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Strategic Planning Process

At DMC, a formal strategy development process was defined and supporting policies were put in place in 2003, taking into account its internal and external implications. The process clearly identifies the required outcome and related performance indicators while establishing its targets in the light of the organization's vision and mission.

The purpose of the planning process is not to develop a lengthy, detailed document that attempts to address all activities but a concise document to specify the myriad tasks to be completed during the next four to five years. Rather, the process is designed to foster broad involvement of DMC’s constituents in crafting a widely supported consensus that:

1. Identifies the current and likely challenges and opportunities in the Medical College’s environment.
2. Affirms the central values of the Medical College.
3. Identifies highest priority strategic actions that will fulfill the Vision and objectives.
4. Identifies the criteria and business planning process that will guide implementation activities.
5. Identifies an ongoing process of review and revision of DMC’s highest priorities.
6. Specifies the process through which progress in implementing the Strategic Plan will be assessed.

Managing Strategic Risks

The risk management process was made systematic through formation of the risk management team in 2006. Risks are stratified into high medium and low and necessary steps are taken to avoid or mitigate them.
Areas of risks analyzed are related to staff, students, governance, partnership, infrastructure, IT, equipment, competence and reputation. The risks are stratified based on probability and impact into grades. The strategic plan includes steps to avoid and mitigate these risks. Several safety procedures, safety equipment, insurance policies and improvement plans have been triggered by this RM report.

**Review of the strategic plan 2003-2009**

The core achievements are given below.

**A. Core Internal Activities**

1. **Teaching and Learning**

Innovative methods of teaching have been incorporated with an emphasis on student centered education system. Use of a computerized examination program helped to unify the MCQ correction process. Use of OSCE and other structured types of examination have been planned in all departments. Early introduction of clinical skills was achieved by the Clinical skills module and introduction classes restructured the introductory course which includes current topics like patient safety, EBM, informatics ethics & communication skills. Based on popular demand from the students, parents, faculty and external authorities, the clinical clerkships were structured to complete OBG and Paediatrics in the fourth year and Medicine and Surgery in the final year.

2. **Academic experience**

The Graduation ceremony was conducted to appreciate graduates. Regular career guidance sessions motivated students and appreciated graduates. Remedial courses are offered to weak students in preclinical phase. The failed students in the clinical phase are also provided remedial classes.

3. **Research**

Student research program was instituted and several awards were won by DMC students. Several publications by DMC staff in the name of the DMC were published.

4. **Student activities**

DMC students actively participated in several international events and the Emirates Medical students Conferences. DMC students brought home several awards for scientific and extracurricular activities.

5. **Faculty Development program**

A robust Faculty development program energized the faculty members who performed and published several research papers.
B. External Relationships

1. Public private partnership
The partnership with DHA materialized to achieve seamless integration through interdisciplinary training during studentship and internship. DMC Student Union founded the Emirates Medical Student Society, which is now internationally accredited.

The students of governmental schools officially visit DMC for encouragement. The MRF and summer training have opened up possibilities of more partnerships in training and research.

2. Image
A annual graduation ceremony and Medical Education Symposia received wide media attention. The winning of Dubai Electricity and Water Authority Energy conservation award appeared in Arabic and English media.

3. Branding
The publications were standardized with updating of the brochures and new website is being planned.

4. External Events
The Medical Research Fund has attracted many health professional in UAE to apply for funds to perform research.

C. Governance Management and Infrastructure

1. Governance and Management
The regular meeting of the Higher committee and clinical and preclinical Faculty boards have evaluated the various activities at all levels in the college and has taken appropriate decisions.

2. Human Resources and development
The robust faculty development program has energized the faculty members who have been actively participating in research and conferences within and outside UAE. More teaching assistants were employed and the faculty benefit package was improved.

3. Infrastructure Development
Infrastructure completion was achieved and is continuously improved to achieve satisfaction of students. The new laboratories, lecture rooms, seminar rooms, museum and PBL rooms are being very well utilized. Newer teaching methods have been employed using the new equipment such as a high resolution camera and monitor in Pathology, Histology, Parasitology. The plastinated models in Anatomy and new software in Physiology and Pharmacology have helped student learning. The Gynaecological and Birth simulator at the Al Wasl Hospital has helped students to learn Obstetrics and Gynaecology in non-threatening atmosphere.
SOURCE OF STRATEGY INPUTS

The Situational Analysis is prepared by evaluating the competitive stature of the college based on the needs of the Dubai Government, Education sector, Healthcare sector and Higher education arena. The internal milieu is appraised by the SWOT analysis of the college. The inputs which are derived from the detailed situational analysis help to elucidate the strategic challenges, directions, themes and goals of the college. The short term and long term plans are aligned with the organizational structure of the college.

Communication with stakeholders

DMC has developed a very transparent and effective strategy and supporting policies based on the present and future needs and expectations of its stakeholders. The qualitative inputs for the development of the strategy are taken from its stakeholders including government bodies, partners, students, faculty, etc. and by analyzing societal needs and expectations. These are detailed in the situational analysis, which is reviewed every 2 years. The feedback of all stakeholders are gathered to analyze their needs and expectations.

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Communication</th>
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<tbody>
<tr>
<td>DHA</td>
<td>Joint Faculty Board meetings</td>
</tr>
<tr>
<td></td>
<td>Clinical Faculty Board constitutes DHA department heads</td>
</tr>
<tr>
<td>Society</td>
<td>Partnership with WHO CDC Public Health department,</td>
</tr>
<tr>
<td></td>
<td>Economic indicators,</td>
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<tr>
<td></td>
<td>Dubai &amp; UAE Strategic Plan 2015 -societal trends</td>
</tr>
<tr>
<td></td>
<td>Ministry of Education &amp; CAA</td>
</tr>
<tr>
<td>Healthcare providers</td>
<td>Situational analysis</td>
</tr>
<tr>
<td></td>
<td>Demographics study from MOH</td>
</tr>
<tr>
<td>Students</td>
<td>Student feedback,</td>
</tr>
<tr>
<td></td>
<td>Student Union feedback report</td>
</tr>
<tr>
<td>Medical educators community</td>
<td>FAIMER network,</td>
</tr>
<tr>
<td></td>
<td>Royal colleges partnership,</td>
</tr>
<tr>
<td></td>
<td>external examiners, ECFMG</td>
</tr>
<tr>
<td>Alumni</td>
<td>Exit survey (GOS)</td>
</tr>
<tr>
<td></td>
<td>New graduate portal on website</td>
</tr>
<tr>
<td></td>
<td>Career guidance sessions,</td>
</tr>
<tr>
<td></td>
<td>Graduate appreciation creates opportunities to interact</td>
</tr>
</tbody>
</table>
Understanding our strengths and areas for improvement

The strategic shifts that have happened over the last 5 years show the shift from traditional towards applied knowledge, performance based learning, objective assessment and professionalism training.

SWOT analysis

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strong leadership with regular JFB meetings</td>
<td>1. Need for more longitudinal clinical experience</td>
</tr>
<tr>
<td>2. Powerful &amp; dedicated faculty Boards</td>
<td>2. Immature students with poor attitudes</td>
</tr>
<tr>
<td>3. Partnership w DHA- infrastructure &amp; faculty</td>
<td>3. Need for hands on exposure to greater variety of clinical cases</td>
</tr>
<tr>
<td>4. Robust IT framework</td>
<td>4. Need for more partnerships</td>
</tr>
<tr>
<td>5. Strong integrated curriculum -clinical &amp; pre-clinical (horizontal &amp; vertical)</td>
<td>5. Need for better educational technology like simulation lab</td>
</tr>
<tr>
<td>6. Highly qualified and committed faculty</td>
<td>6. Need for close monitoring of student and teacher workload</td>
</tr>
<tr>
<td>7. Efficient student assessment system</td>
<td></td>
</tr>
<tr>
<td>8. Efficient Admission System</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Support of DHA &amp; governmental authorities</td>
<td>1. Transformation of DOHMS into DHA with new policies &amp; regulations</td>
</tr>
<tr>
<td>2. Availability of Primary Health care centers</td>
<td>2. Economic crisis might lead to reduced Student affordability</td>
</tr>
<tr>
<td>3. Increasing priority for healthcare in Dubai Strategic plan</td>
<td>3. MOH policies for graduate placements</td>
</tr>
<tr>
<td>4. High demand for medical education</td>
<td>4. Restructure of DHA residency programs by CED</td>
</tr>
<tr>
<td>5. Provision of faculty development fund &amp; MRF</td>
<td>5. Increased scholarships by Competitors</td>
</tr>
<tr>
<td>6. Eminent external examiners with international experience</td>
<td>6. Reduced sponsorship by governmental authorities</td>
</tr>
</tbody>
</table>
**Needs Analysis for partnership development**

<table>
<thead>
<tr>
<th>DMC NEEDS</th>
<th>PARTNERS</th>
<th>STRENGTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical teaching, internship, Residency, employment of graduates</td>
<td>DHA</td>
<td>4 governmental hospitals with 200 professionals appointed as clinical faculty of DMC</td>
</tr>
<tr>
<td>Student training &amp; post-graduation opportunities</td>
<td>Royal College of Physicians (UK) Royal college of GP Royal colleges of OG DHCC</td>
<td>International experience in training student &amp; educators External examiners, speakers</td>
</tr>
<tr>
<td>Student and faculty Exchange programs</td>
<td>AIIMS, India Stuttgart, Germany Aga Khan Univ. Pakistan</td>
<td>Exposure to Different spectrum of diseases, opportunity for summer training for students and faculty</td>
</tr>
<tr>
<td>Social responsibility</td>
<td>Dubai Municipality, EEG Ministry of Education</td>
<td>Common commitment towards society, Power to implement initiatives</td>
</tr>
<tr>
<td>External review of examinations</td>
<td>Royal Colleges, UK</td>
<td>Highest level of world class medical examiners</td>
</tr>
<tr>
<td>Medical Education</td>
<td>FAIMER , WHO EMRO, AMEE, others</td>
<td>Highest international authorities in medical Education</td>
</tr>
<tr>
<td>Graduate</td>
<td>ECFMG</td>
<td>International organizations</td>
</tr>
<tr>
<td>Suppliers-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Teaching aids</td>
<td>Rashid Library; Other universities in UAE; Student sponsors; LITS; TRR; Mazrooi etc.</td>
<td>greater range of collection of journals; Wider scope; Adequate technical support; Good quality equipment supplies</td>
</tr>
<tr>
<td>2. Research facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Support Facility</td>
<td></td>
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</tr>
</tbody>
</table>
Benchmarking process & relation to planning cycle

DMC realizes that to achieve the best, it is important to compare with internal and external benchmarks. Benchmarking is done at different levels since 2006. The IE unit analyses the indicators in comparison with international benchmarks. The processes and policies are benchmarked to motivate achievement of maximum potential. The teaching process and curriculum of each department is benchmarked through networking with international institutions. The information made available by the annual reports of AAMC and other organizations are used as benchmarks. This has helped DMC to evaluate the strengths and areas of weaknesses, based on which strategic priorities are identified.

Competitive Benchmark Analysis:

The college competes with international medical schools which have graduated a large number of competent doctors. University of Illinois at Chicago, Loyola University, Tufts University and Stanford has been used as benchmarks.

Other Medical Colleges in UAE

The medical colleges in UAE are considered to be peer colleges which compete for attracting students. However, with the legacy of 20 years and 700 graduates who are working in leadership positions, DMC has a competitive advantage. DMC has maintained good relations with most of the newer institutions and has taken an advisory role especially in the areas of integration of curriculum, resources and regulations.

In the UAE, there are a total of 5 medical colleges which are accredited. The Dubai Medical College (DMC) is the oldest Medical College in the UAE. The first class began in 1986 graduated in May 1991. DMC is the only medical college exclusively for girls.
The UAE University of Al Ain (UAEU) enrolled their first batch for their premedical course in the same year a month later. The Gulf Medical College (GMC), Ajman started in 1998. The Sharjah University (SUMS) opened a medical school in 2004. The Ras Al Khaimah Medical Health Sciences University (RAKMHSU) opened in 2005 and the first batch is still undergoing internship.

The medical colleges of UAE were compared to gather input for the strategic planning of DMC. We find that all the medical colleges in the UAE are comparing well with the DMC.

It was seen that all of the medical Colleges were private institutions or government based, making DMC the only one with public private partnership. The number of students taken in every year is comparable to that of the other medical colleges in UAE except for UAEU, which takes in only 20-24 candidates per year.

The duration of the Medical course in DMC is for 5 years which is similar to that of GMC and SUMS whereas the UAEU requires their students to study for 7 years. The SUMS requires the students to do a foundation course of one year as well. The UAEU medical school is open only to the nationals and no fee is charged from the students.

The students applying for admissions to all the medical schools require 80% marks in their Higher Secondary schools with Chemistry and Biology as mandatory subjects. DMC along with UAE University, Al Ain and Sharjah University requires them to pass TOEFL/IELTS before admission. DMC conducts an entrance exam in Biology, Chemistry and English in addition to an interview to select excellent candidates. The Gulf Medical College and RAKMHSU do not conduct entrance exams and their selection is based on the marks obtained and an interview.

The Al Ain University sends their students to Tawam Hospital for their training. The Gulf Medical College has recently got an agreement with the Health Authority in Abu Dhabi for the clinical rotations at Mafraq hospital, Abu Dhabi. The students of DMC receive training in the local hospitals of DHA and allows better integration compared to some others in the country.

<table>
<thead>
<tr>
<th></th>
<th>DMC</th>
<th>GMC</th>
<th>SUMS</th>
<th>UAEU</th>
<th>RAKMHSU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys &amp; girls</td>
<td>Girls only</td>
<td>both</td>
<td>both</td>
<td>both</td>
<td>both</td>
</tr>
<tr>
<td>Annual Students' intake</td>
<td>60</td>
<td>60</td>
<td>90</td>
<td>24</td>
<td>Less than 40</td>
</tr>
<tr>
<td>Number of batches that graduated</td>
<td>21</td>
<td>8</td>
<td>2</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>----------------------------------</td>
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<td>---</td>
</tr>
<tr>
<td>Duration of course</td>
<td>5 years</td>
<td>5 years</td>
<td>6 years</td>
<td>7 years</td>
<td>5 years</td>
</tr>
<tr>
<td>Accreditation</td>
<td>Commission for Academic Accreditation, UAE</td>
<td>CAA, UAE</td>
<td>CAA</td>
<td>international</td>
<td>Awaiting accreditation</td>
</tr>
<tr>
<td>Tuition Fee per annum (AED)</td>
<td>80,000</td>
<td>95,000</td>
<td>88,470</td>
<td>free</td>
<td>75,000</td>
</tr>
<tr>
<td>Governance</td>
<td>Public-private partnership</td>
<td>private with hospital collaborations</td>
<td>Governmental (non-federal)</td>
<td>Governmental - Federal</td>
<td>private</td>
</tr>
<tr>
<td>Nationalities</td>
<td>all</td>
<td>all</td>
<td>all</td>
<td>Only UAE</td>
<td>all</td>
</tr>
</tbody>
</table>

The number of faculty members per department in all the medical colleges is nearly the same. Al Ain University has 20-30% increase in the number of Faculty members in some departments whereas the Gulf Medical College has a 10% decrease in the number of faculty per preclinical department. The qualifications of the Faculty of DMC compares well with that of other medical colleges in the GCC.

As a next step, we are looking at the regional medical schools as well. A large amount of data has been already gathered. The Weil Cornell University in Qatar and the Arab Gulf University at Bahrain have been approached. In Oman, Sultan Qaboos University is completely governmental and operates like the UAEU. The Oman Medical College (OMC), Sohar opened their pre-medical training in 2001. The Oman Medical College sends their students to Sohar Hospital which is a large regional Hospital situated 200 km away from Muscat. Many other institutions are being studied for creating the strategy best suited for the region.
Key Strategic Outputs

New Strategic Directions

The new strategic directions which were identified are faculty development, alumni appreciation and organization, admission process, partnerships, exchange student and faculty programs and leadership in medical education initiatives.

<table>
<thead>
<tr>
<th>STRATEGIChifts</th>
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</thead>
<tbody>
<tr>
<td>1. By rote knowledge</td>
<td>applied knowledge</td>
</tr>
<tr>
<td>2. Knowledge based</td>
<td>performance based learning</td>
</tr>
<tr>
<td>3. Teacher centered</td>
<td>student centered learning</td>
</tr>
<tr>
<td>4. Specialised training</td>
<td>GP training</td>
</tr>
<tr>
<td>5. Teaching</td>
<td>Learning</td>
</tr>
<tr>
<td>6. Subjective examinations</td>
<td>objective examinations</td>
</tr>
<tr>
<td>7. Producing local physicians</td>
<td>global citizens</td>
</tr>
</tbody>
</table>

Long term & short term plans

The existing priorities are related to students, curriculum, infrastructure and faculty. Some key factors which need to be included in the next strategic plan are as follows.

a. **Short term plans**
   i. Revision of institutional goals & objectives - aligning with the college mission, vision and plans and present organizational structure
   ii. To hold conferences for medical education community of Dubai. In order to ensure continuity these have to be self-financing and informative.
   iii. To enhance external and internal communication
      1. publications- college magazine, scientific journal, newsletters
      2. Internal channels of communication-interactive intranet
      3. Website development for internal and external communication
   iv. Knowledge management - secure the knowledge into the system.
   v. Infrastructure- Clinical Skills lab, IT infrastructure, Examination software
   vi. Eco-friendly systems and initiatives
   vii. Seamless integration between clinical and preclinical phases
viii. Improved teaching, learning and assessment
   1. Interactive teaching methods-Clickers
   2. Multidisciplinary approach
   3. Mobile based learning methods
   4. Efficient Curriculum management
   5. Introduction of professionalism and attitudes,
   6. Early clinical skills, early integration
   7. Update methods of assessment

ix. Financial incentives for students and applicants in the form of scholarships based on both need, and student credentials.

x. Increased marketing of DMC

b. Long term plans
   i. Formation of a Medical University (Dubai Medical University),
   ii. Dental college, Nursing college, men’s college
   iii. Post graduation and fellowships
   iv. Interdisciplinary courses to be introduced
   v. Compliance with International accreditation requirements
   vi. Compliance with international standards for Environment protection

Strategic challenges 2009-2014

1. Growing healthcare industry
2. Changing healthcare policies
3. Global Economic crisis
4. Immaturity of students
5. Lack of motivation for excellence
6. Emerging health professions schools
7. Changing needs for global physicians

Strategic priorities 2009-2014

1. Learning environment
2. Educational excellence
3. Faculty Excellence
4. Attract outstanding students
5. Community engagement
6. Partnerships development
7. Optimum use of Technology
Strategic themes 2009-2014

It was identified that each of the strategic priorities should have the following themes for maximum benefit.

1. **Integration**: Integration across the breadth and length of the curriculum and sectors is important for any reform to be effective. All strategic priorities have to clearly involve every aspect of the college and be aligned with the overall mission vision and values.

2. **Service to community**: DMC exist to serve the community, it is important to consider the societal impact which has to be driven by service.

3. **Sustainability**: Economic and environmental sustainability is key to success of any initiative.

4. **Relevance**: It should be relevant to the college and the country and medical education globally.
DMC Strategic Plan 2009-2014

DMC mission
Dubai Medical College (DMC) is committed to providing students with medical education to obtain an accredited degree of Bachelor in Medicine and Surgery in the UAE. The college will achieve its mission by providing a learning environment, both inside and outside the classroom that fosters Islamic values and promotes high levels of student achievement, consistent with the highest standards of academic excellence.

DMC vision
To serve our community by nurturing competent and proficient doctors and continue to improve on the learning methods, making DMC one of the leading medical schools in the world.

DMC Values

I do solemnly vow, in the name of Allah, the merciful, compassionate

1. That I will honor the Profession of Medicine, be just and generous to its members, and help sustain them in their service to humanity.
2. That just as I have learned from those who preceded me, so will I instruct those who follow me in the science and the art of medicine
3. That I will recognize the limits of my knowledge and pursue lifelong learning to better care for the sick and to prevent illness.
4. That I will seek the counsel of others when they are more expert as to fulfill my obligation to those who are entrusted to my care.
5. That I will not withdraw from my patients in their time of need.
6. That I will lead my life and practice my art with integrity and honor, using my power wisely.
7. That whatsoever I shall see or hear of the lives of my patients that is not fitting to be spoken, I will keep in confidence.
8. That I will maintain this sacred trust, holding myself far aloof from wrong, from corrupting, from the tempting of others to vice.
9. That above else I will serve the highest interests of my patients through the practice of my science and my art.
10. That I will be an advocate for patients in need and strive for justice in the care of sick.

Adapted from the Hippocratic Oath
Institutional Goals

Goal #1: Create an atmosphere which inculcates Islamic values and principles and a supportive environment which helps students to achieve their maximum potential.

Goal #2: Provide a sound, comprehensive and integrated curriculum based on international professional standards that emphasize on knowledge, clinical skills and attitude.

Goal #3: Deploy effective teaching methods with optimum use of latest and innovative technology

Goal #4: Utilize a continually updated student assessment system at par with international standards

Goal #5: Develop and sustain well-qualified faculty with high level of commitment for excellence in medical education.

Goal #6: Provide a safe learning environment with optimum utilization of technology and motivate research and innovation for the faculty and students.

Goal #7: Attract good quality national and expatriates to join the college and create a unique and excellent brand name identity

Goal #8: Become an educational, economic and cultural partner that contributes to the human and social capital of the region and beyond

Goal #9: Foster existing partnership and develop new partnerships to maximize the academic benefits

Goal #10: Support alumni and foster a relationship which sustains the drive for life-long learning

Goal #11: Foster commitment for excellence and synergistic coordination of all departments and units.

Stretch goals for 5-10 years

The DMC Institutional goals are targeted actions designed to address specific areas. Stretch goals are ambitious ideas that could potentially reshape the college. They are not yet commitments, but will be studied carefully to assess feasibility to develop proposals. These goals require detailed feasibility studies and large scale fiscal resources, manpower and regulatory support to become reality.

Stretch Goal #1 Be a center of excellence in medical education by advancing and disseminating knowledge within and across disciplinary boundaries

Stretch Goal #2 Expand the program to include other healthcare professions according to the needs of the region
Stretch Goal #3 Grow into a Medical University which contributes to the human and social capital of the region

Stretch Goal #4 Create infrastructure where the college has its own facility for employing graduates and to help advanced skills development

Program Goals

The program goals of DMC are that graduates should demonstrate competencies in six areas at the level of the general physician who are competent to start the residency program in any specialty. Faculty members support them in their learning as teachers, mentors, and role models with a high degree of commitment

1. MEDICAL KNOWLEDGE
Students should know, understand and apply knowledge of the basic biomedical and clinical sciences and demonstrate the skills and attitudes necessary to use this knowledge effectively as a physician.

2. COMMUNICATION SKILLS
Students must demonstrate knowledge of the principles of communication and the skills and attitudes that allow effective interaction with patients, families, healthcare workers, and others who affect the health and well-being of patients.

3. PROFESSIONALISM
Students must demonstrate a combination of knowledge, skills, attitudes and behaviors necessary to function as a respected member of the medical profession. They must know the obligations of medical professionals as members of a healthcare team, as members of a healthcare institution, and as leaders in our society in bringing about the common good.

4. CLINICAL SKILLS & PATIENT CARE
Students should be able to use their knowledge, skills and attitudes to provide patient care. They should demonstrate empathy for a diverse community and provide patient care that is compassionate, appropriate and effective.

5. PRACTICE BASED AND LIFELONG LEARNING
Students should demonstrate the knowledge, skills and attitudes needed to be able to start evaluating their method of practice, use appropriate tools of evidence to analyze clinical practice, and understand concepts of quality in healthcare and quality improvement.

6. SOCIAL AND COMMUNITY CONTEXT OF HEALTHCARE
Students must demonstrate the knowledge, skills, and attitudes necessary to function within the larger healthcare system in which they will receive further training and identify resources available to provide high-quality care for their patients. Students should engage in community and social context to promote health, prevent disease and manage illness.
Goals and Objectives

Goal #1: Create an atmosphere which inculcates Islamic values and principles and a supportive environment which helps students to achieve their maximum potential.

1.1 Motivate students to follow high ethical standards aligned with Islamic principles
1.2 Sustain and promote Student Union activities to engage all students in extracurricular activities
1.3 Improve Student experience by appropriate counseling, career guidance and mentoring services
1.4 Provide adequate student support services to enhance the student experience in the campus and hostel
1.5 Provide an atmosphere which is conducive to individualized achievement of learning goals.
1.6 Provide academic advising and remedial courses to students who need support

Goal #2: Provide a sound, comprehensive and integrated curriculum based on international professional standards that emphasize on knowledge, clinical skills and attitude.

2.1 Plan and allocate resources to successfully engage academic department to achieve their objectives
2.2 Assess and improve the consistency of the core competencies and learning objectives across the curriculum
2.3 Increase integration and make curriculum comprehensive and up-to-date
2.4 Maintain optimum distribution of workload for faculty and students.
2.5 Ensure smooth transition from preclinical to clinical phase.
2.6 Provide an effective clinical clerkship and internship
2.7 Maintain high performance of students in the final examinations
2.8 Improve student attitudes and professional skills
2.9 Review and Plan for future improvements of DMC curriculum.

Goal #3: Deploy effective teaching methods with optimum use of latest and innovative technology

3.1 Develop distinctive educational experiences that prepare students to be successful in the evolving healthcare environment and meet the needs of the Dubai.
3.2 new emphasis on interactive learning and longitudinal clinical experiences
3.3 Increase the number of teaching methods with greater effectiveness
3.4 Improved time table preparation and course delivery
3.5 Improve coordination of course modules
3.6 Increase self-learning
3.7 Maintain updated classrooms, library, laboratories, and IT facilities to meet the course objectives.
3.8 Review the effectiveness of the current methods and plan for future improvement
3.9 Optimize the availability and utilization of resources to support student learning (e.g. technology, space)

**Goal #4:** Utilize a continually updated student assessment system at par with international standards
- 4.1 Utilize latest methods of examination
- 4.2 Improve the effectiveness of the examination process
- 4.3 Utilize technology to improve accuracy and increase time efficiency
- 4.4 Utilize innovative examination techniques to improve utilization of resources
- 4.5 Review and plan future improvements

**Goal #5:** Develop and sustain well-qualified faculty with high level of commitment for excellence in medical education.
- 5.1 Continue to recruit and retain basic science and clinical science faculty
- 5.2 Provide an environment that is conducive to professional growth and to achieve personal goals.
- 5.3 Conduct effective medical education opportunities to the medical education community
- 5.4 Coordination of module delivery
- 5.5 Continue to enhance on-line networks for benchmarking and research promote commitment for excellence

**Goal #6:** Provide a safe learning environment with optimum utilization of technology and motivate research and innovation for the faculty and students.
- 6.1 Develop research facilities, Lab, Library and IT.
- 6.2 Raise awareness/responsibilities regarding care of equipment
- 6.3 Adhere to Lab Safety & Improve fire safety
- 6.4 Prepare risk management plan to Identify and Manage risks
- 6.5 encourage and support research activities among faculty and students
- 6.6 communication strategy to enhance dialogue about the medical education program with administration, faculty and students
- 6.7 environmental initiatives
- 6.8 Foster innovation by appreciation and empowerment
- 6.9 Collaboration with external sources to maximize learning

**Goal #7:** Attract good quality national and expatriates to join the college and create a unique and excellent brand name identity
- 7.1 Promote market, and personally connect with local and expatriate applicants to ultimately recruit highly qualified students
7.2 Enhance the quality of interview experience at DMC through implementation of a systematic and structured process
7.3 Make DMC the institution of choice for excellent students to pursue medical education
7.4 Adopt measures to increase awareness of the target population and attract high quality students
7.5 Initiate activities to disseminate the information about the college to the community
7.6 Initiate activities to develop and improve image of the college

Goal #8: Become an educational, economic and cultural partner that contributes to the human and social capital of the region and beyond
8.1 prioritize community engagement for student and faculty research
8.2 Construct a refined targeted approach for community engagement
8.3 Increase community engagement activities of students and faculty
8.4 Engage with the people and community and institutions of Dubai
8.5 Participate in activities promoting environment protection and sustainability

Goal #9: Foster existing partnership and develop new partnerships to maximize the academic benefits
9.1 Strengthen partnership with DHA
9.2 Build partnerships to foster faculty and student exchange program
9.3 Foster relations with organizations like AIIMS, ECFMG, FAIMER, AMEE to enhance learning
9.4 improve multi-directional communication and collaboration mechanisms that support the continued development of community partnerships.
9.5 Develop partnership strategy for achieving academic excellence

Goal #10: Support alumni and foster a relationship which sustains the drive for life-long learning
10.1 Engage recent alumni in college activities and support them in their higher education initiatives
10.2 Improve graduation ceremony organization
10.3 Initiate an alumni association with clear goals and objectives

Goal #11: Foster commitment for excellence and synergistic coordination of all departments and units.
11.1 review effectiveness of the governance and organization structure of college
11.2 Improved coordination & evaluation of units and departments
11.3 improved student feedback and faculty feedback
11.4 Reporting of institutional annual reports & outcomes assessment matrix
11.5 Conducting departmental and unit audits
11.6 Adoption of excellence initiatives across all segments of the institution
11.7 Review of strategic plan and implementation status
11.8 Transparency in utilization of funds and resources
11.9 Conduct a workforce evaluation process to quantify the future needs of the medical school.
Stretch goals for 5 -10 years

**Goal #1** Be a center of excellence in medical education by advancing and disseminating knowledge within and across disciplinary boundaries

**Goal #2** Expand the program to include other healthcare professions according to the needs of the region

**Goal #3** Grow into a Medical University which contributes to the human and social capital of the region

**Goal #4** Create infrastructure where the college has its own facility for employing graduates and to help advanced skills development
The Goals of the Clinical Phase

The central goal for the medical programme of the clinical phase is to prepare the student to acquire the knowledge, skills, and attitude which will enable him to identify, analyze and manage clinical problems in order to provide efficient, cost-effective, and human patient care. These goals are expected to be achieved by going through a series of clerkships, tutorials and lectures that will increase the academic knowledge and practical skills of the student to allow the student to deal with various common clinical problems.

The practical skills will be acquired by going through a series of different clinical attachments, called clerkships, arranged in various clinical units in hospitals and in Primary Health Care settings.

The organization of the teaching in the clinical phase has many aspects that can be grouped as follows

General Professional Skills

I. General Skills

History taking (information gathering)
Students should be able to obtain, chart and orally present in a clear manner the patients’ clinical histories, in a way that is appropriate to the clinical setting and the nature of the problems presented by the patient.

Physical Examination
Students should be able to conduct, chart and orally present in a systematic manner a physical examination that is appropriate to the patients’ problems and concerns.

Patient Investigation
Students should be able to identify investigations and procedures that would be relevant to the proper management of the patient’s problem.

Patient management
Students should be able to develop, chart and orderly present a suitable differential diagnosis or problem list, along with an appropriate management plan.

Minor procedures
Students should learn and be able to perform appropriate minor procedures that are commonly performed in different clinical settings in the course of patient care.

Information retrieval and evidence based medicine
Students should show an ability to be able to search appropriate sources for information relevant to the patients’ problems and be able to cite relevant medical literature in this respect.
II. Professional Behavioral Skills

Patient interaction

Students should be able to interact sensitively and appropriately with patients and their relatives or guardians. This should include the ability of students to discuss and explain the clinical problem to the patient and his relatives and also the expected levels of care that are relevant to different situations.

Group interactions

Students should be able to work and interact appropriately with other members of their group, and members of the clinical teams including doctors, nurses, and laboratory and other paramedical stuff.

Self Assessment

Students should practice and demonstrate an ability to assess accurately their:

- knowledge base and problem solving skills,
- technical skills,
- communication skills,
- professional attitudes and empathy, and to develop appropriate strategies for improving this skill.

Professional Ethics

Students should demonstrate an understanding and acceptance of ethical principles

- Respect for patients’ autonomy
- Respect for colleagues,
- Confidentiality with respect to patients’ disclosures
- Scientific honestly
- An awareness of ethical decisions that are relevant to individual patients and specific clinical situations.

III. Problem Solving Skills

When confronted with patients and their problems, the student should be able to carry out the following steps in problem solving:

- Problem sensing;
- Determine the reason why the patient is seeking help and advice
- Hypothesis generating;
- Attempt to explain the patient’s problem by providing a list of possible causes - differential diagnosis.

Self directed learning ability and critical assessment of evidence:

Acquire relevant clinical data with regard to the patients’ problems from the history, the clinical examination, the investigations and his knowledge base.
The student should take the opportunity to identify areas of ignorance, identify relevant educational resources, critically appraise the new knowledge and appropriately relate this knowledge to the present problem.

**Synthesis:**
Revise the list of hypothesis and in view of this new knowledge, prepare a problem list stating priorities.

**Management:**
Identify appropriate additional investigations that are required and the various options for management.

**Evaluation:**
Identify and address any residual gaps in the understanding of the problem in relation to the patient, his illness, the social implications and care delivery.

**Developing professional qualities in the clinical setting**

A major educational object of the clinical phase program is to develop a behaviour that will be necessary to progress satisfactorily and to form the basis for future professional development. This professionalism is dependent on 4 main behavioral domains:

- respect,
- communication skills,
- a sense of responsibility,
- a culture of self awareness and self evaluation.

**1. Respect:**
- Patients
  - Patients’ deserve full respect at all times
  - Patients’ autonomy
  - To always be polite
  - Listen carefully to all verbal and nonverbal cues
  - Allow patients to express their opinion and to give information without being judgmental
  - To not interrupt the patient
  - To not pass judgment on patients’ opinion and beliefs
  - To learn to negotiate an agenda with the patient

**Colleagues**
- All medical colleagues
- All supervisors
Paramedical: nurses, laboratory technicians, and others
To be punctual: apologize and give reason if late.

2. Communication skills:

With patients
- Speak directly to patients
- Use non medical language
- Allow patients time to explain and respond in their own words and manner
- To not interrupt patient
- To learn to listen to silences
- Use an appropriate mix of open and closed questions
- Listen carefully for verbal and nonverbal responses
- React to cues both verbal and nonverbal
- Resolve misunderstanding
- Give explanations clearly and in simple language (non jargon)
- Give directions clearly and in simple language (non jargon)
- Make sure that directions are well understood
- Learn to accept and discuss emotional issues without being judgmental
- Summarize and agree the content of the interview with the patient.

With colleagues
- Express findings clearly to staff
- Share information with fellow students
- Learn to discuss issues clearly during discussions and small group meetings
- Accept critical comments without adopting a defensive attitude.

3. Responsibility

- Be punctual at all times with patients and members of the medical team
- Apologize and give reason if late
- Be in full control of one’s own emotional state
- Provide enough information to the patient about own status to enable him to give an informed consent for all procedures.
- Provide patient with full information to allow him to participate and comply with a management plan
- Provide patient with full information regarding any procedure to allow him to give an informed consent and to comply
- Provide patient with information obtained from any investigation
- Consider evaluation or critical comment from a supervisor, a colleague, or a patient in a non defensive manner.
4. Self Awareness and Self Evaluation

- Admit to own difficulty in understanding
- Admit to own lack of appropriate knowledge
- Admit to own discomfort and unease in discussing or dealing with certain issues or situations
- Express own emotional state where appropriate but without being judgmental about other people’s views or beliefs
- Consider criticism or critical comment from a supervisor, a colleague, or a patient in a non-defensive manner.

Procedural Competencies for Graduating Medical Students

1. Arterial puncture*
2. Demonstrate proper use of an inhaler
3. EKG lead placement*
4. Injection: intradermal
5. Injection: intramuscular
6. Injection: subcutaneous
7. Inserting a Foley catheter, male patient
8. Inserting a Foley catheter, female patient
9. Inserting an intravenous catheter
10. Inserting a nasogastric tube*
11. Know and perform universal precautions
12. Lumbar puncture*
13. Manage an airway, including endotracheal intubation*
14. Skin suturing/ removal of sutures
15. Sterile technique (Scrub, gown, glove), drape
16. Venipuncture

*Procedures may be demonstrated on a model.
Appendix 1- Linkage of Goals and Objectives

Institutional Goals

Goal #1 • Student Affairs & Counseling
Goal #2 • Curriculum Review
Goal #3 • Program Delivery
Goal #4 • Student assessment
Goal #5 • Educational Support
Goal #6 • Research development
Goal #7 • Admission process
Goal #8 • Community engagement
Goal #9 • Partnerships development
Goal #10 • Graduate engagement
Goal #11 • Institutional Effectiveness

Program goals

MEDICAL KNOWLEDGE
COMMUNICATION SKILLS
PROFESSIONALISM
CLINICAL SKILLS & PATIENT CARE
PRACTICE BASED AND LIFELONG LEARNING
SOCIAL AND COMMUNITY CONTEXT OF HEALTHCARE