea and be familiarized with OSCE while learning about the clinical course and evaluating their skills. Thus, it is a way to get constructive feedback to the students to know their weaknesses in the hope to improve themselves for the final summative OSCE.

Instructions:

The specific instructions about the number of stations, venue, exact date and time, and other specific requirements that you have to bring with you will all be provided to you before the exam.

General instructions include:

Prepare yourselves by reviewing and practicing the skills you have learned during the clinical skill foundation course; you can also watch the videos available on the particular skills. Read some previous OSCE checklist examples to familiarize yourself with the exam. You could be asked to do a certain procedure, examine a patient, or answer some questions. There are specific questions from the checklist that will be checked (ticked) by the examiner, and for each question, the examiner will either tick the full mark (for complete answer), half mark (for partial answer) or zero (if you didn't know or didn't perform the required). The global assessment is also available to put the mark on your general appearance and attitude from the entering the room till leaving it (it includes your clothes, greeting, the way you speak with and treat the patient, the patient companions if present, or the examiner).

You have to be prepared and available at the specified location at least 30 minutes before the exam start. Wear a mask, white lab coat, student ID, and a watch (for pulse rate, respiratory rate, etc.) and bring a pen and other required materials that you are asked for from your instructor. During the OSCE you will rotate through a number of rooms (stations) with different examiners, each station has its number written on the door/wall of that room. A description of that station will be written on the paper near/below the station number, read it carefully before entering the room, to know what is required from you and be prepared. Whenever you heard the ringing of a bell or a move by the examiners, try to follow the direction of the arrows after moving from one room to the next after each move or follow the instructions by the examiner that will advise and show you the way.

Oral Presentation (Seminar)

In some modules and blocks the students have to present oral presentations or seminars. These seminars are important for students to obtain and assess skills in researching while distilling new information, not to mention giving them valuable experience in preparing and delivering specific scientific information at an appropriate level through oral presentation.

Instructions:

Usually, the students prepare a seminar in subgroups (3-5 students each). All student members within a subgroup should participate in the preparation of the seminar, but it will be presented by 1-2 students. Each subgroup member should be prepared for the subject well and be ready to answer questions asked by colleagues or the tutor.

Some points to improve your presentations:

- Use PowerPoint for presentation, not Word or PDF.
- Use large font. Do not use fonts smaller than font size 24.
- Avoid long sentences and avoid paragraphs.
- Use diagrams and images whenever possible.
- Use a good flow and be logical (good beginning, middle and good end).
- Do not read your slides; the slides are there for you to remember the points you want to present, and talk about them while facing the audience.
- Use a good tone of voice, and know when to pause.

- Add a Take-home messages slide (a few most important points to be remembered by the audience in your presentation).
 - Practice, practice, practice! Practice will make sure you remain within the specific time and that you are well prepared. The more you practice the better prepared you would be.
 - Acknowledge all who participate in the preparation of your presentation and provide references to the information you provided.

Objective Structured Long Examination Record (OSLER)/Long cases

Objective structured long examination record (OSLER) is a modified long case, which will be done during the final as a type of clinical examination. The duration of this type of assessment is long about 45 minutes for each case. In this assessment, the student's skills in history taking and examination are assessed in more detail. The students are also assessed on how well they presented and deal with the case finding, differential diagnosis and management. At the end of the examination, the students are assessed for communication skills ⁸.

Logbook

Logbook is a record of all requirements and performed procedures as a part or as a continuation of learning processes. Logbook is standardized to let tutors know if the students fulfill the minimum requirements, know their further clinical requirements, the time, needs of learning and purpose from the educational course while increasing the number of the procedures they perform. Thus, it is a sum of learning objectives that should be met and used by clinical tutors and the trainee (the students) to know the progress in a specific clinical course.

Portfolio

Student Portfolios in medical college, allow students to reflect and better respect their clinical, research and academic experiences, which encourages their individual personal and professional development. By combining detailed evaluation of student's scientific growth with classic assessment methods, it is possible to provide an additional value to logbooks, which serve as a record for the results of written exams, assignment reports and the students own opinion about the entire process.

Undeniably, portfolios provide students with a self-guided experience that allows them to revise their previous decisions and analyses them while exploring alternative practical considerations. It is this area where students can demonstrate their development in terms of education, personality, research and professional advancement, while directing the entire feedback process to improve their individual abilities throughout the education process, which underlines an ever-increasing interest in the utilization of Medical Student Portfolios.

Principles of Assessments

- Due to the fact that passing exams is the biggest concern of all students worldwide, it is necessary for the assessments to be a main part in the new curriculum and it should utilize the students concern to pass exams to improve their skills and guide their performance to achieve the desired outcomes from the graduates. In other words, the exams should be used as means of developing the students' learning abilities and not only for the purpose passing or failing.
- Since the new curriculum depends on integration between the taught modules, it is necessary for the exams to be in accordance to the integrated teaching system too, as the desired change from updating the curriculum will not be achieved if the exams state remains the way it is.
- Students should keep in mind that assessments of what they learn during medical studies should not be about passing exams, but rather to which extent will they be able to deal with clinical issues they encounter as physicians. If the students were trying to cheat this teaching system, they would get minimum benefit to themselves and their patients. Furthermore, if students were planning to leave training courses with minimum knowledge, then they will find it difficult to adjust with the clinical responsibilities of a junior doctor.
- Assessments in every stage do not aim to specify what should be learnt as the desired learning outcomes were made for this purpose.
- Assessments were designed to check whether the student have the required efficiency to proceed to the next stage or whether he should be asked to make more effort.
- During the mid or at final part of every module there should be a formative assessment that is conducted to evaluate the student comprehension to the scientific material amid his studies and it should have no grades which can be used as an important tool for the lecturer to evaluate the scientific response of the student and provide instruction on how to correct any flaws.
- There should also be a final summative assessment by the end of semesters to evaluate the student in terms of connecting different modules in each semester as an integrated exam (end semester exam, ESA). This exam will sum up all the studying materials of the semester and it's made of paper 1 and paper 2.
- There is no mid-term exam.
- By the end of phase I the students should be able to communicate with patients, examine them clinically and should have a good comprehension of the anatomy and physiology of the human body and how is that linked to health and disease.

Structure of Assessments.

Stage	Type of exam
First Stage First Semester S1	End of first semester assessments are similar to traditional exams as the curriculum coursework in this semester are according to the university requirements and students take the exams of each module separately as theoretical exam only or theoretical and practical.
First Stage Second Semester S2	End of second semester assessments (ESA2) Written exam: 12 clinical cases with short answers and 96 MCQs.
Second Stage Third Semester S3	End of third semester assessments (ESA3) Written exam: 12 clinical cases with short answers and 96 MCQs.
Second Stage Fourth Semester S4	End of fourth semester assessments (ESA4) Written exam: 12 clinical cases with short answers and 96 MCQs. Clinical examination (OSCE): which involves 8-12 stations with 5-10 minutes each.
Third Stage Fifth Semester S5	End of fifth semester assessments (ESA5) Written exam: 12 clinical cases with short answers and 96 MCQs. Assessment of student selected components.

Third Stage Sixth Semester S6	<p>End of Phase I assessment (EPA-1)</p> <p>Written exam: 12 clinical cases with short answers and 96 MCQs.</p> <p>Clinical examination (OSCE): which involves 8-12 stations with 5-10 minutes each.</p>
Stage	Type of Assessment
Fourth Stage	<p>Mock OSCE at the end of each block + Logbook</p> <p>Intermediate Professional Examination 1 (IPE1)</p> <p>Written exam: Clinical cases and MCQs.</p> <p>Clinical examination (OSCE): which involves 8-12 stations with 5-10 minutes each.</p>
Fifth Stage	<p>Mock OSCE at the end of each block + Logbook</p> <p>Intermediate Professional Examination 2 (IPE2)</p> <p>Written exam: Clinical cases and MCQs.</p> <p>Clinical examination (OSCE): which involves 8-12 stations with 5-10 minutes each.</p>
Sixth Stage	<p>Final professional examination (FPE) + Logbook</p> <p>Written exam: Clinical cases and MCQs.</p> <p>Clinical examination (OSCE): which involves 8-12 stations with 5-10 minutes each.</p>

Examination Instructions and Final grade calculations

One: the following instructions apply to College of Medicine/ University of Sulaimani integrated system.

Two: there are no mid-term exams.

Three: regarding the first stage/ first semester (S1), students take the exams of each module separately out of 100 and the passing mark is 50, if the student fails then he has to retake the exam (second trial) and the student does not pass if he fails more than half of the modules of the second trial (which are 6 modules). If the student fails 2 or 1 modules then he can carry them as deferral

(عبور) to the next stage and do first/second trial exams and failing these leads to suspension (students have 4 trials) or the student can continue with parallel way. The same is applied for the forensic medicine exam in the third stage (S5).

Four: evaluation of main units starting from the second semester of the first stage to the sixth stage (ESA2, ESA3, ESA4, ESA5, EPA-1, IPE1, IPE2, FPE):

A: the student has to pass the determined passing grade limit in the written exam in the end of each semester or year and also to pass the clinical examination (OSCE) (if applied) by borderline regression method so that he qualifies to the next stage.

B: the marks for each question are 10, and the passing grade limit for the written exam is determined by the standard setting method. The examiners' board (ranging from 5-7), of different specialties, review each question and give grades for each individual question, example: 6 out of 10 for the first question, 5 out of 10 for the second question, etc. depending on the level of the questions. The total passing grade is calculated from the summation of grades for every 8 MCQs in paper I and each case in paper II, later the average grade and its standard deviation for these questions and total mark is calculated using statistical analysis, in a way that the individual (members) total grade differences shouldn't exceed the standard deviation for each question (each of 12 cases, or every 8 questions of MCQS).

C: To recognize the new teaching pattern, the passing grade should be in accordance to international standards like (Angoff) method in MCQs, and (the borderline regression method) in OSCE exams.

The student's final result for this semester or year is the sum of Paper I (MCQs), Paper II (case scenarios), and OSCE (if applicable).

- For S2, S3, and S5, the sum of grades out of 240 is calculated by summing up Paper I (120) + Paper II (120)
- For S4, and S6, the sum of grades out of 240 is calculated by summing up Paper I (80) + Paper II (80) + OSCE (80)
- For Phase II (years 4-6), the final grades include the grades from all 5 Mock OSCE and logbook grades after every five blocks, each out of 12, with a total of 60 after summing up all blocks' grades
- The sum of grades out of 240 is calculated by summing up Paper I (60) + Paper II (60) + OSCE (60) + (Mock OSCE results + Logbook) (60)
- Final grade out of 100 = $100 * \text{Final result}/240$

Five: if the student fails in ESA2 then he is required to take a second trial exam and if he fails again then he has to repeat that studying year while being exempted from S1 (if he passed it). If the student fails the second year then the student will be suspended from the college. However, the student has the right to re-apply to the college and continue the study with the rules of the Parallel Program.

Six: if the student fails in ESA3, ESA4 or both he is required to take a second trial exam and if he fails again, he has to repeat that studying year and is required to do the semester that he fails in (ESA3 or ESA4). If the student fails the second year, then the student will be suspended from college. However, the student has the right to re-apply to the college and continue the study with the rules of the Parallel Program.

Seven: if the student fails in ESA5, EPA or both he is required to take a second trial exam and if he fails again, he has to repeat that studying year, and is required to do the semester that he fails in, and if he fails the second year, then the student will be suspended off from the college. However, the student has the right to re-apply to the college and continue the study with the rules of the Parallel Program.

Eight: if the student fails in IPE1, IPE2 or FPE he is required to take a second trial exam and if he fails again, he has to repeat that studying year and if he fails the second year, then the student will be suspended from the college. However, the student has the right to re-apply to the college and continue the study with the rules of the Parallel Program.

Nine: the written exam is separate from the clinical exam (OSCE). Consequently, if a student passed the clinical exam in first trial while failing the written one, then he only has to take the written exam in the second trial. While if he fails both the written and the clinical exams then he has to take both in the second trial.

Ten: if a student did not attend any final exams without an excuse, then he is deprived from the chance of a second trial exam and he has to repeat that year. If he has a legit excuse then according to the exam guidelines he is granted the chance of taking a second trial exam.

Eleven: assessment of student selected components:

A: student selected components must be evaluated separately to the core course.

B: the evaluation should be by a theoretical or practical exams or scientific research depending on the decision of the selected components committee.

C: The exam should be out of 100 and the passing mark should be 50.

D: Students who fail the first trial can take a second trial exam, if they fail it too then they can carry the failed modules to the next stage and do first/ second trial exams and failing these leads to academic suspension; termination (students have 4 trials).

Twelve: as the new curriculum differs significantly from the old curriculum, then if the student who currently studies with the old curriculum fails, he can take a second trial exam, if he fails it too then he can carry the failed modules (subject) to the next stage and do first/ second trial exams and failing these leads to academic suspension; termination (students have 4 trials).

Student's admission and student disciplinary laws

Students' admission: the admission of students is subjected to the central acceptance conditions and regulations of the Ministry of higher education.

Student's disciplinary laws: it is subjected to the student's disciplinary laws in the institutions of the Ministry of higher education and scientific research in Kurdistan region-Iraq number 2 for the year 2009 and the law of the Ministry of higher education and scientific research in Kurdistan region-Iraq number 102 for the year 2008.

Students transfer from/ to other medical colleges:

One: students who are willing to be transferred to Sulaimani medical college from other medical colleges that are not implementing the new curriculum (integrated system) have to go back to the first stage.

Two: students who are willing to be transferred from Sulaimani medical college to other medical colleges that are not implementing the new curriculum (integrated system) will have to accept the decision of the scientific clearing committee of the new college.

Absence Instructions

One: if the absence percentage of a student exceeded **5%** of the total study hours, then he will be issued an initial warning.

Two: if the absence percentage of a student exceeded **10%** of the total studying hours (**without a legit excuse**), then he will be failed in the corresponding module.

Three: if the absence percentage of a student exceeded **15%** of the total studying hours (**with a legit excuse**), then he will be failed in the corresponding module.

Four: If a student failed for 2 consecutive years, because of his absence, then the student will be suspended off from the college. However, the student has the right to re-apply to the college and continue the study with the rules of Parallel Program.

ACADEMIC DISHONESTY

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

- Do not forget signatures in workbooks, logbooks or attendance registers.
- Do not sign attendance registers for others
- Do not plagiarize. Remember that plagiarism is a serious academic offence. ***"ANY ACTION KNOWINGLY TAKEN BY A STUDENT WHICH INVOLVES MISREPRESENTATION OF THE TRUTH IS AN OFFENCE WHICH THE UNIVERSITY BELIEVES SHOULD MERIT THE APPLICATION OF VERY SEVERE PENALTIES.*** "However, more often than not there might be no deliberate intention to cheat but offences result from a misunderstanding of correct ways in which quoted text should be referenced-many students simply do not understand what plagiarism is. The Oxford Dictionary defines plagiarize as: **"to take somebody else's ideas or words and use them as if they were one's own."**

▪ Do not collude with the cheating of others. Collusion is described as "the secret agreement or understanding between two or more people to deceive or cheat others." If you give someone your case study to submit as their own you are as guilty of academic dishonesty as they are.

▪ Do not try to use unfair means in assessments.

WHY DO STUDENTS CHEAT?

In many cases students will cheat for simple practical reasons:

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

If you find yourself struggling for one of these reasons you should talk to your consultant or one of the Education Leads or to someone in the Medical School.

There are other reasons:

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