

Level II of Higher Academic Education



სპიციეა

ბათუმის სამედიცინო უნივერსიტეტი

**One-Cycle Educational Program of Medicine
"Medical Doctor"**

QUALIFICATION/ACADEMIC DEGREE

Medical Doctor

Program volume: 360 ECTS credits

Language of instruction - English

Head of the educational program –
Sophio Beridze, Doctor of Medicine, Professor

Program implementation period: 2024-2029

Batumi 2023

PREREQUISITE FOR ADMISSION TO THE PROGRAMME

A person who has passed Unified National Exams in accordance with the "Law on Higher Education of Georgia" will be admitted to the educational program of "Medical Doctor." A citizen of a foreign country is enrolled in the program according to the procedure for admission of foreign citizens to a higher education institution established by the legislation of Georgia.

The prerequisites for admission of an entrant to the educational program of Medical Doctor without the Unified National Exams in accordance with the law and within the established time frame are as follows:

➤ Having an internationally recognized certificate of at least B1 level of English (IELTS, TOEFL, Cambridge English, UNICert®, EnglishScore, etc.) by a foreign citizen.

or

➤ Upon submitting education credentials (transcript, certificate, etc.) by entrants who are citizens of a foreign country with an English-language education, and/also upon submitting education credentials (transcript, certificate, etc.) by citizen of Georgia who received full general education or its equivalent education in English and studied the last two years of full general education abroad.

As an alternative to the mentioned requirement, Avicenna-Batumi Medical University has developed a prerequisite for admission to the program for citizens of foreign countries - an exam that includes listening, text comprehension and analysis, and speaking. As a result of the exam, the above-mentioned level of knowledge is confirmed.

The number and ratio of the contingent admitted to Avicenna - Batumi Medical University's "Medical Doctor" educational program with and without Unified National Exams, as well as the minimum threshold of mandatory exam subjects for National Exams are determined by the resolution of the Academic Council at the beginning of each calendar year, information about which is posted on the University's website and is available to interested parties.

RELEVANCE AND OBJECTIVES OF THE PROGRAM

Medicine has been considered a noble and prestigious profession since time immemorial. It determined, on the one hand, the ability of the masters of the field to act to save, prolong and improve the quality of human life, and on the other hand, the difficulty of mastering the field itself, which set a considerable barrier on the way to mastering this profession.

Following the development of humanity and changes in values, the role of a doctor in society has been changing; The sufficient competence of the doctor, the systematic, consistent and non-fragmentary management of the disease and, most importantly, sufficient material and technical resources and budget are key factors to the public health and well-being of the society in a number of countries, especially developing ones.

The recent challenge of the world - the Covid-pandemic, has clearly shown us where the priority line of the countries should be drawn, and how important education is in medicine.

The values and social responsibilities that had never been taught as a theoretical lesson were foregrounded and accentuated for everyone - the need to develop a more organized form of the community readiness for challenges; The focus of medical education should be placed on the development of rapid response skills, knowledge enhancement, telemedicine development, raising the level of public medical awareness, and most importantly, the need to bring the principles of global health down to the individual.

Based on awareness of the above principles, Avicenna - Batumi Medical University's one-cycle educational programme "Medical Doctor" was developed, which echoes and is underpinned by the main postulates of the University's mission, and is formulated as - Avicenna - Batumi Medical University's educational program Medical Doctor aims to prepare dynamically developing, research and innovation-oriented, caring for the health and well-being of the society, independent, competitive professional who responds to global challenges.

Herewith, there are 5 sub-objectives of the program that derive from the University's mission and vision and extend the main goal of the Medical Doctor:



To train a professional who will have been equipped with theoretical knowledge of biomedical and clinical science, aware of the practical importance of translational and evidence-based medicine and the role of bioinformatics in medicine;



To prepare a professional with the MD qualification who will be able to diagnose and manage basic health problems considering the needs of the individual and society at the primary, secondary and tertiary levels of the health care system; conduct standard clinical procedures, prescribe rationally with an understanding of basic pharmacology, consult for the patient in the usual and force majeure environment, identify, aid, resuscitate, and manage a critical patient;



To educate a doctor with modern intercultural thinking who will be able to adapt to a dynamically changing environment, think globally and have high standards of responsibility to society;



To raise a doctor with humane, high ethical values who will be able to realize and promote the common need for health, longevity and well-being of society, to contribute to the development of the health care system;



To develop the student's skills to communicate effectively in an interpersonal and medical context, knowledgeable in the basis of psycho-social science, and capable of self-directed learning and development.

By setting the mentioned goals, it becomes possible to eliminate the shortcomings of the system of basic medical education and its continuous renewal, and to improve the quality of medical education.

The implementation of the above goals will be achieved by the maximum integration and internationalization of the programme, which, in addition to the systematic support of continuous medical education, requires striving for the improvement of the intellectual, material and technical resources in educational institutions, the sharing and implementation of the model and experience of the high-quality western medical field and the effective medical education system.

Herewith, this strategic approach was the basis for the creation of the present educational program, and its implementation, together with significant academic progress, will create the possibility of bringing clinical practice and medical education closer together and correlating with international standards in the region. It should also be noted that with the inclusion of international students in

the program, a sustainable financial platform for further development is created both in the University and in the region.

DESCRIPTION OF THE PROGRAM

The one-cycle educational programme “Medical Doctor” of "Avicenna - Batumi Medical University" LLC was created with the understanding of the University's mission, vision, demands placed on the doctor as a representative of the most humane profession and taking into account the Medicine Sector Benchmarks. The main conceptual line of the programme is based on the motto - lifelong learning for life.

The programme is aimed at developing learning outcomes of the second level of higher education; presupposes knowledge of basic natural, behavioral and social, clinical sciences, drugs and their prescribing principles, as well as awareness of the public health system and the doctor's role in this system, ethical and legal principles. The programme is integrated by the principle of both horizontal and vertical integration and includes transdisciplinary modules. The programme is focused on developing clinical competencies, basic skills and mastering in effective management of medical resources.

In order to achieve the set objectives and planned goals, the programme's structure and the content was formulated according to the following principle:

❖ 3 phase concept:

- Basic phase - includes an introductory part of biomedical sciences and modules united by system functional criteria: life, nutrition, movement, reproduction, homeostasis, control. It serves the study of normal human structure, function and development, integration and regulation of physiological mechanisms and understanding their relevance to the clinical context.
- Preclinical phase - combines the disciplines of pathology of organ systems, diagnostics and basic pharmacology and is directed to the study of the difference between the normality and disease, damage to organ systems, functional deficits and the causes of diseases, clinical, histopathological, laboratory and radiological manifestations and mastery in relevant clinical skills, which are clear and measurable for teaching and assessment.
- Clinical phase - serves to acquire a deep and fundamental knowledge of the complete clinical picture of the main nosologies, their differentiation, conservative and surgical management and specific methods of intervention necessary for prevention, as well as mastery in relevant clinical skills, formation of independent clinical thinking, management of emergency medical conditions, developing the ability to make effective decisions and take appropriate actions based on "do no harm" principle and evidence-based medicine. An important link of this phase is hospital medicine and health and longevity module, because it is in these two modules that the principle of continuity of the ambulatory and hospital sector of medical service is taught - the need to provide medical service as a single continuous chain from prevention to rehabilitation.

❖ ABC concept

Taking into account the main health challenges of the modern world, as well as the country and the region, two directions that are most difficult to be achieved and compliant with the sectoral standard of medicine were combined with the principle of familiarization (A), deepening (B) and skill (C);

- communication and collaboration block (A, B, C);

During the work on the ABC concept, the main need that was identified by the survey of professors, teachers as well as University community, founding clinics and partners was taken into

consideration. The survey revealed that there was the need for improvement of interpersonal and communication skills with the patient as well as providing students with basic knowledge of sociology and psychology and development of skills. Besides, the component of teaching Georgian language within 12 credits in foreign language curriculum required by the updated standard was incorporated in the curriculum.

❖ **"From To"** concept:

This concept reflects the process of vertical integration and combines the following modules with the principle of achieving from small to large:

- From Molecules to Cell
- From Cells to Organs
- From Organ to System

In the mentioned modules, directions of biomedicine are studied - molecular biology, cytology, histology, normal anatomy, physiology - their integration with each other and further disciplines is envisaged.

The blocks of professionalism were also integrated into the same concept, which was called "From Student to Doctor" due to the content load.

- From Student to Physician (ABC)

The mentioned modules are one of the most important axes of the curriculum; It includes basic clinical skills, clinical reasoning sub-module, basic principles of bioethics, empathy and mentoring component and serves the purpose defined by the mission - the formation of a modern, competitive, responsive professional to the world challenges of public health.

In accordance with the requirements of modern medical education and in response to international recommendations, the educational programme of "Medical Doctor" of Avicenna - Batumi Medical University includes the component of translational medicine and the process of formation of a student from a scientist:

- From Student to Scientist (ABC)

The mentioned phase covers the scientific component in order to align the programme with the qualification framework and the field standard of medicine.

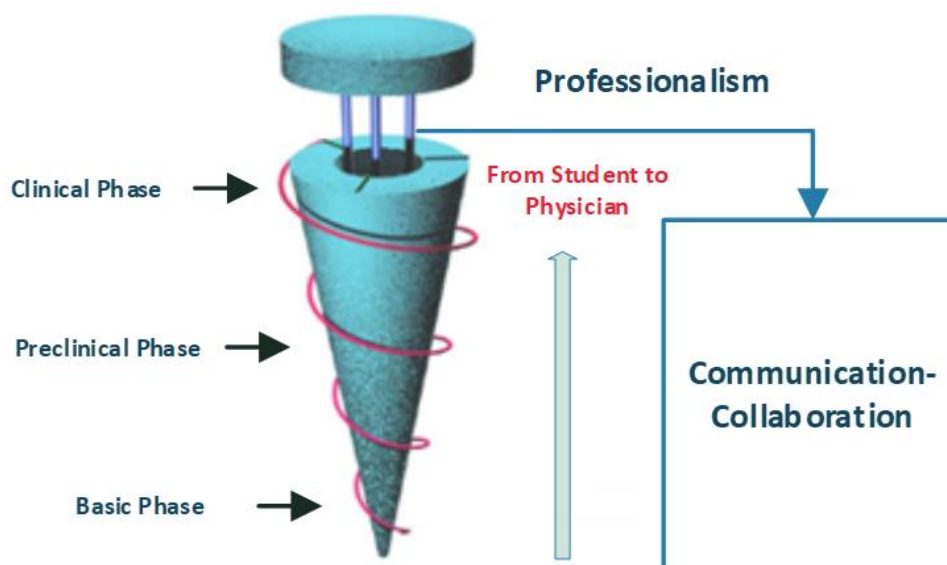
It includes the following courses based on the principle of vertical integration -

Phase A - research ethics, evidence-based medicine, biostatistics, fundamentals of scientific research, research design;

Phase B - public health and epidemiology, artificial intelligence, data analysis, research methodologies;

Phase C - translational medicine, clinical trials and good clinical practice (GCP), academic English, scientific project.

The Doctor as a Scholar and a Scientist



In the final part, one of the components of the student's current evaluation was defined as the acquisition of the electronic module and gaining the corresponding certificate (<https://gcp.nidatraining.org/>). The sub-module "scientific project" serves to acquire and evaluate the same competence and summarizes and confirms the student's proficiency in scientific skills.

The sub-subject of the "From Student to Scientist" block - "Academic English" is designed to confirm and evaluate the English language competence of a Medical Doctor at least at B2 level.

Public health and epidemiology components are integrated in both the "From Student to Scientist" and "Professionalism - From Student to Doctor" blocks.

The introduction of the component of global threats and pandemics, as well as military medicine, which was considered unnecessary for some time and was brought back to the curriculum in light of recent events, can be considered a novelty.

The clinical skills component of the program was developed according to a unified principle and was disseminated at different stages of the curriculum - from simple to complex gradation principle. When planning the clinical components in the curriculum, the wide possibilities of the material-technical base of the university were taken into account - a variety of anatomical models, the latest GT simulators and mannequins, an anatomical table, 15 clinical skill stations equipped with innovative technologies, a fully simulated inpatient unit - which together created an opportunity for curriculum development based on a modern model of teaching and assessment.

Clinical components with the principle of vertical and horizontal integration are built into the basic, preclinical and clinical phases of the modules and ensure accumulation of the clinical component from basic skills to entrusted professional practice.

Thus, from simulated laboratory learning through full implementation in the student's clinical environment, the working group tried to make one of the main outcomes of the programme achievable and realistic - "planning and execution of relevant diagnostic and treatment interventions based on the combination of clinical signs." Differentiated diagnosis, disease management at different stages and in different settings, management of acute and chronic conditions, caring for the terminally ill patient and his family".

In accordance with the requirements of the Sector Benchmarks of Medicine, aspects of the Georgian language totaling 12 ECTS credits are taught as a compulsory course for students enrolled in the program, for the students enrolled in the program (by Unified National Exams), who have passed the Georgian language, the same volume of foreign languages - French, German and Turkish is provided.

At the last stage of the curriculum, in the "From Student to Scientist" block, the academic English course is included, through which the English language competence of B2/C1 level is assessed and confirmed.

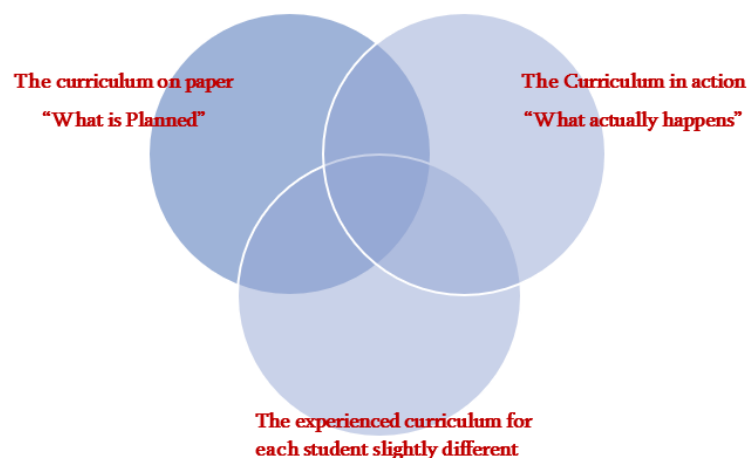
The student chooses subjects according to the principle of optionality in different semesters.

According to the principle of optionality, the student chooses subjects in different semesters (29 ECTS in total), at the beginning of the curriculum, general, transferable knowledge and skill-developing courses are in abundance, and at the higher level, specialty elective courses in the form of elective courses in surgery, internal medicine and pediatrics are offered. Surveys and consultations of students showed a high interest in non-medical fields, therefore, such study courses as: "Culture and Art", "Art in Medicine", "Fundamentals of Marketing and Management", "Media and Communication" and others have been included in the program.

From the very first year of the study, the student gains basic knowledge using problem- and case-oriented teaching methods, the integration of theoretical and practical education takes place. Practical classes are held in Clinical Skills, Simulation Training and Assessment Centre of the University, which is equipped with multifunctional simulators and models of the world's leading manufacturers; Both teaching and evaluation (OSCE, OSPE) are carried out in the mentioned center; The student's implementation in the clinical environment begins in the first semester, continues throughout the whole cycle of the study and reaches its maximum in the twelfth semester, which is fully devoted to practice (30 credits).

From the first to the twelfth semester, basic medicine disciplines decrease and the share of clinical courses increases; And paraclinical study disciplines are distributed almost equally over the entire period of training. The final version of the content and competencies of the programme was determined by the qualifications of the academic, scientific and invited staff implementing the programme, the available resources and the labor market demands - the conclusions obtained as a result of the analysis of the employers' requirements and the research of public opinion.

Curriculum Development:



Taking into account the duration, volume and structure determined by the relevant Sector Benchmark of Higher Education within the educational program of Medical Doctor, the student's study load during one academic year includes 60 credits (ECTS). According to the student's individual study plan, the student's study load during one academic year can be determined by more or less than 60 credits, however, the total number of credits added above 60 should not exceed 15 credits in 6 years.

The duration of the program is 6 years, volume - 360 credits, and covers 12 semesters. One credit corresponds to 25 hours; The total number of hours is 9000 hours; Among them, 4701 hours are contact hours, and 4299 hours are intended for independent work. Upon completion of the program, the person is awarded the qualification of a licensed Medical Doctor.

AREAS OF EMPLOYMENT

A graduate can:

- ❖ complete a postgraduate/professional training course - residency, after completion of which the right to independent medical activity is granted according to the current legislation of the relevant country;
- ❖ work as a junior doctor in any organization whose activities are related to population health protection and medical services;
- ❖ carry out scientific and pedagogical activities in the theoretical fields of medicine and/or in other areas of health care, which do not involve independent medical activity (scientific-research institute, various medical institutions, etc.);
- ❖ continue education in doctoral studies;
- ❖ be employed in national and international pharmaceutical companies and forensic medical examination centers.

LEARNING OUTCOMES

Considering the healthcare requirements of the country and at the same time based on international standards of medical education (WFME, TUNING/MEDINE), the educational programme of "Medical Doctor" defines the following competencies for graduates:

Sectoral competences, ways of achievement and evaluation methods:

Knowledge and understanding

A graduate knows:

- normal human structure, function and development, from the molecular unit to the whole organism;
- molecular and cellular bases of normality and disease, laws of inheritance, difference between normality and disease, integration and regulation of physiological mechanisms;
- causes of damage to organ systems, functional deficits and diseases, clinical, histopathological, laboratory and radiological manifestations and specific methods of intervention necessary for diagnosis, treatment and prevention;
- epidemiology of diseases affecting the population, methods of early detection and prevention.

- measures to be taken to reduce incidence and prevalence;
- the factors (psycho-social, socio-economic, environment, lifestyle and cycle) affecting the patient's health, disease and disability.

Skills

A graduate can:

- carry out a consultation with the patient - collecting anamnesis, conducting a physical examination; clinical thinking and decision-making, providing explanations and advice; patient support and protection of his rights; assessment of the patient's psycho-emotional status;
- plan and execute relevant diagnostic and therapeutic intervention based on the combination of clinical signs, carry out differentiated diagnosis, disease management at different stages and in different environments, management of acute and chronic conditions, care for terminally ill patients and their families;
- recognize and assess emergency medical conditions, injuries, treatment - in accordance with guidelines, considering the age and gender factors, with the principles of personalized medicine;
- prescribe medicines corresponding to the clinical condition - taking into account the safety principles of rational and safe pharmacotherapy, pharmacoeconomics;
- conduct basic practical procedures - including indication determination, correct, safe intervention planning, implementation and interpretation of results;
- effectively communicate in written and verbal medical context - with the patient, the patient's relatives, colleagues, law enforcement personnel and the mass media, regardless of social, cultural, religious or ethnic affiliation;
- refer to ethical and legal principles in medical practice;
- assess psychological and social aspects related to the patient's disease;
- apply evidence-based principles, skills and knowledge;
- effectively use information and information technologies in the medical context, produce documentation in compliance with legal regulations;
- use scientific principles of biomedicine in medical practice and research, apply proper methods and knowledge;
- implement health promotion activities, involve in public health issues, work efficiently in the health care system.

Responsibility and autonomy:

A graduate:

- manages and adapts to complex, unpredictable or multidisciplinary learning and/or work environments through new strategic approaches, contributes to the development of professional knowledge and practice; takes responsibility for the activities and professional development of others; carries out self-directed learning;
- raises awareness of the role of scientific research, including biostatistics and the principles of evidence-based medicine;
- raises awareness of the need and importance of continuous patient care, as well as legal and ethical principles;

➤ acts in compliance with the highest standards of professionalism, both within the field and non-medically, including in a multicultural, international environment, as an impartial, creative, honest, ethical, self-critical, independent, empathetic and amiable person to patient, colleague and future generation.

PROGRAM EVALUATION

The main difficulty and challenge in the implementation of the educational programme of medicine is a measurable and clear assessment of the programme's objectives and learning outcomes. It is considered that one of the measurable indicators of programme implementation is the rate of employment of graduates as well as the analysis of their career advancement. As the present programme does not have a graduate student, the results of the programme for the given stage are evaluated according to the principle of deterministic evaluation: the annual academic performance, scientific and social activity of the students is assessed and analyzed. Over the years, the dynamics of the mentioned parameters are evaluated on the example of randomly selected students.

One of the components of the programme evaluation is the analysis of feedback from the staff and students involved in the implementation of the programme, which reveals the strengths and weaknesses of the programme most frequently, objectively and clearly and creates a platform for the dynamic improvement of the programme.

Taking into account the specifics of the field, the existing reality and the resource potential, the practice training courses in four main areas (internal medicine, surgery, pediatrics, obstetrics-gynecology) were determined as one of the most important components of the summary of the program objectives and learning outcomes achieved by the programme (XII semester). Practice is the phase of the programme, which provides the best platform for the realization of the competencies accumulated throughout the entire program and creates an opportunity to evaluate both the overall program and each study course objectives and learning outcomes. During the component of practice, each student is fully and permanently embedded in a clinical setting. This format is the most favorable condition for evaluating the effectiveness of the programme, because the student's accumulated knowledge, skills, psycho-emotional stability, medical ethics and social adaptation are evaluated by the student himself, as well as by the lecturer, the patient and the main staff of the clinic (360 degree evaluation).

RELEVANCE MAP OF PROGRAM OBJECTIVES AND PROGRAM LEARNING OUTCOMES

| Program Objectives → | To train a professional who will have been equipped with theoretical knowledge of biomedical and clinical science, aware of the practical importance of translational and evidence-based medicine and the role of bioinformatics in medicine | To prepare a professional with the MD qualification who will be able to diagnose and manage basic health problems considering the needs of the individual and society at the primary, secondary and tertiary levels of the health care system; conduct standard clinical procedures, prescribe rationally with an understanding of basic pharmacology, consult for the patient in the usual and force majeure environment, identify, aid, resuscitate, and manage a critical patient | To educate a doctor with modern intercultural thinking who will be able to adapt to a dynamically changing environment, think globally and have high standards of responsibility to society | To raise a doctor with humane, high ethical values who will be able to realize and promote the common need for health, longevity and well-being of society, to contribute to the development of the health care system | To develop the student's skills to communicate effectively in an interpersonal and medical context, knowledgeable in the basis of psycho-social science, and capable of self-directed learning and development |
|---|--|--|---|--|--|
| Learning Outcomes ↓ | | | | | |
| Knowledge of Biomedical, Clinical, Behavioral, and Social Sciences | v | v | | | |
| Carry out a consultation with a patient | v | v | v | v | v |
| Assess clinical presentations, order investigations, make differential diagnoses, and negotiate a management plan | v | v | v | v | |
| Providing first aid in emergency medical situations (First aid and resuscitation measures) | v | v | v | v | v |
| Drug selection and prescription | | v | | | v |
| Conducting Practical Procedures | v | v | | | |
| Communicate effectively in a medical context | | | | | v |
| The use of Ethic and Legal Principles in Medical Practice | | | v | v | v |

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| evaluation of psychological and social aspects regarding patients' disease. | | | v | v | v |
| The use of knowledge, skills and principles based on evidence | v | | v | | |
| Use information and information technology effectively in a medical context | v | v | | | v |
| Ability to apply scientific principles, method and knowledge of biomedicine to medical practice and research | v | | | v | v |
| Implementation of health promoting events, engage with public healthcare issues, efficient performance within the healthcare system | | v | v | v | |
| Professionalism(values, behavior, attitude) | v | v | v | v | v |

EDUCATIONAL PROGRAM LEARNING OUTCOMES ASSESSMENT PLAN

| No | Program Learning Outcome | Course Assessment Scheme | Assessment Method | Target Benchmark | Data Collection Time | Responsible Person |
|----|---|--|--|---|----------------------|--|
| 1 | Knowledge of Biomedical, Clinical, Behavioral, and Social Sciences | From Molecules To Cells From Cells to Organs Life Block. Motion Block Nutrition Block Homeostasis Block Control Block. From Organ to System Energy Block Reproduction Block Defence and Immunity Block Medical Microbiology Sense Block Injury Block | Oral/writing exam Multiple Choice Tests One clue Tests short answers (oral or test) OSPE | More than 70 % of students have passed a summative test exam (MCQ) of the phase of basics | VI term | Head of Public Health and Basic Medicine Department b Head of the Program; Head of QA (Quality Assurance) |
| 2 | Carry out a consultation with a patient | Communication and Collaboration A, B, C Pediatrics Block Pulmonology Block Gastroenterology Block From Student to physician - Professionalism B, C Cardio-Vascular Block Connective tissue disorders Block Endocrine and Metabolic Disorders Block Nephrology and Urology Block Trauma and Emergency Medicine Block Tumor and Palliative Care Block Women Health Block Neuro Block Mental Disorders Block Allergy and Infection Block Hospital Medicine Block | Multiple Choice Tests The direct observation with report of assessment) Feedback gained from different sources Objectively Structured Clinical Exam (OSCE) Portfolio the Mini clinical exam with Standardized patients (MiniCex) One clue Tests short answers (oral or test) simulations 360 evaluation scale log book | More than 70% of students successfully pass the combined OSCE exam of the preclinical phase | VIII term | Head of Preclinical Department Head of the Program; Head of QA (Quality Assurance) |

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|---|--|---|--|--|---------|---|
| | | Health And Welfare block Sensation Block Gerontology-Geriatry Block Surgery Elective Block Pediatrics (PFCCS) Obstetrics and Gynecology Surgery Internal Medicine Critical Care, Emergency (ACLS, FCCS, ATLS) | | | | |
| 3 | Assess clinical presentations, order investigations, make differential diagnoses, and negotiate a management plan | Cardio-Respiration Digestion Block Gastro-Enterology Block Neuroscience Block Urogenital and Reproductive Block Cardio-Vascular Block Connective tissue disorders Block Endocrine and Metabolic Disorders Block Nephrology and Urology Block Tumor and Palliative Care Block Women Health Block Neuro Block. Trauma and Emergency Medicine Block | the Mini clinical exam with Standardized patients (MiniCex) Oral/writing exam Multiple Choice Tests Feedback gained from different sources Objectively Structured Clinical Exam (OSCE) Portfolio One clue Tests short answers (oral or test) simulations | More than 60% of students' case reports have been completed and positively evaluated. | IX term | Head of Public Health and Basic Medicine Department b Head of the Program; Head of QA (Quality Assurance) |
| 4 | Providing first aid in emergency medical situations (First aid and resuscitation measures) | Trauma and Emergency Medicine Block From Student to Physician - Professionalism A, B, C Hospital Medicine Block Pediatrics (PFCCS) Surgery Internal Medicine Critical Care, Emergency (ACLS, FCCS, ATLS) | The direct observation with report of assessment) | more than 80% of students have passed BLS, PBLs, FCCS, ACLS, FCCS, ATLS adapted exams at relevant stations of clinical skills | X term | Head of the Centre of simulation, clinical skills and assessment, Head of the Program; Head of QA (Quality Assurance) |
| 5 | Drug selection and prescription | From Organ to System Growth and Development Block Cardio-Respiration Block Digestion Block Neuroscience Block Digestion Block | Oral/writing exam Multiple Choice Tests the Mini clinical exam with Standardized patients (MiniCex) log book | More than 80% of students have passed combined paraclinical MSQ | XI term | Leader of Professionalism Block, head of program , Head of QA |

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|---|--|--|---|--|---|
| | | Urogenital and Reproductive Block Forensic Medicine and Toxicology Block Pediatrics Block Pulmonology Block Gastroenterology Block Neuro Block From Student to Physician - Professionalism C Mental Disorders Block Allergy and Infection Block Hospital Medicine Block Health And Welfare block Sensation Block Gerontology-Geriatry Block Pediatrics clerkship (PFCCS) Obstetrics and Gynecology clerkship Surgery clerkship Internal Medicine clerkship Critical Care, Emergency clerkship(ACLS, FCCS, ATLS) | | | |
| 6 | Conducting Practical Procedures | Life Block Motion Block Energy Block Defence and Immunity Block From Student to Physician - Professionalism A, B, C Sense Block Blood Block Medical Microbiology Cardio-Respiration Block Digestion Block Neuroscience Block Urogenital and Reproductive Block Pediatrics Block Pulmonology Block Gastroenterology Block Cardio-Vascular Block Connective tissue disorders Block Endocrine and Metabolic | The direct observation with report of assessment) Objectively Structured Clinical Exam (OSCE)Feedback gained from different sources the Mini clinical exam with Standardized patients (MiniCex) simulations 360 evaluation scale log book | More than 80% of students score 2/3 of the maximum score in the clinical skills component of the 360 assessment. 6 | XII term Head of Clinical Medicine Department, Clinical Coordinator, Leader of Professionalism Block, Head of program , Head of QA |

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|---|--|---|---|---|----------|--|
| | | Disorders Block Nephrology and Urology Block Trauma and Emergency Medicine Block Tumor and Palliative Care Block Women Health Block Neuro Block Mental Disorders Block Allergy and Infection Block Hospital Medicine Block Health And Welfare block Sensation Block Gerontology-Geriatriy Block Pediatrics clerkship (PFCCS) Obstetrics and Gynecology clerkship Surgery clerkship Internal Medicine clerkship Critical Care, Emergency clerkship(ACLS, FCCS, ATLS) | | | | |
| 7 | Communicate effectively in a medical context | Communication and Collaboration A, B, C Tumor and Palliative Care Block Women Health Block Health And Welfare block Mental Disorders Block Gerontology-Geriatriy Block Pediatrics clerkship (PFCCS) Obstetrics and Gynecology clerkship Surgery clerkship Internal Medicine clerkship Critical Care, Emergency clerkship(ACLS, FCCS, ATLS) | Multiple Choice Tests The direct observation with a report of assessment) the Mini clinical exam with Standardized patients (MiniCex); OSCE | More than 70 % of students have gained a positive assessment in three modules of Communication. | VI term | Leader of Communication- Collaboration Block |
| 8 | The use of Ethic and Legal Principles in Medical Practice | Communication and Collaboration A, B, C From Student to Physician - Professionalism A, B, C From Student to Scientist A,B,C Women Health Block Tumor and Palliative Care Block Gerontology-Geriatriy | Oral/writing exam Multiple Choice Tests The direct observation with a report of assessment) Feedback gained from different sources Objectively Structured Clinical Exam (OSCE) Portfolio | More than 80% have accumulated 2/3 of the highest grade (peer/lecturer/patient) according to the evaluation received from different sources. | XII term | Leader of Professionalism Block, Head of program , Head of QA, Clinical Coordinator |

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|----|--|--|--|--|----------|---|
| | | Block Forensic Medicine and Toxicology Block Pediatrics clerkship (PFCCS) Obstetrics and Gynecology clerkship Surgery clerkship Internal Medicine clerkship Critical Care, Emergency clerkship(ACLS, FCCS, ATLS) | the Mini clinical exam with Standardized patients (MiniCex) simulations log book | | | |
| 9 | evaluation of psychological and social aspects regarding patients' disease. | Communication and Collaboration A, B, C From Student to Physician - Professionalism A, B, C From Student to Scientist A,B,C Forensic Medicine and Toxicology Block Women Health Block Tumor and Palliative Care Block Trauma and Emergency Medicine Block Pediatrics clerkship (PFCCS) Obstetrics and Gynecology clerkship Surgery clerkship Internal Medicine clerkship Critical Care, Emergency clerkship(ACLS, FCCS, ATLS) | Multiple Choice Tests The direct observation with a report of assessment) Feedback gained from different sources Portfolio Simulation Short answers (oral/test) Logbook | More than 80% have accumulated 2/3 of the highest grade (peer/lecturer/patient) according to the evaluation received from different sources. | XII term | Clinical Coordinator, Leader of Professionalism Block, Head of program , Head of QA |
| 10 | The use of knowledge, skills and principles based on evidence | Communication and Collaboration A, B, C From Student to Physician - Professionalism A, B, C From Student to Scientist A,B,C Gerontology-Geriatry Block Pediatrics clerkship (PFCCS) Obstetrics and Gynecology clerkship Surgery clerkship Internal Medicine clerkship Critical Care, Emergency clerkship(ACLS, FCCS, ATLS) | Oral/written exam Multiple Choice Tests the Mini clinical exam with Standardized patients (MiniCex) 360 Assessment Scale Scientific presentation | More than 60% of students' case reports have been completed and positively evaluated. | IX term | Head of preclinical Department Head of the Program; Head of QA (Quality Assurance) |
| 11 | Use information and information technology effectively in a medical context | Communication and Collaboration A, B, C From Student to Physician - | Portfolio Logbook Scientific presentation | More than 60% of students' research projects have been completed and positively evaluated. | XI term | from Student to Scientist - A,B,C |

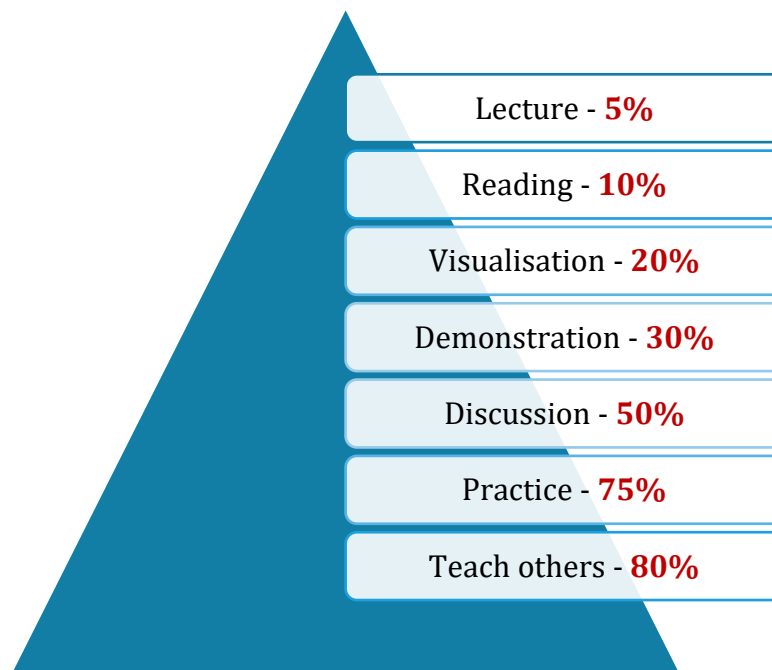
| | | | | | | |
|----|--|--|---|---|----------|---|
| | | Professionalism A, B, C From Student to Scientist A,B,C | | | | |
| 12 | Ability to apply scientific principles, method and knowledge of biomedicine to medical practice and research | Communication and Collaboration A, B, C From Student to Physician - Professionalism A, B, C From Student to Scientist A,B,C | The direct observation with a report of assessment) Multiple Choice Tests Portfolio Logbook Scientific presentation | More than 60% of students' case reports have been completed and positively evaluated. | IX term | Head of preclinical Department Head of the Program; Head of QA (Quality Assurance) |
| 13 | Implementation of health promoting events, engage with public healthcare issues, efficient performance within the healthcare system | Communication and Collaboration A, B, C From Student to Physician - Professionalism A, B, C From Student to Scientist A,B,C , Women Health Block Tumor and Palliative Care Block Gerontology-Geriatry Block Health And Welfare block | Oral/written exam Multiple Choice Tests short answers (oral/test) Logbook Scientific presentation | More than 80% of students have in their portfolio a certificate of participation in at least three social activities and public health-promoting activities envisaged by the University's strategy. | XI term | Dean of School, Head of program, Head of QA |
| 14 | Professionalism(values, behavior, attitude) | Communication and Collaboration A, B, C From Student to Physician - Professionalism A, B, C From Student to Scientist A,B,C Pediatrics clerkship (PFCCS) Obstetrics and Gynecology clerkship Surgery clerkship Internal Medicine clerkship Critical Care, Emergency clerkship(ACLS, FCCS, ATLS) | Oral/written exam Multiple Choice Tests The direct observation with a report of assessment) Feedback gained from different sources (OSCE) Portfolio the Mini clinical exam with Standardized patients (MiniCex) One-clue test Short answers (oral/test) 360 assessment scale Logbook Scientific presentation | More than 80% of students have submitted a logbook and portfolio with all necessary components; More than 70% have a positive assessment of all components of the 360 assessment; | XII term | Clinical Coordinator, Dean of School, Leader of Professionalism Block, Head of Program , Head of QA |

LEARNING, TEACHING AND ASSESSMENT

TEACHING METHODS:

Considering University's mission, vision and the School's Statute and Strategic Development Plan, the educational program of " Medical Doctor" aims to contribute to formation of a highly qualified, competitive professional with competence corresponding to modern requirements, easily adaptable to the changing professional environment. To achieve this goal, the program offers students such a synthesis of theoretical and practical study courses that ensures the achievement of the program objectives. The program includes study courses necessary for obtaining appropriate knowledge in the field of medicine, and their content and volume, as well as format, teaching-learning and evaluation methods are in accordance with the requirements of the Medicine Sector Benchmarks of Higher Education and the seventh level of the National Qualifications Framework.

Learning Pyramid:



Interactive lectures – a process that allows the lecturer to engage students as intellectually active participants. During the course of the lecture, the lecturer uses the trigger as a creative and active transfer of the main essence of the material, thereby achieving the maximum focus of the student on the main concepts, their definitions, references and assumptions. By facilitating critical analysis and mutual feedback, students' attention and motivation will be increased. At the same time, the main goal of the lecture will be achieved, namely, to convey the main provisions of the subject and teaching material consistently, to activate students' ability to think and perceive scientific problems.

Practical/group work - involves discussion of the issue in groups, formulation of questions to ask the speaker and discussion. During practical work, theoretical knowledge is transferred to the student step by step and helps him to solve specific problems independently. Students independently work with different types of simulators and/or computers/images and apply theoretical material to specific problems. As part of the practical work, various operational

activities will be carried out, including manipulations, instrumental examinations with the analysis of the obtained results (interpretation of the results and assessment of the severity of the damage). Evaluation of the results of laboratory studies leads to the strengthening of the ability of analysis and synthesis, as well as the discussion of a specific case, which develops the skills of decision-making and alternative reasoning, planning and foreseeing results in a limited time.

Role-playing is a method that allows the student to apply theoretical knowledge and practical skills in a situation where he plays the role of a decision-maker. In an environment as close as possible to the real one, students solve a specific problem within the framework of a role function through the correct distribution of their own and/or group resources and quick analysis of the situation. This activity will develop: the ability to apply theoretical knowledge in practice; The ability to use the correct method of evaluating and solving complex problems, and understanding professional values.

Laboratory work is a practical work option that allows more visualization of processes. A student learns to conduct an experiment and work with laboratory materials and equipment. Laboratory work is widely used in the teaching of biomedical sciences, as it provides an effective means of consolidating theoretical knowledge and develops the ability to conduct experiments independently.

Simulation training - refers to the best way to acquire medical knowledge, experience and skills using different types of simulators and mannequins, which does not involve any risk related to the patient.

Clinical practice/teaching at the patient's bed (Bedside Teaching) -. Clinical practice requires the involvement of three parties, namely: the university, the student and the potential employer/employee. Thus, in turn, contributes to the continuous updating of educational programmes in accordance with the demands of the dynamic market.

CBD (Case-based Discussion) - the process of mutual exchange of opinions between the lecturer and the student and/or among the students, in order to understand and share different opinions and facilitate the decision process. In the course of the discussion, the acquired knowledge increases and it is enriched with new approaches and ideas. Discussions can take place both in small groups of students and in whole groups under the guidance of the teacher or the students themselves.

EPAs - Entrustable Professional Activities -involves conducting various activities by the student in a medical setting. This method allows the student to strengthen practical skills and deepen theoretical knowledge in various clinical situations, whether it is an operating block or an emergency room, etc., the student learns through observation and practical work.

CBCR - Case-Based Clinical Reasoning, Oral/Written presentation, demonstration of theoretical knowledge and/or case relevant reasoning in the form of report or question/response.

Presentation - a report by a student to a group or mentor about a specific issue, event or interesting news. The presentation reflects the student's knowledge of the material and acquired skills. It can be prepared individually or in groups and is based on information gathered from relevant sources. The presentation will develop the habits of finding and processing information and the ability to form one's own views on the subject to be studied.

PBL - problem-based learning is a student-centered instructional method based on the problem as a means of acquiring new knowledge and integration source. It is a process of acquiring new knowledge that requires further research and quick planning of the necessary activities. The method promotes knowledge and develops effective communication, teamwork, problem-solving skills, independent learning, and information sharing skills. It strengthens the ability of critical evaluation, improves the habits of literature search and helps to learn the rules of working in a team environment.

CBL - Case Based Learning - means acquiring knowledge based on specific clinical examples (case analysis). The work is mainly carried out in groups and requires the search for additional information, differentiation and determination of the diagnosis in order to solve a complex problem (case). In this process, theoretical knowledge is put into practice and this combination promotes analytical and clinical thinking, development of analysis and synthesis skills, teamwork and decision-making skills. Students develop the habit of participating in medical discussions and communicating with colleagues in limited time, analytical ability, group work habit, alternative thinking, ability to plan activities and predict results.

Involvement in scientific research – involves participation in various types of research and promotes the development of research skills in an interested student.

Electronic learning (E-learning) - the attendance form is used, the teaching process takes place within the contact hours of the professor and students, and the transfer of part of the educational material is carried out through the relevant electronic module corresponding to the educational course. One of the methods during distance learning is the so-called Flipped Classroom. This method is especially important in some emergency situations to ensure transition of teaching to a distant form.

STUDENT EVALUATION SYSTEM:

Student assessment is a systematic process. Assessment involves gathering, interpreting, and taking appropriate action on student knowledge and skills. Assessment reflects what a student knows and can do, which in turn determines the relevance of student achievement of the specific course outcomes.

The purpose of assessment is to qualitatively determine the student's learning outcomes in relation to the goals and parameters of the academic programme. For the improvement of the student's academic performance, as well as, in general, for the learning process itself, a great attention is given to the feedback and analysis based on the assessment.

The level of achievement of the learning outcome is evaluated by intermediate and final evaluations, the sum of which constitutes the final evaluation. Assessment includes components that determine how to assess a student's knowledge, skills, and/or other competencies. It may combine different assessment methods (oral/written exam, skills assessment, practical/theoretical work, etc.).

Based on the learning outcomes of each study course, appropriate evaluation methods are selected and the minimum competence threshold is determined, which is reflected in the positive evaluation criteria.

Assessment Forms:

The achievement of the learning outcomes provided by the program by the student is confirmed by the assessment received in the educational/scientific-research components. The components of a student's evaluation are the midterm and the final evaluation, the sum of which constitutes the final evaluation. Assessment methods are used to assess the achievement of the learning outcomes defined in the component of the educational program, and the assessment criterion is the measuring unit of the assessment method, thereby determining the level of achievement of the learning outcomes.

The maximum evaluation of the educational component (study course, module, practice, scientific-research project/thesis, etc.) is equal to 100 points, of which 60 points are assigned to the

intermediate evaluation, and 40 points to the final evaluation. A minimum competency threshold should be defined in each assessment component.

The specific share of the minimum competence limit of the final assessment should not exceed 60% of the final assessment. In the cases provided by Medicine Sector Benchmarks of Higher Education, the specific share of the minimum competence limit of the final assessment may exceed 60% of the final assessment.

A student is given one opportunity to take an additional exam. After the announcement of the results, the interval between the final and additional exams is not less than 5 days.

The prerequisite for admission to the final exam is different for study courses and modules, for specialty-defining courses, the minimum competency limit for the intermediate assessment is determined by at least 30 points, and the minimum competency limit for the final exam is 20 points.

Final assessment of the student in the study component defined by the program is divided into categories:

(A) excellent - 91 points and more;

(B) very good - 81-90 points;

(C) good - 71-80 points;

(D) satisfactory - 61-70 points;

(E) sufficient - 51-60 points;

(FX) failed - 41-50 points, which means that the student has to work more to pass and s/he is given the right to retake an exam once.

(F) Failed - 40 points, which means that the work done by the student is insufficient and s/he has to study a course/subject all over again.

Description of assessment methods:

- ❖ Oral/written exam
- ❖ MCQ (multiple choice test)
- ❖ DO (direct observation with a report)
- ❖ Feedback from different sources
- ❖ OSCE
- ❖ Portfolio
- ❖ MiniCex
- ❖ One-clue test
- ❖ Short answers
- ❖ Simulations
- ❖ 360 Assessment scale
- ❖ Logbook
- ❖ OSPE

- ❖ Scientific presentation
- ❖ WPBA (WorkPlace Based Assessment)
- ❖ - P-MEX – Professionalism Mini-Evaluation Exercise
- ❖ Mid-term exam - is a component of mid-term evaluation, which is conducted in the form and method determined by the curriculum at the time determined. Its purpose is to evaluate the knowledge and skills obtained as a result of studying the material.

- ❖ The final exam is a one-time component of the final assessment and is conducted to assess the acquired knowledge and skills in the form and method determined by the curriculum.

Note: In accordance with the university policy on academic honesty, the paper will not be graded if cases of academic dishonesty are identified. This is regulated by the rules of academic integrity developed by the University and ensured by Turnitin's plagiarism detection system.

One-Cycle Educational Program of Medicine – “Medical Doctor”

| 1 | Course/Block | Subcourse | Course Code | Prerequisite Code | ECTS by Subcourse | Number of credits (ECTS) | Total Hours | Including | | | | | Distribution of credits by semesters | | | | | | | | | | | | |
|---------------------------------------|-----------------------------------|---|-------------|-------------------|-------------------|--------------------------|-------------|-----------|---------------|--------------|------------|-----------|--------------------------------------|----|-----|----|----|----|-----|------|----|----|----|-----|--|
| | | | | | | | | Lecture | Sem/GW/Lab/Pr | Midterm Exam | Final Exam | Ind. Work | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | |
| I The Field Compulsory Courses | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Communication and Collaboration A | Communicative Aspects of Georgian/French/German/Turkish Language -1 | AV-01 | No prerequisite | 4 | 7 | 175 | 12 | 84 | 3 | 6 | 70 | 7 | | | | | | | | | | | | |
| | | Interpersonal and Medical Communication | | | 1 | | | | | | | | | | | | | | | | | | | | |
| | | Behavioral Sciences-Psychology | | | 1 | | | | | | | | | | | | | | | | | | | | |
| | | Basics of Bioinformatics | | | 1 | | | | | | | | | | | | | | | | | | | | |
| 2 | From Molecules To Cells | Molecular Biology, General Genetics | AV-02 | No prerequisite | 2 | 7 | 175 | 38 | 64 | 1 | 2 | 70 | 7 | | | | | | | | | | | | |
| | | Cell Biology, Embriology | | | 2 | | | | | | | | | | | | | | | | | | | | |
| | | Molecular Biochemistry | | | 2 | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |
|---|-------------------|--|-------|-----------------|---|---|-----|----|----|---|---|----|---|--|--|--|--|--|--|--|
| | | Histology of the Musculoskeletal System | | | 2 | | | | | | | | | | | | | | | |
| | | Physiology of the Musculoskeletal System | | | 2 | | | | | | | | | | | | | | | |
| | | Clinical Skills - Assessment of the joints, movements and motion range, desmurgy | | | 1 | | | | | | | | | | | | | | | |
| 7 | Nutrition Block | GI Tract Anatomy and Radiological Anatomy | AV-07 | AV-02 AV-03 | 2 | 7 | 175 | 31 | 68 | 2 | 4 | 70 | 7 | | | | | | | |
| | | GI Tract Histology | | | 1 | | | | | | | | | | | | | | | |
| | | GI Tract Physiology | | | 1 | | | | | | | | | | | | | | | |
| | | Biochemistry and Metabolism | | | 2 | | | | | | | | | | | | | | | |
| | | Clinical Skills of the Nutrition Block | | | 1 | | | | | | | | | | | | | | | |
| 8 | Homeostasis Block | Anatomy and Histology of nephron and urine tract | AV-08 | No prerequisite | 2 | 4 | 100 | 15 | 20 | 1 | 2 | 62 | 4 | | | | | | | |
| | | Regulation of pH and acidbase Balance | | | 1 | | | | | | | | | | | | | | | |
| | | Liquids of Human Body | | | 1 | | | | | | | | | | | | | | | |
| 9 | Control Block | Introduction to nervous system | AV-09 | AV-02; AV-03 | 1 | 5 | 125 | 33 | 38 | 1 | 3 | 50 | 5 | | | | | | | |
| | | Anatomy and Histology of Nervous system | | | 2 | | | | | | | | | | | | | | | |

PROGRAM COURSES AND LEARNING OUTCOMES RELEVANCE (CURRICULUM) MAP

| Program Learning Outcomes (I- Introducing, P-Practicing, M - Mastering) | | | | | | | | | | | | | | | |
|---|-----------------------------------|--------------------|---------------------|----------------------|---------------------|--------------------|---------------------|----------------------|-----------------------|---------------------|--------------------|---------------------|----------------------|-----------------------|----------------------|
| No | Courses | Learning Outcome I | Learning Outcome II | Learning Outcome III | Learning Outcome IV | Learning Outcome V | Learning Outcome VI | Learning Outcome VII | Learning Outcome VIII | Learning Outcome IX | Learning Outcome X | Learning Outcome XI | Learning Outcome XII | Learning Outcome XIII | Learning Outcome XIV |
| The Field Compulsory Courses | | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII | XIII | XIV |
| 1 | Communication and Collaboration A | I | - | - | - | - | - | I | - | I | - | I | - | - | - |
| 2 | From Molecules To Cells | I | - | - | - | - | - | - | - | - | I | I | I | - | - |
| 3 | From Cells to Organs | I/P | - | - | - | - | - | - | - | - | - | P | I | - | I |
| 4 | Life Block | I | - | - | - | - | I | - | - | - | I | I | - | - | I |
| 5 | Communication and Collaboration B | P | - | - | - | - | - | P | - | P | - | P | - | I | I/P |
| 6 | Motion Block | I | - | - | I | - | I | - | - | - | I | - | - | - | I |
| 7 | Nutrition Block | I | - | - | - | - | I | - | - | - | I | - | - | - | I |
| 8 | Homeostasis Block | I/P | - | - | - | - | - | - | - | - | I | I | I | - | I |

| | | | | | | | | | | | | | | | |
|----|--|-----|-----|-----|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 9 | Control Block | I/P | - | - | - | - | - | - | - | - | I | I | I | - | I |
| 10 | Communication and Collaboration C | P/M | - | - | - | - | - | P/M | - | P/M | - | P/M | - | - | P/M |
| 11 | From Organ to System | I | - | - | - | - | - | - | - | - | I | - | - | - | I |
| 12 | Energy Block | I | - | - | - | - | I | - | - | - | I | - | - | - | I |
| 13 | Reproduction Block | I | - | - | - | - | I | - | - | - | I | - | - | - | I |
| 14 | Defence and Immunity Block | I/P | - | I/P | - | - | I/P | - | - | - | I/P | I/P | I/P | - | - |
| 15 | From Student to Physician - Professionalism A | I | - | - | I | - | I | I | I | I | I | I | - | - | I |
| 16 | Growth and Development Block | I/P | I/P | I | - | I | I/P | - | - | - | I/P | I/P | I/P | - | I/P |
| 17 | Sense Block | I/P | - | - | - | I/P | I/P | I/P | I/P | I/P | I/P | I/P | I/P | I/P | I/P |
| 18 | Injury Block | I/P | - | - | - | I/P | I/P | I/P | I/P | I/P | I/P | I/P | I/P | I/P | I/P |
| 19 | Blood Block | I/P | - | - | - | I/P | I/P | I/P | I/P | I/P | I/P | I/P | I/P | I/P | I/P |
| 20 | Medical Microbiology | I/P | I | P | - | P | P | - | - | P | P | P | P | - | P |

| | | | | | | | | | | | | | | | |
|----|--|-----|-----|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 21 | Cardio-Respiration Block | P | I | P | I/P | P | P | P | P | P | I/P | I | I | I | I/P |
| 22 | Digestion Block | P | I | P | I/P | P | P | P | P | P | I/P | I | I | I | I/P |
| 23 | Neuroscience Block | P | I | P | I/P | P | P | P | P | P | I/P | I | I | I | I/P |
| 24 | From Student to Scientist A | I | - | - | - | - | - | - | I | - | I | - | I | - | I/P |
| 25 | Urogenital and Reproductive Block | P | I | P | I/P | P | P | P | P | P | I/P | I | I | I | I/P |
| 26 | Forensic Medicine and Toxicology Block | P | I/P | P | P | P/M | - | P | P | I/P | P | - | - | I/P | P |
| 27 | Pediatrics Block | P | I/P | P | I/P | I/P | I/P | I/P | I/P | I/P | I/P | I/P | I/P | I/P | P |
| 28 | Pulmonology Block | P/M | P/M | P | P | P/M | P/M | P | P/M | P | P | P | P | P | P |
| 29 | Gastroenterology Block | P/M | P/M | P | P | P/M | P/M | P | P/M | P | P | P | P | P | P |
| 30 | From Student to physician - Professionalism B | p | - | - | P | - | P | P | P | P | P | P | - | - | P |
| 31 | Cardio-Vascular Block | P/M | P/M | P | P | P/M | P/M | P | P/M | P | P | P | P | P | P |
| 32 | Connective tissue disorders Block | P/M | P/M | P | P | P/M | P/M | P | P/M | P | P | P | P | P | P |

| | | | | | | | | | | | | | | | |
|----|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 33 | Endocrine and Metabolic Disorders Block | P/M | P/M | P | P | P/M | P/M | P | P/M | P | P | P | P | P | P |
| 34 | Nephrology and Urology Block | P/M | P/M | P | P | P/M | P/M | P | P/M | P | P | P | P | P | P |
| 35 | Trauma and Emergency Medicine Block | P/M | P/M | P/M | P/M | P/M | P/M | P | P/M | P | P | P | P | P | P |
| 36 | Tumor and Paliative Care Block | P/M | P/M | P | P | P/M | P/M | P | P/M | P | P | P | P | P | P |
| 37 | Women Health Block | P/M | P/M | P | P | P/M | P/M | P | P/M | P | P | P | P | P | P |
| 38 | Neuro Block | P/M | P/M | P | P | P/M | P/M | P | P/M | P | P | P | P | P | P |
| 39 | From Student to Scientist B | P | - | - | - | - | - | - | P | P | P | I | P | P | P/M |
| 40 | Mental Disorders Block | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M |
| 41 | Allergy and Infection Block | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M |
| 42 | Hospital Medicine Block | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M |
| 43 | Health And Welfare block | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | M | P/M |
| 44 | From Student to Physician - Professionalism C | P/M | - | - | P/M | - | P/M | P/M | P/M | P/M | P/M | P/M | - | - | P/M |

| | | | | | | | | | | | | | | | |
|----|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 45 | Sensation Block | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M |
| 46 | Gerontology-Geriatriy Block | P/M | P/M | P/M | P/M | M | M | M | M | P/M | M | M | M | M | M |
| 47 | Surgery Elective Block | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M |
| 48 | Internal Medicine Elective Block | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M |
| 49 | Pediatric Elective Block | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M | P/M |
| 50 | Pediatrics clerkship (PFCCS) | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| 51 | Obstetrics and Gynecology clerkship | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| 52 | From Student to Scientist C | M | - | - | - | - | - | - | M | - | P/M | P/M | P/M | - | M |
| 53 | Surgery clerkship | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| 54 | Internal Medicine clerkship | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| 55 | Critical Care, Emergency clerkship(ACLS, FCCS, ATLS) | M | M | M | M | M | M | M | M | M | M | M | M | M | M |