



KING FAISAL UNIVERSITY
COLLEGE OF MEDICINE
BACHELOR OF MEDICINE, BACHELOR OF SURGERY (MBBS)

TEACHING AND EXAMINATION GUIDELINES

Fourth Edition

Revised

July 2018

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This booklet of fourth revised edition of the guidelines governing the teaching and examination in the existing curriculum after completion of the 5 years a full cycle of the whole curriculum. It would not have been possible without the help of several individuals. Most of the crucial guidelines were adapted to KFU conditions and based of experiences of faculty, students and administration. The main part of this booklet has been taken from the third edition, however, the unclear or ambiguous information was clarified. There are many new articles have been developed and added to the threads of old articles.

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This fourth edition of the booklet was revised by many members in the College who sent their comments and compiled of all comments and finishing editing by curriculum committee made this document to be ready for the new academic year 1439 – 1440

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JUSTIFICATIONS

A. Philosophy Behind the New Curriculum of the College of Medicine

1. SPICES Model ¹

S	Student Centered
P	Problem – Based
I	Integrated
C	Community Based
E	Electives – Based
S	Systematic

2. CanMEDS Roles²

- a. Medical Expert
- b. Communicator
- c. Collaborator
- d. Manager
- e. Health Advocate
- f. Scholar
- g. Professional

3. Modified Roles of Groningen Medical Graduates³

- a. Communicator
- b. Problem Solver
- c. Using Science as a Research
- d. Patient Diagnosis
- e. Patient Management

- f. Social and Community Handler
- g. Reflector

4. Saudi Meds Role of New KSA Medical Graduates⁴
 - a. Doctor and Daily Practice
 - b. Doctor and Patient Care
 - c. Doctor and the Community
 - d. Communication
 - e. Professionalism
 - f. Doctor and Information Technology
 - g. Doctor and Research

B. KFU By - Laws

B.KFU Bylaws	Description
القواعد التنفيذية للمواد من الخامسة وحتى السابعة	<p>خامساً: تحدد مجالس الكليات الصحية الضوابط اللازمة للدورات السريرية لطلاب كليتهم بحيث تشمل:</p> <p>1- طريقة تسجيل طلاب هذه الدورات في كل فصل دراسي بالتنسيق مع عمادة القبول والتسجيل.</p> <p>2- شروط الانتقال من مستوى الى آخر في هذه الدورات.</p> <p>3- شروط الجلوس للاختبارات النهائية لهذه الدورات.</p>

C. To Adapt the New Curriculum

C.to adapt the new curriculum
<p>نظراً لأن المنهج الجديد ومنذ اليوم الأول في العام الأول وحتى التخرج يعتمد على المرضى من المستشفى ويتم التحاور معهم من قبل الطلاب ونظراً لأن المنهج الجديد مبني على الأساس الإكلينيكي السريري وأسلوب البلوكات أو الدورات السريرية.</p> <p>لذلك كله فإن المنهج الجديد سيعتمد في طريقة تسجيل الطلاب وانتقالهم من مستوى الى آخر وفي شروط الجلوس للاختبارات النهائية على القواعد التنفيذية للمواد من الخامسة وحتى السابعة من لائحة الدراسة بجامعة الملك فيصل وهي أن تحدد مجالس الكليات الصحية الضوابط اللازمة لطلاب كليتهم</p>

LIST OF ABBREVIATIONS

ACGME	Accreditation Council for Graduate Medical Education
BC	Block Coordinator
CAnMEDS	Canadian Medical Education Directives for Specialists
CPS	Clinic Pathological Seminar
CU	Credit Unit
DOPS	Direct Observation of Practical Skills
Dr	Doctor
ER	Emergency Room
GMC	General Medical Council
GMCA	Groningen Medical Curriculum Adaptation
GMER – ME education	Global Minimal Essential Requirement- Medical education
GP	General Practitioner
GPA	Grade Point Average
Groningen CanMEDS	Competence Framework for Groningen Medical Graduates (adapted from original CanMEDS)
IT	Information Technology
KFU	King Faisal University
MBBS	Bachelor of Medicine, Bachelor of Surgery
MCQ	Multiple Choice Questions
MEQ	Modified Essay Questions
Mini – CEX	Mini Clinical Evaluation Exercise
OPD	Out Patient Department
OR	Operating Room

OSCE	Objective Structured Clinical Exam
OSPE	Objective Structured Practical Exam
PD	Professional Development
PHC	Primary Health Care
PT	Progress Test
Saudi Meds	Competence Framework for Saudi Medical Graduates
SDL	Self Directed Learning
SLE	Saudi Licensing Exam
RUG	University of Groningen

SECTION 1

GENERAL PROVISION

Article 1.1 **Applicability**

These guidelines apply to the teaching and examinations of the Bachelor of Medicine, Bachelor of Surgery (MBBS), here-in-after referred to as 'the program'. The program is provided by the College of Medicine – King Faisal University; hereinafter referred as 'the college'.

Article 1.2 **Definitions**

The following definitions apply to these guidelines:

Student. A person enrolled in the university for the purpose of taking course units and/or examination leading to the conferral of university degree.

College Board. Composed of the Dean, Vice Deans and Department Chairman. It has many regulatory and supervising functions. It assigns the block and line coordinators, producers and educationists. It organizes and coordinates the overall plans of teaching and examinations. Responsible body similar to the Board of Examiners in Western Countries. Dean and Vice Deans constitute the Appeal committee according of the KFU by-laws.

Block Coordinator. Faculty member responsible for organization, running, and management of the block and supervising the final preparation and conduct of all tests (form and content).

Line Coordinator. Faculty member responsible for organization, running and management of the line and supervising the final preparation and conduct of all tests (form and content).

Producer. Staff member responsible for all logistics related to the block.

Educationist. Faculty member responsible for the educational philosophy and revision of the block content. He is also responsible (with the examination committee) for the revision of the questions referred to him from the block coordinator and re-sending them to the BC before final preparation.

Examination. An investigation of the acquired knowledge, understanding and skills of the student as well as the assessment of the results of that investigation for the course unit in question. (Block, line or part of them).

Practical Obligations. Practical exercise in one or more of the following forms:

1. Taking part in a tutor group.
2. Taking part in a mentor group.
3. Taking part in a group training students to function as a doctor (couching group).
4. Taking part in a skill group
5. A written assignment or draft.
6. Conducting research.
7. Writing a report/thesis.
8. Taking part in a field trip or excursion.
9. Taking a clerkship.
10. Taking part in workshops.
11. Taking part in ordinary practical or lab session.
12. Taking part in IT lab session.
13. Practical Tests.

Semester. Half of the academic year comprising 18 teaching weeks excluding any vacation, starting on and ending on a date to be determined by the Ministry Calendar Guidelines and announced by the University.

Credit Unit. One credit unit is equivalent of 15 sessions (lecture; 1 contact hour, practical; 2 contact hours, workshop; 3 contact hours). Each contact hour is composed of 50 minutes.

Study Workload. Number of credit units per year must not exceed 36 according to the Saudi national Qualification Framework for higher education. The program has a study workload of 180 credit units (Saudi credit system). Hours of study include the physical contact hours and self-study hours.

Self- Directed Learning (SDL). Program guarantees the student self-learning as one of the main philosophies of the recent medical curricula. SDL is representing a major part of the student timetables. Nearly 1/3 of the total week time is for direct teacher-student contact while the remaining time is for the SDL. The student will use this time at library, labs, IT areas for reading, research, finding evidence, solving a problem or preparing assignments. Also, SDL is the main learning strategy for the knowledge development line in preparation for the 4 yearly progress tests.

Article 1.3

Aims of the Program

The MBBS is the start of the training continuum for becoming a doctor. The Learning Outcomes that a Saudi physician must satisfy are set out in the Saudi Meds competencies⁴. All new medical colleges in KSA should ensure the competencies for their graduates. These competencies are nearly similar to the recent competency frameworks adopted elsewhere as GMC tomorrow's Doctor Competencies in England, ACGME competencies and GMER-ME in USA and CanMEDS in Canada. The curriculum committee at Groningen University had translated the canMEDS competencies and incorporated them into seven competences for the undergraduate medical students.

Article 1.4

Competencies Considered in the Program

I. Saudi Meds⁴

1. Approach to daily Practice.

- a. Utilization of the basic and clinical sciences in daily practice
- b. Evidence – based medical practice
- c. Teamwork and inter- professional collaboration.
- d. Leadership and management skills.

2. Doctor and Patient Care: The focused practice on patient's safety and well – being.

- a. Basic clinical procedures
- b. Patient management, investigation and managing common medical problems, including acute and chronic problems.
- c. Management of life - threatening conditions
- d. Patient education
- e. Clinical reasoning, decision making and problem solving skills
- f. Consideration of patient safety and error management
- g. Applying bio, psycho, or social approach in certain clinical encounters

3. Doctors and the Community

- a. Undertaking of population healthcare/health system in Saudi Arabia
- b. Orientation to health services/providers in the community
- c. Health promotion and disease prevention in the community
- d. Commitments to the social responsibility of the doctor and medical colleges
- e. Role as health advocate

4. Communication Skills: Doctor's appropriate communications skills and behaviors with patients and their families, colleagues, other health professionals and the public.

- a. Apply general principles of communication skills
- b. Communication using different methods in different patients and clinical encounter.
- c. Breaking bad news.
- 5. Professionalism:** Doctor and his obligation towards the medical profession and colleagues.
 - a. Professional attitudes and behavior of doctors
 - b. Basic ethical principles and their application to medicine
 - c. Acceptance of different role and responsibilities of a medical professional.
 - d. Role as a teacher.
 - e. Quality focus practice (maintenance and development of quality).
 - f. Professional development, self – assessment and professional growth.
- 6. Doctor and Information Technology**
 - a. Keep a patients records
 - b. Access date sources
 - c. Application of medical informatics to the principles of health care.
- 7. Doctor and research**
 - a. Introduction to medical research and appreciation in the medical field
 - b. Conducting medical research

II. CanMEDS Competencies²

I. Medical Expert

- 1. Knowledge – Based Competencies.** As a medical experts, physicians integrate all of the CanMEDS roles, applying medical knowledge, clinical skills and professional attitudes in their provision of patient – centered care.

II. Collaborator. As a collaborators, physicians effectively work within a health care team to achieve optimal patient care.

III. Communicator. As a communicators, physicians effectively facilitate the doctor – patient relationship and the dynamic exchanges that occur before, during and after medical encounter.

IV. Health Advocate. As health advocates, physician's responsibility use their expertise and influence to advance the health and well – being of individual patients, communities and populations.

V. Manager. As managers, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the health care system.

VI. Professional. As a professionals, physicians are committed to the health and well – being of individuals and society through ethical practice, professional – led regulation, and high personal standards of behavior.

VII. Scholar. As scholars, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

III. RUG competencies in G2010 guarantees that the graduate will be able to do³:

- 1. Communicating.** A medical practitioner is able to communicate empathically, effectively and efficiently with regards to medical treatment and professional behavior within the context of patient care and cooperation with other care providers.
- 2. Problem Solving.** A medical practitioner is able to identify a problem and take adequate steps to solve it. He/she integrates this competence with all other competences and applies it in medical decision – making process that can be substantiated.
- 3. Applying Knowledge and Science.** A medical practitioner is able to approach scientific information critically and form an independent opinion. He/she is able to translate this information into medical policy.
- 4. Patient Investigation.** A medical practitioner is able to independently take down a problem – based history and carry out physical examination and other diagnostic procedures, as well as interventions that are part of the treatment.
- 5. Patient Management.** A medical practitioner is able to manage the most common health problems of individual patients in relation to their living conditions and to society. He/she can specify the aim of treatment, list the possibilities for treatment, justify the chosen treatment, monitor the effects of the treatment and adjust it, if necessary following consultation with third parties. A medical practitioner is also able to provide basic first aid.
- 6. Handling the Social and Community Contexts of Health care.** A medical practitioner is able to place the individual problems (the complaint) of the patient into a social context and adapt the treatment as necessary. He/she is aware of the factors that influence health, illness, and the consequences of those factors both on a collective and individual level.

7. **Reflection.** A medical practitioner is able to reflect on himself/herself as a person and as a professional in contacts with the patients and colleagues as well as in relation to work and duties and to reflect on the principles of medicine in a culturally relevant context. On the basis of this reflection, the medical practitioner will develop as a person and a professional in the course of his/her career.

IV. Competency Levels

The medical program in Saudi Arabia is composed of two main parts: the medical academic program, which is spent in both the college and the affiliated hospitals until graduation, and the internship year which is spent totally in hospitals as a pre – requisite for medical licensure and future medical practice, which mandate passing a National SLE.

At graduation, the students will master all the basic theoretical and clinical concepts underlying the medical problems specified in the Netherlands 2009 Blueprint with stress on the CanMEDS and Saudi Meds competencies.

These competencies are adopted from RUG curriculum with some adaptations in competencies IV and V. At the end of third year, students must have mastered all the competences up to level 1(A-C). In year 4, year 5 and internship year, other levels of competences (II – V) will be mastered.

Level I:

- A. Students have knowledge and understanding of those branches of science that are relevant to medicine.
- B. Students demonstrate in standardized situations that they have skills that are relevant to medicine.
- C. Students demonstrate that they possess the basic skills required for professional behavior.

Level II: Students used integrated knowledge, skills, and professional behavior in an adequate approach to the issues of illness and health incorporated in this framework. They demonstrate such competence in the context – rich training situations.

Level III: Students adequately perform the professional activities defined in the physician's competencies in proposed – designed training situations and /or simulated professional situations.

Level IV: Students adequately perform the professional activities defined in the physician's competencies in authentic professional situations, having received prior case – specific instruction(s) and being intensively supervised by an experienced practitioner.

Level V: Students adequately and independently perform the professional activities defined in the physician's competencies. An experienced practitioner is immediately available on stand – by and always provides supervision after the event.

- A. Students will perform under observation.
- B. Interns will independently perform with stand – by supervisor.

Article 1.5

Academic Reference Standards and Benchmarks

The newly adopted curriculum from University of Groningen (RUG) at the College of Medicine, KFUPM (GMCA 2012) will be based on both Groningen 2010 curriculum with its modified competencies and all the recent modifications mentioned in the Raamplan a verifier 2009 regarding applying the 7 CanMEDS roles. For this, our GMCA 2012 competencies will be cross mapped with CanMEDS competencies framework (Academic Reference Standards), Saudi Meds medical competencies and NCAA domains of learning outcomes. The GMCA 2012 objectives will be benchmarked versus Canadian Medical Schools; Toronto, Monitoba and British Columbia (Benchmarks). [Details were published in GMCA 2012 competency attainment booklet]

Article 1.6

Academic Merits

I. The first 3 years of the program concentrates on the following merits:

- A. The scientific backgrounds to the basic concepts needed to properly understand the structure and function of the human body and essentials of clinical problems and cases.
 - i. Locating information that is important to the profession, the ability to asses it and where necessary important it to others.
 - ii. Using and referring to subject – specific scientific knowledge in a wider context.
 - iii. Acquiring a critical attitude towards the scientific knowledge on which medical intervention are based.
- B. The principles of scientific methodology, biostatistics and epidemiology.
 - i. Mastering the general principles of hypothesis formation, methodologies (including those related to data collection) and concepts for those types of scientific research relevant to medicine.
 - ii. Understanding the approach underlying scientific research.

II. The last 2 years of the program concentrates on the following academic merits:

- A. The clinical picture and management options for different pathological conditions of the human body.
 - i. Referring to best evidence subject – specific literature.
 - ii. Adopting a critical attitude towards the medical procedures or interventions.
 - iii. Making decisions and selection of the suitable plan, utility or procedure
- B. The application of scientific methodology, biostatistics and epidemiology.
 - i. Starting specific data collection and concept formulation
 - ii. Discussing the findings in reference to literature.
 - iii. Concluding a research with final publication

SECTION 2

ORGANIZATION OF THE PROGRAM

ARTICLE 2.1

Organization and Final Assessments

1. The program consists of 5 years after passing the preparatory year; followed by one year of internship which includes research module.
2. The following final assessments are held:
 - a. The preparatory year must be successfully passed with a score of at least 3.5 out of 5 to be eligible to continue at the College of Medicine. After joining the college, the credit of the preparatory year is nullified and not added to the overall credits of the medical program.
 - b. For any course (block or unit) in the 5 years, the success means that the student had passed all examinations of the modules and components of that course.
 - c. For each course, the scores of the students will be transformed into grades from A+ ($\geq 95\%$) to F ($< 60\%$). Based on these grades, the yearly GPA is calculated.
 - d. At the end of semester and at the end of each year, the Banner system calculates the GPA as a separate entity for that semester or year, besides calculating the overall or summative GPA by

considering the previous GPA. At the end of the fifth year, the Banner calculates the overall student GPA.

- e. Final overall assessment includes summation of successfully passed courses (blocks and lines), elective courses and the obligatory university Islamic courses throughout the five years before joining the internship.
- f. Successfully passing all the assessment in all years grants students the right to the title Bachelor of Medicine and Bachelor of Surgery (MBBS).
- g. The Internship year is conducted at the affiliated hospitals with some obligatory clinical rotations in Medicine, Surgery, Gynecology, Pediatrics and Family medicine. Elective rotations are also present. The last two months of the internship is composed of research module, where the intern will be affiliated to the college for preparation and presentation of his research project. The assessment in this internship year is either pass or fail. Passing this year is a compulsory pre – requisite for the Licensure for medical practice. All graduates must also pass a National Saudi License Exam (SLE) before being their registration in any of the medical specialties to practice Medicine.

Article 2.2

Curriculum at a Glance

- I. The first year consists of 36 credit units distributed over 2 semesters:**

First Semester courses (credit units = CU) are:

1. Fundamentals of Medicine (6CU)
2. Infection and Immunity (6CU)
3. Islamic Course I (2CU)
4. Professional Development I (5CU)*

Second Semester courses (credit units =CU) are:

1. Circulation and Hemostasis (6CU)
2. Mind and Motion (6CU)
3. Knowledge Progress I (3CU)*
4. Islamic Course II (2CU)

Year	Semester	Course Title	Course Code	Prerequisite	Credit Units	Type	Period
		Block 1.1					

Year I	First Semester	Fundamentals of Medicine	1000101		6	Quarter	9 weeks
		Block 1.2 Infection, Immunity Digestion, Kidney & Pharmacology	1000102		6	Quarter	9 weeks
		Islamic Course I			2	Semester	18 weeks
		Professional Development I*	1000105		5	Semester	18 weeks
	Second Semester	Block 1.3 Circulation and Hemostasis Block 1.4	1000103		6	Quarter	9 weeks
		Mind and Motion	1000104		6	Quarter	9 weeks
		Islamic Course II			2	Semester	18 weeks
		Knowledge Progress I*	1000106		3	Semester	18 weeks
	Total				36		

**This is a line course where teaching, training, learning and assessment are spread all over the year. For logistic reasons "KFU Banner System", they were placed as semester courses. Half of the Credits will be covered per each semester; hence the semester workload and credits are equal to 18 credit units.*

II. First Year Practical

The following course units include obligations in addition to the lectures, which students must satisfy. These obligations will take place unless modified later on by RUG.

1. Fundamentals of Medicine

- Weekly Practical (Cell biology/Histology/Anatomy)
- Small - group teaching (tutor group teaching)
- Workshop (Anatomy/Pharmacology/Cell biology/Histology)

2. Infection and Immunity

- Weekly practical (Infectious Diseases/Pharmacology)
- Small group – teaching (tutor group meetings)
- Small group – meeting (mentor group meetings)
- Workshops (Histology/Immunology/Pathology/Anatomy)

3. Circulation and Hemostasis

- Weekly Practical
- Small - group teaching (tutor group meetings)

4. Mind and Motion

- Weekly practical

- b. Small – group teaching (tutor and mentor group meetings)
- c. Basic Life Support
- d. Mentorship activities concluding with report writing

5. Professional Development I

- a. Small – group teaching (coaching group meetings)
- b. Intake interviews
- c. Practical – related workshops as ethics and global health
- d. Activities within the framework of the formative assessment of the portfolio
- e. Care internship in a nursing ward at a nursing home or hospital

III. Form of Examinations

The examinations for the first year course units will be taken in the following way:

1. Fundamentals of Medicine

- a. Written test 1 and written test 2
- b. Oral test (case presentation and video consultation)
- c. Practical – related obligations (Reports – OSPE)
- d. Practical Histology and Cell Biology tests (OSPE)

2. Infection and Immunity

- a. Written test 1 and written test 2
- b. Practical – related obligations (Reports – OSPE)
- c. Practical tests (practical – OSPE)

3. Circulation and Hemostasis

- a. Written test 1 and written test 2
- b. Oral test (case presentation and video consultation)
- c. Practical – related obligations (Reports – OSPE)
- d. Practical Anatomy test with OSPE lab stations

4. Mind and Motion

- a. Written test 1 and written test 2
- b. Report on the research training project
- c. Practical – related obligations (OSPE)
- d. Practical Basic Life Support test

5. Professional Development 1

- a. Ethics assignments
- b. Global Health assignments
- c. Science (Mentorship) Module assessments &/or symposium
- d. Continuous behavior assessment
- e. Portfolio assessment (Completion – obligations – quality)

6. Progress test 1

- a. Progress test 1
- b. Progress test 2
- c. Progress test 3
- d. Progress test 4

Article 2.4

Structure of the Second Year

I. The second year consists of 36 credit units distributed over 2 semesters:

First Semester courses (credit units = CU) are:

1. Motion and Senses (6CU)
2. Emotion and senses (6CU)
3. Islamic Course III (2CU)
4. Professional Development II (5CU)*

Second Semester courses (credit units =CU) are:

1. Dysregulation and Chronic Diseases I (6CU)
2. Dysregulation and Chronic Diseases II (6CU)
3. Knowledge Progress II (3CU)*
4. Islamic Course IV (2CU)

Year	Semester	Course Title	Course Code	Prerequisite	Credit Units	Type	Period
	First Semester	Block 2.1 Motion and Senses	1000201	1000101	6	Quarter	9 weeks
		Block 2.2 Emotion and Senses	1000202	1000102	6	Quarter	9 weeks
		Islamic Course III			2	Semester	18 weeks
		Professional Development II*	1000205		5	Semester	18 weeks

Year 2	Second Semester	Block 2.3 Dysregulation and Chronic Diseases I	1000203	1000103	6	Quarter	9 weeks
		Block 2.4 Dysregulation and Chronic Diseases II	1000204	1000104	6	Quarter	9 weeks
		Islamic Course IV			2	Semester	18 weeks
		Knowledge Progress II*	1000206		3	Semester	18 weeks
	Total				36		

**This is a line course where teaching, training, learning and assessment are spread all over the year. For logistic reasons "KFU Banner System", they were placed as semester courses. Half of the Credits will be covered per each semester; hence the semester workload and credits are equal to 18 credit units.*

II. Second Year Practical

The following second year course units include obligations in addition to the lectures, which students must satisfy. These obligations take the following forms:

1. Motion and Senses
 - a. Weekly practical
 - b. Small – group teaching (tutor group meeting)
2. Emotion and Senses
 - a. Weekly practical
 - b. Small – group teaching (tutor group meeting)
3. Dysregulation and Chronic Disease I
 - a. Weekly practical
 - b. Small – group teaching (tutor group meetings)
4. Dysregulation and Chronic Disease II
 - a. Weekly practical
 - b. Small – group teaching (tutor group meetings)
5. Professional Development II
 - a. Small group teaching (coach group meetings)
 - b. Interviews with patients
 - c. Practical – related workshops as ethics and global health
 - d. Activities within the framework of the formative assessment of the portfolio

III. Forms of Examinations

The examinations for the second year course units will be taken in the way indicated:

1. Motion and Senses

- a. Written test 1 and written test 2
 - b. Practical – related obligations (Reports and OSPE)
- 2. Emotion and Senses
 - a. Written test 1 and written test 2
 - b. Oral test (case presentation and video consultation)
 - c. Practical – related obligations (Reports and OSPE)
- 3. Dysregulation and Chronic Diseases I
 - a. Written test 1 and written test 2
 - b. Practical – related obligations (Reports and OSPE)
- 4. Dysregulation and Chronic Diseases II
 - a. Written test 1 and written test 2
 - b. Oral test (case presentation and video consultation)
 - c. Practical – related obligations (Reports and OSPE)
- 5. Professional Development II
 - a. Ethics assignment
 - b. Global Health assignment
 - c. Continuous behavior assessment
 - d. Practical – related obligations
 - e. Portfolio assessment
- 6. Progress Test II
 - a. Progress test 5
 - b. Progress test 6
 - c. Progress test 7
 - d. Progress test 8

Article 2.5

Structure of the Third Year

I. The third year consists of 36 credit units distributed on 2 semesters:

First Semester courses (credit units = CU) are:

- 1. Oncology, Trauma - Orthopedics (6CU)
- 2. Acute Loss of Function (6CU)
- 3. College Elective I (1CU)
- 4. Free Elective 1 (1CU)
- 5. Professional Development III (5CU)*

Second Semester courses (credit units =CU) are:

1. Life Cycle I (6CU)
2. Life Cycle II (6CU)
3. College Elective II (1CU)
4. Forensic Medicine (1CU)
5. Knowledge Progress III (3CU)*

Year	Semester	Course Title	Course Code	Prerequisite	Credit Units	Type	Period
Year 3	First Semester	Block 3.1 Oncology, Trauma Orthopedics	1000301	1000201	6	Quarter	9weeks
		Block 3.2 Acute Loss Function	1000302	1000202	6	Quarter	9weeks
		College Elective 1	1000308- 1000318		1	Semester	18weeks
		Free Elective (student choice) 1 Professional	1000300		1	Semester	18 weeks
		Development III*	1000305	1000205	5	Semester	18 weeks
	Second Semester	Block 3.3/ Life Cycle I	1000303	1000203	6	Quarter	9 weeks
		Block 3.4/ Life cycle II	1000304	1000204	6	Quarter	9 weeks
		College Elective II	1000319- 1000329		1	Semester	18 weeks
		Forensic Medicine	1000301		1	Semester	18 weeks
		Knowledge Progress III*	1000306	1000206	3	Semester	18 weeks
	Total				36		

**This is a line course where teaching, training, learning and assessment are spread all over the year. For logistic reasons "KFU Banner System", they were placed as semester courses. Half of the Credits will be covered per each semester; hence the semester workload and credits are equal to 18 credit units. Electives are one credit unit = 15 lectures or 30 practical hours or Mixed.*

II. Third Year Practical

The following third year course units include obligation in addition to the lectures which students must satisfy. These obligations take the following forms:

1. Oncology, Trauma – Orthopedics
 - a. Weekly practical
 - b. Small – group teaching (tutor group meeting)
2. Acute Loss of function
 - a. Weekly practical
 - b. Small – group teaching (tutor group meeting)
3. Life Cycle I
 - a. Weekly practical

- b. Small – group teaching (tutor group meeting)
- 4. Life Cycle II
 - a. Weekly practical
 - b. Small – group teaching (tutor group meeting)
- 5. Professional Development III
 - a. Ethics/Global Health assignments
 - b. Socio – medical clerkship report
 - c. Disciplinary hearing report
 - d. Continuous behavior assessment
 - e. Portfolio assessment
- 6. Progress Test III
 - a. Progress Test 9
 - b. Progress Test 10
 - c. Progress Test 11
 - d. Progress Test 12

Article 2.6

Structure of the Fourth Year

- I. The fourth year consists of 36 credit units distributed on 2 semesters:

First Semester courses (credit units = CU) are:

1. Medicine I (6CU) **
2. Surgery I (6CU) **
3. College Elective III (1CU)
4. College Elective IV (1CU)
5. Professional Development IV (5CU)*

Second Semester courses (credit units =CU) are:

1. Life Cycle III (6CU) **
2. Movement (6CU) **
3. Free Elective II (1CU)
4. College Elective V (1CU)
5. Knowledge Progress IV (3CU) *

Year	Semester	Course Title	Course Code	Prerequisite	Credit Units	Type	Period
	First Semester	Block & Clerkship 4.1 Medicine I **	1000401		6	Quarter/ Rotation	9 weeks
		Block & Clerkship 4.2 Surgery I**	1000402		6	Quarter/ Rotation	9 weeks
		College Elective III	1000407- 1000416		1	Semester	18 weeks

Year4		College Elective IV	1000417-1000426		1	Semester	18 weeks
		Professional Development IV*	1000405		5	Semester	18 weeks
	Second Semester	Block & Clerkship 4.3 Life Cycle III **	1000403		6	Quarter/Rotation	9 weeks
		Block & Clerkship 4.4 Movement **	1000404		6	Quarter/Rotation	9 weeks
		Free Elective II	1000400		1	Semester	18 weeks
		College Elective V	1000427-1000436		1	Semester	18 weeks
		Knowledge Progress IV*	1000406		3	Semester	18 weeks
	Total				36		

**This is a line course where teaching, training, learning and assessment are spread all over the year. For logistic reasons "KFU Banner System", they were placed as semester courses. Half of the Credits will be covered per each semester; hence the semester workload and credits are equal to 18 credit units.*

*** This is divided into 4 weeks in the skills Lab (3 credit units) [skill lab activities, clinical seminars and SDL and preparation for PT] and 4 weeks clinical rotation (3 credit units) [clinical activities, night shifts, 1 week end and some general lectures)]*

II. Fourth Year Courses and Practical Conduct

The fourth year encompasses training on four major medical integrated disciplines; Medicine I (General Internal Medicine & Dermatology), Surgery I (ENT, Oncology & General Surgery), Life cycle III (Obstetrics and Gynecology, Pediatrics, Urology) and Movement (Neurology, Rehabilitation, Orthopedics, Ophthalmology, Psychiatry). Furthermore, professional behavior and knowledge development lines which are conducted as year courses and elective courses which are mostly clinical and/or practical small courses. All disciplines in the fourth year are divided in two parts, blocks and clerkships with the following obligations:

The first part (blocks) will be conducted purely in the clinical skills laboratory for specific skills training before going to the health facilities. This training ensures the actual practice in simulated medium without fear from endangering the patient. This is divided into 4 weeks in the skills lab (3 credit units) [skill lab activities, clinical seminars and SDL and preparation for PT].

The second part (clerkship) will be conducted in hospital and health facilities clerkships with observation and complete supervision. The student will clerk patients (take history, do examination, write notes, share in planning of the management and share in the clinical rounds discussion. This period encompasses 4 weeks clinical rotation (3 credit units) [clinical activities, night shifts, 1 week end and some general lectures)].

All the fourth year course units are obligatory. No compensation for any practical. Critical situations can be compensated by arrangement with both the skills Lab and the rotation coordinators, in the time of SDL.

The first week all blocks are devoted for clinical consultation. Assessment will be done based on each week evaluation, log book and final week consultation. Its marks will be added to PD4 (30%).

All professional behavior skills will be practiced and mastered in a live medium. Observation forms have the same concept as the evaluation forms used in the previous years. Professional behavior has its inherent part in the clinical clerkship and the preceptor of clinical observer assesses it. All forms will be reported to clerkship coordinator and professional behavior coordinator.

III. Forms of Examinations

The examinations of the fourth year course units will concentrate on the higher two levels of Miller's triangle; i.e. Show how and Do, in addition to the knowledge and understanding.

The typical distribution of all fourth year blocks' assessment will be:

- Continuous assessment (30%)
 - The practical skills Lab (15%) [Skills Lab Protocol using DOPS] and
 - Clinical clerkship (15%) [Clerkship Protocol using multiple assessment methods as Mini – CEX, reports, presentation, log book]
- Summative Assessment
 - Mid-block examination
 - MCQ (10%)
 - PS (5%)
 - Final-block examination
 - MCQ (20%)
 - PS (5%)
 - OSCE (30%) this should contain ≥ 12 stations with multiple clinical areas.

The typical distribution of all fourth year lines' assessment will be:

1. Professional Development (Professional Behavior) IV
 - a. Ethics /Global Health assignments
 - b. Disciplinary report, Patient report, Nursing report
 - c. Continuous behavior assessment
 - d. Judgement interview
 - e. Portfolio assessment
 - f. Consultation assessment (30%)
2. Progress Test IV
 - a. Progress test 13
 - b. Progress test 14
 - c. Progress test 15
 - d. Progress test 16

Article 2.7

Structure of the Fifth Year

I. The fifth year consists of 36 credit units distributed on 2 semesters:

First Semester courses (credit units = CU) are:

1. Medicine II (4CU)
2. Surgery II (4CU)
3. Community Health/PHC (4CU)
4. Emergency Medicine/GP (4CU)
5. Knowledge Progress V (3CU)*

Second Semester courses (credit units =CU) are:

1. Ear Nose Throat (1.5CU)
2. Ophthalmology (1.5CU)
3. Radiology (1.5CU)
4. Dermatology (1.5CU)
5. Anesthesia (1.5CU)

Year	Semester	Course Title	Course Code	Prerequisite	Credit Units	Type	Period
Year5	First Semester	Medicine II	1000501	1000401	4	Rotation	4 weeks
		Surgery II	1000502	1000402	4	Rotation	4 weeks
		Community Health/PHC	1000503	1000401	4	Rotation	4 weeks
		Emergency Medicine/GP	1000504	1000402	4	Rotation	4 weeks
		Knowledge Progress V*	1000506		3	Semester	18 weeks
		Final Exam					2 weeks
	Second Semester	Ear Nose Throat	1000507	1000402	1.5	Rotation	4 weeks
		Ophthalmology	1000508	1000402	1.5	Rotation	4 weeks
		Radiology	1000509	1000401	1.5	Rotation	4 weeks
		Dermatology	1000510	1000401	1.5	Rotation	4 weeks
		Anesthesia	1000511	1000402	1.5	Rotation	4 weeks
		Orthopedics	1000512	1000402	1.5	Rotation	4 weeks
		Social Medicine	1000513	1000401	1.5	Rotation	4 weeks
		Psychiatry	1000514	1000401	1.5	Rotation	4 weeks
		Professional Development V*	1000505			Semester	18 weeks
		Final Exam					2 weeks
	Total				36		

** This is a line course where teaching, training, learning and assessment are spread all over the year. For logistic reasons "KFU Banner system", they were placed as semester courses.*

II. Fifth Year Format and Practical

The fifth year encompasses training on these medical disciplines:

1. Medicine II
2. Surgery II
3. Community Health/PHC
4. Emergency Medicine/GP
5. Ear Nose Throat
6. Ophthalmology
7. Radiology
8. Dermatology
9. Anesthesia
10. Orthopedics
11. Social Medicine
12. Psychiatry

All courses are conducted as clerkships in hospitals and health facilities with observation and supervision. The student will clerk patients (take history), do examination, write notes and share in planning of management) and share in clinical rounds discussion. The student will attend more clinical facilities, OPDs, OR and ER. The one - month clerkship (four credit units) includes 20 days clinical activities (four hours each) in addition to other hospital duties [4 night shifts (2 hours each) and 1 weekend shift (4hours)] plus 13 lectures (10 for the specialty + 3 general lectures). The two weeks clinical rotation (1.5 credit units) means 8 days clinical activities (4 hour each) in addition to other hospital duties [2 night shifts (2 hours each) and 1 weekend shift (4 hours)]. It may include 4 lectures for the specialty.

All fifth year course units are obligatory. No compensation for any practical. Critical situations can be compensated by arrangement with the coordinator, in the time of SDL.

All the professional behavior skills need to be practiced, mastered in live medium. Observation forms have the same concept of the professional evaluation forms used in the previous years. Professional behavior has its inherent part in any clinical clerkship and the preceptor or a clinical observer assesses it. All forms will be reported to clerkship coordinator and Professional Behavior coordinator.

III. Forms of Examinations

The examinations for the fifth year course units will concentrate on the higher two levels of Miller's triangle; i.e. Shows how and Does.

The typical distribution of all fifth year blocks' assessment will be:

- Continuous assessment (30%)
 - Clinical clerkship (30%) [Clerkship Protocol using multiple assessment methods as Mini – CEX, reports, presentation, log book]
- Summative Assessment
 - Final-block examination

- PS (40%)
- OSCE (30%)

- Any further modalities advised or recommended by Groningen University Experts or adopted by the GMCA Supervisory Team (GST).

The typical distribution of all fifth year lines' assessment will be:

Professional Development (Professional Behavior) V

1. Ethics/global Health assignments
2. Patient, Nursing report, disciplinary report
3. Continuous behavior assessment
4. Portfolio assessment
5. Consolation assessment

Progress Test V

1. Progress 17
2. Progress 18
3. Progress 19
4. Progress 20

Article 2.8 Structure of the internship Year

1. Medicine (8 CU-2 months)
2. Surgery (8CU-2 months)
3. Obstetrics and Gynecology (8 CU-months)
4. Pediatrics (8CU-2moths)
5. PHC (4CU-1month)
6. Electives (4CU-1month)
7. Research Project Conduct and Submission (8CU-2months)* (4 CU – 1 month)

Internship	Medicine	Surgery	Gynecology	Pediatrics	PHC	Electives	Research Project Conduct and Submission**
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1438 -1439 2017-2018	2 M	2m	2M	2M	1M	1M	1 month
	8 credits	8 credits	8 credits	8 credits	4 credits	4 credits	8 credits
	At KFU or at any affiliated Hospital						Obligatory At KFU

*** Research projects will be organized through the Vice Dean for Postgraduate affairs, where all Specialties will nominate a group of research points. Student will select 3 choices, organization will be done to fill all areas.*

The research point will be selected from the start of the third year during block 3.1 research module. The point will be acted upon during the internship year. The intern will search and review the literature and finally will present his proposal to the assigned supervisor. Candidates will attend at KFU in the last two months for conduct, follow up and submission.

Research report submission, presentation and assessment will be done as per research report protocol. Successfully passing this module is a must to finish off the internship year and for being legible for final certification.

SECTION 3

EXAMINATIONS AND ASSESSMENTS

Article 3.1 Compulsory Order

1. Students must have taken their first intake interview in the Professional Development I module before being allowed to take any written parts of the first year
2. Passing of block 1.1 is prerequisite for Block 2.1, which is prerequisite for block 3.1. the same situation occurs with other blocks (1.2,1.3 and 1.4)

The student is only allowed to register and sit for his block	After	Passing this block
Motion and Senses (2.1)	passing	Fundamentals of Medicine (1.1)
Emotion and Senses (2.2)	passing	Infection and Immunity (1.2)
Dysregulation & Chr. Diseases I (2.3)	passing	Circulation and Hemostasis (1.3)
Dysregulation & Chr. Diseases II (2.4)	passing	Mind and Motion (1.4)

Professional Development II (2.5)	passing	Professional Development I (1.5)
Progress Test II (2.6)	passing	Progress Test I (1.6)
Oncology, Trauma-Orthopedics (3.1)	passing	Motion and Senses (2.1)
Acute Loss of function (3.2)	passing	Emotion and Senses (2.2)
Life cycle I (3.3)	passing	Dysregulation & Chr. Diseases I (2.3)
Life cycle II (3.4)	passing	Dysregulation & Chr. Diseases II (2.4)
Professional development III (3.5)	passing	Professional development II (2.5)
Progress Test III (3.6)	passing	Progress Test II (2.6)

3. During the first three years, failing in more than 12 credits units (out of 32, excluding Islamic courses) will prevent the student from admission to next year.
4. For admission to the fourth year, the student must pass all course units in the first three years.

Article 3.2

Overview, Frequency and Periods

1. Assessment from different aspects is the policy in our new curriculum to achieve the CanMed & **SaudiMed competencies** of all roles of a medical graduate. Assessment is different from the traditional written, oral and practical methods.
2. Written assessment entails a new modality which is the open book exam to allow for in depth evaluation of the higher thinking skills and test ability of the student to find the correct information. Non written assessment includes oral and/or practical assessment.
3. Oral exam will be conducted in 2 blocks per year; 1.1 and 1.3, then reverse arrangement in second and third year; as 2.2, 2.4, 3.1 and 3.3 it depends on the assignments of the tutor group cases and the patient lectures. Oral exam assesses communication, presentation, clinical reasoning management skills besides the cognitive skills.
4. Practical testing is applicable for the block practical sessions and workshops. This assessment may include practical continuous and final assessment. Practical continuous assessment may include either reports, manual skill test or written assignment. Final practical assessment may include either reports after theoretical workshops or OSPE after practical workshops and practical sessions. Report writing after ethics and global health workshops will have certain form. It will assess managerial, collaborative and advocacy competencies. Practical testing allows for testing many competencies besides the cognitive and psychomotor skills; as the communication, collaboration, health advocacy, management and professionalism.
5. Scientific research methodology and statistics will be ensured in mentor group sessions and the assessment will include a final report and presentation. Tutor group,

mentor and coach group assessment includes professionalism and reflection. Forms of professional behavior assessment are used weekly. The average block mark will be assigned. None of these forms will be considered without student reflection which should be also checked. Reflection will be asked for any form of assessment and behavior. It is not just a paper work to be filled out but it is a mandatory to develop reflective skills which are of paramount importance for lifelong learning. Feedback from different parties is mandatory to assure the student professionalism. Different assignment and behavioral evaluation will be compiled to formulate a portfolio, which is the cornerstone for professionalism behavior.

6. In the 4th and 5th year, little weight is given to the theoretical part of the clinical rotation either in learning or assessment. Stress is put on the continuous clinical learning and assessment followed by OSCE utilizing different clinical situations. Most of the theoretical knowledge throughout the curriculum years will be assessed four times a year through the knowledge of progress testing.
7. All examinations dates will be announced in the proceedings of the block and it will be written in the course material for the different course units. The time and place of the examination would be announced in suitable time.
8. In each academic year, there will be two opportunities to take the examination of all course units with the exception of progress test. Re-sit exams will be conducted during summer month before the start of the new academic year OR see special conditions on page NO.42.

Article 3.3

Mark Distribution in the First Three Years

1. The written part of the examination in the first three years represents 60% of the total mark. The non – written parts represent 40% of the mark. They include continuous assessment 10% (tutor group assignment and patient presentation and reports.....etc.) oral exam 10% and/or practical tests (OSPE) and/or assignment and/or report 20% of the marks.
2. In blocks having no oral exams, its mark will be added to the practical part; so that the practical will represent 30% of the mark.
3. Assessment tools In all blocks must consider the following:
 - a. Assessment drive learning
 - b. It should have a 360° approach and concept
 - c. All CanMEDs competencies should be remembered during block assessment blueprinting
 - d. All SaudiMed competencies should be remembered during block assessment blueprinting

Article 3.4

The Written Part of the Examination

1. The description of the material needed for the written part of the examination is available in the student manual and via the electronic learning environment.

2. The timing of the written examination will be announced to students in the student manual or via the electronic learning environment at the start of the relevant course unit and will not be subsequently changed except in situation of force majeure.
3. Written exam covers all the block study materials (width of the content) with strict consideration of the student study load during blueprinting of the exam. All Bloom's levels need to be considered (depth of the content) with Levels I, II and III representing 50, 30, 20% respectively.
4. Each block has 2 written exams; one in the 5th week and one in the 9th week. The first exam covers the study materials of the first 4 weeks. The second covers the whole block material.
5. The questions will be prepared as per protocols (20 – 25 questions per week) covering the first 4 weeks are divided in two parts; one to be presented in the first exam and the second to be included in the final exam with the remaining week's questions.
6. Written exam is composed of both closed and open book questions and both of them are in the form of MCQ with two, three, four or five options.
7. The closed book exam items represent around 60% of the total exam items. The open book exam items will represent around 40% of the exam items.
8. The conduct of the written exam should strictly follow a fixed timing from getting the questions till final printing of the exam. The following policy will be applied.
 - a. The block coordinator (BC) is responsible for the finalization of the written exam after considering the breadth and depth and matching all questions with the learning questions and objectives.
 - b. All the concerned **faculty members** will sent their questions to the block coordinator as per guidelines of the examination committee. The BC will return the questions to them again if not suitable with a report copy to the Dean.
 - c. The BC will send all the provisionally suitable questions matched with block objectives) to the educationalist (Examination committee, Faculty Development Committee, Others) in a very confidential manner to revise its technical writing and also he may help the BC in blueprinting based on BC request.
 - d. The full pool of the revised and corrected questions will be returned back again to the block coordinator who will select the final questions according to the block blueprint.
 - e. The final copy of the exam will be prepared and kept by the block coordinator in a very confidential matter.
 - f. The producer will help the block coordinator in printing stapling, distribution, and invigilation and collection of the answer sheets. He will help in post exam analysis.

Article 3.5

Non – Written Obligations and Testing

1. The description of the material for the non – written examination will be announced at the start of the relevant course unit in the manuals and via electronic learning environment and will not be subsequently changed during the current academic year.
2. In any segment of the non – written components, the block coordinator will nominate members to the Dean to select the suitable member to be assigned responsibility as a coordinator for this segment to regulate the sessions, examination and finalize marking of this segment.
3. Each segment of the non – written components has its own learning outcomes and its unique method of assessment (reports, practical test and OSPE). Different assessment (examination) modalities are used according to the intended learning outcomes, to ensure alignment of learning and assessment.
4. The non – written exam marks are distributed according to the student study load with accurate blueprinting of all non – written components.
5. Success in each part of the non – written components is mandatory to ensure student achievement of the related learning outcomes and ensure the overall course objectives. Re-sit chances should be given to all non – written components during the course time. In these situations, the student will not be awarded more than 60% of the mark of that part.

3.5.5a. Only one re-sit chance to be given for formative assessment. If candidate do not get 60%, then his obtained score to be taken for tabulation and no additional re-sit to be given.

6. Reporting of the results and marks should ensure that all segments are presented in the mark list and should highlight those who had passed after any re-sit trial for further help and academic support.
7. The conduct of the oral exam will follow certain guidelines as in Groningen University (areas to be assessed, objectives for each case, time and methodology of asking, marking and reporting).
8. To avoid holistic approaches in the ordinary oral exams, structured oral exam (SOE) rules will be followed to include themes and objectives needed to be assessed in each case and expected student response. This will ensure that certain intended learning outcomes were achieved and guarantee the complementary approach in the overall student assessment from different assessment modalities.
9. The oral exam is composed of 2 separate sessions; one for the case presentation and one for the patient video consultation. In each session, two different examiners should assess the student.
10. In each session, the marking will be done by one of the coming methods. Either the two examiners submit two anonymous separate evaluation forms or the student is assessed in the session by two examiners, one for asking and one for marking.
11. Re-sit for the oral exam will be allowed and it will be conducted within the same block after finishing of written exam. In these situations, the student will not be awarded more than 60% of the mark of oral exam (If he/she has no accepted definite cause for absence).

Article 3.6

The Distribution and Conduct of the Fourth and Fifth Year Marks

1. The description of the fourth year marks is as following:

- a. Continuous assessment (40%) will include:
 - i. The practical skills Lab (20%) [Skills Lab Protocol using DOPS/OSATS]
 - ii. Clinical clerkship (20%) [Clerkship Protocol using multiple assessment methods as Mini – CEX, DOPS, OSATS, reports, presentation and a logbook]
 - b. Final Electronic Written MEQ (15%)
 - c. Final OSCE (45%)
2. The description of the fifth year marks as is following:
- a. Continuous clinical assessment (60% of the marks) [Clerkship Protocol using multiple assessment methods as Mini – CEX, DOPS, OSATS, reports, presentation and a log book]
 - b. Final OSCE (40% of the marks)
3. The description of the exams of the fourth year as following:
- a. Continuous assessment in the skills lab (20%) will be done by frequent Direct Observation of Practice (DOPS protocol). The best scores are calculated for each student and the forms are documented.
 - b. Continuous clinical assessment of the clerkship (20%) is equally distributed on the clerkship weeks and will be observed by multiple tools as Mini – CEX (2 per week), case reports, case presentations and practical Log book for OR, ER and OPD activities. For each of these modalities, the clinical preceptors will objectively assess the students. The clerkship weekly score is calculated by summation of the best student scores in each of these assessment modalities. Student will hand their assessment forms from the preceptors to their supervisors. The weekly scores will be summed to calculate the continuous assessment mark of the clerkship. The preceptor will keep a copy of all the weekly documents. The supervisor will keep mark will be for discussion of some points in the logbook by the supervisor.
 - c. Final Electronic Written exam (15%) will be done using **Problem Solving Questions (PSQ)**, which goes in depth in certain issues, by multi – level questions to guarantee integration and inclusion of multiple areas with suitable depth.
 - d. OSCE will concentrate on multiple specific directed tasks with patients, simulated patient or manikin in a single final exam (45%). Paper based OSCE will be omitted or markedly restricted. Number of OSCE stations will be decided to guarantee reliability (not less than 12). Blueprinting of all clinical skills will be done to guarantee validity.
4. The description of the exams of the fifth year as following:
- a. Continuous clinical assessment of the clerkship (60%) is equally distributed on the clerkship weeks and will be observed by different assessment tools as Mini – CEX for consultation (2 per week), case reports, case presentations, practical Log book for OR, ER, OPD activities and DOPS for procedures. In these modalities, the preceptors will objectively assess the students and the weekly score is calculated by summation of the best student scores in each of

these assessment modalities. Students will hand their assessment forms from the preceptors to their supervisor. The weekly scores will be summated to calculate the continuous assessment mark. The preceptor will keep a copy of all the weekly documents. The supervisor will keep copies in the student's clinical portfolio as an evidence for their mark. A part of the mark will be for discussion of some points in the Log book by the supervisor.

- b. OSCE will concentrate on multiple specific directed tasks with patients, simulated patient or manikin in a single final exam (40%). Paper based OSCE will be committed or markedly restricted. Number of OSCE stations will be decided to guarantee reliability and blueprinting of all clinical skills will be done to guarantee validity.
5. Continuous assessment allows for daily chances for reform and improvement. Absence or non – improvement will lead to no mark or very low mark in that week. Absence needs to be compensated by extra time at night shifts in the following weeks. Inability to show improvement from week to week means failure in the continuous assessment.
6. Failure in the continuous assessment will prevent the student from attending the final exams and he will be considered failed and he will re – register in the following year.
7. Students failing to pass the clerkship final (OSCE &/or **PSQ/Written**) will be given a second chance for re – sitting in summer, and the final mark of that OSCE &/or **PSQ/Written** will not exceed 60%.
8. Any student fails in any of the 4th year blocks (failed in the continuous assessment or failed in OSCE &/or **PSQ/Written** re-sit), should re – register for this block before registering in 5th year courses with consideration to the number of maximum allowed credit units in KFU bylaws and respecting the fifth year prerequisite from the 4th year.

Article 3.7

Professional Development Obligations and its Testing

1. The professional development line (PD line) encompasses the Professionalism and Science modules in the first year. Later on, the PD line will only concentrate on professionalism.
2. The description of the material needed for the PD evaluation will be announced at the start of the relevant year in the coach manual via the electronic learning environment and will not be subsequently changed during the current academic year.
3. The components included in PD evaluation are professional behavior evaluation, written assignments, interviews, reports, and all will be compiled in a PD portfolio. Global Health issues in the form of workshops and its related assignments are included in PD evaluation. Ethics module workshops and assignments are also included.
4. Mark distribution of PD line in the first year will be divided into Science 20% and Professionalism 80% (10% Global Health, 10% Ethics, 20% PD behavioral forms and 40% for the portfolio). Later on, in the following years, 100% of the PD lines marks will only be on professionalism with additional professional tasks in these years. Two assessors according to its specific protocol will assess the portfolio.

5. The Science module includes mentorship in the form of sessions and meetings to guide the student grasp the scientific research methodology basis and the research, which will be carried out by the students. The research report is a conclusion of the mentorship activity (science) will be primarily assessed by the mentor (60% of the mark). Assessment during report symposium (posters or presentation) represents 40% mark. Some parts of the research project will be assessed per group of involved students while other parts are assessed per individual student.
6. Consultation skills in the fourth and fifth year will also be assessed by keeping a consultation logbook plus final assessment to show that they have gained experience in several situations (an emergency case, pediatric case, etc.) and this logbook is judged on the basis of its completeness and quality. After completing three or more clerkships, students may be assessed in an observed consulting – hour examination of a simulation patient.
7. Weekly evaluation of PD will be done either by the tutor, mentor, coach or nurse. These weekly forms will be delivered with the student self – reflection to the line producer. Average score will be calculated by the producers. This average will be included in the portfolio.

Article 3.8

Post Exam Procedures

Marking, Item Elimination and Publication Marks

1. The results of an oral examination will be determined within 24 hours of the exam.
2. The results of continuous assessment, practical, non – written component and/or clinical examination will be determined within 3 working days of the day of examination.
3. All students will be officially notified in their areas that need improvement in the whole block/line components.
4. The results of a written examination will be determined within 7 – 10 working days after the day of the examination following the coming strict steps;
 - a. The student feedback on the content, construct and distribution of the questions will be taken after the finishing the exam.
 - b. The block coordinator and producer will finalize marking and assess the items accuracy after doing item analysis. This must depend on a standardized protocol as used in RUG considering some of the indices. Discriminatory index (DI) must be positive and above 0.18, Difficulty index (Pc value) should be reasonable (very difficult if <25 and very easy if >90). Questions having negative DI needs to be considered for elimination. Questions having DI <0.18 and P value <25 needs to be discussed with the expert and to be considered for elimination if failure rate is >10%.
 - c. These steps need to be in coordination with GMCA coordinator to ensure harmony of the policies of the GST.
 - d. The block coordinator will consult the educationalist, the Faculty members and experts of the concerned block to discuss the exam analysis after including all the previous reports and to end in suggesting elimination of the non – suitable items.

- e. The block coordinator will prepare a final report to be presented to the Dean and GST with all findings and they will give the final decision.
 - f. The final report will be summarized, announced and notified to the students with the response to their feedback.
 - g. Student appeal is allowed within 3 days after result publication through the block coordinator who will investigate and report the findings to the Dean to decide.
5. The block/line coordinator will determine the final mark for an examination for a course unit within 10 working days of completion of the course unit in question. The final mark of the course unit will only be announced to the students through KFU Banner system at the end of each semester.

Article 3.9

Low Performance and Slow Learners

1. It is not allowed at all to neglect any student with special academic needs throughout the curriculum, lines, blocks and courses. Suitable actions need to be timely decided through the cooperation between faculty, block coordinators and student support committee.
2. It is mandatory to diagnose any student learning difficulty no more than the 5th week of starting the study in the block or line with the possible written reporting and action plan to be done per each case. Academic support by repetition of the deficient areas should be mandated and documented.
3. To avoid complex academic load of slow learner students, re-sit chances for the non – written components in the first three years will be offered during the block/line period and may be given in the subsequent blocks.
4. Presenting the mark list to the College Board should ensure transparent marking of each segment in the blocks/lines with highlighting of those areas passed after re -- sitting to be reported, documented, latter corrected and to be avoided.
5. At a student's request, the College Board may allow an examination for any segment of the non – written components to be taken in a form of different from its original stipulated form, with consideration to cover all curriculum domains and intended learning outcomes.
6. Students with a performance disability will be given the opportunity to take examination in a form that will compensate as far as possible for their individual disability. If necessary, the College Board will seek expert advice on this matter.

Article 3.10

Extended Examinations

1. Students who by the end of their first year enrolment and
 - a. Have passed block 1.1
 - b. Have earned a final grade of at least D+ for two of the other three blocks

- c. Have earned a final mark near 60 ($\geq 55/60$) for the remaining block, will be considered for an extended examination for part of the material from the relevant block where the student was deficient in, to be safe during the regular re-sit period. The final result of an extended examination can never be more than 60%.
2. Students who in the first year of enrolment and after the re-sit examinations
 - a. Have passed 3 of the course units, of which one must be Professional Development I
 - b. Have satisfied all obligations for the other three course units, including the oral part of examination 1.3 and the report on the research training project of course unit 1.4
 - c. Have earned a mark of at least 55% for written part of the failed blocks, will be offered the opportunity to sit an extended examination in a part of the block units or modules to be chosen by the Faculty. The final result of this extended examination can never be more than 60%.

Article 3.11

Exemptions

1. At the student's request with the supporting official documents, the College Board, after opinion of the concerned block/line coordinator, may grant exemption from studying of all or part of the block or from some sessions and assignment of the concerned line if the student has studied this part in RUG or similar Universities running the same curriculum. He will be permitted to continue the block/line at KFU program.
2. At the student's request with the supporting official documents, College Board, after opinion of the concerned block coordinator may grant exemption from studying and from examination of a block if the student has completed and passed this block in RUG or similar Universities running the same curriculum.
3. In this situation, the student assessment will be transformed to KFU system as pass/fail without being included in the GPA calculation.

Article 3.12

Validity

1. The examination's marks of course unit (block/line) that have been passed remain valid indefinitely for students without interrupted study period (withdrawal or postponement).
2. The examination's marks of course units (block/line) that have been passed remain valid for only one and half year (3 semesters) for the students who stopped their study for any cause (withdrawal, postponement or stopping). This is highly justified by the curriculum philosophy of continuous nature and additive value of subsequent learning situations. The everyday new medical knowledge, which is guaranteed by continuous studying is also another strong factor.
3. If the student in article 3.12.2 returned to the College, the College Board will decide to require him/her to take the nearest Progress Test according to his academic level

just before his stoppage. If he/she gets the cut off score of passing that test, he/she will allowed to continue his/her remaining units and complete his/her study. If he/she fail to pass that test, he/she will be given another last chance for the next progress test. If he/she fails again, he/she will not be allowed to continue the study in the College.

Article 3.13

Re-sit Exam Details

1. Re-sitting examination of the first three years:
 - a. As all the components/modules of any course unit (block/line) should be passed separately before endorsing student passing that course unit, all the components or modules have a chance for re-sit.
 - b. Except the written components, the re-sits for all other components (oral examination, practical, research report, etc.) are done within the course unit time. Failure In these semester or year results, taking in consideration the statement of Article 3.9.
 - c. Re-sit for the written component of the block 1.1, 'Fundamentals of Medicine' examination will take place in the first day after midyear vacation; the second chance of the re-sit will take place during summer vacation.
 - d. Re-sit for the written component of the other blocks will take place during summer vacation. Exceptionally, re-sit exams for first semester, may be done in the second semester, if it was expected that there was impossibility to be held in summer.
 - e. The re-sit for a written component will consist of one written test covering the entire components of the block in question. The number of items covering a particular subject will be proportional to the study load required for mastering this subject.
 - f. After re-sitting examinations of any component (written or non – written), the mark obtained by the examinee will never exceed 60% in this component.
 - g. Examinee failing to pass re-sitting examinations of the written component, will re-register for this block in the next academic year, taking inconsideration the compulsory rules of passing the course units and prerequisites.
 - h. All first three years' courses should be passed before enrollment in 4th year.
2. Re-sitting examinations of fourth and fifth years:
 - a. As all clerkships or clinical blocks concentrate on acquisition of practical clinical skills needed for medical practice, a great concern is put on the daily performance of the student. The overall passing of this component is mandatory to attend the final clinical exam. Day to day clinical performance assessment is mandatory. Clinical performance will be used as a formative and cumulative summative assessment of the student. By this, a daily chance of correction and improvement is allowed, i.e. daily chance of re-sit.

- b. Failure to pass the clerkship continuous clinical evaluation will prevent the student from attending the final clerkship OSCE exam and the student will re-register in the next year.
- c. Failure to pass the clerkship final written and/or OSCE will give the student a second chance for re-sitting the OSCE in summer, considering that the final mark of that clinical block or clerkship will not exceed 60%.

3. Re-sit for Professional Development I examination:

- a. If the mark for the module is a fail, the PD coordinator will determine whether the examinee must repeat the entire module or parts thereof or carry out other activities to obtain a pass. He will also determine whether the examinee can engage in other activities to complete any components to be repeated before the start of the new academic year. If these activities do not provide sufficient evidence for the necessary professional level, the PD coordinator will provide a suitable replacement assignment.
- b. If the student does not pass the Professional Development I after the activities stipulated in article 3.13.3.a, and to avoid interference with subsequent blocks, the College Board will exceptionally allow the student to be admitted to Professional Development II after arrangement between professional development coordinator and the coordinators of other blocks before the start of these blocks to arrange the student study program. These arrangement must be documented in writing in the examinee's personal file.
- c. In this case of Exceptional admission to Professional Development II, he or she must meet the requirements of Professional Development I before a mark can be awarded for Professional Development II.
- d. To avoid any academic troubles to the student, if he failed again in Professional Development I by the end of the first semester of the second year, exceptionally the College Board can allow him for a last chance in the second semester. If he failed again, he is not allowed to continue in the college.
- e. The same rules mentioned in articles 3.13.3.b, 3.13.3.c and 3.13.3.d are applicable for the students failing PD II and PD III
- f. All these articles will consider article 3.1.4. As no admission to the fourth year will be allowed except passing all course units in the first three years.
- g. CTC missed for 3 – weeks in 4th year due to repeat of 3.1 & 3.2 blocks. All students to start CTC even they are failed so cannot miss the CTC weeks, if would not clear the block.
3.13g (I): Student of year 4 who is not able to attend CTC/hospital rotation/ has insufficient hospital /CTC attendance with valid medical or other excuse allowed to attend Hospital alone or with CTC.

4. Re-sitting examinations of the Progress Test (PGT):

- a. As there are 4 tests per year, each test has an effect on the overall success. Each year has a final grade for cumulative passing (how many pass or fail or good and their consequence). The scores in the individual tests will be also

- considered (the numerical score average and numerical cutoff average). The final course grade will be transformed into GPA system.
- b. All student must pass PGT at the end of the third year in order to be eligible to be enrolled in the fourth year.
 - c. Re-sit chances can be allowed based on the situations.

Section 4

MISCELLANEOUS / SPECIAL CONDITIONS (Year 4 & 5)

Article 4.1

If student is failed in, one block only of year 4 and passes all other blocks in 4th year then she / he is allowed to register and attend the same block in the first quarter of the 5th year. The students will register and join for PD5 from the beginning of the year and continue (Appendix 1).

4.1.1: If she/he passes the complete examination (Written & OSCE) in the first quarter, final examination of the block as a re-sit examination, then she/he can continue the PD line 5.

4.1.2: If she/he fails in block re-sit examination, then withdrawn from the PD line 5 and in the banner mentioned as “IP” and at the end will be given “F”. She / he will repeat PD Line 5 only after clearing all year 4 blocks and will start year 5 at the same time.

Article 4.2

If student is failed in two blocks of year 4. She / he needs to register and pass the first block in first quarter and second block in second quarter. The student will register and join for PD Line 5 from the beginning of the year and continue (Appendix 2).

4.2.1: In order to join the year 5, the repeater student is supposed to pass the both blocks at the end of first semester.

4.2.2: If regular student passes one, block and failed in second block, then will have a chance in second quarter to pass in re-sit as in the final exam of the same block.

4.2.3: The student will withdraw from PD 5 at the end of first semester and has to repeat the whole PD 5 next year.

Article 4.3

If student fails in more than two blocks in year 4, cannot join 5th year.

4.3.1: If student fails more than two blocks, then cannot register for PD5.

Article 4.4

If student fails in year 4-electives, he/she will be able to appear in re-sit examination of the next coming block. If she/he unable to pass the electives in re-sit examination, will have to repeat the elective course the next year.

4.4.1: If student is failed to complete 12 credit hours of year 5. She/he does not allow to register and attend the internship.

Article 4.5

If student is failed in, one block only of year 5 and passes all other blocks in 5th year then she / he is allowed to appear in re-sit examination of the same block in the first quarter of the 5th year (Appendix 3).

4.5.1: If passes the re-sit examination, then wait to join internship in second semester

4.5.2: If fails in re-sit examination and female student, then repeat the block in second quarter and appear in examination. It would be vice versa depending upon specialty.

4.5.3: If fails in re-sit examination and male student, then repeat the block in third quarter and appear in examination. It would be vice versa depending upon specialty

4.5.4: Whoever passes in the second quarter then enter internship if possible in second semester.

Article 4.6

If student is failed in two blocks of year 5. She / he needs to register and pass the available first block in first quarter and second block in second quarter (Appendix 4).

In order to join the internship, the repeater student is supposed to pass the both blocks at the end of first semester.

4.6.1: If regular student passes one, block and failed in second block, then will have a chance in second quarter to pass in re-sit as in the final exam of the same block.

4.6.2: If fails in both blocks then will repeat both blocks in second semester.

4.6.3: If student fails in more than two blocks in year 5, cannot join the internship.

Article 4.7

Student in any block not attending any component of examination after completing the block requirements (Appendix 5).

4.7.1: If have a valid medical/or other excuse approved from academic committee, re-sit in summer with marks as 100%.

4.7.2: If does not have valid excuse; re-sit in summer with maximum 60% marks.

4.7.2: If students not completing any component of examination due to misconduct would be considered as failed. Further punitive action to be taken as per academic committee decision on an individual basis.

Article 4.8

If student has passed in all blocks and lines in year 5 except progress test cannot join internship.

Section 5

PROGRESS TEST

Article 5.1

How to pass the progress test?

5.5.1 For first year students:

1. Any two passes regardless the arrangement
2. If the student passes May exam with GOOD score
3. If the student passes the resit with GOOD score

5.1.2 For second year, third, fourth and fifth year students

1. Any three passes regardless the arrangement
2. If the student passes the last two exams
3. In case of third year passing the resit exam with GOOD score is enough to pass the PT

Article 5.2

General rules and regulations of progress test in resit

5.2.1 For all years; **If the student got** One pass only, the student remains IP

September	December	February	May	Resit	Final
Fail	Fail	Fail	Fail	Pass	IP

5.2.2 For all years; **If the student got** Two passes in resit + May (last 2 consecutive exams), the student will pass the line

September	December	February	May	Resit	Final
Fail	Fail	Fail	Pass	Pass	Pass

5.2.3 For years 2-5; **If the student got** two passes in resit + any other previous exam (Not May), we calculate the average (AV) (AV is considered HELP). If his mark reach AV, the student will pass the line and if not, he remains IP

September	December	February	May	Resit	Final AV
Fail	Pass	Fail	Fail	Pass	Pass or IP

5.2.4 For first year; **If the student got** any two passes, the student will pass the line. No average in first year

September	December	February	May	Resit	Final
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Fail	Pass	Fail	Fail	Pass	Pass

5.2.5 For all, **If the student got** any three passes in resit+ any two previous exams, the student will pass the line

September	December	February	May	Resit	Final
Pass	Fail	Pass	Fail	Pass	Pass

5.2.6 For years 1 and 3 **ONLY; If the student got** One Good in resit, the student will pass the line

September	December	February	May	Resit	Final
Fail	Fail	Fail	Fail	Good	Pass

Article 5.3

(Progress Test 1)

- 5.3.1 Any two passes
- 5.3.2 One pass only with score Good in May exam
- 5.3.3 One pass only with score good in resit exam
- 5.3.4 No average will be calculated for PT1

Article 5.4

(Progress Test 2-5)

- 5.4.1 Any three passes
- 5.4.2 Passing the last two exams (Feb+May) or (Resit + Sept) and so on
- 5.4.3 In case the student passes two exam other than the last two exams the Average will be calculated after May and also after the resit exam

Article 5.5
(Special Cases)

5.5.1 Third year will pass PT3 if the students score Good in the resit (first or the second resit)

5.5.2 In third year Student after ten trails , as help we can look for previous year results(any two passes student can pass PT3) Provided the student has no blocks

5.5.3 In case of PT3 after ten trails if the student can benefits from the next September exam (trail 11) we can wait before giving F , if he/she pass September will be given D otherwise F and need to reregister(applied since last year)

5.5.4 in case the student has Pt2 and PT3 Passing with Good in the resit PT3 (need discussion) , in this case the result will be not accepted in the banner system till passing PT2

5.5.5 fifth year student after ten trails can pass the PT5 if he/she score Good in the second resit (need approval)

5.5.6 fifth year Student after ten trails , as help we can look for previous year results(any two passes student can pass PT5) (was discussed with UoG team in their last visit and the told us it is applied in UoG)

Section 6

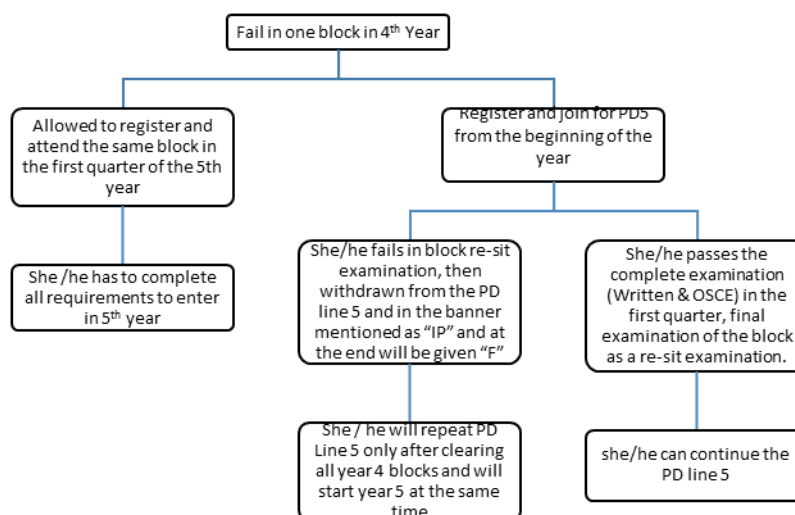
REFERENCES AND APPENDICES

Article 6.1 (References)

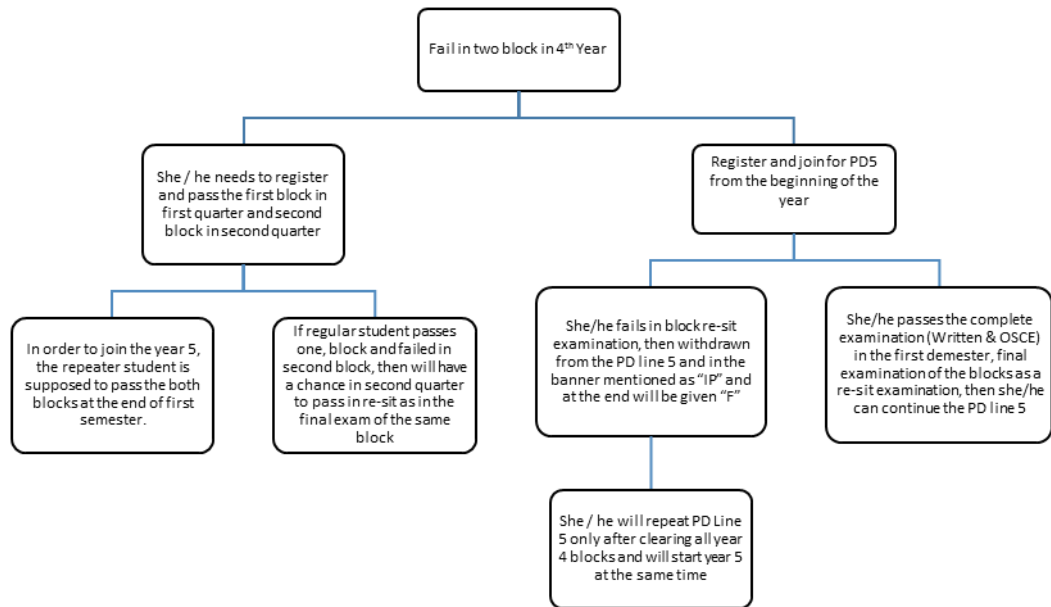
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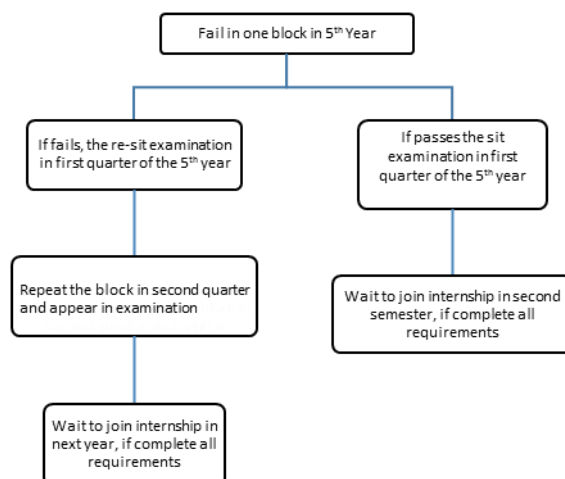
Appendix 1



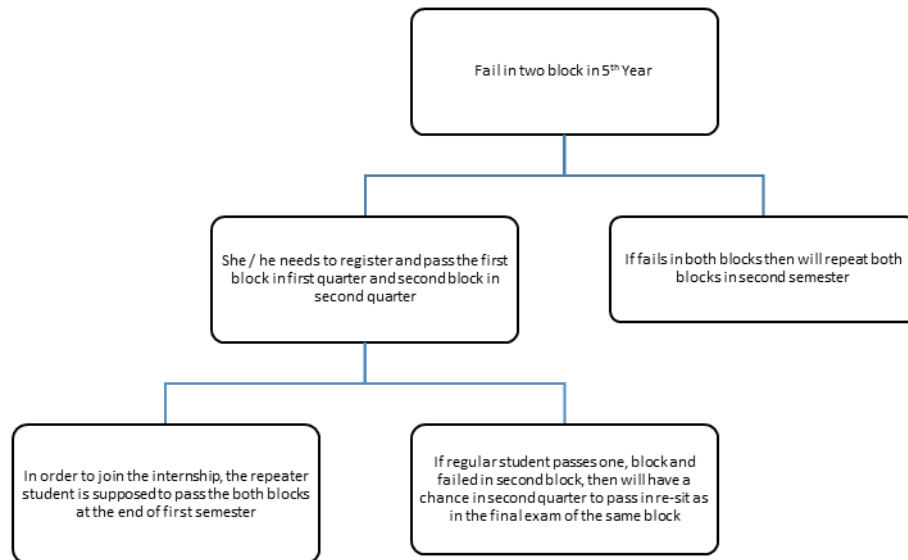
Appendix 2



Appendix 3



Appendix 4



Appendix 5

