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

MBChB

Curriculum Guide: Phase II

Year 4

Bachelor of Medicine and Bachelor of Surgery Program

Table of Contents

Introduction

In the fourth year of medical school, students enter Phase 2 of their medical college career. The fourth year is divided into four main blocks designed to deepen their understanding of crucial medical and surgical disciplines. The blocks include Medicine, Surgery, Primary care, and Student's project selective components.

Each of the three main blocks will include 11 weeks of academic teaching including theoretical and clinical lectures followed by assessments at the end of the block.

For each block, there will be 2 hours of in-campus of early theory lectures followed by 3 hours of clinical training in the corresponding teaching hospital, including case discussions and small group teaching.

The overall number of students will be divided into three main groups for the main blocks (medicine, surgery, and primary care), at the same time they will be divided into smaller groups consisting of 3 students for the student's project selective components block.

What distinguishes this year is the integration of theoretical knowledge with practical experience, as students split their time between learning in both the campus and the hospital. This unique approach ensures that 4th year medical students acquire a comprehensive knowledge base in theoretical lectures and develop essential clinical skills in real-world healthcare settings, preparing them for the challenges and responsibilities that lie ahead in their medical careers.

Aims and Outcomes

The primary objective for the Year four medical student's syllabus in the College of Medicine, University of Sulaimani (CoM-UoS), besides introducing the students to the clinical branches at the beginning of phase 2 is summarized in the following points:

Clinical Competence: To foster clinical skills and knowledge in year four medical students, ensuring they can effectively assess, diagnose, and treat a wide range of medical conditions.

Patient-Centered Care: To instill a patient-centered approach in students, emphasizing empathy, communication, and cultural competence to provide adequate care.

Critical Thinking: To develop the ability to critically evaluate medical and surgical published literature, apply evidence-based medicine, and make informed decisions in clinical practice.

Interprofessional Collaboration: To encourage collaboration and effective communication within healthcare teams, preparing students for interdisciplinary healthcare settings.

Ethical and Professional Behavior: To promote ethical and professional conduct among students, emphasizing the importance of medical ethics, professionalism, and accountability.

Life-Long Learning: To instill a commitment to lifelong learning, keeping up with advances in medicine and maintaining clinical competence throughout their careers.

Outcomes:

Upon successful completion of the year four curriculum, students should be able to:

Perform Comprehensive Patient Assessments: Conduct thorough medical histories, physical examinations, and diagnostic evaluations to formulate a differential diagnosis list.

Develop Treatment Plans: Create treatment plans and management strategies for common medical conditions.

Effective Communication: Communicate effectively and empathetic with patients, families, and healthcare colleagues.

Team Collaboration: Collaborate within interprofessional healthcare teams, demonstrating leadership, effective teamwork, and respect for diverse roles and perspectives.

Medical Ethics and Professionalism: Adhere to ethical principles and professional standards, demonstrating integrity, honesty, and a commitment to patient welfare.

Clinical Proficiency: Demonstrate competence in performing clinical procedures, interpreting diagnostic tests, and managing medical emergencies.

Curriculum Approach:

The year four curriculum for the Bachelor of Medicine and Bachelor of Surgery aims to equip students with advanced clinical competence, critical thinking skills, and a sense of professionalism. It aspires to foster their ability to provide safe and compassionate patient care while emphasizing interdisciplinary collaboration and ethical conduct. By the end of this year, students should be able to conduct comprehensive patient assessments, formulate accurate diagnoses for common diseases, and develop evidence-based treatment plans. They will also possess the skills necessary for effective communication and teamwork within healthcare settings. Furthermore, this curriculum encourages students to engage in research, adapt to evolving clinical scenarios, and develop leadership qualities, all of which are essential for their future roles as competent and compassionate medical professionals.

Methods of Teaching and Learning and Assessment:

The program's objective is to encourage student-centric learning, incorporating a variety of interactive self-directed learning strategies, including:

• Clinical sessions in hospitals for workplace-based learning.

• Lectures were conducted both on campus and within hospital settings.

• Problem-based learning to foster critical thinking and application of knowledge.

• Case-based learning to enhance practical understanding.

• Team-based learning promotes collaboration and group problem-solving.

• Tutorials, seminars, and workshops to facilitate in-depth discussions and skill development.

These approaches collectively aim to provide a well-rounded educational experience for students.

Assessment:

Medical student assessments during this year serve several fundamental purposes during their medical education. The assessment evaluates students' knowledge, skills, and clinical competence, helping track their progress, ensuring program quality, providing feedback for improvement, and credentialing students.

Upon the end of each block, students will be assessed on ten (10) marks, seven (7) marks will be on the end block OSCE assessment, and the remaining three (3) marks on accomplishing their requirements.

This will constitute ten (10) marks of the total final grade per each of the three blocks (surgery, medicine, primary care).

Student's project selective components have ten (10) marks as well, the total 10 marks will be divided on supervisor assessment of the student and discussion committee of evaluation of the project at the end of the teaching year.

The remaining 60 marks will be conducted in the final year examination including 30 marks for each theory paper examination (paper 1 and paper 2).

In order to succeed, the student must attain a cumulative score of at least 50, which combines the yearly workload (40/60) and the average results of papers one and two (60/100). Falling below 50 results in failure.

If unsuccessful, the student will undergo a second trial exam focused solely on retaking paper 1 and paper 2. Failing the second trial will necessitate repeating the entire year four for the upcoming academic year.

Learning resources and supports

To facilitate the integration of academic knowledge and clinical skills, the college of Medicine has designed the Year four curriculum to encompass both on-campus lectures and hospital learning, the responsibility of the student is to effectively blend the theoretical knowledge they have gained in the preceding years with the practical clinical experiences encountered during clinical sessions at the hospital

Campus Tutorials and Large Group Sessions: In Year four there is Campus lecturing from 8:00am to 10:00 am followed by workplace clinical session at the hospital till 1:00 pm

Small Group Sessions: Over the entire year 4, daily there are scheduled small group discussions in which the student may be asked to deliver a seminar or present a case study that pertains to the themes of the block or engage in discussions about contentious medical issues.

Procedural Skills:

Throughout Year 4, there is a well-coordinated program in place to ensure the development of essential procedural skills required for the student's future role as a resident doctor, as defined by both the Kurdistan Medical Syndicate and the Sulaimani Directory of Health (DoH). Each block in the curriculum includes specific procedural skills, with many of them recurring across multiple blocks to emphasize their significance. Each skill begins with attending a clinical skills tutorial, where the student will receive foundational training in a clinical skills laboratory or within hospital settings. Subsequently, the student will have the

opportunity to practice these skills under the supervision of actual patients to refine their proficiency. At each stage of this process, formal signoffs will be conducted, and by the conclusion of the block or course, the student will possess a comprehensive record of completed clinical skills.

Logbooks: Each block will have its specific logbook which serves as an invaluable tool to document and track the student's hands-on experience with medical procedures. These logbooks provide a structured way for students to record the various clinical skills they acquire during their training, including details such as the type of procedure, the number of times performed, and the level of supervision involved. They not only serve as a statement to the student's practical competence but also aid teachers in assessing their progress and ensuring that they meet the necessary proficiency standards.

Attendance: Students must 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 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 eams to timetable evening/twilight shifts and weekend days on call if necessary.

Professionalism: Students are expected to exhibit professional attitudes when interacting with both patients and their fellow colleagues, as well as the staff within the hospital environment. This includes demonstrating respect, empathy, and effective communication with patients, maintaining confidentiality, and displaying teamwork and collaboration when working alongside healthcare professionals. These professional behaviors are essential not only for the well-

being of patients but also for creating a positive and cohesive healthcare environment.

Dressing Code: All students are required to wear their white coats and prominently display their ID cards, which should clearly indicate their names, college affiliation, and level of study, when entering hospitals. Hospital administrative and security personnel are authorized to request proof of identity, and they are well within their rights to deny entry to individuals not adhering to the dress code stipulated by the DoH. This policy ensures both security and professionalism within hospital premises.

Feedback for the blocks: Within the integrated system for year four medical students, the importance of feedback extends beyond individual learners to the overall educational structure. Feedback is a crucial mechanism for continuous enhancement and optimization. It serves as a diagnostic tool, enabling educators and administrators to evaluate the effectiveness of the integrated curriculum, identify areas of improvement, and tailor the educational experience to better meet the evolving needs of medical students. This systemic feedback loop ensures that the curriculum remains aligned with the dynamic nature of medical knowledge and practices. By fostering open channels for feedback, the system can adapt to emerging trends in healthcare, incorporate technological advancements, and address any gaps in the integration of various components. In essence, feedback is the cornerstone for refining and elevating the quality of medical education for Year four students.

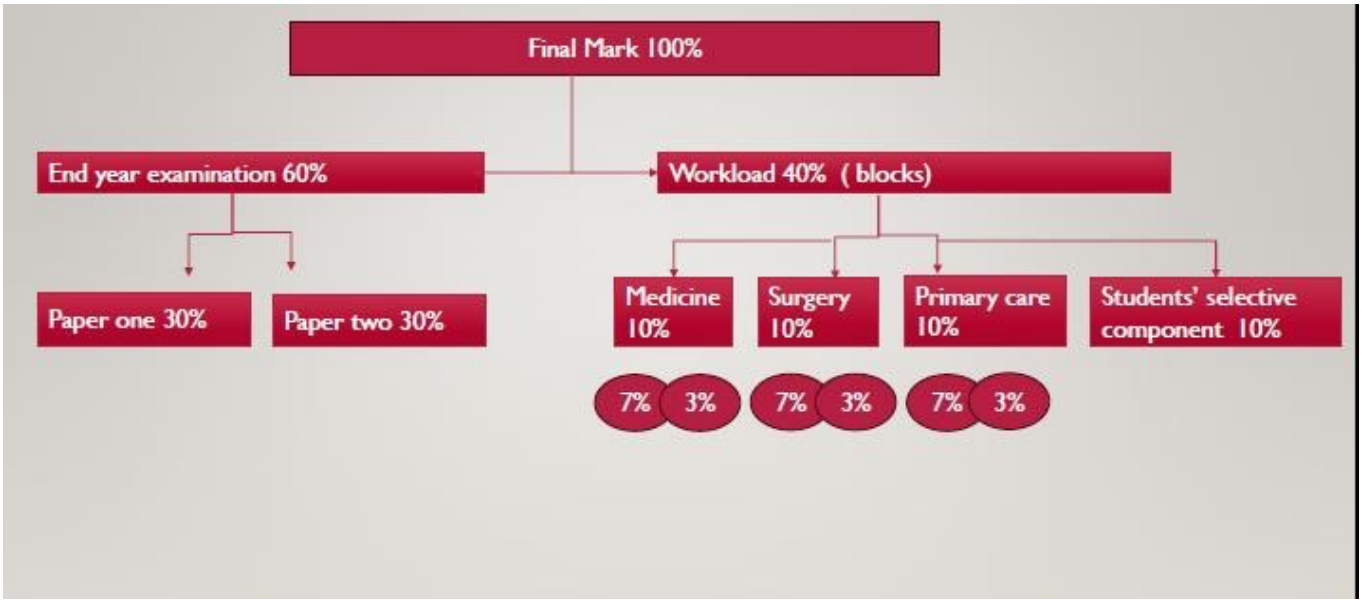
Rounds and Blocks: total duration of study is 33 weeks divided equally between the three main blocks (medicine, surgery and primary care) while Student's project selective components block will be continuous throughout the 33 weeks

	Blocks	**Duration**
1	Medicine	11 weeks
2	Surgery	11 weeks
3	Primary care	11 weeks

Students are divided into three main groups (A, B, and C) around 100 students per group rotating every 11 weeks between the three main blocks

Student groups	Round 1	Round 2	Round 3
A	surgery	Primary care	medicine
B	medicine	surgery	Primary care
C	Primary care	medicine	surgery

For the Student's project selective components, the students will be divided into small groups consisting of 3 students per group throughout the academic year.



Year 4 Medicine block:

Duration of the block: 11 weeks

Daily teaching hours: 8:00 AM-10:00 AM theory lectures and 10:00 AM-1:00 PM practical sessions from Saturday to Thursday.

The students will be further divided into 6 sub-groups rotating every 2 weeks between the branches of (Cardiology, Respiratory, GIT, Endocrine, and Rheumatology)

Locations: teaching will occur at the university's old campus, Shar hospital, CCU, GIT Hospital.

Key person:

Dr. Dler Shamsulddin Hamid

Aims:

In the fourth year of medical studies, the medicine block aims to equip students with a comprehensive understanding of various medical disciplines, focusing on

General Medicine, Respiratory, Gastrointestinal Tract (GIT), Cardiology, Endocrinology, Rheumatology, care of elderly, acute emergency and critical medicine). The primary objectives include developing a profound knowledge base in the pathophysiology, diagnosis, and management of common and complex medical conditions within these specialties. Students will explore the varieties of respiratory disorders, gastrointestinal diseases, cardiovascular conditions, and rheumatic disorders. Focusing on clinical skills, including history-taking, physical examination, and interpretation of diagnostic tests. Additionally, learning the approach to patient care, understanding the interplay between different organ systems, and integrating evidence-based practices are central goals. This block aims to cultivate critical thinking, effective communication, and ethical decision-making in aspiring medical professionals.

By the end of the block, students must complete the requirements necessary as complementary clinical practice.

Learning outcomes:

The learning outcomes of year four ' Medicine block include

- Comprehensive Understanding of the different aspects of the medical conditions
- Detailed History-Taking: Acquire the skill to conduct detailed and precise patient historytaking tailored to each specialty.
- Clinical Examination: perform thorough clinical examination and obtain examination skills specific to Cardiological, Respiratory, Endocrine, Gastrointestinal, and Rheumatic conditions.
- Diagnosis and treatment plan: Attain mastery in diagnostic techniques and the interpretation of clinical findings. As well as creating comprehensive and patient-specific treatment plans based on diagnoses.
- Integration of Skills: Integrate history-taking and clinical examination skills into the broader context of patient care.

Furthermore by the end of this block students are required to have a thorough knowledge of General Medicine, Respiratory, GIT, Cardiology, Endocrinology and Rheumatology. And develop expertise in diagnosing and managing medical conditions within these specialties, developing clinical skills, and nurturing an approach to patient care.

Feedback:

A wide range of teaching methods are utilized in the clinical environment including bedside 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 behaviour.

End of Block Assessment:

At the end of each block the students will have an OSCE examination that's worth 7 points.
Their block course book requirements and daily activities during clinical sessions will be assessed, accounting for 3 points at the end of the block.

Year 4 Surgery block:

Duration: 11 weeks

Daily teaching hours: 8:00 AM-10:00 AM theory lectures and 10:00 AM-1:00 PM practical sessions from Saturday to Thursday.

The students will be further divided into two main groups:

Group A will complete 5 weeks of general surgery clinical training, the training will be on a daily basis from Saturday to Thursday from 10 AM to 1 PM. These students will be re-grouped into 5 main subgroups with 8-10 students for each group. These 5 groups will be guided by different tutors for different general surgical subspecialties such as GIT surgery, colorectal surgery, endocrine surgery, bariatric surgery, and hepatobiliary surgery.

Group B: will be regrouped into 3 subgroups, each group will attend two weeks of training in cardiothoracic and vascular surgery, Urology, and orthopedic and trauma. The students will be guided by tutors in these specialties.

Locations: teaching will occur at the university's old campus, Shar Hospital, Cardiac Hospital, GIT Hospital, Teaching Hospital

Key person:

Professor Dr Aram Bram

Aims:

The year four student training in surgery typically serves several important aims, which are designed to provide students with a solid foundation in surgical principles and skills as they progress toward becoming competent physicians. These aims can vary somewhat depending on the specific medical school and curriculum, but in general, the goals of year four student training in surgery include:

1. **Clinical Exposure:** Year four students are typically exposed to a variety of surgical specialties, including general surgery, orthopedic surgery, cardiothoracic and vascular surgery, Urology, and more. This exposure helps them explore different areas of surgery to determine their interests and career goals.
2. **Skill Development:** Medical students will have opportunities to develop basic surgical skills, such as suturing, knot tying, and operating room etiquette. This hands-on experience is crucial for their surgical education.
3. **Patient Care:** Students will actively participate in patient care, including pre-operative assessments, post-operative care, and follow-up. This provides a well-rounded understanding of the surgical patient's journey.
4. **Operating Room Experience:** Medical students will have the chance to observe and, in some cases, assist in surgical procedures. This exposure helps them understand the technical aspects of surgery and the dynamics of the operating room.
5. **Diagnosis and Decision-Making:** Medical students learn how to diagnose surgical conditions, assess patients, and make informed decisions about whether surgery is the appropriate treatment. This includes understanding indications for surgery and potential risks and benefits.
6. **Medical Knowledge:** Students will acquire a solid foundation in surgical anatomy, physiology, and pathology. They will also learn about the latest surgical techniques, technologies, and evidence-based practices.
7. **Interdisciplinary Collaboration:** Students will have the opportunity to work with and learn from surgical teams, which often include surgeons, anesthesiologists, nurses, and other healthcare professionals. This experience emphasizes the importance of teamwork in surgical care.
8. **Ethical and Professional Development:** Students will be exposed to ethical and professional issues related to surgery, such as informed consent, end-of-life decisions, and patient autonomy.

9. **Communication Skills:** Effective communication with patients and their families is crucial in surgery. Students will develop the ability to explain surgical procedures and risks in a clear and empathetic manner.
10. **Research and Critical Thinking:** Some programs may encourage or require students to engage in research projects related to surgery or critically evaluate the current surgical literature.
11. **Preparation for Residency:** Year four training in surgery helps prepare medical students for surgical residency programs, which typically follow medical school. This training ensures that students are familiar with the expectations and demands of a surgical career.

Overall, the year four of medical school in surgery is a critical phase that allows students to build on their prior medical education and gain valuable hands-on experience in the field of surgery. It helps them make informed decisions about their career paths, whether that involves pursuing a surgical specialty or another area of medicine.

Feedback:

Feedback from year four students can provide valuable insights and benefits for medical programs, our educators, and institutions. The benefits of gathering feedback from year four students could be summarized as follows:

1. **Program Improvement:** Feedback will help our medical school and programs identify areas that need improvement. This can include course content, teaching methods, resources, and overall curriculum structure.
2. **Curriculum Relevance:** Year four students are closer to their clinical rotations and internships, so their feedback can highlight the relevance of the curriculum to real-world medical practice.
3. **Identifying Strengths and Weaknesses:** Feedback can reveal what the program is doing well and where it might be falling short. This information can guide decisions about resource allocation and program enhancements.

4. **Teacher Evaluation:** Feedback from year four students can be used to assess the effectiveness of individual instructors and educators. This can inform decisions about faculty development and training.
5. **Assessment of Clinical Rotations:** Year four students often have extensive clinical experience. Their feedback can help refine the quality and educational value of clinical rotations and clerkships.
6. **Preparing for Residency:** As Year four students are on the cusp of entering residency programs, their feedback can help identify areas where they need additional preparation and support.
7. **Student Well-being**: Gathering feedback can also reveal issues related to student well-being, such as workload, stress, and burnout. This information can be used to implement support systems for students.
8. **Accreditation and Compliance:** Many medical schools and programs are subject to accreditation requirements. Feedback from Year four students can help demonstrate compliance with accreditation standards.
9. **Continuous Improvement:** Feedback is an essential component of continuous improvement in medical education. It ensures that programs adapt to changing healthcare needs and educational best practices.
10. **Student Engagement and Satisfaction:** Listening to student feedback and making improvements based on it can enhance overall student satisfaction and engagement in the learning process.
11. **Data-Driven Decision-Making:** Gathering feedback from Year four students provides the college with data that can be used to make informed decisions about program modifications, resource allocation, and strategic planning.

To obtain these benefits effectively, we will establish a structured and confidential feedback system, conduct regular surveys, and create mechanisms for acting on the feedback received. It's important to create an environment where students feel safe and encouraged to provide honest feedback to support the ongoing improvement of medical education.

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

Professionalism

Maintaining professionalism during the year four study

is crucial. Students should learn that professionalism is an ongoing commitment during medical career. Here are some key principles to keep in mind:

1. **Punctuality:** Arrive on time for all clinical duties, rounds, and surgeries. Being prompt shows respect for your colleagues, patients, and the medical team.
2. **Dress code:** Adhere to the dress code and hygiene standards of the surgical department. This typically means wearing clean and appropriate surgical attire, including scrubs, gloves, and masks.
3. **Communication:** Effective communication is essential in a surgical setting. The student should be respectful when speaking with patients, colleagues, and supervisors. He or she should listen actively and ask questions when necessary.
4. **Confidentiality:** Always maintain patient confidentiality and respect their privacy. Avoid discussing patient information in public areas or with individuals who are not directly involved in the patient's care.
5. **Teamwork:** Surgery is a highly collaborative field. Work well with the surgical team, including nurses, residents, and attending physicians. The student should be a team player and contribute positively to patient care.
6. **Informed consent:** Understand the importance of informed consent. Ensure that patients understand the risks and benefits of a procedure and have the opportunity to ask questions before providing consent.
7. **Professionalism in the OR**: In the operating room (OR), focus on the task at hand and maintain a sterile and controlled environment. Always the student

must follow the surgeon's instructions and adhere to the principles of aseptic technique.

8. **Self-care:** Recognize the importance of self-care. Surgical rotations can be demanding, so it's crucial to manage stress, get adequate rest, and seek help or support when needed.
9. Patient-centered care: Always students should put the patient's best interests first. Show empathy and provide emotional support to patients and their families.
10. Cultural sensitivity: all the students must be aware of cultural differences and respect the diverse backgrounds and beliefs of your patients and colleagues.
11. Adherence to policies: Familiarize him or herself with hospital and institutional policies and comply with them at all times.

End of Surgery Block Assessment:

The objective Structured Clinical Examination (OSCE) is used to assess the student's knowledge and to evaluate the clinical competence of medical students. The details are as follows:

1. **Format**: OSCEs are structured as a series of stations, the medical student, is required to perform various clinical tasks. Each station typically lasts a set amount of time, often around 5-10 minutes.
2. **Number of Stations**: The number of stations can vary, but you may have anywhere from 5-10 stations.
3. **Content**: The stations may cover a wide range of clinical skills and knowledge. They can include history-taking, physical examination, communication skills, procedural skills, interpreting diagnostic tests, and making differential diagnoses.
4. **Assessors**: Typically, there are examiners (often faculty members) who assess the student’s performance at each station. They use a standardized checklist to evaluate their skills and knowledge.

5. **Patient Actors**: Some stations might involve standardized patients or actors who simulate specific medical conditions or scenarios. The students have to interact with them as if they were real patients.
6. **Time Limit**: As mentioned earlier, each station has a specific time limit. The student has to manage their time efficiently to complete the tasks and communicate effectively within that time frame.
7. **Professionalism**: Students have to demonstrate professionalism in their interactions with patients, examiners, and fellow students. This includes maintaining patient confidentiality, obtaining informed consent, and displaying respect and empathy.
8. **Dress Code**: Dress appropriately in clinical attire when participating in the OSCE. This typically means wearing a white coat or other approved clinical attire.
9. **The marks:** At the end of each block the students will have an OSCE examination that's worth 7 points. Their block course book requirements and daily activities during clinical sessions will be assessed, accounting for 3 points at the end of the block.

Year 4 Primary care block:

Duration of the block: 11 weeks
Daily teaching hours: 8:00 AM-11:00 AM practical sessions and 11:00 AM-1:00 PM theory lectures from Sunday to Thursday.

The students will be further divided into 9 sub-groups rotating between the Directorate of preventive health (DPH), two main health centers (PHC), Dermatology and radiology units. The groups of DPH and PHCs are further subdivided into smaller groups and each group will be assigned for certain program for 1- 2 days and then they rotate for the rest of the time in each of these two practical locations until they cover all programs of their practical

sessions of these two main parts of the block and then they move to other locations (Dermatology and radiology) till they cover all assigned practical locations

locations: teaching will occur at the university's old campus, Ibrahim Ahmed health center, Kareza Weshk Health center, Directorate of preventive health, dermatology center and radiology center.

Key person:
Dr. Shahow Abdulrehman Ezzaddin

Aims:
In the fourth year of medical studies, the primary care block aims to equip students with a comprehensive understanding of various primary care disciplines, programs and their presentations focusing mainly on management of patients in their first contact to the health system (health facility), different programs for health promotion and disease prevention that are available in our health facilities.
The primary objectives include developing necessary knowledge base in the dealing with common health problems via primary and secondary prevention and routine activities in these heath facilities. Students will explore the varieties of primary care services for attendants seek health care, dermatology management and services as well as radiology and imaging for patients in need to.

Focusing on clinical skills of outpatient management including history-taking, physical examination, and interpretation of diagnostic tests. Additionally, learning about services needed for different population categories (infant, children, school age students, female in child bearing age, pregnant ladies,

elderly and other special groups of people) and how to deliver these services to them in an appropriate way that result in health promotion and disease prevention of target population

By the end of the block, students must complete the requirements necessary as complementary clinical practice.

Outcomes:

The outcomes of the Year four medical students' primary care block include

- Comprehensive Understanding of primary care programs, dermatological services and radiological imaging based on systems of the body or clinical condition of the individual
- Learning about reproductive and maternal care and services needed for that purpose and what are available in our community.
- To know about child health care and immunization program and schedule for children
- To learn about immunization services available for all special groups i.e. Immunization for immunocompromised patients, for travelers, for health staff, for food handlers, for those with animal bite etc.
- To be aware about school health program,
- Learn about water quality and food quality assessment and management, health audit and how to deal with food handlers and dealing with public places introducing food (giving licenses checking staff and regular checkup as well as legislations of that field.
- Learning about how to deal with patients attending outpatient department for common health problems, how they can be examined, investigated, treated or referred.
- Learn about common dermatological conditions and how to deal with them

- Learn about different types of radiological imaging available in our health services (hospitals, health centers and specialized centers)

Furthermore, by the end of this block students are required to have a thorough knowledge of infectious diseases, nutrition, maternal and child health promotion and care, vaccines, noncommunicable diseases, allergy and immunological problems, principles of radiology and imaging of different body systems.

Feedback:

A wide range of teaching methods are utilized in the clinical environment including observation of administrations of different services (in field i.e. health facility), group discussions, preparation and presentation of seminars by students. 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:

At the end of each block the students will have an OSCE examination that's worth 7 points. Their block course book requirements and daily activities during sessions will be assessed, accounting for 3 points at the end of the block.

University of Sulaimani – College of Medicine – Year Four

Regulations of the Student Project Selective Block

Name of the Block:

Student Project Selective Block

Duration:

24 - 30 weeks (Three sessions in each month)

Participants in each session:

Three students and one supervising instructor.

Topic:

An observational study or a review article (literature review) on a topic selected and conducted collaboratively by the students under the supervision of an instructor.

Objectives:

1. provide students with knowledge and basics to learn about and conduct academic study
2. active self-learning style, in which students work academically together as a group under supervision
3. Learn how to write academically, using paraphrasing, less than 5% plagiarism, bibliography, and style of citation (Vancouver for example)
4. Learn how to use different programs designed specifically for the purposes in the third objective
5. Active writing of the components of the article, Introduction, methodology, results, discussion, and conclusion.
6. Presenting the work at the end of the block in front of an academic assessment committee.

Venue and timing:

1. Three on-ground sessions each month (or at least two on-ground and one online meeting) preferably on Saturday.
2. Venues must be academic; that is, Universities, General Hospitals, Private Hospitals, Private Clinics, and/or other Academic Venues.
3. The duration of each session is three hours.

Schedule:

1. The first month (three sessions) is about academic writing, research design, methodology, and plan of the work.
2. In the second, third, and fourth months, the student must collect data, write the introduction, and analyze the data.
3. In the fifth and sixth months, the student must write the discussion, conclusion, and finalization; that is, editing, proofreading, and plagiarism check.
4. In the remaining time, the students must prepare themselves for the day of the presentation and assessment.
5. At the end of both the second and third part of the schedule, the work must be approved by the administration of the block.
6. Lastly and after the presentation, on the page of student feedback (The last page of the logbook) each student must submit a confidential piece of academic typed writing (not less than 200

words) demonstrating her/his overall opinion, positive, and negative feedback on the following subjects: • The structure of the block

- Content of the block
- The instructor
- Opinion to improve

Note: in this confidential feedback, the student must not write her/his name as well as the name of the instructor; that is, codes must be used instead of names.

Submission and publication of the article (Optional)

1. The college and the department of the clinical sciences strongly encourage submission of the research for publication in the ongoing academic year; accordingly, the Students and the Instructor can modify and summarize the schedule; that is, they can complete and prepare the work for submission in the first three or four months. However, any modification must be approved by the administration of the block.
2. Acquiring an acceptance letter for publication in the ongoing academic year will guarantee a full mark for the students in the Student Project Selective Block.

Date to be remembered

DATE	EVENT
29th October 2023	Start of 2023-2024 academic year
6th January 2024	New Block Start
31st December 2023-1st January 2024	New year holiday
16th -21st . March 2024	Newroz Holidays
23th March	New Block Start
06th to 11th April 2024	Expected National Holiday
6th June 2024	End of 3rd block
9th June 2024	Self-Study and Revision Period
30th June 2024	Paper 1 examination
2nd July 2024	Paper 2 Examination