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MISSION & VISION

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
The spirit of giving and service excellence is a tradition at DMC. Values embedded in the teaching profession, when combined with the altruism of medical profession, fosters the highest standards of ethics in the campus. Getting trained in an environment where doctors are able to better understand cultural diversity is important. This is why the college emphasizes on course delivery embedded in ethics and values in its students, staff and faculty. The professional oath is a reaffirmation of the values to be followed throughout student and professional life.

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
A Message from the Dean

Dubai Medical College for Girls was the first private college awarding a degree in medicine & surgery in the UAE. Thanks to the foresight of Haj Saeed Lootah, the college was established on Islamic principles to offer the girls in the UAE an opportunity to study medicine inside the UAE and avoid the troubles and risks of travelling abroad. Girls in the UAE were offered the chance to serve their country in the medical field and they grasped this opportunity.

Being the only accredited private medical college in the UAE puts a lot of responsibility on our shoulders. Our college offered, and continues to offer a distinguished Islamic environment, modern medical educational programs and state-of-the-art facilities. Our teaching programs have continuously been evaluated and readjusted according to the recent advances in the medical education.

Our sustenance and encouragement comes from the constant support given to the Dubai Medical College for Girls by Haj Saeed Bin Ahmed Al Lootah, Chairman of the Board of trustees. Dubai Medical College is adopting a system of self-learning activity, which represents the core of all recent educational philosophies. Integrated teaching programs were implemented for the pre-clinical phase. This ensures a comprehensive understanding of the subjects of this phase and prepares the students for the clinical phase.

Student activities have been given greater support under the Islamic principle of sorority which encourage establishing relations of sisterhood among the students. The student’s union has been activated to include scientific, cultural, and social and sports activities.

We welcome all aspiring girls to join our college to breathe under an Islamic environment and benefit from our distinguished educational programs.

Prof. Mohamed Galal El Din Ahmed
Dean, Dubai Medical College for Girls

A Brief Overview of the College

Twenty two years ago, establishing a world-renowned medical education institution for girls in the UAE seemed like an impossible dream. Yet, on August 1, 1986, our founder Haj Saeed Bin Ahmed Al Lootah accomplished that very goal and classes began at Dubai Medical College (DMC) with Professor Dr. Zahira H. Abdin as the founding dean. His visionary dream had become a reality.

The first class of students graduated in May 1991.

During these formative years, the College received substantial professional support and advice from the Leicester Medical School in the United Kingdom and the Cairo Medical School in Egypt. This international contribution combined with the faculty’s extensive experience led to the creation of an intensive curriculum that would incorporate the best of the world’s medical practices.
Since its inception, DMC has been fortunate in receiving help from the government of Dubai’s Department of Health and Medical Services under its former Director H.E. Dr. Juma Khalfan Balhoul. The department’s hospitals opened their doors and welcomed DMC students for clinical training. Our continued drive for excellence demands seamless integration between clinical and pre-clinical phases. In 2004, a Memorandum of Understanding was signed by DOHMS and DMC to secure this process.

What we now know, as an outstanding educational institution is a product of the cooperative solidarity of a group of people who put their heart and soul in it. Nearly two decades of academic distinction have made DMC a truly dynamic centre of higher education par excellence.

With over 900 graduates practicing medicine across the world and a campus that includes professors and students from over 30 different countries, DMC has earned a reputation as one of the best centres for medical education and a beacon of academic excellence.

**IMPORTANT MILESTONES**

1986 The first DMC students begin classes.
1989 DMC signs two agreements of scientific cooperation one with the University of Leicester, United Kingdom and one with the Cairo University of Egypt.
1991 Sheikh Mohammed bin Rashid Al-Maktoum, Crown Prince of Dubai & UAE Minister of Defence, graces the first DMC graduation ceremony.
1992 An evaluation team from Michigan State University, U.S.A., is sent to assess DMC by the Ministry of Higher Education and Scientific Research of UAE. The team approves of DMC and recommends that the College be granted accreditation.
1994 The Ministry of Higher Education and Scientific Research of UAE grants licensure to DMC’s Degree of Bachelor of Medicine and Bachelor of Surgery (MBBCh).
1995 The General Medical Council of Great Britain grants recognition to the MBBS degree awarded by DMC.
1996 DMC receives accreditation by the Ministry for Higher Education and Scientific Research with the recommendation of Michigan State University’s evaluating team.
Directory of Medical Schools as a recognized and accredited medical school.

2004 A Memorandum of Understanding is signed between the DHA and DMC for the integration of DMC.

2004 The Sheikh Hamdan Award for distinguished contribution to medical science is awarded to Haj Saeed Bin Ahmed Al Lootah, for founding Dubai Medical College.

2005 First Medical Education Symposium is conducted by DMC.

2006 DMC wins the Dubai Quality Appreciation Program (DQAP).

2008 DMC signs agreement with AIIMS, New Delhi for summer training program

2009 DMC makes UAE the first country to join the FAIMER network

2010 DMC wins the DEWA award

2011 Silver jubilee celebrations are graced by H.H. Sheikh Mohammed bin Rashid Al-Maktoum, Vice President of UAE and Ruler of Dubai

2011 DMC wins World Education Asia award

2011 Haj Saeed Bin Ahmed Al Lootah wins ‘Head of State Merit Award’ from H.H. Shaikh Khalifa Bin Zayed Al Nahyan, President of the UAE on 40th National Day of UAE, for his role played in building the nation.

2011 DMC participates in the WHO EMRO regional consultation for framing regional standards for medical education

WHITE COAT CEREMONY

This is the first day of students joining the college. They are formally welcomed as Dubai Medical College’s latest batch of medical students at the annual White Coat Ceremony. During this event, the students adorn their white coat, the symbol of clinical service and care, a cloak of their future profession and then take, in unison, the students oath. Haj Saeed, the founder of the college welcomes the students with an inspirational speech. This is followed by the dean’s speech and welcoming words by a senior student. Family and friends of the entering class of our new students are also welcome to join us for this special occasion. A reception follows the ceremony. After which students are given an orientation lecture by the dean. The students are then taken on a guided tour around the college campus. This event marks a milestone in the life of a student, making them in a few years time, a part of the legacy of the noble profession of medicine.
CODE OF CONDUCT

General and Islamic guidelines
As part of their Islamic Identity the students as well as lady doctors are expected to adhere to and demonstrate the following code of behaviour:
1. Keenness to perform acts of worship at proper intervals preferably as a congregation.
2. Pursuit of knowledge and fruitful work, without waiting for thanks from others, under the firm belief that Allah alone grants, gives reckons and rewards.
3. Adhering to Islamic dress and avoiding ostentation.
4. Doing one’s duty under the conviction that Allah is overseeing all our actions.
5. Realizing the value of time and observing punctuality in attending classes, laboratories, etc.
6. Exercising extreme devotion and patience in studies as well as in work.
7. Being honest to oneself as well as to others.
8. Making positive contribution to academic discussions and extending cooperation to colleagues in all situations and circumstances.
9. Maintaining tidiness of place and encouraging others to practise it.
10. Respect the dignity of others.
11. Practicing soul-searching in all of one’s doings and at all times with a view to correcting the mistakes, if necessary.
12. Observing humility and avoiding false pride.

Academic Honesty Guidelines
Students attending Dubai Medical College are awarded academic degrees in recognition of successful completion of course work in the study of medicine. Each individual is expected to earn her degree on the basis of personal effort. Consequently, any form of cheating on examinations or plagiarism on assigned papers constitutes unacceptable deceit and dishonesty. Disruption of the classroom or teaching environment is also unacceptable. This cannot be tolerated in the college community and will be punishable, according to the seriousness of the offense, in conformity with established rules and procedures.

1. Plagiarism - Plagiarism is defined as "literary theft" and consists of the unattributed quotation of the exact words of a published text, or the unattributed borrowing of original ideas by paraphrase from a published text. Plagiarism also consists of passing off as one's own, segments or the total of another person's work.
2. Cheating - Cheating is defined as: the unauthorized granting or receiving of aid during the prescribed period of a graded exercise.
3. Disruption of Academic Process - Disruption of the academic process is defined as the act or words of a student or students in a classroom or teaching environment, which in the reasonable estimation of a faculty member, disturbs the smooth proceedings of the course.
**Dress Code**

College of Medicine students, at all levels of education and training, are expected to maintain a proper professional image in their behavior and personal appearance at all times. Also white lab coats with name tags shall be worn by all students during practical classes.

**Computer use guidelines**

The computing facilities in the various colleges are a vital component of the academic environment. Each person using these computers must be considerate of other users. The purpose of these facilities is the support of teaching and research by its authorized users.

Activities that damage or impede the work of other users are of particular concern. Such activities are discourteous and illegal.

The U.A.E has laws which hold that unauthorized use (including accessing another user's account) leading to offenses against intellectual property and/or computer users, is a felony. Besides civil penalties that can include imprisonment of up to fifteen years and fines, the college and/or university may impose administrative penalties and sanctions against those found to have violated the law.

Computer use/misuse – college policies are explicit and any violation of these policies, to include hate mail, is totally unacceptable and will be dealt with accordingly.

**STUDENTS RIGHTS AND RESPONSIBILITIES**

**Statement of Students’ rights and responsibilities**

All students enrolled at DMC have a right to student-centred education, research and services in an environment free from threat, harassment and discrimination. They are responsible for ensuring that the institutional culture and their individual behaviour reflect the college values and regulations. Students are expected to positively contribute to the institution by maintaining high standards of integrity and academic honesty.

**Rights**

All Students enrolled at Dubai Medical College shall have the following rights:

1. Obtaining medical education and benefit by the advanced educational programs in a conducive educational environment.
   i. Attending theoretical and practical lessons and, while doing so, participating in purposeful academic and educational discussions, in a manner directed by the faculty member.
   ii. Participation in the student activities through the student union.
   iii. Benefiting from the services offered by the College, such as the library, the hostel, and the transportation, etc.
   iv. Receiving the identity card issued annually by the College as a proof of her being a student of the College.
v. Appearing in the exams and being subjected to evaluation in accordance with the College rules and regulations.

2. Students are entitled to respect in an educational environment which is free from threat, harassment, abuse or discrimination.

3. They are entitled to a clean, safe and adequate workplace.

4. Healthcare is provided in case of emergency, first aid and infection control. The College shall, however, not bear the expenses of all the treatment, except for transport from and to the place of treatment inside the city of Dubai.

5. Social care in the form of student counselling and mentorship is provided by the College.

6. Procuring residence visa necessary for non-nationals on the sponsorship of the College, as per the rules en force, provided the visa fees shall be paid by the student.

7. Obtaining the following certificates/testimonials:
   a. Annual certification of her being on the rolls of the College.
   b. Testimonial mentioning the academic level achieved by the student as per the format in use.
   c. Certificate of the tuition fees payable by her.
   d. Certificate of good conduct. This shall only be given to students who have not been penalized for acts violating integrity and honour.
   e. Graduation certificate (degree) on completion of all the requirements of graduation on the prescribed specimen and according to the rules and regulations in force.
   f. No-demand certificate from the College.

All the above mentioned certificates shall be issued in accordance with specimens and rules and regulations in vogue in the College and based on real facts about the student. First copy of all these certificates shall be issued free of cost, while other copies shall be issued against payment of charges to be fixed by the College. Stamped Photostat copies shall, however, be free of cost.

**Students’ Responsibilities**

A girl student is obliged to abide by the following:

1. To work for the accomplishment of the objectives of the College.

2. To ensure that her behaviour reflects the college values.

3. To strive for achieving the highest level of academic and professional knowledge, skills and attitudes.

4. To abide by the rules and regulations of the College.

5. To ensure that their actions are in accordance with general & Islamic guidelines, academic honesty guidelines and dress code.

6. To make positive contribution for improving the performance of the College and its development by offering written suggestions and opinions to the College.

7. To report any misconduct among themselves and to uphold the reputation of the college.
8. To ensure careful use of equipment in the college and to ensure that there is no violation of college property. Any theft or wilful destruction of the property of the college would be unacceptable and serious action would be taken against the person committing it.

STUDENT OATH

“I pledge to Allah and myself, to honour and uphold the values of DMCG:

I will perform all duties under the conviction that Allah is overseeing all our actions
I will work hard for the pursuit of knowledge without expecting worldly gains
I will respect those who teach me and in turn pass my knowledge on to my juniors
I will maintain modesty, humility, patience, sincerity and integrity in all my actions
I will respect the value of time and maintain punctuality
I will continuously seek to improve myself spiritually and professionally
I will execute all actions for the well-being of my patients, regardless of their religion, position or association
I will respect all patients’ privacy at all times
I will behave as a sister to all my colleagues
I will continuously seek to become all that Allah wants me to be”

POLICIES

Withdrawal policy
The policy deals with DMC students who leave through the processes of withdrawal, leave, dismissal, or discontinuation and who subsequently seek readmission to the College.

1. Withdrawal during the first-year of medical school.
   a. If withdrawal is required by a student, a written petition for withdrawal is made and approved by the Chief academic officer.
   b. If such a student wants readmission, an application for readmission is made in writing to the admission office.
   c. A student who withdraws in the first year of medical school for other than health reasons and wishes to return to the school must reapply through the regular first year admissions process as if she were a new applicant.
   d. If the student withdraws because of illness during the first year, she will be allowed to apply for readmission through a valid medical certificate. Permission to reapply does not guarantee readmission.

2. Withdrawal subsequent to completion of the first year of medical school.
   a. If withdrawal is required by a student, a petition for withdrawal is made and approved by the Chief academic officer.
   b. If such a student wants readmission, an application for readmission is made in
writing to the Admission office. This application must be accompanied by the relevant supporting documents, such as letters from the applicant’s physician(s), employer(s), etc.

c. Withdrawal may be offered to a student in good standing who has completed one or more years of medical school. Good standing designates any student not subject to probation or disqualification. Permission to reapply does not guarantee readmission. Each re-application will be considered on a case-by-case basis.

d. The student will be informed in writing by the college at the time of the withdrawal whether she will be permitted to re-apply and under what circumstances.

3. Any absence of more than 2 years will be considered as permanent withdrawal from college.

Leave of Absence from the college
1. Students may seek a leave of absence for a particular purpose, for a defined period of time and with the intention of returning to medical school. Returning from such an approved leave of absence requires a re-admission petition.

2. The Chief Academic Officer may grant a student up to a one-year leave of absence for personal, professional or medical reasons. This leave of absence may be renewed for up to one year at the discretion of the Dean in consultation with the Faculty Board.

3. The Chief Academic Officer may grant a student who is enrolled in a formal degree program at another university an extended leave of absence. The student must apply annually in writing for renewal of an extended leave of absence.

4. A student who is not enrolled in an external degree program and who requires a longer leave than two years, or who is denied an extension of her leave of absence, must petition for a withdrawal and is advised to consult with the Dean. If the student fails to obtain a withdrawal, the student will be discontinued.

Dismissal – Scholastic and/or Professional Disqualification
A. A student who is dismissed for academic reasons or because of professional disqualification is not eligible to apply for readmission.

B. Discontinuation
A student, who has been discontinued because of failure to report after a leave of absence or failure to register for any required term within one month of its beginning date, is not eligible for readmission.

Procedures for review of applications for readmission with Advanced Standing
A. A student who has withdrawn (but subsequently wishes to return to school) must apply for readmission in writing and submit the required information, as stipulated by the School of Medicine at the time of withdrawal, to the Dean.
A. A Committee for Admission will review each student’s written application for readmission in light of the entire record and including any required supporting documents. This Committee may recommend: 1) readmission without conditions; 2) readmission with conditions, 3) denial of readmission until further proof of readiness to return to school can be demonstrated; or 4) denial of readmission.

B. This Committee shall consist of the Dean, Chief Academic Officer, Head of Student Affairs committee, Head of Admission Committee.

C. Recommendations of this Committee are advisory to the Dean. The decision of the Dean for Education is final and no appeals are allowed.

Student Complaint policy
The college aims to provide a supportive environment for students and to be responsive to student concerns when they are raised.

It is recognised that in any organisation, problems may arise of a teaching-related or service-related nature. Those problems need to be addressed to ensure that normal high standards are maintained. Dealing with small problems or areas of concern as they arise will often prevent them becoming larger problems which are harder to resolve. Students are encouraged therefore, to raise any issues of dissatisfaction, at an early stage, so that they can be dealt with effectively. The college ensures to take seriously all issues that are raised and to deal with them through processes that are timely, fair, consistent and easy to follow.

The college defines a complaint as any specific concern about teaching-related or service-related provision. Students are advised to use the informal mechanisms for resolving such concerns before they invoke the formal complaints procedure. The informal processes are outlined below.

- Where a complaint is upheld, whether through an informal process or the formal procedure, appropriate redress will be determined and notified as part of the decision.

- Students will not be disadvantaged as a result of raising a matter of concern or of making a complaint provided if it is made in good faith. The college expects that students will not engage in frivolous complaint or make malicious complaints that are unfounded. The Dean may, if necessary, take action under the disciplinary code.

- Where a complaint is made against another person, the college is under a duty to act fairly towards both the complainant and that person and this duty must inform the procedure adopted by the college.

- It is important to seek advice if unclear about what steps to take. If the problem relates to teaching or other matters on a course or research program, students are advised to contact their mentors or the chief academic officer. They might do so directly or through their student representative.

- The responsibilities of the college are to ensure, as far as possible, that:
  - The process for responding to issues of concern or dissatisfaction raised by
students is clear. A written statement should be available in faculty and student manuals stating the procedures in place for resolving issues informally.

- Staff members are accessible and approachable if students wish to raise concerns.
- Student concerns are dealt with promptly, sympathetically and with respect for privacy and confidentiality.
- Issues are considered and outcomes reported in an appropriate manner, for example, through personal contact or via e-mail.

**Grievance Policy:**
There will be a committee to deal with grievances concerning the exam results brought forward by the students or their guardians. The Committee shall proceed as follows:

1) In case a student or her guardian feels grieved at the exam result he or she may apply to the Grievance Committee for review of the student’s result.

2) The Head of the Grievance Committee along with the Head of the Supervisory and Disciplinary Committee shall oversee the review of the result to ensure that:
   - Correction has been done according to the prescribed rules of the College.
   - All the questions have been correctly checked and duly compiled
   - In no case shall the answer book be shown to the student or her guardian.

3) If a mistake in checking or compiling is discovered, the result will be modified accordingly under the signatures of the Head of the Supervisory and Disciplinary Committee and approved by the Dean of the College.

In order to review, investigate and resolve allegations of any mistreatment in the classroom, clinic or hostel, a complaint policy has been established by DMC.

In the case of minor grievances, a verbal complaint may be placed to the mentor or the Chief academic Officer. If these cannot be resolved it may be made a formal complaint.

The complaint form has to be filled up and submitted to the dean.

**Disciplinary Policies**
Anyone of the following punishments may be imposed on the student in case she violates the rules and regulations of the College:

1. Attention notice by calling parents or guardian.
2. Warning
3. Ultimatum (final warning).
4. Debarring from the exam
5. Stopping studies for one academic year.
6. Rustication from the College.

**PROGRAM OVERVIEW IN THE PRECLINICAL PHASE**

**Objectives**
The program is designed to ensure the achievement of mission & vision of the college.
Daily routine and the weekly timetable are prepared at the end of the week and are distributed and put up on the notice boards and published on the college website (see time table - pg 19).

The whole course schedule and the yearly plan are all well organized in the Academic calendar which is also available on the college website.

**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.
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Prof. Dr. Mohamed Galal El-Din Ahmed  
Dean of Dubai Medical College for Girls
TEACHING PROGRAM DELIVERY

**Teaching Methods**
The methods used are the following:
1. Integrative method
2. Reinforcement method
3. Practical method

Teaching in the preclinical phase mainly utilizes lecture-based and practical methods. In addition to this, elective projects and assignments are employed to encourage development of independent study habits by the students. A proportion of the teaching hours has been replaced by newer techniques of teaching utilizing student centred learning methods.

**Lecture based-teaching**
Ongoing assessment of the effectiveness of program delivery is done by evaluation at the end of each lecture. The students are required to share in the lectures actively. Their suggestions are obtained during office hours. Feedback is obtained from the students at the end of the year in the form of a questionnaire.

**Elective Project or Students’ Seminar Presentation**
Elective project/ seminar is a component in which one or more students present a topic to other students, who then join in a discussion. Seminar presentation is compulsory in the second semester of the preclinical years and carries a weightage of 5%.

**Aim of Seminar:** Most students are nervous when they first have to speak in front of an audience, but with practice they can become effective presenters.

- Seminar presentation topics are set well in advance. Students may be permitted to choose the topic they will present, or a topic may be allocated to them.
- Students are given enough time to read about this topic generally.
- Each member in a group will choose to present one of main portions to be covered under this topic.
- Each member tries to collect information about the part she has to present from internet, medical journals and text books.
- Each group prepares review for the chosen topics.
- Each member presents her part of the topic in 10-15 minutes.
- Presentation is done in the form of PowerPoint presentation, videotape and/or slide projector presentation.
- Presentation must contain (Introduction 20%, Body 70% and Summary & Conclusion 10%).
- The last 15-20 minutes are kept for discussion.
- All steps for seminar preparation are under supervision of staff members.
- At the end, each member will be evaluated separately according to following scheme.

<table>
<thead>
<tr>
<th>Component</th>
<th>Mark Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation</td>
<td>25%</td>
</tr>
<tr>
<td>Review</td>
<td>50%</td>
</tr>
<tr>
<td>Discussion</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Total Marks</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Students' written Assignments
Objectives:
1. To correlate the scientific knowledge to its clinical application.
2. To develop the writing abilities.
3. To cultivate the habits of self study and collecting information from different sources.
4. Training of organizing thoughts and information then expressing them in a coherent style.

Guidelines:
1. The assignment should be written in 2-4 pages of A4 size. This should include the illustrations.
2. Illustration should not take more than 30% of the assignment size.
3. Quotes are allowed within the following limitations:
   a. Should appear between quotation marks.
   b. Should not exceed 50% of the whole text.
   c. Their references should be shown at the end of the assignment.
4. Emphasis should be given to the scientific basis of the topics and clinical applications.
5. Evaluation of the assignment will be based on the following:
   a. Coverage of the topic 20%
   b. Relevance of the information 20%
   c. Writing ability 20%
   d. Use of illustration 20%
   e. Discussion 20%

Student Centred Learning
Student centred learning is a form of education in which information is mastered in the same context in which it will be used. It is a student-driven process in which the students set the pace & the role of the teacher becomes one of a guide, facilitator & resource.
It is a method that encourages independent learning and gives students practice in tackling puzzling situations and defining their own gaps in understanding in the context of relevant clinical problems, hopefully making it more likely that they will be able to recall the material later in the clinical setting.
Student centred learning encourages students to become more involved in, and responsible for, their own learning, and most students and faculty report that this is a highly enjoyable way to learn and to teach.
This form of learning encourages students to develop generic skills and attitudes:
- Teamwork
- Chairing a group
- Listening
- Recording
- Cooperation
- Respect for colleagues' views
- Critical evaluation of literature
- Self directed learning and use of resources
- Presentation skills
Advantages of Student Centred Learning:

- **Student centred learning (SCL)** - It fosters active learning, improved understanding, retention and development of lifelong learning skills.
- **Generic competencies** - SCL allows students to develop generic skills and attitudes desirable in their future practice.
- **Integration** - SCL facilitates an integrated core curriculum.
- **Motivation** - SCL is fun for students and tutors, and the process requires all students to be engaged in the learning process.
- **“Deep” learning** - SCL fosters deep learning (students interact with learning materials, relate concepts to everyday activities, and improve their understanding).
- **Constructivist approach** - Students activate prior knowledge and build on existing conceptual knowledge frameworks.

Student-centred Teaching methods

Since student-centred learning has many advantages, newer methods of teaching have been adopted.

1. **Problem-based learning (PBL)**: in 2 separate sessions & in the presence of facilitators.
2. **Case-based learning (CBL)**: through presentation of cases either by the student or the lecturer.
3. **Small Group discussions (SGD)**: The topic is covered in small groups comprising of not more than 10 students with each faculty member.
4. **Panel Discussion**: At the end of each module a panel discussion is held for 1 hour. For this a case is posted for the students on the DMCG forum. The students then write answers for it. These answers are analyzed by the panel (consisting of the Heads of Department) in the discussion. Student can also clarify their doubts during this session.

Remedial classes

- Each department is requested to use the analysis of the results of oral and written examinations to locate the areas of weakness in the delivered courses. If >60% of the students failed to answer the questions covering a certain point in the curriculum, this point is considered weak and needs remedy.
- The design of the remedial course should include:
  1. Objectives
  2. Selection of target (Failures <60% and at risk students <70%)
  3. Course content
  4. Duration of the course (hours)
  5. Methods of course delivery (student-centred or tutor-centred).
  6. Time of course delivery.
- The hours allotted to each remedial course are included in the timetable according to the office hours of each tutor.

This was put forward to the Institutional effectiveness unit and Faculty Board and approved for amendment. This amendment has been made to the program delivery procedure of the Procedure Manual to communicate with the faculty.
STUDENT ASSESSMENT

Examination and Assessment
Our Goals of Assessment and Examination are meant to determine the academic level of a student’s achievement in both the theoretical and practical aspects of the subject on completion of the prescribed syllabus. This will enable the authorities monitoring the performance of the students to decide as to whether or not the student concerned should be passed on to the next class. It also aims at ascertaining the effectiveness of the prescribed courses in achieving the goals of the College as well as in producing capable students with sharpened skills so that they may take their due place in the job market with competence comparable to graduates of other universities and institutions.

Rules to be followed in the Examination Hall:
1. No mobile phones are allowed in the exam hall. The student will be prevented from taking the exam if found to be carrying a mobile phone.
2. Students are required to bring their ID cards to the exam hall.
3. Their names and ID nos. should be entered only on the name slips on the answer books.
4. Students are required to bring all stationery needed by them. They are not allowed to borrow stationery in the exam hall.
5. Students should not write anything other than the answers in the answer books.
6. Students are instructed not to write any prayer or anything that might indicate the identity of the candidate.
7. Answers should be only on answer books and answer sheets. If answered on question papers, they will not be valued unless specified otherwise.
8. Answers may only be inked in black or blue. Pencil and other colours may only be used for drawing.
9. Students should not remove any paper from the exam hall or add any paper to the answer book.
10. No student shall be admitted to the examination hall after a passage of ten minutes from the scheduled start of the exam, except with the permission of the Dean of the College.
11. The Dean may order a special exam supervisory arrangement in exceptional cases, such as fracture due to which the student is rendered unable to write her own exam provided the arrangement is done inside the College and concurrently with the general exam.
12. The student may be allowed to go to the bathroom in the company of one of the invigilators. It must, however, be ensured that she carries no paper or mobile phone or any other material with her.
13. Students will not be allowed to quit the exam hall before half of the allotted time for exam has passed.
14. Any incidence of cheating or attempted cheating or disturbance during the exam will be reported to the Head of the Surveillance Committee.
EXAMINATIONS IN THE PRE-CLINICAL PHASE

In the first year:
In the first semester Computers & Medical Terminology Exams are conducted after completion of the respective courses. There are mid-semester exams (only written exams) for Anatomy, Biochemistry, and Community Medicine. At the end of the semester there are mid-year exams (only written exams) for Histology and Physiology, and final exams (written, oral & practical) for the rest of the subjects.

In the second semester there are mid-semester exams (only written exams) for Anatomy, Biochemistry, and Immunology. At the end of the semester there are final exams (written, oral & practical) for all the subjects.

In the second year:
In the first semester there are mid-semester exams (only written exams) for all the subjects except Biochemistry. At the end of the semester there is a mid-year exam (only written exam) for Biochemistry and final exams (written, oral & practical) for the rest of the subjects.

In the second semester, there are 2 mid-semester exams in the form of comprehensive exams for Cardiovascular and Respiratory modules. At the end of the semester, there are final exams (written, oral & practical) for all the subjects.

In the third year:
In the first semester, there are 2 mid-semester exams in the form of comprehensive exams for Neurosciences module and Endocrine & Reproductive system modules. At the end of the semester, there are final exams (written, oral & practical) for all the subjects.

Marks Distribution in the Pre-Clinical Phase

Final Exam

1. Written Exam: 35% of the total marks of the subject
2. Oral and Practical Exams: 35% of the total marks of the subject provided that the distribution should be done according to the regulations particular to each subject.

1. Subjects requiring oral and written exams only:
   1. Internal assessment: 30% of the total marks of the subject, to be distributed as spelt out previously.
   2. Written Exam: 50% of the total marks of the subject.
   3. Oral Exam: 20% of the total marks of the subject.

2. Subjects requiring written exam only:
   1. Internal assessment: 30% of the total marks of the subject, to be distributed as spelt out previously.
   2. Written Exam: 70% of the total marks of the subject.

Rules of Compilation of Grades:

1. A student shall be considered successful in a subject if she scores a minimum of 60% of the total marks.
2. Scoring a minimum of 30% marks in the written exam by a student would be an essential requirement for totalling the grades in the subject concerned. Failure to do so shall put her in the ‘failed’ category and give her the ‘extremely weak’ status in the subject.
3. The student’s case shall be referred to the Faculty Board for award of the required grace marks if she falls short by two % each in a maximum of two subjects or of four % in a solitary subject.

The following shall be the scale of grades
- Pass: 60% to 64.9%
- Good: 65% to 74.9%
- Very Good: 75% to 84.9%
- Excellent: 85% or more

4. In the event of a candidate’s failing in subjects requiring more than one final exam during one academic year, she will have to re-sit in all the prescribed portions of the subject. And in case where the existing rules permit the student to be sent up to the next class, in spite of her failure to clear one subject or more, the student shall take the exam in the subject/subjects thus remaining to be cleared, as per the exam schedule fixed for the subject/subjects for the year from which she was promoted. No grades for internal assessment for the subject/subjects concerned shall, however, be taken into account in that case.

Re-examination:
1. A student failing in any subject will be allowed to re-sit for the examination. If she passes the examination, she will only be awarded 60% of the total marks in the subject. There is only one re-sit attempt. Should a student fail her re-sit attempt, she will be forced to repeat the year. Should she fail a subject during her repeat year, she will be asked to leave the school.

2. Students must pass all subjects in a particular year to pass to the next year.

3. In the re-sit exam:
   i. Candidate’s Internal assessment grades shall not be taken into consideration.
   ii. In case of passing, only the minimum pass marks shall be allotted to her unless the re-sit was necessitated for acceptable and genuine reasons, in which case grades actually scored by her shall be credited to her account.
   iii. Maximum attempts allowed to a candidate in a subject shall be four. In the event of her failure to clear the subject in these attempts, her name shall be struck off the rolls of the College.
   iv. A student repeating the year shall be treated like a new entrant except in the matter of total marks in the subject concerned for which she will only be allotted the minimum pass marks unless the repeat exercise was necessitated by an acceptable reason in both the regular and re-sit exams.
   v. The re-sit exam shall be held in the courses prescribed for the academic year in which the exam is being held.

Announcement of Results:
1. Exam results shall be announced at the end of the exams or at the end of each semester.
2. Exam results shall be put up on the notice board of the College concerned as well as on the website of the College. The website shall contain only the ID Nos. of the students without mentioning their names.
3. Results thus advertised shall be considered as enough evidence that the students have been duly notified.

4. Result of the student not clearing up her College dues in part or in full shall be withheld.

**Inability to Take the Exam:**
1. In the event of the student’s inability to take the exam the reason or excuse shall be brought to the notice of the College Dean within 24 hours of the scheduled examination.

2. No excuses for non-appearance at the exam shall be entertained except in the following cases:
   i) The student having being admitted as an indoor patient in a hospital.
   ii) In case of the death of one of the student’s next of kin, not more than one week before the scheduled date of the exam.
   iii) Emergencies, such as the candidate having met with an accident that renders her unable to take the exam provided that she submits a formal report certified by the competent authority.

3. If the excuse given by the student is accepted, she shall be allowed to take her exam in the subject concerned along with the re-sit exams on the following terms:
   i) All the three parts of the exam- written, oral and practical- shall have to be gone through.
   ii) The student shall get the grades she actually scores in the re-sit exam.

**Punishable Offences:**
1. If the faculty has detected any of the following offences, it has to be brought to the notice of The Head of Control of Examinations. Head of the Surveillance Committee (Head of Control) shall deny entry to a student into the exam hall in the following situations:
   i) Reporting more than ten minutes late for the exam.
   ii) Should she insist on carrying a mobile phone with her.
   iii) Should she neglect the rules for wearing the Islamic dress and refuses to relent.

2. Head of the Surveillance Committee (Head of Control) shall order a student out of the room during the exam in the following situations:
   i) If her behaviour creates difficulties or obstacles in the smooth conduct of the exam for other students.
   ii) If her physical condition does not allow her to continue with her exam.

3. If a candidate is caught cheating or making an attempt at cheating:
   i) Head of the Surveillance Committee (Head of Control) shall order her out of the examination hall.
   ii) Head of the Surveillance Committee (Head of Control) shall submit a report to the College Dean about the incident with the evidence of cheating or attempted cheating in support.
   iii) The student caught in the physical act of cheating or attempted cheating shall be brought before the Disciplinary Committee comprising the Dean of College and two
faculty members. At least one of them must be a lady.

iv) The Disciplinary Committee shall examine the captured cheating or attempted cheating material as well as the report of the Head of the Supervisory and Disciplinary Committee.

v) The Disciplinary Committee shall question the student about the details of cheating or attempted cheating.

vi) The Committee may call witnesses and get their version.

vii) If the charge of cheating is proved, the Committee shall take the decision to expel the student from the College for one or two years provided it is the first instance for the candidate, with the approval of the College Council. If, however, the student is caught cheating the second time, she shall be permanently expelled from the College.

viii) In case the charge proved is of ‘attempted cheating’ the Disciplinary Committee shall take a decision to deprive her of all the previous and forthcoming exams of the semester, and an indication to this effect shall be made in the result. This will mean her deprivation from the exam. The decision shall be referred to the College Council for ratification.

Expulsion from College and Detention from Final Exam

A student shall be expelled from College in the following cases:

1) If she is proved guilty of a major violation of the prevailing rules and regulations of the College provided that the offence is documentarily proved after giving her the right of defence.

2) If she repeatedly fails, i.e. four times, in one subject or more.

3) If the general average achieved by her in the final exam in the first academic year is below 30%.

4) If the charge of cheating in the final exams is proved against her.

Readmission of Expelled Students

Readmission shall not be granted to a student expelled under the provisions given above.

Debarring Students from final exams:

A student shall be debarred from the final exams in the following situations:

1. If the charge of cheating or attempted cheating in the exam is proved against her as per the rules contained in Article 1 of the Charter.

2. Absence from theoretical lectures and practical periods, in keeping with the following rules:

If the student absents herself from theoretical or practical lessons whether in one sequence or at different times during a particular semester, without an acceptable reason, she will be processed against in the following manner:

i. First warning shall be given to her in case of missed classes of 7% or more.

ii. Second warning shall be given to her in case of missed classes of 12% or more.
The student shall, however, be debarred from the examination if the number of missed classes is 20% or more.

Promotion to the Next Class and Graduation

Students must pass all subjects in a particular year to be promoted to the next year. On request, the student may be given a testimonial affirming her academic level. In case the student has successfully completed all the requirements of graduation, she will be granted the first University Degree Bachelor of Medicine and Bachelor of Surgery for the graduates of the Dubai Medical College.
### Hours distribution in the Pre-Clinical Phase:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Subject</th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Hours</td>
<td>Marks</td>
</tr>
<tr>
<td>1</td>
<td>Anatomy</td>
<td>354</td>
<td>360</td>
</tr>
<tr>
<td>2</td>
<td>Histology</td>
<td>172</td>
<td>150</td>
</tr>
<tr>
<td>3</td>
<td>Physiology</td>
<td>321</td>
<td>360</td>
</tr>
<tr>
<td>4</td>
<td>Biochemistry</td>
<td>220</td>
<td>220</td>
</tr>
<tr>
<td>5</td>
<td>Pathology</td>
<td>220</td>
<td>220</td>
</tr>
<tr>
<td>6</td>
<td>Immunology</td>
<td>146</td>
<td>150</td>
</tr>
<tr>
<td>7</td>
<td>Parasitology</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>8</td>
<td>Pharmacology</td>
<td>205</td>
<td>220</td>
</tr>
<tr>
<td>9</td>
<td>Community Medicine</td>
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<td>120</td>
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<tr>
<td>10</td>
<td>Islamic Fiqh</td>
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<td>Grand Total</td>
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<tr>
<td>11</td>
<td>English</td>
<td>18</td>
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<tr>
<td>12</td>
<td>Computer</td>
<td>15</td>
<td>50</td>
</tr>
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</table>
**Marks Distribution in the pre-clinical phase**

Total marks of each subject for that semester are distributed as follows:
- Internal Assessment - 30%
- Oral & Practical – 35%
- Written (MCQs & Accounts) – 35%

<table>
<thead>
<tr>
<th>Subject</th>
<th>First year</th>
<th>Total</th>
<th>Second year</th>
<th>Third year</th>
<th>Pre-clinical Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First semester</td>
<td></td>
<td>Second semester</td>
<td></td>
<td>First semester</td>
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<tr>
<td>First year</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1 Anatomy, Embryology</td>
<td>54</td>
<td>112</td>
<td>166</td>
<td>45</td>
<td>72</td>
</tr>
<tr>
<td>2 Histology</td>
<td>65</td>
<td>65</td>
<td>65</td>
<td>31</td>
<td>22</td>
</tr>
<tr>
<td>3 Physiology</td>
<td>90</td>
<td>90</td>
<td>90</td>
<td>50</td>
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</tr>
<tr>
<td>4 Biochemistry</td>
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<td>105</td>
<td>190</td>
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</tr>
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<td>5 Microbiology</td>
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<td>63</td>
<td>36</td>
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<td>6 Pathology</td>
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<td>100</td>
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<td>7 Pharmacology</td>
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<td>65</td>
<td>85</td>
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<tr>
<td>8 Parasitology</td>
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<td></td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>9 Community Medicine</td>
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<td>53</td>
<td>53</td>
<td>34</td>
<td>33</td>
</tr>
<tr>
<td>10 Fiqh Islami</td>
<td>50</td>
<td>50</td>
<td>100</td>
<td></td>
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</tbody>
</table>

not Taught
have only one semester
STUDENT SERVICES

Student Advising Services:

6-8 students are allotted per faculty member for academic advising. The faculty member serves to establish good rapport with students. A rota is prepared by the chief academic officer for spending break time and office hours with the students. In addition, the faculty member arranges regular meetings and prepares report which is submitted to the chief academic officer. All fulltime faculty members may be mentors in case of the preclinical phase. The team being mentored by the particular faculty member hold regular meetings. These groups are envisaged to be focus groups for obtaining student perception regarding key processes in the college.

► Topics of discussion:

- Mental health counseling.
- Personal or academic or health matters.
- Grievances of students.
- Stress Management.
- Performance in exams and class assessments.
- Seminar preparation.

The report about all the members of the team is prepared by the mentor and submitted to the Dean every semester. If it is seen that there is a sudden deterioration in the performance of a student, a special report is requested from the mentor concerned. This report is placed before the Faculty Board for implementation of suggested corrective action. Intimation to the parents and psychological advice may be recommended.

Student Counselling Services

If a student requires counseling regarding personal, social or psychological problems, she is referred to a student counsellor, who is appointed on a part-time basis. The counsellor provides mental health and personal counseling. The counsellor is a qualified psychology graduate with at least 2 years of prior experience in counseling students in a professional course.

The counsellor will be available in the college three days per week. The students may be referred to the counsellor, by their advisors or they may drop by the office to discuss their issues. The counsellor provides a report on her activities every semester. In case of urgent referrals, the students may be sent to the Rashid Hospital Psychiatry department for management.

Student Career Planning Services

Career Planning Committee will be performed, under the name of Career Guidance Cell which is formed by staff members and student representatives in addition to External Guide.

Objectives:

a. Awareness of opportunities
b. Prepare for it.
c. Market the college

d. Link with other universities

e. Counselling for postgraduate studies.

Meetings will be arranged and details will be discussed.

**Student Support Services**

- College is providing the students many support facilities which are provided either freely or chargeable accordingly.

<table>
<thead>
<tr>
<th>Free</th>
<th>Chargeable</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Resting Room</td>
<td>• Transportation</td>
</tr>
<tr>
<td>• TV Facility</td>
<td>• Hostel</td>
</tr>
<tr>
<td>• Computer Lab</td>
<td>• Food services</td>
</tr>
<tr>
<td>• Library</td>
<td>• Sport facilities</td>
</tr>
<tr>
<td>• Study room</td>
<td>• Lockers</td>
</tr>
<tr>
<td>• Student union room</td>
<td>• Mini market</td>
</tr>
<tr>
<td>• DMC website forum</td>
<td></td>
</tr>
</tbody>
</table>

**Spiritual Facilities**

- The College provides a Mosque. In addition, it regulates Islamic Lectures which are presented by external Lecturer, as well as visiting of culture Islamic centers e.g. women culture Islamic center.
- Trips are prepared twice in a semester by the student union.

**Student Health Services**

The College provides primary health care through its well equipped clinic in ordinary cases. If however, the case is serious, the patient is transferred to the Healthcare clinic or to a government hospital.
Student Union

1. **Union:** It is a Union composed of the Chairperson of the Union, General Secretary, Assistant General Secretary, and the Secretaries of the Union Committees of the Dubai Medical College for Girls, elected through a free and secret vote by the students.

2. **Union President:** The term refers to one of the students who has been elected to that office from amongst the students of the Dubai Medical College for Girls.

3. **Union Vice-President:** The term refers to one of the students who has been elected to that office from amongst the students of the College of Medicine.

4. **Union General Secretary:** The term applies to one of the students elected to that position from amongst the students of the Dubai Medical College for Girls.

5. **Union Committees:** The term applies to (i) Educational Trips Committee, (ii) Religious, Cultural and (iii) Scientific Committee, and (iii) Arts and Media Committee. Each Committee shall have a head to be elected to the position by the students the Dubai Medical College for Girls.

Function of student union committee

1. **Management inputs**
   a. Provide inputs for review of the strategic plan of the college.
   b. Feedback regarding review of mission and vision of the college.
   c. Provide feedback of the students regarding areas of improvement.

2. **Events Coordination Committee:**
   a. To propose trips, functions and special occasions the students want to undertake or hold.
   b. To coordinate and organize the introduction meets on the commencement of the New Year for the new students in the College.
   c. To organize educational and recreational trips on an average of at least one in each term outside the Emirate of Dubai, and one in each term inside Dubai.
   d. To organize the graduation ceremony in cooperation with the graduates.
   e. To arrange the end-of-the year function.

3. **Religious, Cultural, Scientific Committee:**
   a. To propose and hold religious, educational and cultural contests in coordination with the students of the Dubai Medical College.
   b. To prepare religious, cultural and educational wall newspapers.
   c. To propose and organize Islamic, educational and cultural talks.

4. **Arts and Media Committee:**
   a. To organize art competitions on subjects decided by the Union.
   b. To publish informative handouts for creating consciousness about healthcare and the safety of environment.
   c. To contribute to wall newspapers and cultural magazines highlighting information and news about the College.
d. To highlight information about the College activities through various newspapers, magazines and other means of mass communication.

A. Composition of the Union:
1. The Union shall be composed of the following:
   a. Union President.
   b. Union Vice-President.
   c. Union General Secretary.
   d. Union Assistant General Secretary.
   e. Secretaries of the Union Committees.
2. The Union shall meet at least six times in a year on the invitation of the Union President, in coordination with the Union General Secretary, or on the request of two thirds of its members.
3. It shall discuss the items on the agenda of the meeting and issue its recommendations and resolutions.
4. It shall monitor the implementation of its earlier resolutions, in each meeting.
5. It shall decide about the allocation of funds about the activities of the Union and send its recommendations to the Management of the two Colleges for necessary Provision.

B: Tasks and Functions of the Members of Students’ Union:

i. Union President:
   a. To preside over the meetings of the Students’ Union.
   b. To prepare the agenda of the Union’s meetings with the cooperation of the General Secretary, and send out invitations for the Union meetings.
   c. To oversee the implementation of the Union’s resolutions with the cooperation of the General Secretary.
   d. To oversee, in conjunction with the secretary, the expenditure on the Union’s activities out of the funds allocated for the purpose.

ii. Union Vice-President:
   a. To officiate for the President in her absence and discharge all her functions.
   b. To assist the Union President in the discharge of her duties and functions.

2. Union General Secretary:
   a. Shall be appointed for the secretarial work of the students’ union.
   b. Shall perform the job of coordinating the various activities of the Union.
   c. Shall forward the proposals aimed at activating the Union Committees.
   d. Shall be answerable to the Union for the implementation of the Union’s resolutions.
   e. Shall coordinate between the activities of the Dubai Pharmacy College and the Dubai Medical College for Girls.
   f. Shall maintain the documents and the proceedings of the Union’s meetings.

3. Assistant General Secretary of the Union:
   a. Shall officiate for the Secretary General in her absence.
b. Shall assist the Secretary General in coordinating the various activities of the Union.

c. Shall assist the Secretary General in collecting the suggestions of the students.

d. Shall be in-charge of the union funds.

4. Secretaries of Union Committees: Each Secretary of the Union Committee shall perform the duties particular to the Committee of which she is the Secretary as specified under Article (3) of this Chapter. She can co-opt any student from amongst the students of the college that has the willingness and the capacity to assist her for the performance of the functions of the relevant committee.

Students’ Union Elections

1. The College Administration shall issue a notification for the constitution of an Election Committee for the Students Union within a maximum of two weeks’ time from the start of studies.

2. The Committee shall organize free and secret elections for choosing the Union and all its office-bearers, namely (i) The President, (ii) The Vice-President, (iii) The General Secretary, (iv) The Assistant General Secretary, and (v) Secretary for each one of the Union Committees.

3. Each student enrolled in the College shall be entitled to contest for any one of the offices of the Union.

4. Counting of votes and the invalid votes shall be rejected.

5. Election results shall be announced by the Election Committee on the same day.

6. A candidate may be elected to any office unopposed.

7. The term of office for the Union of both – The Dubai Pharmacy College and the Dubai Medical College for Girls shall be one academic year.

For more details see Student Union Manual
FACILITIES

TEACHING FACILITIES AT THE COLLEGE CAMPUS

The following facilities are available at the College:

1. Lecture Halls
   There are 6 lecture halls all of which are duly equipped with state of the art audio-visual aids and wireless network access.

2. Laboratories
   We have 9 state-of-the-art laboratories for our students.
   1. Biochemistry Laboratory:
      This facility is equipped with:
      - Equipment for training on laboratory diagnostics such as balances, centrifuge machines, ovens, water baths, a pH meter, a thermal cycler, an electrophoresis, a UV camera, spectrophotometers and so forth.
      - Reagents, chemicals, glassware and pipettes necessary for biochemical and molecular tests and experiments.

   2. Histopathology Laboratory:
      This facility is equipped with par-focal, illuminated, binocular microscopes for each student, binocular teaching microscopes and explanatory slides on various body systems for the study of diseases. Microtome has also been made available for the preparation of slides.

   3. College Museum:
      This facility is equipped with gross specimens of different organs.

   4. Anatomy Laboratory
      This facility is equipped with cadavers preserved in formalin in addition to plastinated organs, plastinated sections, plastic models, human bones, skeletons, X-rays, CT scans & MRI's and interactive audiovisual aids.

   5. Histology Laboratory
      This is another laboratory which is equipped with par-focal, illuminated, binocular microscopes for each student, accompanied by explanatory slide packages.

   6. Physiology Laboratory
      This facility is equipped with state of the art teaching facilities like Power Lab software, a Bio Pack System, ECG apparatus, Stethoscopes, Haemocytometer, Respirometer, Sphygmomanometer, Oscillograph, Westergreen tubes, Korr system, cardiac monitor, Life form with speaker, Coagulometer, Snellen chart, Treadmills, Ishihara chart and Kymographs.
7. Pharmacology Laboratory
This facility is equipped with power lab and PCCAL companion software. The lab is also equipped with an electrical pressure calibrator, a dbl tissue bath set, a mammalian heart perfusion isolator and hot plates.

8. Microbiology and Parasitology Laboratory
This facility is equipped with sterilization devices, incubators, ovens, centrifuges, microbe culturing plates, culturing media, light microscopes, explanatory slides and videos for practical sessions.

9. Molecular Biology Laboratory
This facility is well equipped to conduct tests like PCR, ELISA, and Western Blot.

3. Library
The preclinical library is equipped with a reasonable collection of medical textbooks, journals, periodicals and internationally peer-reviewed literature. Wireless access and computerized literature search facilities are also provided. An attached study room is available for students wishing to study on campus.

4. Computer Department:
The computer lab is equipped with 30 computers and teaching aids. ICDL training is provided in this facility.
Staff computers are regularly updated to provide the latest resources in information technology. This gives our teaching staff access to libraries and universities worldwide. Major medical periodicals are available in digital format.
Student Support Facilities

1. Transportation
Daily transportation facilities are available for close destinations. Every weekend (Thursday) buses take students staying at the hostel back to their homes in Abu Dhabi, Fujairah, Ras Al Khaimah and Al Ain and bring them back to the College on the next working day.

2. Leisure Corner
The College provides a spacious relaxation corner, a mini-mart and a cafeteria.

3. Student Lounge
A plush resting area located around the round hall allows students to rest and relax during their intervals.

RECREATIONAL FACILITIES
It is our desire to help students develop coordination and self-confidence. Our international fitness centre is located beside the campus of DMC and offers recreational services at a reduced rate. Amenities include a gymnasium; equipped with various exercise machines, table tennis, and a swimming pool. Professional instructors are also available for personal training.

HOSTEL FACILITIES
Hostel facilities include boarding rooms, study rooms, a restaurant and a mosque. The cozy single and double boarding rooms are furnished with all basic amenities. The hostel facility is provided to all external and UAE candidates, except those belonging to Dubai, Sharjah, and Ajman. All relevant information for those interested in boarding is included in the application form.
<table>
<thead>
<tr>
<th>S. No.</th>
<th>Faculty Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>1</td>
<td>Prof. Mohamed Galal- ElDin</td>
<td>Dean of DMC, Head of Anatomy Dept.</td>
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<tr>
<td>2</td>
<td>Prof. Shefaa M. Gawish</td>
<td>Professor of Anatomy Dept.</td>
</tr>
<tr>
<td>3</td>
<td>Prof. Neveen Salah ElDin</td>
<td>Professor, Head of Biochemistry Dept.</td>
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<tr>
<td>4</td>
<td>Dr. Naglaa Rafat</td>
<td>Assistant Prof. of Biochemistry</td>
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<tr>
<td>5</td>
<td>Prof. Fathya Ali Byomy</td>
<td>Head of Pathology Dept. &amp; Chief Academic Officer</td>
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<tr>
<td>6</td>
<td>Dr. Farah Basil</td>
<td>Assistant Prof. of Pathology.</td>
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<td>7</td>
<td>Prof. Mervet Kamel El Said</td>
<td>Head of Pharmacology Dept.</td>
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<tr>
<td>8</td>
<td>Prof. Nadia Mahmoud Mohamed</td>
<td>Head of Histology Dept.</td>
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<td>9</td>
<td>Dr. Abeer Abdel Moneim</td>
<td>Assistant Prof. of Physiology Dept.</td>
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<td>10</td>
<td>Dr. Dalia Abdulsalam</td>
<td>Assistant Prof. of Physiology Dept.</td>
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<tr>
<td>11</td>
<td>Prof. Majeda Abdelrahman</td>
<td>Professor, Head of Microbiology Dept.</td>
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<tr>
<td>12</td>
<td>Dr. Marwa Mahmoud</td>
<td>Assistant Prof. of Community Medicine</td>
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<tr>
<td>13</td>
<td>Dr. Doa’a Sultan</td>
<td>Associate Prof. of Parasitology</td>
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<tr>
<td>14</td>
<td>Dr. Fouzia Shersad</td>
<td>Teaching Assistant</td>
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<tr>
<td>15</td>
<td>Dr. Hajer Nasar Sheikh</td>
<td>Assistant Lecturer</td>
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<tr>
<td>16</td>
<td>Dr. Islam Jabber</td>
<td>Teaching Assistant</td>
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<tr>
<td>17</td>
<td>Dr. Iman Irfan Abdeen</td>
<td>Teaching Assistant</td>
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<tr>
<td>18</td>
<td>Dr. Sadia Jamel</td>
<td>Teaching Assistant</td>
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<td>19</td>
<td>Dr. Haya Al Shawa</td>
<td>Teaching Assistant</td>
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<td>20</td>
<td>Dr. Heba Faiz Al-Samman</td>
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<td>21</td>
<td>Dr. Haidy Magdi</td>
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<td>22</td>
<td>Dr. Heba Ismail</td>
<td>Teaching Assistant</td>
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<td>23</td>
<td>Dr. Sara Hamza</td>
<td>Teaching Assistant</td>
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<tr>
<td>24</td>
<td>Dr. Jenan Al Bayeat (partime staff)</td>
<td>Lecturer Islamic Fiqh</td>
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<tr>
<td>25</td>
<td>Dr. K.P. Safeeya (partime staff)</td>
<td>Lecturer Islamic Fiqh</td>
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<td>1</td>
<td>Prof. Dr. Mohammad Galal El-Din Ahmed</td>
<td>Dean</td>
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<tr>
<td>2</td>
<td>Prof. Dr. Fatehia Aly Bayoumy</td>
<td>Academic Officer</td>
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<tr>
<td>3</td>
<td>Abdul Hafeez Zafar</td>
<td>Librarian</td>
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<td>4</td>
<td>Bushra</td>
<td>Asst. Librarian</td>
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<td>5</td>
<td>Mutaz Mohamed Osman Hamrour</td>
<td>Educational Media Unit</td>
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<tr>
<td>6</td>
<td>Mervet Mohd Yousif</td>
<td>Dean's Secretary</td>
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<tr>
<td>7</td>
<td>Khan Fayyaz</td>
<td>Lab Technician</td>
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<tr>
<td>8</td>
<td>Sahar Al-Hanan</td>
<td>Lab Technician</td>
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<tr>
<td>9</td>
<td>Sumaiya Abdus Samad Muhammad</td>
<td>Students Affairs</td>
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<tr>
<td>10</td>
<td>Sarah Abdus Samad Muhammad</td>
<td>Receptionist</td>
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<tr>
<td>11</td>
<td>Sahar</td>
<td>Accountant</td>
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<tr>
<td>12</td>
<td>Haleema Shahada Haj Ali</td>
<td>Hostel Warden</td>
</tr>
<tr>
<td>13</td>
<td>Sania Hassan Khalil Soliman</td>
<td>Hostel Warden</td>
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PROGRAM OVERVIEW IN THE CLINICAL PHASE

Clinical Phase of DMC

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 her to identify, analyze and manage clinical problems in order to provide efficient, cost-effective, and humane 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 her 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 hospital and in Primary Health Care settings.

Clinical Training
The clinical phase of the course of medicine at Dubai Medical College is taught and practiced at the hospitals and clinics of the Department of health and medical services of Dubai (The DOHMS).

There is a clinical faculty building in the Rashid hospital campus that houses
- The office of the dean,
- The administrative offices of the departments of medicine, surgery, paediatrics and obstetrics and gynecology
- The secretaries’ pool
- An office devoted to the MRCP (UK) examinations
- Two lecture rooms
- Two seminar rooms
- Three tutorial rooms
- Store rooms

Transfer from the preclinical to the clinical phase:

Students can only proceed and enroll in the clinical phase of their studies if they have passed all the examinations relevant to the subjects taught in the preclinical phase. No exception is made to this rule.

Students, who have been successful in their preclinical studies, will have to enroll with the clinical faculty at a time which will be announced and displayed on appropriate notice boards in the preclinical college and in the clinical faculty at the faculty building on the Rashid Hospital Campus. The maximum number of students that can be transferred from the preclinical to the clinical phase is 60 at any one time. This number has to be kept in mind during the initial enrollment.

The Clinical faculty in the DHA

Purpose statement of the Clinical Faculty

The clinical faculty’s aims are to
1. Introduce the students to the clinical setting
2. Impart to them the skills of history taking and examination.
3. Introduce them to the ethical and professional principles that underpin the practice of medicine
4. Teach the students the basics of communication skills
5. Teach the students core knowledge of theoretical and practical clinical medicine that will allow them to become well functioning junior doctors, able to contribute to the care of patients under supervision during their internship period, where they will be working as part of a medical team.

The Clinical Faculty

The clinical faculty is divided into 5 Departments with various sections.

The Departments are

1. The Academic Department of Medicine which includes the following sections
   - General medicine
   - Cardiology
   - Respiratory medicine
   - Gastroenterology
   - Infectious diseases
   - Haematology
   - Rheumatology
   - Renal medicine
   - Endocrinology
   - Dermatology
   - Psychiatry

2. The Academic Department of Surgery which includes the following sections
   - General surgery
   - Trauma and orthopaedics

3. The Academic Department of Paediatrics which includes the following sections
   - General paediatrics
   - Neonatology
   - Genetics

4. The Academic Department of Obstetrics and Gynaecology

5. The Academic Department of Primary Health Care
   The Academic departments are made up of the following
   - Chairman or Head of the department - Professor or Associate professor
   - Assistant to the Department Head – usually an associate professor
   - Section Heads – usually an associate professor or senior lecturer
   - Lecturers – senior lecturer or lecturer according to seniority and experience
   - Tutors/teaching assistants

   - Cardiac surgery
   - Vascular surgery
   - Plastic surgery
   - Neurosurgery
   - Urology
   - Paediatric surgery
   - Ophthalmology
   - ENT
   - Anaesthesia
   - Histopathology
   - Radiology and Nuclear medicine
   - Forensic medicine
Teaching staff of the Clinical Faculty

All the teaching staff employed in the clinical phase are recruited from the staff employed by the DOHMS in its hospitals, clinics, laboratories and investigational units. They are therefore appointed on a part time basis, and besides their teaching commitments they are also responsible for day to day patient care. They should besides giving instruction to the students act as role models for them.

Clinical Teaching Programme Delivery
The programme is delivered to students as theoretical and practical training and will in varying degrees consist of

Theoretical teaching
A) Lectures
- PowerPoint presentations,
- Video presentations,
- Overhead slides and projections

B) Small group teachings
- Tutorials for groups of 6 to 8 students;
- Discussions between students, with a teacher acting mainly as a facilitator.

Practical Teaching
a. Ward rounds
b. Presentation and discussion of clinical cases seen and examined in the ward or clinic;
c. Clerking of assigned cases
d. Learning and practicing examination techniques.
e. Observation of procedures
f. Clinical skills

The clinical phase of the medical undergraduate curriculum is the final phase of medical training and it can only be undertaken once the student has passed all the relevant examinations pertaining to the preclinical phase.

The clinical phase largely consists of clinical training both in hospital and in primary health care settings.

This training is supervised by faculty and clinical tutors and is designed to give the student clinical experience in a setting similar to that in which she will later practice as a physician. In addition to this clinical training, there will also be a tutorial and lecture program designed to increase the knowledge of students’ clinical knowledge, competencies and skills in addition to forming her general professional development.
The Organisation of the Teaching In The Clinical Phase
The organization of the teaching in the clinical phase has many aspects that can be grouped as follows

General professional skills
I. General Skills
1. 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.

2. 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.

3. Investigations
   Students should be able to identify investigations and procedures that would be relevant to the proper management of the patient's problem. They should be able to discuss the relevance of these investigations and their cost benefit relationship.

4. 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.

5. 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.

6. 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

1. 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.

2. 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, laboratory, physiotherapists and other paramedical staff.

3. 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
• Ability to develop appropriate strategies for improving these skills.

4. 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 honesty
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:
1. **Problem sensing;** determine the reason why the patient is seeking help and advice
2. **Hypothesis generating;** try to explain the patient's problem by providing a list of possible causes - differential diagnosis.
3. **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 own 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.
4. **Synthesis:** revise the list of hypothesis and in view of this new knowledge, prepare a problem list stating priorities.
5. **Management:** identify appropriate additional investigations that are required and the various options for management.
6. **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.

IV. Developing professional qualities in the clinical setting

A major educational object of the clinical phase program is to develop a behaviour that is a necessity to progress satisfactorily and to form the basis for future professional development.
This professionalism is dependent on 4 main behavioural domains
1. Respect
2. Communication skills
3. A sense of responsibility

1. Respect
Patients
• Remember that patients' deserve full respect at all times
• Patients' autonomy
• Always be polite
• Listen carefully to all verbal and nonverbal cues
• Allow patients to express their opinion and to give information without being judgmental
• Do not interrupt the patient
• Do not pass judgment on patients' opinion and beliefs
• Learn to negotiate an agenda with the patient

Colleagues
• All medical colleagues
• All supervisors
• Paramedical: nurses, laboratory technicians, and others
• Be punctual: apologize and give reason if late.

2. Communication skills

With patients
• Speak directly to patients
• Use non medical language
• Give patients time to explain and respond in their own words
• Do not interrupt the patient
• Learn to listen to silence
• 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 on 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
• Express own emotional state where appropriate but without being judgmental about other people's views or beliefs
• Consider criticism or critical comments from a supervisor, a colleague, or a patient in a non defensive manner.

Evaluation
The importance of evaluation in your professional development cannot be over emphasized enough. In particular, self evaluation should become an early and integral part of your professional development, because once established as a daily routine, it will constitute your main, if not the only feedback, later in your clinical career.

Everybody involved in the clinical phase should be involved in the process of evaluation, collecting and analyzing data which should be used to improve the program.

This evaluation is carried out in three main areas on specified forms
• Student performance by the faculty
• Faculty and clinical performance by the students
• The clinical program and implementation by students and faculty

The Clinical Phase Program
The main domains of the program in the clinical phase are as follows:

1. Lecture programs
Lectures are divided into the main divisions of Internal Medicine and its branches, Surgery and its branches, Paediatrics, Obstetrics and gynaecology, and primary health care.
Details of the programs are prepared by the departments and published by the departmental secretaries. They can be collected by the students from the departmental offices.
The lectures are usually delivered in the lecture theatres of Dubai hospital, Al Wasl hospital and in the lecture theatres at the faculty building at the Rashid hospital campus. The PHC Lectures are given in the P H C units.

2. The Clinical Attachments or Clerkships
Students are divided into small groups which will go into clerkships in the main divisions of internal medicine, surgery, paediatrics, obstetrics and gynaecology, and family medicine or PHC.
The scope of the clerkships is to gain clinical experience and the various activities of the units. The main differences between the various clerkships are related to the setting and type of health problems encountered in those settings. By rotating and actively participating in the activities of these various settings, you will achieve a wide exposure to clinical problems and achieve the objectives of your training.

Obtaining the Patient’s Consent
Do remember that the patients are the most important part in any of the settings, wherever you encounter them and you should always respect the patients’ wellbeing, comfort and dignity.

Interviewing and/or examining patients is not your right, but is a privilege that can only be granted to you by the patient himself. You must therefore always ask the patient’s permission to take a history from or to examine him/her.
You must get into the habit of doing this every time that you approach a patient. Obtaining permission on one occasion does not entitle you access to the patient on future occasions.
Remember that to obtain an informed consent, it is your duty to provide all the information about yourself and about the purpose of your visit to the patient.
You must clearly state your name, clearly state the fact that you are a student, explain what you intend to do, inform him that this is part of your training and that your supervisor has asked you to do this exercise as part of your training and that you would be grateful if he/she would allow you to ask a few questions about his medical condition and carry out an examination.
It is then possible for a patient to give informed consent after they have received all this information.

Please do remember that the patient has got a right to say yes or no to your request. If the patient withholds his consent you must not proceed any further. In all circumstances you must always respect the patient’s decision.
The main settings in which you will do your clerkships will be

The Hospital Ward where you will encounter a number of complex clinical problems which require secondary or tertiary care. You will be able to see how specialists deal with these problems both in the investigative and curative phase. You will function as the most junior member of the medical team dealing with the patient.
All learning in this setting should be set around and generated by and about the patient.

Hospital Outpatient and Family medicine Clinics:
In this setting you will be able to meet a large number of clinical problems that do not require admission to hospital. These problems form the great majority of clinical encounters that you will meet in your professional career and they therefore provide fairly important learning opportunities.
Here you'll be able to:
- Observe the natural history and treatment of an illness
- Develop appropriate professional attitudes about acute and chronic illness and its impact on the patient and his family.
- Improve your skills in taking a focused history and doing a physical examination
- Identify the social, financial, and the ethical aspects of medical practice
- Develop and improve your communication, negotiation and contracting skills
- Manage common health problems in an ambulatory setting.
- Apply and adapt clinic problem-solving skills to the problems (minor or major) encountered.
- Learn the value the purpose of preventive medicine.

Student activities during the clerkships:
There are a number of learning activities that are common to all the clerkships irrespective of the setting in which they take place. The following are the main activities

Bedside Teaching
This educational activity is conducted by a clinical tutor and a small group of students and takes place around the patient. One of the students takes a history, examines the patient and presents the case to the group and to the tutor. This is often referred to as a patient problem presentation.
The educational objectives of this activity include
- Learning based on data generated by and about the patient.
- Develops and improves communication, history taking and examination skills
- Demonstrates intervention skills
- Uses clinical reasoning and judgment skills in clinical decision making
- Practices effective verbal communication of clinical findings and other information.

Service Round
This activity is usually conducted as part of a service round. The consultant usually conducts this round and is accompanied by a mixture of different levels of medical staff, together with the accompanying students.

The objectives of this activity are to:
- Provide exposure to a larger number of patient problems,
- Develop the ability to synthesize a large amount of information
- See its immediate application in management decisions
- Participate in the direct care of patients.

Patient Write Ups
Each student writes complete reports on patients’ they have clerked and followed up. These reports should include:
- A detailed history
- A complete physical examination
- Relevant investigations
- Management
- Follow-up
Students comments
The number of reports required in individual clerkships is communicated to you by the supervising tutor.

Skills and Procedures

During the various clerkships, you will learn several professional skills and procedures. You will learn these through observation and supervised practice. Perform as many of these procedures as possible and make sure that you observe procedures that you cannot perform yourself.

When you feel that you are reasonably competent to carry out or to describe these procedures, ask one of the supervisors to observe you and have him countersign the procedure in your log book.

A number of these skills are not specific to a single clerkship and they can therefore be learned and practiced throughout the whole of the clinical phase of your studies.

These skills include the following
- Record patients’ medical information, progress, follow up and operative notes.
- Use of the following Instruments: ophthalmoscope, auroscope and laryngoscope
- Giving injections
- Urinary catheterizations
- Insertion of nasogastric tube
- Endotracheal intubation
- Order and interpret a full blood count, renal function tests, liver function tests, bleeding and coagulation profiles, hormonal tests, and common immunological tests.
- Complete medication forms and other patients’ charts
- Test urine for sugar, ketones and bilirubin.
- There are a number of other skills that are specific to the individual clerkships. He would learn of these from the log books of the individual clerkships.

Clinical Problem Solving / Tutorial Sessions.
During these sessions, you will be introduced to clinical cases that cover the essentials of common medical problems. Each problem is based on appropriate objectives covering the different aspects of the problem.

When the problems are presented in the first session, the students who are in a small group, together with a clinical tutor will:
- Review and critically evaluate the data supplied
- Generate hypothesis
- Identify further data or information that is required
- Define learning issues and tasks to be completed to solve or understand the problems presented.

During the second session, which occurs after a period of about a week (to allow the students to do their research and complete their allotted tasks), discussion will centre around the student researched learning issues, leading to resolution of the major problems arising from the case.

Clinical Assessment and Evaluation
The assessment and evaluation of students is divided into two main parts.
Continuous assessment during the clerkship and Final qualifying examination.
Continuous assessment carries 10% of the final marks in internal medicine, surgery, paediatrics and obstetrics and gynaecology. It carries 50% of the marks in the primary health care. Continuous assessment will be judged on:

- Attendance
- Acquired competencies
- Completing and presenting the write up reports
- Active participation in the different learning and training activities
- Satisfactory completion of the logbooks
- Satisfactory overall student assessment

The continuous assessment of students and of the course is recorded by filling the preset structured forms:

Form1: Clerkships student performance evaluation form, to be completed by the clinical supervisor/tutor

Form2: Clinical tutor evaluation form, to be completed by the students

Form3: Clerkship evaluation form, to be completed by the students and faculty

The final examination is carried out, at the end of the clinical phase, in the divisions of Internal Medicine, Surgery, Paediatrics, and Obstetrics and Gynaecology.

It will consist of:

- Two multiple choice question (MCQ) papers,
- A viva examination,
- A clinical examination consisting of one long case and a series of short cases.

- The final examination in Primary Health Care consists of one multiple choice question paper.
- The rules relating to the final qualifying examinations are attached

**PROCEDURE FOR ARRANGING THE FINAL EXAMINATIONS**

1. Fix dates for examinations at least 3 months before they are due. This usually means a faculty meeting occurring either in late October or early November of the previous year. The final examinations are usually scheduled between April and June.
2. Announce the dates as soon as possible to the faculty and the students.
3. Each of the four main faculties should select 3 external examiners, obtain their agreement to participate in the examination, and present their names to the Faculty Board for approval.
4. A number of local examiners should be nominated, so that they can be paired with the external examiners.
5. The number of examination teams for each examination should depend on the particular number of students appearing for the examination.
6. Start preparing the papers early so that there is time for assessment and adjustments, if necessary.
7. Select the site for the examination and make arrangements and obtain the permission of the hospital director involved.
8. Keep the hospital administration fully informed about the examination, dates, site, and help required etc.
9. Select organizers for the examinations and give specific instructions to each. One of their most important jobs will be to collect and provide patients for the clinical examinations.
10. Have all the necessary papers, answer sheets, mark sheets, and other stationery material ready.
11. Arrange any social events like the examiners’ dinner well in advance with the Dean Office, so that all the necessary arrangements and invitations can be made in good time.

RULES FOR SITTING IN THE FINAL EXAMINATIONS

1. The dates for the final examinations will be announced in advance.

2. All students must register with the Dean’s Office for the final examination (and re-sit examination (if necessary).

   Failure to do so or not to attend any part of the examination (without a good and validated reason) will constitute an absence and will be considered as a failed attempt.

3. The student will be allowed to sit in the final examination and 3 re-sit examinations in each of the subjects namely Medicine, Paediatrics, Surgery and Obstetrics & Gynaecology.

4. Students who have failed a final examination (or a re-sit final examination) must contact the professor in charge of the subject in which they have failed.

   He/She will arrange a rota for the failed student to join a group of students who are in the final year for attendance at clinical sessions and lectures.

   The student attendance will be monitored in usual manner. She should attend minimum of 75% of such sessions to be eligible to attend the next examinations.

5. The final examination, together with any re-sits, must be sat and passed within 2 years of finishing the course of instruction. Failure to do so within the specified period will result in the name of the student being removed off the rolls of the college. This rule will hold whether the student has availed herself of all the allowed attempts or not.

FINAL EXAMINATIONS IN MEDICINE, SURGERY, PAEDIATRICS AND OBSTETRICS/ GYNAECOLOGY MARKING, PASSMARKS, WEIGHTING, COMPENSATION AND GRADING

The parts and sections of the exam are:

A. Part Theoretical:
   a. Section: Written
      Paper 1 MCQs: 50 questions - T/F
      Paper 2 MCQs 50 questions - Best of 5 (1 in 5).
   b. Section: Viva Voce (20 minutes)

B. Part Clinical
   a. Section: One Long Case: 1 hour for history and examination. - 30 minutes for presentation and discussion
   b. Section: Short Cases: 30 minutes.
I. MARKING:
1. For each section of the Exam, each examiner will give marks out of 100.
2. Following assessment of each of the candidates, the 2 examiners will give and record their individual marks on the form provided.
3. They will subsequently discuss and agree on a combined mark for the candidate for the session. This agreed mark is noted on the form provided and will constitute the mark given to the candidate.
4. The examiners are required to sign this form at the end of each individual assessment and leave it with the organizer of the session.

II. PASSMARK:
A. PASSMARKS
1. The overall passmark for the whole examination – Expressed as a percentage of the Grand Total is 60%
2. The combined passmark for the theoretical part (Written and Viva) is 60% of the total marks of 45.
3. The combined passmark for the clinical part (long and short cases) is 60% of the total marks of 45.
4. ‘In Course Assessment Marks’ collected by DMCG Professors + senior staff make up the remaining 10 of the grand total.
B. Failure of the Final Exam means:
1. A grand total below 60% Grace marks can be discussed and given in the Final Evaluation Conference. Grace marks should not be considered in the individual sections
2. A mark below 30% in any part of the examination, except in the viva, cannot be compensated for by marks in any other part of the examination.

C. Re-sit Examinations:
In a re-sit examination, there is only a pass or a fail grade. Whatever the mark obtained, this will be translated into a 60%.

III. WEIGHTING: Within the 100 marks of the Grand Total, the different sections carry the following weight in marks.
1. Written: Total 35 marks – non compensatory failure. = < 30 %. The marks will be distributed as follows; 15 for paper 1 (T/F) and 20 for paper 2 (1 in 5).
2. Viva: Total 10 Marks (no non compensatory failure mark).
3. Long Case: Total 20 marks - Non compensatory failure = 30%.
4. Short Cases: Total 25 out - Non compensatory failure = < 30%.
5. In Course Marks: Total 10 marks (based on Professor + DMCG Senior staff evaluation of performance + registered attendance during the course).

IV. COMPENSATION:
1. A failure (below 60%) in the theoretical part cannot be compensated for by the performance in the clinical part and vice versa.
2. A failure (below 30%) in any of the sections (except in the viva) cannot be compensated for by the performance in another section.
3. In case of a failure (below 60% but above 30%) in one of the two sections of the theoretical part, or one of the two sections of the clinical part, there can be compensation for this by the marks in the other section of the same part.

V. GRADING OF GRAND TOTAL:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 60</td>
<td>FAIL</td>
</tr>
<tr>
<td>60 - 64.9</td>
<td>PASS</td>
</tr>
<tr>
<td>65 - 74.9</td>
<td>GOOD</td>
</tr>
<tr>
<td>75 - 84.9</td>
<td>VERY GOOD</td>
</tr>
<tr>
<td>85 - 100</td>
<td>EXCELLENT</td>
</tr>
</tbody>
</table>

Number of MCQ’s Per Subject in Medicine Paper

<table>
<thead>
<tr>
<th>Subject</th>
<th>Paper 1 (MCQ)</th>
<th>Paper 2 (1 in 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatry</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Dermatology</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Cardiology</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Respiratory Medicine</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>G.I.T. Medicine</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Neurology</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Haematology</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Renal Medicine</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Endocrine and Diabetes</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>50</td>
</tr>
</tbody>
</table>
TIME ALLOCATED FOR PAPERS

Paper 1  (MCQ’s – T/F)  = 90 Minutes
Paper 2  (MCQ’s 1 in 5) = 120 Minutes

Staff responsible for the sessions at this clerkship at Dubai Hospital are;

In Cardiology and General medicine
Prof J. M. Muscat-Baron / Dr Nooshin Bazargani (Saturday, Monday and Tuesday)
Dr Afzal Yusuf Ali (Wednesday)

In Intensive Care
Dr Mohammed Baqer and Dr Ashraf Al Khoufi (Sunday) in Intensive Care Unit

Timing - Session to run between 8.00 AM to 12.00 noon
8.00 to 9.00  See and clerk patients on the ward / ward round
9.00 to 10.00 Presentation of a case by students. Clinical examination demonstration.
10.00 to 11.00 Discussion of a case.
11.00 to 12.00 Tutorial on the weekly subject.

The clinical course
The clinical course is taught by lectures, tutorials, small group teaching and discussions and demonstrations of techniques and procedures in the clinics, investigation units, laboratories and lecture theatres on the premises of the DOHMS’. The theoretical part of the course is taught mainly in the afternoon, between the hours of 1.00PM and 4.00 PM, while the clinical and practical part of the training is taught in the morning between 8.00AM and 12.00 noon.

The clinical course lasts about 3 years and is divided into 7 terms of about 15 weeks each. For the purpose of the clinical attachments, the students will spend 4 terms in the “medical” disciplines and 3 terms in the “surgical” disciplines.

The “medical” disciplines include general medicine and its subdivisions (30 weeks), paediatrics (15 weeks) and Primary health care (15 weeks).

The “surgical” disciplines include surgery and its subdivisions and obstetric and gynaecology, and they will share a total of 30 weeks attachments.

Assessment and Examination Procedure
Assessment of the students by the teaching faculty is carried out continuously and consistently throughout their clinical attachments.

A register is kept for attendance at all clinical and practical attachments as well as for the lectures. The person responsible for taking the session should sign the attendance sheet.

These sheets are then passed on to the departmental secretary who will transfer the information to the register. Attendance of 75% or above at all teaching sessions is necessary for the student to enter the final examinations.

Continuous assessment also aims to ascertain the effectiveness of the teaching methods used and to
pick up deficiencies in individual students early enough for remedial methods to be applied.

In addition, at the end of each clinical attachment, the head of the section (or his deputy) has to fill in an assessment form for each student attached to his service.

These assessments should ideally be carried out in front of the students, so that opportunity is presented when the report can be discussed with the student herself, strong points acknowledged, weak points identified and remedial methods suggested.

These reports should be an essential part of the formative assessment of the students.

The students in turn have an opportunity to write their assessment of the clinical attachments by filling a specific form which is then handed over to the department secretary. These forms can either be signed or left unsigned at the discretion of the student.

The students have a number of mock examinations during the course in the various departments. These are designed to act as a review of the subject and to train the student in examination techniques.

The Final Examinations
The final examinations are organised at the end of the course towards the end of the 5th year and after a short revision course on the subject.

The final examinations are carried out as follows.

**The final examination for the PHC department**
The final exam marking is as follows

<table>
<thead>
<tr>
<th>Item</th>
<th>Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Written exam MCQ</td>
<td>120</td>
</tr>
<tr>
<td>2- OSCE exam 14 station</td>
<td>120</td>
</tr>
<tr>
<td>3- Oral exam</td>
<td>20 marks</td>
</tr>
<tr>
<td>4- Attendance</td>
<td>20 marks</td>
</tr>
<tr>
<td>5- Logbook</td>
<td>80 marks</td>
</tr>
<tr>
<td>6- Research</td>
<td>40 marks</td>
</tr>
</tbody>
</table>

- This final examination will carry 65% of the marks.
- The other 35% of the marks will be earned by the continuous assessment which is carried out during their clerkship in the PHC department.

**The final examinations of the other departments**
(medicine, Surgery, paediatrics and obstetrics and gynaecology) will consist of a theoretical part (MCQs and viva) and a clinical part (long and short cases).

It has been the policy of the clinical faculty to appoint at least 3 external examiners for the final examinations in medicine, surgery, paediatrics and obstetrics and gynaecology, so that no student could possibly go through the final examination without meeting at least one external examiner.

The policy of relying heavily on outside assessment in the final examinations, we hope, will validate the contents of the curriculum and the ways in which it is taught and students prepared.
The views and comments of the external examiners are sought and recorded and form an essential part of the continuous assessment of the course and the updating process.

Non Attendance at final examinations
Non attendance at an examination will be considered as a failed attempt at the examination. However the following may be considered as good reasons for non-attendance:

A) Admission to a hospital as an in patient
B) Death of a near relative within one week of the date of the examination
C) Inability to attend because of having been involved in an accident (evidence from an official authority must be submitted)

Acceptance of one of these reasons will allow the student to be eligible to sit the examination at the next available re-sit examination without forfeiting one of her chances.

Disqualification from the Examinations
The following actions will disqualify a student from the examination and the attempt will be considered as a failed attempt, thus forfeiting one of her chances.

A) Arriving for the examination more than 15 minutes after the start of the examination
B) Insisting on carrying a mobile phone or other means of communication into the examination hall
C) Unruly behaviour during the examination
D) Cheating or attempts to cheat

If the student is considered to have acted in such a manner, she should be made to leave the examination hall and her case is reported to the clinical dean.

The dean will convene a disciplinary committee consisting of himself and 2 other senior members of the faculty to hear the case. The student will have the right to present her own version of the incident to the committee. Their findings are submitted to the faculty board and eventually to the college council for further action. This may include expulsion from the college.

The rules governing these final examinations are as follows.

The Results of the Final examinations
The results are discussed and finalised at a meeting of the examination board of each department, it would include all the external examiners and will be chaired by the department head.

The department head will have the results typed, checked and signed by the examination team and present them to the faculty board before they are published.

The results are translated later into the marks allocated to the Clinical Phase according to the attached schema.
Marks allocated to the Clinical Science Phase

<table>
<thead>
<tr>
<th>Subject</th>
<th>Maximum</th>
<th>Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>600</td>
<td>360</td>
</tr>
<tr>
<td>Surgery</td>
<td>400</td>
<td>240</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>300</td>
<td>180</td>
</tr>
<tr>
<td>Obstetrics/ Gynaecology</td>
<td>300</td>
<td>180</td>
</tr>
<tr>
<td>Primary Health Care</td>
<td>300</td>
<td>180</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2000</strong></td>
<td><strong>1200</strong></td>
</tr>
</tbody>
</table>

The Library of DHA Hospitals

Library resources are an essential part of the teaching process. They are useful for both the faculty to keep abreast of developments and preparation of teaching material and for the students to supplement the information that they are given by the teaching staff.

The DHA has an extensive library service which is divided into

A) The main library which is in the same building as the clinical faculty on the Rashid hospital campus

B) Satellite libraries at all the hospitals and clinics belonging to the DHA

All students, on enrolling with the clinical faculty, can apply for a library card free of charge from the library administration office.

A library card is a privilege. The card is not transferable.

Presenting the card at the circulation desk in any of the DHA libraries will allow the student to avail herself of the library services subject to the current library regulations.

Card holders are eligible to borrow library materials up to the limit of the borrowing periods.

The **borrowing periods** are generally

A) Books for 2 weeks

B) Periodicals for 2 days

C) Audiovisual materials are only loaned by special arrangements

Renewals for a maximum of 2 consecutive periods can be made for books only.
Returning library Materials
Due slips are attached to all borrowed material. Book drops are available at circulation desks and in the main hospitals and the borrowed material can be returned at any of these sites.
The borrower is personally responsible for all library materials borrowed. She will be held financially responsible and the respective charges will be raised.

Library Resources

Library Catalogue (iPAC)
Internet Public Access Catalogue. Staff can search the catalogue of all libraries by using the online catalogue either from the library or from their own PC at: http://medlib.dohms.gov.ae

EBSCO: Full-text Electronic Journals
Staff can browse and search this data base within the campus at: http://search.epnet.com/login.asp

OVID EBM, CINAHL, Medline:
Staff can browse and search this database within the campus at: http://gateway.ovid.com/login.asp
Or from home at: http://gateway.ovid.com

Besides the electronic resources mentioned, the libraries contain over 15,000 books, over 5000 bound volumes of journals, thousands of single issues, 250 current medical journals. A number of video and audio tapes. CDs, slides and medical models are also available.
For more details enquire at the main library in the same building as the clinical faculty at the Rashid hospital Campus.

The Students Union

A students union is already in existence in the preclinical school and its aims and functions are described elsewhere.
It has been more difficult to establish a similar union in the clinical phase, mainly because of the fact that the students are necessarily separated from each other both during their morning clinical attachments and also in the afternoon sessions, when they have to attend lectures at different sites and on different subjects.
However, it is important that such a committee exists, because it will form a link between the students and the faculty, allowing the students’ views to be aired and discussed.

STANDARDS OF BEHAVIOUR IN HOSPITALS

Accepted standards of behaviour and conduct for physicians (and students)
Students must understand that when they are in hospitals and clinics, they must obey the rules and regulations that are pertinent to the location. They must learn what is expected from a professional person working with sick people and adopt the professional attitudes that underpin the behaviour of a doctor in training.
The following are some of the accepted declarations of the duties and responsibilities of physicians. Although they are intended primarily for physicians, they form part of the basis for training and should be learned and adhered to at all the stages of the medical student’s life.

**The General Duties of Physicians towards the Sick**
A physician shall always bear in mind the obligation of preserving human life.
A physician shall owe his patients complete loyalty and all the resources of his science. Whenever an examination or treatment is beyond the physician’s capacity he should summon another physician who has the necessary ability.
A physician shall preserve absolute confidentiality on all he knows about his patient even after the patient has died.
A physician shall give emergency care as a humanitarian duty unless he is sure that others are willing and able to give such care.

**Duties of physicians towards each other**
A physician shall behave towards his colleagues as he would have them behave towards him.
A physician shall not entice patients from his colleagues.
A physician shall observe the principles of the Declaration of Geneva, as approved by the World Medical Association.

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**World Medical Association**
**International code of medical ethics**

**Duties of physicians in general**
A physician shall always maintain the highest standards of professional conduct.
A physician shall not permit motives of profit to influence the free and independent exercise of professional judgment on behalf of patients. A physician shall in all types of medical practice, be dedicated to providing competent medical services full of technical and moral independence, with compassion and respect for human dignity.

A physician shall deal honestly with patients and colleagues and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.
A physician shall respect the right of patients, colleagues and other health professionals and shall safeguard patient confidence.
A physician shall act only in the patients' interest when medical care might have the effect of weakening of physical or mental condition of the patient.
A physician should use great caution in divulging discoveries or new techniques or treatment through non professional channels.
A physician shall certify only that which he has personally verified.
### TEACHING STAFF LIST - ACADEMIC DEPARTMENT OF MEDICINE

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name</th>
<th>Post / Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Prof J M Muscat-Baron</td>
<td>Honorary Consultant in Medicine &amp; Cardiology, Clinical Dean of DMC, Professor of Medicine</td>
</tr>
<tr>
<td>2.</td>
<td>Dr Mahmoud H Marashi</td>
<td>Consultant in Medicine &amp; Hematology, Professor &amp; Head of Academic Dept. of Medicine</td>
</tr>
<tr>
<td>3.</td>
<td>Dr Ahmed Saleh Abdou</td>
<td>Consultant in Infectious Diseases, Associate Professor</td>
</tr>
<tr>
<td>4.</td>
<td>Dr Elhassan S Elhassan</td>
<td>Consultant in Medicine &amp; Gastroenterology, Professor</td>
</tr>
<tr>
<td>5.</td>
<td>Dr Ghaida Kaddaha</td>
<td>Consultant in Diabetology, Associate Professor</td>
</tr>
<tr>
<td>6.</td>
<td>Dr Khawla Behoul</td>
<td>Consultant in Hematology, Sr. Lecturer</td>
</tr>
<tr>
<td>7.</td>
<td>Dr Jihad Inshasi</td>
<td>Consultant in Neurology, Associate Professor</td>
</tr>
<tr>
<td>8.</td>
<td>Dr Fadhil Abdulla</td>
<td>Consultant in Medicine &amp; Endocrinology, Sr. Lecturer</td>
</tr>
<tr>
<td>9.</td>
<td>Dr Fatheya Al Awadi</td>
<td>Consultant in Medicine &amp; Endocrinology, Sr. Lecturer</td>
</tr>
<tr>
<td>10.</td>
<td>Dr Jamal Al-Saleh</td>
<td>Consultant in Medicine &amp; Rheumatology, Sr. Lecturer</td>
</tr>
<tr>
<td>11.</td>
<td>Dr Mohamed J H Railey</td>
<td>Consultant in Medicine &amp; Nephrology, Sr. Lecturer</td>
</tr>
<tr>
<td>12.</td>
<td>Dr Shaheenah Dawood</td>
<td>Consultant in Oncology, Sr. Lecturer</td>
</tr>
<tr>
<td>13.</td>
<td>Dr Bassam Mahboub</td>
<td>Consultant in Medicine &amp; Respiratory Diseases, Sr. Lecturer</td>
</tr>
<tr>
<td>14.</td>
<td>Dr Hussain Al-Rahma</td>
<td>Consultant in Intensive Care Unit, Associate Professor</td>
</tr>
<tr>
<td>15.</td>
<td>Dr Mahmoud Ghanaim</td>
<td>Consultant in Accidents &amp; Emergency Dept, Lecturer</td>
</tr>
<tr>
<td>16.</td>
<td>Dr Afzalhussein M Yusufali</td>
<td>Consultant in Cardiology, Associate Professor</td>
</tr>
<tr>
<td>17.</td>
<td>Dr Anwar Al-Hammadi</td>
<td>Consultant in Dermatology, Associate Professor</td>
</tr>
<tr>
<td>18.</td>
<td>Dr Mohammed Shahda</td>
<td>Sp. Sr. Registrar in Psychiatry, Lecturer</td>
</tr>
</tbody>
</table>
### TEACHING STAFF LIST - ACADEMIC DEPARTMENT OF PEDIATRICS

<table>
<thead>
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<th>Name</th>
<th>Post / Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Badriya A. Al Awar</td>
<td>Consultant, Professor &amp; Head of Academic Dept. of Pediatrics</td>
</tr>
<tr>
<td>2</td>
<td>Abdulla I. Al Khayat</td>
<td>Sr. Consultant &amp; Director of Al Wasl Hospital, Professor</td>
</tr>
<tr>
<td>3</td>
<td>Mahmoud A. Al Hussain</td>
<td>Consultant in Pediatrics, Senior Lecturer</td>
</tr>
<tr>
<td>4</td>
<td>Arif Moinuddin Faqih</td>
<td>Consultant in Pediatrics, Senior Lecturer</td>
</tr>
<tr>
<td>5</td>
<td>Abdulrahman Al Jassmi</td>
<td>Consultant in Pediatrics, Senior Lecturer</td>
</tr>
<tr>
<td>6</td>
<td>Hassan Ali Mundi</td>
<td>Consultant in Pediatrics, Senior Lecturer</td>
</tr>
<tr>
<td>7</td>
<td>Anwar Hamidulla Khan</td>
<td>Consultant in Neonatology, Senior Lecturer</td>
</tr>
<tr>
<td>8</td>
<td>Eva Simkova</td>
<td>Consultant in Pediatrics, Senior Lecturer</td>
</tr>
</tbody>
</table>

### TEACHING STAFF LIST - ACADEMIC DEPARTMENT OF OBST. /GYNAE.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name</th>
<th>Post / Title</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Dr. Mary John</td>
<td>Consultant, Professor &amp; Head of Academic Dept. of Obs\ Gynae</td>
</tr>
<tr>
<td>2</td>
<td>Dr. Purnima Deb</td>
<td>Consultant, Associate Prof.</td>
</tr>
<tr>
<td>3</td>
<td>Dr. Mohammad S. Shaker</td>
<td>Senior Lecturer</td>
</tr>
<tr>
<td>4</td>
<td>Dr. Alia Obaid</td>
<td>Senior Lecturer</td>
</tr>
<tr>
<td>5</td>
<td>Dr. Faiza Badawi</td>
<td>Consultant, Senior Lecturer</td>
</tr>
<tr>
<td>6</td>
<td>Dr. Josephine Jose</td>
<td>Consultant, Senior Lecturer</td>
</tr>
<tr>
<td>7</td>
<td>Dr. Nighat Aftab</td>
<td>Specialist Senior Registrar, Lecturer</td>
</tr>
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<td>8</td>
<td>Dr. Shameem Mir</td>
<td>Specialist Senior Registrar, Lecturer</td>
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<tr>
<td>9</td>
<td>Dr. Shabana Muzaffar</td>
<td>Specialist Registrar, Lecturer</td>
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### TEACHING STAFF LIST - ACADEMIC DEPARTMENT OF SURGERY

<table>
<thead>
<tr>
<th>S.No</th>
<th>Name</th>
<th>Post\ Title</th>
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<tbody>
<tr>
<td>1.</td>
<td>Prof. Abdul Jabbar M. Salih</td>
<td>Residents Affairs Counselor, Vice Dean &amp; Head of Academic Dept. of Surgery</td>
</tr>
<tr>
<td>2.</td>
<td>Dr. Fawzy A. Benomran</td>
<td>Professor</td>
</tr>
<tr>
<td>3.</td>
<td>Dr. Rolf Ulrich Hartung</td>
<td>Consultant &amp; Head of Dept. of General Surgery, Associate Professor</td>
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<td>4.</td>
<td>Mr. Yousif El Tayeb</td>
<td>Consultant in General Surgery, Associate Professor</td>
</tr>
<tr>
<td>5.</td>
<td>Dr. Sharif El Lahham</td>
<td>Consultant in Trauma Dept., Associate Professor</td>
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<td>6.</td>
<td>Dr. Suad Trebinjac</td>
<td>Head &amp; Consultant, Associate Professor</td>
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<td>7.</td>
<td>Dr. Moza Ali Dekhain</td>
<td>Head &amp; Consultant, Associate Professor</td>
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<td>8.</td>
<td>Dr. Zaid A. G Al Mazem</td>
<td>Consultant, Sr. Lecturer</td>
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### TEACHING STAFF LIST - ACADEMIC DEPARTMENT OF PRIMARY HEALTH CARE

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<thead>
<tr>
<th>S.No</th>
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<tbody>
<tr>
<td>1.</td>
<td>Dr Samia Farghaly</td>
<td>Sp. Sr. Registrar, Professor</td>
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<tr>
<td>2.</td>
<td>Dr Amna Khamis Al Mazroei</td>
<td>Sp. Sr. Registrar, Sr. Lecturer</td>
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<tr>
<td>3.</td>
<td>Dr Ashraf Swidan</td>
<td>Sp. Registrar, Lecturer</td>
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<tr>
<td>4.</td>
<td>Dr Ebtihal Darwish</td>
<td>Consultant, Sr. Lecturer</td>
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<tr>
<td>5.</td>
<td>Dr Fatima Al Olama</td>
<td>Sp. Registrar, Lecturer</td>
</tr>
<tr>
<td>6.</td>
<td>Dr Mohammed Farghaly</td>
<td>Sp. Registrar, Lecturer</td>
</tr>
<tr>
<td>7.</td>
<td>Dr Nahed Monsef</td>
<td>Sp. Sr. Registrar, Sr. Lecturer</td>
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DMC Website

[Image of DMC website]

DMC Address

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Website address: www.dmcg.edu E-Mail address: dmcg@dmcg.edu
GRADUATES OATH

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

That I will honour the Profession of Medicine, be just and generous to its members, and help sustain them in their service to humanity.

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.

That I will recognize the limits of my knowledge and pursue lifelong learning to better care for the sick and to prevent illness;

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.

That I will not withdraw from my patients in their time of need.

That I will lead my life and practice my art with integrity and honour, using my power wisely.

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.

That whatever house I shall enter, it shall be for the good of the sick.

That I will maintain this sacred trust, holding myself far aloof from wrong, from corrupting, from the tempting of others to vice

That above else I will serve the highest interests of my patients through the practice of my science and my art.

That I will be an advocate for patients in need and strive for justice in the care of sick.

I now turn my calling, promising to preserve its finest traditions, with the reward of a long experience in the joy of healing.
I make this vow freely and upon my honour.

Adapted from the Hippocratic Oath