

2. CURRICULUM

2.1 Goals

2.1.1 The overall goal of undergraduate medical education must be to produce broadly educated medical graduates who are competent to practice safely and effectively.

2.1.2 Graduates must have an appropriate foundation to prepare them not only for functioning as a physician upon graduation but also for further training and the pursuit of life-long learning and readiness for further training.

2. CURRICULUM

2.1. Goals

2.1.1. The overall goal of undergraduate medical education must be to produce broadly educated medical graduates who are competent to practice safely and effectively.

2.1.2. Graduates must have an appropriate foundation,

2.1.2.1. To function upon graduation as a physician.

2.1.2.2. To be prepared to pursue lifelong learning.

2.1.2.3. Ready for further training.

2.1.3. Emphasis must be placed on the professional behavior and values in the practice of medical science, rather than on the acquisition of a detailed compendium of current knowledge or a comprehensive list of clinical skills.

2.1.4. The program must be responsive to;

2.1.4.1. The health and developmental needs of the community.

2.1.4.2. Ensures continued community engagement.

2.2. Objectives of Medical Education

2.2.1. The medical education objectives must result in medical graduates ;

2.2.1.1. Competent and equipped to respond to the health needs of the individuals.

2.2.1.2. Competent and equipped to respond to the health needs of the families.

2.2.1.3. Compassionate, caring and taking into consideration human rights and gender equity.

2.2.2. The competencies, which should be exhibited by the student at the point of graduation;

2.2.2.1. Must be defined.

2.2.2.2. Must include the skills of continuing professional development.

2.3. Program duration

2.3.1. The duration to implement the program in Iraq is not less than 200 weeks that is based on educational and experience required for addressing common health needs and problems.

2.4. Curriculum Design and Organization

2.4.1. The curriculum must transmit;

2.4.1.1. Essential factual knowledge.

2.4.1.2. Professional skills in communication, and patient management.

2.4.1.3. Skills in the development of critical thinking, and analytical ability.

2.4.1.4. Development of professional behavior and values relevant to the Iraqi culture.

2.4.2. The core content of each unit in the curriculum must demonstrate adequate competencies of knowledge, skills and professional behavior required for entry into medical practice

2.4.3. The curriculum should provide opportunities ;

2.4.3.1. For self-directed learning.

2.4.3.1. For taking optional/elective units.

2.4.3.2. For gaining exposure to a wide range of institutional and community experiences.

2.4.4. Students must spend at least three academic years of their training in;

2.4.4.1. Direct contact with individuals.

2.4.4.2. Direct contact with Families and community.

2.4.4.3. The students have increasing clinical responsibility under supervision.

2.4.5. The curriculum must enable students to acquire appropriate knowledge, skills and professional behavior relating to;

2.4.5.1. Disease prevention.

2.4.5.2. Health promotion.

2.4.5.3. Community health.

2.4.6. Medical ethics must be an integral part of the curriculum.

2.4.7. Basic science teaching;

2.4.7.1. It must be relevant to the overall objectives of the medical college

2.4.7.2. This relevance must be apparent to the faculty and students.

- 2.4.7.3. Basic science must illustrate the importance of principles being taught to the understanding of health and disease, both at the individual and community level.
- 2.4.8. Clinical sciences teaching: Must be taught in such a way that reinforces underlying scientific principles and humanitarian values.
- 2.4.9.1. The involvement of staff from basic science departments in the teaching of clinical medicine is desirable.
- 2.4.9.2. The involvement of clinicians in the teaching of basic sciences.
- 2.4.10. An appropriate level of horizontal (concurrent) and vertical (sequential) integration (end point spiral integration) should be in place in order to achieve the educational objectives.
- 2.4.11. Explicit statements about the level of knowledge and understanding, skills and professional behavior expected of the students at each phase of the curriculum will enhance its organization.
- 2.4.11.1. The medical school must inform the students about the standards expected and required from them at the end of each year.
- 2.4.11.2. The medical school must inform the faculty about the standards expected and required from the student at the end of each year.
- 2.4.11.3. The medical school must inform the clinical sites about the standards expected and required from the student at the end of each year.

2.5. Curriculum Implementation

- 2.5.1. Schools must demonstrate that :
- 2.5.1.1. They have processes that allow the overall content and balance of the curriculum is well defined in relation to the stated objectives.
- 2.5.1.2. The process of curriculum assessment is well defined in relation to the stated objectives.
- 2.5.2. A Curriculum Committee;
- 2.5.2.1. It must exist
- 2.5.2.2. It must be given the authority for planning and overseeing the comprehensive curriculum.
- 2.5.2.3. It must have the ability to exhibit sufficient control over the curriculum to secure its objectives and development.

2.6. Teaching and Learning Methods and Educational Settings (lectures, tutorials, site visits, practical's); **these must be consistent with the schools educational objectives.**

- 2.6.1. Teaching methods in different settings must use strategies which ;
- 2.6.1.1. Promote student-centered rather than teacher-centered learning.
- 2.6.1.2. Encourage active student interaction.
- 2.6.1.3. Stimulate analytical thinking and organization of knowledge,
- 2.6.1.4. Foster lifelong learning skills.

- 2.6.2. The school must ensure that students are made aware of the importance of information technology and medical informatics and opportunities are provided for the learning and practice these skills.
- 2.6.3. Professional clinical skills;
- 2.6.3.1. Must be introduced early in the curriculum.
- 2.6.3.2. Must be Coordinated with basic medical sciences.
- 2.6.3.3. Skills-laboratories must be developed and used in the preparation of students for their first day in practice.
- 2.6.4. Throughout the program, students must be exposed to a range of settings in which health care is delivered and health promotion is practiced ;
- 2.6.4.1. Students must be exposed to teaching hospitals.
- 2.6.4.2. Students must be exposed to primary health care centers.
- 2.6.4.3. Students must have the opportunity to work in the community.
- 2.6.4.4. Students must have the opportunity to work with families.
- 2.6.4.5. Students must have the opportunity to work in community health centers.
- 2.6.4.6. Students must have the opportunity to work in rural hospitals.
- 2.6.4.7. Students must have the opportunity to work in general practice.
- 2.6.4.8. Students must have the opportunity to work in centers for those with chronic mental or physical disability.
- 2.6.4.9. Students must have the opportunity to work in workplace to address occupational health.
- 2.6.5. Students must be exposed to common medical problems that are not seen in the hospital setting, and experience the effect of the families and community environment on symptom expression and therapeutic responses..
- 2.6.6. Mechanisms of clinical settings:
- 2.6.6.1. Must be in place to ensure that all clinical placements are well organized and adequately supervised.
- 2.6.6.2. The objectives and the assessment of all clinical placements, in hospitals and in the community must be clearly defined
- 2.6.6.3. The objectives and the assessment of all clinical placements, in hospitals and in the community must be made known to both the students and teachers.
- 2.6.7. Elective study:
- 2.6.7.1. It is desirable that students are given the opportunity to undertake a supervised elective study.
- 2.6.7.2. The elective study should include areas such as social or environmental and community service.
- 2.6.7.3. The elective study should have identified objectives.
- 2.6.7.4. The elective study should be assessed by the Faculty.
- 2.6.8. The student should have
- 2.6.8.1. At least one research project through the study period.
- 2.6.8.2. Exposed to issues and concerns that will violate medical ethics.
- 2.6.8.3. Be guided in the development of research ethical professional behavior.

Proposed tools for evidence generation; curriculum.

presentation	Components	Target	Tool type	Ind No
Description	Documented Presence of the curriculum goals	Doc.	Verfi	2.1.1
Description	Documented statement of goal showing the competences on graduation	Doc.	Verfi.	2.1.2.1
Description	Document of the goals showing the ,small group teaching, formative assessment, student centered learning ,self-assessment, appraisal and criticism	Doc.	Verif	2.1.2.2
Description	document of objective showing the knowledge and skills of basic clinical things to be ready for further training	Doc.	Verifi	2.1.2.3
Description	The goal document must include professional behavior	Doc.	Verfi.	2.1.3.
Description	yearly update of curriculum according to recent advances and community needs, curriculum description, meeting reports , plan for future action	Doc.	Verfi.	2.1.4.1
Description	the goals document should shows engagement of NGO(non-governmental organizations) as medical association in planning and changes of curriculum)	Doc.	Verfi.	2.1.4.2.
Description	the objectives should determine the competencies required to respond to health needs of individuals	Doc.	Verfil	2.2.1.1
Description	the college objectives should reflects the graduate competencies to respond to health needs of families	Doc.	Verfi.	2.2.1.2.
Description	the objectives should contain1-professional behavior,2-diversity issues,3-humans rights	Doc.	Verif.	2.2.1.3.
Description	the college should present Doc. Of detailed competencies, (the graduate outcomes)	Doc.	Verif.	2.2.2.1.
Description	the objectives contains principles of CPD such as;1-learning by doing,2-documentation, 3-planning, 4-reviewing) descriptive document	Doc.	Verif	2.2.2.2
Description	Documents showing educational program duration	Doc.	Verif	2.3.1
Description	full description of curriculum(blue print) contents shows1-terminology, 2-specific details and elements	Doc.	Verif.	2.4.1.1
Description opinion %	descriptive Document of professional skill in communication and patient management opinion % of students Stakeholders ,and Curriculum committee	Doc. Student Stakeholders Curr. Commi	Verif. Ques.	2.4.1.2.
% of satisfaction	students and staff interviews to show1-student centered, 2-case based learning, 3-electives	Student staff	interv iew	2.4.1.3.
Opinion%	students and staff interviews to show medical ethics and professional behavior related to patient, colleagues and medical staff	Student staff	interv iew	2.4.1.4.
description	Competencies regarding Knowledge, skills and behavior should be determined in approved documents for each unit or department or module, or course.	Doc.	Verif	2.4.2
Opinion%	curriculum description showing small group learning, student-centered learning, reports, seminars, tutorials and student projects.:	Doc. student	Verifi interv iew Quest	2.4.3.1.
Description	documents showing presence of elective unit under supervision, with well-defined objectives	Doc.	Verif.	2.4.3.2.

Description	1-courses for social health and community health, 2-voluntary campaigns, 3-research projects (community based) visits to health institutions and factories ; syllabus description	Doc.	Verif.	2.4.3.3.
Description	Syllabus description (How much does the students spend during their clinical training in direct contact with individuals.)	Doc.	Verifi	2.4.4.1.
Description	syllabus description(How much does the students spend during their clinical training in direct contact with families and community)	Doc.	Verif.	2.4.4.2.
Description	syllabus description(Do the students have increasing clinical responsibility , does this responsibilities under supervision)	Doc.	Verif.	2.4.4.3.
Description Opinion %	syllabus description , Opinion % of Faculty Students, graduates and faculty(Curriculum must enable students to acquire appropriate knowledge, skills and professional behavior relating to; Disease prevention)	Doc. Gradua student faculty	Verfi. Ques.	2.4.5.1.
Description % opinion	syllabus description , Opinion % of Students, and graduates(Curriculum must enable students to acquire appropriate knowledge, skills and professional behavior relating to; Health promotion)	Doc. Gradua student	Verfi. Ques	2.4.5.2.
Description % opinion	syllabus description, Opinion % of Faculty Students, and graduates (Curriculum must enable students to acquire appropriate knowledge, skills and professional behavior relating to; Community health)	Doc. Gradua student faculty	Verfi. Ques	2.4.5.3.
Description	Doc. of content should contain the medical ethics; syllabus description	Doc.	Verfi.	2.4.6
Description	comparing the objectives (intermediate and specific objectives) of basic sciences` syllabus with the general objectives of the college	Doc.	Verifi	2.4.7.1.
Opinion %	faculty and student questionnaires and interviews (Does the relevance (in 2.4.7.1)apparent to faculty and student)	Faculty student graduat	Ques	2.4.7.2.
Description	Document of the objectives of basic sciences` syllabus should demonstrate their relation with health and diseases.	Doc.	Verfi.	2.4.7.3.
Description	presence of; 1-patient centered curriculum, 2-student feedback about humanitarian values and scientific principles, 3-checklist regarding humanitarian values and scientific principles)	Doc.	Verif	2.4.8.
Description	Doc. Contain departments schedules and/ or timetable for the staff (The involvement of staff from basic science departments in the teaching of clinical medicine is desirable)	Doc.	Verif	2.4.9.1
Description	Document of departments schedule and/ or timetable for the staff , verifying the specific objectives (The involvement of clinicians in the teaching of basic sciences)	Doc.	Verif	2.4.9.2.
Description	document of curriculum integration	Doc.	Verif.	2.4.10
% opinion	Student interviews to show if college have end module, course and / or year outcome/ competencies.):	student	Interv iew	2.4.11.1
% opinion	faculty interviews to show if college have end module course and year outcome/ competencies	faculty	Itinterv iew	2.4.11.2
% opinion	questionnaires and interview to any personnel involved in the teaching process in the clinical sites	faculty	Ques interv	2.4.11.3
Description % opinion	1-document showing plan of action demonstrating the process of curriculum review in relation to the objectives, 2- document showing the balance and its implementation to its objectives, 3- document showing suggestions and recommendations for continuous renewal and updating as needed	Doc. stakeho lder Faculty	Verif Ques	2.5.1.1

Description % opinion	The curriculum committee has a written process for curriculum evaluation and regular monitoring. Done through;1-faculty and stakeholders questionnaire, 2-students" performance tests, 3-students achievements	Doc. Stakeholders Faculty	Verif. Ques	2.5.1.2.
Description	document ,administrative order for the committee establishment	Doc.	Verif	2.5.2.1.
Description	Doc. for committee authorities ,tasks, composition	Doc.	Verif	2.5.2.2
Description	(document of authorities, job description	Doc.	Verif	2.5.2.3.
Description	Curriculum description. Classroom environment, small group learning ,TBL and PBL learning), Syllabus description	Doc.	Verif	2.6.1.1
% opinion	1- Student quest. About teaching methods, 2-precense of PBL and small group learning	students	Ques	2.6.1.2
% opinion	it is verified through students interviews; 1-student centered, 2-case learning, 3-Focused on facts and evidence of small group learning , performing concept map and blue print	students	Interview	2.6.1.3
Description	1-descriptive document about the curriculum; to verify the type of curriculum (integrated, PBL, student centered)and its contents 2-student questionnaire about learning references ,	Doc.	Verif.	2.6.1.4.
% opinion	There should be lectures on health IT;1-information technology, 2-computer aided medical decisions, 3-educational computed based programs, 4-clinical aspects of IT applications in health care student questionnaire.	Student	Quest	2.6.2.
% opinion	Determine how early is there exposure to clinical setting	Student graduate	interview	2.6.3.1
Description	Document description about the presence of integrated curriculum.	Doc.	Verif.	2.6.3.2
Description	1-presence of the effective skill lab, 2- presence of training schedule, 3- student interview about usefulness and feasibility of the lab	Doc.	Verif.	2.6.3.3.
Description	document of training schedules and student interview	Doc.	Verif	2.6.4.1
Description % opinion	doc. of training schedules Are student exposed to teaching hospital? Are exposed to PHCCs	Doc. student	Verif. interview	2.6.4.2.
Description %opinion	presence of; 1- community projects, 2-surveys, 3-compaigns) Do student have opportunity to work with community?	Doc. student	Verif. Interv	2.6.4.3.
Description % opinion	Do student have opportunity to work with families ,	Doc. Student	Verif. Interv	2.6.4.4.
Description % opinion	Community health practice which is found in PHC. Present in the syllabus and students interview	Doc. Student	Verif. Interv	2.6.4.5.
% opinion	Do student have opportunity to have training in suburban and district hospitals	Student	Interview	2.6.4.6.
% yes and no	Do student have opportunity to work with general practitioner General practice found in PHC 1- preventive medicine "immunization", 2-early detection and referral of patient, 3-acute nonlife-threatening conditions, 4- chronic health problems	Student	Quest	2.6.4.7.
Description % yes and no	curriculum contents Do students have opportunity to work in centers dealing with chronic mental or physical disability	Doc. student	Verif. Quest	2.6.4.8.
Description	curriculum shows training for occupational disease	Doc.	Verif.	2.6.4.9.
% yes / No List of students research	Students should experience the effect of families and community environment on symptoms expression and therapeutic response; through 1- PHCC training, 2- research	Student doc.	Quest verif.	2.6.5

Description Yes or no %	The schedule of the clinical training and its implementation , narrative document Is the objectives and assessment of hospital and PHC clear for them	Doc. Student	Verif Ques	2.6.6.1
Description	The objectives and the assessment methods of all clinical placements must be clearly defined and documented.	Doc.	Verfi	2.6.6.2.
% of opinion	Are the <i>objectives and the assessment of all clinical placements known to the students and teachers?</i>	Faculty student	Quest .	2.6.6.3.
Description	presence of elective study in the curriculum	Doc.	Verifi	2.6.7.1
Description	Document of elective study to be in the field of social of community services	Doc.	Verif	2.6.7.2.
Description	document of all elective study objectives	Doc.	Verfi.	2.6.7.3.
Description	Document of elective study assessments	Doc.	Verfi.	2.6.7.4.
description % yes ,and no	Document of at least one research project in the curriculum) Do they have research project	Doc. Student	verfi Ques	2.6.8.1
% yes , and no	Do you have training on medical research ethics?	Student graduat	Ques	2.6.8.2.
Description % yes and no	document of supervised research professional behavior Are supervised for research ethics	Doc. student	Verif. Ques.	2.6.8.3.

***Annotations;**

Professional behavior includes behaving with integrity, honesty and good ethics. It also includes communicating with others in a respectful manner, showing initiative, meeting commitments and responsibilities, contributing and participating in team events, recognizing and learning from personal mistakes, being punctual and accepting responsibility for one's own actions.

Health promotion: Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health. Health promotion programs designed to inform the public about health risks and methods to prevent or reduce them; the programs are often targeted at specific populations. Where the risk cannot be eliminated, health promotion programs may focus on improving or maintaining the affected person's quality of life.

***humanitarian values:** humanitarian pertains to the practice of saving lives and alleviating suffering. It is usually related to emergency response (also called humanitarian response) whether in the case of a natural disaster or a man-made disaster such as war or other armed conflict. Humanitarian principles govern the way humanitarian response is carried out. The principle of humanity means that all humankind shall be treated humanely and equally in all circumstances by saving lives and alleviating suffering, while ensuring respect for the individual. It is the fundamental principle of humanitarian response. **Impartiality:** Provision of humanitarian assistance must be impartial and not based on nationality, race, religion, or political point of view. It must be based on need alone. **Independence:** Humanitarian agencies must formulate and implement their own policies independently of government policies or actions. **neutrality** means not to take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Increasing clinical responsibilities under supervision : • Supervisors for medical students in hospitals and clinics may be physicians, residents, and other health care providers appropriately certified and working within the scope of their professions. • Supervisors should either have a faculty appointment or be guided by a physician with a faculty appointment at the school of medicine. Proximity of Clinical Supervisors

• While obtaining a patient history or conducting a physical examination, a supervisor must **be** either physically present with the medical student or readily available so that they may take over the provision of care if necessary. • A clinical supervisor must be physically present and carefully supervise any procedure performed by medical students. The supervisor must have privileges or authorization to perform the procedures they supervise and should be responsible for the patient's care. • Medical students are not allowed to provide health care services to patients in the intensive care unit unless under the direct supervision of a supervisor physically present in the room.

Description of the requested Documents:

2.1.1. Document of goals

2.1.2.1. The goals document should show the detailed competences on graduation

2.1.2.2. Document of the goals showing the small group teaching, formative assessment, student-centered learning, self-assessment, appraisal and criticism.

2.1.2.3. Document of objective showing the knowledge and skills of basic clinical things to be ready for further training.

2.1.3. The goal document must include professional behavior and values in practice.

2.1.4.1. The goals document must show ability for yearly update of curriculum according to recent advances and community needs, (i.e. curriculum description, meeting reports, plan for future action).

2.1.4.2. The goals document must shows engagement of NGO.(non-governmental organizations) as medical association in planning and changes of curriculum

2.2.1.1. The objectives must determine the competencies required to respond to health needs of individuals

2.2.1.2. The college objectives must reflect the graduate competencies to respond to health needs of families.

2.2.1.3. The objectives must contain 1-professional behavior, 2-diversity issues, 3-humans rights.

2.2.2.1. The college must present documents of detailed competencies, (the graduate outcomes.

2.2.2.2. Descriptive document of the objectives contains principles of CPD such as; 1-learning by doing, 2-documentation, 3-planning, 4-reviewing

2.3.1. Document of the program duration.

2.4.1.1. Full description of curriculum (blue print) contents shows 1-terminology, 2-specific details and elements.

2.4.1.2. Descriptive document of professional skill in communication and patient management

2.4.2. Competencies regarding Knowledge, skills and behavior must be determined in approved documents for each unit or department or module, or course.

2.4.3.1. Curriculum description showing small group learning, student-centered learning, reports, seminars, tutorials and student projects.

2.4.3.2. Documents showing presence of elective unit under supervision, with well-defined objectives

2.4.3.3. Syllabus description must show, 1-courses for social health and community health, 2-voluntary campaigns, 3-research projects (community based) visits to health institutions and factories) .

2.4.4.1. Syllabus description showing three year of students contact with patients.

2.4.4.2. Syllabus description showing three year of students contact with families and community.

2.4.4.3. Syllabus description showing three year of students clinical responsibilities under supervision.*

2.4.5.1. Syllabus description showing knowledge, skills, and behavior related to disease prevention.

2.4.5.2. Syllabus description showing knowledge, skills, and behavior related to health promotion.

2.4.5.3. Syllabus description showing knowledge, skills, and behavior related to community health.

2.4.6. Syllabus description of content must contain the medical ethics.

2.4.7.1. *Relevance* of the basic sciences objectives (intermediate and specific objectives) with the general objectives of the college

2.4.7.3. Document of the objectives of basic sciences` syllabus must demonstrate their relation with health and diseases.

2.4.8. Presence of documented; 1-patient centered curriculum, 2-student feedback about humanitarian values and scientific principles, 3-checklist regarding humanitarian values and scientific principles

2.4.9.1. Documents of departments schedules and/ or timetable for the staff that show involvement of basic science staff in clinical teaching.

2.4.9.2. Documents of departments schedules and/ or timetable for the staff that show involvement of clinical science staff in basic teaching.

2.4.10. Document of curriculum integration.

2.5.1.1. the following documents; 1-document showing plan of action demonstrating the process of curriculum review in relation to the objectives, 2- document showing the balance

and its implementation to its objectives, 3- document showing suggestions and recommendations for continuous renewal and updating as needed.

2.5.1.2. The curriculum committee has a written process for curriculum evaluation and regular monitoring. Done through; 1-faculty and stakeholders questionnaire, 2-students' performance tests, 3-students achievements

2.5.2.1. Document; administrative order for curriculum committee establishment.

2.5.2.2. Document of curriculum committee tasks and composition.

2.5.2.3. Document of curriculum committee authorities and job description.

2.6.1.1. Teaching methods show student-centered through .curriculum description, Classroom environment, small group learning, TBL and PBL learning.

2.6.1.4. Descriptive document about the curriculum; to verify the type of curriculum (integrated, PBL, student centered) and its contents .

2.6.3.2. Document description about the presence of integrated curriculum.

2.6.3.3. Document of presence of the effective skill lab and training schedule.

2.6.5. Documents shows; 1-PHCC. Training, 2-through research to experience the effect of families, environment on certain issue, exposure to families and community list of students' researches

2.6.6.1. Document of the schedule of the clinical training and its implementation.

2.6.6.2. Documented of the objective and assessment method should be clearly defined.

2.6.7.1. Document of presence of elective study in the curriculum

2.6.7.2. Document of elective study to be in the field of social, environmental and community services.

2.6.7.3. Document of all elective study objectives

2.6.7.4. Document of elective study assessments

2.6.8.1. Document of at least one research project in the curriculum for students.

2.6.8.2. Curriculum contains issue of violation of research medical ethics

2.6.8.3. Document of supervised research professional behavior

Scoring of Curriculum.

NF	PF	FF	Indicators	Ind No	No
			The overall goal of undergraduate medical education must be to produce broadly educated medical graduates who are competent to practice safely and effectively.	2.1.1.	1
			Graduates must have an appropriate foundation to function upon graduation as a physician.	2.1.2.1	2
			Graduates must have an appropriate foundation to be prepared to pursue lifelong learning	2.1.2.2.	3
			Graduates must have an appropriate foundation to be ready for further training	2.1.2.3.	4.
			Emphasis must be placed on the professional behavior and values in the practice of medical science	2.1.3.	5
			The program must be responsive to the health and developmental needs of the community.	2.1.4.1	6
			The program must be responsive to ensures continued community engagement.	2.1.4.2.	7
			The medical education objectives must result in medical graduates; Competent and equipped to respond to the health needs of the individuals.	2.2.1.1.	8
			The medical education objectives must result in medical graduates; Competent and equipped to respond to the health needs of the families.	2.2.1.2.	9
			The medical education objectives must result in medical graduates; Compassionate, caring and taking into consideration human rights and gender equity.	2.2.1.3.	10
			The competencies, which should be exhibited by the student at the point of graduation; Must be defined.	2.2.2.1	11
			The competencies, which should be exhibited by the student at the point of graduation; Must include the skills of continuing professional development.	2.2.2.2.	12
			The duration to implement the program in Iraq is not less than 200weeks that is based on educational and experience required for addressing common health needs and problems	2.3.1.	13
			The curriculum must transmit; Essential factual knowledge	2.4.1.1.	14
			The curriculum must transmit; Professional skills in communication, and patient management.	2.4.1.2.	15

		The curriculum must transmit; Skills in the development of critical thinking, and analytical ability	2.4.1.3.	16
		The curriculum must transmit; Development of professional behavior and values relevant to the Iraqi culture.	2.4.1.4.	17
		The core content of each unit in the curriculum must demonstrate adequate competencies of knowledge, skills and professional behavior required for entry into medical practice	2.4.2.	18
		The curriculum should provide opportunities; For self-directed learning.	2.4.3.1.	19
		The curriculum should provide opportunities ; For taking optional/elective units	2.4.3.2.	20
		The curriculum should provide opportunities; For gaining exposure to a wide range of institutional and community experiences.	2.4.3.3.	21
		Students must spend at least three academic years of their training in; Direct contact with individuals	2.4.4.1.	22
		Students must spend at least three academic years of their training in; Direct contact with Families and community	2.4.4.2.	23
		Students must spend at least three academic years of their training in; The students have increasing clinical responsibility under supervision.	2.4.4.3.	24
		Curriculum must enable students to acquire appropriate knowledge, skills and professional behavior relating to; Disease prevention	2.4.5.1.	25
		Curriculum must enable students to acquire appropriate knowledge, skills and professional behavior relating to; Health promotion	2.4.5.2.	26
		Curriculum must enable students to acquire appropriate knowledge, skills and professional behavior relating to; Community health.	2.4.5.3.	27
		Medical ethics must be an integral part of the curriculum.	2.4.6.	28
		Basic science teaching; A- must be relevant to the overall objectives of the medical college.	2.4.7.1.	29
		Basic science teaching; B-This relevance must be apparent to the faculty and students.	2.4.7.2.	30
		Basic science teaching; C-Basic science must illustrate the importance of principles being taught to the understanding of health and disease, both at the individual and community level.	2.4.7.3.	31
		Clinical sciences teaching: Must be taught in such a way that reinforces underlying scientific principles* and humanitarian	2.4.8.	32

		values*.		
		Are staffs from basic science departments involved in the teaching clinical medicine? Doc. Contain departments schedules and/ or timetable for the staff	2.4.9.1.	33
		Are the clinicians involved in teaching basic sciences? (Document of departments schedule and/ or timetable for the staff , verifying the specific objectives)	2.4.9.2.	34
		An appropriate level of horizontal (concurrent) and vertical (sequential) integration (end point spiral integration) should be in place in order to achieve the educational objectives.	2.4.10	35
		The medical school must inform the students about the standards expected and required from them at the end of each year.	2.4.11.1.	36
		The medical school must inform the faculty about the standards expected and required from the student at the end of each year.	2.4.11.2.	37
		The medical school must inform the clinical sites about the standards expected and required from the student at the end of each year	2.4.11.3.	38
		Schools must demonstrate that: They have processes that allow the overall content and balance of the curriculum is well defined in relation to the stated objectives. (1-document showing plan of action demonstrating the process of curriculum review in relation to the objectives, 2- document showing the balance and its implementation to its objectives, 3- document showing suggestions and recommendations for continuous renewal and updating as needed).	2.5.1.1.	39
		The curriculum committee has a written process for curriculum evaluation and regular monitoring. <i>Done through;1-faculty and stakeholders questionnaire, 2-students' performance tests, 3-students achievements</i>	2.5.1.2.	40
		A Curriculum Committee; must be exist	2.5.2.1.	41
		A Curriculum Committee; must be given the authority for planning and overseeing the comprehensive curriculum	2.5.2.2.	42
		A Curriculum Committee; must have the ability to exhibit sufficient control over the curriculum to secure its objectives and development.	2.5.2.3.	43
		Teaching methods in different settings must use strategies which ; Promote student-centered rather than teacher-centered learning	2.6.1.1.	4.4
		Teaching methods in different settings must use strategies	2.6.1.2.	45

		which ; Encourage active student interaction		
		Teaching methods in different settings must use strategies which; Stimulate analytical thinking and organization of knowledge. it is verified through students interviews; 1-student centered, 2-case learning, 3-Focused on facts and evidence of small group learning ,4- performing concept map and blue print	2.6.1.3.	46
		Teaching methods in different settings must use strategies which ; Foster lifelong learning skills verify the type of curriculum (integrated, PBL, student centered)and its contents 2-student questionnaire about learning references	2.6.1.4.	47
		The school must ensure that students are made aware of the importance of information technology and medical informatics and opportunities are provided for the learning and practicing these skills. There should be lectures on health IT;1-information technology, 2-computer aided medical decisions, 3-educational computed based programs, 4-clinical aspects of IT applications in health care.	2.6.2.	48
		Professional clinical skills; Must be introduced early in the curriculum.	2.6.3.1.	49
		Professional clinical skills; Must be Coordinated with basic medical sciences.	2.6.3.2.	50
		Professional clinical skills; Skills-laboratories must be developed and used in the preparation of students for their first day in practice.	2.6.3.3.	51
		Students must be exposed to teaching hospitals.	2.6.4.1	52
		Students must be exposed to primary health care centers.	2.6.4.2.	53
		Students must also have the opportunity to work in the community.	2.6.4.3.	54
		Students must also have the opportunity to work with families.	2.6.4.4.	55
		Students must also have the opportunity to work in community health centers.	2.6.4.5.	56
		Students must also have the opportunity to work in rural hospitals.	2.6.4.6.	57
		Students must also have the opportunity to work in general practice. General practice found in PHC 1- preventive medicine "immunization", 2-early detection and referral of patient, 3- acute nonlife-threaten conditions , 4- chronic health problems	2.6.4.7.	58
		Students must also have the opportunity to work in centers for those with chronic mental or physical disability.	2.6.4.8.	59
		Students must also have the opportunity to work in workplace to address occupational health.	2.6.4.9.	60

		Students must be exposed to common medical problems that are not seen in the hospital setting, and experience the effect of the families and community environment on symptom expression and therapeutic responses. Students should experience the effect of families, environment; through 1- PHCC training, 2- research.	2.6.5.	61
		Are the clinical placement and its implementation (in hospital and PHC) ;well organized and adequately supervised and are they clear for them?	2.6.6.1.	62
		Mechanisms of clinical settings: The objectives and the assessment of all clinical placements, in hospitals and in the community must be clearly defined	2.6.6.2.	63
		Mechanisms of clinical settings: The objectives and the assessment of all clinical placements, in hospitals and in the community must be made known to both the students and teachers.	2.6.6.3.	64
		Elective study: It is desirable that students are given the opportunity to undertake a supervised elective study.	2.6.7.1.	65
		Elective study: The elective study should include areas such as social or environmental and community service.	2.6.7.2.	66
		Elective study: The elective study should have identified objectives.	2.6.7.3.	67
		Elective study: The elective study should be assessed by the Faculty.	2.6.7.4.	68
		The student should have; At least one research project through the study period	2.6.8.1.	69
		The student should; be Exposed to issues and concerns that will violate medical research ethics.	2.6.8.2.	70
		The student should; Be guided in the development of medical research ethics.	2.6.8.3.	71
		Total score =(FF=2, PF=1, NF=0)		

2.1.3 Emphasis must be placed on professional behavior and values in the practice of medical science, rather than merely on the acquisition of a comprehensive list of current knowledge and clinical skills.

2.1.4 The program must be responsive to the health and development needs of the community and ensure engagement of the community.

2.2 **Objectives** of undergraduate medical education: The objectives must aim at producing medical graduates who are competent and equipped to respond to the health needs of individuals and their families based on a service that is compassionate, caring and takes into consideration human rights and gender equity. The competencies required in the student at the point of graduation must be defined. They must include the skills of continuing professional development.

2.3 Program duration: The duration to implement the program in Iraq is six years (equal to 200 weeks) that is based on addressing common health needs and problems.

2.4 Curriculum design and organization:

2.4.1 The curriculum must transmit essential factual knowledge, impart requisite professional skills in communication and patient management, develop critical thinking and analytical ability and enhance the development of desirable professional behavior and values founded in medical ethics relevant to the Iraqi culture.

2.4.2 The units into which the curriculum is divided must demonstrate adequate core content to ensure that competencies required in terms of knowledge, skills and professional behavior for entry into medical practice are met.

2.4.3 The curriculum should provide opportunities for self-directed learning, for taking optional/elective units and for gaining exposure to a wide range of institutional and community experiences.

2.4.4 Students must spend at least three academic years of their training in direct contact with individuals, families and the community with increased clinical responsibility under supervision. Students should be exposed to patients and community as early as possible.

2.4.5 The curriculum must enable the students to acquire appropriate knowledge, skills and professional behavior relating to disease prevention, health promotion and community health.

2.4.6 Medical ethics must be an integral part of the curriculum.

2.4.7 Basic science teaching must be relevant to the overall objectives of the medical school, and such relevance must be apparent to the faculty and students. Thus, basic

science courses must illustrate the importance of principles being taught to the understanding of health and disease, both at the individual and community level.

2.4.8 Clinical medicine must be taught in such a way that the underlying scientific principles and humanitarian values are reinforced.

2.4.9 Staff from basic science department should be involved in teaching clinical disciplines, as is the involvement of clinicians in teaching basic sciences.

2.4.10 An appropriate level of horizontal (concurrent) and vertical (sequential) integration must be in place in order to achieve the educational objectives.

2.4.11 The medical college must inform the students, faculty and the clinical sites the standards expected and required from the student at the end of each year.

2.5 Curriculum implementation: Colleges must demonstrate that they have processes in place that allow the overall content and balance of the curriculum and its assessment to be defined in relation to the stated objectives of the medical school. A curriculum committee must exist and be given the authority for planning and overseeing the comprehensive curriculum and must have the ability to exhibit sufficient control over the curriculum to secure its objectives and development.

2.6 Teaching and learning methods and educational settings must be consistent with the college educational objectives.

2.6.1 Teaching methods in different settings (lectures, tutorials, site visits, practicums) must use strategies which promote student-centered rather than teacher-centered learning, encourage active student inquiry, stimulate analytical thinking and organization of knowledge, and foster life-long learning skills.

2.6.2 The school must ensure that students are made aware of the importance of information technology and medical informatics and those opportunities are provided for their learning and practice.

2.6.3 Professional clinical skills must be introduced early in the curriculum and integrated with basic medical sciences. Skills laboratories must be developed and used in the preparation of students for their first day in practice.

2.6.4 Students throughout the program must be exposed to a range of settings in which health care is delivered and health promotion is practiced. In addition to teaching hospitals and primary health care centers, students must also have the opportunity to work in the community, with families, in community health centers, in rural hospitals, in general practice, and in centers for those with chronic mental or physical disability and workplace to address occupational health.

2.6.5 Students must be exposed to common medical problems that are not seen in the hospital setting. They must be given the opportunity to experience the effect of the family and the community environment on symptom expression and therapeutic responses.

2.6.6 Mechanisms must be in place to ensure that all clinical placements are well organized and adequately supervised. The objectives and the assessment of all clinical placements, in hospitals and in the community must be clearly defined and made known to both the students and the teachers.

2.6.7 It is desirable that students are given the opportunity to undertake a supervised elective study in areas such as social or environmental and community service with identified objectives and for a minimum period of four weeks, and which is assessed by the Faculty.

2.6.8 The student should have at least one research project through the study period.
Students must be exposed to issues and concerns related to medical research ethics and are guided in the development of research ethical professional behavior