



UNIVERSITY OF SULAIMANI
COLLEGE OF MEDICINE
Department of Clinical Sciences
2023-2024

MBChB

Curriculum Guide: Phase II

Year 6

Bachelor of Medicine and Bachelor of Surgery Program

Version relevant to Summer 2023 Cohort

JUNE 2023

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Aims and Outcomes

The chief aim of College of Medicine University of Sulaimani (CoM-UoS) is that new graduates should have the clinical competence to work as Resident Doctors combined with the potential to develop along the continuum of medical education into humane and rational doctors. In accordance with the principles of medical ethics, Hippocratic Oath, Kurdistan Medical Syndicate and Sulaimani Directorate of Health regulations, graduates will make the care of patients' first concern, applying their knowledge and skills in a competent and ethical manner and using their ability to provide leadership and to approach complex and uncertain situations.

The outcomes for the courses are defined by a collaborated team from Sulaimani Medical Syndicate, Sulaimani Directorate of Health (DoH) as well as College of Medicine in collaboration with the Ministry of Higher Education and Scientific Research's higher committees for program evaluation and development.

The MBChB program at CoM-UoS is subject to annual monitoring under the UoS quality assurance policy and Sulaimani DoH.

Curriculum Approach

The aim of the teaching in Phase 1 was to place a solid ground upon which you may build by clinical work in the latter phases of your training. Therefore, the curriculum approach in Phase 1 was more "supervised-learning". However, in Phase 2, particularly YEAR 6, you will need to take much more control of the learning process moving to a pattern of "self-directed learning".

In YEAR 6 the approach to learning changes significantly. Structured teaching from lectures becomes a much smaller element of your teaching. This is replaced by small group learning in seminars, bedside teaching or accompanying clinical staff as they undertake their every-day work (i.e. internship). Your new learning environment is the ward, clinic room or theatre. You will learn from those around you: resident year 1 and year 2 doctors, other junior doctors and senior clinical staff as well as non-physician staffs including nurses, pharmacists and technicians.

YEAR 6 curriculum is **not defined by your timetable**, which in any case will vary from student to student. The curriculum is defined, instead, by **learning outcomes**. These outcomes are 'competency based', that is to say they define what you should be able to do by the end of the course/block. This requires a good deal of knowledge. But competence is much more than knowledge. It represents the vital clinical skills of history taking and clinical examination, which you should have now acquired from Phase 1. You will need problem solving skills and 'clinical intuition' as well as the attitudes that are essential to effective and humane clinical practice. All these can only be gained by regular close clinical contact with patients followed by reflection and study about what you have seen.

Your timetable is a list of opportunities for you to achieve competence. Students and doctors learn more from their patients than they do from their teachers or from books. You will need to listen to your patients, examine them and record your findings. You will also need to think about patients' problems and follow them over time wherever that is possible (including their investigation results and ongoing management) and discuss them with colleagues, alongside studying books and engaging in tutorials, face- to-face or virtual.

Internship model of learning

We believe that the only way to learn how to be a physician is to work alongside practicing clinicians, and that this process of 'internship' requires relatively long attachments to individual clinical teachers and/or clinical teams.

We have to keep in mind that most medical problems are dealt with in the community. In primary care the way patients present will give you a good idea about common presentations. Primary care reflects, more than hospital, medical problems in community but less experience of uncommon but important problems.

On the other hand, hospital phase is a small part of most patients' illnesses. In hospital, the same problem may present to more than one specialist, and many problems will need the proficiency of more than one specialist to solve.

You should therefore integrate yourself thoroughly with the work of the teams and their wards, becoming a member of this team. This includes working out of hours on medical and surgical admissions units, when the team is responsible for patients admitted acutely unwell. In addition to your attachment to a base ward or clinical team, you will have many opportunities to visit other clinics, wards, theatres, admission units and observe special investigations.

Year 6 is focused on refining your skills and ensuring you are competent to work as a resident doctor and to think about your future career in the health service. Year 6 learning is almost completely adopting longitudinal theme of learning and Job Shadowing.

Longitudinal learning

Working alongside teams in an internship role the curriculum includes a major focus on **longitudinal learning**. This is most evident in Year 6, but elements exist in Years 4 and 5 as well.

This has many advantages:

- You can observe continuity of care
- The staff who are supervising you have a chance to get to know you
- Long placements enhance your understanding of patient-centeredness and the family and social contexts of patients' presentations

- Longitudinal learning reinforces your ability to learn through experience and problem solving.

What does longitudinal learning mean for your placement?

Longitudinal learning means that you have the time and opportunity to put the patient at the center of your learning. In a hospital setting you should repeatedly be involved in the patient journey. As an example, you should help with the admission of patients to the ward. If the patient goes for imaging consider going with the patient to see what happens. If the patient is referred for an echocardiogram or an endoscopy (or any other investigation) then go with the patient. The staff will usually and gladly show you what the test involves. You may want to go back another day when they have time to provide more information and teaching. Other specialists may visit the patient to review and you should ask to join in. The allied health professionals will be involved and you should join them and find out what they are doing. This list goes on and on. Then at the time of discharge you should talk to the patient and the social services and carers, and review what information is being sent out in the discharge summary and critically appraise this.

Much of this learning will be up to you. We will put exercises in the block workbook to encourage this way of thinking and working. Each ward or GP practice and each patient encounter will be different. Talk to your supervising consultant or the junior doctors to find out what additional activities you can attend. Consultants are normally keen to help and will respond to your enthusiasm and interest.

Learning resources and supports

To support your internship learning, the College of Medicine has put YEAR 6 curriculum to be exclusively hospital internship based. You are in charge to combine the knowledges acquired in the previous 5 years of study with the clinical ground experiences during your placement.

Block Induction:

For each individual block of YEAR 6, there will be a day of induction at the start of the block. This will introduce you to the structure of the block, some of the practical arrangements and via small group sessions help you develop a range of clinical skills ready for placement. You will meet the key staff members.

Campus Tutorials and Large Group Sessions:

In Year 6, there is neither Campus Tutorials nor Large Group Sessions. You are in charge to search for more detailed knowledges and acquire more practical experiences based on your past 5 years knowledges and skills.

Small Group Sessions:

Over entire YEAR 6, there is daily based spread of small group discussions where you

might be requested to present a Seminar or a Case Study relevant to themes of the block or discussing a controversy medical problem.

Seminars:

All blocks will have a range of additional structured teaching events, face to face and/or virtual.

Procedural Skills:

There is a coordinated program over Year 6 to ensure that you develop the procedural skills essential for practice as a resident doctor, defined by the Kurdistan Medical Syndicate and Sulaimani DoH. Every block has some of these skills associated with it, and many appear in more than one block to highlight their importance. For each skill you will, first attend a clinical skills tutorial, where you learn the basic procedure in a clinical skills laboratory or hospitals. Many of these sessions might be also available online instruction videos. You will finally practice, under supervision, on real patients to complete your training. You will be signed off formally at each stage, and by the end of the block/course you will have a record of clinical skills completed which will certify your areas of competence for your graduation.

Workbooks:

Each block has a workbook. This continues the principles introduced during previous years. In Year 6, the workbook has a slightly different function and differs from block to block. It combines the learning outcomes for the block as well as guidance and advice. There will be assortment of task-related items (i.e. things for you to do) as well as case studies to work through and sections for you to record information you have seen or learnt about on the ward. There will be guidance on the formative assessment as well as End Block Assessment. You should invest on your usage of the workbook, adding material, making links back to previous years and finding different ways to record information.

All workbooks will present the aims of the block and intended detailed learning outcomes including clinical reasoning, competence and skills based on the knowledge grounds of that block.

Feedback and Block Assessment

In order to guide you in the process of learning, there will be opportunities for feedback, formative assessments in addition to End Block Assessment at the end of blocks to help you calibrate your learning so that increasingly you are able to set your own goals and a strategy to achieve them.

The delivery of and individualized feedback is a key objective for the College of Medicine University of Sulaimani (CoM-UoS) program. It is well known that feedback is integral to learning. Therefore, its necessary that feedback takes place at different levels and times and makes use of varied formats.

Feedback that is informal takes place in many settings as Consultants, GPs, doctors in training and other members of the health care team provide guidance and teaching.

Actively seek out their comments and thoughts and incorporate their suggestions into your future learning and practice.

Each block will have a range of structured assessments. These are designed to:

- Map to the learning outcomes for the block
- Provide you with quantitative and qualitative feedback
- Provide feedback that is written and in some cases verbal
- Link directly to the summative assessments
- Make use of written and clinical formats

The pattern of assessment in the Year 6 Internship (Residency) Assistantship is different. The focus here is to ensure you are able to work as a resident doctor. You will need to demonstrate your ability to work as a team member and exhibit the qualities, skills and attitudes of a future junior doctor. Each of the Hospital and Emergency Centers internship blocks will provide you with feedback via your portfolio to ensure you are on track. The intention is to identify as early as possible any students who need additional support. The simulations in Year 6 are a good opportunity for personal feedback to help you in your assistantships and as you approach finals. The assessment for all Year 6 blocks will be in form of End Block OSCE and/or Oral assessments.

In addition to the assessments outlined above each block will expect the following:

Attendance: Students are required to attend mandatory timetabled teaching and clinical sessions. It is important to note that attendance is expected to be 100% where timetabled across Saturday-Thursday, and wherever possible you are expected to take part in out of hours activities alongside your team. As we know these are often the times for the good learning opportunities, the ability to clerk a range of acutely presenting patients, and to review unwell inpatients alongside doctors in training, we have asked the UG teams to timetable evening/twilight shifts and weekend days on call if necessary.

Professionalism: Students are required to demonstrate professional attitudes and behavior both toward patients as well as colleagues and hospital personnel.

Dressing Code: It is mandatory for all students to enter hospitals with (White-Coat) on in addition to an ID card that clearly shows their names, college and level of study. The administrative and guard personnel at different hospitals may ask for your identity. They have all the right to reject your entry to hospitals if you are not dressing according to DoH code.

Year Six Organization: Internship Assistantship Year

Year 6 named [Internship Assistantship Year] as it is preparing you to work as Internship (Resident) Doctor after graduation. The Internship Assistantship Program is a new component in Sulaimani CoM redesigned curriculum, meaning the majority of the year is dedicated to preparation for independent clinical practice.

Attention will be focused on further development of clinical skills and application of knowledge required for successful, safe clinical practice and the holistic skills needed to practice in a professional manner.

Students will have:

- 1. One 8 weeks block of Accident and Emergency Medicine.** Students on this block will follow a shift rota in an Emergency department with a focus on skills required for managing acutely ill patients.
- 2. One 8 weeks block of Surgery-Gynecology placement (Shadowing) assisting the internship (Resident) doctor in duty on the team.**
- 3. One 8 weeks block of Medicine-Pediatrics placement (Shadowing) assisting the internship (Resident) doctor in duty on the team.**
- 4. One 8 weeks block of hematology and Cancer Care.** Students will learn about different therapeutic facilities and types of care available for cancer patients.
- 5. One 8 weeks block of neuropsychiatry medicine.** Students will learn about different neuro-medical conditions as well as main psychiatric disorders.

The placements will be largely 'hands on', working within a multidisciplinary clinical team and, in the secondary care hospital placements, will involve working alongside an established Internship (Resident) doctor. It is anticipated that clinical supervision will be primarily by a Resident doctor, with oversight by a senior doctor. This has the added benefit of improving the teaching and mentorship skills of our local Foundation trainees, who also act as teaching faculty in this program.

There will be a period of central induction and a requirement for engagement with simulation, tutorials and regular reflective group work, led by the students themselves in an Action Learning Set approach, drawing from a faculty of junior doctors, teaching fellows, senior doctors, pharmacists and allied health care professionals to facilitate. In this way, we anticipate constructive learning and increased confidence and resilience in the work place.

Each block is ended by an End Block Assessment. Before the final End Year Summative Assessment you have worked out to collect up to 20% of the total year mark.

The **End Year 6 Assessment** will occur after the five blocks Assistantships and a revision period. This will be comprised of Short Answer Questions (SAQ) and Single Best Answer Questions (SBA) assessments and an OSCE, including assessment of the skills needed to work effectively as a Resident doctor. The End Year 6 Assessment comprises 80% of the total year mark. However, passing the End Year 6 Assessment, independently, is mandatory for graduation. (Please see below for more details)

STARTING DATE AND DAY: 15.07.2023; SATURDAY

END DATE AND DAY: 09.05.2024; THURSDAY

TOTAL DURATION OF STUDY: 43 WEEKS

NOTE: 3 weeks run out as they are national holidays according to University Calendar. Therefore, the total study duration comprises 40 weeks.

BLOCKS OF STUDY:

	Blocks	Duration	NOTE
1	Accident & Emergency	8 weeks	
2	Medicine - Pediatrics Shadowing	8 weeks	
3	Surgery - Gynecology Shadowing	8 weeks	
4	Neuropsychiatry – internship	8 weeks	Theoretical lectures available online ONLY
5	Hemato-oncology - internship	8 weeks	Theoretical lectures available online ONLY
6	Total	40 weeks	

ROUNDS and GROUPS:

Students are arranged into 5 groups, around 60 students for each group.*

Student Groups	ROUND 1	ROUND 2	ROUND 3	ROUND 4	ROUND 5
A	A&E	SG	MP	NM	HC
B	MP	NM	SG	HC	A&E
C	SG	A&E	HC	MP	NM
D	NM	HC	A&E	SG	MP
E	HC	MP	NM	A&E	SG

*

A&E = ACCIDENT & EMERGENCY

MP = MEDICINE-PEDIATRICS SHADOWING

SG = SURGERY-GYNECOLOGY SHADOWING

NM = NEUROMEDICINE AND MENTAL HEALTH CARE

HC = HEMATOLOGY-CANCER CARE

Accident and Emergency Medicine Assistantship Block

Outline of the Block:

Duration: 8 weeks:

Daily working Hours: 6 hours. Either from 08:00 am to 14:00; Or from 14:00 to 20:00

Day 1: is the gathering day for INDUCTION and Orientation about the block. Location: Shar Hospital

Location of placements: your block leaders will arrange your shadowing over the main Emergency Rooms in Sulaimani City.

Key Persons:

1. Professor Fadhil Ahmed

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2. Assistant Professor Hemin Muhammed Mustafa

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Aims:

This assistantship block aims to ensure that students have a thorough grounding in the management of all manner of acutely ill patients. This will include consolidating how to initially recognize and assess the unwell patient, how to manage/resuscitate such patients and how to stratify further risk and need for investigation and follow-up.

Learning Objectives

By the end of the block students should be able to:

- Take a focused history related to the acute condition presentation
- Obtain relevant information from a carer or person accompanying the patient
- Obtain relevant information from the Emergency Team / ambulance staff to continue the care of the patient

*With regard to **examination**:*

- Conduct a rapid primary survey
- Perform a focused examination relevant to the acute presentation
- Perform the examination in a patient-centered manner, sensitive to the patient's discomfort and to the safety issues inherent in the acute presentation.

*Develop a **differential diagnosis***

- Demonstrates ability to consider the most likely causes of the presentation
- Modify the differential list upon review of investigations

*Develop a plan for **investigation** of the patient:*

- Request, perform and interpret basic investigations relating to the presentation
- With regard to the use of imaging:
 - Describe the principles and interpretation of imaging in the investigation of patients presenting to the Emergency Department.
 - Specifically to report on Chest X-rays, Abdominal X-rays and to identify major findings in a CT of the head. Interpret basic trauma x-rays of the periphery. Describe the indications for further imaging

*Develop a plan for **treatment** with the team*

- Explain how co-morbidity affects decision making in the management of illness
- Demonstrate knowledge of guidelines and treatment pathways
- With regard to fluids to understand the use of oral and intravenous fluids. To be able to prescribe maintenance fluid and fluid for resuscitation; and to understand the risks of inappropriate use of fluids.
- With regard to drug prescriptions to plan appropriate drug therapy for common emergencies, to calculate appropriate drug doses and record the outcome accurately and to assess reliable information about medicines
- Calculate a patient's pain score and suggest appropriate analgesia
- Demonstrate re-assessment of analgesic effectiveness
- With regard to resuscitation:
 - understand the factors that influence decisions regarding resuscitation
 - observe a resuscitation team in action and join in if invited

*Demonstrate **communication skills** relevant to the Emergency Department*

- Describe and demonstrate consent in the acute care setting
- Describe and demonstrate confidentiality in the acute care setting
- Consider the needs of relatives of the acutely ill
- Respect patient's wishes when dealing with relatives
- Observe and be involved in safe and effective medical handover
- Describe and contribute to the function of the multidisciplinary team in acute care
- Describe and observe the how bad news is shared in a sensitive and appropriate manner
- Record the history, examination, differential diagnosis and investigation plan in the medical notes
- Update electronic handover
- Develop and demonstrate the ability to accurately summarize and presents findings verbally in a professional manner

*Demonstrate **team working and professionalism**:*

- Ensure personal safety and the safety of others
- Describe the impact of trauma on society

Contexts

The above competencies should be expressed in the following contexts (further evidenced by success at resuscitation training):

Airway:

- Describe the anatomy of the upper airway
- Identify a compromised airway
- Describe the common causes of a compromised airway
- Detail techniques available to secure a compromised airway
- Maintain an unconscious patient's airway

Breathing:

- Identify respiratory failure
- Clinically assess effectiveness of ventilation, oxygenation and oxygen delivery
- Measure oxygenation with a pulse-oximeter
- Safely perform an Arterial Blood Gas sampling (ABG)
- Correctly interpret an ABG report
- Describe the causes and common investigations of:
 - tachypnoea
 - bradypnoea
 - hypoxia
- Describe the causes, presentations, and treatments of different forms of acute respiratory failure
- Administer and explain methods of safe and effective oxygen therapy including controlled oxygen
- List techniques available to assist ventilation
- Describe the role on non-invasive ventilation
- Interpret a Chest X-ray

Circulation:

- Identify circulatory failure
- Describe the presentation, causes and management of different forms of shock
- Describe the presentation, causes and management of acute renal failure
- Describe the presentation, causes and management of acute acid base disturbance
- Describe the causes of tachycardia, bradycardia, oliguria, hypotension, and electrolyte imbalance
- Describe the presentation causes and management of bleeding diathesis
- Describe the common investigations for all the above
- Interpret basic blood results in the acutely unwell
- Describe the basic treatments for the common underlying causes of circulatory failure
- Explain the principles and methods of intravenous fluid resuscitation and electrolyte replacement

- Describe how to manage active bleeding from any site

Disability:

- Assess conscious level, responsiveness and correctly calculate a Glasgow Coma Score (GCS)
- Describe the causes of a reduced GCS
- Describe the causes of an acute confusional state
- Describe the causes of and manage seizures and status epilepticus
- Describe the causes of delirium
- Describe the presentation of head injury
- Describe the causes of sudden onset focal neurological deficit
- Describe the common causes of headache
- Describe the common investigations for all the above presentations
- Understand the limitations of investigations in the acutely ill
- Interpret cerebrospinal fluid analysis
- Describe the basic initial treatments for all of the above presentations

Assessment

Structured Training Report:

The clinical lead for the local placement will ensure all students have a structured training report completed at the end of their placement

Attendance:

Students are required to attend mandatory timetabled sessions; and other clinical sessions as rostered

Professionalism:

Students are required to demonstrate professional attitudes and behavior.

Procedural skills:

Students are required to undertake resuscitation training on their allocated day at some point during the Foundation Assistantship.

End of block assessment:

There will be an EBA on the final day of the Emergency Medicine Block. This will take place at Shar Hospital for ALL students regardless of location of placement.

Medicine and Pediatrics Internship Assistantship Block

Outline of the Block:

Duration: 8 weeks:

Daily working Hours: 6 hours. From 08:00 am to 14:00. There may be additional On-Call duties arranged by your block organizers.

Day 1: is the gathering day for INDUCTION and Orientation about the block. Location: Shar Hospital

Each group will be divided into 2 subgroups of around 30 students each. One group is starting with Medicine Internship for 4 weeks and the other group is starting with Pediatric Internship for 4 weeks. At the end of internship, groups are going to alternate the placement with each other.

Medicine Internship Assistantship Block:

Locations of Placement:

- 1. Shar Teaching Hospital- internal Medicine wards and outpatient units**
- 2. GIT Hospital**
- 3. Coronary Care Unit**
- 4. Fmc- internal medicine ward and outpatient clinics.**
- 5. High Quality Hospital-internal medicine ward and outpatient clinics.**

The rotation of students will be arranged by block organizers.

Key Persons:

Dr Sirwan Mohammed Ismael

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Dr Zanyar Noori Osman

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Pediatrics Internship Assistantship Block:

Locations of Placement:

Dr. Jamal Rashid Pediatric Hospital

The rotation of students will be arranged by block organizers so as each unit hosts around 6 students at once.

Key Persons:

Dr Haider Fakhir

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Aims

The aim of the Medicine and Pediatrics Internship Assistantships is that students are prepared for clinical practice in order to do the job of an Internship (resident) doctor in a supervised supportive

clinical environment. To facilitate this, the secondary care placements will have a Resident doctor for the Y6 to shadow. Our aim is for Sulaimani medical graduates to feel ready and able to practice as Internship (Resident) doctors on day one.

Learning Objectives

Are as outlined in Internship Assistantship Learning Objectives of your block's workbook. In addition, or specifically:

- Demonstrate competence in the ward-based activities of a Foundation doctor, including GMC mandated clinical skills
- Demonstrate familiarity and proficiency with common documentation and communication tasks between secondary and primary care, for example the preparation of discharge letters, safe transfer of patients on an end of care pathway, issuing of 'fit' notes.
- Demonstrate effective giving and receipt of verbal handover

End of block assessment:

There will be an OSCE on the final day of the Block. This will take place at Shar Hospital for Medicine Block and at Dr Jamal Rashid Hospital for Pediatrics Block for ALL students regardless of location of placement.

Surgery and Gynecology Internship Assistantship Block

Outline of the Block:

Duration: 8 weeks:

Daily working Hours: 6 hours. From 08:00 am to 14:00. There may be additional On-Call duties arranged by your block organizers.

Day 1: is the gathering day for INDUCTION and Orientation about the block. Location: Shar Hospital

Each group will be divided into 2 subgroups of around 30 students each. One group is starting with Surgery Internship for 4 weeks and the other group is starting with Gynecology Internship for 4 weeks. At the end of internship, groups are going to alternate the placement with each other.

Surgery Internship Assistantship Block:

Locations of Placement:

- 1.Shar Teaching Hospital- Surgical wards and outpatient units
- 2.Surgical Teaching Hospital
- 3.GIT Hospital
- 4.ENT Hospital
- 5.Emergency and Burn Hospital
- 6.Fmc- internal medicine ward and outpatient clinics.
- 7.Smart Hospital-internal medicine ward and outpatient clinics.

The rotation of students will be arranged by block organizers.

Key Persons:

3. Dr Diary Ahmed Ismael

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4. Dr Hawar Naqeshbandi

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Gynecology Internship Assistantship Block:

Locations of Placement:

Maternity Teaching Hospital

The rotation of students will be arranged by block organizers so as each unit hosts around 6 students at once.

Key Persons:

Dr Sallama Kamel

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Dr Chro Fattah

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Aims

The aim of the Surgery and Gynecology Internship Assistantships is that students are prepared for clinical practice in order to do the job of an Internship (resident) doctor in a supervised supportive clinical environment. To facilitate this, the secondary care placements will have a Resident doctor for the Y6 to shadow. Our aim is for Sulaimani medical graduates to feel ready and able to practice as Internship (Resident) doctors on day one.

Learning Objectives

Are as outlined in Internship Assistantship Learning Objectives of your block's workbook. In addition, or specifically:

- Demonstrate competence in the ward-based activities of an Internship doctor, including DoH mandated clinical skills
- Demonstrate familiarity and proficiency with common documentation and communication tasks between secondary and primary care, for example the preparation of discharge letters, safe transfer of patients on an end of care pathway, issuing of 'fit' notes.
- Demonstrate effective giving and receipt of verbal handover

End of block assessment:

There will be an OSCE on the final day of the Block. This will take place at Shar Hospital for Surgery Block and at Maternity Teaching Hospital for Gynecology Block for ALL students regardless of location of placement.

Hematology and Cancer Care Block

Outline of the Block:

Duration: 8 weeks:

Daily working Hours: 6 hours. From 08:00 am to 14:00. There may be additional On-Call duties arranged by your block organizers.

Day 1: is the gathering day for INDUCTION and Orientation about the block. Location: Hiwa Teaching Hospital

Key Persons:

Dr Hazha Abdulla Muhammed Amin

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Dr Hashim Ahemd Faqi Rasul

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Aims

This block aims to ensure that students feel prepared for caring for cancer patients as an Internship Resident doctor.

We want you to better appreciate how cancer arises and spreads, how therapies work, the prognosis, and the effectiveness of therapies for common cancers and the impact of diagnosis and therapy on patient and family.

You should gain an understanding of how holistic cancer care is achieved in the Sulaimani Governorate, including the multidisciplinary management of cancers and timely consideration of palliative care.

We expect you to focus on the common solid cancers (lung, breast, colorectal, prostate, head and neck, and skin) and hematological malignancies (lymphoma, leukemia, and myeloma), although of course the principles of assessment, diagnosis and treatment will be very similar approach for all forms of cancer.

You should also address the linked hematology learning objectives (listed below), that relate to the

investigation of the abnormal blood count and the safe and appropriate use of blood products during this block.

For this block the term cancer encompasses patients with both solid tumors and hematological malignancies.

Outcomes

Students should be able to build on knowledge and experience from previous years to achieve the following outcomes:

Describe the concept of modifiable and non-modifiable risk factors for cancer development including genetic, lifestyle and environmental

Demonstrate understanding of the principles of health promotion and cancer prevention

Demonstrate understanding of the principles of cancer screening and an awareness of the major UK screening programs

Discuss the basic pathophysiology and etiology of cancer, including an awareness of common oncogenes and tumor suppressor genes

Demonstrate an understanding of the epidemiological trends of cancer in the UK and globally

Understand the role of clinical trials (including different phases) in cancer management

*Take a **focused history** from a patient with cancer:*

Demonstrate an awareness that effective assessment should include physical, psychological, spiritual, and social domains of the patient's life, and their performance status.

Demonstrate patient-centered communication that is compassionate, holistic, sensitive, and professional

*Perform an **examination** tailored to a patient with cancer:*

Perform an examination which is patient-centered and sensitive to the patient's discomfort and needs during said examination

Demonstrate a clinical assessment which identifies the local and systemic sequelae of common solid and hematological cancers

*Regarding the **investigation** of a patient with cancer:*

Describe the referral pathway for patients with suspected cancers, including identification of important red flag symptoms and signs

Explain the reasons for and process of diagnostic procedures for patients with suspected cancer, using language that a patient can understand

Assess a patient's performance status

*Regarding the **diagnosis** of cancer:*

Describe the histological patterns of spread of common cancers

Describe the staging systems and prognostic markers of common cancers, and give reasons for the importance of these

*Regarding the **treatment** of cancer:*

Describe the following terms relating to cancer treatment

- radical/curative
- palliative
- adjuvant
- neo-adjuvant
- maintenance therapy

Describe the differences and similarities between palliative, best supportive and end-of-life- care

Describe the principles of the following anti-cancer treatments to a patient, including the broad rationale and possible side-effects (as you might need to at Residency level):

- surgery
- radiotherapy
- cytotoxic chemotherapy
- hormone manipulation
- immunotherapy
- biologically targeted therapy

Outline the factors that may influence treatment options such as treatment intent, co-morbidities, performance status and patient choice

Describe the sources of information to aid decision-making for clinicians and patients (including NICE guidance, online prognostic and predictive tools, genetic/ mutation screening)

Recognize the risk of long-term toxicities of cancer treatments

Recognize the challenges of survivorship

Describe the role/importance of the MDT (multi-disciplinary team) in formulating management plans for patients, e.g. Medical oncologists, clinical oncologists, pathologists, radiologists, surgeons, and the palliative care team

Recognize the need for, and work effectively within, a multi-professional team e.g. clinical nurses specialists, dieticians, physiotherapists, occupational therapists

Regarding the recognition and management of common and serious acute oncology presentations and conditions including:

- Acute presentations secondary to complications of an underlying cancer

- bowel obstruction
 - gastrointestinal bleed
 - hypercalacemia
 - ascites
 - pleural effusion
 - malignant spinal cord compression
 - raised intracranial pressure
 - status epilepticus
 - superior vena cava obstruction
 - venous thromboembolism
- Acute presentations secondary to systemic anti-cancer therapy (SACT) and/or radiotherapy:
 - neutropenic sepsis
 - tumor lysis syndrome
 - immune related colitis
 - radiation mucositis
 - thrombocytopenia

*Demonstrate an appreciation that good **communication** is an essential component of caring for patients with cancer and develop facilitative skills to:*

- Listen empathically
- Elicit concerns of the patient and family
- Discuss the diagnosis and treatment of malignancy with patients and family
- Share bad news sensitively
- Discuss coping with uncertainty
- Explore preferences regarding future care including ceiling of treatment and where they would like to be cared for at the end of life and the value of recording these preferences on a ReSPECT form
- Demonstrate an awareness of ethically challenging decisions such as DNA-CPR and how these are shared with patients and their families
- Describe the importance of good communication/sharing key information between teams involved in primary and secondary care

*While on placement demonstrates the skills and attitudes required for **team working and the development of professional identity**:*

- Demonstrate an awareness of how doctors' personal values and belief systems may influence professional judgement and behaviors
- Recognize the complexity and uncertainty in managing patients with cancer
- Demonstrate an awareness of your own limitations, both professionally and personally
- Develop knowledge of when and to whom to refer to for help

Regarding pain assessment and management demonstrate an understanding of:

- Different types of pain; nociceptive, visceral, neuropathic, and incident

- WHO ladder, including adjuvant analgesics
- The principles of safe opioid prescribing

Demonstrate a logical and holistic approach to the assessment and management of other symptoms commonly experienced by patients with cancer including:

- Nausea and vomiting
- Intractable breathlessness
- Constipation
- Psychological distress, depression, and anxiety
- Confusion and delirium

Regarding palliative care:

- Appreciate the effectiveness of multi-professional team working
- Demonstrate the potential need for palliative care concurrent with active disease management
- Appreciate that palliative care is a generic skill and duty of all junior doctors
- Describe the ethos and structure of cancer and palliative care services in the UK

Regarding care of the dying patient:

- Describe an ethical framework to solve ethical dilemmas commonly encountered in patients with advanced cancer
- Demonstrate awareness of the GMC guidance regarding “Treatment and care towards the end of life”
- Demonstrate understanding of the Mental Capacity Act, Advanced Decisions to Refuse Treatment and Lasting Power of Attorney
- Demonstrate understanding of signs that suggest a patient is dying
- Appreciate the benefit of timely anticipatory prescribing and the drugs commonly used

Learning objectives that are specific to Hematology:

- Perform an **examination** relevant to the presentation and including:
 - identify bruising and purpura
 - identify and characterize lymphadenopathy
 - identify and characterize splenomegaly
- Lymphadenopathy and the spleen:
 - describe the common causes of lymphadenopathy
 - outline the functions of the spleen
 - list the important causes and management of hyposplenism
 - discuss the mechanisms and causes of splenomegaly

- Describe the common clinical features and course of Hodgkin and non-Hodgkin lymphoma.
- Multiple myeloma and MGUS (Monoclonal Gammopathy of Uncertain Significance):
 - describe the basic hematological, biochemical, immunological, and clinical features of multiple myeloma
 - distinguish between multiple myeloma, MGUS and benign polyclonal hypergammaglobulinemia
 - outline the very basic pathological and clinical features of primary amyloidosis.
- Acute and chronic leukemias:
 - outline the natural history and presenting clinical and hematological features of acute leukemias
 - explain how to recognize and treat neutropenic sepsis
 - describe the hematological and clinicopathological features of chronic lymphocytic leukemia and chronic myeloid leukemia
- Outline the clinical and hematological features of the myelodysplastic syndromes.
- Myeloproliferative neoplasms (myeloproliferative disorders):
 - outline the differential diagnosis in a patient with a raised hemoglobin concentration and discuss the clinical and laboratory features that help to distinguish polycythemia vera from other causes of a high hemoglobin concentration
 - outline the main laboratory and clinical features of essential thrombocythemia and discuss the clinical and laboratory features that help to distinguish it from other causes of a high platelet count
 - outline the main clinical and laboratory features of primary myelofibrosis

Transfusion outcomes

- General:
 - describe the ABO and Rh D antigens and antibodies
 - explain the significance of allo-antibodies in relation to blood transfusion and haemolytic disease of the newborn
 - explain how to take and label blood samples and request blood components for transfusion and recognize the time scales to obtain blood components
 - explain what is meant by 'G and S' (group and screen), crossmatch (compatibility tests) and electronic issue
 - explain how blood products are safely stored and administered
 - explain how volunteer donors are recruited and screened
- Safe and appropriate prescribing of blood components and products:
 - discuss the indications for red cell transfusion
 - discuss the indications for platelet transfusion
 - discuss the indications for the use of fresh frozen plasma (FFP), cryoprecipitate and prothrombin complex concentrate
 - recognize that some patients require special blood components (e.g. irradiated components)
 - discuss the management of massive blood loss

- discuss alternatives to blood transfusion and the need to conserve the blood supply
- discuss the complications of transfusion and their prevention, diagnosis, and management:

Immunological:

- ABO mismatch
- Delayed hemolytic transfusion reactions
- Transfusion-related acute lung injury (TRALI)
- Anaphylaxis
- Non-hemolytic febrile transfusion reactions

Non-Immunological:

- Transfusion-associated circulatory overload (TACO)
- Transmission of infection
- Witness a bone marrow examination
- During your time on the cancer wards, admissions, and day-case units you may also gain experience of:
 - blood culture taking
 - thoracentesis/management of chest drains
 - paracentesis
 - line insertion (long line, Hickman lines and venous portocaths)
 - pheresis procedures
 - blood film analysis

Assessment

Feedback:

A wide range of teaching methods are utilized in the clinical environment including bed-side teaching, ward rounds, seminars, student presentations, individual teaching, simulation and communication skills training. All provide the opportunity for real-time feedback regarding knowledge, clinical reasoning and competency expected in relevant skills.

Attendance and Professionalism:

Students are required to attend all timetabled sessions. You must inform the Undergraduate block lead if unable to attend any sessions. Students are always required to demonstrate professional attitudes and behavior and to engagement in all learning opportunities made available to them.

Teaching Presentation:

All students are required to submit ONE completed form reflecting clinical presentation

skills.

Practical procedures:

All students are required to witness a bone marrow biopsy and a blood transfusion during this block.

Location of Teaching

Teaching will occur on site at Hiwa Teaching Hospital, Zhanawa Center for Radiotherapy, Thalassemia Center, Central Blood Bank as well as Maternity, GIT and Teaching Hospitals.

Hematology

Aim

Students:

- Should have a good working knowledge of the reactive hematological picture expected in common clinical scenarios, reflected in changes in both the Full Blood Count and clotting screen, be able to interpret results and initiate appropriate investigations and management.
- Will have a broad understanding of both malignant and non-malignant hematological disorders such that they can recognize common clinical presentations, initiate appropriate investigations and first line management steps and know when to seek specialist advice.
- Must be able to demonstrate safe transfusion practice

Outcomes

Students should be able to:

*Take a **history** from patients including factors relevant to Hematology:*

- a family history
- a dietary history
- a drug and alcohol history

Request and interpret investigations including:

- Full blood count and differential count
- Basic clotting studies
- Identify features of hemolysis
- Interpret hematological abnormalities in patients with non-hematological disease

Contexts

The above competencies should be expressed in the following contexts:

Anemia including:

- Describe the mechanisms underlying the development of anemia
- Describe how anemias present, are classified, investigated and the common causes, including anemia of chronic disease, hematinic deficiency and hemolysis.
- With regard to hematinic (Iron, B12, folate) deficiency
 - Describe the role of iron and dietary sources
 - Describe the laboratory investigations
 - Describe the role and complications associated with haematinic replacement therapy

Thalassemia and hemoglobinopathy

- Describe briefly the clinical and hematological features of β thalassaemia major and β thalassaemia trait, including complications of the disease and treatment
- Describe the inheritance and clinical and hematological features of sickle cell anemia

Neurology and Mental Care Block

Outline of the Block:

Duration: 8 weeks:

Daily working Hours: 6 hours. From 08:00 am to 14:00. There may be additional On-Call duties arranged by your block organizers.

Day 1: is the gathering day for INDUCTION and Orientation about the block. Location: Shahid Dr Hemin Hospital/ Shar Teaching Hospital

Each group will be divided into 2 subgroups of around 30 students each. One group is starting with Neurology Internship for 4 weeks and the other group is starting with Mental Care Internship for 4 weeks. At the end of internship, groups are going to alternate the placement with each other.

Lectures and resources are available on online classes

Neurology Internship Assistantship Block:

Locations of Placement:

Shar Teaching Hospital- internal Medicine wards and outpatient units

The rotation of students will be arranged by block organizer

Key Person:

Dr Zana Abdulrahman Mohammed

Email: zana.mohammed@univsul.edu.iq Tel: 00964 770 157 3372

Mental Care Internship Assistantship Block:

Locations of Placement:

Shahid Dr. Hemin Psychiatric Teaching Hospital and Shahid Salah Teaching Hospital.

Key Person:

Dr Daniel Saadi Hamid

Email: daniel.hamid@univsul.edu.iq Tel: 00964 770 149 9011

Neurology

Aims

This placement aims to ensure that students are able to take a history and undertake an examination of a patient presenting with a neurological problem.

The placement aims to develop diagnostic reasoning skills in reference to neurological symptoms.

Learning Outcomes

By the end of the course students should be able to:

With regard to the Neurological Examination

- Perform a focused but thorough neurological examination
- Perform a rapid screening neurological examination
- Perform a neurological examination on patients with an altered level of consciousness
- Recognize and interpret abnormal findings on the neurological examination

The competencies should be expressed in the following contexts and further detailed learning objectives linking conditions, investigations and management to the presentations are provided in the Neurology block workbook:

With regard to neurological presenting symptoms:

- Identify the important neurological causes for the symptoms of:
 - headache
 - dizziness or vertigo
 - fits
 - unconsciousness
 - incoordination, gait disturbance and impaired balance
 - movement disorders
 - focal or generalized weakness
 - speech, swallow and language disturbance
 - disturbances of sensation and neuropathic pain
 - urinary or fecal incontinence
 - visual disturbance
 - cognitive problems, changes in personality or behavior
- Be aware that neurological dysfunction can be non-organic in nature

With regard to the use of investigations:

- recognize common indicators for lumbar puncture, EEG, CT, PET-CT and MRI in patients with neurological disease

- describe in detail the performance of a lumbar puncture
- interpret abnormalities in CSF

Use anatomical knowledge to localize neurological lesions and so be able to differentiate between lesions in:

- Cerebral hemispheres
- Cerebellum, brain stem and cranial nerves
- Basal ganglia
- Spinal cord – the importance of a spinal level
- Nerve root/Plexus
- Peripheral nerve (the commoner forms of mononeuropathy, polyneuropathy, and mononeuritis multiplex)
- Neuromuscular junction - myasthenia
- Muscle – myositis, muscular dystrophies

With regard to potential emergencies:

- Recognize, evaluate and provide initial management or referral for the following:
 - Raised intracranial pressure
 - Subarachnoid haemorrhage
 - Meningitis/Encephalitis
 - Status epilepticus
 - Spinal cord or cauda equina compression
 - Head Trauma
 - Acute respiratory distress
 - Temporal arteritis
 - Acute bulbar palsy

Assessment:

Feedback:

A wide range of teaching methods are utilized in the clinical environment including bed-side teaching, ward rounds, seminars, student presentations, individual teaching, skill training and others. All provide the opportunity for real-time feedback with regard to knowledge, understanding, competence and skill level.

Attendance: Students are required to attend mandatory timetabled sessions; and other clinical sessions as appropriate.

Professionalism: Students are required to demonstrate professional attitudes and behavior.

End of Block Assessment: This may include OSCE and/or Oral examination.

Mental Health Care:

Aims

This block aims to provide an opportunity to develop knowledge of common and serious mental disorders, their presentation and management, and of the structure and function of modern mental health services. Development of skills in interviewing, obtaining detailed psychiatry histories, examining mental states, assessing risk, and formulating cases using a bio-psycho-social model is emphasized.

Outcomes

By the end of the mental health care block students should be able to:

- Use empathic and effective communication skills to elicit relevant information from patients to formulate a psychiatric differential diagnosis and management plan in any clinical setting.
- Consider, before and during patient encounters, the potential risk to the assessing clinician and others, and understand basic methods for managing risk and behavioral disturbance.
- Undertake a psychiatric history and perform a mental state examination including an examination of cognitive function.
- Understand the use of DSM-5 to diagnose mental health conditions.
- Consider co-morbidity in psychiatric presentations.
- Use a biopsychosocial model to holistically assess patients and to plan management.
- Describe the treatment approaches used in psychiatry. Describe the common side-effects of the treatments. Be able to justify a chosen treatment approach with reference to the appropriate evidence base.
- Assess patients' risk to themselves and to others and use this knowledge within the management plan.
- Relate a patient's symptoms, problems and management to their social, cultural and ethnic background.
- Discuss management of psychiatric conditions with patients and their relatives in a sensitive manner.
- Demonstrate a compassionate understanding of the emotional problems of patients and their relatives/carers.
- Understand the impact of stigma on patients with mental health disorders.
- Appreciate the importance of multi-disciplinary working within the field of mental health services and be able to work constructively with other health

professionals.

- Recognize the importance of the promotion of mental health and the prevention of psychiatric disorders.
- Have an understanding of the services involved in the support and treatment of individuals with mental health problems.

Specific objectives

Describe the prevalence and presentations, and have a basic understanding of the treatment and investigation and management, of the following disorders:

- Schizophrenia and other psychoses
- Affective disorders (depression and bipolar affective disorders)
- Anxiety disorders, including panic disorder, phobias, generalized anxiety disorder (GAD), adjustment disorder, post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder (OCD)
- Personality disorders, specifically dissocial and emotionally unstable
- Substance misuse
- Conduct & emotional disorders in children and adolescents
- Psychological problems presenting with physical symptoms
- Physical (organic) disorders presenting with psychological and/or behavioral disturbance (e.g. delirium)
- Eating disorders
- Autistic spectrum disorders
- Attention deficit hyperactivity disorder

Be aware of how such disorders may present in different groups (notably in children and the elderly) and the necessary approaches to provide safe and effective treatment (e.g. communication, social needs, co- morbidities, etc.)

Explain to patients and/or relatives the nature, causes, and prognosis of the above conditions.

Self-harm

By the end of the placement students should be able to:

- Outline the demographics of self-harm and suicide.
- Describe the risk factors for self-harm.
- Describe the risk factors for suicide.
- Competently assess a patient who has self-harmed or attempted suicide and assess the risk of further self-harm/suicide attempts.

Psychiatry in non-psychiatric settings

By the end of the placement students should be able to:

- Recognize and understand the interaction between physical and psychiatric presentations.
- Recognize when referral to a specialist liaison psychiatric service is indicated.
- Perinatal psychiatric disorders (including post-natal depression & puerperal psychosis)

Therapeutics

By the end of the placement students should be able to:

- Discuss with patients the indications, routes of administration, side-effects and toxicity of drugs commonly used in psychiatric practice, which include: antidepressants, antipsychotics, anxiolytics, hypnotics, mood stabilizers, and medication for ADHD
- Be able to explain to patients the monitoring arrangements for drugs from the classes above, e.g. lithium, clozapine
- Outline the nature, indications and side-effects of ECT.
- Describe the specific acute management of medical emergencies that arise in psychiatric settings, including neuroleptic malignant syndrome (NMS), acute alcohol withdrawal including delirium tremens (DTs) and Wernicke's encephalopathy, acute dystonias, lithium toxicity, clozapine-induced agranulocytosis.

Psychological treatments

By the end of the placement students should be able to:

- Recognize the central importance of the therapeutic relationship in any psychological therapy.
- Outline the basic principles of cognitive and behavioral therapies (CBT), psychodynamic psychotherapy and family (systemic) therapy.
- Discuss with patients the indications for psychological treatments.

Child and Adolescent psychiatry

By the end of the placement students should be able to:

- Recognize that psychological and emotional development continues throughout the lifespan.
- Describe the common psychiatric disorders of childhood.

Substance misuse

By the end of the placement students should be able to:

- Name substances that are commonly misused, and understand how they are taken.
- Recognize and have a basic understanding of the management of alcohol dependency syndrome and other substance misuse syndromes.
- Recognize toxic and withdrawal effects of commonly misused substances.

Describe the psychological, social and pharmacological management, including detoxification of substance misuse.

Assessment

Feedback:

A wide range of teaching methods are utilized in the clinical environment including bed-side teaching, ward rounds, seminars, simulated patient sessions, student presentations, individual teaching, skill training and others. All provide the opportunity for real-time feedback with regard to knowledge, understanding, competence and skill level.

Attendance: Students are required to attend mandatory timetabled sessions; and other clinical sessions as appropriate

Professionalism: Students are required to demonstrate professional attitudes and behavior

Requirements for completion of the block include:

- A **written portfolio case study** which is marked and graded
- An **experiential learning record**. You will need to demonstrate (by staff signature) that you have taken part in various specific activities throughout the placement. These include ECT, an emergency assessment
- A report signed by your supervising consultant(s) in Sulaimani.
- We also ask you to write a written reflection on your experience during the block

End of Block Assessment:

This may include OSCE and/or Oral examination.

Grading Policy

The grading policy and mark distributions of Year 6 are as follows:

1. Pre-End Year Assessment Requirement: 20%
2. End Year (Graduation) Assessment: 80%

It is mandatory, for a student to pass all End Year (Graduation) Assessments. The pass mark of assessment depends on Standard Setting according to Angoff System and Linear Regression Analyses for OSCE and it varies from assessment to assessment.

If a student passes all End Year Assessments, then grades, in percent, will be added to student's Requirement Mark, in percent, so as to determine the RANKING of the student.

If a candidate couldn't pass one or more of End Year (Graduation) Assessments, then the candidate has to repeat that Assessment in the Trail 2. If the candidate couldn't pass the Assessment(s) in the Trail 2, then the candidate has to repeat the entire YEAR 6 at the next academic year. Therefore, regardless of the Requirement Mark, a student MUST pass both written and OSCE assessments.

GRADING POLICY-YEAR 6		Case Study	Seminar	Workbook	End Block Assessment	Total %
Year Requirement	A&E Block	0.5	0.5	1	2	4
	MP Block					
	Medicine	0.5		0.5	1	2
	Pediatrics	0.5		0.5	1	2
	SG Block					
	Surgery	0.5		0.5	1	2
	Gynecology	0.5		0.5	1	2
	MN Block					
	Mental Care	0.5		0.5	1	2
	Neurology	0.5		0.5	1	2
	HC Block	0.5	0.5	1	2	4
						Total
End Year Assessment	Written-Paper I					25%
	Written-Paper II					25%
	OSCE					30%

	Total	80%
	GRNAD TOTAL	100%

Dates to Be Remembered

DATE	EVENT
15. July 2023	Internship Assistantship Year Start
19. July 2023	Expected National Holiday
09. Sep 2023	New Block Start
04. Nov 2023	New Block Start
06. Jan 2024	New Block Start
02. Mar 2024	New Block Start
23. Dec 2023 to 02. Jan 2024	Expected National Holiday
05. Mar 2024	Expected National Holiday
11. Mar 2024	Expected National Holiday
14. Mar 2024	Expected National Holiday
16. to 21. Mar 2024	Expected National Holiday
06. to 11. Apr 2024	Expected National Holiday
01. May 2024	Expected National Holiday
09. May 2024	Last Day of Internship Rotation
11. May to 06. Jun 2024	Self-Study and Revision Period
09 and 11 Jun 2024	End Year 6, Graduation, Assessment- Written
13 and 14 Jun 2024	End Year 6, Graduation, Assessment- OSCE