

# College of Medicine

CATALOG | ACADEMIC YEAR 2021-2022



جامعة محمد بن راشد  
للطب و العلوم الصحية  
MOHAMMED BIN RASHID UNIVERSITY  
OF MEDICINE AND HEALTH SCIENCES

## College of Medicine

BACHELOR OF MEDICINE AND  
BACHELOR OF SURGERY (MBBS)

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# ACADEMIC CALENDAR



## 1. ACADEMIC CALENDAR (2021 - 2022)

The key dates relating to the calendar for 2021-2022 are set out in the table below. MBRU adheres to the academic requirements of the UAE Ministry of Education.

### PHASE 1 AND 2 ACADEMIC CALENDAR 2021-2022

Semester 1	Dates
AY 2021-22 - Resit exam	August 12 – 17, 2021
AY 2021-22 - SAPC meeting - Resit Exams	August 19, 2021
New Student Orientation	August 22 - 23, 2021
Classes Start	August 24, 2021
Semester 1	August 22 – December 16, 2021
Semester 1 - ICA	October 10 - 17, 2021
Semester 1 – OSCE (Year 3 only)	November 25, 2021
Semester 1 - Final Exams (Theory & OSPEs)	December 05 - 15, 2021
Semester 1 - SAPC meeting – Final Exams	December 19, 2021
Semester 1 - Student advisory meeting	December 20, 2021
Semester 1 - Resit Exams	January 9 - 12, 2022
Semester 1 - SAPC meeting – Resit Exams	January 16, 2022
<b>WINTER BREAK – 3 weeks</b>	<b>December 19, 2021 - January 06, 2022</b>
Semester 2	Dates
Semester 2	January 9, 2022 - May 26, 2022
Semester 2 - ICA	February 27, 2022 – March 6, 2022
<b>SPRING BREAK – 2 weeks</b>	<b>March 27 - April 7, 2022</b>
Semester 2 - OSCEs	May 09 & May 11, 2022
Semester 2 - Final Exams (Theory & OSPEs)	May 15 - 25, 2022
Semester 2 - SAPC meeting – Final Exams	May 30, 2022
Semester 2 - Student advisory meeting	May 31, 2022
Semester 2 - Resit Exams	August 2022 (to be confirmed)
<b>SUMMER BREAK Begins</b>	<b>May 29, 2022</b>

### PHASE 3 ACADEMIC CALENDAR (YEAR 4) 2021-2022

Clerkship	Dates
Student Induction	August 23, 2021 - August 26, 2021
Rotation 1 (8 weeks)	August 29, 2021 – October 23, 2021
Rotation 2 (8 weeks)	October 24, 2021 - December 18, 2021
<b>WINTER BREAK – 3 weeks</b>	<b>December 19, 2021 – January 8, 2022</b>
Rotation 3 (8 weeks)	January 9, 2022 – March 5, 2022
Rotation 4 (8 weeks)	March 6, 2022 – April 30, 2022
Rotation 5 (8 weeks)	May 1, 2022 – June 25, 2022
Revision and Assessments (incl. OSCE)	June 26, 2022 – July 7, 2022
<b>SUMMER BREAK Begins</b>	<b>July 10, 2022</b>
<b>Re-sit (Written and OSCE)</b>	Week commencing August 14, 2022

Note: Dates for SAPC Meetings to consider results following any assessments should be scheduled as appropriate.

### PHASE 3 ACADEMIC CALENDAR (YEAR 5) 2021-2022

Clerkship	Dates
Student Induction	August 22, 2021
Rotation 1 (4 weeks)	August 22, 2021 – September 18, 2021
Rotation 2 (4 weeks)	September 19, 2021 – October 16, 2021
Rotation 3 (4 weeks)	October 17, 2021 – November 13, 2021
Rotation 4 (4 weeks)	November 14, 2021 – December 11, 2021
Revision and Assessments	December 12, 2021 – December 16, 2021
<b>WINTER BREAK – 3 weeks</b>	<b>December 19, 2021 – January 8, 2022</b>
Rotation 5 (4 weeks)	January 9, 2022 – February 5, 2022
Rotation 6 (4 weeks)	February 6, 2022 – March 5, 2022
Rotation 7 (4 weeks)	March 6, 2022 – April 2, 2022
Rotation 8 (4 weeks)	April 3, 2022 – April 30, 2022
Revision and Assessments (provisional)	May 8, 2022 – May 15, 2022
Elective (5 weeks) (provisional)	May 16, 2022 – June 18, 2022
Re-sit (Theory and OSCE)	June 19, 2022 – June 20, 2022
<b>SUMMER BREAK – 1 week</b>	<b>June 19, 2022 – June 25, 2022</b>
Year 6 Induction	June 26, 2022 – June 30, 2022
Year 6 Program 1 - start date	July 3, 2022

Note: Dates for SAPC Meetings to consider results following any assessments should be scheduled as appropriate.



### PHASE 3 ACADEMIC CALENDAR (YEAR 6) 2021-2022

Year Six	Dates
Year 6 Induction	June 20, 2021 – June 24, 2021
Program 1 (16 weeks)	June 27, 2021 – October 16, 2021
<b>*BREAK – 1 week</b>	<b>October 17 – October 23, 2021</b>
Program 2 (16 weeks)	October 24, 2021 – February 12, 2022
<b>*BREAK – 1 week</b>	<b>February 13 – February 19, 2022</b>
Selective 1 (Weeks 1-3)	February 20, 2022 – March 12, 2022
Revision and Assessments	March 13, 2022– March 26, 2022
Selective 1 (Final week)	March 27, 2022 – April 2, 2022
Selective 2 (4 weeks)	April 3, 2022 – April 30, 2022
Elective (6 weeks)	May 1, 2022 – June 11, 2022
Re-sit	May 15, 2022 – May 16, 2022
<b>Final Week Activities and Graduation</b>	<b>Week commencing June 12, 2022</b>

\*Students are advised to request up to 5 days annual leave in both 16-week programs

Note: Dates for SAPC Meetings to consider results following any assessments should be scheduled as appropriate.

## UAE PUBLIC HOLIDAYS 2021-2022 (SUBJECT TO OFFICIAL CONFIRMATION)

Occasion	Dates
Islamic New Year	Thursday - August 12, 2021
Prophet's Birthday	Thursday - October 21, 2021
Martyr's Day	Wednesday - December 01, 2021
UAE National Day	Thursday & Friday - December 02 - 03, 2021
New Year's Day	Saturday - January 01, 2022
Ramadan Begins	Friday - April 01, 2022
Eid Al Fitr	Monday - May 02 to Thursday - May 05, 2022
Arafat & Eid Al Adha	Friday - July 08 to Tuesday - July 12, 2022
Islamic New Year	Friday - July 29, 2022

Public holidays are subject to confirmation from relevant authorities and will be announced by the MBRU administration.

Any revisions to the teaching and clinical skills scheduling, examination timetables, public holidays, and closure periods, will be published throughout the year on the University website at [www.mbru.ac.ae](http://www.mbru.ac.ae). In addition, during Phase 3 of the MBBS

Program, students may elect, or be required for remedial study purposes, to undertake a period of selective study during the summer months. Students will be notified of this requirement in advance.

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# INSTITUTIONAL HISTORY



## 2. INSTITUTIONAL HISTORY

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His Highness Sheikh Mohammed Bin Rashid Al Maktoum, Vice President and Prime Minister of the United Arab Emirates and Ruler of Dubai announced the establishment of Mohammed Bin Rashid University of Medicine and Health Sciences (MBRU) in 2014. In June 2016, His Highness signed Decree number 7 for the formal establishment of the University.

The College of Medicine offers undergraduate and postgraduate programs, the Bachelor of Medicine Bachelor of Surgery (MBBS) and a Master of Science in Biomedical Sciences. The Hamdan Bin Mohammed College of Dental Medicine (HBMCDM) offers a range of specialty postgraduate dentistry programs, in Endodontics, Orthodontics, Pediatric Dentistry, Prosthodontics and Periodontics. The College of Nursing and Midwifery offers a postgraduate program, a Master of Science in cardiovascular nursing or pediatric nursing. The Deanship of Research and Graduate studies offers a PhD in Biomedical Sciences

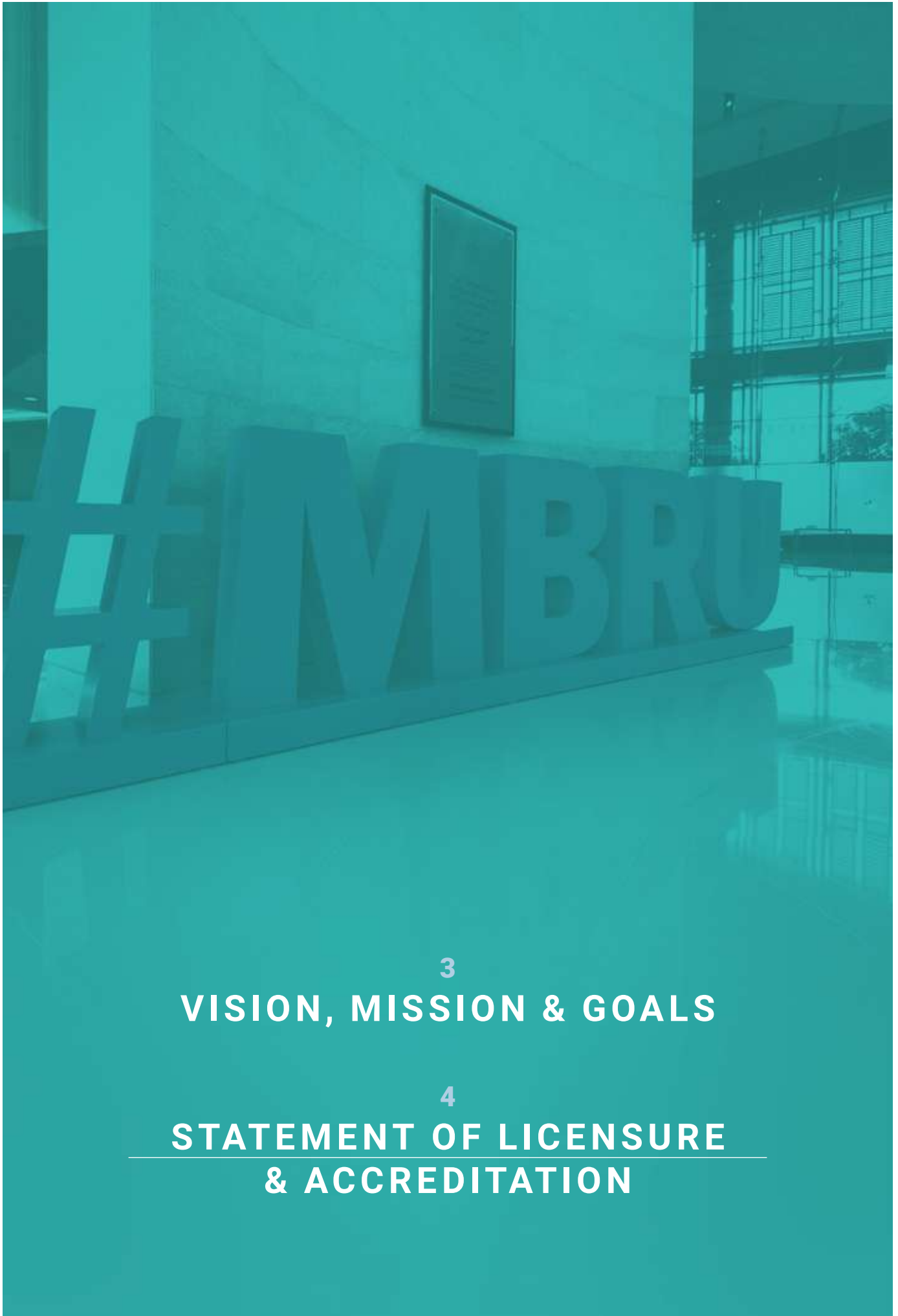
MBRU is an inclusive educational institution, comprising a diverse faculty and student body featuring more than 32 nationalities. The highly-experienced faculty and world-class facilities provide medical students with early clinical exposure from year one, and extensive clinical training to postgraduate dentists, in line with the UAE Centennial 2071 to develop education with a focus on advanced technologies.

The University is home to the largest medical simulation center in Dubai, a fully accredited training facility that offers a safe

environment for healthcare professionals to learn new procedures and techniques.

MBRU is licensed by the Commission for Academic Accreditation in the Ministry of Education of the United Arab Emirates to award degrees and qualifications in higher education. All programs offered by MBRU are benchmarked against international standards to ensure a high-quality education which allows its graduates to be competitive globally, both in the job market and in securing advanced specialist training positions. MBRU's academic partner is Queen's University Belfast in the United Kingdom. This partnership aims at enhancing the quality of all aspects of the medical program and supporting the university on strategic and operational issues.

The College of Medicine is listed on the World Directory of Medical Schools. Students and graduates of the MBBS program at MBRU are eligible to apply to the United States Educational Commission for Foreign Medical Graduates (ECFMG) for ECFMG Certification and for examination. Medical degrees obtained from MBRU are acceptable to the provincial/ territorial medical regulatory authorities in Canada, and therefore acceptable to all medical organizations in Canada. MBRU's Foundation for Advancement of International Medical Education and Research (FAIMER) ID is F0004132.



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**VISION, MISSION & GOALS**

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**STATEMENT OF LICENSURE  
& ACCREDITATION**

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### 3. VISION, MISSION AND GOALS

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#### Vision

A global hub for innovative and integrated healthcare education and research at the service of humanity.

#### Mission

To advance health in the UAE and the region through an innovative and integrated academic health system, that is nationally responsive and globally connected, serving individuals and communities.

#### Values

- **Respect** - Respect for other opinions and differences
- **Integrity** - Fostering honesty, openness, transparency and accountability
- **Excellence** - Embracing quality, motivation and creativity in our communications and services
- **Giving** - Creating a positive and happy relationship with our communities
- **Connectivity** - Building partnerships with local, regional and international organizations

#### Goals

- To establish the Emirate of Dubai as a hub for academic specializations in medicine and health sciences
- To contribute to achieving sustainable development through supporting scientific advancement in medicine and health sciences
- To provide the community with qualified medical and healthcare personnel who are able to efficiently address various health issues
- To create a favorable environment for conducting scientific research that enhances the health sector in the community, through supporting education, scientific research, and continued professional development in medicine and health sciences; and
- To achieve a leading position and excellence in medicine and health sciences at the local, regional, and international levels.

### 4. STATEMENT OF LICENSURE AND ACCREDITATION

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MBRU is licensed by the Ministry of Education of the United Arab Emirates, since 2014 to award degrees and qualifications in higher education. Through its Commission for Academic Accreditation (CAA), the Ministry has accredited all MBRU graduate and undergraduate degree programs.

MBRU is listed in the World Directory of Medical Schools. Also is recognized by the Educational Commission for Foreign Medical Graduates (ECFMG).

(<https://search.wdoms.org/home/SchoolDetail/F0004132>)

5

**COLLEGE OF MEDICINE**  
**GOALS AND OUTCOMES**



## 5. COLLEGE OF MEDICINE GOALS AND OUTCOMES

### Goal 1 and outcomes

The College of Medicine will graduate highly skilled and competent medical professionals who practice compassionately and ethically and maintain a high level of professionalism.

**Outcome 1A:** Graduates secure and complete competitive postgraduate training.

**Outcome 1B:** Graduates pursue successful careers in medicine.

### Goal 2 and outcomes

The College of Medicine will create an environment conducive to impactful and innovative medical research.

**Outcome 2A:** Faculty, students and graduates secure internal and external funding for scholarly activities.

**Outcome 2B:** Faculty and students

disseminate research findings through peer-reviewed publications and presentations in professional meetings.

### Goal 3 and Outcomes

The College of Medicine will actively engage with the community to preserve and promote health.

**Outcome 3A:** Faculty, staff and students organize and participate in health-related community activities.

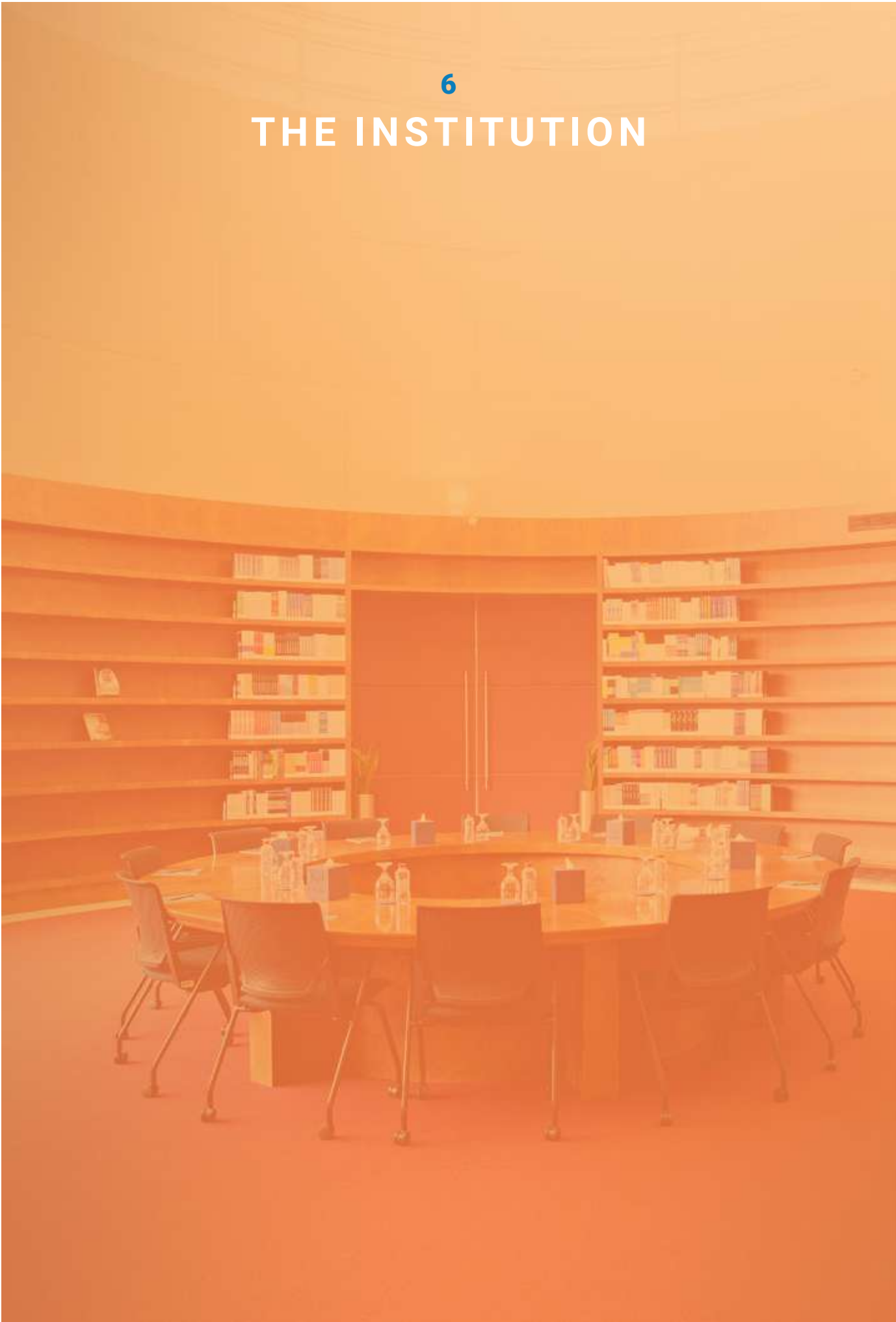
**Outcome 3B:** Engagement in community activities results in positive change in the health of the community.





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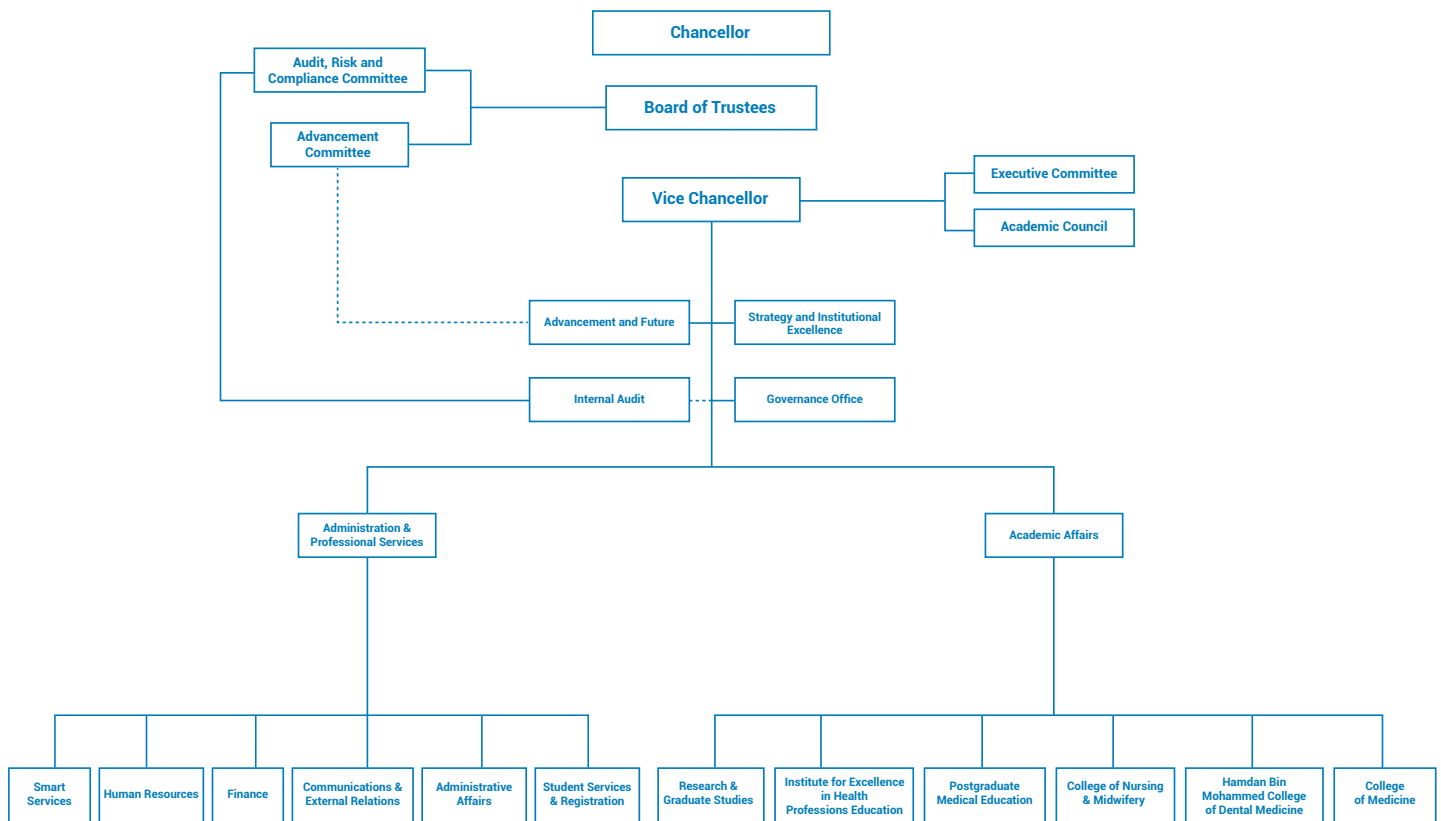
# THE INSTITUTION



## 6. THE INSTITUTION

### 6.1 MBRU's structure

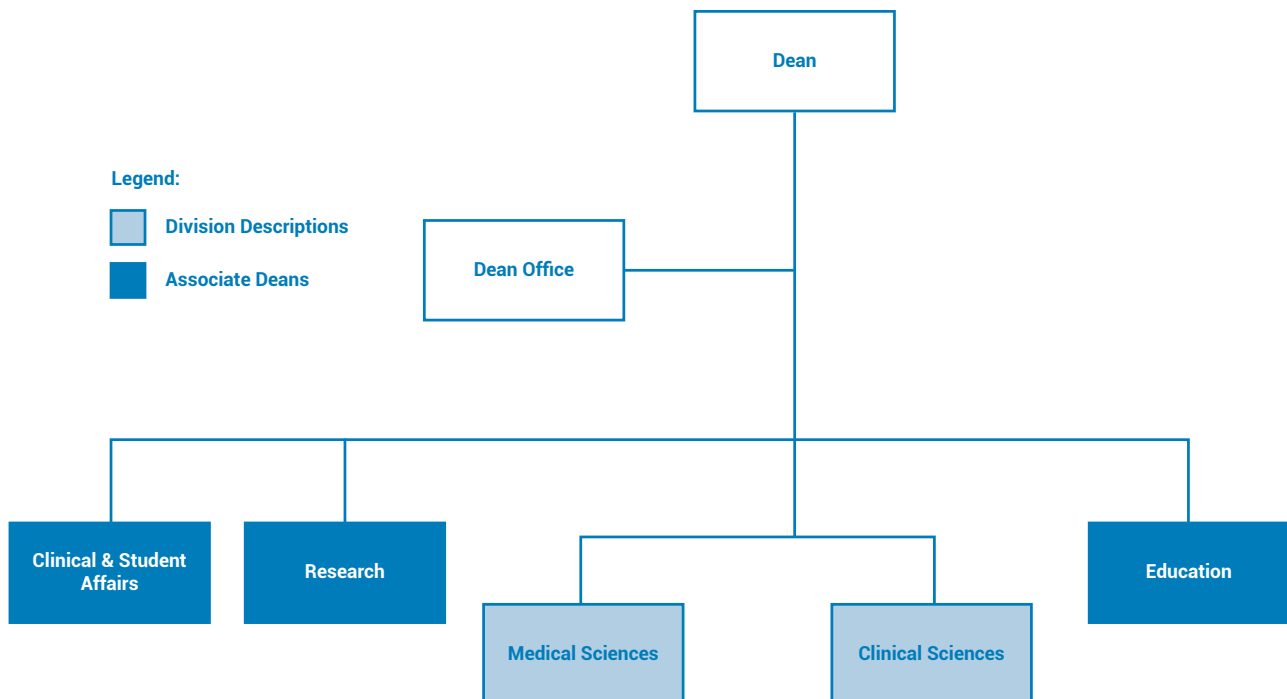
The structure of the University is shown in the chart below. The University Council is the highest ruling body within MBRU and equates to “The Board” in the Commission for Academic Accreditation Standards.



## 6.2 College of Medicine structure

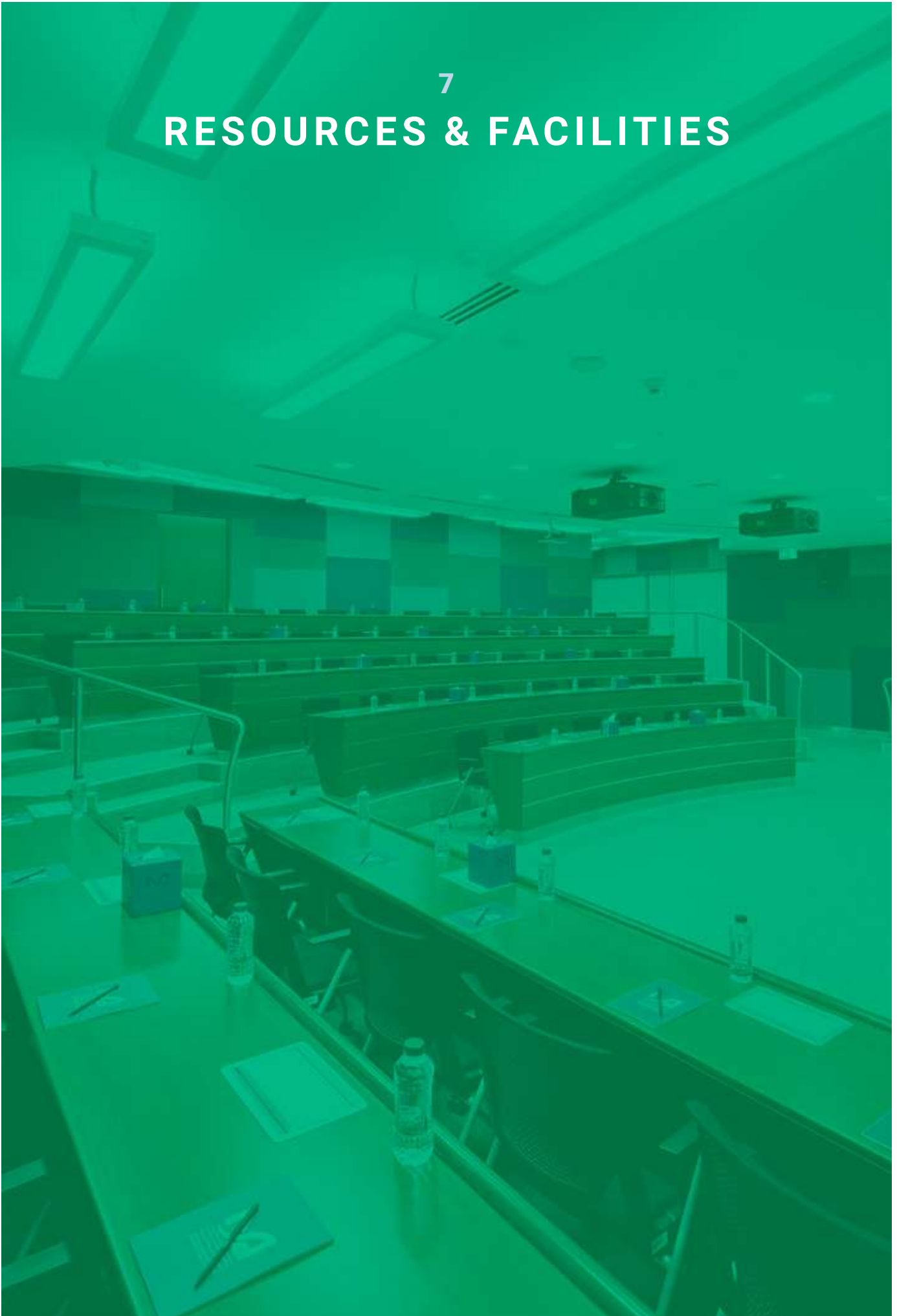
The College of Medicine aims to provide integrated medical education and research, that is nationally responsive and globally connected, serving individuals and communities.

The organizational chart below provides an overview of its structure:



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# RESOURCES & FACILITIES



## 7. RESOURCES AND FACILITIES

The table below provides a summary of the available learning facilities at MBRU

Venue	AV/IT	*Additional Comments
<b>Basement 1 Right Wing</b>		
Khalaf Al Habtoor Medical Simulation Center (KHMSC) Accident & Emergency	IP Camera	Simulation Center
<b>Ground Floor Right Wing</b>		
Case Method Hall	Ultra-Wide Screen Video Conferencing Audio Conferencing Lecture Capture	75 – 85 Seats
Anatomy Dissection Hall	10 TV Screens 2 Projections Content Sharing with Case Method Hall	10 Tables
Ahmed Siddiqui Auditorium	Wide Screen Video Conferencing	330 Seats
<b>First Floor Right Wing</b>		
Lecture Hall 1 & 2	Dual Rear Projection	40 – 50 Classroom
Lecture Hall 3	Single Front Projection	40 Classroom
Lecture Hall 4	Dual Rear Projection Video Conferencing	60 – 70 Classroom
Lecture Hall 5	Dual Rear Projection	60 – 70 Classroom
Case Method Hall	Dual Rear Projection Video Conferencing Audio Conferencing Lecture Capture	65 Seats
Small Meeting Rooms 1 & 2	TV Screen	6 – 10 Seats
Video Conference Room	Video Conferencing	6 – 8 Seats
<b>First Floor Left Wing</b>		
AMML Meeting Room 1 & 2	TV Screen	8 – 10 Seats
<b>Second Floor Right Wing</b>		
KHMSC Training Room	Portable Screen & Projector	40 Classroom
KHMSC Ward	IP Camera	Simulation
KHMSC ICU	IP Camera	Simulation

Venue	AV/IT	*Additional Comments
KHMSC OR	IP Camera	Simulation
KHMSC Debriefing Room	Portable Screen & Projector	
KHMSC Dental Simulation	Nil	Simulation
KHMSC Part Task Trainer Room	Nil	Simulation
Second Floor Left Wing		
AMML Group Study Rooms 1-7	Interactive TV's	6 – 10 Seats
Third Floor Right Wing		
Lecture Halls 6 -11	Provisions Only (Front Projection Screens Planned)	30 – 35 Seats in each hall
Tutorial Rooms 1-10	Provisions Only (TV's Planned)	8 Seats in each room
Clinical Consulting Rooms 1 -12	Provisions Only (IP Cameras, TV's Planned)	Simulation
Fourth Floor Left Wing		
Computer Lab	70 Desktops 3 Front Projection Screens	Computer Based Teaching - Pathology, Histology, Biochemistry, Pharmacology & Molecular Biology  Computer Examination Center
Multidisciplinary Lab	Nil	Wet Lab - Biochemistry, Physiology, Pharmacology & usage of wet biological specimens.
Computer Assisted Lab	2 Interactive Displays	Physiology Practicals Biochemistry Demonstrations Molecular Biology Pathology

## 7.1 Physical Teaching Resources and Facilities



### 7.1.1 Classrooms

**7.1.1.1** The Mohammed Bin Rashid Academic Medical Center is the home base for MBRU. Currently, it houses multiple large classrooms accommodating up to 100 students\*, all dedicated for use by the College of Medicine. Most classrooms are equipped with double presentation screens and up to date audiovisual equipment. There is also electronic connectivity to the large 350-seater\* auditorium, with an internet port connection for each student.

**7.1.1.2** In addition, 10 tutorial rooms each accommodating 8-10 students\* and the tutor will be added for small group learning.

**7.1.1.3** The entire building has a wireless connection to the Internet. The students are expected to bring to class either an electronic tablet or a laptop.

### 7.1.2 Case Demonstrations

MBRU houses two state-of-the-art case method halls designed for case demonstrations. Each can accommodate 65 students\*. The acoustics are such that the speaker in the central part is clearly audible in all parts of the hall without the need for a microphone. The hall has connectivity to the main 350 seater\* auditorium.



### 7.1.3 Teaching Laboratories

MBRU houses three teaching laboratories. Each can accommodate 50 students\* at a time. A 'dry' teaching laboratory is dedicated for projection and demonstrations in Histology, Pathology, and Microbiology. The 'wet' teaching laboratory is for practical sessions in subjects that involve wet preparations.

### 7.1.4 Computer Assisted Learning Laboratory

MBRU has a 60 station\* computer laboratory designed for teaching Pathology, Hematology and Anatomy through digital microscopy.





### 7.1.5 Anatomy Lab

MBRU has an Anatomy lab that serves as a dissecting room for teaching anatomy and related subjects. It has 10 dissecting tables (each accommodating 8 students\*), a morgue for cadavers and body parts, a storage facility, student lockers, two debriefing rooms, two faculty offices, technician offices, and a case method hall for demonstrations.

\* A reduced number of students may be put in place to ensure a more secure environment to the users where social distancing is required.



## 7.2 Clinical Teaching Facilities

### 7.2.1 Simulation and Clinical Skills Training Center

**7.2.1.1** The Khalaf Ahmad Al Habtoor Medical Simulation Center (KHMSC), located on the second floor is a training facility where healthcare professionals will receive training to improve the quality of care and teamwork in a simulated environment with no risk to patients. The Simulation Center, a 19,500 sq. ft. facility, has all the elements of a virtual hospital. It has two fully functioning Operation Rooms; four ICU Bays - including a

pediatric bay; and a wardroom, three debriefing rooms, a small meeting room and a large training room on the second floor. There is a large skills training and competency testing room (e.g. intravenous cannulation, endotracheal intubation, lumbar puncture). In the basement is a complete Emergency Room with facilities for imaging.

#### 7.2.1.2

Additional consultation and meeting rooms are located on the third floor of the Simulation Center.

### 7.2.2 Affiliated Healthcare Providers and Clinical Facilities.

**7.2.2.1** MBRU is located at the heart of Dubai Healthcare City which currently houses over 150 medical facilities, 4,000 physicians and three full size hospitals that are fully operational and open to patients. MBRU has already developed a number of memoranda of understanding with key providers in DHCC and Dubai.

**7.2.2.2** The memoranda of understanding underscore the desire of the parties to collaborate on matters of medical education, research and service provision. Currently, there are agreements with, or letters of support from Dubai Health Authority, Mediclinic Middle East, Moorfields Eye Hospital and Sulaiman Al Habib Hospital. Academic partnerships and affiliation agreements are in place with Mediclinic Middle East and Al Jalila Children's Specialty Hospital. Similar agreements are being developed with the Dubai Health Authority and Ministry of Health and Prevention.

### 7.3 Library Resources

The Al Maktoum Medical Library (AMML) supports MBRU’s students, medical and academic as well as the wider medical community, by providing access to quality and authoritative information resources in the field of medicine and research. Located on the first and second floor of MBRU, the state-of-the-art library offers a collection of point of care resources and medical education databases and provides spaces for quiet study as well as group and collaborative study for members. In addition, its facilities include a reading room, study lounges and pods, meeting rooms and an Information Commons.

The Library is a modern 30,000 square feet facility. AMML maintains over 3000

print books, more than 250 print journals and subscription to a range of electronic resources including e-Journals and eBooks covering a wide range of medicine and allied health topics, bringing a wealth of up-to-date and reliable information to users. Library also has multiple copies of course core textbooks to support the curriculum at MBRU. Library electronic resources can be accessed remotely using the student’s university email ID and password. Resources include: More than 24 databases covering 11,000 electronic journals, and more than 10,000 electronic books. The Library has developed an extensive network for sharing educational resources and journals with other libraries in the region.

Library’s operating hours:

Regular opening hours	
Sunday- Wednesday	8:00 am – 9:30 pm
Thursday	8:00 am – 5:00 pm
Saturday	8:30 am – 4:00 pm
Friday and Public Holidays	Closed



The Library's opening hours will be extended during exams. New students will receive an induction into using the Library and its online facilities as part of orientation, and librarians are available throughout the academic year to help students locate and use the materials and facilities they require. The regulations for use of the Library facilities are available in the Student Handbook. Library services include reference service, scanner, information literacy sessions, research support, interlibrary loans and document delivery, remote access, technology hub and wellness services.



## 7.4 Educational Technology

**7.4.1** e-Learning Management System (LMS): MBRU uses an online learning management platform for posting learning and teaching resources, which provides a personalized digital learning experience.

**7.4.2** Registration and enrollment: All students, Faculty, and Human Resources Management records will be on an electronic platform.

**7.4.3** ExamSoft platform is used for conducting electronic examinations, archiving question banks and analyzing results.

**7.4.4** PathXL software provides virtual microscopic teaching in histology, anatomic pathology and hematology.





8

**PARTNERSHIPS &  
COLLABORATIONS**

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## 8 PARTNERSHIPS AND COLLABORATIONS

MBRU has a number of collaborative agreements and partnerships with educational, research and service institutions both within and outside the UAE. Such partnerships aim at enhancing the quality of MBRU's educational programs, widening the university network and expanding the university outreach.



### Queen's University Belfast

MBRU has an academic partnership with Queen's University Belfast (QUB) in the United Kingdom. QUB was founded as Queen's College in 1845, before becoming a university on its own right in 1908, and is the ninth oldest university in the United Kingdom and is a member of the UK's Russell Group of leading research-intensive universities.

The goal of the partnership is to provide quality assurance through offering advice on strategic planning, organization and governance of the university and its colleges, as well as infrastructure and educational resources development, development of curriculum, faculty recruitment, senior staff recruitment, student recruitment and faculty development programs. The curriculum is developed by MBRU.



### Mediclinic Middle East

Mediclinic Middle East is part of Mediclinic International, one of the top ten listed private healthcare groups in the world. They're operating 74 hospitals and 30 clinics across four countries, including 51 hospitals in South Africa and Namibia, 17 hospitals in Switzerland (under the name Hirslanden) and seven hospitals with over 900 inpatient beds, as well as more than 20 clinics in Dubai, Abu Dhabi, Al Ain and Al Dhafra, UAE.

MBRU has an academic affiliation agreement with Mediclinic Middle East to advance their common passion for medical education. Under this agreement, students will be able to train at the Mediclinic Middle East excellent healthcare facilities by their highly trained specialist physicians. Mediclinic Middle East will assign prepared adjunct faculty members as supervisors for students who will be embedded in the healthcare teams and participate in healthcare delivery under supervision and with graded responsibilities according to their skills and experience. The training will be based on a jointly developed program with clearly defined learning outcomes.

Under this partnership, the clinical academic faculty of MBRU will be granted clinical privileges to treat patients at Mediclinic facilities. Mediclinic Middle East will offer students the opportunity to learn in the setting of a large multispecialty private sector healthcare provider.



### Dubai Health Authority

The Dubai Health Authority (DHA) is the major public sector healthcare provider in Dubai. It belongs to the government of Dubai. The healthcare system includes four hospitals and fourteen Primary Healthcare Centers supported by a full range of ancillary services. Service is provided in all the core specialties and sub-specialties.

MBRU and DHA developed an affiliation agreement to provide students with clinical experiences building on a Memorandum of Understanding signed between signed between DHA and MBRU.



### Al Jalila Children's Specialty Hospital

MBRU has an academic affiliation agreement with Al Jalila Children's Specialty Hospital to advance their common passion for medical education. Under this agreement, Al Jalila Children's excellent healthcare facilities and highly trained specialist physicians will be available to train MBRU's students.

Al Jalila Children's is the first dedicated children's hospital in the United Arab Emirates. The state-of-the-art medical

facility was created under the directives of His Highness Sheikh Mohammed Bin Rashid Al Maktoum, Vice President and Prime Minister of the UAE, and Ruler of Dubai, to affirm his belief that all children should have an equal opportunity for success in life, and the treatment of children suffering from illness or disease should not be subject to geographical chance. The vision of His Highness is to have Al Jalila Children's among the top 10 pediatric hospitals in the world. Al Jalila Children's is an ultramodern hospital that aims to be the driving force behind tertiary and quaternary care in the region. The hospital's highly qualified medical and clinical experts are setting new standards for healthcare excellence on a local and regional level. Al Jalila Children's comprises 200 beds in a child and family friendly environment.

The Al Jalila Children's Speciality Hospital Pediatric Residency Program and the Al Jalila Children's Child and Adolescent Psychiatry Fellowship Program were created in conjunction with MBRU.

Through such collaborations, our mission is to advance health in the region through an innovative and integrated academic health system. Specialized training programs and partnerships will be able to strengthen the journey of medical students and healthcare professionals by providing them with programs starting from undergraduate to specialization and continuing education.



مستشفى  
دبي للأسنان  
Dubai Dental  
HOSPITAL

### Dubai Dental Hospital

The Dubai Dental Hospital (DDH) provides a comprehensive range of specialized dental care services, all under one roof in a new, fully equipped facility. Their priority is to provide the highest standards of evidence-based dental care.

Dubai Dental Hospital is MBRU's clinical partner and provides clinical training for postgraduate dental students at the Hamdan Bin Mohammed College of Dental Medicine (HBMCDM).



Moorfields  
Eye Hospital Dubai  
A branch of Moorfields London

### Moorfields Eye Hospital – Dubai

MBRU has a service agreement with Moorfields Eye Hospital – Dubai to collaborate and provide educational activities related to ophthalmology as part of the core curriculum for the students of MBRU.

Moorfields Eye Hospital – Dubai is the first overseas branch of Moorfields London, the oldest eye hospital in the world. Its world-class facilities and very experienced eye care consultants and specialists ensure that Moorfields Dubai provides the highest and exceptional quality standards of diagnosis and treatment of eye diseases as Moorfields London, while setting the highest benchmark for eye care in the Middle East.

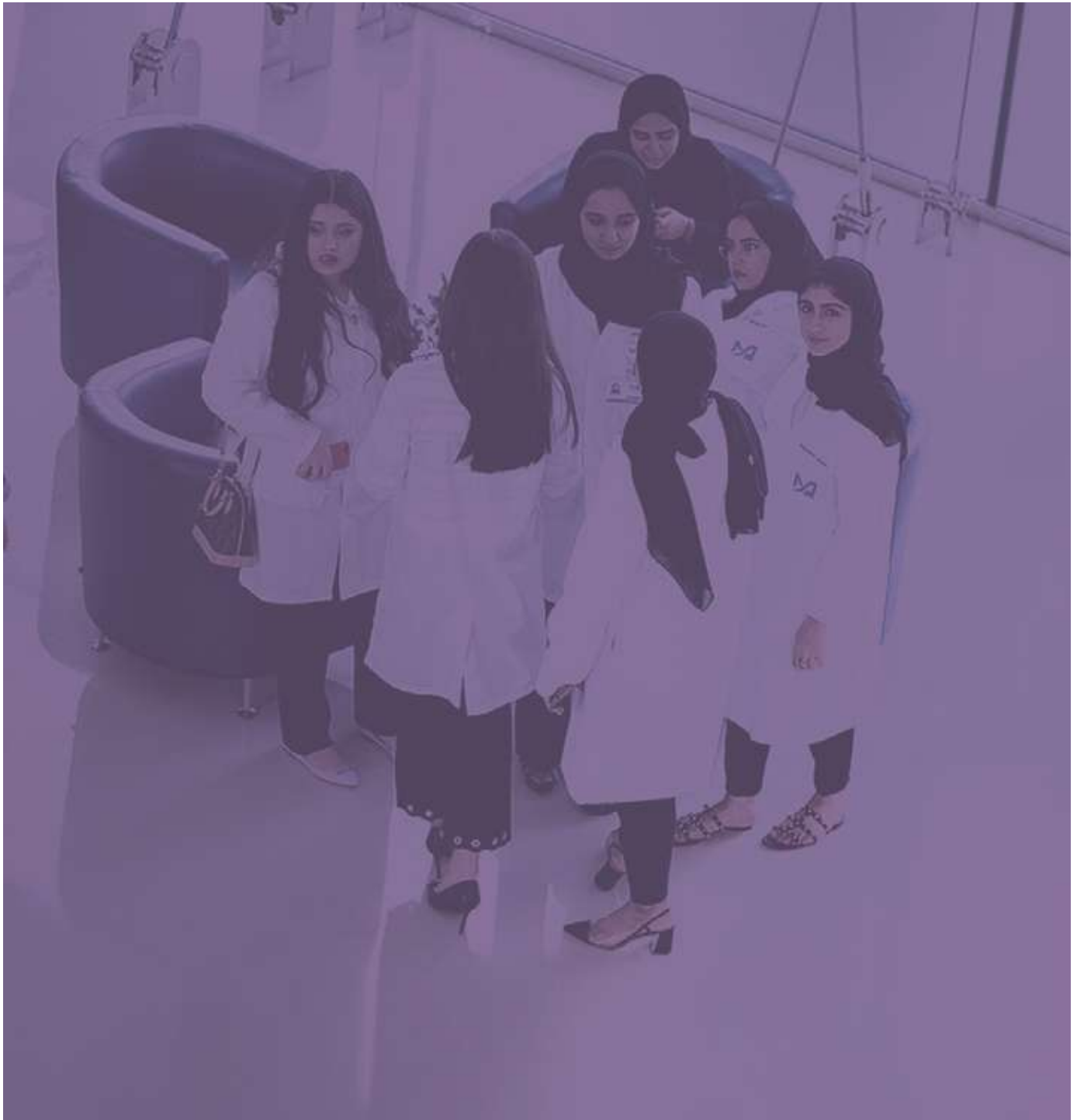
الهيئة السعودية للتخصصات الصحية  
Saudi Commission for Health Specialties



### Saudi Commission for Health Specialties

The Saudi Commission for Health Specialties (SCFHS) aims to improve professional performance, develop and encourage skills, and enrich scientific theory and practice in the different health-related fields. It is responsible for supervising and evaluating training programs, as well as setting controls and standards for the practice of health professions. SCFHS develops, approves and supervises professional health-related and medical education programs, and it supervises and approves results of specialized examinations.

In 2018, MBRU signed an agreement with SCFHS to collaborate on postgraduate medical education. In 2019, MBRU signed another agreement with SCFHS based on which MBRU had been approved as an examination center for the SCFHS written Specialization Certificate (Saudi Board written exams). And in 2020, MBRU has received a four-year Institutional Accreditation from SCFHS after meeting all the institutional accreditation standards. This accreditation affirms that MBRU provides all the required educational and clinical resources for the postgraduate professional healthcare programs supervised by SCFHS.



9

**ADMISSIONS, REGISTRATION,  
RE-ADMISSION, WITHDRAWAL  
& DISMISSAL POLICIES**



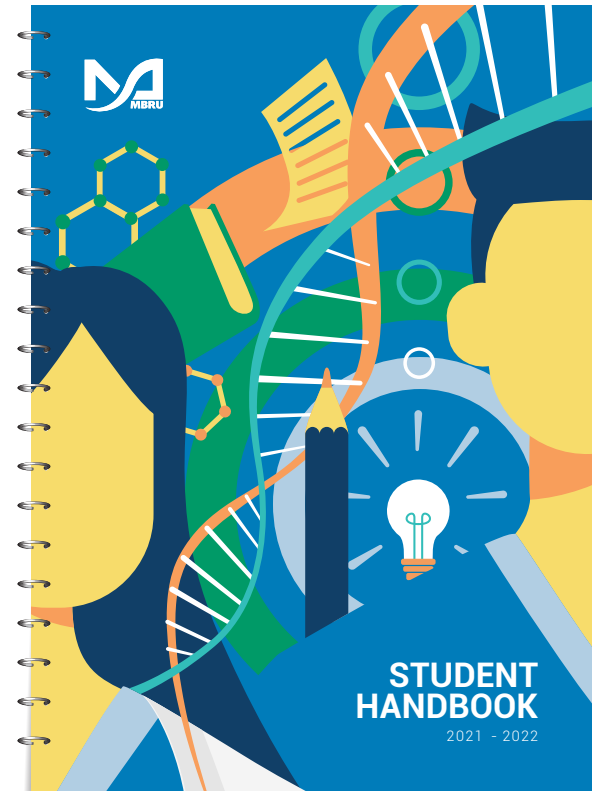
## 9. ADMISSIONS, REGISTRATION, RE-ENROLLMENT, ADMISSION, WITHDRAWAL AND DISMISSAL POLICIES

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MBRU's admissions policy and procedures are detailed in the Student Handbook (Section 2.1).

The registration, enrollment and withdrawal policies and procedures are detailed in the Student Handbook (Section 2.3).

The dismissal policy and procedures are detailed in the Student Handbook as well.



10

# FINANCIAL POLICIES



## 10. FINANCIAL POLICIES

The Department of Student Services and Registration (DSSR) in collaboration with the Finance Department supports students with financial documentation (e.g. statement of fees) and can advise on issues relating to tuition fees and scholarships.

### 10.1 Tuition Fees

**10.1.1** MBRU annually publishes the tuition and fees schedule. Any changes in tuition and fees are approved by the University Academic Council and communicated to students at least six months before taking effect. Below is the tuition and fees schedule for Academic Year 2021-2022:

2021-2022	Amount	Payment Schedule
Seat Reservation Fee (non-refundable)	AED 10,000	At time of acceptance of offer
Tuition fees	AED 150,000	July 26, 2021
<b>Total annual tuition fee</b>	<b>AED 160,000</b>	

**10.1.1.1** The yearly tuition covers all educational expenses, recreational, library, insurance and lab activities. It does not cover the cost of clinical electives taken inside or outside the country.

Tuition and Fees. The final responsibility for payment of tuition and fees charged rests with the individual student and their sponsors.

**10.1.1.2** Tuition charges are due and payable in full at the specified deadlines of each academic term as per the Schedule of

**10.1.1.3** Students facing financial hardships may request from DSSR to reschedule payments on an exceptional basis.





**10.1.1.4** Students with external scholarships for tuition fees must provide written confirmation of the scholarship as specified in the Schedule of Tuition and Fees before the payment deadline. Sponsored students who do not submit the required confirmation of sponsorship and continue in enrollment will assume personal responsibility for all tuition charges and applicable fees.

**10.1.1.5** Students who fail to pay all applicable tuition charges by the established payment deadline(s) or are late in paying their fees may be subject to denial of academic services or cancellation of current and/or future registration.

**10.1.1.6** Unless otherwise specified, fees are due and payable within 15 days of the invoice date.

**10.1.1.7** Payments of tuition and fees may be made by means specified in the published Schedule of Tuition and Fees, and notification of tuition and fee charges by the Finance Department via the student's university email address constitutes official notice of financial liability.

All additional policies on tuition fee refunds are detailed in the Student Handbook.



11

**STUDENT SERVICES  
& REGISTRATION**

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12

**STUDENT CODE OF CONDUCT**

13

**STUDENT GRIEVANCE POLICY**

14

**ACADEMIC INTEGRITY**

## 11. STUDENT SERVICES AND REGISTRATION

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The Department of Student Services and Registration (SSR) provides assistance to students in fields of admissions, scheduling, registration, student records, graduation, counseling, accommodation, student events and activities, sports

and recreation, career development and student support. Detailed information on each service is provided in the Student Handbook (Section 1).



## 12. STUDENT CODE OF CONDUCT

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The Student Handbook sets out details on what students can expect from MBRU and the College of Medicine during their time of study in the University, and what their responsibilities are; please refer to

Students' Rights & Responsibilities. Details on General Conduct, Dress Code policy, co-education conduct and conduct in the classroom are also presented in the Student Handbook (Section 2.11).

## 13. STUDENT GRIEVANCE POLICY

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The Student Grievance Policy and appeal mechanisms are provided in the Student Handbook (Section 4).

## 14. ACADEMIC INTEGRITY

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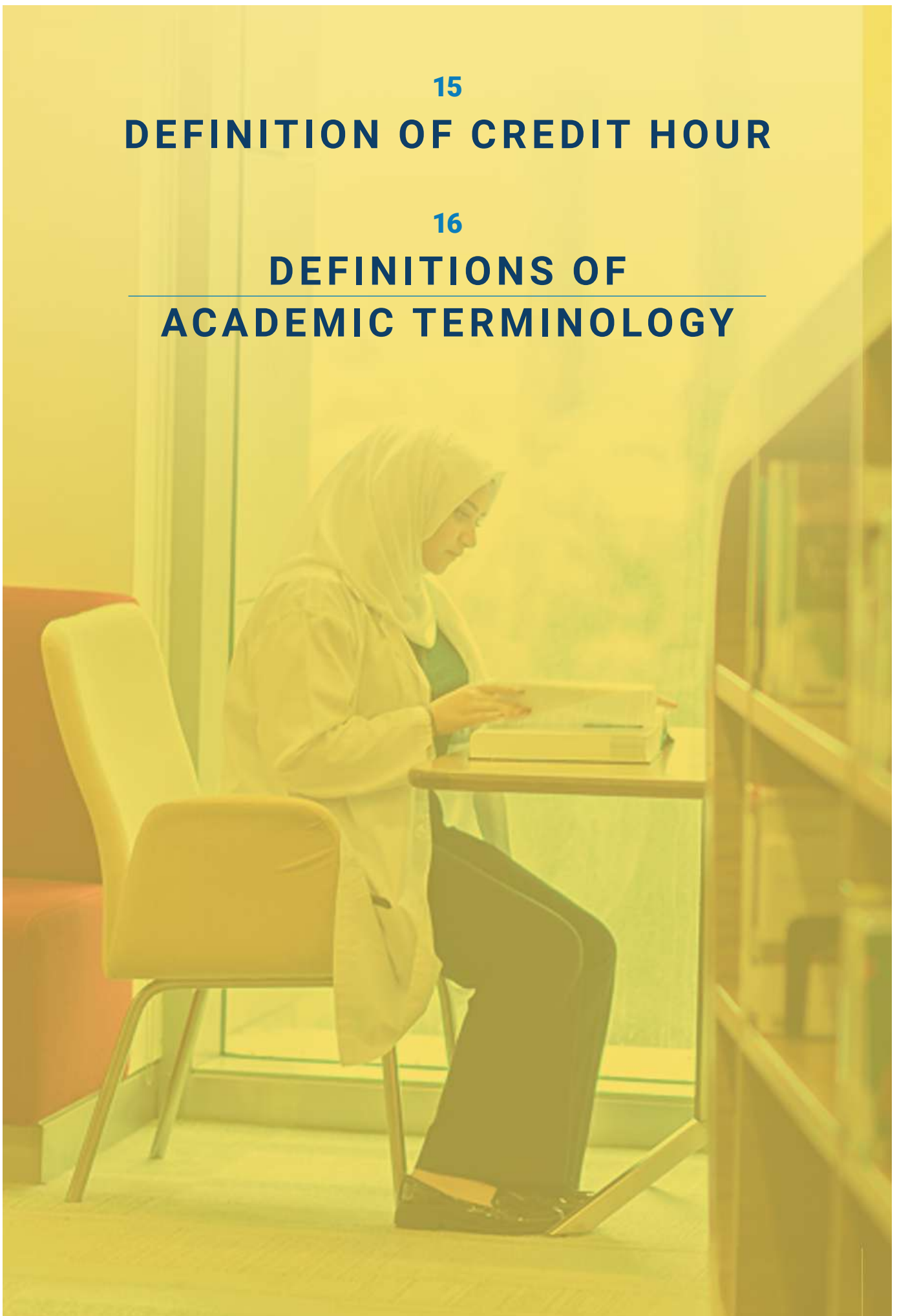
The Student Disciplinary and Appeals Procedures relating to both academic and non-academic offenses are available within the Student Handbook (Section 3).

15

## DEFINITION OF CREDIT HOUR

16

## DEFINITIONS OF --- ACADEMIC TERMINOLOGY



## 15. DEFINITION OF CREDIT HOUR

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The credit system conventionally uses hours (contact and credit) per week to measure student load. This is implemented in the basic science years (years 1-3). On the other hand; clinical rotations (years 4-6) are weighted by the number of weeks in a rotation.

One “credit hour” is equal to one “contact hour” (60 minutes) of Lecture time, 2 contact hours (120 minutes) of a Practical or a Tutorial, or three-four contact hours (180-240 minutes) of Field Work or clinical work in a 15-17 week semester. A team-

based learning (TBL) session is considered to be a tutorial.

For example, in a 15-week semester, a course of three credits where there are two lectures and one tutorial every week will have 30 contact hours of lecture time and 30 contact hours of tutorial time (i.e. 60 contact hours per semester). A similar three credit hour course but with three lectures per week will have 45 contact hours per semester.

## 16. DEFINITIONS OF ACADEMIC TERMINOLOGY

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The MBBS program is a College degree in medicine which requires the successful completion of six years of study. Each year is comprised of approximately 40 weeks of study divided over two semesters. There are no separate areas of concentration under the MBBS program at MBRU.





17

**MBBS PROGRAM LEARNING  
OUTCOMES &  
COMPLETION REQUIREMENTS**



## 17. MBBS PROGRAM LEARNING OUTCOMES AND COMPLETION REQUIREMENTS

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The goal of the MBBS program is to graduate competent and safe physicians well-prepared with the knowledge, skills and behaviors to serve individuals and communities and to pursue postgraduate training programs.

### 17.1 MBBS Learning Outcomes

The MBBS program's learning outcomes are derived from the program goal. Each outcome has sub-outcomes which address the various orders of thought according to Bloom's taxonomy. Furthermore, each outcome is aligned to Level 7 of the QF Emirates. At the conclusion of the MBBS program, the learner will be able to:

#### 1. Practice in a safe and competent manner

**1 A:** Describe normal human development, structure, function and behavior 1

**B:** Explain mechanisms of abnormal development, structure, function and behavior underlying human disease

**1C:** Apply principles of normal and abnormal development, structure, function and behavior in the recognition of disease conditions

**1 D:** Apply principles of normal and abnormal development, structure, function and behavior in the prevention and treatment of disease

**1 E:** Comprehend and apply principles of safe patient care and clinical governance

#### 2. Observe ethical and professional standards

**2 A:** Describe the principles of biomedical ethics

**2B:** Apply the principles of biomedical ethics in patient-centered care

**2C:** Demonstrate professional behavior towards self, patients, colleagues, and society

#### 3. Practice evidence-based medicine and engage in scholarship and generation of new knowledge

**3A:** Comprehend the principles of research methods and evidence-based medicine

**3B:** Identify and critique relevant research findings and medical literature

**3C:** Formulate a hypothesis and design a research proposal

**3D:** Synthesize and apply key research findings in the care of patients and society

#### 4. Communicate clearly and effectively

**4A:** Comprehend the principles of effective communication with patients and colleagues

**4B:** Demonstrate appropriate oral, written and electronic communication skills with various groups and within different clinical and cultural contexts

**4C:** Demonstrate the ability to manage and resolve conflicts

## **5. Advocate for health promotion of individuals and communities**

**5A:** Comprehend the principles of epidemiology and social determinants of health and disease

**5B:** Identify opportunities for health advocacy in society

**5C:** Identify barriers to health care access and their impact on the patient and population level

**5D:** Apply principles of health advocacy in the care of patients and communities

## **6. Distinguish various healthcare systems and their management**

**6A:** Describe the principles of healthcare system structure and function

**6B:** Describe the evolution and present trends in healthcare management

**6C:** Evaluate and compare different healthcare systems

## **7. Educate and share knowledge and skills**

**7A:** Comprehend the principles of adult teaching and learning

**7B:** Identify opportunities for knowledge-sharing and teaching

**7C:** Demonstrate effective teaching and knowledge transfer to patients, peers, and society

## **8. Participate effectively in multidisciplinary teams**

**8A:** Comprehend the principles of effective team work

**8B:** Demonstrate the ability to work effectively and respectfully in a team

**8C:** Critically and honestly evaluate colleagues and self

## **9. Demonstrate commitment to life-long, self-directed learning and performance improvement**

**9A:** Recognize gaps in one's own knowledge and skills

**9B:** Identify and engage with opportunities for self-directed learning

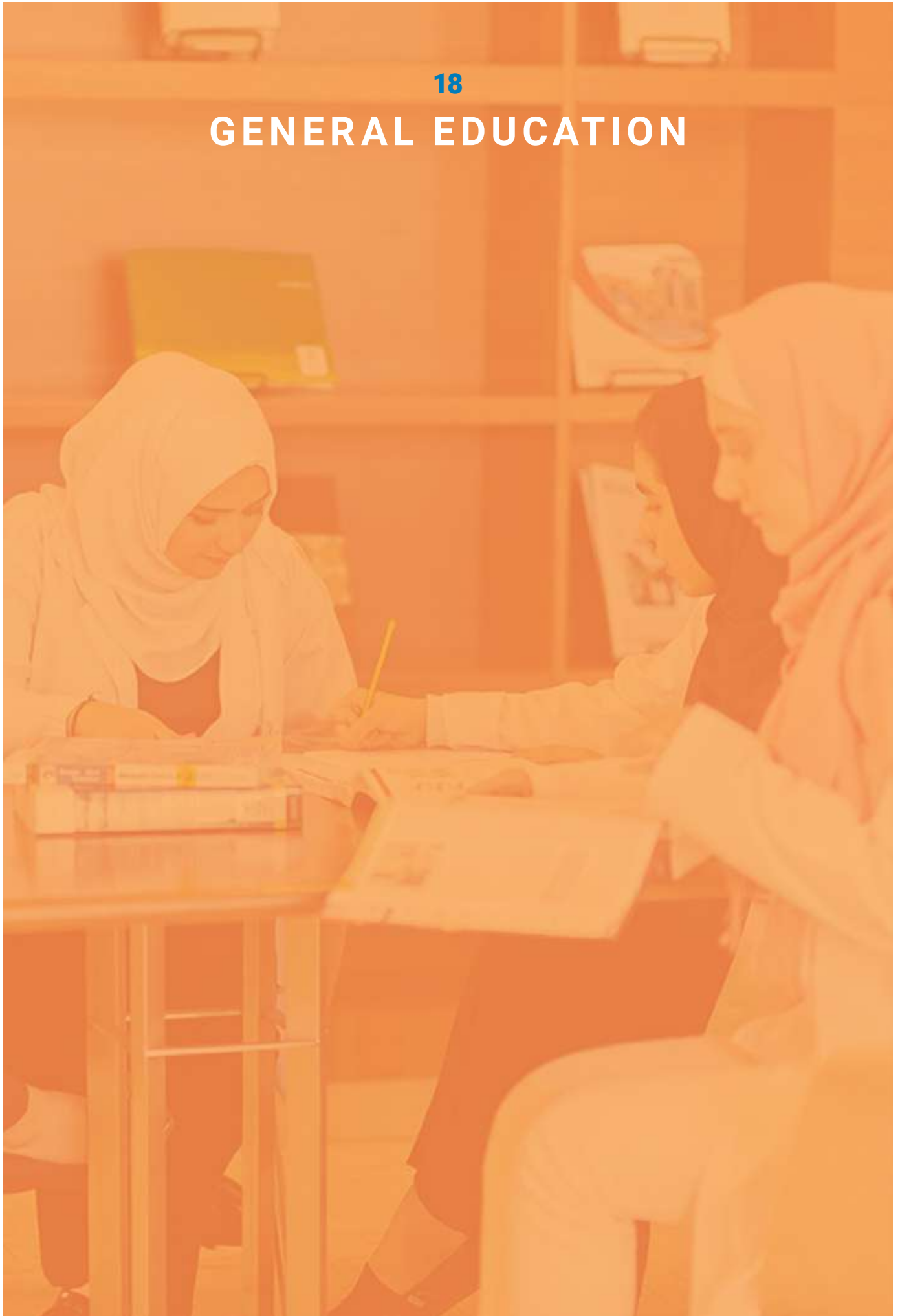
**9C:** Apply new evidence to improve clinical practice and services

## **17.2 Program Completion Requirements**

Graduation with an MBBS degree requires the student to pass all the courses with a minimum cumulative GPA of 2.00.



# GENERAL EDUCATION



## 18. GENERAL EDUCATION

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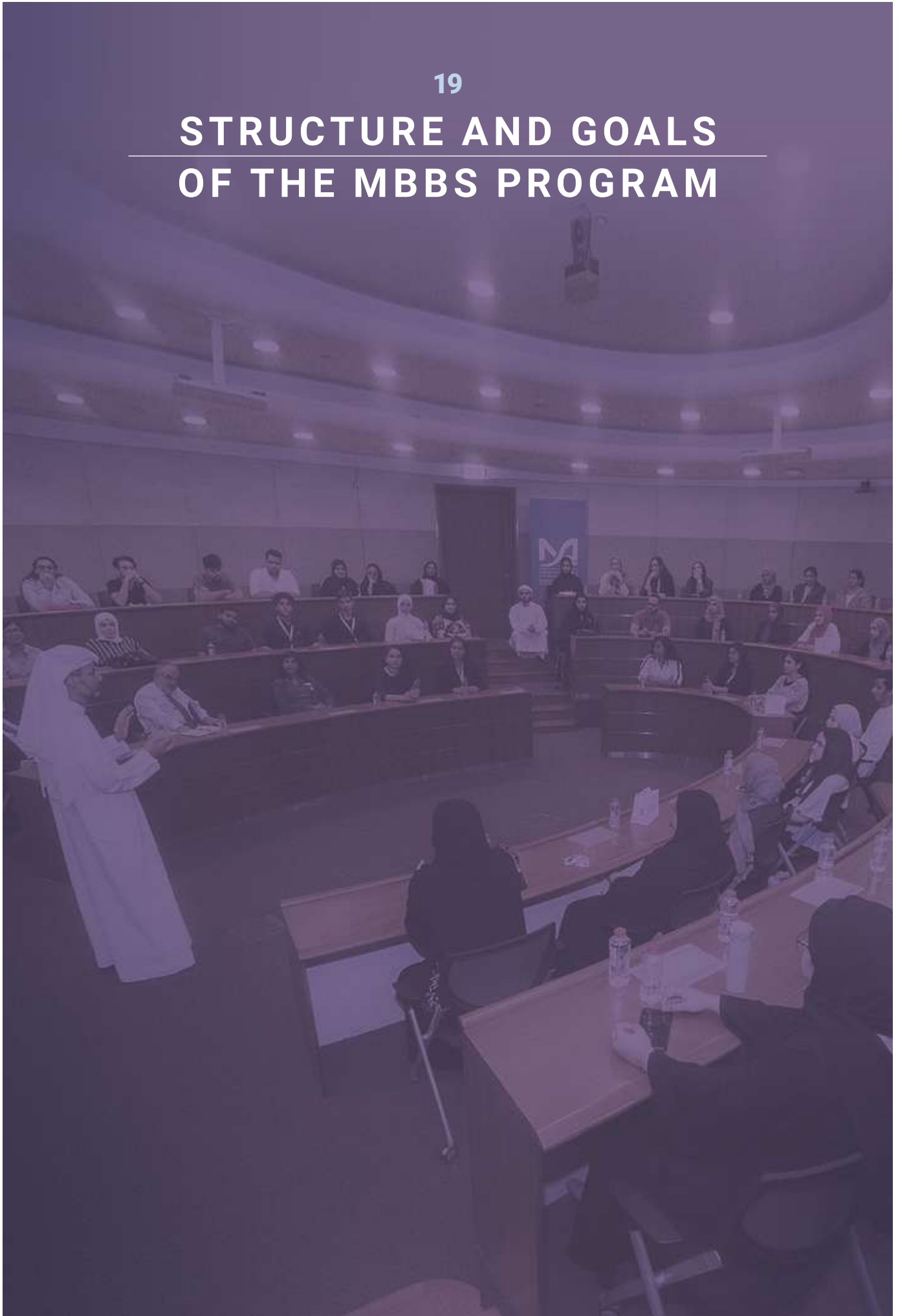


The General Education requirements are designed to add breadth to the student's intellectual experience. They ensure that when students complete their MBBS program, they can demonstrate competence in oral and written communication in English; in scientific quantitative and critical reasoning; and in using technology to access, evaluate, organize and communicate information. The following specific courses have been designed to address those competencies:

1. ITHS 1116: Innovation in Health Sciences
2. LANG 1121: English for Health Sciences
3. ETHC 1118: Principles of Bioethics
4. MEDC 1115: History of Medicine
5. MEDC 3624: Mind and Behavior\*

\* There is a component that deals with psychology as part of a broader mind and behavior content in this course.

# STRUCTURE AND GOALS OF THE MBBS PROGRAM



## 19. STRUCTURE AND GOALS OF THE MBBS PROGRAM

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This section sets out an overview of the structure and goals of the MBBS program.

### 19.1 MBBS Curriculum

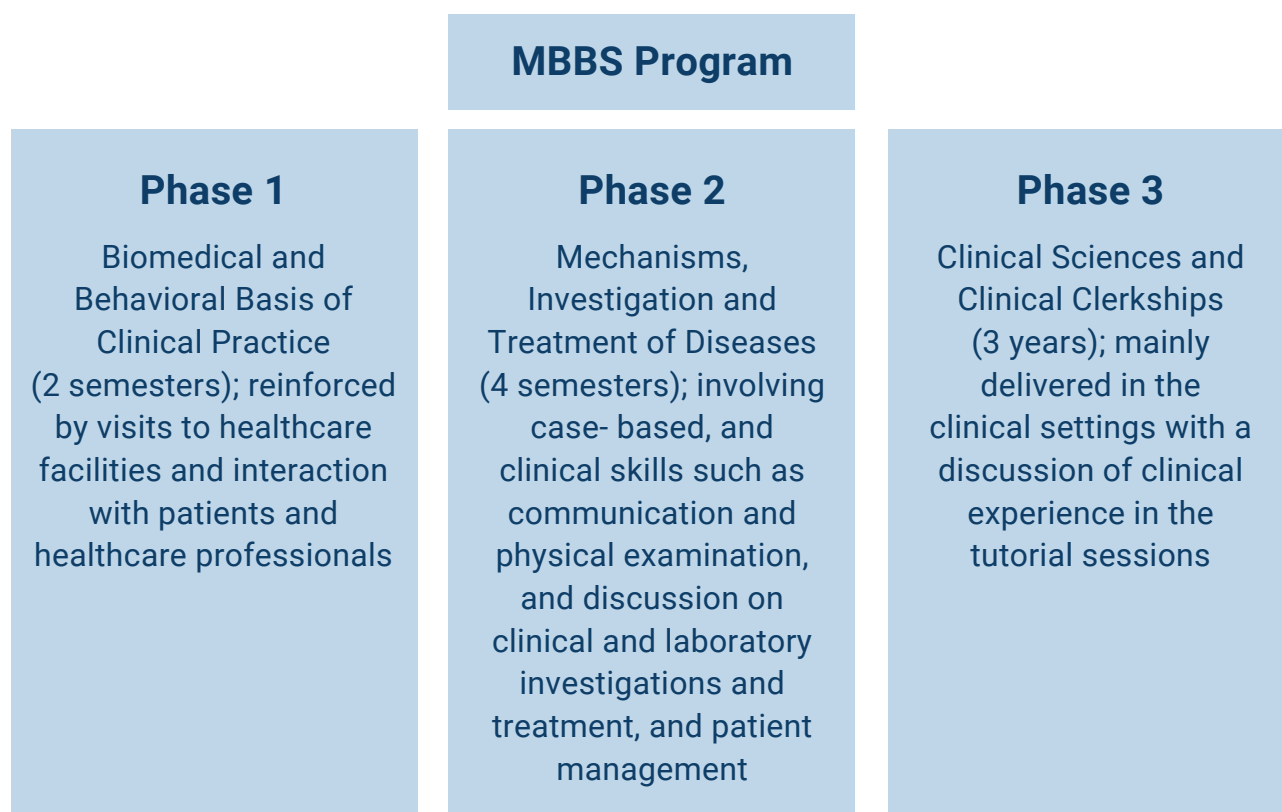
The development of the curriculum is underpinned by the following principles. The curriculum should be:

- Aligned with the institutional mission
- Relevant to society
- Outcomes-based
- Inclusive of core components that encompass the knowledge, skills and aspects of competency that the graduate must master to be competent and safe in the local and global environment
- Making provision for all students to engage with the community and extend their education in areas of interest beyond the core
- Benchmarked against international standards
- Laying the foundation for ongoing development of the individual throughout his or her career by:
  - a. Fostering an “adult learner” attitude that values independent study, reflection on performance, self-directed learning and professional development
  - b. Promoting critical thinking
  - c. Emphasizing understanding of mechanisms and pathophysiology
  - d. Emphasizing experiential, simulation and active case-based and problem-based learning
  - e. Offering a blend of biomedical, behavioral and clinical sciences through clinically oriented education
  - f. Offering early purposeful interaction with patients and healthcare systems
  - g. Emphasizing both individual and population health
  - h. Emphasizing the concepts of maintenance of wellness, disease prevention, disease detection and treatment at both individual and population levels
  - i. Focusing on academic achievement and scientific inquiry
  - j. Aligning assessment with learning outcomes

## 19.2 Curriculum Structure

The duration of the MBBS program is 6-years, there is a strong emphasis within the curriculum structure on the acquisition of clinical skills and competence simulation-based training is adopted to facilitate this. A key theme is the fostering of self-directed professional development. Students are

guided in evaluating and managing their own professional development via the use of professional development portfolios. The MBBS program is divided into three phases, each of which has several components and some periods assigned for “selectives” and “electives”:



The core curriculum covers the minimum essential knowledge and skills that a newly graduated doctor must have in order to assume post-graduate training safely and competently. It must be covered during the various periods of instruction and will be assessed. This, of course, does not preclude the introduction of additional materials that may enrich learning.

### 19.2.1 Duration of program

- The duration of study for a medical degree in the MBBS program will be six academic years
- An academic year consists of at least 30 weeks divided into two semesters
- Each semester is 15 weeks long

### 19.2.2 Optional Summer Study

During the 8 weeks of the summer holiday period, students may be offered optional



courses or research experiences, or be required to take remediation courses.



### 19.2.3 General Education

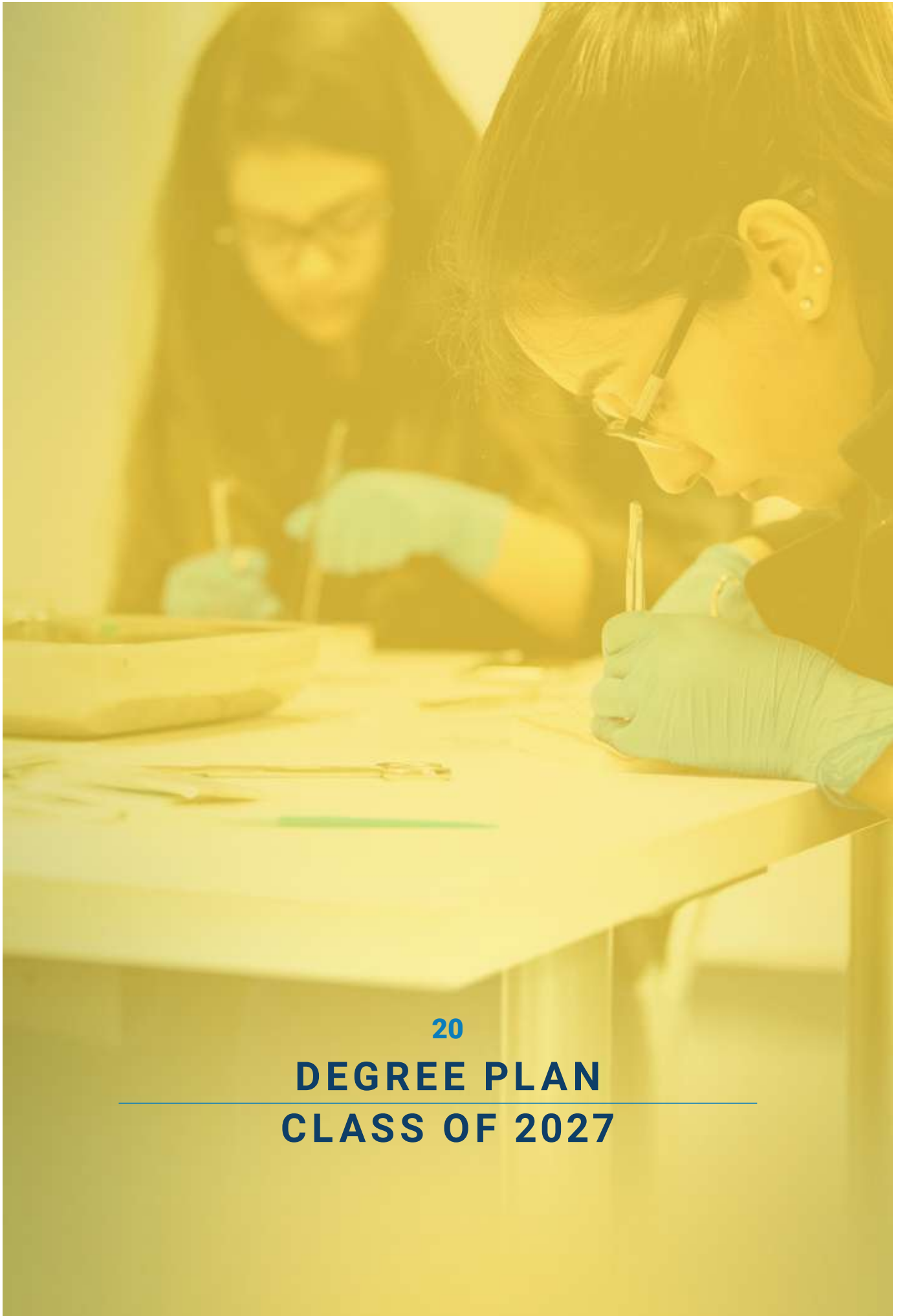
The general education curriculum is designed to equip the students with generic skills and provide a broad foundation for specialized medical Training. The general education curriculum is offered in the first semester and then interspersed within the program, according to the need in each phase of study (Refer to Section 20 for list of courses).

### 19.3 Support for Postgraduate Training

After the successful completion of the 6-year program, students will be awarded the Bachelor of Medicine and Bachelor of Surgery (MBBS) degree. Most countries, including the UAE, will require the medical graduates to undertake one year of a structured internship with a healthcare provider who is approved by the relevant local health authorities. At the end of Year 6, MBRU graduates would have satisfied this structured internship requirement in the UAE. Further details on internship policy will become available in the future.

Postgraduate training positions are limited and competitive. MBRU will assist and support graduates, with securing the necessary postgraduate training positions nationally and internationally to progress in their careers, leveraging its network in the UAE.

MBRU will also support students in preparing for their post-graduate training through early career planning, and organizing seminars and career events, to make sure that MBRU graduates are competitive for postgraduate training.



20

**DEGREE PLAN**  

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**CLASS OF 2027**

## 20. DEGREE PLAN – CLASS OF 2027

This catalog reflects the degree plans and course description of the academic year 2021-2022. For more specific information about previous degree plans and course descriptions, please refer to the relevant catalog for that academic year.

### DEGREE PLAN (COHORT 2027)

#### PHASE I – SEMESTER 1

Course Code	Course Title	Credits
LANG1121	English for Health Sciences	2
MEDC1244	Limbs and Spine: Structure and Function	4
MEDC1143	Foundation Concepts in Medical Sciences	4
MEDC1114	Fundamentals of Epidemiology and Biostatistics 1	1
MEDC1115	History of Medicine	2
ITHS1116	Innovation and Technology in Health Sciences	2
MEDC1128	Foundations of Clinical Medicine I (CC)	-
ETHC 1118	Principles of Bioethics (CC)	-
<b>Total credits</b>		<b>15</b>

#### PHASE I – SEMESTER 2

Course Code	Course Title	Credits
MEDC1241	Abdomen, Pelvis & Perineum: Structure & Function	4
MEDC1212	Fundamentals of Epidemiology & Biostatistics 2	1
MEDC1223	Head & Neck: Structure & Function	2
MEDC1233	Thorax: Structure & Function	3
MEDC1142	Enzymes and Metabolism	4
MEDC1128	Foundations of Clinical Medicine I (CC)	2
ETHC 1118	Principles of Bioethics (CC)	2
<b>Total credits</b>		<b>18</b>

\*CC= Continuous course extends over 2 semesters

## PHASE II – SEMESTER 3

Course Code	Course Title	Credits
MEDC2331	General Microbiology	3
MEDC2332	General Pathology	3
MEDC2333	Foundations of Clinical Medicine II (CC)	CC
MEDC2335	Hematopoietic and Immune System	4
MEDC2336	Genetics and Molecular Biology	3
MEDC2325	Research Methods 1	2
<b>Total credits</b>		<b>15</b>

## PHASE II – SEMESTER 4

Course Code	Course Title	Credits
MEDC2441	Cardiovascular System	4
MEDC2333	*Foundations of Clinical Medicine II (CC)	3
MEDC2433	Principles of Pharmacology and Therapeutics	3
MEDC2425	Research Methods II	2
MEDC2435	Respiratory System	3
MEDC2426	Skin and Subcutaneous Tissue	2
<b>Total credits</b>		<b>17</b>

\*CC= Continuous course extends over 2 semesters

## PHASE II – SEMESTER 5

Course Code	Course Title	Credits
MEDC3541	Digestion and Nutrition	4
MEDC3532	Endocrine System	3
MEDC3534	Renal and Urinary System	3
MEDC3524	Research Project	3
MEDC3525	Integrated Medicine I	2
MEDC3544	Foundations of Clinical Medicine III (CC)	CC
ELEC3520	Elective	2
<b>Total credits</b>		<b>17</b>

## PHASE II – SEMESTER 6

Course Code	Course Title	Credits
MEDC3633	Integrated Medicine II	2
MEDC3632	Human Reproduction	3
MEDC3544	Foundations of Clinical Medicine III (CC)	4
MEDC3624	Mind & Behavior	2
MEDC3635	Musculoskeletal System	3
MEDC3636	Neurosciences	4
<b>Total credits</b>		<b>18</b>

\*CC= Continuous course extends over 2 semesters

## PHASE III – YEAR 4

Course Code	Course Title	Weeks
MEDC4083	Internal Medicine I	8
MEDC4085	Surgery I	8
MEDC4084	Pediatrics I	8
MEDC4081	Behavioral Medicine	8
MEDC4082	Family Medicine (Incl. Dermatology)	8
MEDC4200	E-Portfolio	-
<b>Total credits</b>		<b>40</b>

## PHASE III – YEAR 5

Course Code	Course Title	Weeks
MEDC5082	Medicine II (Incl. sub-specialties)	8
MEDC5085	Surgery II (Incl. sub-specialties)	8
MEDC5044	Pediatrics II	4
MEDC5083	Obstetrics and Gynecology (Incl. Feto-maternal medicine)	8
MEDC5046	Emergency Medicine	4
MEDC5067	Electives	6
MEDC5200	E-Portfolio	-
<b>Total credits</b>		<b>38</b>

## PHASE III – YEAR 6

Course Code	Course Title	Weeks
MEDC6001	Medicine III (Incl. acute)	8
MEDC6002	ICU/HDU	4
MEDC6003	Pediatrics III	4
MEDC6004	Family Medicine/Psychiatry	4
MEDC6005	Surgery III (Incl. acute)	8
MEDC6006	Obstetrics and Gynecology	4
MEDC6007	Selective	8
MEDC6008	Elective	6
<b>Total</b>		<b>46</b>

**Grand Total Credits = 242**

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# COURSE DESCRIPTIONS



## 21. COURSE DESCRIPTIONS

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This section details course descriptions for Phase 1 of the MBBS program. Please refer to the corresponding course booklets for more details about the courses. None of the courses listed below have a prerequisite, with the exception of courses divided into two parts, where successful completion of part one is a prerequisite for part two.

### 21.1 Course Descriptions – Phase 1

#### **Innovation in Health Sciences**

In the current global climate, technology plays a major role in everyday life, particularly education and healthcare. This course is an introduction to how technology is utilized in the acquisition, analysis and protection of health information that's necessary for improving the quality and efficiency of healthcare. The course also provides an overview of three key areas that influence current healthcare delivery; using technology and electronic resources in accessing information from medical literature; design thinking as a problem-solving approach used to stimulate innovation; and the role of social media.

#### **English for Health Sciences**

This course aims to provide students with skills in written and oral communication required for the study of medical sciences. Acquiring a range of medical and anatomical terminology makes-up the main contents of this course. Students will also be taught how to summarize and paraphrase information from a piece of written text. There will be in-class activities that involve teamwork, oral presentation and role-play of doctor-patient communication.

#### **Principles of Bioethics**

This course will enable students to develop their understanding of the concepts of biomedical ethics and professional behavior with an introduction to the Islamic way of life. They will learn how this impacts the application of general medical ethics in a specific cultural context. With this understanding, they will appreciate the multi-cultural nature of the patient population and be cognizant of the need to be an advocate for different segments of the population.

#### **History of Medicine**

This course will introduce students to the historical development of medicine and health related sciences. They will gain an overview of how new ideas have affected the approach to medical care, as well as the contributions made by specific scientists, physicians and surgeons. Although the focus will be on Western medical practice, students will also be introduced to the historical development of medicine in other regions and traditions.

#### **Enzymes and Metabolism**

This course introduces several basic biochemical concepts and examines fuel metabolism and its regulation, i.e. what is the energy-currency of our cells, how is it produced from different metabolic fuels, the way energy sources are catabolized and stored in the body and how abnormalities can arise in these pathways.



### **Foundation Concepts in Medical Sciences**

This course covers a range of essential that are crucial to understanding the structural and functional organization of the normal human body. These concepts have wide application across all body systems, and through the major disciplines of Anatomy, Biochemistry, Physiology, Immunology, Hematology, Pathology and Pharmacology.

A firm understanding of these concepts at this foundational stage will allow students to appreciate how disturbances to normal structures and functions result from or lead to disease processes, as will be explored throughout the rest of the medical program. This course institutes the scientific basis to medicine, encouraging students to develop their analytical and metacognitive skills, their capacity for critical appraisal of scientific information and an appreciation of the importance of life-long self-learning, as well as in developing management skills and an ability to work as part of a team.

### **Foundations of Clinical Medicine 1** **See Foundations of Clinical Medicine** **1-3 below**

### **Fundamentals of Epidemiology and Biostatistics 1 & 2**

This course is a first in a series that will be given through-out Phases 1 and 2. This course provides the background for understanding epidemiology and biostatistics to students who have no previous knowledge. Students will be introduced to the basic principles and methods as applied to public health problems. Students will learn to recognize the role of quantitative methods in understanding clinical questions, especially in decision-making.

This course will be delivered such that the emphasis will be to acquire a comprehensive understanding of the general concepts and uses of epidemiology and biostatistics as opposed to the underlying mathematical developments.

### **Limbs and Spine: Structure and Function**

This course is about the structure of limbs and spine of the human body in relation to their function. The course will also introduce the concept of “living anatomy” as seen on conventional medical imaging and on a living human body. There will be a focus on the normal mechanisms involved in locomotion and gait. Students will be able to develop an attitude of teamwork and self-directed learning through their engagement with the teaching methodology in the course.

### **Thorax: Structure and Function**

The Thorax: Structure and Function course provides students with functional knowledge of the structure of the thorax region that will enable further understanding of organ-system courses in Phase 2. The course will also introduce the concept of living anatomy of the thorax as seen on conventional medical imaging and on a living human body. There will be a focus on some normal mechanisms involved in cardiovascular and respiratory functions as well.

In addition, students will be able to develop an attitude of teamwork and self-directed learning through their engagement with the teaching methodology in the course.

### **Abdomen, Pelvis and Perineum: Structure and Function**

This course deals with the structure of the abdomen, pelvis and perineum of the human body in relation to the function of organs located in those regions. The course also introduces students to the concept of “living anatomy” as related to visualizing structure of the abdomen on conventional medical imaging and on a living human body. There will be a focus on the normal mechanisms involved in food digestion and formation of urine. Students will be able to develop an attitude of teamwork and self-directed learning through their engagement with the teaching methodology in the course.

### **Head and Neck: Structure and Function**

This course provides students with functional knowledge of the structure of the head and neck region that will enable further understanding of organ-system courses in Phase 2. The course will also introduce the concept of “living anatomy of the Head and Neck” as visualized on conventional medical imaging and on a living human body.

At the end of the course, students will be able to describe the major features of the skull, the main structures present in the neck, face, temporal and infratemporal regions. They will identify the main anatomical features of the face, nose, oral cavity and tongue, pharynx, soft palate, and larynx. They should be able to explain the basis of cranial nerve testing, the anatomical basis of upper airway obstruction, cervical swellings, facial nerve palsy, epistaxis, and dysphagia. In addition, students will be able to develop an attitude of teamwork

and self-directed learning through their engagement with the teaching methodology in the course.

## **21.2. Course Descriptions – Phase 2**

### **General Microbiology**

In this course students will be introduced to the diversity of microorganisms, including bacteria, protozoa, helminths, fungi, viruses and prions. They will get an overview of the structure, genetics, classification, metabolism, life cycle, identification, isolation & cultivation methods of the major groups of microorganisms focusing on those pathogenic for humans. In addition, the approaches for prevention and control of infectious diseases will be addressed. Using a diversity of teaching approaches including lectures, tutorials, laboratory practical sessions and simulation, student will be equipped with the basic principles of microbiology. It is expected that students will be able to critically evaluate knowledge about the nature of microbes of medical importance and how these characteristics relate to their pathogenic potential and onset of infectious diseases. In addition, students will be able to develop an attitude of teamwork and self-directed learning through their engagement with the teaching methodologies in the course.

### **Pathologic Basis of Disease**

This course defines pathology as a discipline. It will outline multiple disease aetiologies that underlie fundamental pathobiologic processes (pathogenesis) and link these with alterations in structure and function (morphology and pathophysiology). Through clinical case illustrations these will be integrated with

clinical presentations and outcomes (clinico-pathological correlation). Thus, it will provide the transition from the study of normal anatomy, physiology and biochemistry in Phase 1 to the specific disease entities of different body systems in Phase 2 semesters 3 to 6. The case-based teaching will provide early orientation to clinical sciences based on which Phase 3 clinical knowledge will evolve.

The course covers cellular changes due to multiple disease aetiologies, adaptations to cell injury and disease and organ-specific change in structure and function. Alterations in hemodynamic balance resulting in oedema, thrombosis, embolism and shock impacting multiple organs will be addressed. General aspects of neoplasia will include classification, terminology, predisposition, carcinogenesis, molecular basis and clinical manifestations. Tissue pathology related to hereditary diseases, infancy and childhood, autoimmunity, nutrition and environment will be highlighted. The course lays the ground for integrated teaching of organ-specific pathology in semesters 4 to 6.

Course delivery is through lectures with a strong clinical context. Tutorials will be an opportunity for participative self-directed learning, identification of knowledge gaps and teamwork. Practicals, using digital pathology, will provide skills of observation and recognition of diseased organs and tissues in a clinical scenario. Simulation will be an opportunity to assimilate the diagnostic role of pathology in the clinical context. Seminars will provide an opportunity for creativity, analytical thinking, communication, skill development

in information technology and for team collaboration. All aspects of learning will have an assessment component for the domains of knowledge, skills and competency.

### **Foundations of Clinical Medicine 1–3**

The expected outcomes of these three courses are to enable students to take and record patient history using a patient centered systematic approach within the context of present complaint(s), past, family, and social history. The student should also be able to record an accurate medication history, perform a structured and relevant general and systemic physical examination and clearly record and subsequently present their findings. The concepts introduced in these courses will be re-visited and developed further in the clinical years during phase III. The three courses will be delivered through a mixture of skills workshops, consultations with simulated patients and when possible with real patients.

Foundations of Clinical Medicine 1 introduces the basic elements of consultation based on the Calgary-Cambridge model. Teaching basic components of general physical examination are also introduced in the course. Foundations of Clinical Medicine 2 and 3 build on the previous course by teaching the components of focused history and physical examination of organ systems (cardiovascular, respiratory, renal, digestive, endocrine in FoCM2, and musculoskeletal, nervous, and reproductive in FoCM3).

## **Principles of Pharmacology and Therapeutics**

This course will build on the introductory concepts of pharmacology introduced in Phase 1. It is intended to aid students in understanding the basic principles of drug action. Using a combination of didactic teaching, self-directed learning and team-based learning, the students will be guided through a journey of where and how drugs work in the body (primary sites of action e.g. receptors, enzymes), the consequences of such interactions (the actions and effects of drugs on the body or pharmacodynamics), how the body handles drugs (the factors that determine drug concentration changes with time following dosing or pharmacokinetics), and why drugs affect people differently (pharmacogenomics). A variety of physiological models for the pharmacological action of drugs will be used to consolidate the basic principles of pharmacology.

## **Research Methods 1**

This is the first course in a series of three courses on research methods. This course is sequential to the two previous courses given in Year 1, MEDC1114 and MEDC1212 (Fundamentals of Epidemiology and Biostatistics 1 and 2), this means that the syllabus of this course builds upon the knowledge and skills obtained in semester 1 and 2. It will continue the scientific journey with an emphasis on analytical skills and critical thinking. The overall aim of this course is to deliver the required knowledge and skills to prepare the students for their research project. In-depth study research methods and biostatistics concepts for the analysis of categorical and continuous data relevant to the interpretation of research

findings will be emphasized. The focus is on understanding when a specific statistical test is used in medical research and knowledge on interpreting the medical findings, rather than on the computational aspects. Topics include selecting appropriate measures of association, outcome measures, and quantitative analysis. By the end of this course, students will be able to differentiate between the different research designs and list their strengths and limitations. Specifically, students will be exposed to the foundations of conducting scientific research. In addition, each student will be able to start thinking of a potential research project to pursue during the following two semesters.

## **Genetics and Molecular Biology**

This course will explore aspects of molecular biology and genetics in medicine. The impact of this incessantly evolving field in health and disease will be highlighted. Further, current understandings and new concepts relating to diagnosis, prognosis, prevention and treatment of genetic diseases will also be presented.

## **Cardiovascular System**

Cardiovascular disease is the primary cause of human mortality and morbidity. This course builds on the introductory coverage of normal structure and function in Phase 1 and the understanding of pathological process from the General Pathology course to consider the disturbances to normal physiology and the specific changes in end-organ structure that ultimately lead to the pathological hallmarks of cardiovascular disease. The course deals with the study of pathophysiology of common and major diseases of the cardiovascular system,

their clinical presentations, and the various approaches to treatment. The emphasis is on understanding pathophysiological mechanisms rather than on memorizing clinical details, but learning will be enhanced through integrated online tutorial and laboratory-based teaching modules that feature video interviews with patients, clinicians, caregivers and family. This will be complemented by clinical exposure to patients in hospital settings, and to observation of simulated cardiovascular disorders in the Simulation Center.

### **Hematopoietic and Immune System**

This course will introduce the students to the principles and concepts of hematology and immunology which will guide them in understanding the immune response and its involvement in health and disease. The students will also be introduced to the pathophysiology of common hematological and immunological diseases through clinical correlations that focus on clinically applied hematological and immunological concepts.

### **Renal and Urinary System**

This course deals with the study of pathophysiology of common and major diseases of the renal and urinary system, their clinical presentations, diagnostic investigations and the various approaches for treatment. The emphasis is on understanding pathophysiological mechanisms rather than on memorizing clinical details. Learning objectives in this course support understanding of the consequences of disease and their management during clinical clerkships.

### **Research Methods 2**

This is the second course in a series of three courses on research methods, Research Methods 1 and 2 and Research Project. This means that the syllabus of this course builds upon the foundation knowledge and skills obtained in the previous course (i.e. Research Methods 1). It will continue the scientific journey with an emphasis on analytical skills and critical thinking. Students will learn the importance of conducting research and will acquire the respective skills to assist young motivated inquisitive learners to be engaged in research. The course will start with the students submitting the Student's Research Project Form, as a fast-track request to the MBRU-Institutional Review Committee; and at the end of the course, the students will be able to develop a full-fledged research proposal and complete data collection. A specific focus during the development of the research proposal will be to enable the students to develop a detailed comprehensive research methods section. Data analysis, and final submission of the report will take place in Semester 5, during the Research Project course. Students are advised to continue working on their research projects during the summer break.

From a content perspective, this course further introduces students to the principles of research design and methods with a specific focus on enhancing their analytical skills. Specifically, the course will cover: Recap on the formulation of the problem statement; developing a research question and conducting a literature review; choice of appropriate study designs; measurement of concepts; sampling issues; modes of data collection; and analysis of quantitative

and qualitative data; and practical ethical considerations will be also discussed. The data management and analysis detailed in the proposal will be carried-out during the Research Project course in Semester 5 of Year 3.

### **Respiratory System**

This course, together with other organ-system courses in Phase 2, will prepare the learner for clinical clerkships in the next Phase (Phase 3) of the program. The course addresses physiological and pathologic changes that occur in a variety of respiratory diseases. The focus is on correlating structural pathophysiological changes with symptoms, signs, and radiological abnormalities that accompany common respiratory diseases. The learner will begin to acquire skills of physical examination of the normal respiratory system in simulated patients. Teaching approaches will facilitate in the learner, the development of effective communication with patients, independent learning, and effective teamwork.

### **Digestion and Nutrition**

This course, together with other organ-system courses in Phase 2, prepares the learner for clinical clerkships in the next Phase (Phase 3) of the program. The course addresses physiological and pathological changes which occur in a variety of gastro-intestinal diseases. The focus is on correlating structural pathophysiological changes with symptoms, signs, and radiological abnormalities which accompany common gastro-intestinal diseases and the various approaches for treatment. This course also centers on the basic principles of nutrition in health

and disease based on the knowledge of nutrient classes, their functions, sources and deficiency symptoms. Teaching approaches will facilitate in the learner, the development of effective communication with patients and simulated patients, independent learning, and effective team working.

### **Human Reproduction**

This course describes the normal human reproductive system and breasts in males and females. In addition, the pathophysiology, clinical presentation, and principles of management of common reproductive and breast-related conditions are explained. The course will also provide the opportunity for the student to acquire skills for history taking and physical examination of the reproductive system and breast in simulated settings, as well as exemplified in patients by visits to healthcare facilities.

### **Research Project**

This is the third and final course in a series of three courses on research methods (Research Methods 1, Research Methods 2, and Research Project). The syllabus of this course builds upon the foundation knowledge and skills obtained in the previous courses. It will continue and then culminate the scientific journey with an emphasis on analytical skills, critical thinking, and the oral, written, and digital dissemination of research. Students will demonstrate their statistical analysis, data interpretation, and scientific communication skills by developing and delivering a conference poster, writing a dissertation, and designing a digital abstract of their student research project. Through these assignments,

students will demonstrate that they have developed the required knowledge, skills, and competencies to complete a research project and disseminate the findings to both the scientific and general community. The course will start with the students completing their data collection within the first three weeks of the semester followed by a recap on the data management and analysis skills acquired during the Research Methods 1 and Research Methods 2 courses. A specific focus of this course is developing scientific communication skills required by young motivated inquisitive learners to disseminate their research findings. Specifically, students will be required to (i) design an engaging conference poster that will be presented at the Student Research Poster Presentation Conference; (ii) write a dissertation; and (iii) develop a digital abstract that can be used on social media to disseminate the findings of their research project.

### **Skin and Subcutaneous Tissue**

The course is designed to provide students with pathophysiological framework for explaining skin and connective tissue disorders. The course involves describing the structure and function of the integumentary system; the skin and related appendages (hair, nails, glands and mucous membrane), and the variety of mechanical, thermal and environmental impacts that affect dermal ageing process.

### **Endocrine System**

This course involves learning about the nomenclature of endocrine glands and their hormones; the hormones' sites of biosynthesis, mechanism of action, and metabolism; their impact on overall body

physiology and metabolism; and disease states resulting from various endocrine disorders. The focus will be on the pathophysiology of endocrine dysfunction.

### **Mind and Behavior**

Students will be introduced to psychological and sociological models of behavior, and how these relate to the experience and response to illness in an individual or social/cultural group. They will gain an understanding of the importance of psychosocial factors in health and wellbeing and how these may influence the effectiveness of proposed treatments. Students will learn how to analyze behavioral determinants of illness, especially as applied to substance abuse, self-harm and eating disorders.

### **Musculoskeletal System**

This course, together with other organ-system courses in this Phase (Phase 2), prepares the learner for clinical clerkships in the next Phase (Phase 3) of the program. The course illustrates pathophysiologic mechanisms of musculoskeletal disorders by addressing developmental, degenerative, infectious and inflammatory conditions of joints, muscles, tendons, and bone in both adults and children. The course introduces the student to basic knowledge and skills in the field of musculoskeletal medicine in order to address diagnostic and therapeutic questions in patient care.

## Neurosciences

This course is an integrated neuroanatomy, neurophysiology, neuroradiology, neuropathology and neuropharmacology course covering normal and disturbed functions. It includes study of the central and peripheral nervous systems, sensory, autonomic and motor neuroscience, special senses and provides a broad exposure to the pathophysiology of nervous system disorders, as well as signs and symptoms of neurological disorders.

## Integrated Medicine

This course will integrate the knowledge of fundamentals of pathophysiology of disease in the setting of case-based presentations and discussions. Through illustrative clinical presentations it will provide horizontal and vertical integration of knowledge demonstrating the complexity of diseases that affect multiple systems either through the pathology of a primary disease and its complications or through co-existence of multiple diseases.

### 21.3 Changes to courses

The College will seek to deliver each course in accordance with the descriptions set out in the relevant degree plan. The course descriptions can be accessed in the college catalog.

However, there may be situations in which it is desirable or necessary for the College to make changes in course provision, either before or after enrollment.

The College will not make very substantial changes to courses (for example, a change to the course title, significant restructuring, substantial change in course content, or

the introduction of a progression hurdle) which would impact students who have already begun their course.

Other changes could be made to course content, delivery and teaching provision because of developments in the relevant subject, enhancements in teaching or assessment practice, requirements of external accreditation processes, changes in staffing, resource constraints or changes in the availability of facilities. Such changes will take account of the reasonable expectations of prospective and current students. All students to be affected by such changes will be notified.

### Course Load

In regular semesters, a student shall normally register in 4-8 courses (14-16 credits) concurrently.

#### Lecture (credit: contact hour ratio = 1:1)

Presentation of theoretical or conceptual material in a formal and less interactive environment. Normally a lecture hour will require about 2 hours related to research, reading and follow-up. A ratio of one contact hour to one credit is maintained.

#### Seminar (credit: contact hour ratio = 1:1)

Small group presentations of learning material where student research and presentations form a major portion of course materials and activity. Normal ratio of contact to credit hours is 1:1.

#### Tutorial (credit: contact hour ratio = 1:2)

Supervised small group interaction that includes problem solving and discussion sessions. Normal ratio of credit to contact hours is 1:2. (optional work sessions with no



credit do not carry a course code). A team-based learning activity (TBL) is considered a tutorial.

### **Laboratory (Practical)**

**(credit: contact hour ratio = 1:2)**

Supervised, hands-on application of lecture material or acquisition of skills in a laboratory environment. Normally a ratio of two contact hours to one credit is maintained. In cases where warranted by the nature of the course material, a ratio of 3:1 or 4:1 may be designated by the faculty.

### **Field or Work Placement**

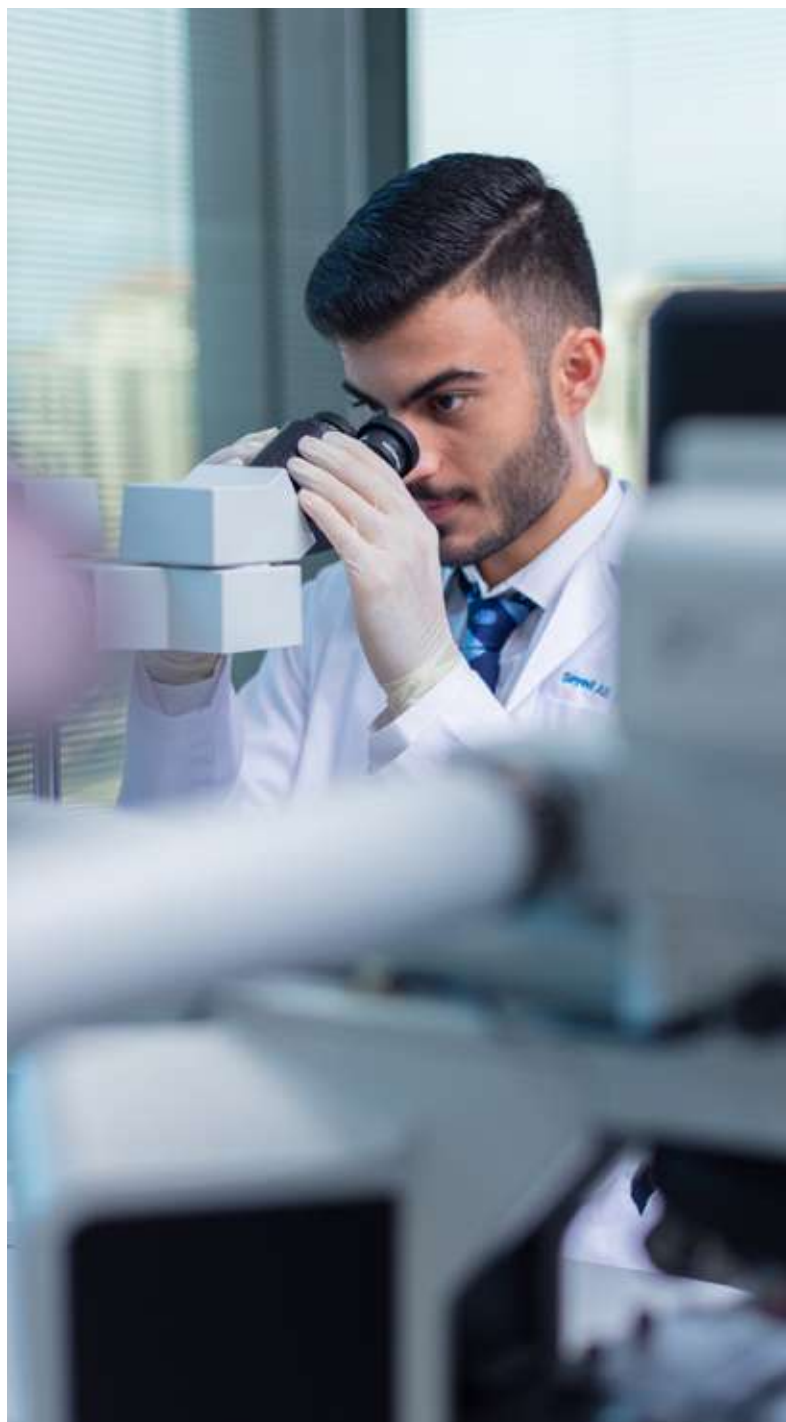
**(credit: contact hour ratio = 1:3-4)**

Supervised hands on application of lecture material or acquisition of skills through placement in an existing work setting. The instructor provides overall direction and follow-up; day-to-day supervision is provided by the on-site employer or agency. Ratio of contact to credit hours is 3:1 or 4:1.

### **Credit weight in rotations**

**(credit: week ratio = 1:1)**

For the purposes of credit weighting in Phase 3 rotations, a credit is equivalent to one week of rotation.



22

# STUDENT ASSESSMENT & PROGRESSION

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## 22. STUDENT ASSESSMENT AND PROGRESSION

The aims of student assessment at MBRU are to satisfy student achievement and progression requirements, promote subsequent learning through feedback, improve the quality of the curriculum (courses and programs), and evaluate the effectiveness of the teaching process.

### 22.1 Grading System

MBRU uses a letter-based grading system to report course grades in Years 1-5. Assessments are typically scored on a percentage scale (0-100) and converted into a letter grade. The GPA is derived from the weight of each letter grade and course credit hours.

Grade	Grade points	Definition
<b>A</b>	4.00	Exceptional performance; all course objectives achieved; objectives met in a consistently outstanding manner (A and A-).
<b>A-</b>	3.70	
<b>B+</b>	3.30	Very good performance; significantly more than the majority of the course objectives achieved (majority being at least two-thirds); objectives met in a consistently thorough manner (B+, B and B-).
<b>B</b>	3.00	
<b>B-</b>	2.70	
<b>C+</b>	2.30	Satisfactory performance; an achievement considered by content experts as meeting the course requirements in all respects (C+ and C)
<b>C</b>	2.00	
<b>C-</b>	1.70	Minimally acceptable performance: less than the majority but more than the minimum required course objectives achieved; objectives met at a minimally acceptable level (C-).
<b>D+</b>	1.30	Unacceptable performance: minimum required course objectives not met; no credit earned (D+, D and F).
<b>D</b>	1.00	
<b>F</b>	0.00	

### Other Grade designations

The following grade designations shall form part of the overall University grading system but shall not carry numeric value.

#### (I) Incomplete

The 'incomplete' grade shall be used when the student has been prevented by circumstances beyond their control (e.g. illness, accident or family emergency) from successfully completing all course components, in-course examinations or sitting for the final end-course examination. The incomplete grade should be converted to the usual A-F grade scale or Pass/Fail once the student re-sits for the exam. Any exception to this rule shall only be approved by the Student Assessment and Progression Committee and the Dean.

#### (WW) Withdrawn without Penalty

A 'WW' shall be assigned to a student who withdraws formally from a course within the prescribed deadline after the period of drop & add. The deadline to withdraw formally from a course shall be 6 weeks from the beginning of classes in the semester.

#### (WF) Withdrawn with Failure

A 'WF' shall be assigned to a student who withdraws formally from a course after the prescribed deadline.

#### (TC) Transfer Credit

A 'TC' shall be awarded to a student who has been granted credit(s) from an accredited institution. These credits shall contribute to the total required for graduation in a particular degree program but shall not contribute to the grade point average. This grade is not applicable to the MBBS program.

#### (AU) Audit

An 'AU' shall designate a course registration with audit status. This status must be declared at the time of registration.

#### (P/F) Pass/Fail

A 'P/F' shall be assigned for a course that is not graded on the A-F scale- but does carry credit value in a degree program. A 'Pass/Fail' course does not contribute to the grade point average.

#### (CC) Continuing Course

'CC' shall be assigned to any course covering more than one semester. After the first semester, the 'CC' grade is shown against the course on the student's transcript. At the end of the second semester an A- F or Pass/ Fail grade replaces the 'CC' grade.

### 22.2 Summary of Student Assessment and Progression Regulations:

- The Student's progress will be appraised through formative and summative assessments. Formative assessments monitor student learning and provide ongoing feedback that can be used by students to enhance their learning and instructors to improve their teaching. Summative assessments, on the other hand, aim at evaluating student learning by aligning them to learning outcomes.
- Criterion-referenced standards will be used in summative assessments as appropriate.
- Course assessments include multiple components including in-course and end of course assessments.

### 22.3 Guidelines

The following guiding principles in designing assessment instruments are followed by course coordinators at MBRU:

- Ensuring linkage of assessment items to course objectives (Knowledge, Skills, Competencies) through an assessment blueprint.
- Employing diverse assessment methods.
- Basing their marking and grading on pre-defined outcome criteria.
- Communicating assessment criteria to students.
- Providing timely, meaningful, and helpful feedback to students.
- Ensuring that the exam weightage matches the course workload.
- Ensuring contextual use of assessment instruments.
- Ascertaining assessment tools are appropriate for the competencies being measured.
- Ascertaining standard setting is criteria-based (criterion-referenced standard).

### 22.4 Weights of Assessments

The weightings of examination components in a course is normally as follows:

- In-course (\*in-rotation) examinations = 40% - 60% of total assessment.

- End-course (\*end-year) examinations = 40% - 60% of total assessment.
- Any deviation from the suggested range above must be justified by the course coordinator and approved by the Student Assessment and Progression Committee.

\* in Phase 3

### 22.5 Student Progression

Criteria for progression between phases and within phases are defined. The recommendations on progression will be made by the SAPC with inputs from all sources involved in assessing student performance for the semester/year, and approved by the Dean of the College of Medicine.

- In order to pass a course a student must pass each of the knowledge, skills, and competencies (as applicable).
- The minimum passing grade in any course with A-F grading system should be a "C-" grade. A 'P' must be achieved in a P/F course.
- Students will be eligible for remediation and resit examinations if the cGPA is <2 and course grades are below C-. Students with cGPA  $\geq 2$  can resit courses with grades below C-.
- In order to progress to the next Phase, the student must score a cGPA  $\geq 2$
- In any academic year of Phase 1 and 2, students failing courses in semester 1 of the academic year, after a resit

opportunity would have the following options:

1. Enroll/register with fees for semester 2 (but not sit the summative exams) or
2. Request to pause semester 2 and rejoin during the next repeat academic year or
3. Withdraw completely from the program.

- The exit degree of MBBS (Bachelor of Medicine and Bachelor of Surgery) is granted if the student scores a cGPA equal to or greater than 2.00 and has passed all courses with no fitness to practice concerns.
- As a general progression rule, the maximum duration within which to successfully complete any Phase shall be equal to the normal duration of the Phase plus an additional one year, if required.

### **22.5.1 Progression From Phase 1 to Phase 2 (Year 1 to Year 2)**

- To progress to Phase 2 a student shall successfully complete all courses in Phase 1 within the stipulated maximum duration of the phase (4 semesters) and meet the progression criteria as described below:

#### **22.5.1.a Progression Through Regular Year**

To progress from Phase 1 to 2, a student must achieve a cumulative grade point average (cGPA) of 2 or higher and a C-grade in all courses, and a P grade in P/F courses through:

1. Course examinations or
2. Resit examinations held after each semester for courses of the respective semester. Resit opportunities are detailed in para 22.5.7 There is no restriction on number of courses eligible for resit examination.

#### **22.5.1.b Progression Through Repeat Year**

If a student at the end of Year 1 does not achieve the progression criteria the student will repeat identified courses that are key to academic continuity as recommended by the phase director.

1. The student will be one year behind the cohort.
2. At the end of the repeat year the student must meet the progression criteria to progress to Phase 2.

**22.5.1.c** A student failing in the repeat year will be withdrawn from the program.

**22.5.1.d** A student not wanting to repeat year 1, having failed to meet the progression criteria of year 1, will also be withdrawn from the program

- A student may repeat a course in phase 1 only once within the maximal permissible duration of the phase.
- If a student fails all courses or a significant proportion of courses (above 2/3) in phase 1, they may be strongly counselled to consider withdrawing from the program.

### **22.5.2 Progression Within Phase 2 (Year 2 to Year 3)**

To progress from year 2 to year 3 a student shall successfully complete all courses at the end of Year 2 within the stipulated maximum duration of the phase (6 semesters) and meet the progression criteria as described below

#### **22.5.2.a Progression Through Regular Year**

To progress from year 2 to 3, a student must pass all courses with a C- grade at the end of year 2 through:

1. Course examinations or
2. Resit examinations in up to 3 courses, held after each semester for courses of the respective semester. Resit opportunities are detailed in para 22.5.7

#### **22.5.2.b Progression Through Repeat Year**

If a student fails more than 3 courses in year 2, the student will repeat the academic year with all courses.

1. The student will be one year behind the cohort.
2. At the end of the repeat year the student must meet the progression criteria to progress to year 3.

**22.5.2.c** A student failing in the repeat year, will be withdrawn from the program.

**22.5.2.d** A student not wanting to repeat year 2, having failed in more than 3 courses, will also be counselled to withdraw from the program.

### **22.5.3 Progression From Phase 2 (Year 3) to Phase 3 (Year 4)**

To progress from phase 2 to phase 3 a student shall successfully complete all courses at the end of Phase 2 within the stipulated maximum duration of the phase (6 semesters) and meet the progression criteria as described below:

#### **22.5.3.a Progression Through Regular Year**

To progress from phase 2 to phase 3, a student must achieve a cumulative grade point average (cGPA) of 2 or higher and a C- grade in all courses at the end of year 3 through:

1. Course examinations or
2. Resit examinations held after each semester for courses of the respective semester. Resit opportunities are detailed in para 22.5.7

#### **22.5.3.b Progression through repeat year**

If a student fails more than 3 courses, the student will repeat the academic year with all courses except Research Project.

1. The student must not have previously repeated a year in phase 2.
2. The student will be one year behind the cohort.
3. At the end of the repeat year the student must meet the progression criteria to progress to phase 3.

**22.5.3.c** A student failing in the repeat year, will be withdrawn from the program.



**22.5.3.d** A student not wanting to repeat year 3, having failed in more than 3 courses, will also be counselled to withdraw from the program.

#### **22.5.4 Progression From Phase 3 Year 4 to Year 5**

To progress from year 4 to year 5 a student shall successfully complete all courses at the end of year 4 within the stipulated maximum duration of the phase (three years) and meet the progression criteria as described below:

##### **22.5.4.a Progression Through Regular Year**

To progress from Year 4 to 5, students must have no 'fitness to practice' concerns and achieve a cumulative grade point average (cGPA) of 2 or higher and a C-grade in all courses at the end of year 4 through:

1. Course examinations or
2. Resit examinations held at the end of year 4 for students failing <3 courses. Students may need to repeat the

final theory examination or objective structured clinical examination (OSCE) or both as recommended. Resit opportunities are detailed in para 22.5.7

3. If there are concerns on fitness to practice, the Fitness to Practice committee will recommend whether the student will repeat year 4 or be counselled to withdraw from the program.

##### **22.5.4.b Progression Through Repeat Year**

A repeat year is offered if a student fails 3 or more courses in Year 4 or fails resit examinations or has fitness to practice concerns and is recommended to repeat year 4 by the Fitness to Practice committee.

1. The student will be one year behind the cohort.
2. At the end of the repeat year the student must meet the progression criteria to progress to year 4 and have no fitness to practice concerns.





**22.5.4.c** A student failing in repeat year 4 will be withdrawn from the program.

**22.5.4.d** A student choosing not to repeat Year 4, having failed in 3 or more courses, will also be counselled to withdraw from the program.

### **22.5.5 Progression From Phase 3 Year 5 to Year 6**

To progress from Year 5 to Year 6 a student shall successfully complete all courses at the end of year 5 within the stipulated maximum duration of the phase (three years) and meet the progression criteria as described below:

#### **22.5.5.a Progression Through Repeat Year**

To progress from Year 5 to Year 6, students must have a pass grade on the e-portfolio, no fitness to practice concerns,

pass grade on OSCE, achieve a cumulative grade point average (cGPA) of 2 or higher and a C- grade in all courses at the end of year 4 through:

1. Course examinations or
2. Resit examinations held at the end of year 5 for students failing <3 courses. Students may need to repeat the final theory examination or OSCE or both as recommended. Resit opportunities are detailed in para 22.5.7
3. If there are concerns on fitness to practice, the Fitness to Practice committee will recommend whether the student will repeat year 5 or be counselled to withdraw from the program.

#### **22.5.5.b Progression Through Repeat Year**

A repeat academic Year 5 is offered if a student fails 3 or more courses in Year

5 or fails resit examinations, e-portfolio or has fitness to practice concerns and is recommended to repeat year 5 by the Fitness to practice committee.

1. The student will be one year behind the cohort.
2. At the end of the repeat year the student must meet the progression criteria to progress to year 6 and have no fitness to practice concerns.

**22.5.5.c** A student failing in repeat year 5, will be withdrawn from the program.

**22.5.5.d** A student choosing not to repeat Year 5, having failed in 3 or more courses, will also be counselled to withdraw from the program.

### **22.5.6 Graduation Criteria at the End of Phase 3**

To graduate from the MBBS program at the end of Year 6 within the stipulated maximum period for completion of Phase 3 (four years) a student must meet the progression criteria as described below:

#### **22.5.6.a Graduation Through Regular Year**

A.a. Achieve satisfactory completion of their workplace-based assessments as determined by successful progress throughout the year and evidenced by:

1. Core Entrustable Professional Activities (EPAs) (including procedures).
2. Longitudinal e-portfolio and internship reports

A.b. Achieve a Pass grade in each of the following one-time tests:

1. Prescribing Safety Assessment (PSA)
2. Situational Judgement Test (SJT) – Professionalism and ethics

A.c. Achieve a Pass grade in both components of the Final Integrated Examination (FIE) consisting of:

1. Knowledge: (IFOM) Clinical Science Examination
2. Skills: Integrated OSCE

A.d. Successfully complete a Quality Improvement and Patient Safety (QIPS) project

A.e. Deliver a presentation on their elective internship experience.

A.f. Demonstrate professional conduct through attendance, completion of timely assignments and interactions with patients and staff and have no fitness to practice concerns at the time of graduation.

Resit opportunities

- i. For component A.a., remediation-resit throughout the year
- ii. For components A.b and A.c. remediation and single resit at a designated period before graduation.
- iii. For components A.d. and A.e. remediation and additional submissions before graduation.
- iv. For component A.f recommendations from the Fitness to practice committee will apply including extension of Year 6

or withdrawal.

### 22.5.6.b Graduation Through Repeat Year

1. A repeat year 6 may be advised within the stipulated maximum duration of the phase (four years) for failure to achieve graduation criteria.
2. Delayed graduation from 3-6 months under exceptional circumstances maybe recommended by the SAPC and approved by the Dean for failure to achieve the progression criteria.
3. Assessment components A.a., A.c and A.f must be satisfactorily completed by the end of period.
4. Assessment components A.b., A.d and A.e, if satisfactorily completed previously need not be repeated.

**22.5.6.c** A student failing in repeat year 6, will be withdrawn from the program.

**22.5.6.d** A student choosing not to repeat Year 6, having failed to meet the graduation criteria, will also be counselled to withdraw from the program.

### 22.5.7 Resit opportunities

**22.5.7.1** In phase 1 and 2 at the end of each semester:

- If the cGPA is <2 a student is eligible to resit selected courses with grades C-.
- If the cGPA ≥ 2 a student is eligible to take the resit exam of courses with grades below C-.

- In year 1, there is no limit on number of resit courses; in years 2 and 3, students are eligible to resit up to 3 courses.
  - The resit exams will be held after each semester; only courses of the relevant semester will be offered. The resit examination will be a single comprehensive examination contributing 100% to the course grade. A remedial/coaching program should be organized before the resit examination.
  - Maximum number of resit examinations for a course in one academic year
1. Exam components (final or in-course) will be offered a maximum of 2 times in a course in an academic year.
    - a. First, the original exam
    - b. A second time whether as resit or replacement
  2. Resit/replacement exam is valid for the end-course examination
  3. Approved absence in ICA will be compensated with a replacement examination. There will be no resit opportunity for ICA.
  4. Eligibility for the second run of the exam is based on recommendations by SAPC.
  2. The student will be awarded the higher of the grades achieved in the end course or the resit examination up to

the grade required for achieving the progression criteria of cGPA 2 and a C-grade.

**22.5.7.2** In Phase 3 Resit/replacement exam will be offered once at the end of years 4 and 5 in up to 2 courses on the recommendation of the SAPC based on failure to achieve a cGPA of  $\geq 2$  and C- grade per course for resit and approved absence for replacement. Resit opportunities for Year 6 are detailed in section 22.5.6.a.

### 22.1 Academic Probation

A student shall be placed on academic probation if his/her academic performance is below the threshold (cGPA 2.00). In such cases a student shall be required to have a documented interview with their academic advisor and any supportive and corrective measures noted before registering for the next semester. These may include any or all of the following:

1. Referral to student services for counselling.
2. Postponement of study so as to address identified non-academic needs.
3. Supplementary language or study skills courses.

### 22.7 Academic Appeals

Students may submit an academic appeal as per the Academic Appeals process. The time frame for submission of an academic appeal is within five working days from the posting of an assessment score or final grade. Final decision on the appeal should be communicated to the

student within five working days for in course assessments and ten working days from the appeal submission deadline.

**22.7.1** Appeal on any assessment score during the semester

**22.7.1.a** The student will be able to access scores on any assessment during the semester on the LMS.

**22.7.1.b** The student is strongly encouraged to discuss his/her performance on such assessments during the semester with his/her course coordinator. They may also seek advice from their Academic advisor.

**22.7.1.c** A student who wishes to challenge the accuracy or fairness of his/her scores should first raise the concern directly with the course coordinator, and request clarification/confirmation of the accuracy of the score(s). They may appeal the score within five working days of publication/posting of the scores.

**22.7.1.d** If there is enough evidence to support the appeal, the scores will be changed on the LMS grade sheet by the course coordinator and displayed to the students.

**22.7.1.e** If there is not enough evidence, but the student maintains the appeal, the student can appeal to the program chair/director through SSR by submitting an email/appeal form.

**22.7.1.f** The program chair / director decision is final and not open to further appeal. It should be communicated to the

student within 5 working days from the appeal submission date by SSR.

**22.7.2** Appeal on final course grades

22.7.2.a. The student will be able to access final course grades on the Student Information system (SIS) and final exam scores on the LMS after the approval of the Dean on MBRU APPs

**22.7.2.b** A student who wishes to challenge the accuracy of his/her course final grades may appeal the grade within five working days of publication/posting of the final grades to the Dean of the college through SSR. They may also consult the course coordinator or Academic Advisor before submitting the appeal

**22.7.2.c** The appeal should be made by email to SSR or on the academic appeals form and provide a specific reason for the appeal on performance in the final examinations.

**22.7.2.d** Upon receiving the appeal, the Dean shall form an ad hoc assessment appeals committee which will include the chair/co-chair of the relevant assessment and progression committee and two other faculty members, to review the details and the accuracy of the student's grades and any circumstances put forward by the student and provide recommendations to the Dean. The committee will invite the relevant course coordinator and any other faculty or supporting staff to provide inputs towards making a decision on the appeal. The student may be invited if any further clarification is needed

**22.7.2.e** The ad hoc committee will submit its recommendation to the Dean within 5 working days of receiving the appeal from the office of the Dean.

**22.7.2.f** The Dean will make a decision on the recommendation of the Committee. The Dean's decision is final and not open to further appeal. It should be communicated to the student within 10 working days from the appeal submission deadline.

**22.7.2.g** The decision on the student's appeal will be communicated to SSR for onward transmission to the student.

23

# EXAMINATION REGULATIONS



## 23. EXAMINATION REGULATIONS

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### 23.1 Responsibilities of the Student Assessment and Progression Committee (SAPC)

The SAPC is responsible for scrutinizing and monitoring of examination quality by:

1. Ensuring University and College regulations are adhered to.
2. Reviewing reports from course coordinators.
3. Reviewing external examiners' reports (if applicable) in matters related to the examination.
4. Approving course assessment plans and blueprints.
5. Verifying with course coordinators that examination papers are reviewed.
6. Reviewing a sample of examination question papers.
7. Confirming that appropriate standard-setting procedures are adopted.
8. Reviewing examination 'item' performance.
9. Reviewing the distribution of grades.
10. Recommending improvements and ratifying changes to examination process.
11. Approval of timetables and invigilation guidelines of final examinations.
12. Receipt and consideration of final examinations results.
13. Recommendation, in consultation with course coordinators, of supplementary examinations and/or re-sits.
14. Handling misconduct in examinations.
15. Liaising with appropriate bodies in cases of student appeals that relate to examinations.
16. Recommending amendments to the College examinations policy.
17. Any other duties that may, from time to time, be assigned to the Committee.

### 23.2 Examination Guidelines

Examinations should be both formative and summative. The methods of assessment used will be dictated by the purpose of the assessment.

Summative assessment is any form of assessment that will contribute to the final grade of a student. Guidelines for conducting summative assessments are as follows:

- a. Each course coordinator shall draw out a blueprint of course objectives and the examination instruments to be used to test these objectives. Multiple methods are usually required to achieve blueprint objectives. The different examination instruments allow a balance of strengths and

weaknesses of each method.

- b. As much as possible, questions should assess higher-order thinking skills and not just simple recall of information.
- c. For skills/performance-based assessments, properly constructed checklists and/or rubrics should be used. Tasks should be as clinically authentic as possible.

### 23.3 Review of Examinations

For all exams (in-course and final), exam questions/stations/cases should be reviewed and amended by the course coordinator in consultation with the Student Assessment and Progression Committee.

### 23.4 Standard Setting

For each course, a defensible standard-setting method should be used by trained faculty. Arbitrary methods should not be used. The standard-setting procedure should be declared to the Student Assessment and Progression Committee.

### 23.5 Marking of Examinations

Multiple choice questions (MCQs) shall be marked electronically and subjected to item analysis. For short notes and essays, model answers should be provided and used as the basis for marking and feedback to students. Several examiners should be available, but one examiner should mark the same question for all students for consistency. Double marking is encouraged. For Objective Structured Clinical Examination (OSCE) stations and short cases, properly designed checklists and rubrics should be used. Several examiners should be available. Each OSCE

station should be assigned to one examiner.

### 23.6 Grades and Grading

Letter grades shall be used to describe the achievement level attained within a particular course. A final semester grade shall be based on continuous assessment throughout the semester as well as a final examination. A final examination is customary but may not be considered necessary in certain types of courses.

### 23.7 Item Analysis and Test Statistics

Student performance on exam questions should be analyzed using appropriate item analysis software by the course coordinators. Results of these analyses should be discussed by the relevant committees to assist in making informed decisions about the assessment process. For all examinations used by instructors, reliability indices should be determined, and the data used to improve on the assessment process in the College.

### 23.8 Feedback to Students on Examinations

Feedback on in-course and formative assessments should be given to students within 1 week of the examination. Feedback should not involve the release of questions but a discussion of points of weaknesses with students. Feedback on final examinations is not typically provided.

### 23.9 Training of Students in Examination Methods

Students should be familiarized with the type of examinations in the College. Practice questions should be provided by the concerned coordinators.





### 23.10 Access to Old/Previous Exams

Students should not have access to questions used in previous examinations and stored in the College's examination questions bank.

### 23.11 Repeat Exams

If a student is eligible for a re-sit/supplementary exam, this exam should be cleared after a remedial activity/course as may be prescribed by the concerned course team. The format and difficulty level of the repeat exam should be identical, except for content, as that of the failed exam.

### 23.12 Absenteeism from Examinations and Appeals

Please refer to the attendance policy in the MBRU Student Handbook. Additionally, the following will apply to the College of Medicine:

**23.12.1** Appeals on absenteeism during assessments will be deliberated on by a Sub-Committee for Missed Assessments (SCMA) set up by the SAPC. Students requesting for absenteeism exemption on medical grounds will forward a sick leave certificate (duly endorsed by the health authority) through the Department of Student Services & Registration (DSSR) to this sub-committee. The decision of accepted/rejected appeal will be communicated to the student through the DSSR with a copy to the SAPC and the course coordinator within 5 days of the sub-committee receiving the appeal. In the event of the request being rejected, a reconsideration based on student appeal will be reviewed at the SAPC meeting for approving end-semester examination results.

**23.12.2** A student exempted due to be-

reavement, hospital admission or in extreme ill health, should be offered the option of sitting for a replacement examination in accordance with the circumstance prevailing at the time and must be in-line with MBRU regulations.

### 23.13c Misconduct in Examinations

Please refer to the MBRU Student Handbook; Code of Conduct and Academic and Non Academic offences sections. Additionally, the following procedure of reporting misconduct will be applied in the College of Medicine:

Misconduct in examinations should be reported to the SAPC by the Head Invigilator of the examination during which the misconduct occurred. The SAPC will deliberate on the report. Thereafter, a recommendation will be made to the Dean.

## 23.14 Online Exams

### 23.14.1 General Conduct of Students

- A. Students must not indulge in any behavior or conduct that may disturb other candidates or disrupt the smooth progress of an examination.
- B. Students are not permitted to smoke in any part of the examination room.
- C. Students must obey the instructions of the invigilator, and their attention is drawn to the regulations governing admission to and departure from the examination room.

Students are not allowed to take into the examination room any unauthorized books, manuscripts, notes, bags, cases, or any means whereby they

may improperly obtain assistance in their work. All such materials, including handbags, must be placed on a table outside the examination room.

- D. Students are not allowed to take into the examination room electronic storage/processing/transmission devices such as smart devices, mobile phones, pagers, PDAs, or any digital storage media such as flash drives or CD.
- E. Students are not allowed to take into the examination hall paper of any sort. An erasable electronic board shall be provided in the examination hall should any student require it or the Notes function will be activated on Exemplify in lieu of scrap papers
- F. Students must be at the venue of the examination at least 10 minutes before exam commencement.
- G. Students can be allowed to enter the exam room up to 15-minutes after the start of an exam. If a student arrives after 15-minutes, they will not be allowed entrance and will be advised to email the course coordinator and the Department of Student Services & Registration to inform them of the reason for tardiness.
- H. Before the commencement of the examination, the student must place on the top right-hand corner of the desk their ID card for inspection by one of the invigilators.

- I. Students must not use any means whatsoever to communicate or obtain, directly or indirectly, assistance in their work, or give or attempt to give, directly or indirectly, assistance to any other candidate.
  
- J. Any suspected breach of the foregoing regulations will be investigated by the College.
  
- K. Students should refer to CoM Assessment and Progression policy Guidelines 7, 9 and 11 for details on conduct at exam venues, health and safety precautions and during online remote proctored examinations.

# PROFESSIONAL BEHAVIOR & STUDENT FITNESS TO PRACTICE



## 24. PROFESSIONAL BEHAVIOR AND STUDENT FITNESS TO PRACTICE

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Medical students enjoy special privileges, which come with responsibilities and expectations by the society. Because of this, medical students need to be aware of the higher standards of professional behavior. MBRU's College of Medicine will ensure that students are aware of this relationship with society and provide them with opportunities to learn and practice the expected standards of professional behavior.

This guidance considers medical students' fitness to practice in relation to their behavior and in relation to their health when appropriate. Poor health can affect a student's fitness to practice either directly or by being a cause of misconduct.

### 24.1 Expectations for Appropriate 'Fitness to Practice'

#### 24.1.1 Displaying Professional Conduct

Medical students should acquire and demonstrate the types of behavior that mark them as fit to practice as doctors by:

- Maintaining the standards of competence and care that will not put patients and the public at risk.
- Striving for high ethical standards in their professional and personal lives.

#### 24.1.2 Providing Good Clinical Care

- Being able to provide good clinical care is fundamental to becoming a doctor. This objective should guide a student's behavior in both their clinical

and academic work. Medical students should reflect on how they can support and promote good clinical care as part of their medical education.

- In order to demonstrate that they are fit to practice, students should:
  - Recognize and work within the limits of their competence and ask for help when necessary.
  - Accurately represent their position or abilities.
  - Ensure they are supervised appropriately for any clinical task they perform.
  - Respect the decisions and rights of patients.
  - Be cognizant that treatments should be based on clinical need and the effectiveness of treatment options, and that decisions should be made after thorough assessment(s) and discussion with the patient.
  - Not to discriminate against patients by allowing their personal views to affect their professional relationship or the treatment they provide or arrange (this includes their views about a patient's age, color, culture, disability, ethnicity or nationality, gender, lifestyle, marital or parental status, race, religion or beliefs, sexual orientation, or social or economic status)

- Behave with courtesy.
- Report any concerns they have about patient safety to the appropriate person.

### 24.1.3 Maintaining Good Medical Practice

- Students must be aware of their responsibility to maintain their knowledge and skills throughout their careers.
- Students are expected to remain updated on the latest findings in the field, and to apply the knowledge necessary for good clinical care. They should understand that as doctors they will have to participate in audit, assessments and performance reviews throughout their careers as part of re-licensing.
- In order to demonstrate that they are fit to practice, students should:
  - Reflect regularly on standards of medical practice in accordance with locally agreed and adopted guidance by MBRU and local hospitals.
  - Attend the required learning sessions
  - Complete and submit course work on time.
  - Be responsible for their own learning.
  - Reflect on feedback about their performance and achievements and respond constructively.

- Be familiar with guidelines of local healthcare providers.
- Respect the knowledge and skills of those involved in their education.
- ☒ Ensure they're reachable, and always respond to calls in relation to care of patients or their own education.

### 24.1.4 Engaging in Teaching and Training

- Medical education has rigorous professional and academic aspects. Medical students must engage with patients and gain experience in clinical settings.
- Doctors and students must be willing to contribute to the teaching, training, appraising and assessing of students and colleagues.
- They should be honest and objective when appraising self and others.
- In order to demonstrate that they are fit to practice, students should:
  - Demonstrate basic teaching skills.
  - Be aware of the principles of education in medicine.
  - Be willing to contribute to the education of other students.
  - ☒ Give constructive feedback on the quality of their learning and teaching experiences.

### 24.1.5 Building Ethical and Respectful Relationships with Patients

- Medical students will have extensive contact with patients during their medical course and must build relationships with patients based on openness, trust and good communication.
- Students should maintain a professional boundary between themselves and their patients. They must not use their professional position to cause distress or to exploit patients.
- Students should obtain patient consent for any treatment, teaching or research.
- Patients have a right to expect information about them to be held in confidence. A patient's case must not be discussed in a way that would identify them with anyone not directly involved in their care, or in a public place. Academic work that contains specific information about a patient must not identify the patient if it is to be seen outside the patient's care team. This includes case or log reports that are submitted as part of the student's course work or assessment.
- In order to demonstrate that they are fit to practice, students should:
  - Respect patients and treat them with dignity.
  - Be aware of ethical issues in their professional behavior with patients.
  - ☒ Be open and honest when dealing with patients, their relatives, or

anyone else close to them.

- Ensure that patients have consented to a student being involved in their care.
- Ensure they are clearly identified as students.
- Ensure they follow the hospital adopted guidance on consent and confidentiality.

### 24.1.6 Working Collaboratively with Colleagues

- Medical students should be able to work effectively with colleagues inside and outside of healthcare facilities in order to deliver a high standard of care and to ensure patient safety.
- Doctors and students must develop skills to work in multi-disciplinary teams. This involves respecting the skills and contributions of colleagues and other professionals and developing effective communication with other members of the team and with patients.
- It is also important that doctors and students protect patients from harm posed by another colleague's behavior, performance or health. They should take steps to raise any concerns with the appropriate person.
- In order to demonstrate that they are fit to practice, students should:
  - Demonstrate skills that allow them to deal with uncertainty and change in the workplace.

- Be able to work effectively in a team and to take on different roles as appropriate, including taking responsibility for tasks.
- ☒
- Develop and demonstrate teamwork and leadership skills.
- ☒
- Be aware of the roles and responsibilities of other people involved in delivering healthcare.
- ☒
- Respect the skills and contributions of colleagues and other professionals and not discriminate against them.
- ☒
- Raise concerns about overall practice in a healthcare setting or about colleagues, including other students, medical practitioners and other healthcare workers, with the appropriate person if patients are at risk.

#### 24.1.7 Demonstrating Ethical Behavior

- Good medical practice requires doctors to make sure that their behavior at all times justifies the trust that patients and the public place in the medical profession.
- In order to demonstrate that they are fit to practice, students should:
  - Bring attention to any concerns about, or errors in, their clinical work.
  - ☒ Be honest, genuine and original in their academic work, including when conducting research, and take effective action if they have concerns about the honesty of others.
- Be honest and open/transparent when writing reports and logbooks, and when completing and signing forms
- Be honest in citing their qualifications and not misrepresent their qualifications, position or abilities
- Do not plagiarize others' work or use their own work repeatedly in a way that could be misleading.
- Be honest and trustworthy in any financial dealings, especially if they are managing finances, and make sure that any funds are used for the purpose they were intended for.
- Co-operate with any formal inquiry by the university or other hospitals or organization into their health, behavior or performance, or that of anybody else.
- Comply with the laws of the UAE and, where relevant, and any laws that apply specifically to an individual Emirate.
- Comply with the regulations of the university, hospitals or other health organization.



### 24.1.8 Understanding Risks Associated with their own Health

- It is important that medical students are aware that their poor health may put patients and colleagues at risk.
- Good medical practice requires doctors to seek and follow advice from a suitably qualified professional about their health. This is particularly important if they have, or suspect they have, a serious condition that could be passed on to patients, or if they are receiving treatment that could affect their judgement or performance.
- In order to demonstrate that they are fit to practice, students should:
  - Be aware that their own health problems may put patients and colleagues at risk.
  - Seek medical or occupational health advice, or both, if there is a concern about their health, including mental health.
  - Accept that they may not be able to accurately assess their own health and be willing to be referred for treatment and to engage in any recommended treatment programs.
  - Protect patients, colleagues and themselves by being immunized against common serious communicable diseases if vaccines are available and are recommended by the relevant health authority.
  - Do not rely on own or another

student's assessment of the risk posed to patients by their health, and should seek advice, when necessary, from a qualified clinician or other qualified healthcare professional.

- Be cognizant of your responsibility of informing your employer or other appropriate person(s) if your health poses a risk to patients or the public.

### 24.1.9 Demonstrate Appropriate Social Behavior

- Students are viewed as representatives of the University and should not allow their actions to reflect negatively upon the University or upon their profession. In order to demonstrate fitness to practice, the student is expected to:
  - Recognize the right of all individuals to be treated with respect without regard to race, age, gender, disability, ethnicity or nationality, position, or religion.
  - Do not engage in physical, verbal or written harassment or sexual harassment.
  - Avoid obstruction of due process through lying, using pressure, threat, abuse, or similar practices against any person, or withholding of pertinent information.

### 24.1.10 Consequences of Breaching the Fitness to Practice

If there are grounds for concern as to the fitness of the medical student for medical practice and upon investigation the student was found to be in breach of the fitness

to practice code, the Fitness to Practice Committee may recommend any of the following:

- Continue his or her studies without limitations.
- Continue his or her studies under specified limitations and conditions.
- Prohibit student from entering specified clinical facilities as a medical student.
- Suspension from studies.
- Dismissal from University
- Informing law enforcement agencies.
- Informing concerned professional licensing bodies.
- Other penalties or corrective actions as deemed appropriate and necessary by the fitness to practice committee.

## **24.2 Policies and Procedures for Dealing with Suspected Breaches of Fitness to Practice**

### **24.2.1 Committee for Fitness to Practice**

The following committees will be involved in the handling of the rare cases of report or evidence of infraction of this code to the extent that raises concern about the fitness of the student to practice. The committee mandates include:

- Review the Medical Students' Code of Conduct on a regular basis.
- Initiate the process for dealing with

a report of infringement of Code of Conduct on instruction from the Dean.

- Raise an independent ad hoc investigation committee when required.
- Adjudicate on the basis of the report of the ad hoc investigation committee.

### **24.2.2 Membership:**

- Associate Dean for Education (ex-officio)
- Four faculty members, elected by faculty
- A student representative selected by MBRU's Student Council
- The Dean appoints the Chairperson from among the membership or from members.
- The Committee on Fitness to Practice shall meet at least once per term and whenever the need arises.

### **24.2.3 The Ad Hoc Investigation Committee**

An ad hoc committee is constituted for each case and it reports to the Committee on Fitness to Practice. The Ad Hoc Committee mandate is to gather information and evidence sufficient to enable the Committee on Fitness to Practice making a decision on the existence and seriousness of the breach of the code of conduct.

#### 24.2.4 Membership:

Three members with appropriate expertise to conduct the investigation, appointed by the Committee for Fitness to Practice. None shall be a member of the Committee on Fitness to Practice.

#### 24.2.5 The Ad Hoc Dispute Resolution Committee

An ad hoc committee established by and reporting to the Dean constituted for each case. The mandate of the Ad Hoc Dispute Resolution Committee is to determine whether due process has been followed in handling the allegation(s) and to receive new facts if they become available. The committee will also consider the appeal from the student in the event of a dispute regarding the outcome of adjudication.

#### 24.2.6 Membership:

This committee is made up of three members drawn from the College Dispute Resolution Panel.

- One nominated by the Dean, who shall Chair the Committee and submit reports.
- One member nominated by the Student Council.
- One member nominated by the Committee on Fitness to Practice.

#### 24.3 Procedure for Handling an Allegation of a Breach to Fitness to Practice by a Medical Student

The handling of an allegation of misconduct must be confidential, expeditious and strictly in accordance to the laid down process as follows:

Preliminary Evaluation, Investigation, Adjudication, Appeal.

#### 24.3.1 Preliminary Evaluation

- A report of allegation of potential infraction of the Code of Conduct shall be directed to the Dean, who will evaluate and share with the Chairperson of the Committee on Fitness to Practice, if he/she considers that there are enough grounds to proceed.
- Anonymous allegations shall not normally be considered. If the nature of the allegation makes anonymity of the reporter expedient, the name and identification of the author will be removed from any written document but should be made known to the Dean
- Within two weeks of receiving a complaint, the Committee on Fitness to Practice shall determine whether:
  - The matter should be dealt with informally.
  - If the investigation should proceed.
  - Any action regarding the status of the student should be taken for example:
    - Continue his or her studies without limitation.
    - Continue his or her studies under specified limitations and conditions.
    - Be prohibited from entering specified clinical facilities as a

medical student.

- The Chairperson may, during the proceedings, review and change a decision regarding a medical student's status.
- The student may appeal to the Dean if dissatisfied with the decision of the Committee.
- The Dean may refer the appeal to the Adjudication Committee. Such adjudication pending the Committee's decision shall remain in force.
- Any member (including the Chairperson) of the Fitness for Practice Committee that have any involvement or interest in the case arising other than by way of rules of procedure, shall stand down from the Committee while the case is being considered, and another member of the Committee shall be appointed.

### 24.3.2 Investigation

- The Fitness to Practice Committee shall set-up an ad hoc Investigation Committee. The membership shall not include anyone with previous involvement in the case.
- The Chairperson of the Committee on Fitness to Practice shall write to inform the medical student concerned that an investigation of the student's fitness to practice is going to take place stating the nature of the concern and the grounds for launching the investigation.

- The ad hoc Investigation Committee shall investigate the allegations and associated circumstances and submit a written report prepared and submitted by the Chairperson of the ad hoc Investigation Committee to the Chairperson of the Fitness to Practice Committee within two weeks. The report shall be limited to facts, without judgement.
- The medical student may be accompanied by a member of the MBRU community of his/her choice.
- The student shall be given the opportunity to comment on the accuracy of the facts gathered by the ad hoc Investigation Committee by appending his/her signature to the report.

### 24.3.3 Adjudication

- The medical student shall be required to attend the meeting for adjudication in person.
- The medical student shall inform the Chairperson of the Committee on Fitness to Practice in writing of the details in advance of the meeting if he/she has good cause to object to the membership of the Committee.
- The Chairperson shall decide on whether to advise the Committee that the member(s) should be replaced and shall inform the medical student accordingly.
- The adjudication may proceed in the student's absence, if the student

fails to attend the meeting without reasonable explanation. The Committee on Fitness to Practice shall have discretion to decide what constitutes a reasonable explanation.

- The Committee or the medical student may invite anyone who may have information relevant to the case to attend the adjudication meeting to give evidence in writing or in person.
- The meeting shall be held in private and all proceedings shall be confidential.
- The Committee shall determine its own procedure for the conduct of the meeting but shall include the following elements:
  - A statement of the allegation and the findings of the ad hoc Investigation Committee.
  - Response of the student to the allegation and the outcome of investigation.
  - Summary and conclusion of facts on both sides.
  - Pronouncement of the adjudication.
- Possible outcome of the adjudication:
  - The medical student is fit for medical practice and will be recommended to continue on the course with no conditions.
  - There are grounds for concern as to the fitness of the medical student for

medical practice but he or she may continue his or her course of study under specified conditions.

- The medical student is unfit for medical practice with recommendations that may include:
  - ☒ • Suspension from studies
  - ☒ • Dismissal from University
  - ☒ • Informing law enforcement agencies
  - ☒ • Informing concerned professional licensing bodies
- The Chairperson of Committee on Fitness to Practice shall communicate the decision of the Committee in writing to the medical student and the Dean.

#### 24.3.4 Appeal

- A medical student has the right of appeal against a decision of the Committee on Fitness to Practice.
- The appeal shall be submitted in writing within twenty-eight consecutive days of the notification of the result of the decision to the Dean stating the grounds of appeal.
- The Dean will raise the ad hoc Dispute Resolution Committee to consider the appeal.
- During the consideration of the appeal, the decision of the Committee on

- Fitness to Practice shall remain in force.
- An Appeal hearing shall be arranged within one week of receiving the appeal in accordance with the following procedure:
  - The medical student may choose to be accompanied by a nominated 'friend' from the MBRU community (for example, a student representative).
  - The meeting shall be held in private.
  - The case by the Committee on Fitness to Practice shall be presented by its Chairperson, or nominee.
  - The student shall state his grounds for appeal and then his defense.
  - The Committee on Fitness to Practice shall respond.
  - The student shall be given the opportunity to react to the response of the Committee on Fitness to Practice.
  - The Chairperson of ad hoc Dispute Resolution Committee shall summarize proceedings.
  - The Chairperson of ad hoc Dispute Resolution Committee shall pronounce the Committee's decision at the same or in another sitting/meeting.
  - The ad hoc Dispute Resolution Committee may confirm, amend, or refer the decision back to the Committee on Fitness to Practice.
  - The Chairperson of the ad hoc Dispute Resolution Committee shall inform the Dean of the decision and the reasons for the decision within seven working days.
  - If, at any stage, it becomes apparent or it is suspected that the medical student's alleged problems are caused by ill health or disability, these procedures shall be suspended and the Committee's procedures for dealing with serious ill health shall be commenced.
  - If the Chairperson of any of the bodies involved considers that the medical student may have committed a legal offence, the Chairperson shall suspend proceedings and refer the circumstances to the Dean.

#### **24.4 Procedures for Dealing with a Medical Student's Serious Illness or Disability Likely to Affect Fitness to Practice Medicine.**

- Any member of the MBRU Community who has information, knowledge, or concern about any medical student's illness or disability likely to affect their fitness to practice medicine has a responsibility to report to the Dean of the College.
- Medical students have a responsibility to report any illnesses or disability likely to affect their fitness to practice medicine to the Dean.
- The following procedures shall be followed for medical students whose health is considered to make them unfit for medical practice.
- The case shall be referred to the



Chairperson of the Committee on Fitness to Practice.

- The Committee shall appoint a sub-committee of three of its members (with the option to co-opt experts as needed) to investigate the medical student's fitness to practice based on his/her health or disability and report to the full Committee.
- The Committee shall make a decision based on the findings of the sub-committee and shall communicate the decision in writing to the Dean.
- The Dean shall inform the student of the Committee's recommendations.
- A medical student shall have the right to appeal against a decision of the Committee on Fitness to Practice to the Dean, who may decide on whether to appoint an ad hoc Dispute Resolution Committee.
- No member of the Committee who has had any involvement or interest in the case shall take part in the procedures set out above.

25

# FACULTY





## 25. FACULTY

MBRU's College of Medicine is committed to recruiting qualified, experienced, and dedicated faculty to set a foundation and culture of excellence. Full time faculty members will, as core teachers, have a major role in the design and delivery of teaching. In addition, the College of Medicine will seek and recruit adjunct and part-time faculty members to contribute to the teaching and assessment. Criteria for appointment of faculty are described in the University's

Policy and Procedures on Recruitment and Appointment of Faculty and are based on the standards set by the UAE Commission for Academic Accreditation. The table below lists fulltime faculty members with academic appointments in the College of Medicine, the list is updated annually according to the time of issuing this catalog. New faculty members are expected to join as the College continues to recruit when required.

### COLLEGE OF MEDICINE FACULTY LIST



**Abiola Senok**  
Professor –  
Microbiology and  
Infectious Diseases



**Adrian Stanley**  
Associate Professor –  
Medicine



**Ahmad Abou Tayoun**  
Associate Professor –  
Genetics



**Aida Azar**  
Associate Professor –  
Epidemiology



**Alawi Alsheikh-Ali**  
Professor –  
Cardiovascular Medicine



**Ammar Al Banna**  
Assistant Professor –  
Psychiatry

## COLLEGE OF MEDICINE FACULTY LIST



**Bakhrom Berdiev**  
Associate Professor –  
Physiology



**Catherine Kellett**  
Associate Professor –  
Surgery



**Essa Kazim**  
Associate Professor –  
Surgery



**Fahad Ali**  
Assistant Professor –  
Molecular Biology



**Farhad Janahi**  
Assistant Professor –  
Surgery



**Glenn Matfin**  
Professor –  
Medicine



**Hanan Al Suwaidi**  
Assistant Professor –  
Family Medicine  
  
Director –  
Governance Office



**Hassan El-Tamimi**  
Professor –  
Cardiovascular Medicine



**Hani Ben Amer**  
Professor –  
Neurology



**Homero Rivas**  
Professor –  
Surgery  
  
Associate Dean –  
Innovation and the Future

## COLLEGE OF MEDICINE FACULTY LIST



**Ibrahim Inuwa**  
Professor –  
Anatomy  
  
Associate Dean –  
Education



**Ivan Prithishkumar**  
Associate Professor –  
Anatomy



**Jeyaseelan  
Lakshmanan**  
Professor –  
Biostatistics



**Laila Alsuwaidi**  
Assistant Professor –  
Molecular Hematology  
  
Associate Dean –  
Student Happiness  
and Wellbeing



**Leonard Lipovich**  
Professor –  
Basic Sciences



**Lisa Jackson**  
Associate Professor –  
Family Medicine



**Mahmood Yaseen  
Hachim Al  
Mashhadani**  
Lecturer



**Meshal Sultan**  
Assistant Professor –  
Psychiatry



**Mohammed Uddin**  
Associate Professor -  
Human Genetics



**Nandu Goswami**  
Professor –  
Physiology

## COLLEGE OF MEDICINE FACULTY LIST



**Nerissa Naidoo**  
Assistant Professor –  
Anatomy



**Nusrat Khan**  
Associate Professor -  
Psychiatry



**Omar Almarzouqi**  
Assistant Professor –  
General Surgery



**Omer El Rufaie**  
Professor – Psychiatry



**Paddy Kilian**  
Assistant Professor –  
Emergency Medicine



**Rajan Radhakrishnan**  
Professor –  
Pharmacology



**Rasha Buhumaid**  
Assistant Professor –  
Emergency Medicine



**Reem Al Jayyousi**  
Associate Professor –  
Medicine



**Reem AlGurg**  
Assistant Professor –  
Health Policy

Director –  
Strategy and  
Institutional Excellence



**Reem Jan**  
Assistant Professor –  
Pharmacology

## COLLEGE OF MEDICINE FACULTY LIST



**Riad Bayoumi**  
Professor -  
Basic Medical Sciences



**Richard Kandasamy**  
Associate Professor –  
Molecular Medicine



**Ritu Lakhtakia**  
Professor –  
Pathology



**Rizwana Popatia**  
Assistant Professor –  
Pediatrics



**Saba Al-Heialy**  
Assistant Professor -  
Immunology



**Saif Alqassim**  
Assistant Professor –  
Biochemistry



**Samuel Ho**  
Professor –  
Medicine  
  
Chair –  
Clinical Sciences



**Shaikha AlZaabi**  
Lecturer –  
Internal Medicine



**Shroque Zaher**  
Assistant Professor -  
Pathology



**Stefan Du Plessis**  
Professor –  
Physiology  
  
Chair –  
Basic Sciences  
  
Dean –  
Research and Graduate  
Studies

## COLLEGE OF MEDICINE FACULTY LIST



**Suleiman Al-Hammadi**  
Dean – College of  
Medicine



**Thomas Adrian**  
Professor –  
Physiology



**Thomas Boillat**  
Assistant Professor –  
Healthcare Innovation  
and Technologies

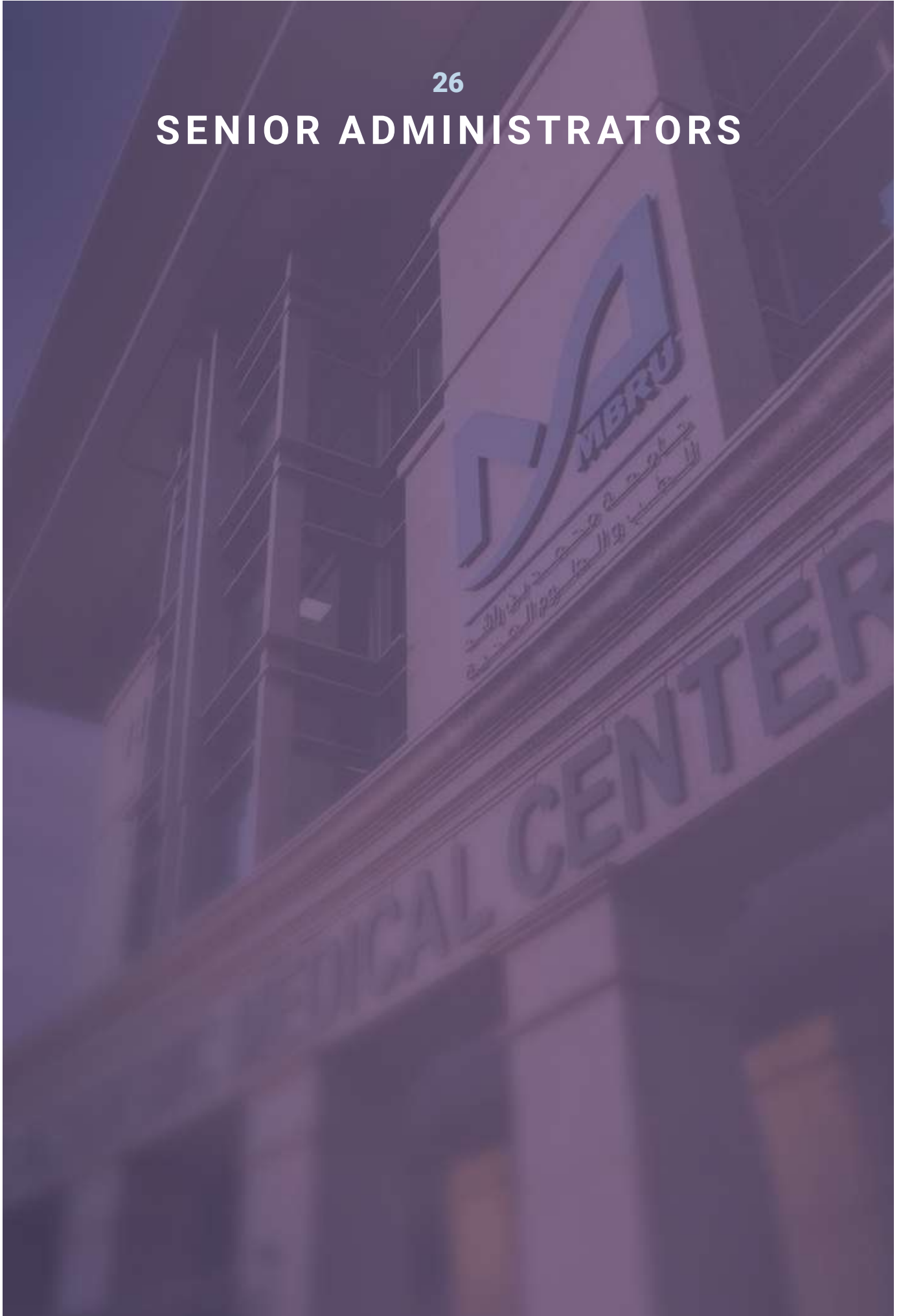


**Tom Loney**  
Associate Professor –  
Public Health and  
Epidemiology



**Yajnavalka Banerjee**  
Associate Professor –  
Biochemistry

# SENIOR ADMINISTRATORS



## 26. SENIOR ADMINISTRATORS



**Amer Sharif**  
Vice Chancellor



**Zaid Baqain**  
Provost  
Professor – Oral and  
Maxillofacial Surgery



**Mutairu Ezimokhai**  
Senior Advisor –  
Vice Chancellor’s Office  
Professor – Obstetrics  
and Gynecology



**Amer Al Zarooni**  
Deputy Vice Chancellor -  
Administration



**Kevin Gormley**  
Dean – College  
Nursing & Midwifery



**Manal AlHalabi**  
Dean – Hamdan Bin  
Mohammed College of  
Dental Medicine  
Associate Professor –  
Pediatric Dentistry



**Suleiman Al-  
Hammadi**  
Dean – College of  
Medicine



**Stefan Du Plessis**  
Professor –  
Physiology  
Chair –  
Basic Sciences  
Dean –  
Research and Graduate  
Studies



# BOARD OF TRUSTEES



## 27. BOARD OF TRUSTEES



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Chancellor of MBRU  
Chairperson of the Board of Trustees



**H.E. Dr. Abdulla Mohamed Al Karam**

Chairman of the Board of Directors and Director General of the Knowledge and Human Development Authority (KHDA)



**H.E. Dr. Raja Easa Al Gurg**

Vice Chairperson of the Board of Trustees



**Dr. Amer Ahmad Sharif**

Vice Chancellor  
MBRU



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Minister of Health and Prevention



**Professor Alawi Alsheikh-Ali**

Deputy Director General of Dubai Health Authority

Professor -  
Cardiovascular Medicine  
MBRU



**H.E. Awadh Seghayer Al Ketbi**

Director General of Dubai Health Authority



**Professor Ian Greer**

President and Vice -  
Chancellor  
Queens University Belfast



**H.E. Abdullah Abdul Rahman Al Shaibani**

Former Secretary -  
General of The Executive Council-Dubai

# CONTACT INFORMATION



## 28. CONTACT INFORMATION

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College of Medicine: [dean.medicine@mbru.ac.ae](mailto:dean.medicine@mbru.ac.ae)

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جامعة محمد بن راشد  
للطب والعلوم الصحية  
MOHAMMED BIN RASHID UNIVERSITY  
OF MEDICINE AND HEALTH SCIENCES

## College of Medicine

BACHELOR OF MEDICINE AND  
BACHELOR OF SURGERY (MBBS)

