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Faculty of Dentistry
ACADEMIC STAFF IN THE FACULTY OF MEDICINE
# Academic Staff in the Faculty of Medicine

## Anatomy

<table>
<thead>
<tr>
<th>Position</th>
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<tbody>
<tr>
<td>Professor &amp; Chairman</td>
<td>Khalid M. Khan, B.Sc., M. Sc., MS, Ph.D.</td>
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<tr>
<td>Associate Professor</td>
<td>Ebtessam M. Abdel Basset, M.B., B.Ch., M.Sc., Ph.D.</td>
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<td>Associate Professor</td>
<td>Waleed M. Renno, B.Sc., Ph.D.</td>
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<td>Associate Professor</td>
<td>Narayana Kilarkaje, M.Sc., Ph.D., FAGE</td>
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<td>Mudanna S. Rao, M.Sc., Ph.D.</td>
</tr>
<tr>
<td>Assistant Professor</td>
<td>Alyaa M.A. Mousa, B.Sc., M.Sc., MED, Ph.D.</td>
</tr>
<tr>
<td>Assistant Professor</td>
<td>Heba Al-Hussaini, M.B.B.S, M.Sc., Ph.D.</td>
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## Biochemistry

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<td>Professor</td>
<td>Farida M.A. Al-Awadhi, B.Sc., Ph.D.</td>
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<tr>
<td>Professor</td>
<td>Ludmil Benov, M.Sc., Ph.D.</td>
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<tr>
<td>Professor</td>
<td>Moussa Al-Khalaf, B.Sc., DEA, Ph.D.</td>
</tr>
<tr>
<td>Associate Professor</td>
<td>Hussain A. Al-Mahmoud, B.Sc., Ph.D., FIMLS</td>
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<td>Associate Professor</td>
<td>Behling Cheng, B.Sc., M.Sc., Ph.D.</td>
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<tr>
<td>Associate Professor</td>
<td>James D. Craik, B.A., D. Phil.</td>
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<tr>
<td>Associate Professor</td>
<td>May Al-Maghrabi, M.Sc., Ph.D.</td>
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<tr>
<td>Assistant Professor</td>
<td>Aishah Al-Jarallah, M.Sc., Ph.D.</td>
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## Community Medicine and Behavioural Sciences

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<td>Professor &amp; Chairman</td>
<td>David Robinson, B.Sc., M.Sc., D.Phil., C.Psychol.</td>
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<td>Professor</td>
<td>Mohamed A. Moussa, B.Sc. (Pharm.), M.Sc. Ph.D.(Edin.)</td>
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<td>Professor</td>
<td>Nasra M. Shah, B.A., M.A., Sc.D.</td>
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<td>Professor</td>
<td>Saeed Akhtar, DVM, M.Sc., MS, Ph.D.</td>
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<td>Associate Professor</td>
<td>Abdulwahab Al-Isa, B.Sc., M.Sc., Ph.D.</td>
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<td>Associate Professor</td>
<td>Lukman Thalib, B.Sc., M.Sc., (Reading,UK) Ph.D (B'ham, UK)</td>
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<td>Associate Professor</td>
<td>Joseph C. Longenecker, B.Sc., MPH., MD., Ph.D.</td>
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<td>Assistant Professor</td>
<td>Manal Bouhaimeed, B.Med.Sc., M.B.Ch.B., M.Sc., Ph.D., F.R.C.S.(Ophth.)</td>
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<tr>
<td>Assistant Professor</td>
<td>Naif Al-Mutawa, B.A.(Clinical Psychology), Ph.D.</td>
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<tr>
<td>Assistant Professor</td>
<td>Reem Al-Sabah, B.A., Ph.D.(Clinical Psychology)</td>
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<tr>
<td>Assistant Professor</td>
<td>Abdullah Al-Taiar, M.B.B.Ch., DCH., M.Sc., Ph.D.</td>
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## Medicine

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<td>Professor &amp; Chairperson</td>
<td>Nabila A. Abdella, M.B.B.Ch., D.M., FRCP(I), FRCP(L)</td>
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<tr>
<td>Professor Emeritus</td>
<td>Abdulmohsin M.Y. Al-Abdulrazzak, M.B.Ch.B., Ph.D., FRCP(G)</td>
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<td>Professor</td>
<td>Basil Al-Nakib, M.D., F.A.C.P., FRCP</td>
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<td>Professor</td>
<td>Fuad A.M. Hasan, BM.B.Ch., ABIM(Int.Med.), ABIM (Gastro), A.A.S.L.D.,FACP</td>
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<td>Professor</td>
<td>Nasser Hayat, B.A., M.D., Ph.D., FACP., FACC</td>
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<td>Professor</td>
<td>Mohammad Zubaid, M.B.B.Ch., FRCP(C)</td>
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<td>Adel Al-Awadhi, B.M., B.Ch, FRCP, FACR</td>
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<td>Professor</td>
<td>Nasser A. Behbehani, B.M., B.Ch., FRCP (C)</td>
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Professor Mousa Khadadah, B.M., B.Ch., FRCP (G)
Professor Dia Sheab, B.M., B.Ch., FRCP(C), MAAEM
Professor Adnan Abal, B.M., B.Ch., Am.B Int.Med., FRCP(C)
Associate Professor Babu Chulliparampil, M.B.B.S., M.D., Doct.Med.(Cardl), FRCP (Edin.)
Associate Professor Khalid Al-Jarallah, B.Ch., FRCP(C), FACC, FACP
Associate Professor Kamal Al-Shoumer, B.M., B.Ch., Ph.D., FRCP (Lond.)
Associate Professor Suhail Al-Shemri, B.M., B.Ch., FRCP(C)
Associate Professor Wael El-Reshaid, B.M., B.Ch., FRCP (C)
Associate Professor Nawaf Al-Mutairi, B.M., B.Ch., FRCP (C)
Associate Professor Salem Al-Shemri, B.M., B.Ch., FRCP(C)
Associate Professor Sana Al-Mutairi, B.M., B.Ch., MRCP., M.Sc.
Associate Professor Faisal Al-Saiegh, B.M., B.Ch., Am B. Int. Med., Am.B. Haem. FRCPC
Associate Professor Ebrahim Al-Rashdan, B.M., B.Ch., FRCP (C), ABIM (Int.Med), ABIM (Card.), ABIM (Interv. Card.)
Associate Professor Laila R. Qadan, B.M., B.Ch., AmBd. Int.Med., AmBd.(Endocrin)
Associate Professor Waleed Al-Azmi, B.M., B.Ch., ABIM (Int.Med.), ABIM (Gastro)
Associate Professor Shafiqa Al-Lodhi, B.M., B.Ch., MRCPi
Associate Professor Jaber Awadh Al-Ali, B.M., B.Ch., DABIM FRCP (C)
Assistant Professor Hani Al-Humoud, MD, AmBd. Int.Med., AmBd.(Neph.)
Assistant Professor Ebaa Al-Ozairi, B.M. Sc (Hon.), M.B.Ch.B., MRCP (UK), CCT
Assistant Professor Muath Al-Shebaei, B.M., B.Ch., ABIM(Med.), FRCPC(Med.),ABIM(Card.), FRCP(Card.), FACC, FGHA, ISACHID
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Assistant Professor Jasem Al-Hashel, B.M., B.Ch., FRCP(C)

MICROBIOLOGY

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Professor Vincent O. Rotimi, MBBS, M.Sc., Ph.D., F.M.C.Path, F.W.A.C.P., F.R.C.Path.
Professor Abusalim Mustafa, B.Sc., M.Sc., Ph.D., M.R.C.Path. F.R.C.Path.
Professor Manuel J. Albert, B.Sc., M.Sc., Ph.D., M.R.C.Path.
Professor Widad Al-Nakib, M.A., FRSTM&H, M.R.C. Path., F.R.C. Path., Ph.D.,
Professor Raj Raghupathy, B.Sc., M.Sc., Ph.D., F.R.C.Path.
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Associate Professor Wafaa Y.A. Jamal, B.M., B.Ch., DCH.M.Sc.,MRCPath.,FRCPath.,Ph.D.
Assistant Professor Hanady Amoudy, B.Sc. M.Sc. Ph.D.

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Associate Professor Gaber Ziada, B.Sc., M.Sc., Ph.D.
Associate Professor Issa Loutfi, M.D., Ph.D., Am.B.N.M.
Assistant Professor Fatma J. Al-Saedi, B.Sc., M.Sc., Ph.D.
Assistant Professor Saud Al-Enezi, B.M., B.Ch., Am.B. N.M.
### OBSTETRICS AND GYNAECOLOGY

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<th>Position</th>
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<tr>
<td>Professor &amp; Chairman</td>
<td>Michael E. Diejomahoh</td>
<td>MBBS, FICS, FWACS, FRCOG</td>
</tr>
<tr>
<td>Professor</td>
<td>Alexander E. Omu</td>
<td>MBBS, FMCOG, FWACS, FICS, FRCOG</td>
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<tr>
<td>Professor</td>
<td>Eyad Al-Saleh</td>
<td>B.M., B.Ch., FRCS (C)</td>
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<td>Professor</td>
<td>Majed K. Al-Azemi</td>
<td>B.M., B.Ch., MRCOG</td>
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<td>Professor</td>
<td>Moorkath Nandakumaran</td>
<td>B.Sc., M.Sc., Ph.D.</td>
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<tr>
<td>Associate Professor</td>
<td>Majed Al-Shammari</td>
<td>B.M., B.Ch., FRCS (C)</td>
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<tr>
<td>Associate Professor</td>
<td>Rachana Chibber</td>
<td>MBBS, DGO, MD, FRCOG</td>
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<td>Jehad Al-Harmi</td>
<td>B.M., B.Ch., FRCSC, FACOG</td>
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<td>Waleed Al-Jassar</td>
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### PATHOLOGY

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<td>Professor &amp; Chairman</td>
<td>Thamradeen A. Junaid</td>
<td>M.B.B.S., Ph.D., F.R.C.Path., F.W.A.C.P., F.M.C.Path.</td>
</tr>
<tr>
<td>Professor</td>
<td>Samuel O. Olusi</td>
<td>M.B.B.S., Ph.D., FMC Path., F.W.A.C.P., F.R.C.Path.</td>
</tr>
<tr>
<td>Professor</td>
<td>Abayomi O. Akanji</td>
<td>M.B.B.S., M.Sc., D.Phil., F.R.C.Path.</td>
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<tr>
<td>Professor</td>
<td>Olusegun A. Mojiminiyi</td>
<td>M.B.B.S., D.Phil, F.R.C.Path., Eur ClinChem.</td>
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<td>Associate Professor</td>
<td>Fahd R. Al-Mulla</td>
<td>B.Sc., B.M., B.Ch., Ph.D.</td>
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<td>Mohammed Elfawal</td>
<td>M.B.B.S., M.Sc., Ph.D.</td>
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<td>Issam Francis</td>
<td>B.M., B.Ch., M.I.A.C., F.R.C.Path.</td>
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<td>Associate Professor</td>
<td>Dilip K. Das</td>
<td>M.B.B.S., M.D., Ph.D., D.Sc., FRCPath, MIAC, MAMS, FICPath.</td>
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<td>Assistant Professor</td>
<td>Suad M. Abdeen</td>
<td>B.M., B.Ch., D.C.P., M. Sc., D.I.C., FRCPath.</td>
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<td>Assistant Professor</td>
<td>Salah A.Y. Al-Humood</td>
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<td>Assistant Professor</td>
<td>Bushra Y.A.H. Al-Ayadhy</td>
<td>B.Sc., B.M., B.Ch., D.C.P., Ph.D.</td>
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<td>Assistant Professor</td>
<td>Maamoun Al-Aynati</td>
<td>B.M., B.Ch., FRCP, FCAP</td>
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<td>Assistant Professor</td>
<td>Salah Al-Waheeb</td>
<td>B.M., B.Ch., FRCP(C)</td>
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<tr>
<td>Assistant Professor</td>
<td>Rabeah Al-Temaimi</td>
<td>B.Sc., M.Sc., Ph.D. (Human Genetics)</td>
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<td>Assistant Professor</td>
<td>Hamad Ali Yaseen</td>
<td>B.Sc., M.Sc., Ph.D. (Human Genetics)</td>
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<td>Assistant Professor</td>
<td>Ahmad Al-Serri</td>
<td>B.Sc., MRCS, Ph.D. (Human Genetics)</td>
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### PAEDIATRICS

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<td>Professor &amp; Chairman</td>
<td>Adekunle D. Adekile</td>
<td>M.B.B.S., Ph.D., F.M.C.(Paed.), F.W.A.C.P., FRCPC, FRCPC(Edin.)</td>
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<td>Professor</td>
<td>Khalid Al-Saeid</td>
<td>B.M., B.Ch., F.A.A.P.</td>
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<td>Professor</td>
<td>Mohammed Z. Haider</td>
<td>B.Sc., M.Sc., M. Phil., Ph.D.</td>
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<td>Associate Professor</td>
<td>Mazen Al-Essa</td>
<td>B.M., B.Ch,FRCP(Glasgow) MRCPCH, DCH</td>
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<td>Amal Al-Eisa</td>
<td>B.M., B.Ch., MRCPCH (UK), FRCP (UK)</td>
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<td>Associate Professor</td>
<td>Lulu Abushaban</td>
<td>M.B.B.Ch., FRCP (UK), FRCP (Ire.), DCH,.F.S.C.A.I.,M.A.C.C.</td>
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<td>Associate Professor</td>
<td>Mayra Al-Saeid</td>
<td>M.D., F.A.A.P.</td>
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<td>Gurusev Dhaunsi</td>
<td>B.Sc., M.Sc., Ph.D.</td>
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<td>Majeda S. Hammoud</td>
<td>MBBS, DCH, MRCPCH (UK), MRCP (UK), FRCP (UK)</td>
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<td>Associate Professor</td>
<td>Abdullah F. Owayed</td>
<td>B.M., B.Ch., B.A.O., DCH, FAAP, FRCPC</td>
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<td>Assistant Professor</td>
<td>Wafa Al-Qabandi</td>
<td>B.M., B.Ch., DCH, MRCP</td>
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<td>Entesar Husain</td>
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<td>Majedah A. Rasoul</td>
<td>MB BSc., DCH, FRCP</td>
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<td>B.M., B.Ch., Am.B. Paed., Am. B. Allergy &amp; Imm.</td>
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<td>Assistant Professor</td>
<td>Dalia Al-Abdulrazzaq</td>
<td>B.M., B.Ch., FRCPC(C), FAAP</td>
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# PHARMACOLOGY AND TOXICOLOGY

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<tr>
<td>Professor &amp; Chairman</td>
<td>Charles I. Ezeamuzie</td>
<td>B.Sc., Ph.D.</td>
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<td>Professor</td>
<td>Mabayoje A. Oriowo</td>
<td>B.Sc., Ph.D.</td>
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<tr>
<td>Professor</td>
<td>Milad S. Bitar</td>
<td>M.Sc., Ph.D., F.A.C.C.P.</td>
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<td>Professor</td>
<td>Habib Abul</td>
<td>B. Pharm., Ph.D.</td>
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<tr>
<td>Professor</td>
<td>Saghir Akhtar</td>
<td>B.Sc., Ph.D., MRPharm</td>
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<td>Professor</td>
<td>Ibrahim F. Benter</td>
<td>BS., Ph.D.</td>
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<td>Assistant Professor</td>
<td>Mariam H.M. Yousif</td>
<td>B.Sc., M.Sc., Ph.D.</td>
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<td>Assistant Professor</td>
<td>Aida Shihab-Eldeen</td>
<td>B.Sc., M.Sc., Ph.D.</td>
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<td>Assistant Professor</td>
<td>Shaima Karam</td>
<td>B.Sc., M.Sc., Ph.D.</td>
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<td>Assistant Professor</td>
<td>Suleiman Al-Sabah</td>
<td>B.Sc., Ph.D.</td>
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<td>Assistant Professor</td>
<td>Munya Al-Fulaij</td>
<td>B.Sc., Ph.D.</td>
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# PHYSIOLOGY

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<th>Position &amp; Chairperson</th>
<th>Name</th>
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<tbody>
<tr>
<td>Associate Professor &amp; Chairperson</td>
<td>Maie D. Al-Bader</td>
<td>B.Sc., M.Sc., Ph.D.</td>
</tr>
<tr>
<td>Professor</td>
<td>Naji S. Al-Zaid</td>
<td>B.Sc., Ph.D.</td>
</tr>
<tr>
<td>Professor</td>
<td>Waleed B.Y. Shuaib</td>
<td>B.S., M.S., M.S., Ph.D.</td>
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<tr>
<td>Associate Professor</td>
<td>Alfred Pavlik</td>
<td>M.D., Ph.D.</td>
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<tr>
<td>Associate Professor</td>
<td>Jassem Ramadan</td>
<td>B.Sc., M.Sc., Ph.D.</td>
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<tr>
<td>Associate Professor</td>
<td>Marian Turcani</td>
<td>M.D., Ph.D.</td>
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<td>Associate Professor</td>
<td>Zoran B. Redzic</td>
<td>M.D., M.Sc., Ph.D.</td>
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<tr>
<td>Associate Professor</td>
<td>Hameed A. Al-Sarraf</td>
<td>B.Sc., Ph.D.</td>
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<tr>
<td>Assistant Professor</td>
<td>Fawzi A. Babiker</td>
<td>B.Sc., M.Sc., Ph.D.</td>
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<tr>
<td>Assistant Professor</td>
<td>Abdelslam Mouihate</td>
<td>B.Sc., M.Sc., Ph.D.</td>
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<tr>
<td>Assistant Professor</td>
<td>Andreas W. Henkel</td>
<td>B.Sc., Ph.D.</td>
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<tr>
<td>Assistant Professor</td>
<td>Ali K. Bourisly</td>
<td>Ph.D.</td>
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<tr>
<td>Assistant Professor</td>
<td>Laila K. Habib</td>
<td>Ph.D.</td>
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<tr>
<td>Assistant Professor</td>
<td>Ali Shuiab</td>
<td>B.Sc., M.Sc., Ph.D.</td>
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# PRIMARY CARE

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<tr>
<td>Professor &amp; Chairperson</td>
<td>Nabila A. Abdella</td>
<td>M.B.B.Ch., D.M., FRCP(I), FRCP(L)</td>
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# PSYCHIATRY

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<tr>
<td>Associate Professor &amp; Chairman</td>
<td>Muhammad A. Zahid</td>
<td>M.B.B.S., M.R.C. Psych.</td>
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<tr>
<td>Assistant Professor</td>
<td>Ghenaim A. Al-Fayez</td>
<td>Ph.D., RPT</td>
</tr>
<tr>
<td>Assistant Professor</td>
<td>Sulaiman Al-Khadhari</td>
<td>B.Med.Sc., B.M.B.Ch., FRCP(C)</td>
</tr>
<tr>
<td>Assistant Professor</td>
<td>Mariam Al-Awadhi</td>
<td>B.Med.Sc., B.M.B.Ch., FRCP(C)</td>
</tr>
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</table>

# RADIOLOGY

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Degree(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor &amp; Chairman</td>
<td>Mehrraj Sheikh</td>
<td>M.D., FFR (RCSI)</td>
</tr>
<tr>
<td>Professor</td>
<td>Renu Gupta</td>
<td>M.D., MAMS</td>
</tr>
<tr>
<td>Associate Professor</td>
<td>Osama M.S. Al-Saeed</td>
<td>B.M., B.Ch., Am.Board of Radiol.</td>
</tr>
<tr>
<td>Associate Professor</td>
<td>Tariq Sinan</td>
<td>M.D., FRCR., FFR (RCSI)</td>
</tr>
<tr>
<td>Associate Professor</td>
<td>Adel M.H. Ahmed</td>
<td>B.M., B.Ch., Am. Board of Radiol.</td>
</tr>
</tbody>
</table>
SURGERY

Associate Professor & Chairperson  
Mervat Al-Saleh, M.B.B.S., F.R.C.S., FICS, F.A.C.S.

Professor  
Hussein M. Dashti, M.D., Ph.D., F.I.C.S., F.A.C.S.

Professor  
Abdulla I.F. Behbehani, M.B.B.Ch., F.R.C.S., F.R.C.S.I, Ph.D.  
F.I.C.S., F.A.C.S.

Professor  

Professor  
Sami K. Asfar, M.B., Ch.B., F.R.C.S., M.D. (UK), F.R.C.S.(Ed.),  
F.R.C.S., F.A.C.S.

Professor  
Adel K. Ayed, B.M., B.Ch., F.R.C.S.(C), F.C.C.P., F.A.C.S.

Professor  
Elijah O. Kehinde, M.B.B.S., FMCS (Nig), F.R.C.S. (Eng), Dip.Urol (Lond), M.D(UK)

Professor  
Adel A.R. Al-Hunayan, B.M., B.Ch., F.R.C.S.

Associate Professor  
Moussa A. Khoursheed, B.M., B.Ch., F.R.C.S., FICS, FRCS(Eng)

Associate Professor  
Khalid Al-Sebeih, B.M., B.Ch., F.R.C.S.C., A.B.O., M.D, F.R.C.S.C,  
F.A.C.S.

Associate Professor  
Abdulmuthalib M. Behbehani, M.B.B.Ch., BAO, LRCSI, F.R.C.S.C.

Associate Professor  
Fawzi Abul, B.M., B.Ch., F.R.C.S., BAO, LRCS, LRPCI

Associate Professor  
Khalid Al-Sabti, B.M., B.Ch., F.R.C.S.C.

Associate Professor  
Ahmed M. Al-Kandari, B.M., B.Ch., F.R.C.S.(C)

Assistant Professor  
Fahad Al-Asfar, B.M., B.Ch., A.B.S., F.R.C.S.(C), A.B.S.

Assistant Professor  
Jasim Al-Abbad, B.M., B.Ch., F.R.C.S.(C)

Assistant Professor  
Yasser B. Abulhasan, M.B., Ch.B., F.R.C.P.(C)

Assistant Professor  
Ibtisam Al-Bader, B.M., B.Ch., F.R.C.S.(C)

CENTRE FOR MEDICAL EDUCATION

Director  

BIOMEDICAL ENGINEERING UNIT

Electronic Workshop  
Vladimir Zika, B.Sc. Director (incharge)

Mechanical Workshop  
Rudolf Kusy, Cert. Eng.

ELECTRON MICROSCOPY UNIT

Director  
Salah Al-Waheeb, B.M., B.Ch., F.R.C.P.C

KUWAIT ANIMAL RESOURCE CENTRE

Director  
Abdelslam Mouihate, B.S., M.S., M.S., Ph.D.
**SENIOR LABORATORY STAFF**

Anatomy  
Ali H. Khajah, B.Sc.  
Saju S. Jacob, B.V.Sc., AH

Biochemistry  
Srikumar T.S., B.Sc., Ph.D.

Community Medicine  
Joseph E. Gomez, M.Sc., B.Ed.  
Mumtaz Shukkur, M.Sc., Ph.D.

Animal Resource Centre  
Sunday A. Ojoko, C&G/IST (Biol), MIAT, DLAScT, MScT., Severino A. Gabato, JR., DVM.

Med. Illustration & Photography  
Mohammed Siddique, B.Sc.

Microbiology  
Nasruddin M. Mansoor, M.B.B.S.  
Dina A. El-Khalik, B. Sc.  
Rachel Chandy, B.Sc., Dip. Lab. Tech.

Multi-Disciplinary Laboratories  
Saju Abraham, M.Sc., Ph.D.

Nuclear Medicine  
Mohammed Sakar, B.Sc., M.Sc., Dip. Rad. Physics, Ph.D.

Medicine  
Lata K. Verma, M.Sc.,Ph.D.

Physiology  
Girma Telahoun, Dip. Tech. M.I.S.T.

Paediatrics  
Mustafa Kadri, B.Sc., M.Sc.

Pathology  
Leela S. Kurian, B.Sc., MLT

Pharmacology & Toxicology  
Saju Abraham, M.Sc., Ph.D.  
Eman Al-Athary, M.Diploma

Surgery  
Philips E.M., M.B.B.S.  
Mathew K.I., B.Sc., D.M.L.T.

Obstetrics & Gynaecology  
Asiya Tasneem, B.Sc., B.Ed.

**TEACHING ASSISTANTS**

Anatomy  
Shadia F. Imbaby, M.B.,B.Ch., M.Sc.  
Iman N. Abdel-Khalik, M.B.,B.Ch., M.Sc.  
Hanaa L. Sadek, M.B., B.Ch., M.Sc.

Biochemistry  
Mona G. Bastaky, B.Sc., M.Sc.  
Raeda M.A.Khanafer, B.Sc., M.Sc.

Community Medicine  
Abdulla A.S. Al-Majran, B.Sc., M.Sc.

Microbiology  
Sahar S. Essa, B.Sc., M.Sc., Ph.D.  
Nada M. Madi, B.Sc., M.Sc., Ph.D.  
Sora Asfar, B.Sc., M.Sc.  
Mariam Badran, B.Sc., M.Sc.  
Esraa Al-Mutawa, B.Sc., M.Sc.  
Ola H. Moghnai, B.Sc., M.Sc.
Noura M. Al-Mutairi, B.Sc., M.Sc.

Medicine

Vasanthy S. Nair, M.Sc., M.Phil., Ph.D.

Nuclear Medicine

Jehan M. Al-Shammeri, B.Sc., M.Sc.

Physiology

Slava Malatiali, B.Sc., M.Sc., Ph.D.
Elham A.R. Ghadanfar, B.Sc., M.Sc.
Sonia M.K. Hasan, B.Sc., M.Sc., Ph.D.
Maryam M.A. Awadhi, B.Sc., M.Sc.
Nour F. Al-Sabehi, B.A., M.A.

Pathology

Prabha K., M.B.B.S., M.D.
Altaf A. Hasan, B.Sc., M.Sc.
Sanaa Al-Saleh, B.Sc., M.Sc. (Molecular Medicine)
Monera Al-Rukhayes, B.Sc., M.Sc. (Molecular Medicine)

Paediatrics

Amani Al-Fadli, B.Sc., M.Sc.
Fatemah Alotaibi, B.Sc., M.Sc.

Centre for Medical Education

Ahmed Mohamad, B.Sc., M.Sc., AmNMTCB, MHPE
Annie K. Pothen, M.B.B.S., D.L.O., MS (ENT)
Julie J. Varghese, M.B.B.S., M.D.

LABORATORY PHYSICIANS

Pathology

Sitara A. Sathar, B.Sc., M.B.B.S.

Medicine

Mini Abraham, M.B.B.S.

Gracy Alex, M.B.B.S.

Pharmacology & Toxicology

Ghanim Al-Khaledi, M.D.
GENERAL UNIVERSITY INFORMATION
The Kuwait University commenced teaching in October 1966 and provides undergraduate and postgraduate education.

It is located on four campuses: Khaldiya, Adeliya, Shuwaikh and Jabriya.

The University follows the course unit system with two semesters a year. The first semester starts in September and continues for 16 weeks. The second semester also lasting 16 weeks starts in February. The duration of each semester is longer than 16 weeks at the Faculty of Medicine. The language of instruction at the Faculty of Medicine is English.

The present faculties in the University are:

- The Faculty of Arts
- The Faculty of Administrative Sciences
- The Faculty of Education
- The Faculty of Engineering and Petroleum
- The Faculty of Law
- The Faculty of Sharia
- The Faculty of Science
- The Faculty of Medicine
- The Faculty of Allied Health Sciences
- The Faculty of Pharmacy
- The Faculty of Dentistry
- The College of Graduate Studies
- The College for Women
THE HEALTH SCIENCES CENTER
Kuwait University Health Sciences Center was established in 1982.

The Health Sciences Center consists of the following Faculties:

i) Faculty of Medicine  
ii) Faculty of Allied Health Sciences  
iii) Faculty of Pharmacy  
iv) Faculty of Dentistry

The Center includes common facilities such as Health Sciences Center Library containing a large volume of books, journals and audiovisual titles in addition to computerized literature searching facilities, and the Health Science Computer Center.

The Health Science Centre will soon be establishing a clinical skills lab and a distance learning Centre has already been established, connecting two lecture theatres, Anatomy Dissecting room, operation theatre at Mubarak Al-Kabeer hospital and a consultation office in the Faculty of Medicine.

The Health Sciences Center was established with the objective to expand the Medical education in Kuwait and to create a community of health care professionals, with high international standards.

The Vice-President for Health Sciences Center has the over-all responsibility for the development of the Center.
THE FACULTY OF MEDICINE

After several years of intense study and careful planning, the Faculty of Medicine was formed with the objectives of producing high quality health care professionals and medical scientists and playing a major role in the development and upgrading of the country’s health care system.

Since its establishment in 1973, the Faculty of Medicine has developed into an internationally recognized medical school, serving Kuwait and the Gulf region. The number of students enrolled in the program has increased from 48 in 1976 to the present 100 students per year. The total number of students enrolled in the seven year medical program is currently 600.

1775 students have completed the seven year program and received the B.M., B.Ch. degree since the first batch of students graduated in 1983. The Faculty employs 175 academic and 283 technical and administrative staff.

The departments that make up the body of the Faculty of Medicine include Anatomy, Biochemistry, Community Medicine and Behavioural Science, Medicine, Microbiology, Nuclear Medicine, Obstetrics and Gynaecology, Paediatrics, Pathology, Pharmacology and Toxicology, Physiology, Primary Care, Psychiatry, Radiology and Surgery. The Faculty has moved into a system based, case-triggered integrated curriculum beginning academic year 2005-06. As a prelude to this, the curriculum of the Health Sciences Centre common year has been revised incorporating medically oriented basic courses, to be taught by the Health Sciences Centre staff.

Seven departments are currently running graduate programs, Anatomy, Biochemistry, Microbiology, Pathology, Physiology, Pharmacology and Nuclear Medicine. Since the programs began in 1983, more than 100 students have graduated. The Departments of Microbiology, Pathology and Physiology are running both M.Sc. and Ph.D. programs. The Department of Pathology is approved to admit their first batch of Ph.D. students during the 2007-08 academic year.

In addition to Mubarak Al-Kabeer hospital, other facilities utilised for teaching purposes are Al-Amiri, Al-Adan, Maternity, Farwania, Jahra, Ahmadi, Sabah, Chest, Al-Razi, Psychiatric and Ibn Sina hospitals, as well as several polyclinics throughout Kuwait.

Teaching facilities housed inside the modern five storey medical school building include four lecture theatres, an auditorium, eight seminar rooms, seven multi-discipline laboratories, as well as a number of demonstration, seminar and conference rooms in the departments.
In addition, facilities at the newly commissioned Health Sciences Centre building are available to the use of the Faculty. A distance learning centre connecting two lecture theatres, Anatomy Dissecting room, a consultation room at the Faculty and an operation theatre at Mubarak Al-Kabeer hospital has already been commissioned. A virtual hospital (clinical skills lab) will be established shortly.

The technical facilities available to academic staff and students for research and teaching compare to those of older and more established institutions elsewhere in the world. As part of its increasing commitment to research and dedication to academic excellence, the Faculty maintains an equipment inventory in excess of 6 million Kuwaiti Dinars and includes three Jeol electron microscopes (one scanning and two transmissions), a General Electric gamma camera with an associated Star Computer, and a Siemens angiography unit. There are also several ultracentrifuges, gamma and beta counters, amino acid analyser in addition to numerous other sophisticated scientific and medical instruments.

The Faculty maintains a full complement of highly qualified biomedical engineers to maintain and repair most scientific equipment.

The Kuwait Animal Resources Centre (KARC) is located within the Health Sciences Centre premises. The activities fall into three main categories: 1) Supply of experimental animals from the close colony of the different species and strains available at the centre, such as a) Rabbits (lop, NZW and Dutch breeds), b) Guinea-pig (Dunkin Hartley breed), c) Rats (Wistars, Hooded, SD, SHR, PVG, Lewis, DA, WKY breeds), d) Hamster (Syrian), e) Mice (CF, MF1, BALB/c, DBA, C57BL breeds and Nude mice bred in isolators). Large animals are also supplied on requisition from accredited agent; 2) Provision of well-equipped experimental, radiological and surgical facilities with modern and up-to-date equipment; 3) Provision of technical assistance on various manipulative procedures and animal management. This facility is now situated at the new building, which is more spacious and custom built.

In addition to the professional services provided by the clinical academic staff serving the teaching hospital and the specialised units in other hospitals, each department in the Faculty of Medicine provides special services for the Ministry of Health including consultation services in various hospitals, sophisticated diagnostic tests, and a variety of highly specialised procedures including Therapeutic Drug Monitoring and Toxicological Screening, as well as conducting seminars and workshops to the medical community.

In addition to the teaching of medical students, the Faculty of Medicine also offers various courses of studies for the students of the Faculties of Allied Health Sciences, Pharmacy and Dentistry.
THE FACULTY ADMINISTRATION

The Dean of the Faculty of Medicine is the head of the academic and administrative structure of the Faculty assisted by Vice Deans.

The Vice-Dean Administration and Finance is responsible for directing the Faculty administration regarding budget matters, purchasing, staff and personnel affairs, and building maintenance.

The Vice-Dean Academic Affairs is responsible for the educational programs, curriculum and teaching activities of the Faculty, as well as all matters pertaining to students. He is also responsible for the Faculty Committee Secretariat.

The Vice-Dean Research and Postgraduate Studies is responsible for all matters pertaining to Faculty research including administration, service, evaluation and planning. He will also chair the Area Committee for Postgraduate Studies in the Faculty of Medicine and will be responsible for supervising the graduate courses (M.Sc. and Ph.D) offered by the Faculty of Medicine for the College of Graduate Studies, Kuwait University.

The Vice-Dean Postgraduate Clinical Studies is responsible for all Faculty-related postgraduate training programs including clinical activities, courses and examinations as well as matters pertaining to candidates.

Additional administrative staff assists the Dean and Vice Deans in maintaining the administrative services including the Administration Manager, the Faculty Secretary, the Finance and Purchasing Manager and other support personnel.
UNDERGRADUATE PROGRAMS
UNDERGRADUATE DEGREES OFFERED
BY THE FACULTY OF MEDICINE

The undergraduate degrees offered by the Faculty of Medicine are:

Bachelor of Medical Sciences  B.Med.Sc.
Bachelor of Medicine and Bachelor of Surgery  B.M., B.Ch.

MISSION AND OBJECTIVES OF THE FACULTY OF MEDICINE

Mission:
The mission of the Faculty of Medicine is to promote professional excellence, unfold knowledge of human life processes, both in health and illness, encourage preventive health behaviour and promote healthy life style, blend scholarship and service, follow a path of life-long learning, and share such learning with all those who come in contact including the community.

Objectives:
1. The pursuit of knowledge, education, and training in the field of Medicine;
2. The professional training of residents;
3. The provision of high-quality medical services for the community;
4. The support, encouragement and maintenance of excellence in the biomedical, psychosocial and allied fields of research.

The graduating students should:
♦ have developed an attitude regarding the practice of medicine which is both scientific and humanitarian and be endowed with the high ethical standards required of a doctor;
♦ possess adequate knowledge of the structure, function and development of the human body, the development of human abilities and personality, and the disease processes and other factors which may impair normal function;
♦ be able to relate clinical symptoms and signs to structural and functional changes so that the management of patients can be based on rational strategies and scientific knowledge;
♦ have learned how to elicit facts from a patient through the use of effective communication skills. They should have a good knowledge of those diseases which are an acute danger to life and of the more common diseases. They should recognise the limitations of his/her own clinical knowledge and should be prepared, when necessary, to seek further help;
♦ have learned how to deal with patients and their relatives with sympathy and understanding;
♦ understand the effect of physical, social and cultural environment on health and appreciate the responsibility of his/her profession for health promotion and disease prevention;

♦ know that any conclusions should be reached by logical deduction and be able to assess evidence both as to its reliability and to its relevance;

♦ recognise that continuing education is an essential prerequisite for practice of high quality medicine, and that he/she has an obligation to remain a student and contribute to the progress of medicine throughout his/her professional career;

♦ endeavour to remain abreast of the advancing frontiers of medical sciences and to apply these progressively in medical education, research and services in Kuwait.

The academic staff in the Faculty is constituted by experienced and talented biomedical scientists who exhibit devotion and dedication in striving to achieve the mission of the Faculty of Medicine in the didactic, the laboratory, and the clinical settings.

The Faculty of Medicine is committed to attain and maintain high standards in medical teaching and community health services and considers it vitally important that medical students, health professionals and the public mutually share the benefits of these opportunities.
THE STRUCTURE OF THE MEDICAL PROGRAM
(Old Scheme upto student intake 2004)

The medical program consists of three elements: the premedical curriculum (three semesters' study); the preclinical curriculum (five semesters' study); the clinical curriculum (six semesters' study).

The three semesters (one and a half year) premedical curriculum includes Chemistry, English Language, Mathematics, Physics, Biology and two University General elective courses.

The Faculty is moving into a system based case-triggered curriculum from next academic year. As a prelude to the planned changes in the medical curriculum, the curriculum of the Health Science Centre common year has been revised incorporating medically oriented courses being taught by the Health Science Centre staff.

The system of study is conducted under the credit hour system and students have to obtain a total of 46 credit hours with a minimum of 'C' average in these subjects. Premedical students are taught largely by the Faculty of Science with some contributions by the Faculties of Arts and Medicine. The examinations in the premedical program are conducted after every course according to the system approved by the Faculty offering the course.

The successful completion of the premedical program is a prerequisite for admission to the preclinical program. The five semesters (two and a half year) preclinical program is designed to give students a thorough grounding in the basic medical sciences. Taught by the Faculty's own staff, a departmentally based, coordinated and intergraded approach has been adopted for the curriculum requiring a high degree of cooperation between the various medical sciences departments and the clinical sciences departments. The students are required to obtain a total of 76 credit hours in the subjects studied in the preclinical program, with a minimum of 'C' average in these subjects. Students who successfully complete the premedical and preclinical programs are awarded the degree of Bachelor of Medical Sciences (B.Med.Sc.).

The subjects studied in the first preclinical program (three semesters) are Anatomy, Biochemistry, Behavioural Sciences and Physiology and there will be a final examination in these subjects with an External Examiner invited for each discipline. The subjects studied in the second preclinical program (two semesters) are Pathology, Pharmacology, Microbiology and Neuroscience and there will be a final examination in these subjects with an External Examiner invited for each discipline.
The first preclinical program is phased out by the end of academic year 2007-08. The second preclinical program will be phased out by the end of academic year 2009-10.

The successful completion of the B.Med.Sc. degree is a prerequisite for admission to the clinical period of study.

During the clinical program (three years) students are trained on the wards and in the out-patient clinics of the teaching hospital, as well as in the community. Lectures, tutorials and seminars constitute an important part of the program.

The final grade point average for the degree of Bachelor of Medicine and Bachelor of Surgery (B.M., B.Ch.) is determined by the performance in both, the preclinical and the clinical period of study.
THE STRUCTURE OF THE MEDICAL PROGRAM
(New Scheme - student intake 2005 onwards)

The Faculty has adopted a system based, case-triggered integrated curriculum for student intake of 2005 onwards. As a prelude to this, the curriculum of the Health Sciences Centre common year has been revised, incorporating medically oriented courses, being taught by Health Sciences Centre staff.

The Curriculum is divided into three phases, i.e. Phase I, II and III. The Phase I consists of the first two semesters of the preprofessional program. The Phase II covers semesters 3, 4, 5, 6, 7 and 8 of the medical curriculum. The students are awarded with the B. Med. Sc. degree at the end of Phase II Program. The Phase II Curriculum is planned on a system based student centered principle, emphasizing the need for self-learning and student motivation. The system courses covered in Phase II are Infection & Immunology, Blood, Cardiovascular, Respiratory, Endocrinology, Musculoskeletal, Nervous System, Renal, Reprod.& Breast and Digestive. In addition to the systems there will be a foundation course of 28 weeks at the beginning of Phase II to cover essential basic science topics, which may not be covered as part of system courses. Provision is provided for the students to have electives, Evidence-Based Medicine (EBM) during Phase II. Small group teaching, PBL sessions, Clinical Skills lab. and early clinical exposure are salient features of the new curriculum.

At the end of the successful completion of Phase II, students will proceed to the Phase III. Duration of Phase III is three years which are clinical years.
GENERAL UNIVERSITY REGULATIONS AS APPLIED
TO THE FACULTY OF MEDICINE

The Credit Hour (C.H.)

The Credit Hour is basically a criterion for specifying the study load which a
student must take each semester and which he/she must carry over several
semesters for the purpose of being awarded a degree. The credit hour system
regulations only applies to the first three semesters of the B.Med.Sc. program, that
is, to the premedical curriculum. The preclinical and clinical curricula have their
own special regulations.

The academic department which offers a particular course specifies the number of
credit hours that the course is worth. The credit hour rating of a course is usually
estimated on the basis of one hour of theoretical study (i.e. a lecture) or at least
two hours of applied study (e.g. a chemistry laboratory session) being equal to 1
C.H. All courses must extend throughout a complete semester. No course can be
rated less than 3 C.H.

Course Grades

(i) **Excellent:** denoted by 'A' and divided into two categories:

- ‘A’ is given 4.00 grade points
- ‘A-’ is given 3.67 grade points

(ii) **Very good:** denoted by 'B' and divided into three categories:

- ‘B+’ is given 3.33 grade points
- ‘B’ is given 3.00 grade points
- ‘B-’ is given 2.67 grade points

(iii) **Good:** denoted by 'C' and divided into three categories:

- ‘C+’ is given 2.33 grade points
- ‘C’ is given 2.00 grade points
- ‘C-’ is given 1.67 grade points

(iv) **Pass:** denoted by 'D' and divided into two categories:

- ‘D+’ is given 1.33 grade points
- ‘D’ is given 1.00 grade point

(v) **Fail:** denoted by 'F' and is given zero

(vi) **I = Incomplete**

*PS* The grades “B-”, “C- to D” are applicable only to the first two semesters of the preprofessional program.
**Grade Point Average**

The grade point average for a student during his/her University study at the end of his/her degree course is calculated as follows:

(i) The number of credit hours for a course is multiplied by the grade point which a student obtains. This procedure is followed separately for each course which a student has taken (i.e. column B x column C).

(ii) The results of (i) above are added together.

(iii) The results of (ii) above (i.e. column D) is divided by the total number of credit hours for each course a student has taken (i.e. column B).

**Example:**

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
<th>Grade Point</th>
<th>B x C</th>
<th>Credit Hours Obtained</th>
<th>Grade Point Average</th>
</tr>
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<tbody>
<tr>
<td>English 181</td>
<td>5</td>
<td>C = 2</td>
<td>10</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Chemistry 140</td>
<td>3</td>
<td>B = 3</td>
<td>9</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Biology 143</td>
<td>4</td>
<td>C+ = 2.33</td>
<td>9.32</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Elective 101</td>
<td>3</td>
<td>F = 0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>28.32</td>
<td>12</td>
<td>1.88</td>
<td></td>
</tr>
</tbody>
</table>

**Academic Advisor**

Each student shall have an academic advisor who shall be a member of the Faculty of Medicine. The advisor shall meet his/her students at prescribed times throughout the academic year and at any other times as requested by the students or as deemed necessary by the advisor. The advisor shall also acquaint himself/herself with all administrative, educational and personal matters pertaining to the students so as to be in a position to encourage, explain, advise, guide and warn his/her students, as appropriate, on any problem which they may encounter during their career at the University.

**Examination Procedures**

(i) Continuous evaluation shall take place each semester.

(ii) 40% of total marks shall be awarded through continuous evaluation and 60% shall be awarded in the final examinations.
When assessing the Grade Point Average, the evaluation of a student shall be based on the courses which he/she successfully passed according to the required standards. For courses in which he/she fails, either he/she shall be required to repeat the course or he/she may be allowed to resit the courses according to the University regulations/Faculty regulations. A student is not allowed to repeat a course he/she studied previously and obtained a grade of "C" or above. When assessing the G.P.A of the courses, the student repeated, the new grade will be taken into account. The value of the scores in all the courses in which he/she succeeds or fails shall be counted in his/her grading. If a student fails to sit the exam, he/she gets an ‘F’ grade (“0” marks).

**University Absence Policy**
1. A student has to attend all his/her courses, be they theoretical or practical;
2. A student gets a first warning after being absent for 3 hours of a course;
3. A student gets a final warning after being absent for 6 hours of a course;
4. A student fails a course if he/she is absent for more than 6 hours.

Absence policy related to the Faculty of Medicine are outlined elsewhere in this handbook. The Health Sciences Centre absence regulation is applicable to the students of Health Sciences Centre.

**Cheating During Examinations/Assessments**
A student found guilty of cheating during any form of evaluation procedure will be awarded a grade "F" for that course. In certain circumstances, a student found guilty of cheating may in addition be forbidden to register for any course during the next semester. *In the case of a medical student, this means, essentially, that he/she loses a full academic session of two semesters.*

If a student is found guilty of cheating on a second occasion, he/she shall be expelled from the University and this action shall be recorded on his/her file.

**Distinction Awards**
(i) A student who completes in any semester 15 credits or more and obtains a grade point average of 3.5 points or more, shall have his/her name placed on the distinction list, and the University, at the end of each semester, shall issue a list of these students and award them distinctions.

(ii) A student who completes his/her study in the University with grade point average of 3.67 points or more shall be awarded his/her degree with distinction provided he/she has completed his/her course within a maximum of 8 semesters (for the B.Med.Sc. degree) and a maximum of 14 semesters (for the B.M., B.Ch. degree) and did not obtain a mark of less than "C" in any course.

(ii) The University shall not grant a degree to any student whose average is less than 2 points.
FACULTY OF MEDICINE CURRICULUM AND CALENDAR
CLINICAL PROGRAM (Old Scheme)
This program will be phased out by the end of academic year 2012-13

<table>
<thead>
<tr>
<th>SEPT</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APRIL</th>
<th>MAY</th>
<th>JUNE</th>
</tr>
</thead>
</table>

YEAR FIVE - FIRST CLINICAL

| Medicine, Surgery, Pathology * | Medicine, Surgery, Pathology * |

YEAR SIX - SECOND CLINICAL

<table>
<thead>
<tr>
<th>Comm.Med./Psychiatry</th>
<th>Obst. &amp; Gynae</th>
<th>Paediatrics</th>
<th>Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obst. &amp; Gynae.</td>
<td>Paediatrics</td>
<td>Comm.Med./Psychiatry</td>
<td></td>
</tr>
</tbody>
</table>

YEAR SEVEN - THIRD CLINICAL

<table>
<thead>
<tr>
<th>Surgery **</th>
<th>Medicine ***</th>
<th>Surgery</th>
<th>Medicine</th>
<th>Exam</th>
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<tbody>
<tr>
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<td>Surgery</td>
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</tr>
</tbody>
</table>

6th year students are divided into 3 groups distributed over 3 rotations of 12 weeks each.
7th year students are divided into 4 groups distributed over 4 rotations of 9 weeks each.

* Ten integrated system courses include Cardiovascular, Respiratory, Genito-Urinary, CNS, Gastro-intestinal, Endocrinology, Haematology, Musculo-Skeletal/Immunology and Infectious Diseases and Communication & Interviewing Skills with an exam at the end of each system course. Students should have a grade of pass (P) in these exams along with satisfying clinical exam in Medicine and Surgery before being promoted to the second clinical year.
** The Surgery rotation includes two weeks each in ENT and Ophthalmology. One day rotation in Forensic Medicine will be done during the Surgery rotation.
*** The Medicine rotation includes two weeks in Dermatology and three weeks in Primary Care.
PHASE II CURRICULUM MAP

PHASE II - YEAR 1, SEPT-JUNE (YEAR 2 OF MEDICAL PROGRAM)

<table>
<thead>
<tr>
<th>SEMESTER III</th>
<th>SEMESTER IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOUNDATION-I</td>
<td>FOUNDATION-II</td>
</tr>
<tr>
<td>(05 50 - 303)</td>
<td>(05 - 50 - 304)</td>
</tr>
<tr>
<td>AND ENGLISH 183</td>
<td>11 Weeks</td>
</tr>
<tr>
<td>17 Weeks</td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>BLOOD</td>
<td>INFECTION &amp; IMMUNOLOGY</td>
</tr>
<tr>
<td>(05-70-402)</td>
<td>(05-50-306)</td>
</tr>
<tr>
<td>5 Weeks</td>
<td>6 Weeks</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>istica SYSTE</td>
<td>INFECTION &amp; IMMUNOLOGY</td>
</tr>
<tr>
<td>(05-50-306)</td>
<td>(05-50-304)</td>
</tr>
<tr>
<td>7 Weeks</td>
<td>6 Weeks</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| PHASE II - YEAR 2, SEPT-JUNE (YEAR 3 OF MEDICAL PROGRAM)

<table>
<thead>
<tr>
<th>SEMESTER V</th>
<th>SEMESTER VI</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLOOD</td>
<td>INFECTION &amp; IMMUNOLOGY</td>
</tr>
<tr>
<td>(05-70-402)</td>
<td>(05-50-306)</td>
</tr>
<tr>
<td>5 Weeks</td>
<td>6 Weeks</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>CVS</td>
<td>MUSCULO.</td>
</tr>
<tr>
<td>(05-50-307)</td>
<td>(05-50-309)</td>
</tr>
<tr>
<td>7 Weeks</td>
<td>6 Weeks</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| PHASE II - YEAR 3, SEPT-JUNE (YEAR 4 OF MEDICAL PROGRAM)

<table>
<thead>
<tr>
<th>SEMESTER VII</th>
<th>SEMESTER VIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>NERVOUS SYSTEM</td>
<td>DIGESTIVE</td>
</tr>
<tr>
<td>(05-50-306)</td>
<td>(05-75-311)</td>
</tr>
<tr>
<td>9 Weeks</td>
<td>6 Weeks</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>RENAL, REPROD. &amp; BREAST</td>
<td>ELECT.</td>
</tr>
<tr>
<td>(05-50-402)</td>
<td>(05-50-406)</td>
</tr>
<tr>
<td>10 Weeks</td>
<td>4 Weeks</td>
</tr>
</tbody>
</table>
THE DEGREE OF
BACHELOR OF MEDICAL SCIENCES
B.Med.Sc.
THE DEGREE OF BACHELOR OF MEDICAL SCIENCES (B. Med. Sc.)

1) All candidates for the degree of Bachelor of Medical Sciences must have satisfied the entrance requirements for the Faculty of Medicine.

2) The program of study and assessments shall be divided into preprofessional (Phase I) and Phase II program.

3) On the recommendation of the Faculty of Medicine, after considering the reports of the examiners, the degree of Bachelor of Medical Sciences (B.Med.Sc.) shall be awarded. Candidates who have an outstanding performance in the program as a whole may be awarded the degrees with distinction.

4) The program of study and subjects of the examinations shall be those prescribed by the Curriculum, Assessments and Admissions Committee.

5) Assessments of performance during the program shall be taken into account in determining the results of the final examinations.

6) A candidate who fails to satisfy the examiners in the final examinations may be permitted to present himself/herself for resit on such terms as the Faculty Council may prescribe on the recommendation of the Board of Examiners. Such a candidate shall be awarded a grade "C" if he/she satisfies the examiners on his/her resit examination.

7) Satisfactory attendance of classes and progress in performance are prerequisites for admittance to all examinations.

8) Students who are prevented from appearing the final examinations will be awarded with a “F” grade (0’ marks) and they are not eligible to appear for the resit examination. Students who are prevented from the final examinations will repeat the year. If they are already repeaters, they will be dismissed from the Faculty of Medicine.

Admission Requirements to the Faculty of Medicine

Students who have successfully completed the one year Preprofessional program of the Kuwait University Health Sciences Centre with a minimum GPA of 2.5 out of 4.00 points are eligible for admission to the Faculty of Medicine.

A merit list will be prepared by the Dean of Admission and Registration based on the Grade Point Averages attained in the Preprofessional courses and the options indicated by the students. The students with the highest scores in the merit list will be considered for admission to the Faculty of Medicine.

The courses required in the Preprofessional program are English 181 and 182, Chemistry for Health Sciences 140, BioPhysics 141 Biology for Health Sciences 143 Introduction to computers in Medicine 101, Biostatistics and Basic Epidemiology 144 and two elective courses.
Admission Regulations for B.Med.Sc. Program

1) Eighty candidates shall be admitted annually.
2) Male/female ratio is 1:1.
3) If the male quota cannot be filled, the remaining places shall be used for eligible females and vice-versa.

Transfer Regulations

1) Applications for transfer shall be accepted from students who are currently registered in Kuwait University.

2) Minimum Grade Point Average (GPA) should be 3 out of 4.

3) Students must have passed 34 credit hours in the following Science courses with a grade of at least “C” in each course:
   a. Chemistry courses (110 & 111) + 114.
   b. Physics courses (121 & 125) + (122 & 127).
   c. Biology courses (101 or 103).
   d. Mathematics or Statistics (except Finite Mathematics 115).
   In addition to:
   e. 10 credit hours in English courses or (6 credit hours in English courses + minimum 4 credit hours of Science Courses taught in English such as Biology or Chemistry (except Mathematics, Statistics and Computer).
   f. 6 credit hours of University elective courses.

4) Required documents should be submitted to the Dean of Admission and Registration during the month of August.

5) Students shall be accepted in the third semester of the Faculty program.

6) Student must pass the English proficiency examination for transfer students with 60% marks administered by Health Sciences Center during the month of June.

Note:
• Transfer Applications will be accepted by the Dean of Admissions and Registration only if seats are available after admission of students of Health Sciences Centre to the Faculty of Medicine, Pharmacy and Dentistry. Only those students who have passed the English proficiency examination for transfer students will be eligible to apply for transfer.
• Priority to fill the seats for Kuwaiti students.
Right of Admission

1) The Faculty of Medicine reserves the right to refuse admission to the B.Med.Sc. degree program.

2) The Faculty of Medicine reserves the right to amend these regulations.

Requirements for Graduation

1) Approved programs of study shall be those prescribed by the Faculty of Medicine. A candidate shall not be held to have pursued an approved program unless his/her studies are certified as satisfactory by the Faculty of Medicine. Passing of all the courses prescribed by the Faculty of Medicine is mandatory for student promotion to the following year/graduation.

2) To qualify for graduation with the B.Med.Sc. degree, a candidate must have pursued approved courses for not less than four years and have satisfied the examiners. Except by special permission of the Faculty of Medicine, these four years shall be those following a candidate’s admission to the Kuwait University.

3) No candidate shall be allowed to repeat any year of the B.Med.Sc. Phase II program more than once. However year 4 students of 2009 admission onwards will be allowed to repeat the 4th year twice but will not be admitted to the clinical program (applicable 2009 intake onwards). Students who repeat the 4th year twice will be awarded with B.Med.Sc. degree if he/she satisfies the requirements. However these students will not be allowed to proceed to the clinical years. They must leave the Faculty of Medicine after repeating the 4th year twice.

4) Any candidate granted one year’s leave of absence from the B.Med.Sc. Phase II program by the Faculty of Medicine shall lose the right to repeat that year of the program should they fail the year on their return.

5) Students who are prevented from appearing the final examinations will be awarded with a “F” grade (0’ marks) and they are not eligible to appear for the resit examination. Students who are prevented from the final examinations will repeat the year. If they are already repeaters, they will be dismissed from the Faculty of Medicine.

6) Any candidate who is absent for one year from the B.Med.Sc. Phase II program or who does not attend the end of course assessments and the final examination of any one year shall, on his/her return be treated as a repeat student as well as lose the right to repeat any subsequent year of the program which he/she might fail after his/her return, except the 4th year students of 2009 intake onwards of medical program (Please refer to item 3 of “Requirements for Graduation” above)

7) A mark of zero and the grade "F" shall be given for any examination which is missed without proper excuse.
8) Any candidate who resits a final examination shall take a "C" grade for each resit, if he/she satisfied the examiners.

9) There will not be any make-up examination following the final examination. Those candidates who have excused absence according to the criteria outlined in the final examinations regulations can appear in the resit examination held in August/September and shall get the actual grade. However, if such students fail the resit examination in August/September, he/she will repeat the year/dismissed from the Faculty, as appropriate. He/she will not be given another examination should he/she fail the resit examination in August/September.

10) Students who fail two academic years in the Phase II program (year 2, 3 and 4 of the medical program) are not allowed to proceed to the clinical program. However students who repeat the 4th year (2009 student intake onwards) will be given an extra year to complete the B.Med.Sc. program but will not be allowed to proceed to the clinical program (applicable to 2009 intake students onwards).

PREPROFESSIONAL PROGRAM

1. The Preprofessional (semester I and II) curriculum consists of three components: the general University requirements, the English language and study skills course and the science course. The first component, the general University requirement, is intended to give the students a broad background education, making them aware especially of their own society, welfare, religion and heritage. The second component, the English language study skills course, is intended to equip the students with the communication and study skills necessary to undertake the preclinical and clinical programs. The third component, the science course, provides the foundation in science necessary for a student to proceed to the preclinical and clinical programs.

2. Students must attend and pass all courses prescribed by the Health Sciences Centre.

3. Candidates for any examination must enter the examination at the times and in accordance with the conditions prescribed by the General University regulations for examinations.

4. Satisfactory attendance of classes and progress in performance are prerequisites for admittance to all examinations.

5. A candidate shall only be considered to have satisfactorily completed the Phase I (semester 1 and 2 of Preprofessional program) program if he/she has successfully achieved 30 credit hours in the courses specified by the Faculty of Medicine and obtained a grade point average of not less than 2.5. This is a prerequisite for admission to the Phase II program.
6. No candidate is allowed to carry an "F"/"FA" grade into the Phase II program.

7. The required grade point average for admission to the Phase II program shall be computed only from the prescribed courses of the Preprofessional program.

**ATTENDANCE/PROMOTION POLICIES FOR PREPROFESSIONAL PROGRAM – YEAR I**

- After 3 hours of absence – first warning
- After 6 hours of absence – second warning
- After 9 hours of absence – F/A
- Missing 9 unexcused hours of class will result in F/A grade
- F/A students are NOT eligible to take the final exam
- Medical excuses are to be taken to the Student Affairs Office within three days of return to the class.
- Missing more than 6 hours of class due to medical illnesses will be further investigated.
- Missing class on the date of a graded assignment will not be accepted.

**REGULATIONS ON STUDENT ABSENCES FROM ASSESSMENTS/EXAMINATIONS**

**a)** **Excused Absences:** Excuse from appearing the assessment/examination will be granted by the Vice President only for the following reasons:

i. Admission of the student to the Government hospital as an inpatient;
ii. Death of a first degree family member (father, mother, grandfather, grandmother and siblings) of the student;
iii. Other extenuating circumstances approved by the Vice President based on the recommendation of the Coordinators Committee/Examination Committee.

**b)** A substitute in-course assessment shall be given to a student who has proper reason for missing assessments and will take the actual grade;

**c)** A mark of zero shall be given for any assessment which is missed without proper excuse;

Students who are unable to appear for the assessment for reasons stated above should inform the Student Affairs Office, Office of the Vice President HSC their reason for missing the assessment within two working days.
Promotion to the following semester

1. The HSC Preprofessional program is a semester system program. Therefore the student should pass all the courses in the first semester to proceed to the second semester. The students who fail the final examination in one or two courses, at the end of the semester will be given a resit examination within two weeks. The maximum grade awarded for a passing student in this resit examination will be “C”. Students who pass the resit examination(s) will be promoted to the second semester. Those students who have failed more than two subjects will not be given a resit examination. Students who fail in elective courses will not be given resit exams and they will not be promoted to the second semester;

2. Students will not be allowed to carry an 'F'/′FA' with them and all those students who have an unredeemed "F"/"FA" grade in any of the first semester course should withdraw from the program, since the courses are not repeated;

Admission to the Faculties of Medicine/Dentistry/Pharmacy

Admission to the Faculties of Medicine/Dentistry/Pharmacy will be done at the end of the second semester. Only those students who have scored an overall GPA of 2.50 or more will be eligible for admission to the Faculties of Medicine/Dentistry. The minimum GPA required for admission to the Faculty of Pharmacy will be 2.25.

Students who are not promoted to the second semester or who do not qualify to be admitted to any of the HSC Faculties at the end of the 2nd semester have the liberty to cancel their admission to HSC and reapply to Kuwait University except Health Science Centre as a new student, based on their high school marks.
**PREPROFESSIONAL PROGRAM (Two semesters)**

First semester *(First Semester of year One)*

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course</th>
<th>C.H.</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 88181</td>
<td>English 181</td>
<td>5</td>
</tr>
<tr>
<td>14 40 140</td>
<td>Chemistry for Health Sciences</td>
<td>3</td>
</tr>
<tr>
<td>14 00 141</td>
<td>Biophysics</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Elective</td>
<td>3</td>
</tr>
<tr>
<td>14 10 101</td>
<td>Introduction to computers in Medicine</td>
<td>1</td>
</tr>
</tbody>
</table>

Second Semester *(Second Semester of year One)*

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course</th>
<th>C.H.</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 88182</td>
<td>English 182</td>
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</tr>
<tr>
<td>14 20 143</td>
<td>Biology for Health Sciences</td>
<td>4</td>
</tr>
<tr>
<td>14 10 144</td>
<td>Biostatistics and Basic Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Elective</td>
<td>3</td>
</tr>
</tbody>
</table>

**TOTAL C.H.**  

30
1. **ENGLISH LANGUAGE**

The English Language Program for Preprofessional students comprises of three compulsory courses based on an integrated skills approach to language learning, including listening, reading, speaking, writing and study skills. The objective of the program is to equip the students with the necessary language and study skills to complete their academic and professional studies.

**COURSE DESCRIPTIONS**

**Year One, Semester One**

*HSC English 181 (5 credit hours, 10 contact hours weekly)*

HSC English 181 provides Health Sciences Center students with skills in composition, listening, and reading. Writing simple and extended definitions establishes the concept of the topic sentence. Instruction in limiting and supporting topic sentences, a key element in paragraph development, is given. Students analyze how supporting material relates directly to the topic sentence and creates unity within the paragraph. Since writing reflects thought processes, the cognitive skills of sequencing, generalizing, synthesizing, and making inferences and judgments about information are incorporated into the writing program. Reading and listening, especially to extract information, are integral parts of the course. Academic and scientific/medical vocabulary is developed through reading and listening.

Prerequisite: Admission to the HSC Unified Curriculum Programme

**Year One, Semester Two**

*HSC English 182 (5 credit hours, 10 contact hours weekly)*

HSC English 182, which builds on skills learned in HSC English 181, is designed to provide Health Sciences Center students with skills in composition, listening, and reading. Paragraph organization is reviewed by means of writing paraphrases and summaries, and writing five-paragraph essays further develops skills. The cognitive skills of sequencing, generalizing, synthesizing, and making inferences and judgments about information are continued at a higher level than in HSC English 181. The course includes the broadly scientific rhetorical functions of process, definition, and comparison and contrast. Reading and listening, especially to extract information, are integral parts of the course. Academic and scientific/medical English vocabulary is developed through reading and listening to authentic health sciences articles and lectures.

Prerequisite: HSC English 181
Year Two, Semester One

English 183 (5 credit hours, 10 contact hours weekly)

English 183 develops skills in composition, listening, and reading. Essay organization is reviewed by means of writing five-paragraph essays. The cognitive skills of sequencing, generalizing, synthesizing, and making inferences and judgments about information are incorporated into the writing program at a higher level than in HSC English 182. The course includes the broadly scientific rhetorical function of cause and effect. Students are introduced to research skills and are instructed in abstract, bibliography, and reference writing in order to produce a short paper. Reading and listening to extract information are integral parts of the course. Academic and scientific/medical English vocabulary is developed through reading and listening to authentic health sciences articles and lectures. Students give oral presentations to develop research and presentation skills.

Prerequisite: HSC English 182

2. BIOPHYSICS

The general objectives are to provide the health sciences students with a good understanding of basic biophysics and its relevance to the health sciences.

3. CHEMISTRY

The course objective is to educate and train students with an adequate background in basic chemical principles of health sciences and provides understanding of fundamental organic and inorganic components of the human body. With this knowledge, students will be able to advance into Biochemistry and Molecular Biology, Clinical Chemistry and Pharmaceutical Chemistry as a health science profession.

4. INTRODUCTION TO COMPUTERS

Upon completion of this course the students should be able to:

- Manage information on the computer in a systematic, hierarchically organized collection of units, such as files and folders;
- Develop and demonstrate competence in using applications such as word processing, spreadsheets and power point;
- Access and use the World Wide Web for professional purposes;
- Follow established guidelines regarding electronic communication using email;
- Select and use electronic resources and medical databases available in the network-based resources;
• Use SPSS to manage, manipulate, display and perform descriptive analysis of a small and simple data set.

5. BIOLOGY
This is an introductory course for the students of Health Sciences Centre. It will cover some of the basic aspects of cell biology and its relevance to human health. With the knowledge gained through this course, the students of Health Sciences Centre should be able to advance into further understanding of basic Biomedical Sciences like Biochemistry, Molecular Biology, Microbiology and Physiology, and appreciate the role of cell Biology in human health.

6. BIOSTATISTICS AND BASIC EPIDEMIOLOGY
This component aims to provide health sciences students with the biostatistical quantitative measurement technique required to analyse and interpret health data. The course provides examples which are relevant to health and reflect real life situations. Emphasis in the course is placed upon bringing students to appreciate the relevance and role of biostatistics in health sciences. It also focuses on concepts, limitations and assumptions underlying biostatistical methods.
PHASE II - CURRICULUM

Background
Phase II Curriculum comprises of two blocks of Foundation, consisting of 28 weeks, 9 system blocks and one elective course offered over a period of three years (6 semesters). A five credit hour English course (English 183) will be offered during the first semester of year 2. The curriculum is designed to provide student learning in integrated basic and clinical sciences using a variety of methods including a series of problem based learning (PBL) cases, self-learning, didactic lectures, tutorial and laboratory exercise and hospital visits aimed at stimulating active learning.

Themes of Curriculum
The Curriculum has been built on 4 themes:
1. Integrated Basic and Clinical Sciences (IBCS)
2. Clinical Competence (CC)
3. Professional Development (PD)
4. Public Health (PH)

Competencies
The features of the new curriculum include an emphasis on self-learning, and an early introduction of students to clinical skills. Each system in the current curriculum has clearly stated goals for the following behavioral changes:
1. Knowledge
2. Skills
3. Attitude
## Course Requirements - Phase II Curriculum

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course</th>
<th>C.H.</th>
</tr>
</thead>
<tbody>
<tr>
<td>05 88 183</td>
<td>English</td>
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</tr>
<tr>
<td>05 50 303</td>
<td>Foundation Block</td>
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<tr>
<td>05 50 304</td>
<td>Foundation Block</td>
<td>8</td>
</tr>
<tr>
<td>05 50 306</td>
<td>Infection and Immunology</td>
<td>5</td>
</tr>
<tr>
<td>05 70 402</td>
<td>Blood</td>
<td>5</td>
</tr>
<tr>
<td>05 80 306</td>
<td>Cardiovascular System</td>
<td>8</td>
</tr>
<tr>
<td>05 80 307</td>
<td>Respiratory System</td>
<td>8</td>
</tr>
<tr>
<td>05 80 308</td>
<td>Endocrinology System</td>
<td>8</td>
</tr>
<tr>
<td>05 80 309</td>
<td>Musculoskeletal System</td>
<td>8</td>
</tr>
<tr>
<td>05 30 312</td>
<td>Nervous System</td>
<td>8</td>
</tr>
<tr>
<td>05 80 402</td>
<td>Renal, Reproduction &amp; Breast</td>
<td>8</td>
</tr>
<tr>
<td>05 75 311</td>
<td>Digestive System</td>
<td>8</td>
</tr>
<tr>
<td>05 00 406</td>
<td>Elective</td>
<td>2</td>
</tr>
</tbody>
</table>

**Total C.H.** 92

The grand total credit hours for the Bachelor of Medical Sciences (B.Med.Sc.) Program is 122, comprising 30 C.H. of Phase I and 92 C.H of Phase II program.

### DESCRIPTION OF ORGAN-SYSTEMS MODULES, PHASE II

The new curriculum is made up of three Phases I – III. During Phase II there is integrated study of nine organ system modules plus an elective and a Foundation Block which runs from Phase I into Phase II in the second year of University studies.

Each organ-system module is 5-10 weeks long with a module examination at its end. The modules are planned in a logical sequence either based on the more important pathological conditions or as an anatomical sequence such as for the Digestive system. Either way, the course of study covers the most important problems related to the respective organ-system. Below follows a very brief summary for each organ-system module:
1. **Infection and Immunology (6 weeks):** In this module the major emphasis is on the basics of microbiology and immunology covering the important topics of infectious disease, such as travel, medicine, sexually transmitted infections and immunodeficiency.

2. **Blood (5/7 weeks):** The important concepts of haematology are introduced and illustrated with sequential conditions of the red cell, white cell and platelets. Importantly, the diseases covered have special relevance to commonly encountered conditions in Kuwait.

3. **Cardiovascular (7 weeks):** This module covers the important conditions of the heart, arteries and venous system and includes study of the lymphatics. Common to all organ systems, a Problem-based learning case is chosen for each week to illustrate some of the topics for study during that week.

4. **Respiratory (7 weeks):** The weeks of study are related to the anatomical divisions of the functional respiratory system and during the weeks of integrated study important issues such as prevention and education related to important diseases are introduced and discussed.

5. **Endocrinology (7 weeks):** The major endocrine disorders are considered from a pathophysiological view and related to specific organ related pathologies and clinical features. The PBL cases selected have been used to illustrate the far reaching and diverse effects of endocrine disease.

6. **Musculoskeletal (6 weeks):** In this module, the important anatomical areas are used to illustrate musculoskeletal disorders including those which most commonly affect residents of Kuwait.

7. **Nervous (8/9 weeks):** The weeks are logically divided between study of the central and peripheral nervous systems and their related functions with the more important disorders most commonly met.

8. **Renal, Reprod. & Breast (10 weeks):** The role of the kidney in human morbidity and normal homeostasis is presented in an integrated and sequential way with PBL cases to illustrate the major themes for weekly study.

9. **Digestive (7/8 weeks):** The digestive system is presented in a logical sequence from mouth to anus with the more important disorders presented and discussed in manageable weeks of study. Importantly, and continuing through all the organ-systems, there are clinical skills sessions which support the study of the gastrointestinal system.
ASSESSMENT/EXAMINATIONS STRATEGY & REGULATIONS
PHASE II PROGRAM (YEAR 2, 3 & 4 OF MEDICAL PROGRAM)
Background
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The Curriculum has been built on 4 themes:
1. Integrated Basic and Clinical Sciences (IBCS)
2. Clinical Competence (CC)
3. Professional Development (PD)
4. Public Health (PH)

Competences
The features of the new curriculum include an emphasis on self-learning, and an early introduction of students to clinical skills. Each system in the current curriculum has clearly stated goals for the following behavioral changes:
1. Knowledge
2. Skills
3. Attitude

CURRICULUM ASSESSMENT STRATEGY

Principles
Strategies have been based on the following principles:
1. To allow continuous summative and formative examinations
2. To encourage students to learn actively
3. To allow student promotion to the next level
4. To enable early identification of those students who are deemed likely to fail from the program
5. To provide remediation for weak students
General Description

The assessment includes an End of Module Examination for the Foundation blocks and for each system module, and three final examinations (End of year examinations) at the end of each year: Phase II 2nd year final examination at the end of 2nd year includes three modules (Foundation Blocks I & II and I & I module), Phase II 3rd year final examination at the end of Phase II 3rd year includes five modules (Blood, CVS, Respiratory, Endocrinology and Musculoskeletal), and the Phase II 4th year final examination at the end of Phase II 4th year includes the remaining 3 system modules (Nervous System, Renal, Reproductive and Breast module and Digestive) and the elective. The Phase II year 4 final examination will be a comprehensive examination, which includes all system modules of Phase II (both year 3 and 4). The end-of-year final examinations are scheduled at the end of the academic year. External Examiners will be present for the final examinations at the end of Phase II year 3 and 4. Standard setting using Angoff's method will be used in all assessments.
STRATEGY
1. **STRATEGY MAP**

According to this strategy the Curriculum map has been divided into three years (Fig 1):

**PHASE II - YEAR 1, SEPT-JUNE (YEAR 2 OF MEDICAL PROGRAM)**

<table>
<thead>
<tr>
<th>SEMESTER III</th>
<th>SEMESTER IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOUNDATION-I (05 50 – 303) AND ENGLISH 183</td>
<td>FOUNDATION-II (05 – 50 – 304)</td>
</tr>
<tr>
<td>17 Weeks</td>
<td>11 Weeks</td>
</tr>
<tr>
<td>Mid Semester Break</td>
<td></td>
</tr>
<tr>
<td>INFECTION &amp; IMMUNOLOGY (05-50-306)</td>
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</tr>
<tr>
<td>6 Weeks</td>
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<tr>
<td>Mid Semester Break</td>
<td></td>
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<tr>
<td>FINAL EXAM</td>
<td></td>
</tr>
</tbody>
</table>

**PHASE II - YEAR 2, SEPT-JUNE (YEAR 3 OF MEDICAL PROGRAM)**

<table>
<thead>
<tr>
<th>SEMESTER V</th>
<th>SEMESTER VI</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLOOD (05-70-402)</td>
<td>CVS (05-80-306)</td>
</tr>
<tr>
<td>5 Weeks</td>
<td>7 Weeks</td>
</tr>
<tr>
<td>Mid Semester Break</td>
<td>7 Weeks</td>
</tr>
<tr>
<td>RESP. (05-80-307)</td>
<td>ENDO (05-80-308)</td>
</tr>
<tr>
<td>7 Weeks</td>
<td>7 Weeks</td>
</tr>
<tr>
<td>Mid Semester Break</td>
<td>Mid Semester Break</td>
</tr>
<tr>
<td>MUSCULO. (05-80-309)</td>
<td>FINAL EXAM</td>
</tr>
<tr>
<td>6 Weeks</td>
<td>MCQ, EMQ OSCE/OSPE</td>
</tr>
<tr>
<td>Mid Semester Break</td>
<td></td>
</tr>
<tr>
<td>FINAL EXAM</td>
<td></td>
</tr>
</tbody>
</table>

**PHASE II - YEAR 3, SEPT-JUNE (YEAR 4 OF MEDICAL PROGRAM)**

<table>
<thead>
<tr>
<th>SEMESTER VII</th>
<th>SEMESTER VIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>NERVOUS SYSTEM (05-30-312)</td>
<td>DIGESTIVE (05-75-311)</td>
</tr>
<tr>
<td>9 Weeks</td>
<td>8 Weeks</td>
</tr>
<tr>
<td>Mid Semester Break</td>
<td></td>
</tr>
<tr>
<td>RENAL, REPROD. &amp; BREAST (05-80-402)</td>
<td>ELECT. (05-90-406)</td>
</tr>
<tr>
<td>10 Weeks</td>
<td>4 Weeks</td>
</tr>
<tr>
<td>Mid Semester Break</td>
<td></td>
</tr>
<tr>
<td>FINAL EXAM</td>
<td>MCQ, EMQ OSCE/OSPE</td>
</tr>
<tr>
<td>Exam Break</td>
<td>Exam Break</td>
</tr>
</tbody>
</table>

**Phase II : Year 2 of Medical Program**

1. This includes English 183, Foundation Block I, Foundation Block II and Infection and Immunology module, to be delivered over a period of two semesters (1 year).

2. Year 1 will start at the beginning of September and conclude at the end of June each year.

**Phase II : Year 3 of Medical Program**

1. This includes 5 system modules (Blood, Cardiovascular, Respiratory, Endocrinology and Musculoskeletal systems), to be delivered over a period of two semesters (1 year)
2. Year 3 will start at the beginning of September and conclude at the end of June each year.

**Phase II : Year 4 of Medical Program**

1. This includes three systems modules (Nervous System, Renal, Reproductive and Breast module and Digestive) and an elective course.

2. Year 4 will start at the beginning of September and conclude at the end of June each year.

3. Successful completion of the Year 2, 3 and 4 of Phase II program will earn for the students a Bachelor of Medical Sciences (B.Med.Sc.) degree and make them eligible to continue into the Phase III Curriculum. Passing of all the courses prescribed by the Faculty of Medicine are mandatory for promotion to the following year/graduation.

4. Every system will be assessed separately according to the following regulations:

**Themes**

Assessment shall be aligned with the curricula outcomes and weekly learning objectives. 70% of the assessment will cover knowledge-based themes and the rest 30% will cover the remaining themes (CC, PD and PH).

**Assessment and Examination Regulations**

**Phase II : Year 2 of Medical Program - Assessments and Final Examinations**

1.1. **Assessments (End of Module Assessment) – Phase II Year 2 of Medical Program**

1. Foundation blocks will have a total of four assessments (two each in each semester).

2. The Infection and Immunology module will have an end of module assessment at the end of the module.

3. The combined in-course assessments will contribute 40% to the final mark for Year 2 of Medical program.

4. MCQ will be used as an assessment format in the proportion as decided by the Examination Committee, giving a fair weightage to the themes covered.

5. There will be a make-up assessment for those candidates who have valid excuses granted by the Dean/Vice-Dean (Academic) according to the Faculty of
Medicine regulations. Excuses from appearing for the assessments will be granted only for the following reasons:

a. Admission of the student to a Government hospital as an inpatient, with an authenticated report from the hospital administration;

b. Death of a first degree family member (Father, Mother, Grandfather, Grandmother and siblings of the student);

c. Other extenuating circumstances approved by the Dean/Vice Dean (Academic), based on the recommendation of the Examination Committee.

6. Make-up assessment shall be given to a student when he/she is fit, but not later than the resumption of study (first week of the following module) using a format similar to the regular assessment.

7. Students shall be awarded their actual grades in a make-up assessment.

8. Phase II Examination Committee will collect examination question from the System Coordinators for review.

9. A post-test review of the questions shall be carried out based on item analysis and provide feedback to the system coordinators and Vice-Dean Academic.

10. The examination will be conducted by the Vice-Dean Academic.

1.2. Phase II: Year 2 of Medical Program - Final Examination (End of Year Examination)

(A) English 183

1. English 183 final examinations will be conducted and graded by the English Language Unit independently according to the University grading scale.

2. Students who fail the English 183 examinations will be given a resit examination at the beginning of the second semester.

3. Those students who fail the resit examination at the beginning of the second semester will be allowed to continue in the program and will be given another resit examination along with the end of year final examinations of Phase II Year 2 of Medical Program.

4. Those students who fail the second resit examination will have to repeat English 183 course and examinations.

5. Students who fail to successfully complete the requirements of the English 183 at the end of the repeat year will be dismissed from the Faculty of Medicine.
(B) Foundation blocks and I & I module

1. The pass mark shall be sixty percent.

2. Phase II Examination Committee will collect and review examination question from the System Coordinators.

3. At the end of Phase II Year 2 of Medical Program, there will be a summative final examination, which will contribute 60% to the final mark.

4. MCQs and EMQs will be used as a format in the proportion as decided by the Phase II Examination Committee; giving a fair weightage to the themes covered. In general content coverage will be with the following formats:

   Knowledge Paper 1 (Part 1) MCQs
   Integration Paper 1 (Part 2) EMQs

5. There will not be any make-up examination following the final examination. However, those candidates who have excused absence according to the criteria outlined in item 7.2 (2) below, can appear in the resit examination held in August/September and shall get their actual grade. However, if such students fail the resit examination in August/September, he/she will repeat the year/dismissed from the Faculty, as appropriate. He/She will not be given another examination should he/she fail the resit examination in August/September.

6. The students getting <60% total marks will qualify for a resit examination.

7. The resit examination will be conducted in August/September

8. The final grade for the resit examination (both excused absence and resit due to failure) will be computed in the same format as that of the final examination grade, including the end of module course assessment grades.

9. The maximum final grade given to a passing student in the resit examination is ‘C’ (60% marks). However, the student taking a resit exam due to an excused absence will be awarded the actual grade.

10. Those who fail in resit examination will be allowed to repeat the year only once.

11. Any student repeating Year 2 of the Phase II program, who subsequently fails the final examination shall be allowed to appear for a resit examination in August/September, but if he/she fails in this resit examination, he/she shall be dismissed from the Undergraduate Medical Program of the Faculty of Medicine.
2. Phase II: Year 3 and 4 Assessments and Final Examinations

2.1 End of Module Assessments: Phase II year 3 and 4

1. Each system will be assessed separately during the last week of each system.
2. The combined assessments will contribute 40% to the Final Mark.
3. MCQ/EMQ will be used as an assessment format in the proportion as decided by the Examination Committee, giving a fair weightage to the themes covered.
4. There will be a make-up assessment for those candidates who have valid excuses granted by the Dean/Vice-Dean (Academic) according to the Faculty of Medicine regulations. Excuses from appearing the assessments will be granted only for the following reasons:
   a. Admission of the student to the Government hospital as an inpatient, with an authenticated report from the hospital administration;
   b. Death of a first degree family member (Father, Mother, Grandfather, Grandmother and siblings of the student);
   c. Other extenuating circumstances approved by the Dean/Vice Dean (Academic), based on the recommendation of the Examination Committee.
5. Make-up assessment shall be given to a student when he/she is fit, but not later than the resumption of study (first week of the following system) using the format similar to the regular assessment.
6. Students shall be awarded their actual grades in a make-up assessment.
7. Phase II Examination Committee will collect examination question from the System Coordinators and review.
8. A post-test review of the questions shall be carried out based on item analysis and provide feed-back to the system coordinators and Vice-Dean Academic.
9. The examination will be conducted by the Vice-Dean Academic.
2.2. Final Examinations: Phase II Year 3 and 4

1. The Final examination will contribute 60% to the Final Mark.
2. The OSCE and OSPE examinations will cover clinical and laboratory skills.
3. MCQs and EMQs will be used as a format, giving a fair weightage to the themes covered. In general content coverage will be assessed using the following formats:
   - **Knowledge**
     - Paper 1 (Part 1) MCQs
   - **Integration**
     - Paper 1 (Part 2) EMQs
   - **Clinical/Lab skills**
     - Paper 2 OSCE/OSPE
4. Questions will be reviewed before and after the examination, based on item analysis by the Examination Committee.
5. There will not be any make-up examination following the final examination. However, those candidates who have excused absence according to the criteria outlined in item 7.2 (2) below, can appear in the resit examination held in August/September and shall get the actual grade. However, if such students fail the resit examination in August/September, he/she will repeat the year/dismissed from the Faculty, as appropriate. He/She will not be given another examination should he/she fail the resit examination in August/September.
6. Students getting <60% total marks will qualify for a resit examination.
7. The resit examination will be conducted during August/September using the regular examination format.
8. The maximum Final Grade given to a passing student for resit examination shall be ‘C’ (60% marks), except for those students who are taking a resit examination due to an excused absence from the final examination. These students will have their actual grades.
9. Those who fail in resit examination will be allowed to repeat the year only once.
10. Any student repeating the year 3 of Phase II program and who fails in the June final examinations shall be allowed to appear for the resit examination in August/September, but if he/she fails this resit examination, he/she will be dismissed from the Undergraduate Medical Program of the Faculty of Medicine.
11. Any student repeating the year 4 of Phase II program and who fails in the June final examinations shall be allowed to appear for the resit examination in
August/September, but if he/she fails this resit examination, he/she will be dismissed from the Undergraduate Medical Program of the Faculty of Medicine.

12. Any student repeating the Phase II, year 4 (student intake of 2009 onwards) and who fails in the June final examinations shall be allowed to appear for the resit examination in August/September, but if he/she fails this resit examination, he/she will be given a third year to complete the requirements of B.Med.Sc. program. If he/she fails the third June final examinations, he/she will be given a resit examination in the following August/September, which will be his/her final chance to pass the B.Med.Sc. program. If he/she passes the third June final examinations or August/September resit examination he/she will be awarded with the degree of B.Med.Sc. but will not be admitted to the clinical year program (Phase III program- 5th year). If he/she fails the third August/September resit examinations, he/she will be dismissed from the Faculty of Medicine. (Ref. HSC by law item No. 13). (This bylaw is applicable to 2009 student intake onwards).

3. Standards
   An absolute standard of 60% will be used as the pass mark in all summative examinations for student promotion.

4. Resit Examination
   1. Resit examinations will be given only for the final examination.
   2. A candidate who obtains a final grade <60% will be allowed to take a resit examination.
   3. Any student who fails the resit examination may repeat the year once. If he/she fails in the resit examination at the end of the repeat year, he/she shall be dismissed from the Undergraduate Medical Program of the Faculty of Medicine.
   4. The format of the resit examination will be similar to that of the final examination.
   5. The final grade for the resit examination will be computed in the same format as that of the final examination grade, including the end of module assessment grades.
   6. The resit examination will be conducted during August/September.
   7. A maximum of “C” (60% marks) grade will be awarded to a passing student in the resit examination.
8. Students who are appearing the resit examination due to excused absence from the final examination will get the actual grade.

5. **External Examiners**
   1. External examiners will be invited to evaluate the process of final examination.
   2. An oral examination in the presence of the external examiner will be given to those students who are borderline failures by 3% marks (i.e. scoring 57%-59%) and to those candidates considered for distinction (A grade and above) for possible promotion to the next grade. No oral examination will be given as part of the resit examination.

6. **Assessment/Examination Format**
   The following formats will be used in the assessments/ final examinations:
   1. MCQ (Multiple Choice Questions)
   2. EMQ (Extended matching Questions)
   3. OSCE (Objective Structured Clinical Examination)
   4. OSPE (Objective Structured Practical Examination)

7. **Regulations**
   7.1. **Assessments**
   1. There will be the provision of a make-up assessment for those candidates who have a valid excuse granted by the Dean/Vice-Dean according to Faculty of Medicine regulations. Excuses from appearing the assessments will be granted for the following reasons only:
      a. Admission of the student to the Government hospital as an inpatient, with an authenticated report from the hospital administration.
      b. Death of a first degree family member (Grandfather, Grandmother, Father, Mother and siblings) of the student.
      c. Other extenuating circumstances approved by the Dean/Vice Dean (Academic) based on the recommendation of the Examination Committee.
   2. A make-up assessment shall be given to a student who has a valid reason for missing assessments and will receive the actual grade obtained.
   3. A mark ‘zero’ (grade F) will be given for any assessment which is missed without proper excuse.
4. The student who is unable to appear in an assessment for any reason stated above shall inform the office of the Vice-Dean (Academic) his/her reason for missing the assessment within two working days following the assessment.

5. Students who are prevented from appearing the end of module assessment for any reason will forfeit their right to have resit examination.

7.2. Final examination

i) The pass mark will be sixty percent.

ii) Excused absence: Excuse from appearing the final examination will be granted by the Dean/Vice-Dean (Academic) only for the following reasons:

a. Admission of the student to the Government hospital as an inpatient, with an authenticated report from the hospital administration.

b. Death of a first degree family member (Grandfather, Grandmother, Father, Mother and siblings) of the student.

c. Other extenuating circumstances approved by the Dean/Vice Dean (Academic) based on the recommendation of the Examination Committee.

iii) The student who is unable to appear in an assessment for any reason stated above shall inform the office of the Vice-Dean (Academic) his/her reason for missing the assessment within two working days following the assessment.

iv) Candidates who absent themselves from final examination without prior permission of the Dean/Vice-Dean Academic will not be allowed to appear in the resit examination.

v) Candidates who miss a final examination without a valid excuse as approved by the Vice-Dean, Academic will be granted zero (F grade).

vi) There will not be any make-up examination following the final examination.

vii) However, those candidates who have an excused absence according to criteria outlined in 7.2.(ii), will appear in the resit examination in August/September and shall get their actual grade. However, if such a student fails the resit exam, he/she will repeat the year/dismissed from the Faculty of Medicine, as appropriate. He/She will not be given
another examination, should he/she fail the resit examination in August/September. The final grade in this resit examination will be computed in the same format as that of the final examination grade, including the end of module assessment grades.

viii) Students who are prevented from final examinations for any reasons will forfeit their right to have resit examination.

7.3. **Attendance**

An attendance record shall be kept for all PBLs, Clinical sessions, hospital visit, small group teaching, lectures, practical and tutorials;

1. **PBLs, Clinical Skills/Hospital visits**

   a) Attendance is mandatory. Excuses will be granted by the Dean/Vice-Dean (Academic) only;

   b) Students who are absent from these sessions without excuse will not be allowed to appear for the end of module assessment and will be awarded an "F" grade ('0' grade) for that module;

   c) Students who are prevented from appearing the end of module assessments in two or more modules will not be allowed to proceed to the subsequent modules;

   d) The absence is calculated for the duration of the whole academic year and will not be calculated on a module-by-module basis.

2. **Practical/ Tutorials/Lectures**

   Attendance is compulsory and an excessive level of absence from these will prevent the student from appearing the final examinations at the end of the relevant program. The absence will be calculated for the duration of the whole program.

   A student who misses more than twenty percent of the Practical/Tutorial/Seminars/Lectures, will be prevented from appearing the final examination. Such students will not be allowed to appear in the resit examinations.

8. **Phase II Examination Committee**

Currently there are two examination committees, one looks after year 2 of Phase II program and the other one looks after the years 3 and 4 of the Phase II examinations.
Phase II Examination Committee is appointed by the Dean.
The Phase II Examination Committee will:
1. be responsible for End of Module Assessment and the Final examinations.
2. collect questions from various systems coordinators according to the guidelines and examination blue-print.
3. review the questions before the examination
4. prepare question papers and send it to the Vice-Dean Academic for conducting the examination.
5. review the questions based on item analysis after the examination and give feedback to the Vice Dean (academic) and to the System Coordinators.
THE DEGREE OF BACHELOR OF MEDICINE
AND BACHELOR OF SURGERY
B.M., B.Ch.
1. The Faculty of Medicine reserves the right to refuse admission to the clinical program.

2. The program of study and subjects of the examinations shall be those prescribed by the Curriculum, Assessments and Admissions Committee.

3. Assessments of performance during the program shall be taken into account in determining the results of the examinations.

4. On the recommendation of the Faculty of Medicine, after considering the reports of the examiners, the degree of Bachelor of Medicine and Bachelor of Surgery shall be awarded to successful candidates. Candidates who have an outstanding performance in the program as a whole may be awarded the degrees with distinction.

5. A candidate who fails to satisfy the examiners in the final examinations may be permitted to present himself/herself for re-examination on such terms as the Faculty Council may prescribe on the recommendation of the Board of Examiners. Such a candidate shall be required to undertake further prescribed study and shall be awarded a grade "C" if he/she satisfies the examiners on his/her re-examination.

6. Satisfactory attendance of classes and progress in performance are prerequisites for admittance to all examinations.

7. Students who are prevented from appearing the final examinations will be awarded with a “F” grade (‘0’ marks) and they are not eligible to appear for the resit examination. Students who are prevented from the final examinations will repeat the year. If they are already repeaters, they will dismissed from the Faculty of Medicine.
CLINICAL DEGREE PROGRAM

To obtain the degree of Bachelor of Medicine and Bachelor of Surgery, students must (a) successfully complete the B.Med.Sc. program, and (b) successfully complete the three years of clinical study program prescribed by the Faculty of Medicine.

Admission and Transfer Regulations and Requirements for the B.M., B.Ch. Program

1) Candidates must have obtained the B.Med.Sc. degree of the Kuwait University.
2) Transfer into the B.M., B.Ch. program is not allowed.

Right of Admission

1) The Faculty of Medicine reserves the right to refuse admission to the B.M., B.Ch. degree program.
2) The Faculty of Medicine reserves the right to amend these regulations.

Requirements for Graduation

1) Approved programs of study shall be those prescribed by the Faculty of Medicine. A candidate shall not be held to have pursued an approved program unless his/her studies are certified as satisfactory by the Faculty of Medicine. Passing of all the courses prescribed by the Faculty of Medicine is mandatory for student promotion to the following year/graduation.
2) To qualify for graduation with the B.M., B.Ch. degree, a candidate must have pursued approved courses for not less than three years after obtaining the B.Med.Sc. degree, and have satisfied the examiners. Except by special permission of the Faculty of Medicine, these three years shall be the fifth, sixth and seventh years following a candidate's admission to the Kuwait University.
3) No candidate shall be allowed to repeat the fifth and sixth years of the B.M., B.Ch. clinical program more than once and the seventh year more than twice.
4) Any candidate granted one year's leave of absence from the B.M., B.Ch. clinical program by the Faculty of Medicine shall lose the right to repeat that year of the program should they fail on their return.
5) Any candidate who is absent for one year or who does not attend the in-course assessments and examination of any one year shall on his/her return be treated as a repeat student as well as lose the right to repeat any subsequent year of that program which he/she might fail after his/her return.
6) A mark of zero and the grade "F" shall be given for any examination which is missed without proper excuse.
7) A student who has failed the clinical examination will not be promoted to the following year. A clear pass in the clinical examination is mandatory for the promotion of the student. The theory marks cannot compensate for the shortage of marks in clinical examination. The candidate must achieve a minimum of a pass grade in both theory and in the clinical examinations to be promoted to the following year.

8) Any candidate who resits a final examination shall take a "C" grade for each resit, if he/she satisfied the examiners.

9) Any candidate who sits a supplementary examination shall take the grade achieved if it is his/her first attempt in that subject. Supplementary examination is given to those students who have excused absence from sitting the examination.

10) Students who are prevented from appearing the final examinations will be awarded with a “F” grade ('0' marks) and they are not eligible to appear for the resit examination. Students who are prevented from the final examinations will repeat the year. If they are already repeaters, they will dismissed from the Faculty of Medicine.

11) There will not be any make-up examination following the final examination. Those candidates who have excused absence according to the criteria outlined in the final examinations regulations can appear in the resit examination held in August/September and shall get the actual grade. However, if such students fail the resit examination in August/September, he/she will repeat the year/dismissed from the Faculty, as appropriate. He/she will not be given another examination should he/she fail the resit examination in August/September.
DEMEANOR AND DRESS STANDARDS OF MEDICAL STUDENTS
DURING CLINICAL ROTATIONS

All medical students doing clinical rotations are expected to observe the following guidelines:

**Courtesy**
- Greet others in hallways, elevators, and at work stations with a kind word or smile;
- Assist people in finding their way.

**Respect**
- Respect privacy and dignity.
- Knock and wait for a response before entering areas.
- Discuss confidential or sensitive information about patients only with those having a valid need to know and do so privately, never in public places.

**Professionalism**
- Present a positive image.
- Wear name badge or name tag so that name is clearly visible at all times. Limit eating, drinking and smoking only to designated areas.
- Avoid personal conversations with colleagues when providing patient care.
- Make no inappropriate or negative comments about patients, co-workers or physicians.

**APPEARANCE**

**Hair**
- Hair should be clean and neat.
- Hair may not be dyed unnatural colors.
- Females: Shoulder length or longer hair shall be pulled back or covered.
- Males: Short and well groomed. Beards, sideburns and mustaches are allowed, but may not interfere with personal protective gear especially in the operating rooms.

**Daily Hygiene**
- Daily hygiene must include clean teeth, hair, clothes and body including use of deodorant.
- Clothing should be clean, pressed and in good condition.
Nails
- Nails must be neatly manicured and clipped to ensure patient comfort and hygiene.
- Nails should not be polished.

Scents
- Male and female students should have a neutral scent.

Make-up
- Excessive make-up will not be allowed.

Permissible Jewelry
- A wedding set and one ring
- One simple chain bracelet
- A watch

Skirts
- Skirt length shall be no shorter than the knee and should not be tight fitting.

Necktie
- All male students should wear a necktie

Pants
- Pants shall not be tight fitting.
- Jeans and denim pants of any color, spandex, leggings, athletic wear and sweat suits shall not be worn.

Laboratory Coat
- While in the hospital, students should wear clean, neatly pressed white coats.

Shoes
- Shoes must be clean in good condition.
- Heels shall be no higher than three inches.
- Casual sandals and sneakers shall not be worn.

Other
- Sunglasses are to be worn indoors only if prescribed by a physician or required for the job.
- T-shirts and caps are not allowed.
Course Requirements (old Scheme)

Fifth Year *(1st Clinical Year)*

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Sixth Year *(2nd Clinical Year)*

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Seventh Year *(3rd Clinical Year)*

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CLINICAL PROGRAM (OLD SCHEME)
(will be phased out by academic year 2012-13)

FIRST CLINICAL YEAR

First clinical program of the old scheme will cease at the end of academic year 2011-2012. In the first clinical year an integrated systems approach between Medical, Surgical and Pathological disciplines is followed. The ward clinical teaching is emphasized throughout the day, with integrated system course didactic lectures in the afternoons on the following topics:

1. Cardiovascular
2. Respiratory
3. Genito-Urinary
4. Neurology
5. Gastro-intestinal
6. Endocrine and Diabetes
7. Haematology
8. Musculo-skeletal
9. Infectious diseases
10. Communication & Interviewing Skills

There will be assessments at the end of each of the system courses and two clinical examinations at the end of each semester. The student’s overall score for the ten system course assessments must average sixty percent or better before he/she could be considered eligible to proceed to the second clinical year. There will be no final examination in this year.

COURSE DESCRIPTION

Medicine

The emphasis of teaching during this year is on the art of proper history taking and physical examination. This will be given during an initial week in an introductory form in the hospital wards under specifically assigned tutors, followed by a number of hospital rotations. Following this, interpretation of facts collected during history taking (symptoms) and physical examination (signs) towards reaching a system based diagnosis will be emphasized. As the system courses (didactic) progress, diagnosis of diseases, differential diagnosis, complications of diseases, appropriate investigative work and Management plan will be discussed. At the end of the year the student is expected to be able to:

1. Indicate, in order of priority, the relevant items of information useful for diagnosis;
2. Indicate which investigations would be deemed useful to confirm the provisional diagnosis;
3. Determine the natural history of the conditions diagnosed;
4. Indicate which items of information from the history, examination and investigations have the most influence on the patient's prognosis.
5. Indicate the possible methods of treatment.
6. Discuss to what extent the condition could be prevented and whether there are any effective measures which could be taken to prevent it in others.

Students are also expected to carry out a number of practical procedures.

**Surgery**

Surgery is that discipline of medical practice which is concerned with the art and science of diagnosis of a variety of human diseases, understanding the pathophysiological processes involved and prescribing the correct methods and techniques of prevention and therapy. The latter often, but not always, involves the performance of a specific surgical procedure or operation.

During his/her course in clinical surgery and surgical science, the student is expected to develop creative knowledge, basic skills and certain attitudes and patterns of behaviour which are fundamental for the recognition of surgical illness, surgical decision making and rational and humane management of the surgical patient. Teaching is undertaken through the medium of lectures, demonstrations, group discussions, clinical bedside rounds, demonstrations and instructions in the operating rooms, audiovisual and self-instructions.

Courses cover the following:
1. Principles of Surgery
2. The Body System (*also continued in the third clinical year*)
3. Clinical Introductions to Surgery
4. Clinical Surgical Clerkship - clinical attachments to various divisions of surgery within the teaching hospital (*also continued in the third clinical year*).

**Pathology**

During this two semester program, the teaching-learning of Pathology constitutes an integral part of the course on system diseases along with Medicine, Surgery and other specialties whenever necessary. Since in the previous year (4th year) the student has built up a good foundation of the basic pathologic processes with some introduction to their application in system involvement, the emphasis of educational program in this phase will be on the understanding of the relation of clinical manifestations in the patient to the pathologic changes in tissues and organs (systemic pathology) as well as in appreciating the important role of knowing morphological, haematological and biochemical change on diagnosis, prognosis and management of diseases in different organs and systems.
Actual integration in student learning through integrated teaching by the participating disciplines is the key point in this program. As in the 4th year, self-learning by students will be the centre point with emphasis in practical class learning.

**Community Medicine**

The underlying philosophy of the department is not to train the medical student to be a specialist in Community Medicine, but to provide him/her with the knowledge of methods of Community Medicine and Epidemiology and their application in medicine as a whole.

**Clinical Epidemiology**

The course covers mainly the noncommunicable diseases and attempts to give students the outline of the epidemiology of particular diseases with the following objectives:

1. The student should be familiar with the size of the problem, locally and internationally, and be able to interpret and understand the reason for the difference between the "Hospital's" and the "Community's" view of a "Common Disease".

2. The student should be able to interpret the inadequacies of commonly used diagnostic tools, e.g. sphygmanomanometer and describe the factors within the patient and the observer that can affect these measurements.

3. The student should know the time scales involved in the natural history and prevention of a non-communicable disease and how treatment and preventive measures relate to this.
SECOND CLINICAL YEAR

Course Requirements
The second clinical year comprises of Paediatrics, Obstetrics and Gynaecology, Psychiatry and Community Medicine, taught in block system organized as follows:

Paediatrics - 12 weeks
Obstetrics & Gynaecology - 12 weeks
Psychiatry - 6 weeks
Community Medicine - 6 weeks

Lectures in Pathology, relevant to the disciplines of Paediatrics and Obstetrics and Gynaecology are introduced in their blocks where appropriate.

The emphasis of teaching in these clinical attachments is in the clinical wards and community, where the daily work of study is from 7:00 a.m. to 5:00 p.m. Small numbers of relevant lectures are introduced within the attachment where appropriate.

There will be end-of-course assessments and final examinations, constituting thirty percent and seventy percent respectively of the final grade. The final examinations in Paediatrics, Obstetrics and Gynaecology, Psychiatry and Community Medicine will be held at the end of the year and at least two External Examiners will be invited for each discipline.

COURSE DESCRIPTION

Psychiatry
The course in clinical psychiatry aims at the instruction of medical students in Psychiatric history taking and examination, the formulation of diagnosis and planning of treatment of common psychiatric disorders. Understanding the difficulties and resources of the psychiatric patient is a practical skill which students acquire through clinical training in psychiatry.

Obstetrics and Gynaecology
Having done work in the Surgical and Medical Departments in the first clinical year, students will progress to the remaining disciplines of Paediatrics and Obstetrics and Gynaecology in the second clinical year. These two disciplines have, in modern times, acquired an inseparable mutual relation between parenting and deep concern with the growing discipline of foetal medicine and perinatology.

Students refine their skills in obtaining a pertinent history and performing physical examination, with special regard to female pelvic organs in health and disease. Students will learn to recognise the normal and abnormal, and plan an approach to diagnosis and management. They will learn and carry out the conduction of normal
delivery and learn foetal and newborn evaluation. They will learn from peripheral clinic, hospital, and ward the importance of the other services and follow up. They will be familiar with the religious dictates in some gynaecologic and obstetric conditions. A clinical set up whenever possible or a simulation thereof by confronting the student with a picture, case record, model, instruments or other teaching aids will be utilized for teaching and evaluation purposes. There will be, however, a minimum of formal teaching and the students will assume the duties of clerking their assigned patients, under the supervision of staff members. The aim is to bridge the gap between theory and practice and put their knowledge into action. Instruction/clinical work will be in the form of units, each with its own specific and enabling objectives.

**Paediatrics**

The 12 week clinical attachment in Pediatrics consists of rotation through the departments of Pediatrics in Mubarak Al-Kabeer, Al-Amiri, Farwaniya and Al-Adan Hospitals and the neonatal department of the Maternity Hospital.

During the first 3 weeks, a series of core lectures are given on common Pediatrics problems. Daily bedside tutorials are held at each hospital. The tutorials are designed to enable the student to take a good history of illness, elicit abnormal clinical signs if present and understand the line of investigations to help diagnosis. The students also learn the basic principles of case management. The student will also be taught how to address psychosocial problems in Pediatrics and their impact on the child and the family and how to develop a caring and confident attitude in handling children.

At the end of the block the student should be able to clinically assess an infant/child after taking a history and performing a clinical examination, and decide whether the child is normal or abnormal and, if the latter, whether he/she can be treated at home, needs urgent hospital treatment, or whether he/she needs to be referred to a specialist. In addition, the student should be able to perform a newborn examination effectively and also be able to recognise any deviation from normality. The student should also be able to guide the parents in the preventive aspects of pediatrics including details of infant feeding, immunization, assessment of growth and development and accident prevention. Students should be aware of the health services available for the care of children.

**Pathology**

Pathology program in this phase will be limited to Obstetrics & Gynaecology and Paediatric Pathology. Since the student in this course is already in an advanced phase of education, the pathology program will highlight the importance of Pathology including laboratory investigations in management of patients besides giving the basic aspects of etiology, pathogenesis, pathology and clinicopathological correlations.
Community Medicine

The attachment is for six weeks.

Objectives of the Course

At the end of the sixth year, the student should be able to describe the population structure of Kuwait and appreciate its relation to the health problems and disease pattern in Kuwait, collect and analyse hospital and Community health data and present them clearly in tables and graphs and complete notification and registration forms and other medical records required for statutory purposes, satisfactorily. He/she should be able to understand that ill health is not only a result of exposure to a specific agent, but results from the effects of the total environment on the patient, and also understand that a knowledge of occupational health aids an understanding of disease in the individual patient and serves as a basis for the prevention of disease.

Students should also be able to give an account of the epidemiology of common diseases and apply this knowledge to the daily management of his/her patients; understand how hypotheses are formulated and tested by epidemiologists and how epidemiological knowledge is applied to the control of communicable and non-communicable diseases and to the evaluation of therapeutic and preventive procedures, as well as some of the problems associated with the design and interpretation of epidemiologic investigation.

In addition, students will get acquainted with the activities of the different units of the health care delivery system, read the epidemiologic literature critically and identify possible sources of bias and error in published data, and understand some of the more important uses of the computer in epidemiology.
THIRD CLINICAL YEAR

Course Requirements

The third clinical year comprises of Medicine, Surgery and their related sub-disciplines. They are arranged as follows:

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<td>E.N.T.</td>
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The total period of 36 weeks is divided into blocks of nine weeks each.

A course in Forensic Medicine is additionally offered in the third clinical year.

The final examinations will be given at the end of the year with external examiners in Medicine and Surgery.

Course Description

Medicine

The emphasis during this year of training is in providing hand on experience for the student in clinical work, through 'clinical apprenticeship'. Each student will be attached to an accredited teaching medical unit where he/she will participate in all clinical activities viz. In patients, (history taking, physical examination, planning of investigative work up, management decision, day to day follow up of progress) outpatient and on call (emergency admission) responsibilities. It is hoped that it will be possible to have these postings as residential attachments.

By the end of the rotation, they shall have observed the following procedures (endoscopies, dialysis, bronchoscopy, pulmonary function test, etc.). They should be able to read and interpret radiological investigations such as X-ray chest, IVY, barium studies and bone x-rays. Similarly they should be able to interpret common blood, urine, stool, and SHEAF studies. As for the ECG, they shall be able to distinguish rhythm abnormalities (atrial and ventricular), diagnose acute myocardial infarction and common effect of electrolyte disturbances.

The student is expected to gain the competence of detecting common fundus abnormalities such as in diabetes, hypertension, raised ICP etc.

Formal teaching services are limited to bedside clinics, small group seminars and essay (topic) discussions. The student is expected to be present and participate in
other teaching activities of the department such as clinical meetings, radiology meetings and pathology sessions.

**Surgery**

The third clinical year (7th year) students will continue their exposure to the clinical problems in surgery. The twelve weeks clinical rotation in surgery comprises seven weeks of General Surgery, two weeks of Urology, one week of Vascular Surgery, one week of Orthopaedic Surgery and one week of Anaesthesia and Intensive Care. The hospitals for General Surgery training are Mubarak Al-Kabeer, Al-Amiri, Farwania and Al-Adan. The students will rotate in either of two hospitals and are expected to keep a log book of various clinical problems faced during the rotation. They will practice and master certain skills, e.g. scrubbing, wound dressing, wound suturing and stitch removal, proctoscopy, sigmoidoscopy, NGT insertion, urinary catheterization etc. The clinical demonstration of common surgical problems will be carried out during ward duties. In the afternoon there are 25 seminars scheduled for each group rotating in Surgery. The students have to prepare and present the topic under the guidance and presence of a tutor. The seminars will be integrated and problem-oriented, whose objectives are to enhance students abilities to solve the various clinical problems and to discuss diagnostic and treatment modalities of surgical disease.

The sub-specialty training is designed to approach specific problems relating to specialty. They will spend one week of Urology at Al-Adan Hospital and one week of Orthopaedics in Al-Razi Hospital, rest will be in Mubarak Al-Kabeer Hospital.

All students should attend clinical conference every afternoon at the hospital.

The detailed description of all activities is printed in the Guidelines Handbook distributed to all tutors and students.

**Primary Care**

This three week course is intended to illustrate some of the aspects of Medicine which can best be studied in the Community setting.

The course aims to demonstrate:

1. The characteristics of Family Practitioner Care.
2. The prevalence and incidence of disease in the community and social implications of this.
3. The influence of social factors, e.g. the family, occupation, housing etc., on the presentation, impact, and management of disease.
4. To introduce students to the medical care system that exists outside the hospital.
5. To begin to understand the effects of social, environmental and emotional factors on the patient and on illness.

6. To begin to understand the role of the family doctor and the Primary Health Care Team and the appropriate use of the Health Centre as the first line of treatment and of hospital and specialist services.

7. To begin to understand the importance of the first medical contact and the doctor/patient relationship at the Health Centre and community level.

8. To learn about the unstructured way in which patients present their symptoms.

System of Assessments for the Clinical Programs

There is a system of continuous evaluation followed by final examination. The final grades are determined by the continuous assessment and the final examination.

The Faculty has adopted the system of external examiners who are expected to participate in final examinations, as well as in other Faculty activities, e.g. teaching, seminars, or joint research. The external examiners submit reports to the Dean on the standard and conduct of the examinations and other relevant issues.

There is a Board of Examiners to decide on the final grading of each student, taking into consideration his/her performance in all subjects.

The Faculty has adopted the system of resit examinations. Depending upon a student's performance in the various subjects, the Board of Examiners may decide on a resit examination, repetition of the year, or eventual dismissal from the Faculty.

Examination Regulations for the Clinical Program

The following guidelines are to assist the Vice-Dean (Academic) and the Dean in governing the final examinations, subject to the final approval of the Board of Examiners and/or the Faculty Council, as appropriate.

a. The pass mark in the final examination shall be sixty percent.

b. A student who has failed the clinical examination will not be promoted to the following year. A clear pass in the clinical examination is mandatory for the promotion of the student. The theory marks cannot compensate for the shortage of marks in clinical examination. The candidate must achieve a minimum of a pass grade in both theory and in the clinical examinations.

c. There shall be in-course assessments carried out throughout the program in Medicine, Surgery, Pathology, Pediatrics, Obstetrics and Gynaecology, Psychiatry and Community Medicine. The grades obtained in each assessment shall be considered in determining the final marks.
1. **First Clinical Year**

   **Regulations Governing Student Absence From Clinical Attachments During The First Clinical Year Program**

   a) There will be no final examinations in the first clinical year.

   b) There will be written in-course assessments at the end of each system course. There will be ten in-course assessments during the year and students must obtain an overall average of sixty percent or better in order to be eligible to proceed to the second clinical year.

   c) There will be continuous auditing during the clinical attachments and four major clinical assessments (2 in Medicine and 2 in Surgery). Students should pass all the clinical assessments with the minimum grade of sixty percent in each clinical assessment.

   d) In the case of a student who fails one or more clinical assessments and does not achieve an average of sixty percent over the ten in-course assessments, he/she shall repeat the year.

   e) In the case of a student who achieves sixty percent in the ten in-course assessments but fails one of the clinical assessments, the student will be asked to take a remedial period of clinical training during the summer in the failed discipline. Promotion to the second clinical year will be dependent on satisfactory performance during the remedial rotation and passing the clinical examination(s). Those students who fail to complete the remedial rotations satisfactorily and/or fail the clinical examination(s) will not be promoted to the 2nd Clinical year.

   f) Attendance of all lectures will be taken by the Departments. If any student misses more than twenty percent of the lecture attendance, the ad hoc committee of first clinical year Chairmen and the first clinical year program co-ordinator, convened by the Vice-Dean (Academic), will review the absence level and the overall performance of the students. This committee will decide the eligibility of those students who have excessive level of absence to enter the second clinical year program.

   g) In the case of a student who obtains more than an average of sixty percent in the clinical attachments but who fails to obtain an average of sixty percent for the ten in-course assessments, he/she shall repeat the year;

   h) Students should get a minimum of 40% in each system course assessment and those students who fail to score the minimum 40% in more than two system courses will be prevented from being promoted to the 2nd clinical year even if they have an average of 60% or more from the ten system courses and he/she shall repeat the year.

   i) Students who have obtained less than 40% in one or two system courses will be given a resit examination in August. They must score 60% or more in the
resit examination, in each system course, to be promoted to the 2nd clinical year. Only these students who have scored an overall average of 60% will be given resit examination.

j) Students who fail the year for a second time will be dismissed from the Faculty of Medicine.

2. Second Clinical Year

a) There will be final examinations in Paediatrics, Obstetrics and Gynaecology, Community Medicine and Psychiatry at the end of the academic year. The final examinations will contribute seventy percent to the final grade in each subject.

b) There will be end-of-course assessments which will contribute thirty percent to the final grade.

c) In the case of a resit examination, the grade obtained in the end-of-course assessment will be carried over.

d) A student who has unsatisfactory attendance, regardless of the reason, in one subject, will not be allowed to attend the end-of-course assessment for that subject.

i) If the period of absence is rectified before the final examination, the student will be given an end-of-course assessment before proceeding to the final examination.

ii) If the period of absence is not rectified before the final examination, the student will not be allowed to sit the final examinations in that subject. He/she will repeat the year and required to appear for the final examinations in the following June after undertaking courses/clinical rotations and the end-of-course assessment in the one subject in which he/she was absent. The student will be required to undertake clinical attachment(s) and/or courses in other disciplines of the 2nd clinical year program, as recommended by the Board of Examiners and Faculty Council.

iii) If the student fails the June examination, he/she will be given a resit examination in August/September after undertaking the clinical rotation in the summer period.

iv) Students who fail the August/September resit examination after having repeated the year will be dismissed from the Faculty of Medicine.

e) i) A student who has satisfied the end-of-course requirement but has failed to attend the June final examination in one subject, regardless of the reason will repeat the year and be required to appear for that subject in the following June final examination, after undertaking courses/clinical rotations. The student will be required to undertake clinical attachment(s)
and/or courses in other disciplines of the 2nd clinical year program, as recommended by the Board of Examiners and Faculty Council.

ii) If the student fails the June examination, he/she will be given a resit examination in August/September after undertaking a clinical rotation in the summer period.

iii) Students who fail the August/September resit examination after having repeated the year will be dismissed from the Faculty of Medicine.

f) i) A student failing in one subject in the final examination will be required to take a resit examination in the failed subject at the end of the summer holidays (August/September) after undertaking clinical rotation as recommended by the Board of Examiners and Faculty Council.

ii) A student who fails the resit examination in August/September in one subject will repeat the year and be required to appear in the following June final examination after undertaking the courses/clinical rotations and the end-of-course assessment in that subject. The student will be required to undertake clinical attachment(s) and/or courses in other disciplines of the 2nd clinical year program, as recommended by the Board of Examiners and Faculty Council.

iii) If the student fails the June examination, he/she will be given a resit examination in August/September after undertaking a clinical rotation in the summer period.

iv) Students who fail the August/September resit examination after having repeated the year will be dismissed from the Faculty of Medicine.

g) If a student has unsatisfactory attendance in more than one subject regardless of the reason, he/she will not be allowed to appear for the end-of-course assessment and final examinations in June. The student will be required to repeat the year, (in all subjects) and will be considered as a repeat student.

h) If a student satisfies the attendance requirement but fails the end-of-course assessment, the student shall be allowed to sit the final examination in June and carry the end-of-course assessment mark to be counted in the final grade.

i) A student failing in one clinical subject (i.e. Pediatrics, Psychiatry, Obstetrics & Gynaecology) and the Community Medicine course, will be required to take a resit examination in these failed subjects at the end of the summer holidays (August/September) after undertaking clinical rotation/courses as recommended by the Board of Examiners and the Faculty of Council.

j) A student failing in two clinical subjects (i.e. Pediatrics, Psychiatry, Obstetrics & Gynaecology) in the final examination will be required to repeat the year and will undertake clinical rotation in the two subjects in
which he/she failed and undertake clinical rotation in other disciplines as recommended by the Board of Examiners and Faculty Council.

k) Students who fail three or four subjects in the final examinations shall be required to repeat the whole year including the final examinations in all subjects.

l) Students who fail the year for a second time shall be dismissed from the Faculty of Medicine.

3. Third Clinical Year

a) There will be final examinations in Medicine and Surgery at the end of the academic year.

b) There will be incourse assessment, which will contribute twenty percent to the final grade.

c) In the case of a resit examination, the grade obtained in the incourse assessment will be carried over.

d) Candidates who fail in one subject in the June final examinations will be required to undertake clinical attachment as assigned by the Chairman of the department concerned and to take a resit examination in the failed subject in December/January, provided the student fulfills the clinical attachment prescribed by the department concerned.

e) Candidates who fail in two subjects in the final examinations will be required to undertake clinical attachments as assigned by the Chairman of the Departments concerned and to take a resit examination in the failed subjects in the following June, provided the student fulfills the clinical attachments prescribed by the Departments satisfactorily.

f) Candidates who fail in both the subjects in the June resit examination will be required to repeat the whole clinical year in the failed subject(s) and to take examinations in the next June.
g) Candidates who fail only one subject will be allowed to appear for the resit examination in the failed subject in the following December/January, provided the student fulfills the clinical attachments prescribed by the Departments satisfactorily.

h) Candidates who fail the resit examination in December/January will be required to undertake clinical attachments and to take examination in the failed subject in the following June.

i) Candidates who fail in any June final examinations for a third time shall be dismissed from the Faculty of Medicine.

GUIDELINES GOVERNING STUDENT ABSENCES FROM ASSESSMENTS, FINAL EXAMINATION AND CLASSES IN THE CLINICAL YEARS

1. Assessments
   a) Excused Absences: Excuse from appearing the assessment will be granted by the Dean/Vice-Dean (Academic) only for the following reasons:
      i. Admission of the student to the Government hospital as an inpatient;
      ii. Death of a first degree family member (father, mother, grandfather, grandmother, and siblings) of the student;
      iii. Other extenuating circumstances approved by the Dean/Vice-Dean (Academic) based on the recommendation of the Coordinators Committee/Examination Committee.

   b) A substitute assessment shall be given to a student who has proper reason for missing assessments and will take the actual grade;

   c) A mark of zero shall be given for any assessment which is missed without proper excuse;

   d) Students who are unable to appear for the assessment for reasons stated above 1(a) should inform the office of the Vice-Dean (Academic) their reason for missing the assessment within two working days.

2. Final Examinations
   a) Excused Absences: Excuse from appearing the final examination will be granted by the Dean/Vice-Dean (Academic) only for the following reasons:
      i. Admission of the student to the Government hospital as an inpatient;
ii. Death of a first degree family member of the student;

iii. Other extenuating circumstances approved by the Dean/Vice-Dean (Academic) based on the recommendation of the Coordinators Committee/Examination Committee.

b) A mark of zero and the grade "F" shall be given for any examination which is missed without proper excuse;

c) Students who absent themselves from the final examinations in any subject(s), without prior permission of the Dean/Vice-Dean (Academic) will not be allowed to appear for the resit examination in that subject(s).

d) A student who is excused as outlined in item 2(a), will have to appear for a make-up examination in August/September;

e) The final grade for the excused student will be computed in the same format as that of the final examination. This final grade will be recorded for the student.

GUIDELINES GOVERNING STUDENT ABSENCES (EXCUSED AND UNEXCUSED) FROM CLINICAL ATTACHMENTS IN THE CLINICAL YEARS

1. Attendance at hospital rotation is mandatory

2. Each clinical discipline must implement a system whereby daily attendance of each student on hospital rotations is strictly monitored. This should include both “sign-in” and “sign-out” by the student under the supervision of the tutor/coordinator.

3. Departments will maintain the log books and the students must ensure that their log book is signed by the concerned tutor every day.

4. Only those students who have excused absence as approved by the Dean/Vice-Dean (Academic) or unsatisfactory rotation for academic reasons will be allowed to repeat the rotations during the mid-semester break/summer break, as appropriate.

5. Students who have unsatisfactory rotation due to absence/late reporting will not be allowed to repeat the rotations and will treat that the student has failed that rotation.

6. Students who have “unsatisfactory rotations” will be prevented from appearing the subsequent system course assessment, and grade of “F” (0 marks) will be recorded in the student record.
PHASE III – CURRICULUM

Clinical years
Years 5, 6 and 7 of the medical curriculum
# Faculty of Medicine

**Health Sciences Centre**

**Kuwait University**

## Plan for Phase III Program

### Year I (5th Year) – First Clinical Year – 36 Weeks of Rotation

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### Year II (6th Year) – Second Clinical Year – 36 Weeks of Rotation

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<td>Obstetrics &amp; Gynaecology</td>
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### Year III (7th Year) – Third Clinical Year – 36 Weeks of Rotation

<table>
<thead>
<tr>
<th>Course</th>
<th>Duration</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatry</td>
<td>8 Weeks (8 CH)</td>
<td>05 80 708 / 709</td>
</tr>
<tr>
<td>Medicine</td>
<td>(including preinternship) 14 Weeks (18 CH)</td>
<td>05 80 706 / 707</td>
</tr>
<tr>
<td>Surgery</td>
<td>(including preinternship) 14 Weeks (18 CH)</td>
<td>05 75 706 / 707</td>
</tr>
</tbody>
</table>

Final Exam
# Course Requirements - Phase III Curriculum

**FIRST CLINICAL YEAR (5th year)**

<table>
<thead>
<tr>
<th>COURSE NO.</th>
<th>COURSE</th>
<th>CH</th>
</tr>
</thead>
<tbody>
<tr>
<td>05 80 504</td>
<td>Medicine</td>
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<tr>
<td>05 80 505</td>
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<td>7</td>
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<tr>
<td>05 75 504</td>
<td>Surgery</td>
<td>7</td>
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<tr>
<td>05 75 505</td>
<td>Surgery</td>
<td>7</td>
</tr>
<tr>
<td>05 10 504</td>
<td>Community Medicine</td>
<td>3</td>
</tr>
<tr>
<td>05 10 505</td>
<td>Community Medicine</td>
<td>3</td>
</tr>
<tr>
<td>05 00 502</td>
<td>Elective</td>
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**SECOND CLINICAL YEAR (6th year)**

<table>
<thead>
<tr>
<th>COURSE NO.</th>
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<th>CH</th>
</tr>
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<tbody>
<tr>
<td>05 80 604</td>
<td>Medicine</td>
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<td>Medicine</td>
<td>3</td>
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<tr>
<td>05 75 604</td>
<td>Surgery</td>
<td>3</td>
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<tr>
<td>05 75 605</td>
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<td>3</td>
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<tr>
<td>05 85 604</td>
<td>Pediatrics</td>
<td>7</td>
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<tr>
<td>05 85 605</td>
<td>Pediatrics</td>
<td>7</td>
</tr>
<tr>
<td>05 90 604</td>
<td>Obstetrics &amp; Gynaecology</td>
<td>7</td>
</tr>
<tr>
<td>05 90 605</td>
<td>Obstetrics &amp; Gynaecology</td>
<td>7</td>
</tr>
</tbody>
</table>

**THIRD CLINICAL YEAR (7th year)**

<table>
<thead>
<tr>
<th>COURSE NO.</th>
<th>COURSE</th>
<th>CH</th>
</tr>
</thead>
<tbody>
<tr>
<td>05 80 708</td>
<td>Psychiatry</td>
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</tr>
<tr>
<td>05 80 709</td>
<td>Psychiatry</td>
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<tr>
<td>05 80 706</td>
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<tr>
<td>05 80 707</td>
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<td>05 75 706</td>
<td>Surgery</td>
<td>9</td>
</tr>
<tr>
<td>05 75 707</td>
<td>Surgery</td>
<td>9</td>
</tr>
</tbody>
</table>

**Total : 120 CH**
Phase III, Curriculum

The first students start the final three years of study of the medical programme in the new curriculum in September 2009. In Year 5 three groups of students will rotate through clerkships in Medicine (12 weeks), Surgery (12 weeks) and a combined period with Community Medicine (7 weeks) and on an Elective (5 weeks). The Electives may be taken in Kuwait or abroad and are an opportunity to make more in-depth studies in an area that is a personal choice or experience overseas medical practice. The new curriculum is characterized by four major themes which run through the whole programme starting in Phase II: Basic and Clinical Science Theme, Professional and Behavioural Development Theme, Public Health Theme and the Clinical Competence Theme. Years 5-7 place a major emphasis on the latter theme. Throughout Phase III clinical PBL and activities delivered on Medical School Day will be significant in terms supporting student independent study during the three years, otherwise the main activities are clinical and hospital based. In all clinical activities there will be specific opportunities to integrate basic medical sciences with the clinical science being observed and practiced. Throughout the three year period about 30% of all scheduled weeks will remain unscheduled for self-directed independent study.

Core Clinical Competence and Procedural Skills and other Study Guidelines

Guiding students through their clinical studies are discipline based core clinical case competences published by each department. Together with the prescribed procedural skills and the theme outcomes, this makes the basis for the delivery of criterion referenced assessments. For every scheduled session there are learning objectives provided that make absence due to on-call or certified absence less significant. All core clinical case competences, procedures and Medical School Day materials are delivered with their objectives will become the subject of assessments.

Medical School Day

The format is flexible but will usually consist of two separate lecture sessions when more than one short lecture may be delivered in a single session. One seminar will be organised often with a multi-disciplinary theme. Finally each week a group of three students will organise the presentation of their own seminar before senior staff with relevant expertise. All activities, except the student led seminars, will be supported by the provision of learning objects and an overview of the each individual session. In Year 5 there will be 33 Medical School Days, divided between the three participating departments. The programme is non-repeating in a three year cycle. The programme will be published at least six months in advance.
Logbooks
Most clerkship rotations will require that students complete a logbook of their activities to provide evidence and a record of sufficient attendance or participation in required activities.

Year 5 Medical Clerkship
As students enter Phase III they are expected to demonstrate sufficient clinical skills to partake fully in student led clinical activities from the outset. Patient clerking, both on the wards and outpatients, note writing, presentations with patient demonstrations and small group tutorials are expected to be stressed. Every week a PBL case will be studied, one set of clinical notes will be submitted and marked by a clinical tutor and all activities on Medical School Day are compulsory. A selected number of procedural skills will be introduced in the Clinical Skills Lab.

Year 5 Surgical Clerkship
Surgical clerks will rotate through a series of postings in General Surgery, Urology and Orthopaedic Surgery. The dominant activity will be clinical activities based on hospital wards and will include attendance in the operating theatres, outpatient departments, patient clerking, student led presentations and demonstrations, on-call, weekly PBL and attendance for Medical School Days. There are a series of skills lab sessions planned to allow students to master prescribed procedural skills, such as male catheterisation.

Year 5 Community Medicine
During the seven week Community Medicine rotation, small groups of students will complete a Community Medicine research project or a health situation analysis, which will be presented as part of the student led seminars on one Medical School Day each rotation. Students will be prepared with lectures, learning topics, and small group tutorials for the task of carrying out the research project. On two Medical School Days each rotation, topics important to Public Health will be presented and discussed. Additionally, students will attend field visits to a variety of Community sites for further experience of the field of Community Medicine.

Year 5 Electives
All students will complete a five week elective of their own choosing. One group will have the option of combining this period with the preceding two week Mid-Winter. Specific instructions will have been circulated to those students who wish to spend this time overseas or Faculty of Medicine departments offering opportunities in
their departments. To guide these Elective activities will be a set objectives written by each student and approved by a departmental and or overseas supervisor. Although the Elective will receive credits towards their final grade, the completion of this period will be counted as satisfactory on submission of documented participation and production of a 2000 words summary showing evidence of successful fulfillment of the written objectives for the activities undertaken during this period.

Currently Faculty of Medicine offers the following elective courses in the Phase III program:

**Department of Anatomy**
- Dissection of Orbit and its contents
- Dissection of Lower Limb joints - Applied Anatomy
- Applied Anatomy of the hand and foot
- Dissection of Back, Vertebral column and spinal cord
- Dissection of the lower limb & applied anatomy of the lower limb joints

**Department of Radiology**
- Radiology

**Department of Medicine**
- Gastroenterology (Amiri)
- Gastroenterology (Mubarak)
- Cardiology (Mubarak)
- Neurology (Mubarak)
- Diabetes (Mubarak)
- Oncology (KCCC)
- Dermatology (Farwaniya)
- I.C.U (Amiri)

**Department of Surgery**
- Vascular Surgery (Mubarak)
- General Surgery (Mubarak)
- Urology (Mubarak)
- Urology (Amiri)

**Department of Community Medicine**
- Research Ethics
- Quality of Health Services : A basic ethical concept
- Child Abuse : We all can make a difference
- Patient’s Safety - Module 1
- Patient’s Safety - Module 2
- Community Eye Health:A Public Health Approach to Ophthalmology
Creative Writing
Occupational & Environmental Medicine
Social Dimensions of Aging and Health

**Department of Psychiatry**
Substance abuse disorders
Psychiatry in primary care (polyclinics)

**Department of Biochemistry**
Molecular Medicine in the Post Genomics Era
Introduction to Medical Nutrition

**Department of Pathology**
Clinical Forensic Medicine

The list of elective courses are subject to change.

**Year 6**

During this year two major specialties, Paediatrics and Obstetrics and Gynaecology, will present clerkships, while for both Surgery and Medicine there will be an opportunity to study relevant specialties in these disciplines. It is anticipated these latter specialty clerkships should allow students to broaden their experience contributing to an eventual choice of specialty or subspecialty as a field of further study after graduation.

**Year 6 Paediatric Clerkship**

Because of the nature of Paediatrics there will be a formal introduction to the clerkship rotations followed by nine weeks of clinical activities based on small groups in the paediatric units of the five hospitals used for teaching. The plan for weekly activities is similar to those outlined in the Year 5 clerkships.

**Year 6 Obstetrics and Gynaecology Clerkship**

Because of the nature of Obstetrics and Gynaecology there will be a formal introduction to the clerkship rotations followed by nine weeks of clinical activities based in small groups in the maternity units of the five hospitals used for teaching. The plan for weekly activities is similar to those outlined in the Year 5 clerkships. It can be noted that the introductory lectures and tutorials will be modified once the student cohort reaches this clerkship having experienced a reproduction Module in Phase II.
Year 6 Surgical Specialties Clerkship

Five specialties, Anaesthesia, Plastic and Vascular Surgery, ENT and Ophthalmology, will form the basis of this surgical clerkship: Much of what is delivered in the Year 5 clerkship will form the basis for the Year 6 delivery.

Year 6 Medicine Specialties Clerkship

A series of medical specialties will be scheduled for the student rotations in each clerkship. All four disciplines will contribute proportionately to Medical School Days with non-repeating activities for the whole three year period.

Year 7

The final year of Phase III will be divided into two major periods (a) three clerkships for Psychiatry, Medicine and Surgery, eight weeks each; followed by (b) two Pre-Internship periods in Medicine and Surgery. The psychiatry clerkship will be driven by inculcation of professional development and clinical competency within the context of the factual knowledge about the common psychiatric morbidity at the community and the general hospital level, expected from a fresh medical graduate. The Final Graduating Examination is a Pre-internship Examination, similar to what is delivered elsewhere and called a safety in practice test.

Assessments in Phase III

All clerkships in year 5 and 6 will contribute 40% of the final year mark in-course, with a series of discipline base assessment to be held at the end of the year contributing 60%. More exact details of all the assessment will be distributed to students at the beginning of the academic year.

Examination Regulations for the Clinical Program – Phase III Program

The following guidelines are to assist the Vice-Dean (Academic) and the Dean in governing the annual/final examinations, subject to the final approval of the Board of Examiners and/or the Faculty Council, as appropriate.

a. The pass mark in the final examination shall be sixty percent.

b. A student who has failed the clinical examination will not be promoted to the following year/allowed to graduate. A clear pass in the clinical examination is mandatory for the promotion/graduation of the student. The theory marks cannot compensate for the shortage of marks in clinical examination. The candidate must achieve a minimum of a pass grade in both theory and in the clinical examinations to be eligible to be promoted to the following year/graduation.
c. There shall be in-course assessments carried out throughout the program in Medicine, Surgery, Pediatrics, Obstetrics and Gynaecology, Psychiatry and Community Medicine. The grades obtained in each assessment shall be considered in determining the final marks.

d. All clinical students must be examined by the external examiner before being promoted to the following year/graduated.

1. First Clinical Year (Phase III – Year 1) – 5th year of Medical Program

a) There will be final examinations in Community Medicine, Medicine and Surgery at the end of the academic year. The final examinations will contribute sixty percent to the final grade in each subject.

b) There will be end-of-course assessments in Community Medicine, Medicine and Surgery which will contribute forty percent to the final grade.

c) In the case of resit examination, the grade obtained in the end-of-course assessment will be carried over.

d) The elective courses will be graded as pass/fail.

e) A student who has unsatisfactory attendance due to unexcused absence, in one subject, will not be allowed to attend the end-ofcourse assessment and an ‘F’ grade and a mark of ‘0’ will be awarded to that assessment.

f) i. A student who has satisfied the end-of-course requirement but has failed to attend the June final examination in one subject (in part/full) without excuse, will repeat the year and be required to appear for that subject in the following June final examination, after undertaking courses/clinical rotations and assessments. The student will be required to undertake clinical attachment(s) and/or courses in other disciplines of the 1st clinical year (Phase III- Year-1) – 5th year of Medical Program, as recommended by the Board of Examiners and Faculty Council.

   ii. If this student fails the June examination, he/she will be given a resit examination in August/September after undertaking a clinical rotation during the summer period.

   iii. Students who fail the August/September resit examination after having repeated the year will be dismissed from the Faculty of Medicine.

g. i. A student failing in one subject in the final examination will be required to take a resit examination in the failed subject at the end of the summer holidays (August/September) after undertaking clinical rotation as recommended by the Board of Examiners and Faculty Council.
ii. A student who fails the resit examination in August/September in one subject will repeat the year and be required to appear in the following June final examination after undertaking the courses/clinical rotations and the end-of-course assessment in that subject. The student will be required to undertake clinical attachment(s) and/or courses in other disciplines of the 1st clinical year program, as recommended by the Board of Examiners and Faculty Council.

iii. If this student fails the second June examination, he/she will be given a resit examination in August/September after undertaking a clinical rotation in the summer period.

iv) Students who fail the August/September resit examination after having repeated the year will be dismissed from the Faculty of Medicine.

h) If a student has unsatisfactory attendance in more than one subject regardless of the reason, he/she will not be allowed to appear for the end-of-course assessment and final examinations in June. The student will be required to repeat the year, (in all subjects) and will be considered as a repeat student.

i) If a student satisfies the attendance requirement but fails the end-of-course assessment, the student shall be allowed to sit the final examination in June and carry the end-of-course assessment mark to be counted in the final grade.

j) A student failing in one clinical subject (i.e. Medicine or Surgery) in the final examination and the Community Medicine course, will be required to take a resit examination in these failed subjects at the end of the summer holidays (August/September) after undertaking clinical rotation/courses as recommended by the Board of Examiners and the Faculty of Council.

k) A student failing in both the clinical subjects (i.e. Medicine and Surgery) in the final examination will be required to repeat the year and will undertake clinical rotation and examinations in the two subjects in which he/she failed and undertake clinical rotation in other disciplines as recommended by the Board of Examiners and Faculty Council.

l) Students who fail three or four subjects (including elective) in the final examinations will be required to repeat the whole year including the final examinations in all subjects.

m) Students who fail to obtain the pass grade in elective course will be given a remedial assessment in the form of an essay assessment to be evaluated by a
committee appointed by the Vice-Dean (Academic) provided the student has passed at least two subjects in the June final examinations.

n) A pass grade in the electives will be mandatory before being promoted to the 2nd clinical year (Phase III – Year 2) - 6th year of medical program.

o) Students who fail the year for a second time shall be dismissed from the Faculty of Medicine.

p) Students who are prevented from the end-of-course assessment/final examinations for any reasons will forfeit their right to have resit examination.

2. **Second Clinical Year (Phase III – Year 2) – 6th year of medical program**

   a) There will be final examinations in Pediatrics, Obstetrics and Gynaecology, Medicine and Surgery.

   b) There will be end-of-course assessments in all disciplines. The end-of-course assessments will contribute 40% to the final grade.

   c) In the case of a resit examination, the grade obtained in the end of course assessment will be carried over.

   d) A student who has unsatisfactory attendance due to unexcused absence, in any one subject, will not be allowed to attend the end-of-course assessment and an ‘F’ grade and a mark of ‘0’ will be awarded to that assessment.

   e) i) A student who has satisfied the end-of-course requirement but has failed to attend the June final/annual examination in one subject (in part/full) without excuse, will repeat the year and be required to appear for that subject in the following June final examination, after undertaking courses/clinical rotations. The student will be required to undertake clinical attachment(s) and/or courses in other disciplines of the 2nd clinical year program (6th year), as recommended by the Board of Examiners and Faculty Council.

      ii) If the student fails the second June examination, he/she will be given a resit examination in August/September after undertaking a clinical rotation in the summer period.

      iii) Students who fail the August/September resit examination after having repeated the year will be dismissed from the Faculty of Medicine.

   f) i) A student failing in one subject in the final /annual examination will be required to take a resit examination in the failed subject at the end of the summer holidays (August/September) after undertaking clinical rotation as recommended by the Board of Examiners and Faculty Council.
ii) A student who fails the resit examination in August/September in one subject will repeat the year and be required to appear in the following June final/annual examination after undertaking the courses/clinical rotations and the end-of-course assessment in that subject. The student will be required to undertake clinical attachment(s) and/or courses in other disciplines of the 2nd clinical year program (6th year), as recommended by the Board of Examiners and Faculty Council.

iii) If the student fails the following June examination, he/she will be given a resit examination in August/September after undertaking a clinical rotation in the summer period.

iv) Students who fail the August/September resit examination after having repeated the year will be dismissed from the Faculty of Medicine.

g) If a student has unsatisfactory attendance in more than one subject regardless of the reason, he/she will not be allowed to appear for the end-of-course assessment and the final examinations in June. The student will be required to repeat the year, (in all subjects) and will be considered as a repeat student.

h) If a student satisfies the attendance requirement but fails the end-of-course assessment, the student shall be allowed to sit the final/annual examination in June and carry the end-of-course assessment mark to be counted in the final grade.

i) A student failing either in Pediatrics or Obstetrics and Gynaecology will be required to take a resit examination in the failed subject at the end of the summer holidays (August/September) after undertaking clinical rotation as recommended by the Board of Examiners and Faculty Council.

j) A student failing either in Pediatrics or Obstetrics and Gynaecology and either Medicine or Surgery will be required to take a resit examination in the failed subjects at the end of the summer holidays (August/September) after undertaking clinical rotations as recommended by the Board of Examiners and Faculty Council.

k) A student failing either Medicine or Surgery or both, but passes both Obstetrics and Gynaecology and Pediatrics will be required to appear for resit examination in the failed subject(s) at the end of the summer holidays (August/September) after undertaking clinical rotations as recommended by the Board of Examiners and Faculty Council.

l) Students who fail the resit examinations will be required to repeat the year and will undertake clinical rotations in the subject(s) in which he/she has
failed and undertake clinical rotation in other disciplines as recommended by the Board of Examiners and Faculty Council.

m) Students who fail the August/September resit examination after having repeated the year will be dismissed from the Faculty of Medicine.

n) Students who fail three or four subjects in the final examinations shall be required to repeat the whole year including the final examinations in all subjects.

o) Students who fail the year for a second time shall be dismissed from the Faculty of Medicine.

p) Students who are prevented from the end-of-course assessment/final examinations for any reasons will forfeit their right to have resit examination.

3. Third Clinical Year (Phase III – Year 3) - 7th year of medical program

a) There will be final examinations in Medicine, Surgery and Psychiatry at the end of the academic year.

b) There will be end of course assessment in Psychiatry which will contribute forty percent to the final grade.

c) In the case of a resit examination, the grade obtained in the end of course assessment will be carried over.

d) Satisfactory attendance is mandatory before allowing the students to attend the end-of-course assessment and/or final examinations.

e) Candidates who fail in one subject in the June final examinations will be required to undertake clinical attachment as assigned by the Chairman of the Department concerned and to take a resit examination in the failed subject in December/January, provided the student fulfills the clinical attachment prescribed by the department concerned.

i) Candidates who fail the December/January resit examinations will be required to undertake clinical attachment, and to take the examinations in the failed subject in the following June.

ii) Candidates who fail examination in the following June will be required to take resit examination in the failed subject in the following December/January, provided, the student fulfills the clinical attachment prescribed by the department concerned.

iii) Candidates who fail the resit examination in December/January for the second time will be required to undertake clinical attachments and to take the examinations in the failed subject in the following June.
iv) Candidates who fail in any June final examinations for a third time shall be dismissed from the Faculty of Medicine.

f) Candidates who fail either Medicine or Surgery and Psychiatry in the June final examinations will be required to undertake clinical attachments as assigned by the Chairmen of the Departments concerned and to take a resit examination in the failed subjects in December/January, provided the student fulfills the clinical attachment prescribed by the departments concerned.

i) Candidates who fail the December/January resit examinations will be required to undertake clinical attachment, and to take the examinations in the failed subjects in the following June.

ii) Candidates who fail examination in the following June will be required to take resit examination in the failed subject in the following December/January, provided, the student fulfills the clinical attachment prescribed by the department concerned.

iii) Candidates who fail the resit examination in December/January for the second time will be required to undertake clinical attachments and to take the examinations in the failed subject in the following June.

iv) Candidates who fail in any June final examinations for a third time shall be dismissed from the Faculty of Medicine.

g) Candidates who fail the examination in Medicine and Surgery in the final examinations will be required to undertake clinical attachments as assigned by the Chairmen of the Departments concerned and to take a resit examination in the failed subjects in the following June, provided the student fulfills the clinical attachments prescribed by the Departments satisfactorily.

i) Candidates who fail both the subjects in the June resit examination will be required to repeat the whole clinical year in the failed subjects and to take examinations in the next June.

ii) Candidates who fail only one subject in the second June examination will be allowed to appear for the resit examination in the failed subject in the following December/January, provided the student fulfills the clinical attachments prescribed by the concerned Department satisfactorily.

iii) Candidates who fail this resit examination in December/January will be required to undertake clinical attachments and to take examination in the failed subject in the following June.
iv) Candidates who fail in any June final examinations for a third time shall be dismissed from the Faculty of Medicine.

h) Candidates who fail all the three subjects in the June final examinations will be required to undertake clinical attachments as assigned by the Chairmen of the Departments concerned and to take a resit examination in the failed subjects in the following June, provided the student fulfills the clinical attachments prescribed by the Departments satisfactorily.

i) Candidates who fail all the three subjects in the June resit examination will be required to repeat the whole clinical year in the failed subjects and to take resit examinations in the next June.

ii) Candidates who fail two subjects in the second June final examination will be required to appear for the resit examination in the failed subjects in the following December/January, provided the student fulfills the clinical attachments prescribed by the Departments satisfactorily.

iii) Candidates who fail the resit examination in December/January will be required to undertake clinical attachments as assigned by the Chairmen of the Departments concerned and to take a resit examination in the failed subjects in the following June, provided the student fulfills the clinical attachments prescribed by the Departments satisfactorily.

iv) Candidates who fail any subject(s) in any June final examinations for a third time shall be dismissed from the Faculty of Medicine.

v) Students who are prevented from appearing the final examinations will be awarded with a “F” grade (0’ marks) and they are not eligible to appear for the resit examination. Students who are prevented from the final examinations will repeat the year. If they are already repeaters, they will be dismissed from the Faculty of Medicine.

4. Standards

An absolute standard of 60% will be used as the pass mark in all summative examinations for student promotion.

5. Resit Examination

1. Resit examinations will be given only for the final examination.

2. A candidate who obtains a final grade <60% will be allowed to take a resit examination.

3. Any student who fails the resit examination in Year 5 and 6 may repeat the year once. If he/she fails in the resit examination at the end of the repeat
year, he/she shall be dismissed from the Undergraduate Medical Program of the Faculty of Medicine. The final year students are allowed a total of three years to complete the third clinical year (year 7) program.

4. The format of the resit examination will be similar to that of the final examination.

5. The final grade for the resit examination will be computed in the same format as that of the final examination grade, including the end of course assessment grades.

6. The resit examination will be conducted during August/September, except for the third clinical year which will be in December/January.

7. A maximum of “C” (60% marks) grade will be awarded to a passing student in the resit examination.

8. Students who are appearing the make-up examination due to excused absence from the final/annual examination will get the actual grade.

9. Students who are prevented from appearing the final examinations will be awarded with a “F” grade (‘0’ marks) and they are not eligible to appear for the resit examination. Students who are prevented from the final examinations will repeat the year. If they are already repeaters, they will be dismissed from the Faculty of Medicine.

6. External Examiners

1. External examiners will be invited to participate in the process of final/annual examination.

2. An oral examination in the presence of the external examiner may be given to those students who are borderline failures by 3% marks (i.e. scoring 57%-59%) and to those candidates considered for distinction (A-grade and above) for possible promotion of them to the next grade. No oral examination will be given as part of the resit examination.

7. Assessment/Examination Format

Most of the following formats will be used in the assessments/final examinations:

1. MCQ (multiple choice questions)
2. EMQ (extended matching type questions)/EMQ (Extended Matching Questions)
3. Short notes
4. OSCE (Objective structured clinical examination)
5. Clinical examinations
8. Regulations

8.1. Assessments

1. There will be the provision of a make-up assessment for those candidates who have a valid excuse granted by the Dean/Vice-Dean (Academic) according to Faculty of Medicine regulations. Excuses from appearing the assessments will be granted for the following reasons only:
   a. Admission of the student to the Government hospital as an inpatient, with an authenticated report from the hospital administration.
   b. Death of a first degree family member (Grandfather, Grandmother, Father, Mother and siblings) of the student.
   c. Other extenuating circumstances approved by the Dean/Vice Dean (Academic) based on the recommendation of the Examination Committee.

2. A make-up assessment shall be given to a student who has a valid reason for missing assessments and will receive the actual grade obtained.

3. A mark of ‘zero’ (grade F) will be given for any assessment which is missed without proper excuse.

4. The student who is unable to appear in an assessment for any reason stated above shall inform the office of the Vice-Dean (Academic) his/her reason for missing the assessment within two working days following the assessment.

5. Students who are prevented from appearing the end of module assessment for any reason will forfeit their right to have resit examination.

8.2. Final/Annual Examination

a. The pass mark will be sixty percent.

b. Excused absence: Excuse from appearing the final examination will be granted by the Dean/Vice-Dean (Academic) only for the following reasons:
   i) Admission of the student to the Government hospital as an inpatient, with an authenticated report from the hospital administration.
   ii) Death of a first degree family member (Grandfather, Grandmother, Father, Mother and siblings) of the student.
iii) Other extenuating circumstances approved by the Dean/Vice Dean (Academic) based on the recommendation of the Examination Committee.

c. The student who is unable to appear in an assessment for any reason stated above shall inform the office of the Vice-Dean (Academic) his/her reason for missing the assessment within two working days following the assessment.

d. Candidates who absent themselves from final/annual examination without prior permission of the Dean/Vice-Dean Academic will not be allowed to appear in the resit examination.

e. Candidates who miss a final/annual examination without a valid excuse as approved by the Vice-Dean, Academic will be granted zero (F grade).

f. There will not be any make-up examination following the final/annual examination.

g. However, those candidates who have an excused absence according to criteria outlined in 8.2.(2), will appear in the resit examination in August/September or December/January as appropriate and shall get their actual grade. However, if such a student fails the resit exam, he/she will repeat the year/dismissed from the Faculty of Medicine, as appropriate. He/She will not be given another examination, should he/she fail the resit examination in August/September or December/January. The final grade in this resit examination will be computed in the same format as that of the final examination grade, including the end of course assessment grades.

h. Students who are prevented from appearing the final examinations for any reason will forfeit their right to have resit examination.

8.3. Attendance

An attendance record shall be kept for all PBLs, Clinical sessions, small group teaching, Medical School Days, lectures, practical and tutorials;

1. PBLs/Clinical Skills/Clinical sessions

   a. Attendance is mandatory. Excuses will be granted by the Dean/Vice-Dean (Academic) only;
b. Students who are absent from these sessions without excuse will not be allowed to appear for the end of course assessment/final/annual examinations and will be awarded an "F" grade for that subject;

c. Students who are prevented from appearing the end of course assessments in two or more subjects will not be allowed to proceed to the subsequent rotations;

d. Absence in clinical sessions, PBLs must be repeated, in case of accepted excuse, in order to be admitted to examination.

2. **MSD activities/Practical/ Tutorials/Lectures**

   Attendance is compulsory and an absence exceeding 20% from these will prevent the student from appearing the final examinations at the end of the relevant program. The absence will be calculated for the duration of the whole program. Students prevented from appearing the final examinations due to excess absence will not be allowed to appear for the resit examination.

9. **Guidelines Governing Student Absences (Excused and Unexcused) from Clinical Attachments in the Clinical Years**

   i) Attendance at hospital rotation is mandatory.

   ii) Each clinical discipline must implement a system whereby daily attendance of each student on hospital rotations is strictly monitored. This should include, both "sign-in' and 'sign-out' by the student under the supervision of the tutor/coordinator.

   iii) If a student has any excused absence, this should be made up by repeat rotation, unless recommended otherwise by the Department and approved by the Vice-Dean (Academic).

   iv) Absence in clinical sessions, PBLs must be repeated in case of accepted excuse in order to be admitted to examination.

   v) Students who do not fulfill the attendance requirements will be prevented from appearing the end of block assessment and a mark of zero ("F" grade) will be awarded for that exam.

   vi) Failure to make up any absence at hospital rotations, unless approved by the Vice-Dean (Academic), will prevent the student from appearing the final examination in that subject/promotion to the following year, as applicable.
Students prevented from appearing the final examinations due to excess absence will not be allowed to appear for the resit examination.

vii) Absence in clinical rotations, PBLs and Medical School Day will be taken into account while awarding the end of module assessment marks. Absence in these components will reduce the percentage of marks awarded.

10. Phase III Examination Committee

The Phase III Examination Committee is appointed by the Dean’s Executive Committee. This committee will be responsible to analyze the questions and the examination results. The result of the Phase III examinations must be endorsed by this committee before publication. The Committee is free to invite the Chairman/Chairperson of the clinical departments whenever necessary.

The meeting of this committee, which finalizes the final examination result will be attended by the concerned Departmental Chairman/ Chairperson, Dean, Vice-Dean Academic Affairs and the Faculty Secretary.
Centre for Medical Education (CME)

The Centre was re-established in 2006 to assist with the introduction of the New Curriculum in the Faculty of Medicine. The overall mission of the Centre has been to provide leadership for the Faculty of Medicine’s undergraduate medical programme and support its educational mission. The Centre provides the following services:

- Support the planning and review of the new curriculum’s three phases.
- Assist the delivery of scheduled teaching, learning resources and associated programmes.
- Provide management services for the curriculum framework.
- Hold workshops to enhance faculty development with new educational skills.
- Organise quality assurance indicators for all aspects of the new curriculum.
- Enhance the delivery of high quality student assessment
- Develop innovations to support the delivery of a world class educational experience.
- Introduce and encourage Faculty in the use of Best Evidence Medical Education.
- Promote the Faculty of Medicine as a centre of excellence in medical education.
- Initiate scholarship and research in the field of medical education.

The Centre works closely with appointed Faculty who coordinate and direct all phases and components of the programme, including module coordinators, phase committees, assessment committees, coordination groups and ad hoc planning groups. The new curriculum is a complex mesh of structures that are linked through common threads based on outcomes, themes and week learning objectives. To maintain the cohesion needed a series of designated administrators work within the Centre ensuring Faculty policies and guidelines are implemented in the delivery at every stage of the programme. The Centre is supervised by the Vice Dean Academic Affairs.
ACADEMIC ACCREDITATION UNIT (AAU)
ACADEMIC ACCREDITATION UNIT (AAU)

The AAU, established in October 2008 by the Dean, under the supervision of the Vice-Dean (Academic) comprises a Chairman and five members. The functions of the Unit are to:

- Directly supervise the academic accreditation process;
- Provide a comprehensive plan for obtaining accreditation;
- Communicate and coordinate with reviewers and delegations of academic accreditation from abroad;
- Set up the reviewing process;
- Organize workshops and seminars on academic accreditation;
- Monitor and prepare reports on the implementation of external assessors’ recommendations;
- Liaise with the Assistant Vice-President for academic affairs on academic accreditations;

A comprehensive proposal for re-assessment of the medical school by external assessors has been developed and is currently awaiting financial approval.
HEALTH SCIENCES CENTER LIBRARY REGULATIONS
HEALTH SCIENCES CENTRE LIBRARY ADMINISTRATION

The HSCL Administration aims to facilitate information flow in support of education, research, patient care and to provide biomedical information services to health professionals and students throughout Kuwait and the Gulf region.

HOURS

**Academic Semester**

Sunday – Thursday 8:00 a.m. - 9:00 p.m.
Saturday 8:00 a.m. - 2:00 p.m.

**Semester Break**

Sunday – Thursday 8:00 a.m. - 2:00 p.m.
4:00 p.m. - 9:00 p.m.
Saturday 8:00 a.m. - 2:00 p.m.

**Holy Month of Ramadan**

Sunday – Thursday 9:30 a.m. - 1:30 p.m.
8:00 p.m. - 12:00 midnight
Saturday 9:30 a.m. - 1:30 p.m.

RESOURCES

1) **Periodicals:** A total of 4300 Electronic journals that are accessible from the library homepage and 96 current print titles are arranged alphabetically in the periodical area (second floor of the new building). Details of the subscribed titles are searchable from the Online Library Catalog.

2) **Reference Collection:** The reference collection contains encyclopedias, dictionaries, directories and indexes to provide quick, concise answers. This collection is located adjacent to the reference desk and is available for in-house use.

3) **Books:** The HSCL Administration has 31738 book volumes. Books are arranged by call number and are located at the circulation display area (First floor of HSC new building).

4) **Reserve Collection:** The reserve collection is located adjacent to the circulation desk. It includes both, items designated by the faculty for their course usage, as well as, highly used core texts, which require limited circulation.

5) **Audiovisuals:** HSCL Administration has audiovisual collection of 2128 which includes videocassettes, slides, CD-ROMS and other media. Original audiovisual materials are restricted to in-house use (Third floor of HSC new building).
6) **Databases:** HSCLA provides a wide range of databases such as:

- Ovid Databases
  - EBM Reviews: ACP Journal Club Best Evidence
  - EBM Reviews: Cochrane Database of Systematic Reviews
  - EBM Reviews: Database of Abstracts of Reviews of Effectiveness
  - International Pharmaceutical Abstracts
  - Medline
- Access Anesthesiology
- Access Emergency Medicine
- Access Medicine
- Access Pharmacy
- Access Surgery
- Analytical Abstracts
- BMJ Learning
- BMJ OnExamination
- Cancer Information Group (CIG)- Clinical Oncology Journals
- CINAHL Plus
- Clinical Pharmacology
- Cochrane Library
- DYNAMED
- EMBASE: Biomedical Answers
- Essential Evidence Plus
- Global Books in Print
- ISI Web of Knowledge Databases
  - Conference Proceedings Citation Index- Science (CPCI-S)
  - Proceedings Citation Index- Social Sciences & Humanities (CPCI-SSH)
  - Current Contents Connect
  - Derwent Innovations Index
  - ISI Essential Science Indicators SM
  - ISIHSCentralPlus
  - Journal Citation Reports
  - Science Citation Index Expanded (SCI-Expanded)
  - Social Sciences Citation Index (SSCI)
  - Web of Science
- JAMAevidence
- MD Consult
- Medicines Complete
  - British National Formulary
  - British National Formulary for Children
  - Pharmaceutical Excipients
- MICROMEDEX
- Natural Medicines Comprehensive Database
- Procedures Consult
- PsycINFO
- PsycArticles
- SciVerse Scopus
- Springer Protocols
- STAT!Ref
- Ulrich’s Periodical Directory
- Up-to-date

All these databases are accessible from any workstation at the Health Sciences Center.

7) **Digital Collection:** A collection of 939 electronic books, 392 CD-ROMS English and Arabic, 237 audio cassettes and 1048 videos.

8) **HSC Publications:** HSCL Administration has created a database with all the publications of HSC staff before and after its inception. Those who wish to add their publications can submit the print format of the publication to the Automation and Literature Search Department in the library.

9) **Kuwait Health File:** It is a major project created by HSCL Administration. It attempts to include all publications related to health problems in Kuwait in the field of Medicine and Allied Health Sciences contributed by the residents of Kuwait. Kuwait Health File contains fields for journal articles, books, book chapters, conference proceedings and reports. Those who wish to add their publications may submit the print format to the Automation and Literature Search Department in the library.

10) **Dissertations and Theses:** HSCL Administration has maintained a Database of Dissertations and Theses of Health Sciences Center staff and students. Print copies are located in HSCL Administration as special collection. Dissertations and Theses are cataloged, and can be identified through Library Online Catalog.

11) The Health Sciences Center Library Administration’s homepage can be accessed using the following URL:

   [http://horizon.hsc.edu.kw/library](http://horizon.hsc.edu.kw/library)

**DEPARTMENTS AND LIBRARY SERVICES**

The Health Sciences Center Library Administration offers a variety of services that facilitate the effective use of information resources on campus and at remote sites.

**Acquisitions:**
- Adding new library materials to the available library collection.
- Processing Faculty staff requests for library resources such as books, reference journals, databases and audiovisual materials needed for educational process.
- Following up Faculty staff requests.
- Following up with local and external vendors through emails or direct contact.
- Receiving library materials from the vendors and claim not received items.
- Applying Dynix – Acquisitions modules in order to automation acquisitions process.

**Cataloging:**
- The library applies the "National Library of Medicine" (NLM) classification to catalog library collections such as books, references, software and audiovisual materials.
- Using Dynix-cataloging module to enter different library materials in the Library Management System, in order to facilitate the search through the library “Online Catalog”.
- Current awareness to update the Faculty with latest available resources in the library either through emails or the library homepage new arrivals.

**Circulation:**
- Implement library policies on HSCL Administration members.
- Assist patrons in using library catalog.
- Place course materials on reserve.
- Conduct library orientations and tours for staff and students.
- Register of borrowing privileges.

**Reference and Journals:**
- Answer reference queries.
- Assist in the use of library resources print and electronic.
- Perform citation verification for bibliographies.
- Perform medicated literature search.
- Instruct patrons on database selection and usage.
- Conduct library orientations and training for students on how to use the resources available in the library.

**Automation & literature search:**
- Wide variety of medical databases caters the users need to access medical information online.
- Provides a rich collection of 4300 full text electronic journals.
- Provides e-books databases.
- Remote access through Athens on personal request by staff and students.
- Literature Search Department provides high quality services to students and staff of four faculties and other health professionals. It provides easy accessibility to hands on practice at the time of training for the large group of students and faculty members. In addition to the availability of Online library orientation, guides and tutorials that can be accessed from the library homepage.
Audiovisual Materials:
- It houses audiovisual materials in support of the teaching programs in the University such as Videos, CD’s, Laser Discs, Slides, Kits and Softwares.
- Implement library borrowing policies on HSCL Administration members.
- Assist patrons in using library catalog for audio-visual material.

Training:
- Conduct library orientations and trainings on library resources for HSC Staff, Students and other Healthcare Professionals.
- Provide individual and group training sessions for HSC Faculty members, Students and other professionals in the medical field.
- Prepare hands-on practices for training sessions.
- Correspondence with publisher trainers for conducting training sessions for HSC on library databases.
- Prepare announcements & invitations to HSC Staff and Students.
- Instruct patrons on accessing library resources (on campus & off campus).
- Prepare library guides & tutorials.

Marketing Resources:
- Market Library Resources.
- To develop internal communication messages that ensure HSC Faculty, staff and students remain informed about activities, services, forthcoming training or any newly added resources to the library collection.
- Plan, develop and implement programs that draws people to the library and motivates them to utilize library resources and services.

Interlibrary Loan:
- Journal articles which are not available in the HSCL Administration can be procured by staff and students through Interlibrary Loan facility.
- Correspondence with British Library as well as Infotrieve to facilitate electronic document delivery transactions.
- Correspondence with GCC libraries.
- Resource sharing among medical libraries in the Arab World.

Library System:
- Designs and updates HSCL Administration websites and maintains its databases to locate articles, electronic books and other information to support staff and students.
- Use multi-media PC to create presentations with audio and video content or scan images.
- Updated “Union Database” with 18 libraries from the Arabian Gulf countries and the middle east countries is accessible from the library’s homepage.
- More than 80 computer workstations throughout the library provide access to the World Wide Web as well as the productivity software such as Microsoft Office and to the campus network.
- HSCL Administration provides wireless connectivity throughout the building. You may also connect your own laptop to the KU Wi-Fi.
- Provides assistive technology for library users with special needs.

CIRCULATION POLICY

- HSC Faculty, Staff and Students need the following to obtain library membership:

<table>
<thead>
<tr>
<th>HSC Staff</th>
<th>Copy of University ID &amp; Civil ID</th>
<th>1 Photograph</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Copy of University ID &amp; Civil ID</td>
<td>2 Photographs</td>
</tr>
<tr>
<td>MoH Professional</td>
<td>Copy of Work Center ID &amp; Civil ID</td>
<td>1 Photograph + KD.40/-</td>
</tr>
<tr>
<td>Private Health Professional</td>
<td>Copy of Work Center ID &amp; Civil ID</td>
<td>1 Photograph + KD. 80/-</td>
</tr>
</tbody>
</table>

- Library members are entitled to the following loan privileges:

<table>
<thead>
<tr>
<th></th>
<th>HSC Faculty</th>
<th>HSC Staff</th>
<th>HSC Students</th>
<th>Postgraduate Students/Clinical Tutors</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Books</td>
<td>10 books for one month</td>
<td>5 books for one month</td>
<td>5 books for two weeks</td>
<td>5 books for one month</td>
<td>3 books for one month</td>
</tr>
<tr>
<td>Reserve Books</td>
<td>1 book for two working hours</td>
<td></td>
<td></td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Audio &amp; Video tapes</td>
<td>3 items for three days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slides</td>
<td>3 sets for three days</td>
<td></td>
<td></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Journals</td>
<td>3 issues for two hours</td>
<td></td>
<td></td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>
Reserve book is to be checked out for two hours or overnight, weekends and throughout National holidays and are to be returned on the first working day.
Periodicals, reference materials, microfilms, computer software, CD’s and laser disc are restricted to in-house use.
Periodicals are restricted to be checked out for faculty staff only for two hours.
Borrowing privileges will be suspended for overdue materials or unpaid fines.

<table>
<thead>
<tr>
<th>Item</th>
<th>Fine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Book</td>
<td>Fils 0.250/day</td>
</tr>
<tr>
<td>Reserve Book</td>
<td>Fils 0.250/2-hour delay &amp; KD 1/day</td>
</tr>
<tr>
<td>Audiovisual Materials</td>
<td>Fils 0.250/day</td>
</tr>
</tbody>
</table>

INTERLIBRARY LOAN POLICY

- HSC Faculty is entitled to obtain 20 articles per academic year free of charge from commercial document suppliers. Requester must sign interlibrary loan form to declare that the article is required for private study/research, and it is not for commercial purpose, in order not to pay the copyright fees.
- Students are eligible to obtain interlibrary loan for a fee.
- Turnaround time for a journal article is 48 hours and two weeks for books.

LITERATURE SEARCH POLICY

- HSC Faculty is entitled to mediated literature search free of charge.
- Other HSC members, Clinical tutors and Students are entitled to conduct free literature search, and are charged for print out.
- Non-HSC members are entitled to conduct literature search for a fee.

PHOTOCOPY POLICY

- Photocopy requests are usually completed within one working day.
- Self-service photocopying is available.
- Photocopying is permissible only for the materials held in the library.

<table>
<thead>
<tr>
<th>Eligible</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSC Faculty</td>
<td>600 pages/year</td>
</tr>
<tr>
<td>Students</td>
<td>-</td>
</tr>
<tr>
<td>Clinical Tutors</td>
<td>200 pages/year</td>
</tr>
<tr>
<td>Non-HSC members</td>
<td>-</td>
</tr>
</tbody>
</table>

Visit HSCL Administration homepage for more details:

http://horizon.hsc.edu.kw/library/
TECHNICAL SUPPORT ADMINISTRATION (TSA)
The Technical Support Administration (TSA) maintains state-of-the-art facilities to keep its professionals well connected, knowledgeable and aware of advances in science and technology. Established in 1989, its objectives are directed towards the active automation of the activities and operations of the Health Sciences Center and fulfilling the teaching and research computerization requirements of four HSC faculties, library and other centers.

The strategic plan is to establish a well organized, efficient, advanced and reliable administration to maintain and promote the overall mission and objective of the Health Sciences Center for professional excellence.

Technical support

TSA provides professional assistance to solve the technical problems, whether it is software or hardware, to all the HSC staff and students.

PC labs and special equipments room

TSA currently provides 9 PC labs. There are 8 labs (with 224 PC’s) and one special equipment lab with 19 PC’s, which makes a total of 243 PC’s. In Special Equipment lab there are 19 PC’s with 19 scanners and in addition one slide scanner (projector slides). There are 8 black/white printers and one color printer. In addition to the software Adobe Acrobat Professional there is Adobe Photoshop in special equipment lab.

The labs are always updated with latest hardware and software. 5 PC labs are equipped with a ceiling projector connected to the instructor PC for instant teaching. The 4 PC teaching labs have LCD TVs to view lab courses schedule. These teaching labs have a files management system that allows the teacher to distribute any file to all students PCs in the lab and to collect files back.

The following software is installed on each of the 243 PC’s:

- Windows 7 Ent. (operating system)
- SPSS (Statistical Package)
- EndNote X4
- Stata (Statistical Package)
- Antivirus
- All needed software and utilities to run multimedia files.

All PC’s are connected to the HSC Network and the Internet.
Centralized Print Server facilitates one color laser printer and 8 fast black/white laser printers connected to the network for printing services, 4 in four labs (one in each PC teaching lab) and 4 printers in shared facility area.

**PC and e-mail accounts**

The TSA provides service for students and staff to access the PC and e-mail through one account. This account can also be accessed through standard e-mail client program (Outlook) as well as directly through the web browser, without the need for a separate mail client which gives the freedom to get the e-mail anywhere simply by having access to an Internet and a browser. HSC e-mail can be accessed anywhere using most popular mobile devices like NOKIA & BlackBerry or using apple Macintosh devices like iPhone & iPad.

**HSC official web site**

TSA has designed and published an official website for the Health Sciences Center. The web site offers information related to the various HSC faculties and departments. Also, the website provides many services including access to HSC email for staff and students, a directory service which provides a search engine to lookup contact information of staff and students as well as other links and services which would be useful.

**E-Learning**

TSA provides E-Learning resources that allows the teachers to interact electronically with students through the web and the internet. These resources allow a common place for students to go for many classroom resources. The teachers can post news items, assign and collect assignments, post electronic journals and resources and more.

**Training**

TSA offers training courses to all HSC faculties, staff and students on the center supported software’s. The training takes place in the teaching labs. These courses are offered throughout the year free of charge to all staff and students as requested.

**Training courses available**

- Windows Operating System
- Microsoft Word (Word Processor)
- Microsoft PowerPoint (Presentation)
- Microsoft Excel (Spreadsheet and Charting)
- **Microsoft Outlook** (E-mail and Collaboration)
- **File maker Pro** (Simple Database)
- **SPSS** (Statistical Package)
- **Adobe Photoshop** (Photo Design)

**Application development**

In house application development is available by TSA, and is developed by using the latest versions of database engines (Oracle, Microsoft SQL server, Microsoft Access and File maker Pro) integrated to the web pages and to a reliable security features to produce a highly accessible, secure and user friendly packages for the end user.

**Exams scoring**

TSA facilitates the HSC faculties in evaluating student’s exam scoring of MCQ through Optical Mark Reader, and providing computerized scoring with results analysis.

**PC workshop**

TSA offers in-house maintenance for all PC’s and printers. The workshop provides network cables and installation of new network points. It also maintains consumables for printers, like toners and drums.

**Network and servers**

TSA has put great efforts in providing the best IT services to the staff and students of HSC. To provide an environment that enjoys the most efficient and maximum connectivity, network points have been installed in every office, lab, and floor within the HSC. Combined with the latest servers’ technologies the TSA is presenting secured, high speed, and low fault tolerant network and internet connection. TSA has Server environment that consists of Email Servers, Web Servers, Application Servers, Data storage Servers, Antivirus Servers, Databases, E-Learning Servers and Security Servers. The center also provides wireless network connections throughout the buildings for easy public access to internet.

**Other hardware facilities**

In house poster printing facility is available for Seminars, Poster day and Conference for the HSC staff and students if requested.

TSA provides scheduling system for HSC teaching rooms that allow staff & students to view the complete semester teaching schedule for different courses across HSC classrooms.
MEDICAL PHOTOGRAPHY AND ILLUSTRATION UNIT

The Photography and Illustration Unit provides facilities for all academic staff of the Health Sciences Center. These facilities include making original or duplicating color, black /white and color printing from X-rays, pathological specimens and from original photographs for teaching and research purposes.

The unit has the facility to photograph the patients for teaching and publication.

The unit has started digital slides and digital printing from all kind of original document and from 35mm slides and x-rays. The unit provides video recording of special occasions, conferences, seminars, experiments, patients and graduation ceremonies. This unit has been providing poster titles and complete posters for “Annual Poster Conference” since the 1st Poster Conference held in 1996.

Since 2005, Unit has been providing “Scanning Facility” to all HSC staff to scan slides, documents and X-rays and more than 100 different types of documents are scanned daily.
CENTRE FOR RESEARCH SUPPORT AND CONFERENCES
CENTRE FOR RESEARCH SUPPORT AND CONFERENCES

The Centre for Research Support and Conferences (CRC) is an integral part of the Faculty of Medicine, and functions under the Office of Vice Dean for Research and Postgraduate Studies. The Centre’s major objectives are to provide research consultation, statistical analysis and training support to faculty members, facilitate research implementation, and extend logistics support in organizing conferences, workshops, seminars, and related activities of different faculties of the Health Sciences Center (HSC). The focus is also on encouraging exchange and transfer of scientific information and knowledge within faculties, departments and the health sciences community. The Centre provides professional services and renders support to researchers in statistical consultation, research planning, analysis, data management and training, as well as keeps the scientific community updated on latest research developments, regulations and planned events to be held in an intense cycle of annual activities and scientific events.

The centre’s activities particular assume significance in view of the Faculty of Medicine’s critical involvement in pursuing high quality research and in achieving scientific distinction. The Center, therefore, endeavors to provide the researchers with the quality services, essentially needed for accomplishing their basic and applied research goals in a congenial environment that nurtures innovation and leads to creative excellence through ample utilization of advanced facilities, professional consultations, technical support and services. The CRC oversees continuous development of its multiple services provided to researchers, and make every effort to enhance existing facilities for expediting scientific advancement in areas of strategic priorities that are significant to human health. Facilitating research in areas of strategic concern thus remains the prime concern, for which the Centre is committed in enhancing its support base in meeting diverse responsibilities, and enabling the scientific community in realizing its research objectives through extensive utilization of its resources through a sustained system of research consultations, services and support.

The CRC’s services are open to all faculty members and the researchers of Faculty of Medicine, as well as the HSC’s constituent faculties. Academic staff constantly interacts with the CRC consultative, technical and services staff for their diverse research needs, and utilizes that available facilities for accomplishing their scientific and professional commitments. For users benefit update the requisite information on the Centre’s programs and activities could be accessed through the Health Sciences Centre (HSC) website (www.hsc.edu.kw), by clicking at the Faculty of Medicine.
GOVERNMENT OF THE FACULTY OF MEDICINE
THE GOVERNMENT OF THE FACULTY OF MEDICINE

The governing body of the Faculty of Medicine is the Faculty Council. The head of the Faculty Administration is the Dean assisted by the Vice-Deans. The Faculty's officers are responsible to the Dean for carrying out the policy decisions of the Faculty Council.

The Faculty Council was established according to the law and regulations of the Kuwait University. Its function is the formation of major policies for the Faculty of Medicine.

THE COUNCIL OF THE FACULTY OF MEDICINE

Terms of Reference

Subject to the law and regulations of the Kuwait University, the Faculty Council shall have the following membership and functions:

Membership

a) Dean, Faculty of Medicine
   Vice-Deans
   The Chairmen of Departments
   One Professor
   One Associate Professor
   One Assistant Professor
   One member from the Government Sector
   One member from the Private Sector
   Faculty Secretary

b) Any other person with special knowledge or expertise may be invited to attend meetings of the Council as appropriate.

Functions

a) It shall be the policy making body in the Faculty of Medicine.

b) It shall approve and recommend to the Health Sciences Center Council the educational, research and service programs of the Faculty of Medicine.

c) It shall approve and recommend to the Health Sciences Center Council all examination results which contribute marks towards the award of degrees.

d) It shall make recommendations to the Health Sciences Center Council for the award of degrees within the Faculty of Medicine.

e) It shall make recommendations to the Health Sciences Center Council for the award of honorary degrees.

f) It shall approve new developments within the Faculty of Medicine and where necessary recommend these to the Health Science Centre Council.
g) It shall approve and recommend to the Health Sciences Center Council the annual budget of the Faculty of Medicine.

h) It shall approve and recommend to the Health Sciences Center Council the annual report of the Faculty of Medicine.

i) It shall recommend to the Health Sciences Center Council the regulations of the Faculty of Medicine.

j) It shall deal with any other matters referred or delegated to it by the Health Science Center Council.

The Faculty Council shall meet at least four times a year (two in each semester) and at such other times as may be required.
THE FACULTY COMMITTEES
DEAN’S EXECUTIVE COMMITTEE

Terms of Reference
The Dean’s Executive Committee is the executive body of the Faculty of Medicine. The Committee may delegate authority to execute decisions and it is kept informed of progress on all activities in the Faculty of Medicine through its administrative officers. It is served by a number of subordinate committees with specific terms of reference, which report to it by means of the minutes of their meetings and oral reports from their Chairmen.

Membership
a) Dean Chairman
   Vice-Deans ex-officio
   Administration Manager ex-officio
   Faculty Secretary ex-officio
b) Any other person with special knowledge or expertise may be invited to attend meetings of the Committee as appropriate.

All recommendations made by the subordinate committees are submitted to the Dean’s Executive Committee.

The Committee shall also consider any other matters referred to it by the Dean.

BOARD OF EXAMINERS

Terms of Reference
The Board of Examiners submit final examination decisions to the Faculty Council.

It is the responsibility of the Board of Examiners to receive and agree the internal mark list prepared by the departmental examiners; to decide which students have passed and which have failed the final examinations of the Faculty of Medicine; and to submit these decisions to the Faculty Council.

Membership
Dean Chairman
Vice-Deans ex-officio
Chairmen of the departments/system conveners or their representative for the year concerned
The External Examiners for the year concerned
Chairman of the examination Committee & System convenors for the year concerned
Faculty Secretary ex-officio
Other heads of departments may attend as observers.
EXAMINATION COMMITTEES

1. Departmental Examination Committees

All Clinical departments will have examination committees appointed by their respective Department Councils. The departmental examination committee is responsible to finalise the questions in consultation with the Phase III examination committee.

This committee will be responsible for the conduct of the examination and analysis of the result. All examination results are to be submitted to the Phase III examination committee, who will endorse and forward it to the Vice-Dean Academic Affairs for publishing.

2. Phase II Examination Committee – Year 2 of Medical Program

i) This committee will be appointed by the Dean’s Executive Committee for a term of 2 years.

ii) The Chairman of this committee will serve as the coordinator of the 2nd year medical program

iii) The Dean of the Faculty of Dentistry will nominate their representative to this committee.

iv) This committee will be responsible to collect questions from the concerned staff, analyse them and finalize the question papers for the end of block assessments/ final examinations.

The finalized question paper should be handed over to the Faculty Secretary well in advance. The meeting of this committee, which finalizes the final exam result will be attended by the module coordinator of I & I module, Dean, Vice-Dean Academic Affairs and the Faculty Secretary.

3. Phase II examination committee – Year 3 and 4 of Medical Program

i) This committee will be appointed by the Dean’s Executive Committee for a term of 2 years.

ii) The Dean of the Faculty of Dentistry will nominate their representative to the committee.

iii) This committee will be responsible to collect questions from the concerned staff, analyse them and finalize the question papers for the end of module assessments/ final examinations.

The finalized question paper should be handed over to the Faculty Secretary well in advance. The meeting of this committee, which finalizes the final exam result
will be attended by the module coordinators, Dean, Vice-Dean Academic Affairs and the Faculty Secretary.

4. Phase III Examination committee – Year 5,6 and 7 of Medical Program

i) This committee will be appointed by the Dean’s Executive Committee for a term of 2 years.

ii) Membership: Chairman/Chairperson or their representative of the examination committee of Departments of Medicine, Surgery, Pediatrics, Obstetrics & Gynaecology, Psychiatry and Community Medicine will serve as ex-officio members.

In addition to these members, the Dean’s Executive Committee will appoint 3 to 4 members of staffs from the Basic Science Departments.

iii) This committee will be responsible to analyse the questions and the examination results. The result of the Phase III examinations must be endorsed by this committee before publication. The Committee is free to invite the Chairman/Chairperson of the clinical departments whenever necessary.

The meeting of this committee, which finalizes the final examination result will be attended by the concerned Departmental Chairman/ Chairperson, Dean, Vice-Dean Academic Affairs and the Faculty Secretary.

DEAN'S ADVISORY COMMITTEE

Terms of Reference
The Committee shall advise the Dean on major matters related to the operation of the Faculty of Medicine.

Membership

Dean
Vice-Deans
Chairmen of Departments and Heads of Divisions
Faculty Secretary

Chairman
ex-officio
ex-officio

The Committee shall be convened as deemed necessary by the Dean.
COMMITTEE ON PROMOTIONS

Terms of Reference

The Committee on Promotion is a committee appointed by the Faculty Council and reports to the Dean. The recommendations to the Dean concerning all matters related to the promotions of academic staff to the rank of associate professor or full professor in the Faculty of Medicine.

Membership

a) The Committee shall consist of six members, all of whom shall be full professors. One half of the membership shall have clinical appointments and one half shall have medical science appointments in the Faculty of Medicine. The members of the Committee shall be nominated by the Dean after consultation with the Chairmen of departments, and approved by the Faculty Council.

b) Membership on the Committee shall be limited to full professors who shall be full-time staff members in the Faculty of Medicine and who shall not hold the post of Dean or Vice-Dean.

c) Committee members may serve for two academic years which shall constitute a full term. No member may serve for more than two consecutive full terms.

Procedures

a) The Dean shall select the chairman annually and the members elect the secretary.

b) Minutes of the meetings shall be signed by all members of the Committee who attend the meeting. These minutes shall remain confidential and shall be distributed only to the Dean.

c) The minutes of the Committee meetings shall record the distribution of all votes.

d) All voting in the Committee shall be by secret ballot. The chairman and secretary vote on all issues.

e) A quorum for the total Committee shall consist of four members. Personnel from the Recruitment office shall provide secretarial assistance to the Committee
AD HOC FACULTY INTERVIEW COMMITTEE

Terms of Reference

The Ad hoc Faculty Interview Committee is a committee of the Faculty Council and reports to the Dean.

The function of this Committee is to interview all candidates for appointments to the rank of Assistant Professor, Associate Professor and Full Professor and make appropriate recommendations to the Dean.

Membership

a) The minimum membership of an Ad hoc Faculty Interview Committee shall be:
   Dean Chairman
   Vice-Dean Academic Affairs  Deputy Chairman
   Vice-Dean Administration  ex-officio
   Chairman of Faculty Promotion Committee
   Chairman of Department in which appointment is to be made
   One staff member with a clinical appointment
   One staff member with a basic science appointment

b) The Dean may add further members of the academic staff to a committee as he deems appropriate.

c) For clinical appointments, the Ministry of Public Health shall be invited to nominate a representative.

AD HOC FACULTY APPOINTMENT COMMITTEE

Terms of Reference

The Faculty appointment committee is a sub-committee to the Deans Executive Committee and reports to the Dean.

Membership

Vice-Dean Academic Affairs Chairman
Vice-Deans ex-officio

b) One staff member from the clinical Department nominated by the Deans Executive Committee annually;

c) One staff member from the Basic Science Department nominated by the Deans Executive Committee annually.

Functions

This committee reviews the requests received from the Departments for all academic and non-academic positions and submits its recommendations to the Dean, taking into account the need of the Department and the overall
developmental plans of the Faculty. Personnel from the recruitment office shall provide secretarial assistance to the committee.

The committee shall also consider any other matter referred to it by the Dean related to the appointments.

The committee shall meet at least twice per semester or as needed.

**CURRICULUM, ASSESSMENTS AND ADMISSIONS COMMITTEE**

**Terms of Reference**

The Curriculum, Assessments and Admissions Committee is a sub-committee of the Dean’s Executive Committee and submits recommendations to it.

**Membership**

a) Vice-Dean Academic Affairs
   Dean
   Vice-Deans
   The Chairmen of departments and heads of division.
   Preprofessional Course Coordinator
   Overall Coordinator of Phase II Curriculum
   Overall Coordinator, Phase III Curriculum
   Faculty Secretary

b) One representative of the Medical Students’ Society. The Society shall be requested to submit, annually, the names of three candidates to the Dean’s Executive Committee which shall select one of them to be the students’ representative. This representative shall be permitted to attend all meetings of the Committee except when reserved items of business are under discussion.

c) Any other person with special knowledge or expertise may be invited to attend meetings of the Committee as appropriate.

d) Any proposal to change the membership of the Committee shall be referred to the Dean’s Executive Committee.

**Responsibility with regard to the Curriculum**

The Committee shall be charged with the responsibility for planning, reviewing and amending the undergraduate curricula leading to the degrees of B.Med.Sc. and B.M., B.Ch. of the Kuwait University and any other appropriate degree programs.

**Responsibility with regard to Assessments**

a) The Committee shall be charged with the responsibility for devising, reviewing and amending a scheme for the assessment of students pursuing the
undergraduate curricula leading to the degrees of B.Med.Sc. and B.M., B.Ch. of the Kuwait University and any other appropriate degrees.

Responsibility with regard to Admissions

a) The Committee shall prepare recommendations on the size of the annual student intake.

b) The Committee shall be responsible for preparing and revising the admission requirements and regulations for the B.Med.Sc. degree and the B.M., B.Ch. degree of the Kuwait University and any other appropriate academic program.

The Committee shall also consider any other matters referred to it by the Dean's Executive Committee or its associated committees.

On approval of the Committee’s recommendations by the Faculty Council, the Vice-Dean Academic Affairs shall be responsible for executing the decisions.

AREA COMMITTEE FOR GRADUATE PROGRAMS

Terms of Reference

The Area Committee for Graduate Programs is a committee of the College of Graduate Studies.

Membership

a) Vice-Dean Research and Postgraduate Studies Chairman
Vice-Dean Academic Affairs ex-officio
Coordinators, Departmental Graduate Program Committees ex-officio
Faculty Secretary ex-officio

b) Any other member of staff with special knowledge or expertise may be appointed to the Committee as deemed appropriate.

c) The Chairman shall be selected by the College of Graduate Studies.

d) Continuous membership of the Committee (with the exception of ex-officio members) shall be limited to two years with eligibility for re-appointment.

Functions

The Area Committee shall be responsible for:

a) supervision and coordination of the graduate programs in the Faculty of Medicine;

b) consideration of proposals from the graduate programs in the Faculty of Medicine;

c) initiation and submission of proposals regarding the area program to the
Dean of the College of Graduate Studies;
d) review and consideration of any issue referred to it by the Dean of the College of Graduate Studies.

LIBRARY COMMITTEE

Terms of Reference
The Library Committee is a sub-committee of the Dean's Executive Committee and submits recommendations to it.

Membership
a) Vice-Dean Academic Affairs Chairman
   Dean ex-officio
   Vice-Deans ex-officio
   Director, Health Science Center Library ex-officio
   Faculty Secretary ex-officio
b) The Chairman or his representative from each department.
c) Representatives of the Faculty of Medicine in the Health Sciences Centre library Committee
d) Any other person with special knowledge or expertise may be invited to attend meetings of the Committee as appropriate.
e) Continuous membership of the Committee shall be limited to three years (with the exception of ex-officio members) with eligibility for re-appointments after one year. Any proposal to change the membership of the Committee shall be referred to the Dean's Executive Committee.

The Committee shall be responsible for:
a) reviewing the departmental requests and recommending the final allotments within the proposed budget;
b) considering any matters referred to it by the Dean's Executive Committee or its associated committees.

SCHOLARSHIP COMMITTEE

Terms of Reference
The Scholarship Committee is appointed according to the regulations of Kuwait University.

Membership
a) Vice-Dean Academic Affairs Chairman
   Dean ex-officio
Responsibility with regard to scholarships
The Committee shall be responsible for:

a) establishing, reviewing and amending the procedures and regulations governing the award of scholarships;
b) proposing the number and types of scholarships to be awarded annually according to the needs of the Faculty of Medicine;
c) setting the criteria for selection of candidates;
d) laying down the terms and conditions, including duration of individual scholarships;

The Committee shall also consider any other matter referred to it by the Dean.

AD HOC ANIMAL HOUSE COMMITTEE

Terms of Reference
The ad hoc Animal House Committee is a sub-committee of the Dean's Executive Committee and submits recommendations to it.

Membership

Vice-Dean Administration
Vice-Dean Academic Affairs
Vice-Dean Research
Director, Animal House
Chief Technician, Animal House
Representative, Faculty of Allied Health Sciences & Nursing
Representative, Clinical Departments
Representative, Basic Science Departments

Chairman
ex-officio
ex-officio
ex-officio
& Secretary

Functions
To look into the problems of the Animal House and recommend possible solutions to the Dean's Executive Committee.
HEALTH AND SAFETY COMMITTEE

Terms of Reference
The Health and Safety Committee is a sub-committee of the Dean’s Executive Committee.

Membership
a) The Chairman of the committee will be appointed by the Dean’s Executive Committee.
b) Two representatives from the clinical departments nominated by the Dean's Executive Committee.
c) Two representatives from the basic medical science departments nominated by the Dean's Executive Committee.
d) Safety officers nominated by the academic departments in the Faculty of Medicine.
e) Any other members with special expertise can be invited, as required.

Functions
The committee will be responsible to look into issues related to health and safety in the Faculty of Medicine.
a) To formulate the Faculty Safety Policy which shall be embodied in a Faculty Safety Manual subject to periodical updating.

Such a policy is to cover regulations concerning aspects of safety within the Faculty which may be identified as:
1. accidents which may occur as a result of performing different activities in the workshops and laboratories, from electrical shocks, mechanical injuries, etc.
2. fire in the Faculty premises;
3. chemical hazards arising from experimental work, handling and storage;
4. biological hazards resulting from handling animals and micro-organisms;
5. radiation from sources emitting both ionizing and non-ionizing radiation.
b) To receive and consider recommendations regarding matters of safety within the Faculty.

The Committee shall meet at least once each semester and submit its recommendations to the Vice-Dean Administration.

Procedures
a) The committee will report to the Vice-Dean(Administration and Finance)
b) The committee shall submit a report to the Vice-Dean(Administration and Finance) at the end of each semester

**AD HOC ALLOCATION OF SPACE COMMITTEE**

**Terms of Reference**

The ad hoc Allocation of Space Committee is a sub-committee of the Dean’s Executive Committee and submits recommendations to it.

**Membership**

Vice-Dean Administration

Three members of staff appointed by the Dean’s Executive Committee

Faculty Secretary

**Functions**

a) To formulate all allocation of space policies for the Faculty of Medicine designed to equitably allocate space and optimise its usage within the Faculty, bearing in mind both the present needs and future requirements of departments, units and divisions.

b) To receive, consider and make recommendations concerning requirements for changes and/or additions to space allocations.

c) To consider the feasibility of the establishment of new departments with regard to space requirements.

**POSTGRADUATE COMMITTEE**

The Postgraduate Committee is a sub-committee of the Dean’s Executive Committee and submits recommendations to it.

**Membership**

a) Vice-Dean Postgraduate Clinical Studies Dean

Vice-Dean Academic Affairs

Vice-Dean Research and Postgraduate Studies

Faculty of Medicine representatives on the Academic Council of the KIMS

Program Directors (Coordinators) for the Postgraduate Programs run by the Faculty of Medicine

Chairmen of Specialty Faculties, KIMS

Coordinators, Clinical Postgraduate Courses
run by the Faculty ex-officio
Representative, Ministry of Health ex-officio
Postgraduate Officer/Faculty Secretary ex-officio

b) Two members of the academic staff appointed by the Dean’s Executive Committee.

c) Any other person with special knowledge or expertise may be invited to attend meetings of the Committee as appropriate.

d) Continuous membership of the Committee shall be limited to three years (with the exception of ex-officio members) with eligibility for re-appointment after one year. Any proposal to change the membership of the Committee shall be referred to the Dean’s Executive Committee.

Responsibility with regard to postgraduate matters

The committee shall be responsible for:

a) reviewing application and selection procedures for graduate students;

b) preparing and reviewing regulations governing the award of postgraduate degrees or diplomas in clinical medicine in consultation with the Ministry of Health;

c) organising the Faculty of Medicine’s contributions to the Ministry of Health’s further professional and specialty training programs;

d) defining the commitment of the Faculty of Medicine in continuing medical education in collaboration with the Ministry of Health.

The Committee shall also consider any other matters referred to it by the Dean’s Executive Committee or its associated committees.

On approval of the Committee’s recommendations by the Dean’s Executive Committee, the Vice-Dean for Postgraduate Clinical Studies shall be responsible for executing the decisions.

MEDICAL RESEARCH COMMITTEE

Terms of Reference

The Medical Research Committee is a sub-committee of the Dean’s Executive Committee and submits recommendations to it.

Membership

a) Vice-Dean Research Chairman
   Dean, Faculty of Medicine ex-officio
   Vice-Dean Academic Affairs ex-officio
   Director of Research, Ministry of Health ex-officio
b) Eight academic staff members appointed by the Dean’s Executive Committee to represent the basic medical science and clinical departments.

c) Any other person with special knowledge or expertise may be invited to attend the meetings of the Committee as appropriate.

d) Continuous membership of the Committee can be up to three years (with the exception of ex-officio members) with eligibility for re-appointment. Any proposal to change the membership of the Committee shall be referred to the Dean’s Executive Committee.

Functions
The Committee is the principal research body of the Health Science Centre. The Committee shall be responsible for:

a) the review and assessment of all research proposals in the Health Sciences Center;

b) determining which research proposals shall be reviewed locally and which shall be reviewed externally;

c) determining additional inputs for funding decisions, e.g. ethical review, radiation protection, etc.

d) making funding decisions on research projects submitted to it, subject to endorsement by the vice-president for Research.

Procedures
a) The Committee members shall select a secretary among themselves.

b) The Committee's deliberations shall be confidential and the minutes shall be distributed only to the Dean. Decisions taken shall be communicated to the individual concerned and the Dean's Executive Committee who shall also be informed on all matters of policy.

RADIATION SAFETY COMMITTEE

Terms of Reference
The Radiation Safety Committee is a sub-committee of the Dean’s Executive Committee and submits recommendations to it.

Membership

a) Vice-Dean Research and Postgraduate Studies Chairman
   Dean ex-officio
   Chairman, Department of Radiology ex-officio
b) A representative of the Ministry of Health Radiation Protection Division.

c) A representative from the clinical departments nominated by the Dean's Executive Committee.

d) A representative from the basic medical science departments nominated by the Dean's Executive Committee.

e) Any other member of staff with special knowledge or expertise may be invited to attend meetings of the Committee as appropriate.

f) Continuous membership of the Committee (with the exception of ex-officio members) shall be limited to three years with eligibility for re-appointment after one year. Any proposal to change the membership or functions of the Committee shall be referred to the Dean's Executive Committee.

Functions

Once the license for granting permits for the use of radioactive materials has been extended to the University Health Science Centre, the Committee shall be responsible for:

a) the license given to the University Health Science Centre;

b) the protection of all workers, patients and members of the public in the departments of Radiology and Nuclear Medicine or any other laboratory where radio nuclides are used;

c) devising, implementing, monitoring and reviewing policies and operational procedures, making recommendations for changes where necessary;

d) receiving applications for inspecting, issuing and reviewing permits to use unsealed radio isotopes for diagnostic, therapeutic and research purposes in the Faculty;

e) considering any recommendations and reports received from the Radiation Protection Advisor to the Ministry of Public Health.

The Committee shall also consider any other relevant matters referred to it by the Dean, Faculty of Medicine.

The Committee shall meet once every three months and at such other times as may be required.
INSTRUMENT COMMITTEE

Terms of Reference
The Instrument Committee is a sub-committee of the Dean’s Executive Committee. The term of this Committee is for two years.

Membership
a) Vice-Dean (Administration and Finance) Chairman
b) Two representatives from the clinical departments nominated by the Dean’s Executive Committee.
c) Two representatives from the basic medical science departments nominated by the Dean's Executive Committee.
d) one chief technician

Functions
The purpose of this committee is to avoid duplication of equipment in various departments of the Faculty.

DEPARTMENTAL COUNCIL

Membership
a) The Chairman of the department, who shall be the Chairman of the Departmental Council;
   All departmental academic staff;
   Upto four Kuwaiti postgraduate students elected annually by the Kuwaiti postgraduate students in the department.
b) Any other person with special knowledge or expertise may be invited to attend meetings of the Departmental Council as appropriate.

Functions
a) It shall recommend the departmental budget for approval.
b) It shall recommend to the Dean the annual departmental report.
c) It shall serve as a forum for the discussion of all matters pertaining to education, research and service within the department.
d) It shall be responsible for formulating the educational program of the department.
e) It shall consider any other matters which may be referred to it.
**Procedures**

a) The Departmental Council shall meet at least once each month during the academic year. Additional meetings may be convened by the Chairman of the department or at the written request of a simple majority of departmental members who have stated the reason for the meeting.

b) The Departmental Council shall appoint each year a secretary from among its members who will be responsible for keeping the minutes and preparing agendas of meetings.

c) A copy of the agenda and minutes of all meetings shall be sent to the Dean with a covering memorandum referring to any decisions proposed, which require approval.

d) Any recommendations by the Departmental Council shall be conveyed by the Chairman to the Faculty Council, if they are relevant to the discussions of that body.
FACULTY ALMANAC: 2012-2013

SEPTEMBER

09  Sunday  8:00 a.m.  FIRST DAY OF CLASSES

OCTOBER

04  Thursday  1:00 p.m.  Dean’s Executive Committee
11  Thursday  1:00 p.m.  Curriculum Assess. & Adm. Comm.
18  Thursday  2:00 p.m.  Scholarship Committee
24  Wednesday  1:00 p.m.  Faculty Council

NOVEMBER

01  Thursday  1:00 p.m.  Dean’s Executive Committee
11  Sunday    1:00 p.m.  Area Committee for Graduate Programs
19  Monday    2:00 p.m.  Scientific Affairs Advisory Committee
20  Tuesday   2:00 p.m.  Medical Research Committee

DECEMBER

06  Thursday  1:00 p.m.  Dean’s Executive Committee
12  Wednesday 1:00 p.m.  Faculty Council
18  Tuesday   2:00 p.m.  Medical Research Committee
27  Thursday  2:00 p.m.  Postgraduate Committee

JANUARY

03  Thursday  2:00 p.m.  Faculty Assembly
06  Sunday    MID SEMESTER HOLIDAYS BEGINS
19  Saturday  MID SEMESTER HOLIDAYS ENDS

FEBRUARY

07  Thursday  1:00 p.m.  Dean’s Executive Committee
19  Tuesday   2:00 p.m.  Committee for the Protection of Human subjects
**MARCH**

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<td>07</td>
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<td>Library Committee</td>
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<td>21</td>
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<td>28</td>
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**APRIL**

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**MAY**

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<td>16</td>
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**JUNE**

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*Dates are subject to change*