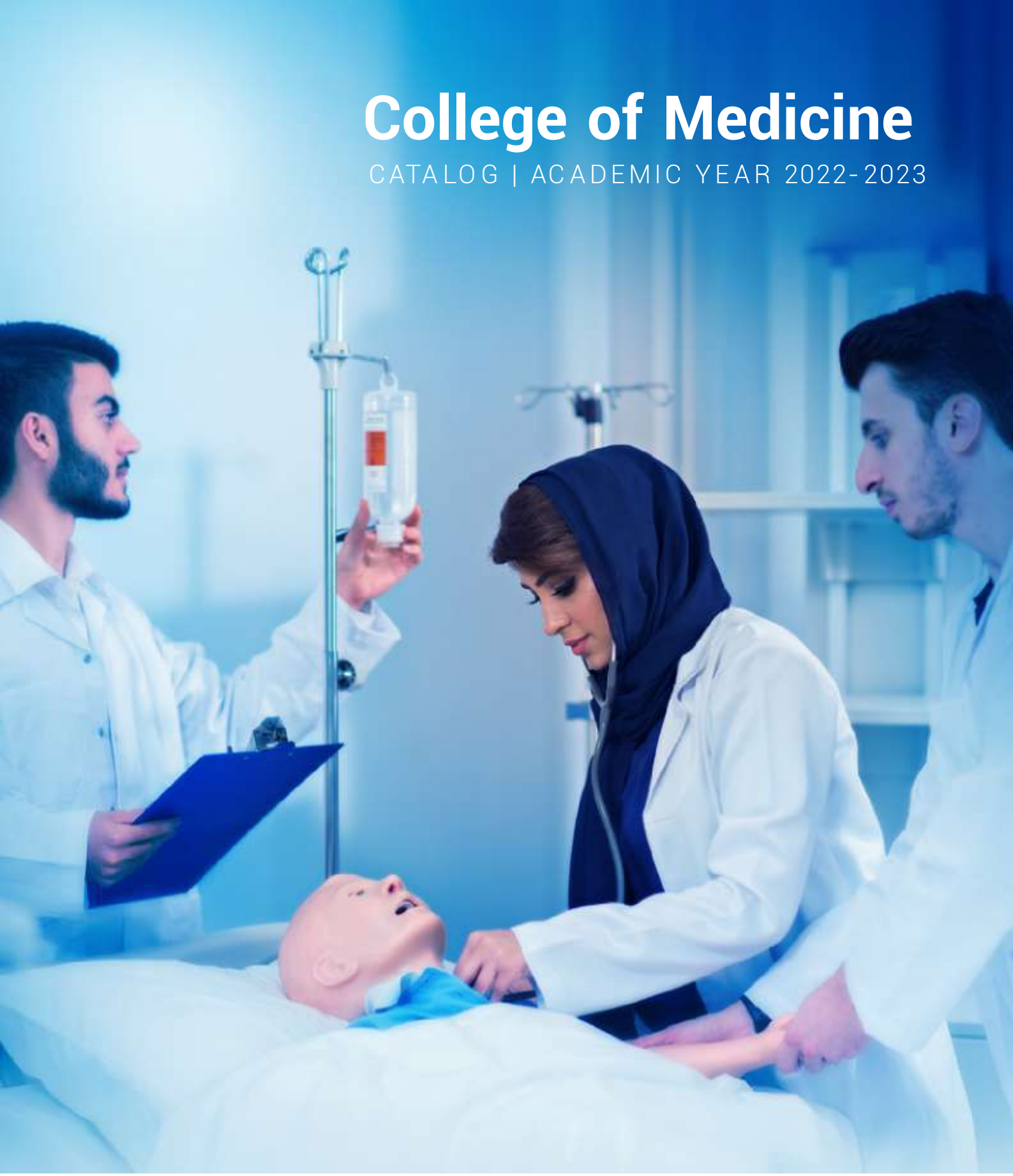
College of Medicine

CATALOG | ACADEMIC YEAR 2022-2023



MBRU

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)

TABLE OF CONTENTS

TABLE OF CONTENTS

TABLE OF CONTENTS

1

ACADEMIC CALENDAR

1. ACADEMIC CALENDAR (2022 - 2023)

The key dates relating to the calendar for 2022-2023 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 2022-2023

Semester 1	Dates
AY 2021-22 - Resit exam	August 15 – 18, 2022
AY 2021-22 – Exam Board meeting – Resit Exams	August 22, 2022
New Student Orientation	August 22 - 23, 2022
Classes Start	August 24, 2022
Semester 1	August 22 – December 16, 2022
Semester 1 - ICA	October 10 - 17, 2022
Semester 1 – OSPE	November 21 - 30, 2022
Semester 1 - Final Exams(Theory)	December 05 - 15, 2022
Semester 1 – Final Exam Preview meeting	December 19, 2022
Semester 1 - SAPC meeting – FinalExams	December 21, 2022
Semester 1 - Student advisory meeting	December 22, 2022
Semester 1 - Resit Exams	January 9 - 12, 2022
Semester 1 - SAPC meeting – ResitExams	January 17, 2023
WINTER BREAK – 3 weeks	**December 19, 2022 - January 06, 2023**
Semester 2	**Dates**
Semester 2	January 9, 2023 - May 26, 2023
Semester 2 - ICA	February 27, 2023 – March 6, 2023
SPRING BREAK – 2 weeks	**March 27 - April 7, 2023**
Semester 2 - OSCE	May 09 & May 11, 2023
Semester 2 - OSPE	May 08 & May 12, 2023
Semester 2 - Final Exams(Theory)	May 15 - 25, 2023
Semester 2 - SAPC meeting – FinalExams	June 01, 2023
Semester 2 - Student advisory meeting	June 02, 2023
Semester 2 - Resit Exams	August 2023 (to be confirmed)
SUMMER BREAK Start	**May 29, 2023**

PHASE 3 ACADEMIC CALENDAR (YEAR 4) 2022-2023

Clerkship	Dates
Student Induction	August 22, 2022 - August 26, 2022
Rotation 1 (8 weeks)	August 29, 2022 – October 21, 2022
Rotation 2 (8 weeks)	October 24, 2022 - December 16, 2022
WINTER BREAK – 3 weeks	**December 19, 2022 – January 8, 2023**
Rotation 3 (8 weeks)	January 9, 2023 – March 03, 2023
Rotation 4 (8 weeks)	March 6, 2023 – April 28, 2023
Rotation 5 (8 weeks)	May 1, 2023 – June 23, 2023
Revision and Assessments (incl. OSCE)	July 03, 2023 – July 7, 2023
SUMMER BREAK START	**July 10, 2023**
Re-sit (Written and OSCE)	August 14 - 18, 2023

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

PHASE 3 ACADEMIC CALENDAR (YEAR 5) 2022-2023

Clerkship	Dates
Student Induction	August 22, 2022
Rotation 1 (4 weeks)	August 23, 2022 – September 18, 2022
Rotation 2 (4 weeks)	September 19, 2022 – October 16, 2022
Rotation 3 (4 weeks)	October 17, 2022 – November 13, 2022
Rotation 4 (4 weeks)	November 14, 2022 – December 11, 2022
Revision and Assessments (Incl. OSCE & Theory)	December 12, 2022 – December 18, 2022
WINTER BREAK – 3 weeks	**December 19, 2022 – January 8, 2023**
Rotation 5 (4 weeks)	January 09, 2023 – February 05, 2023
Rotation 6 (4 weeks)	February 06, 2023 – March 05, 2023
Rotation 7 (4 weeks)	March 06, 2023 – April 02, 2023
Rotation 8 (4 weeks)	April 03, 2023 – April 30, 2023
Revision and Assessments (Incl. OSCE & Theory)	May 01, 2023 – May 07, 2023
Elective (5 weeks)	May 08, 2023 – June 11, 2023
Re-sit (Theory and OSCE)	June 12, 2023 – June 16, 2023
SUMMER BREAK – 1 week	**June 12, 2023 – June 16, 2023**
Year 6 Induction	June 19, 2023 – June 25, 2023
Year 6 Program 1 - start date	July 26, 2023

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

PHASE 3 ACADEMIC CALENDAR (YEAR 6) 2022-2023

Year Six	Dates
Year 6 Induction	June 20, 2022 – June 26, 2022
Program 1 (16 weeks)	June 27, 2022 – October 16, 2022
***BREAK – 1 week**	**October 17 – October 23, 2022**
Program 2 (16 weeks)	October 24, 2022 – February 12, 2023
***BREAK – 1 week**	**February 13 – February 19, 2023**
Selective 1 (Weeks 1-2)	February 20, 2023 – March 05, 2023
Revision and Assessments	March 06, 2023– March 19, 2023
Selective 1 (Final week)	March 20, 2023 – April 02, 2023
Selective 2 (4 weeks)	April 03, 2023 – April 30, 2023
Elective (6 weeks)	May 1, 2023 – June 11, 2023
Re-sit	May 15, 2023 – May 16, 2023 (TBC)
Final Week Activities and Graduation	Week commencing June 12, 2023

*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 2022-2023 (SUBJECT TO OFFICIAL CONFIRMATION)

Occasion	Dates
Islamic New Year	Saturday - July 30, 2022
Prophet's Birthday	Saturday - October 08, 2022
Martyr's Day	Thursday - December 01, 2022
UAE National Day	Friday & Saturday - December 02 - 03, 2022
New Year's Day	Sunday - January 01, 2023
Ramadan Begins	Wednesday - March 22, 2023
Eid Al Fitr	Friday - April 21 to Monday - April 24, 2023
Arafat & Eid Al Adha	Wednesday - June 28 to Saturday – July 01, 2023
Islamic New Year	Tuesday - July 18, 2023

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. 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.

2
INSTITUTIONAL HISTORY

2. INSTITUTIONAL HISTORY

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.

MBRU is part of a bigger family, the Dubai Academic Health Corporation (DAHC) which was established as per Law (13) of 2021 issued by His Highness Sheikh Mohammed bin Rashid Al Maktoum, Vice President and Prime Minister of the UAE and Ruler of Dubai.

DAHC is the first-of-its-kind in the region, integrating healthcare delivery with research, development of new breakthrough interventions and shaping future generations of healthcare practitioners. The Corporation's vision is "Together We Advance Health for Humanity", and its mission is "We serve to impact lives and shape the future of health through the integration of care, learning, and discovery," encompassing the pillars that are the foundation of the Corporation's work. The Corporation's values are Respect, Excellence, Teamwork, Integrity, and Empathy. Its primary value is "Patient First".

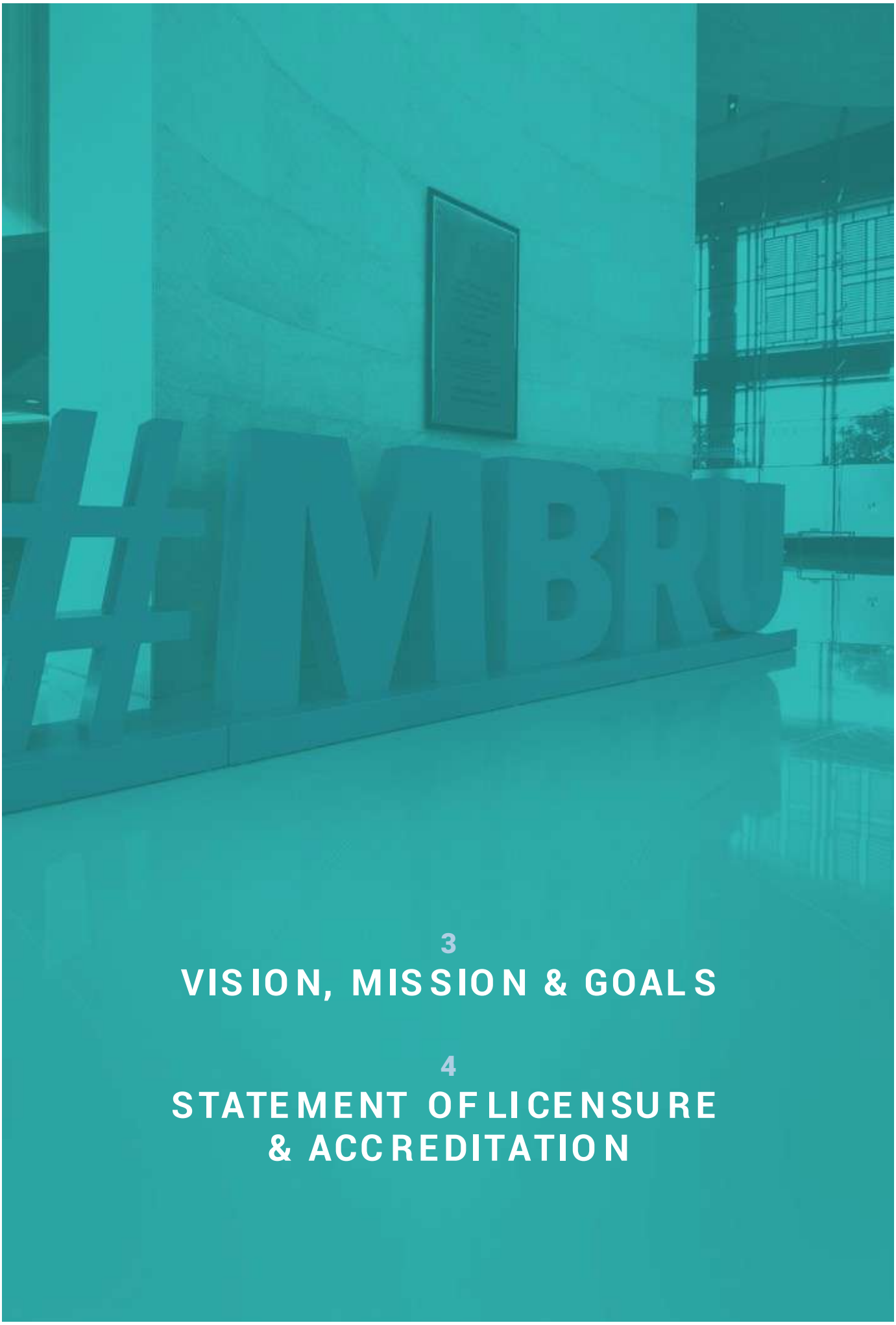
The College of Medicine offers undergraduate and postgraduate programs, the Bachelor of Medicine Bachelor of Surgery (MBBS) and a Master of Science in Biomedical Sciences. The Hamdan Bin Mohammed College of Dental Medicine (HBMCDM) offers a range of specialty postgraduate dentistryprograms, in Endodontics,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

MBRU is an inclusive educational institution, comprising a diverse faculty and student body featuring more than32 nationalities. The highly experienced faculty and world- class facilitates 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 internationalstandards to ensure a high-qualityeducation which allows its graduates to be competitive globally, both in the job market and in securing advanced specialisttraining positions. MBRU's academicpartner 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.

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 tothe 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.



3. VISION, MISSION AND GOALS

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 andhealth 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 inmedicine 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

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. Bachelor of Medicine and Bachelor of Surgery has been Accredited by CAA since Jan 2016.

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.

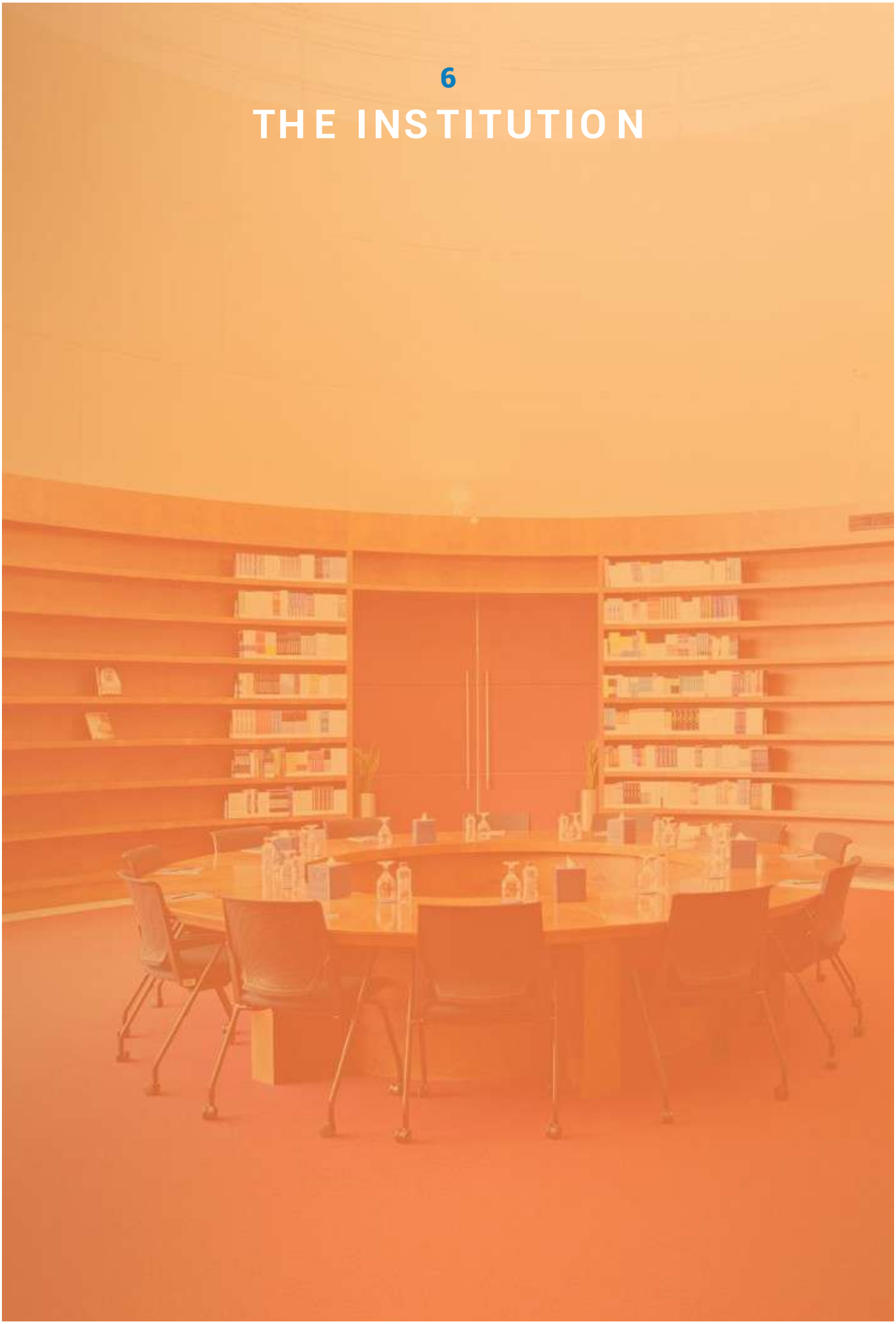
Goal 3 and Outcomes

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.

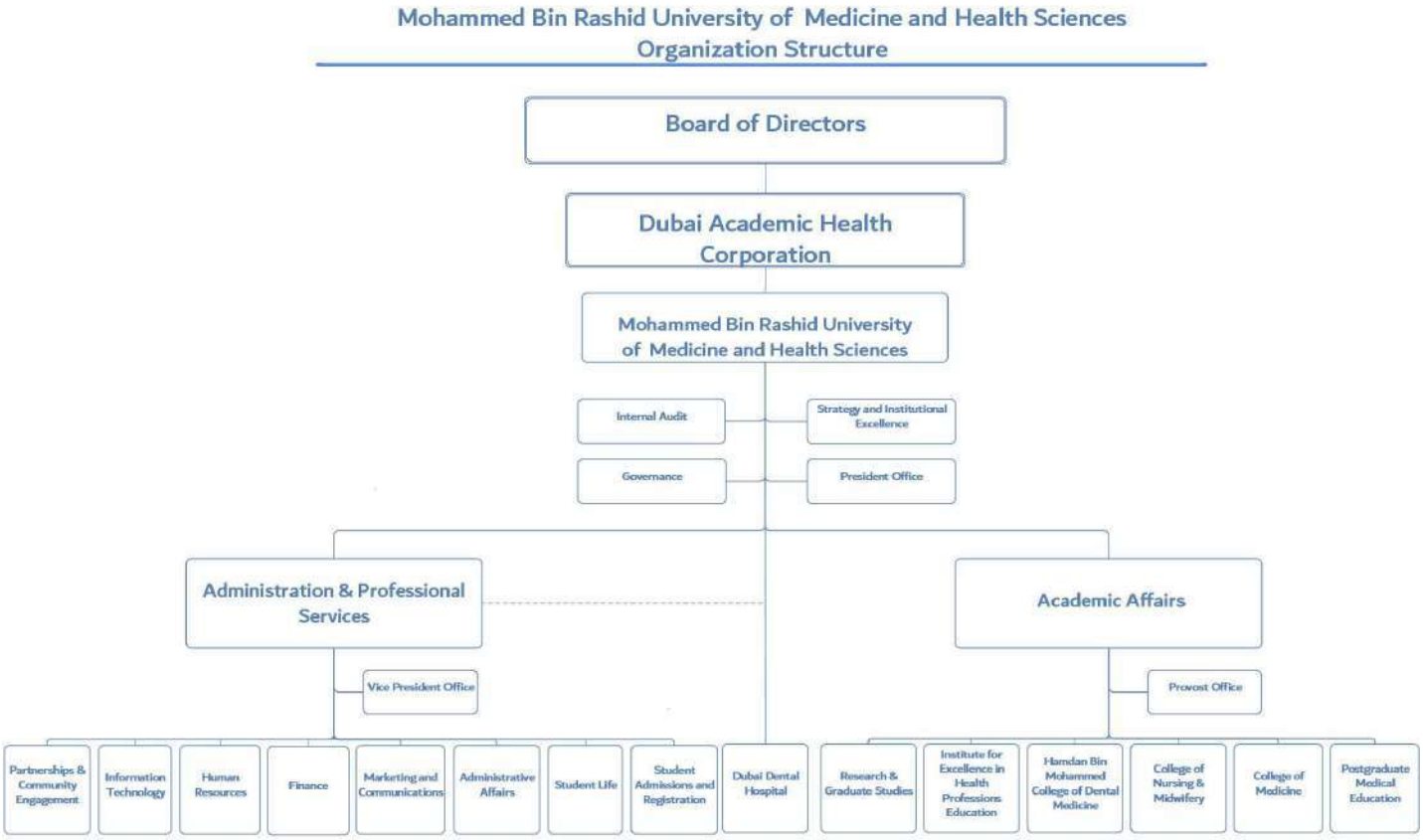
6
THE INSTITUTION



6. THE INSTITUTION

6.1 MBRU's structure

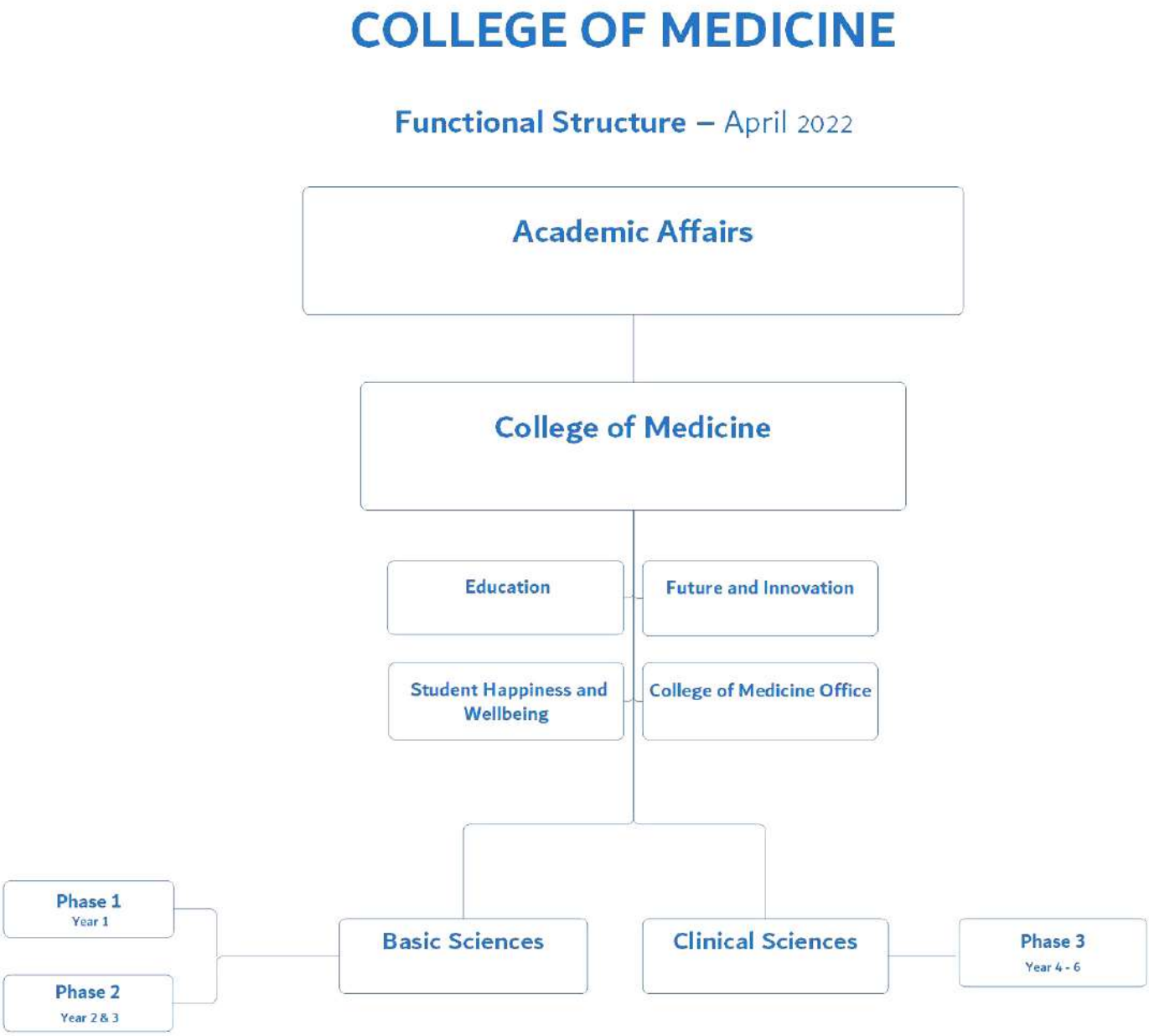
The structure of the University is shown in the chart below. The University Council is the highest ruling body within MBRU and equates to "The Board" in the Commission for Academic Accreditation Standards.



6.2 College of Medicine structure

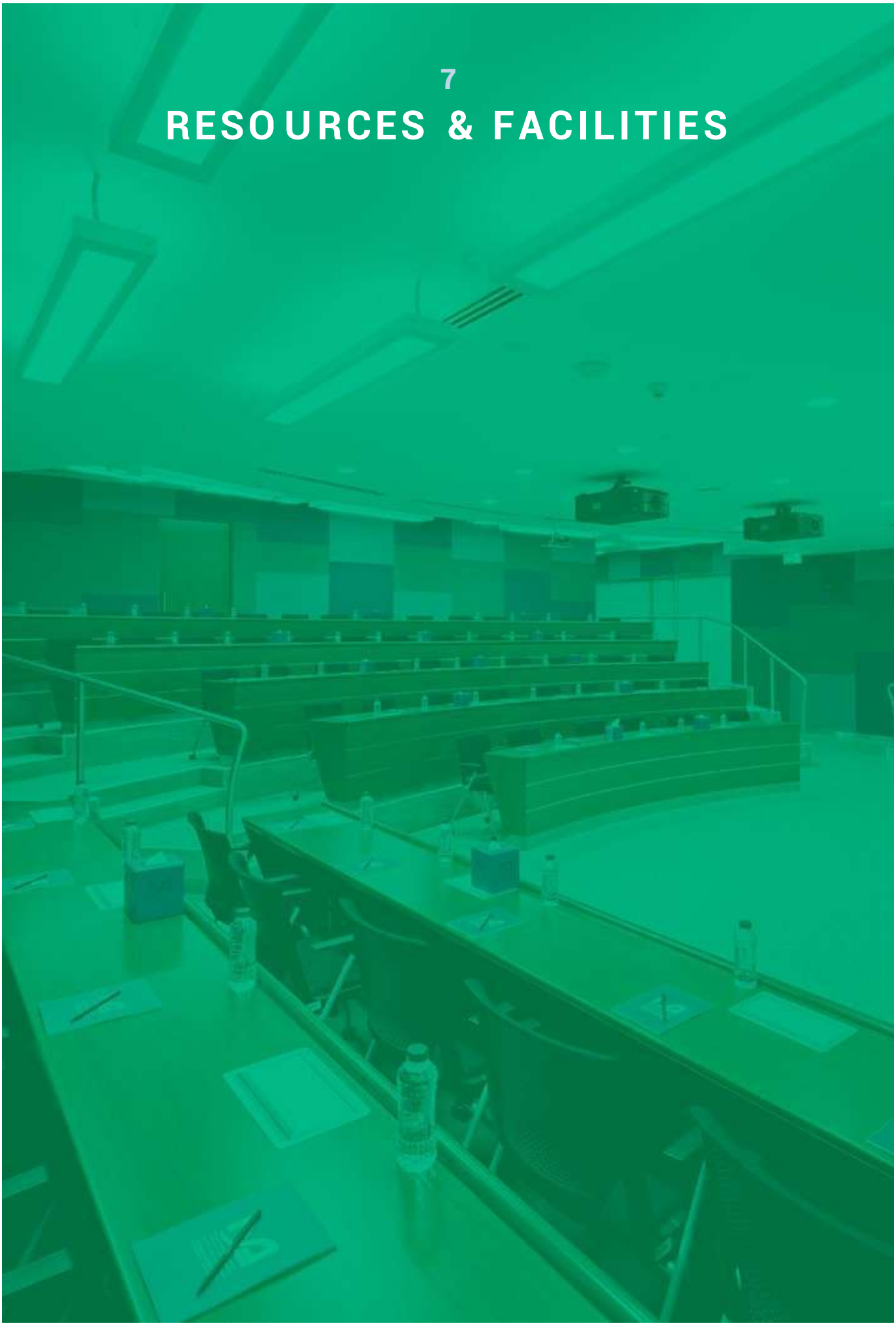
The College of Medicine aims to provideintegrated medical education and research, that is nationally responsive and globallyconnected, serving individuals and communities.

The organizational chart below provides an overview of its structure:



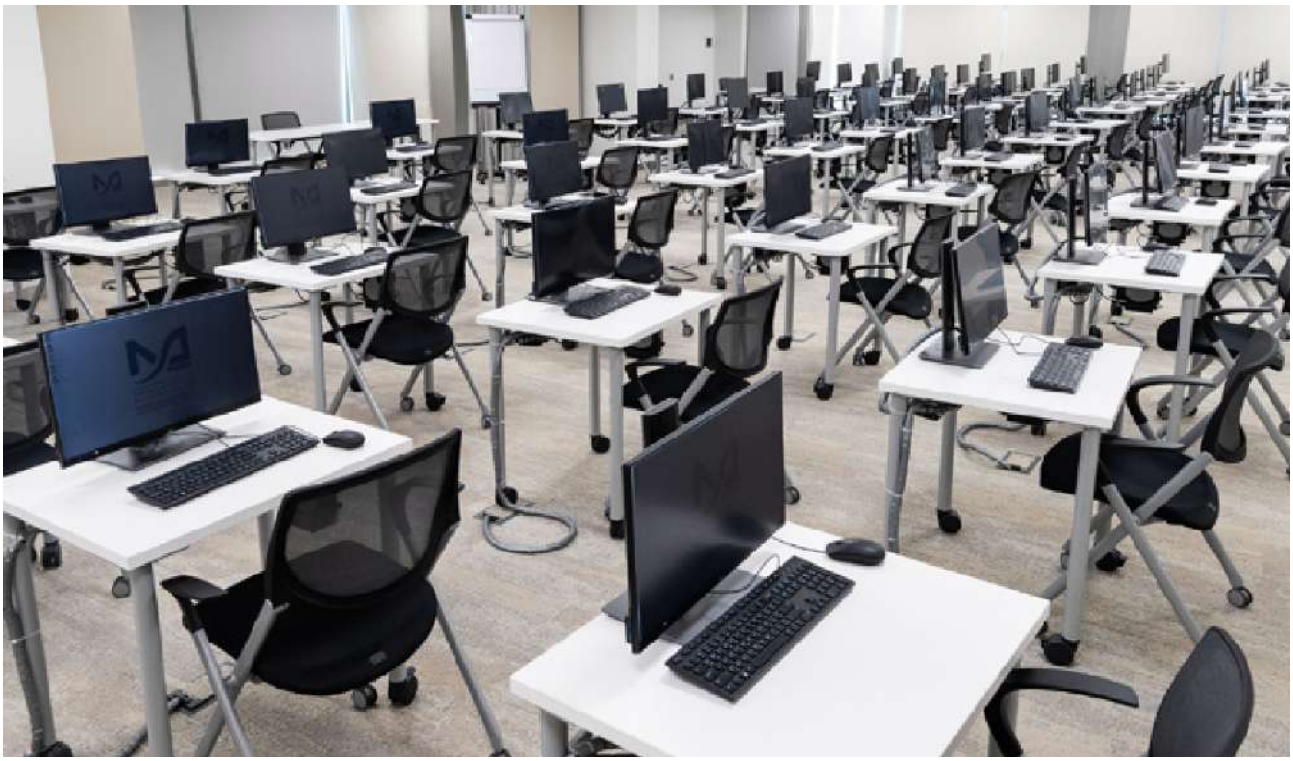
7

RESOURCES & FACILITIES



7. RESOURCES AND FACILITIES

7.1 Physical Teaching Resources and Facilities



7.1.1 Classrooms

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.

7.1.2 Case Method Halls

MBRU houses two state-of-the-art case method halls, ideal for large classes that can accommodate up to 80 students.

7.1.3 Teaching Laboratories

MBRU has four teaching laboratories that accommodate in excess of 50 students* at a time:

7.1.3.a Multidisciplinary Laboratory

This 'wet' teaching laboratory is for practical sessions in subjects that involve wet preparations such as Microbiology and Hematology

7.1.3.b Physiology Teaching Laboratory

This innovative facility has twelve state-of-the-art workstations with professionally designed lessons and labs dedicated to exploring physiological processes including Electrocardiography, Blood Pressure, Spirometry, and Electromyography.
https://www.adinstruments.com/lt/anatomy?lang=en

The Design Lab' interests notably include: improving the patient experience, increasing medical outcomes, changing lifestyle behaviors, educating innovators, rethinking processes and ultimately connecting patients with physicians.

7.1.3.c Computer Laboratory and Examination Hall

There are 70 stations in the computer laboratory, ideal for conducting computer- based classes and examinations.

7.1.3.d Anatomy Laboratory

MBRU has an Anatomy Lab ideal for teaching Anatomy and related subjects. It has 12 dissecting tables and 1 master table, a morgue, a storage facility, student lockers, and technician offices.

7.1.4 MBRU Design Lab supported by Wasl

The MBRU Design Lab supported by Wasl is an evolving space at the frontiers of technology and medicine where students are empowered to move around and create their own content for learning rather than just memorizing facts delivered from faculty. The Design Lab hosts lectures and events to pursue and encourage innovation, including health design bootcamps, healthcare innovation seminars and workshops, and undertakes both faculty and student research projects while building communities of practice.

7.1.5 Research Laboratories

7.1.5.a The MBRU Biomedical Research Center (MBRU-BRC) supported by the Al Jalila Foundation

The MBRU-BRC on the 7th floor of the Al Jalila Foundation building has a collaborative area, 3 meeting rooms, 5 faculty offices, and an extensive write-up area with desks and computer terminals to accommodate 60 graduate students*, post-doctoral fellows, and laboratory assistants.

Entry to the laboratory section of the 7th floor is regulated by an access control system. The layout includes a large (320 m^2) open laboratory fully equipped with state-of-the-art instrumentation and fitted with 10 large island benches which can each accommodate 6 persons*. The facility also has 3 tissue culture laboratories, an equipment room, a chemical store, a service room, a cold room, a tissue bank, a /microscopy room, and dedicated laboratories for histopathology, molecular biology and genetics. A basement facility incorporates a space for animal facilities and a general store.

7.1.5.b MBRU Research Laboratories

The 4th floor (left wing) of the MBRU building houses a suite of 2 microbiology research laboratories. It also includes a tissue culture suite with 2 rooms, as well as a cold room, chemical and consumable stores.

7.1.5.c Center for Outcome and Research in Education (CORE)

CORE provides the environment for educational innovations, knowledge building and translation. CORE provides opportunities for students to engage in educational and health outcomes research.

7.2 Clinical Teaching Facilities

7.2.1 Simulation and Clinical Skills Training Center

The Khalaf Ahmad Al Habtoor Medical Simulation Center (KHMSC), is a training facility located in Building 14 in DHCC where healthcare professionals receive training to improve quality of care and teamwork in a simulated environment with no risk to patients. KHMSC is accredited by the Society of Simulation in Healthcare (SSH) and hosts an American Heart Association (AHA) International Training Center.

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.

7.2.2 Center for Advanced Surgical Education (CASE)

CASE is accredited by the American College of Surgeons - Accredited Education Institute (ACS-AEI) and provides high standards of education and training for surgical teams. Faculty at CASE deliver surgical education to undergraduate medical students. The Center also offers a Fellowship in Advanced Surgical Education.

7.2.3 Affiliated Healthcare Providers and Clinical Facilities

MBRU has a number of agreements and partnerships with key public and private healthcare providers in Dubai and the

UAE to collaborate in areas of medical education, research and service provision. Through such collaborations, MBRU aims to advance health in the region through an innovative and integrated academic health system. Specialized training programs and partnerships enable to strengthen the journey of medical students and healthcare professionals by providing them with opportunities starting from undergraduate education to specialization and continuing education.

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.

The 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.

Library resources include: More than 30 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. New students will receive an induction into using the library and its online services 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 and information services, information literacy sessions, research support, interlibrary loans and document delivery, remote access, technology hub and wellness services.

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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 and information services, information literacy sessions, research support, interlibrary loans and document delivery, remote access, technology hub and wellness services.

Library's operating hours:

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

7.4 Educational Technology

7.4.a Registration and enrollment

All students management records will be on an electronic platform called 'PowerCampus'.

7.4.b Learning Management Systems

- **E-Learning Management System (LMS)** The University has subscribed to 'Desire2Learn' as the platform for the LMS.
- **ExamSoft** platform is used for conducting electronic examinations, archiving question banks and analyzing results.
- **Office 365** tools such as Microsoft Teams are used for synchronous delivery of teaching and learning.

7.4.c Specialized oftwares

- **PathXL** software provides virtual microscopic teaching in histology, anatomic pathology and hematology.
- **LAMS** - a web-based software that supports in class, blended and online student-centered activities.

8

PARTNERSHIPS & COLLABORATIONS

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.

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

Our current list of partners include:

Al Jalila Children Hospital	Kuwait Institute for Medical Specialization
Al Jalila Foundation	Mayo Clinic
American Heart Association	Mayo Clinic College of Medicine and Science
Association of American Medical Colleges	Ministry of Community Development
Bio Fire	Ministry of Foreign Affairs and International Corporation
Cardiff University	Ministry of Health and Prevention (MOHAP)
Center Hospital Princess Grace Hospital	Ministry of Presidential Affairs – Scholarships Office
Cleveland Clinic Abu Dhabi	Mohammed Bin Rashid Space Centre (MBRSC)
DP World	Moorfields Eye Hospital – Dubai
Dubai Corporation for Ambulance Services	RCSI Bahrain
Dubai Dental Hospital	Royal College International - Canada
Dubai Government Human Resources Department	Royal College of Surgeons - Ireland (RCSI)
Dubai Health Authority	SEHA
Dubai Institute of Design and Innovation LLC	Seoul National University
Dubai Police	The Royal Australasian College of Dental Surgeons
Dubai Science Park (DSP)	The Royal College of Pathologists
Emirates Health Services - Organ Transplant	The Sheikh Hamdan Bin Rashid Award for Medical Sciences
Fakeeh University Hospital - Dubai	UAE Red Crescent
Princess Grace Hospital	Unilabs Middle East LLC
King Saud University	United Eastern Medical Services (UE Medical)

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.

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

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.

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.

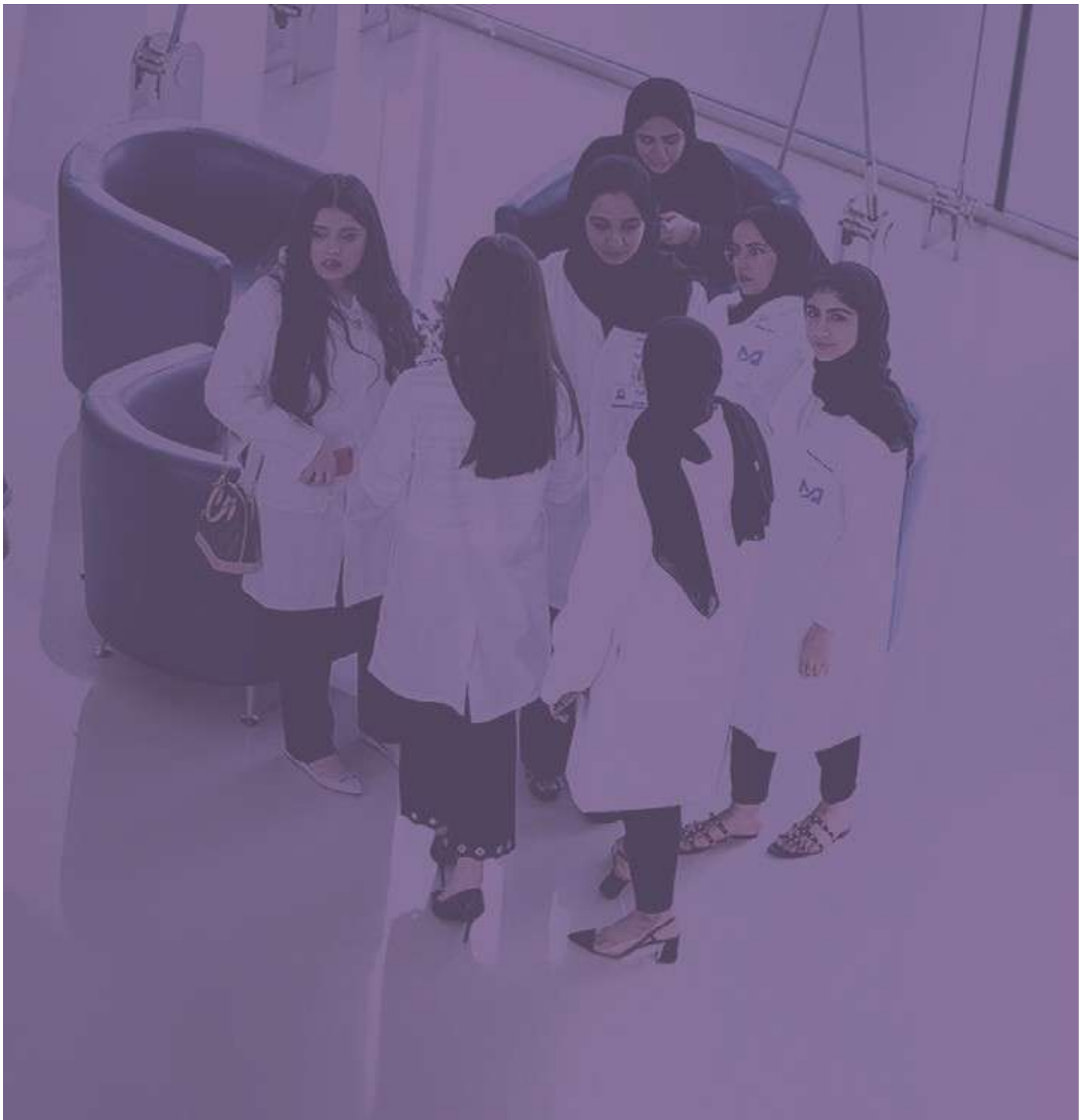
In 2018, MBRU signed an agreement with SCFHS to collaborate on postgraduate medical education. In 2019, MBRU signed another agreement with SCFHS based on which MBRU had been approved as an examination center for the SCFHS written Specialization Certificate (Saudi Board written exams). And in 2020, MBRU 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.

MBRU has established research collaborations for funding laboratory and non-laboratory research projects to support outstanding research proposals in health, medical and biomedical sciences through competitive peer-evaluation processes.

The University expects to expand further to identify new and continued collaborations with public and private partners in the field, nationally, regionally and internationally. These collaborations include joint research projects, sponsored research, consultation and expert assistance, participation at leading conferences and seminars, applicable to students and faculty. Of all research publications to date, more than 80% are in collaboration with international entities.

Research is supported through both internal and external grants and many MBRU researchers have been successful in securing awards from various funding bodies and industry.

MBRU faculty members serve on multiple national entities devoted to high-quality research such as the Mohammed bin Rashid Academy of Scientists, and Emirates Scientists Council.



9

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

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

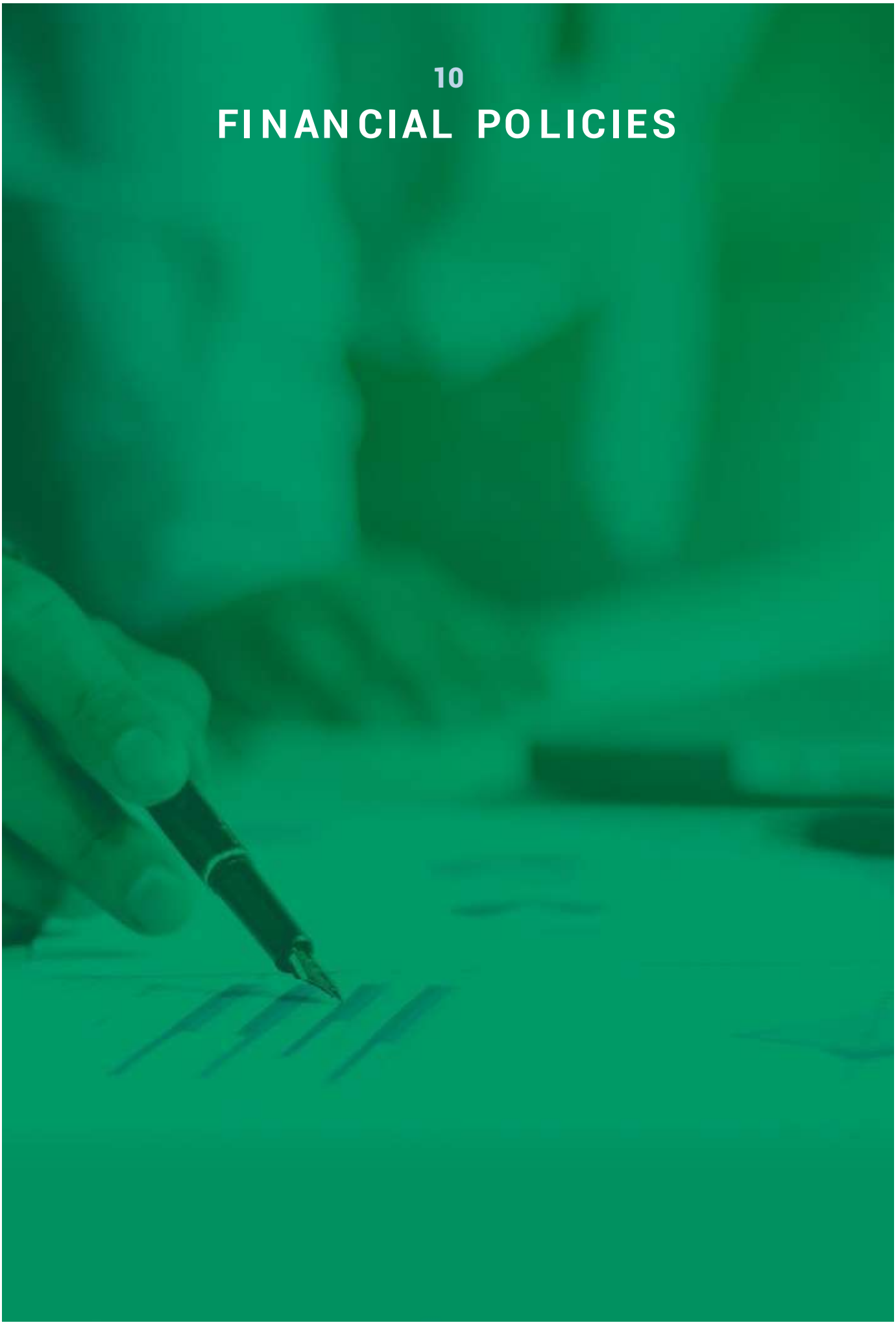
MBRU's admissions policy and procedures are detailed in the Student Handbook.

The registration, enrollment and withdrawal policies and procedures are detailed in the Student Handbook.

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 2022-2023:

2022-2023	Amount	Payment Schedule
Seat Reservation Fee (non-refundable)	AED 10,000	At time of acceptance of offer
Tuition fees	AED 150,000	July 26, 2022
Total annual tuition fee	**AED 160,000**	

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.

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

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

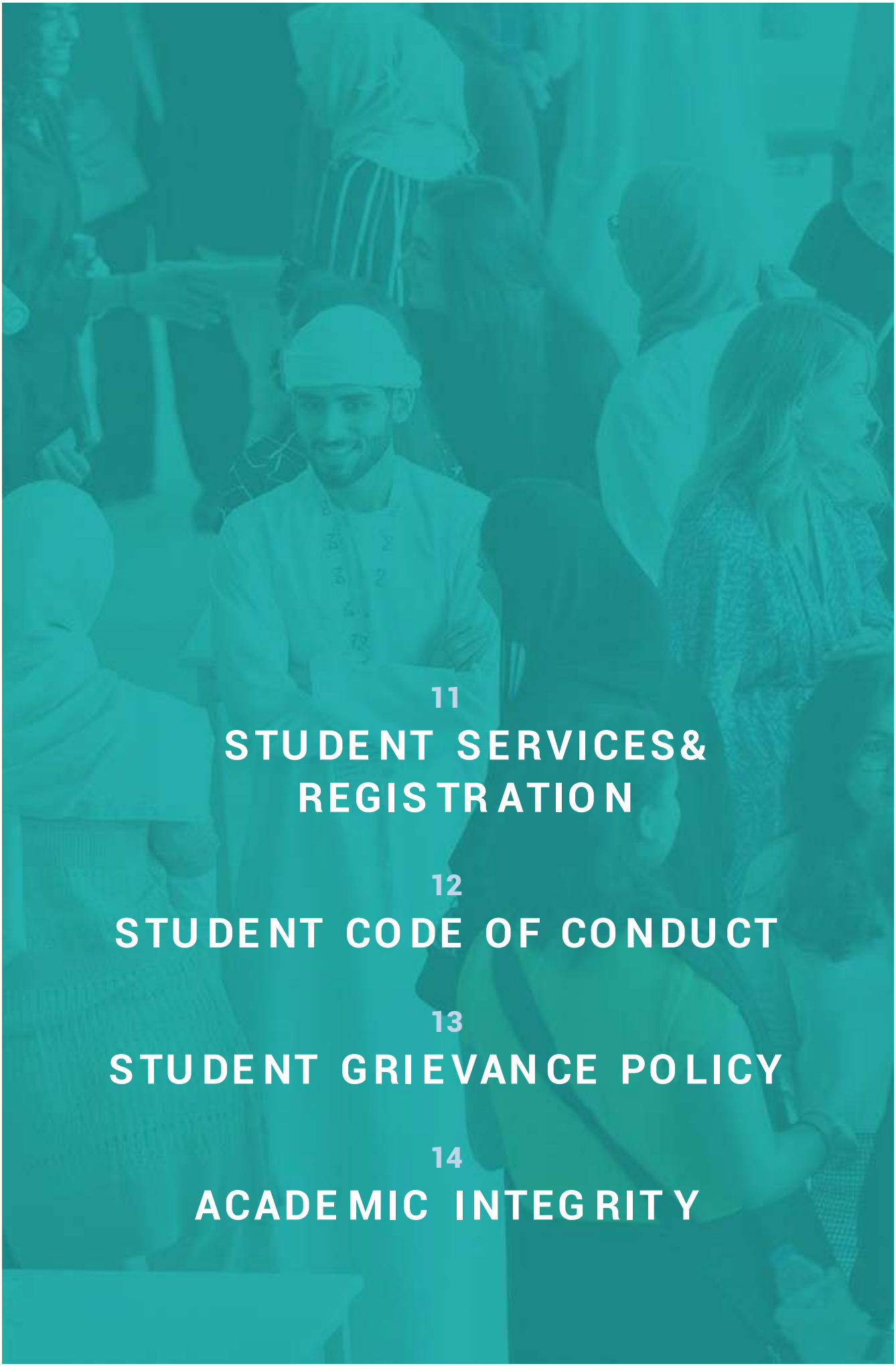
10.1.1.4 Students with external scholarships for tuition fees must provide written confirmation of the scholarshipas specified in the Schedule of Tuition and Fees before the payment deadline. Sponsored students who do not submit the required confirmation of sponsorship and continue in enrollment will 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

12

STUDENT CODE OF CONDUCT

13

STUDENT GRIEVANCE POLICY

14

ACADEMIC INTEGRITY

11. STUDENT SERVICES AND REGISTRATION

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.

12. STUDENT CODE OF CONDUCT

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.

13. STUDENT GRIEVANCE POLICY

The Student Grievance Policy and appeal mechanisms are provided in the Student Handbook.

14. ACADEMIC INTEGRITY

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

15

DEFINITION OF CREDIT HOUR

16

DEFINITIONS OF ACADEMIC TERMINOLOGY

15. DEFINITION OF CREDIT HOUR

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

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

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:

17.1.1Practice in a safe and competent manner

17.1.1a: Describe normal human development,structure, function and behavior 1

17.1.1b: Explain mechanisms of abnormaldevelopment, structure, function and behavior underlying human disease

17.1.1c: Apply principles of normal and abnormal development, structure, function and behavior in the recognition of disease conditions

17.1.1d: Apply principles of normal and abnormal development, structure, function and behavior in the prevention and treatment of disease

17.1.1e: Comprehend and apply principles of safe patient care and clinical governance

17.1.2 Observe ethical and professionalstandards

17.1.2a Describe the principles of biomedicalethics

17.1.2b: Apply the principles of biomedical ethics in patient-centered care

17.1.2c: Demonstrate professional behavior towards self, patients, colleagues, and society

17.1.3 Practice evidence-based medicine andengage in scholarship and generation of new knowledge

17.1.3a: Comprehend the principles of research methods and evidence-based medicine

17.1.3b: Identify and critique relevant research findings and medical literature

17.1.3c: Formulate a hypothesis and designa research proposal

17.1.3d: Synthesize and apply key researchfindings in the care of patients andsociety

17.1.4 Communicate clearly and effectively

17.1.4a: Comprehend the principles of effective communication with patientsand colleagues

17.1.4b: Demonstrate appropriate oral, written and electronic communication skills with various groups and within different clinical and cultural contexts

17.1.4c: Demonstrate the ability to manageand resolve conflicts

17.1.5 Advocate for health promotion of i ndividuals and communities

17.1.5a: Comprehend the principles of epidemiology and social determinants of health and disease

17.1.5b: Identify opportunities for healthadvocacy in society

17.1.5c: Identify barriers to health care access and their impact on the patient and population level

17.1.5d: Apply principles of health advocacyin the care of patients and communities

17.1.6 Distinguish various healthcaresystems and their management

17.1.6a: Describe the principles of healthcaresystem structure and function

17.1.6b: Describe the evolution and presenttrends in healthcare management

17.1.6c: Evaluate and compare different healthcare systems

17.1.7 Educate and share knowledgeand skills

17.1.7a: Comprehend the principles of adultteaching and learning

17.1.7b: Identify opportunities for knowledge-sharing and teaching

17.1.7c: Demonstrate effective teaching and knowledge transfer to patients, peers, and society

17.1.8 Participate effectively inmultidisciplinary teams

17.1.8a: Comprehend the principles of effective team work

17.1.8b: Demonstrate the ability to work effectively and respectfully in a team

17.1.8c: Critically and honestly evaluate colleagues and self

17.1.9 Demonstrate commitment life-long, self-directed learning and performance improvement

17.1.9a: Recognize gaps in one's own knowledge and skills

17.1.9b: Identify and engage with opportunities for self-directed learning

17.1.9c: Apply new evidence to improve clinical practice and services

17.2 Program Completion Requirements

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

18

GENERAL EDUCATION

18. GENERAL EDUCATION

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.

19

STRUCTURE AND GOALS OF THE MBBS PROGRAM

19. STRUCTURE AND GOALS OF THE MBBS PROGRAM

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":

MBBS Program

Phase 1	Phase 2	Phase 3
Biomedical and Behavioral Basis of Clinical Practice (2 semesters); reinforced by visits to healthcare facilities and interaction with patients and healthcare professionals	Mechanisms, Investigation and Treatment of Diseases (4 semesters); involving case- based, and clinical skills such as communication and physical examination, and discussion on clinical and laboratory investigations and treatment, and patient management	Clinical Sciences and Clinical Clerkships (3 years); mainly delivered in the clinical settings with a discussion of clinical experience in the tutorial sessions

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 willbe 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

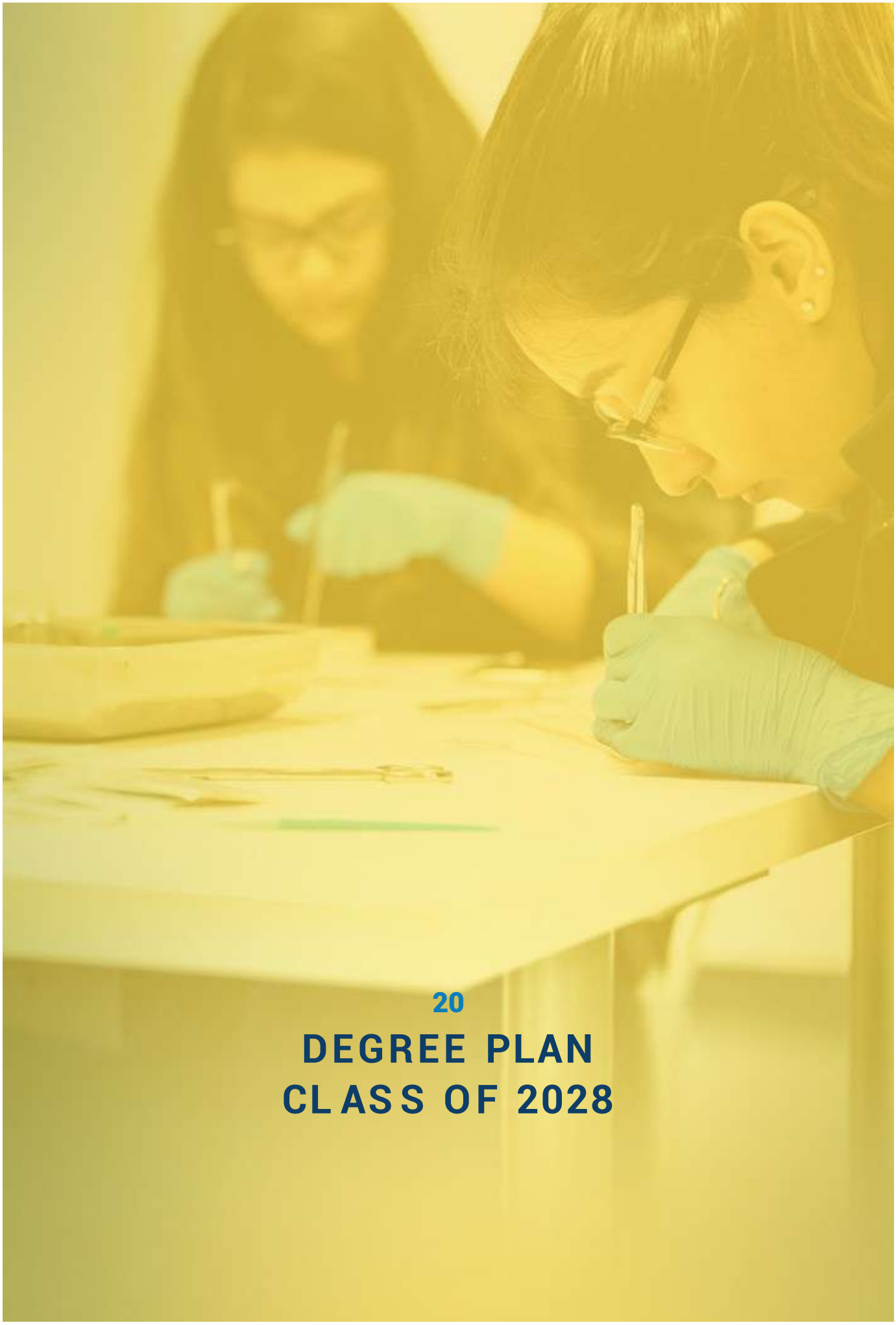
The general education curriculum is designed to equip the students with generic skills and provide a broad foundation for specialized medical Training. The general education curriculum is offered in the first semester and then interspersed within the program, according to the need in each phase of study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

19.3 Support for Postgraduate Training

After the successful completion of the6-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
CLASS OF 2028

20. DEGREE PLAN – CLASS OF 2028

This catalog reflects the degree plans and course description of the academic year 2022-2023. For more specific information about previous degree plans and course descriptions, please refer to the relevant catalog for that academic year.

DEGREE PLAN (COHORT 2028)

PHASE I – SEMESTER 1

Course Code	Course Title	Credits
LANG1121	English for Health Sciences	2
MEDC1144	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 (online course)	2
ITHS1116	Innovation and Technology in Health Sciences	2
MEDC1128	Foundations of Clinical Medicine I (CC)	-
ETHC 1118	Principles of Bioethics (CC)	-
	Total credits	**15**

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
MEDC1242	Enzymes and Metabolism	4
MEDC1128	Foundations of Clinical Medicine I (CC)	2
ETHC 1118	Principles of Bioethics (CC)	2
	Total credits	**18**

*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
	Total credits	**15**

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
	Total credits	**17**

*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
	Total credits	**17**

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
	Total credits	**18**

*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	-
	Total credits	**40**

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	-
	Total credits	**38**

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
	Total	**46**

Grand Total Credits = 242

21

COURSE DESCRIPTIONS

21. COURSE DESCRIPTIONS

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 and Technology 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.

General Pathology

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 Biostatics 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 variousapproaches for treatment. The emphasis is on understanding pathophysiological mechanisms rather than on memorizing clinical details. Learning objectives in this course support understanding ofthe 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 course Descriptions – Phase 3 Year 4

Overview

The first full of a clinical clerkship is designed to give the students the opportunity to further develop their clinical skills. With the Phase 1 and Phase 2 foundation of basic science and some of the early clinical consultation and examination skills, students will be able to build on this knowledge as a junior clinical medical student. The 40 week here is divided into five 8-week rotations with 80% of the week spent in the clinical setting. The remaining day, each week, is spent in tutorials or practicals split between the discipline based teaching and longitudinal themes. Longitudinal themes include professionalism, prescribing, radiology, practical procedures, and a number of other variety of topics including the Health Systems Science theme which runs through all three years of the clinical program.

Paediatrics (8 Weeks)

The purpose to introduce the student to the basic principles of general Pediatrics, with a focus on basic principles and common presentations encountered in a general Pediatric practice. Tutorials and case discussions will be focused on history taking, physical examination, developing differential diagnosis, and problem-solving skills.

Internal Medicine (8 Weeks)

The purpose is to introduce the student to the basic principles of Internal Medicine, with a focus on the subspecialties of cardiovascular, pulmonary, gastrointestinal, endocrine, renal, rheumatologic, and infectious disease medicine. Other internal medicine topics will be covered in subsequent rotations; however, the student is encouraged to take advantage of learning opportunities in all areas of medicine as they present themselves. Tutorials and case discussions will be centered on common presentations within each subspecialty, with a focus on history taking, physical examination, developing differential diagnosis, and problem-solving skills.

Surgery (8 Weeks)

This clinically-oriented course will introduce students to the craft of surgery including, but not limited to, identifying, evaluating and managing common surgical conditions and emergencies and to effectively function as a team member, within the clinical surgical team. The rotation is in General Surgery and Anaesthesia and will therefore cover the core elements of basic surgery. A high

degree of professionalism will be stressed throughout this course and students will be taught how to be aware of their own limitations and when to seek help from senior colleagues, to ensure patient safety. Clinically oriented tutorials will supplement clinical knowledge gained in the hospital (outpatient clinics, surgical wards, operating theatres, endoscopy suites etc.) and the simulation laboratory will be utilized for initiating the teaching of surgical skills and interventional procedures before these are performed on patients.

The anaesthesia and critical care course in the undergraduate curriculum will provide students with the opportunity to understand anaesthesia in the context of the pathway of care for surgical patients, the physiological effects of anaesthesia on the patient, and the role of the anaesthetist in the multidisciplinary team. Lectures and tutorials will define the roles of the anaesthetist and critical care physician in different settings and will teach the students pre, intra and postoperative patient care and the principles of anaesthesia procedures.

Students will have the opportunity to gain experience in basic airway management, intravenous cannulation, and preparation and administration of intravenous medication, under the supervision of a consultant anaesthetist, and will gain a clear understanding of the modern technologies and skills available in the care of the critically ill patient.

The above will be linked to learning outcomes. Formative assessment with a logbook and an end-rotation assessment will be used to gauge student performance. The required core surgery clerkship is designed to provide a basic didactic and practical experience in the evaluation, diagnosis and treatment of surgical diseases.

Behavioural Medicine (8 Weeks)

The aims of this course are to provide students with knowledge and understanding of the main psychiatric disorders, the principles underlying modern psychiatric theory and commonly used treatments. Physical and mental illnesses should never be viewed in isolation and the course will assist students to develop the necessary skills to apply their psychiatric knowledge to all clinical situations. It will encourage students to develop the appropriate attitudes necessary to respond empathically to mental illness and psychological distress in all medical and broader settings.

Students will learn about different presentations and treatments of mental illness in primary care, secondary psychiatric services, and medical/surgical patients. Psychiatric teaching will cover all age groups (children and adolescents, working age adults and older adults). Other specialized areas of psychiatry will also be taught and/or experienced, for example, the psychiatry of intellectual disability, forensic psychiatry and psychotherapy. Further areas of general adult psychiatry will also be explored including perinatal, eating disorders, addictions, liaison, neuropsychiatry, and rehabilitation psychiatry. By the end of the course students should be able to conduct a psychiatric interview, order appropriate investigations, and formulate a diagnosis and management plan incorporating psycho-social aspects of care, psychological therapies as well as pharmacological treatments, as well as ECT and newer treatments.

Students will also understand the broader implications of psychiatric illness within society and the need for prevention and early detection, ethical issues including consent and confidentiality as well as the possible involvement of the law, police and social services in managing some patients, including those who may be suicidal.

mental health and wellbeing, resilience of medical students and doctors will also be discussed. Students will be aware when to seek senior, experienced/specialized help in both in the acute and elective situation.

Family medicine and Dermatology (8 Weeks)

The purpose of this rotation is to introduce the student to the basic principles of Family Medicine (also known as General Practice or Primary Care) and it will include 2 weeks of dermatology integrated longitudinally into the course structure.

Family Medicine is clinical medicine practiced in the community and often represents the first point of contact with healthcare. At its core lies the consultation between the doctor and a patient. Family practitioners provide comprehensive and continuing care to patients irrespective of age, gender or illness. The main aim of the rotation is to introduce to students the scope of clinical medicine in the community and to meet patients with undifferentiated symptoms.

Given the 'generalist' nature of the discipline, the potential curriculum is understandably vast. However, using a combination of community-based teaching in a person-centred context, students will rehearse skills such as history taking, conducting a thorough physical examination and developing diagnostic hypotheses and problem-solving skills. Tutorials and case discussions will be centred on

common presentations and rehearsing consulting skills. There will be an introduction to therapeutics (prescribing), and the concept of holistic management including preventive and opportunistic care by identifying lifestyle or other modifiable risk factors for acute and chronic diseases. A focus on aspects of occupational medicine highly relevant in family practice arises from the availability of excellent occupational health doctors to teach on this course.

Time management skills will be developed along with the skills in handling uncertainty. Management of common diseases in general practice and the interface with specialty-based hospital practice will be highlighted. Students will learn when to refer and recognize red flag symptoms which require immediate care or referral to secondary care. They may be able to see how long-term illnesses can be managed in the community rather than the hospital setting.

Students should also gain some insight into team working in the community, and public health approaches to improving population health. They will also learn about the organization of primary care in the UAE context as well as how primary care is organized in other countries enabling discussion of the relative cost-effectiveness of different models.

A combination of continuous clinical supervision, teaching, e-portfolio & end-rotation assessment will ensure attainment of objectives at the end of the rotation.

Year 5

Overview

The clinical clerkship program in Year 5 expands on the major specialty teaching in Year 4 and introduces two new disciplines namely obstetrics and gynaecology, and emergency medicine. The role of the major specialty teaching is to dig deeper, building on the core knowledge and generic skills that are developed in Year 4 and moving towards more specialization. The key topics taught in Internal Medicine include neurology, acute medicine, intensive care medicine and haematology/oncology and palliative care. For the surgery subspecialties, ophthalmology, ENT, orthopedics, vascular surgery and urology are taught. The teaching

of paediatrics includes more sub-specialisation mindful that the students are placed at the Al Jalila Children's Specialty Hospital. The teaching of obstetrics and gynaecology is delivered both within the private and public sectors as is the teaching of emergency medicine.

The longitudinal theme program continues into Year 5. This includes practical procedural skills as well as the Health Systems Science course which includes a significant student contribution to ongoing quality improvement projects, that extend into Year 6. Students are expected to complete the Institute for Healthcare Improvement Basic Certificate in Quality and Safety.

Following finals, students undertake a six-week elective period of their own choosing. Students are encouraged to seek placements outside of Dubai, and indeed further afield to other countries to enhance their experience and learning of other health systems and health cultures.

Paediatrics (4 Weeks):

The purpose of this rotation is to build upon the concepts from general paediatrics and introduce the student to several areas of subspecialty topics in Paediatrics. Tutorials and case discussions will be focused on history taking, physical examination, developing differential diagnosis, and problem-solving skills. This rotation builds on learning acquired during the junior clerkship.

An emphasis is placed on appropriate prescribing under supervision, assessing child development, and the recognition of paediatric emergencies and critical cases. Clinical features and principles of management of common conditions in paediatric subspecialties are introduced in this rotation.

Emergency Medicine (4 Weeks)

The purpose of this rotation is to introduce the student to the basic principles of Emergency Medicine. The student will learn to conduct good history taking and physical exam skills in a high-pressured environment. They will be learn to integrate their knowledge and skills and provide a differential diagnosis, a pragmatic investigative pathway, and to describe key management (treatment) steps for common emergency and trauma presentations.

Tutorials and case discussions will be centred on common emergency and trauma presentations, with a focus on history taking, physical examination, developing differential diagnosis, and problem-solving skills.

Medicine (8 Weeks)

The fifth year of Medicine is the culmination and integration of previous studies. Therefore, much of the teaching is integrated. Major areas of focus in this year will be to enhance skills in history taking & clinical examination, especially in view of synthesizing information thus gathered, countering appropriately, developing a detailed understanding of management plans and prescribing. Essentially, it's all about consolidating the key components.

This course will build upon principles of internal medicine acquired in the junior clerkship. In particular, problem-solving skills will be fine-tuned by exposure of the students to common and specific clinical presentations which they will encounter as doctors. Experiences on the wards and clinics together with knowledge acquired in lectures will be utilized in guiding them through clinical scenarios.

Haematology / Oncology: The aim of this 2-week rotation is to introduce students to the principles of hematology and oncology with a focus on following a patient on the journey from investigation and diagnosis to treatment and possible end of life care.

ICU Medicine: The aim of this rotation is to introduce students to the principles of care medicine integrating basic knowledge into clinical practice in patients who are most unwell.

Neurology: The aim is to introduce students to the basic principles of neurology with a focus on history taking, physical examination, developing differential diagnosis and understanding the principles of management.

Acute internal medicine: this is a branch of internal medicine concerned with assessment and management of adult patients with urgent medical needs. The aim of this rotation in to expose the students to this specialty to gain skills in taking focus history and perform focus clinical examination to manage common acute medical presentation in timely manner. Therefore, much of the learning opportunities will involves the immediate care of patients around the time of their hospital admission. The spectrum of the clinical problems is wide, so you will need to apply all what was learnt in “Internal Medicine I" course across all medical specialties.

Assessment will be continuous by the supervising consultant (including engagement, attendance and professionalism), and the students' e-portfolio, case logs and case presentations to ensure attainment of the course's objectives.

Surgery (8 Weeks)

The required core Surgery 2 clerkship is designed to provide a basic didactic and practical experience in the evaluation, diagnosis and treatment of surgical diseases.

This rotation provides students with a 2-week clinical experience in the field of otorhinolaryngology (ENT). This specialty is predominantly an out-patient (clinic) based specialty. Students are exposed to the techniques of examination of the ear, nose, nasopharynx, mouth, larynx, and neck. Students will have clinical experiences across a range of ENT conditions including problems of the hearing and vestibular system, paediatric otolaryngology, head and neck swellings, as well as the more routine problems of otitis media, head and neck infections, and chronic sinusitis.

The Ophthalmology placement should enable each student to understand the basic principles of ophthalmic practice, identify some common eye conditions and demonstrate some basic ocular assessments. It should prepare students with enough understanding of ophthalmology to be useful alongside general medicine or to act as a foundation for further study in this specialist area.

Students will be taught how to manage common Urological and Vascular surgical diseases as well as more complex surgical conditions and procedural skills. They will be guided on how to evaluate patients with clinical presentations of surgical diseases, make a differential diagnosis and perform pertinent investigations and imaging to arrive at a definitive diagnosis. General management principles will be instilled, with some detail, including complications of common surgical operations. An introduction to the surgical specialties of urology, neurosurgery and cardiothoracic surgery will be given. The media of instruction will be a combination of lectures, student-centered tutorials and with emphasis on practical learning in the surgical units of hospitals (ward, clinic, operating theatres).

During the orthopaedic rotation at the Mediclinic hospitals, students will attend the orthopaedic clinic, ward rounds, plaster room, physiotherapy and operating theatres. Tutorials and case discussions will be centered on common trauma & orthopaedic presentations, with a focus on history

taking, physical examination, developing differential diagnosis, and problem solving skills. Students will learn common orthopaedic conditions, including fractures, joint dislocations and limb amputations – presentations and management. They will be taught how to apply and remove bandages and plaster of Paris and complications that may arise with incorrect application and what action to take. Students will also observe orthopaedic surgical procedures such as arthroscopy and joint replacement. Students will also learn the common elective orthopaedic conditions in both paediatrics and adult: their presentation, their urgency, their investigations and principles of management.

Obstetrics and Gynaecology (8 Weeks)

The purpose of this clerkship in Obstetrics and Gynaecology is to familiarize students with the signs and symptoms of normal and abnormal reproductive function and to teach the basic examinations in obstetrics and gynaecology. The course will emphasize and reinforce skills for taking an appropriate history, performing a physical and pelvic examination, formulating a differential diagnosis as well as a treatment plan, and properly managing patients. Students will be meticulously engaged in a variety of learning environments and are tutored in observing in the operating room. There are opportunities for both inpatient and outpatient experiences during this clerkship.

Elective (6 Weeks)

The Clinical Elective Rotation (CER) is a mandatory 5-week clinical experience. The aim of the CER is to better prepare the student for the Year 6 Internship-style experience and provide them with an opportunity to experience working in a specialty they are considering as a future career choice. The core activities to be undertaken in a CER under direct supervision of an attending physicians include but are not limited to inpatient care including ward rounds, outpatient clinic including ambulatory healthcare services, performing simple procedures and assisting in surgeries and attending didactic activities.

Year 6

Year 6 is a 12-month pre-graduation training period aimed at consolidation of clinical skills to prepare students for future practice and residency programs. This internship-style program is under the jurisdiction of the university and is innovative in its approach combining clinical practice interdigitated with core teaching and robust assessment.

The overall aims of the MBRU student Year 6 program are:

1. To ensure that students maintain the high academic and professional standards as expected of a healthcare professional.
2. To give the student intern a broad experience of the foundations of the practice of general and specialist medicine while still under supervision, thus providing a safer transition to post graduate medical practice.
3. To provide students with some flexibility of clinical practice through Selectives and an Elective
4. To give the medical school the opportunity to evaluate the performance of their students in the workplace.
5. Facilitate remediation for students of gaps (in knowledge, skills, and /or attitude) crucial to future safe practice.

The rotations in the student internship-style program are an authentic physicianly training period aimed at preparing the medical student to transition into a general medical doctor and/or a candidate for starting specialist postgraduate (residency) training in any field of medicine. This includes the United Arab Emirates (UAE), as well as outside the UAE, depending on local medical licensing regulations. It is a year where the students work in supervised training posts in hospitals/clinics as a full-

time member of a clinical multidisciplinary team (MDT), thus a true clinical apprenticeship. They usually work alongside graduate interns in the public hospitals with similar responsibilities.

The student internship-style program is 12-months long, with 45 hours of experiential clinical and educational activities per week (including intermittent, planned weekend working and on-call duties). Students are responsible for the medical care of assigned patients under the supervision of attending staff and according to an assigned schedule. The clinical focus is on generalist clinical practice (e.g., General Medicine, General Surgery, General Practice incorporating Mental Health, General Paediatrics, and General Obstetrics and Gynaecology).

Students rotate through 5-months of medically orientated specialties with a minimum of 3-months General Medicine (i.e., 2-months on General Medical Service; and 1-month Critical and Enhanced Care); 1-month General Paediatrics; and 1-month General Practice. The General Practice rotation is based in a public healthcare facility (i.e., Dubai Health Authority). Students also rotate through surgically orientated specialties with 2-months General Surgery; and 1-month General Obstetrics and Gynaecology.

Unlike Year 5, clinical experience will differ in location for individual students. As a rule, students undertaking General Medicine at a Mediclinic Hospital are attached to Rashid Hospital for General Surgery and vice-versa. Over the course of the core programme, a majority of the clinical placements will be within DHA hospitals / clinics.

Various medically and/or surgically orientated selectives are offered over a 2-month period (i.e., the student intern makes selection from various medical and/or surgical sub-specialties such as emergency medicine, psychiatry, neurology, oncology, neurosurgery, orthopaedics, urology, or plastic surgery). The 2-month selectives rotation can be completed either by undertaking bespoke two 1-month blocks or four 2-week blocks depending on the student intern's choice, availability, and feasibility. The final 6 weeks is an elective period. Overall, 3 months of rotations will be student interns' selected components (i.e. selectives and electives).

Upon completion of training at MBRU, medical graduates will emerge scientifically sound, diagnostically skilled, technically competent, socially responsible, behaviourally proficient, with advanced communication skills who are committed to continued professional growth and life-long learning.

21.4 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 changeswill 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 willrequire about 2 hours related to research,reading and follow-up. A ratio of one contacthour to one credit is maintained.

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

Small group presentations of learning material where student research and presentations forma major portion of coursematerials and activity. Normal ratio of contactto credit hours is 1:1.

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

Supervised small group interaction thatincludes problem solving and discussionsessions. Normal ratio of credit to contacthours is 1:2. (optional work sessions with no credit do not carry a course code). A team- based learning activity (TBL) is considereda 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 AND PROGRESSION

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
A	4.00	Exceptional performance; all course objectives achieved; objectives met in a consistently outstanding manner (A and A-).
A-	3.70	
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	3.00	
B-	2.70	
C+	2.30	Satisfactory performance; an achievement considered by content experts as meeting the course requirements in all respects (C+ and C)
C	2.00	
C-	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-).
D+	1.30	Borderline performance; not sufficient to progress: no credit earned (D+, D and F).
D	1.00	
F	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 = 30% - 60% of total assessment.
- End-course (*end-year) examinations = 40% - 70% 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 ≥2 can resit courses with grades below C-.
- In order to progress to the next Phase, the student must score a cGPA ≥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 eligiblefor 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 (above2/3) 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 RegularYear

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 and for the integrated knowledge-based exam, pass grade for the integrated OSCE, achieve a C- grade in all courses and a cumulative grade point average (cGPA) of 2 or higher at the end of year 5, through:

1. Discipline assessments: rotational and end of block assessment or

2. Resit examinations held at the end of Year 5. Students may need to repeat integrated or discipline(s)-specific knowledge-based exams and/or OSCE, 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 or has fitness to practice concerns and is recommended to repeat year 5 by theFitness to practice committee.

1. The student will be one year behind the cohort.

2. At the end of the repeat year the studentmust 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 repeatYear 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 assessmentsas 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 electiveinternship experience.

A.f. Demonstrate professional conduct through attendance, completion of timelyassignments 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 thephase (four years) for failure to achievegraduation 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 numberof 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 programshould 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 ina 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 bySAPC.
2. The student will be awarded the higherof 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 Resit/replacement exam will be offered once at the end of years 4 and 5 on the recommendation of the SAPC based on failure to fulfil the progression criteria for each year. Resit opportunities for Year 6 are detailed in section 22.5.6.a.

22.6 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 daysfrom the appeal submission deadline.

22.7.1 Appeal on any assessment scoreduring the semester

22.7.1.a The student will be able to access scores on any assessment duringthe 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 coursecoordinator. They may also seek advicefrom 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 appealthe 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 StudentInformation 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 ofthe 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 otherfaculty members, to review the details and the accuracy of the student's grades and any circumstances put forward by thestudent and provide recommendations to the Dean. The committee will invite the relevant course coordinator and any other faculty or supporting staff to provideinputs 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 Deanwithin 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 submissiondeadline.

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

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 basedon student appeal will be reviewed at the SAPC meeting for approving end-semester examination results.

23.12.1 A student exempted due to bereavement, hospital admission or in extreme ill health, should be offered the optionof sitting for a replacement examination in accordance with the circumstance pre- vailing at the time and must be in-line with MBRU regulations.

23.13 Misconduct in Examinations Please refer to the MBRU Student Hand- book; Code of Conduct and Academic and Non Academic offences sections. Addition-ally, 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 de- liberate 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 boardshall be provided in the examination hall should any student require it or the Notes function will be activated on Examplify in lieu of scrap papers

F. Students must be at the venue of the examination at least 10 minutes before exam commencement.

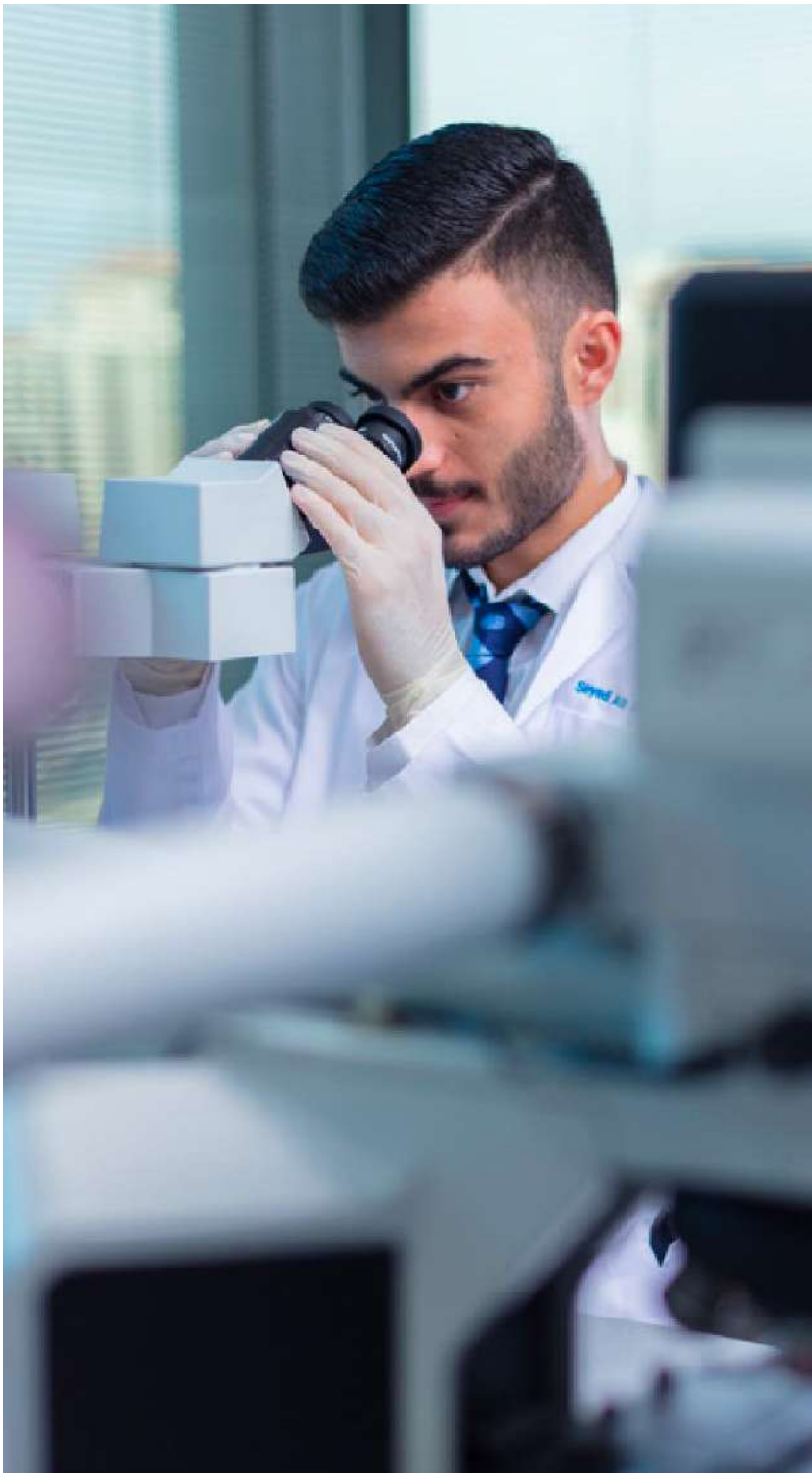
G. Students can be allowed to enter the exam room up to 15-minutes after the start of an exam. If a student arrives after 15-minutes, they will not be allowed entrance and will be advised to email the course coordinator and the Department of Student Services & Registration to inform them of the reason 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 theirwork, or give or attempt to give, directlyor indirectly, assistance to any other candidate.

J. Any suspected breach of the foregoingregulations 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.



24

PROFESSIONAL BEHAVIOR & STUDENT FITNESS TO PRACTICE

24. PROFESSIONAL BEHAVIOR AND STUDENT FITNESS TO PRACTICE

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 made after through 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 thequality of their learning and teachingexperiences.

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 originalin their academic work, includingwhen 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, appointedby 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 infarction 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
Chair –
Basic Sciences

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 FACULY 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

Hanan al Suwaidi
Assistant Professor – Family Medicine

Hassan El-Tamimi
Professor – Cardiovascular Medicine

Hani Ben Amer
Professor – Neurology

Homero Rivas
Professor – Surgery

Associate Dean – Innovation and the Future

Ibrahim Inuwa
Professor – Anatomy

Associate Dean – Education

COLLEGE OF MEDICINE FACULY LIST

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

Maryam Al Saeed
Assistant Professor – Internal Medicine

Mahmood Al Mashhadani
Assistant Professor – Molecular Medicine

Meshal Sultan
Assistant Professor – Psychiatry

Mohammed Uddin
Associate Professor – Human Genetics

Nandu Goswani
Professor – Physiology

Nerissa Naidoo
Assistant Professor – Anatomy

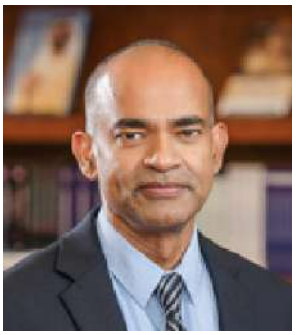
COLLEGE OF MEDICINE FACULY LIST

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

Rashid Alsharhan
Assistant Professor –
Radiology

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 FACULY 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
Associate 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

Dean –
Research and Graduate
Studies

COLLEGE OF MEDICINE FACULY LIST

Suleiman Al-Hammadi
Professor – Pediatrics

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

William Atiomo
Professor – Obstetrics and Gynecology

26

SENIOR ADMINISTRATORS

26. SENIOR ADMINISTRATORS

Amer Sharif
President

Amer Al Zarooni
Vice President – Administration and Professional Services

Mutairu Ezimokhai
Senior Advisor – President's Office

Professor – Obstetrics and Gynecology

Manal AlHalabi
Dean – Hamdan Bin Mohammed College of Dental Medicine

Professor – Pediatric Dentistry

Suleiman Al-Hammadi
Dean – College of Medicine

Professor – Pediatrics

Kevin Gormley
Dean – College Nursing & Midwifery

Stefan Du Plessis
Dean – Research and Graduate Studies

Professor – Physiology

27

BOARD OF DIRECTORS

27. BOARD OF DIRECTORS

H.H. Sheikh Ahmed bin Saeed Al Maktoum
Chancellor of MBRU
Chairman of the Board of Directors

H.H. Sheikh Mansoor Bin Mohammed bin Rashid Al Maktoum
Vice Chairman of the Board of Directors

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

Dr. Amer Sharif
CEO of Dubai Academic Health Corporation

H.E Awadh Seghayer Al Ketbi

Professor Alawi Alsheikh-Ali

Abdullah Abdul Rahman Al Shaibani

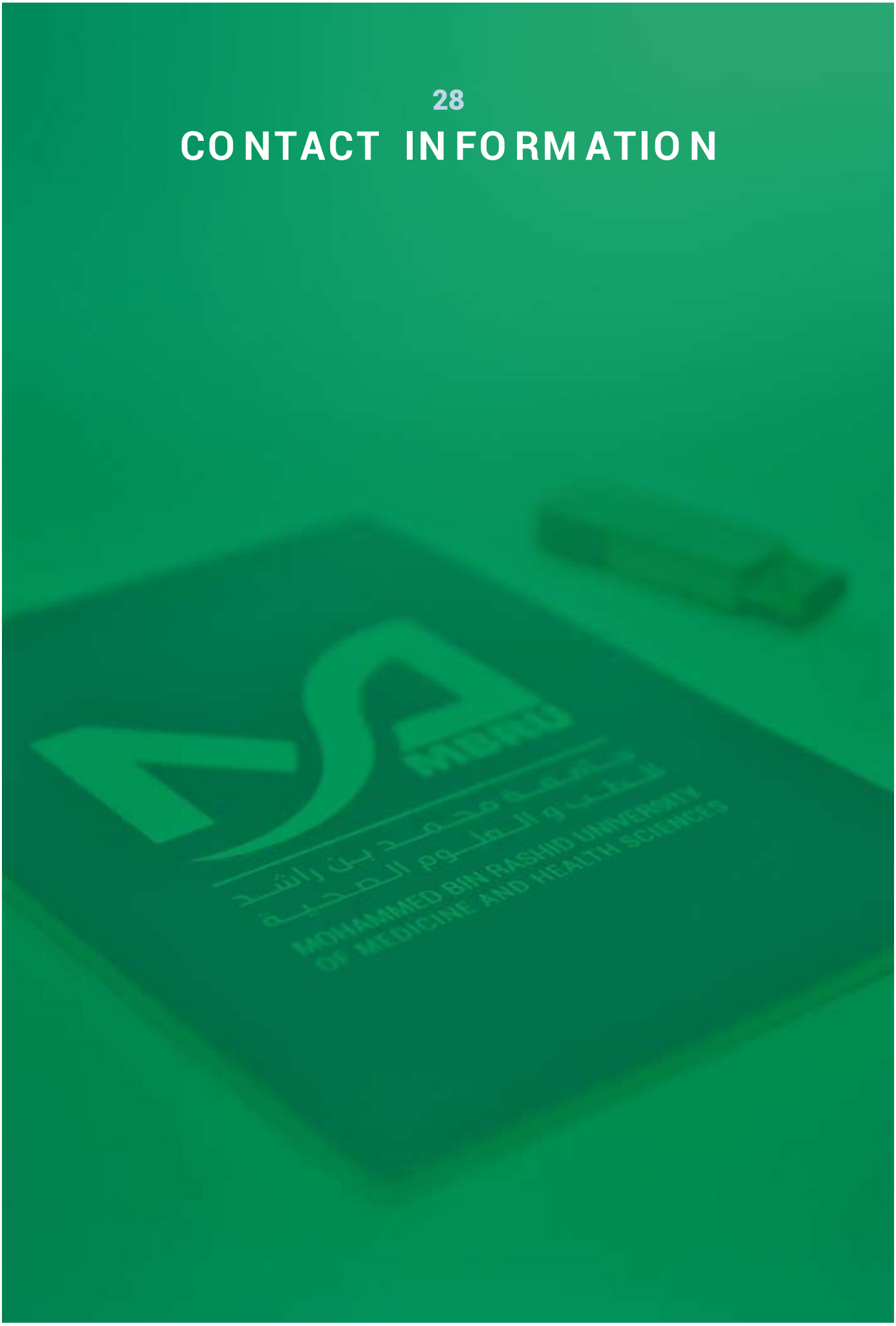
Waleed Saeed Al Awadhi

Mohamed Hassan Al Shehhi

Professor Ian Greer

28

CONTACT INFORMATION



28. CONTACT INFORMATION

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PHONE NUMBERS

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Student Services and Registration: +9714 3838844
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جامعة محمد بن راشد للطب و العلوم الصحية
MOHAMMED BIN RASHID UNIVERSITY OF MEDICINE AND HEALTH SCIENCES

College of Nursing & Midwifery

MASTERS IN CARDIOVASCULAR NURSING & MASTERS IN PEDIATRIC NURSING