

# **INTERNSHIP**Information Book



In the name of Allaah The Almighty & The Beneficent



IBN SINA NATIONAL COLLEGE FOR MEDICAL SCIENCES JEDDAH - KINGDOM OF SAUDI ARABIA

## **Internship Information Book**

### **Medicine Program**

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Internship Information Book (3<sup>rd</sup> Edition)

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#### Introduction

According to Education Evaluation Commission – Higher Education Sector (EEC – HES) Medical Internship is considered as a field experience and it is one of the most valuable component of Medicine Program. Field experience specifications are prepared before the start of the internship to indicate intended learning outcomes for students to learn and ensure that learning takes place. This involves careful preparation of the students and planning in cooperation with the agencies where the internship would occur. It also involved follow up activities with students to consolidate their training to be a stepping stone for future residency.

Ibn Sina National College for Medical Studies (ISNC) devised the framework for Medical Intern's competency based on the national qualification framework and SAUDIMED framework. This information book will serve as a guide for the learning and working environment during Medical Internship.

The Internship training of the ISNC is supervised and assessed against preset competencies. Therefore, it will enhance intern's skills, attitudes, and professional behavior developed through the innovative undergraduate medical program. This includes key professional skills needed to ensure best and safest patient care through outstanding communications skills, clinical skills, and multi-disciplinary teamwork. The ISNC – Internship training also introduces an assessment form that demonstrates the progress in each of these areas.

The ISNC training Unit (TU) is responsible for the Medical Internship training administratively, whilst the Internship Committee look after the various other activities during this year and prepare Internship report as well as future improvement of Internship training.

#### Medical Internship

Medical Internship (MI) is a supervised period spent in different specialties, following the completion of graduation requirements from the medical school. During MI, the intern should be an active learner, achieving learning outcomes independently by demonstrating a variety of learning styles. The Intern should also fulfill the essential educational components of practice-based experiences, feedback and reflection in practice (1). As a future competent physician working in a complex health system, an intern needs exposure to a wide range of medical career options and to develop a variety of professional skills considered essential for working in the health care system (2).

These innovations have guided the shift of undergraduate medical education from following a set of standards to curricula based on competencies or practice outcomes. Such curriculatransform the core abilities of effective practice into educationally useful elements and outcomes (3). Moreover, undergraduate medical curricula are recommended to be student-centered, problembased, integrated, community-based, elective and systematic (4). The increasing awareness of the legal aspects in the field of medicine has added more complexity to clinical practice by emphasizing clinical governance and patient safety in the education system, whetherit is in the form of teaching or training (5). Subsequently, it has materialized in the globalization of the essential physician's requirements to accomplish competencies in the domains of medical knowledge, clinical skills, professional attitudes, behavior and ethics (6).

SaudiMED framework project began initially as an effort to develop a national consensus amongst Saudi stakeholders for the vision of the "Saudi Future Doctor" and develop essential learning outcomes for medical schools. It is aimed to provide some ways to assure minimum standards in the undergraduate medical education. As a result, an initiative was found by the Saudi Medical Deans' Committee to establish common core learning outcomes/competencies for the medical degree programs in the Kingdom of Saudi Arabia.

The SaudiMED specifies the core competencies for physicians required in medical education and practice in the Kingdom of Saudi Arabia. All undergraduate, postgraduate and continuous professional development program are expected to fulfil those competencies (7).



#### Framework of Medical Intern's Competencies & Internship Learning Outcomes

The internship committee for Intern's competencies framework and curriculum of Ibn Sina National College for Medical Studies aims to ensure quality and effective learning and training of medical interns during internship period through competency and performance based curriculum, matching with current trends of health care and benchmarked with internationally and nationally recognized curriculum.

Upon completion of internship, a medical intern will be able to recognize and deal successfully with common clinical and related non-clinical scenarios. The framework of medical internship and curriculum of Ibn Sina National College for Medical Studies will also include aspects of supervision, organization, assessment and feedback. It emphasizes the knowledge, skills and attitude that are required by interns to deliver safe patient care and provides details of the core competencies and outcome expected at the end of medical internship.

Internship committee framed the competencies framework and outcomes based on in depth analysis of aforementioned Australian curriculum framework for Junior Doctor, The Rough Guide for the Foundation Program of the UK (8, 9), CanMEDS (10, 11), and the global essential requirements in medical education (12, 13), Framework for Medical Intern's Competencies of King Saud ibn Abdulaziz university of Health Sciences (14) and SaudiMED framework (7).

The major domains of the framework for medical intern's competencies of Ibn Sina National College for Medical Studies are derived from SaudiMED. There are thirteen competencies (Sub Domains) and seventeen Intern Learning Outcomes in the framework for medical intern's competencies of Ibn Sina National College for Medical Studies (Box 1). All the learning outcomes are in alignment with national qualification framework of Kingdom of Saudi Arabia according to the quality standards of EEC – HES.

The framework for medical intern's competencies of Ibn Sina National College for Medical Studies has the following core values;

- Evidence based approach towards health care in disease prevention and control, early diagnosis and screening, treatment and rehabilitation.
- Consideration of cultural, religious, social, psychological and economic status of the patients.
- Incorporation of code of ethics of The Saudi Commission for health specialties (SCFHS) to achieve Good Medical Practice among Interns.
- Motivating adult learning in order to embed the characteristics of lifelong learning.
- Enhance the intern's ability to apply effective feedback
- Motivates and develop basic research skills.

Box 1: Framework of Medical Intern's Competencies and Intern learning outcomes of ISNC

Domain: 01: Scientific approach to practice

(The integration and application of basic, clinical behavioral and social science in clinical practice)

1. Integration of basic, clinical, behavioral and social sciences in medical practice

Outcome 01: After the completion of Internship, Interns will be able to **integrate basic, clinical**, **behavioral**, **and social sciences in healthcare practice**.

Domain: 02: Patient care

(The establishment and maintenance of essential clinical and interpersonal skills to demonstrate proficient assessment and delivery of patient centered management)

2. Demonstration of the essential clinical skills, clinical reasoning, decision making and problem solving skills

Outcome 02: After the completion of Internship, Intern will be able to **manage competently patients with common medical problems, emergency, and life-threatening conditions with strict adhering to the Islamic code of ethics.** 

3. Management of common health problems, emergencies, and delivery of evidence-based health care.

Outcome 03: After the completion of Internship, Intern will be able to **incorporate evidence-based healthcare into practice in adherence to code of conduct and ethics for healthcare practitioners that established by SCFHS.** 

Outcome 04: After the completion of Internship, Intern will be able to **operate basic equipment** in examining patients to reach a definite diagnosis and management plan.

Outcome 05: After the completion of Internship, Intern will be able to **perform competently the procedures of basic life support for emergency, and life-threatening conditions.** 

Outcome 06: After the completion of Internship, Intern will be able to **Identify the different** therapeutic modalities with consideration of principles of suffering, disability, rehabilitation, and palliative care.

4. Placing patients' needs and safety at the center of the care process

Outcome 07: After the completion of Internship, Intern will be able to **demonstrate** commitment for maintaining a safe clinical environment with emphasizing on infection control and patient safety.

Domain: 03: Community oriented practice

(The ability to practice based on an understanding of the Saudi health care system and to apply health promotion and advocacy roles for the benefit and wellbeing of individual patients, communities and populations)

5. Understanding the health care system in Saudi Arabia

Outcome 08: After the completion of Internship, Intern will be able to recognize policies,

procedures, and organizations of the national health care system.

6. Advocacy of health promotion and disease prevention

Outcome 09: After the completion of Internship, Intern will be able to advocate health promotion, screening, and prevention of communicable and non-communicable diseases in compliance with the healthcare system in Saudi Arabia

Outcome 10: After the completion of Internship, Intern will be able to recognize the role of international health organizations in different global health issues like managing pandemics with particular attention to Hajj and Umrah.

Domain: 04: Communication and Collaboration

(The ability to communicate effectively with patients and their relatives and to practice collaborative care by working in partnership within a multi – professional team)

7. Effective communication with patients, colleagues, and other health professional

Outcome 11: After the completion of Internship, Intern will be able to **demonstrate an effective** communication with patients & their families, break bad news with sensitivity, write referrals and take consent for procedures.

8. Teamwork and inter-professional collaboration

Outcome 12: After the completion of Internship, Intern will be able to **practice multi**disciplinary integrated approach, teamwork, and inter-professional collaboration in various health care settings

9. Application of medical informatics in healthcare system

Outcome 13: After the completion of Internship, Intern will be able to **deal with confidentiality** in retrieving patients' data from computer-based systems for appropriate use in patient care.

Domain: 05: Professionalism

(The commitment to deliver the highest standards of ethical and professional behavior in all aspects of health practice and take a responsibility for own personal and professional development)

10. Adherence to professional attitudes & behavior of physician, Islamic, legal and ethical principles of professional practice.

Outcome 14: After the completion of Internship, Intern will be able to **demonstrate Islamic morals, legal and professional standards towards patients, their families, colleagues, and other healthcare professionals.** 

11. Commitment to personal and professional development

Outcome 15: After the completion of Internship, Intern will be able to **Recognize the** different professional roles of the physician with commitment to lifelong learning.

Domain: 06: Research

(The contribution to the advancement of medical practice with the rigors of scientific research)

12. Demonstration of basic research skills

Outcome 16: After the completion of Internship, Intern will be able to **conduct medical research in different specialties under supervision with high quality publication.** 

13. Demonstration of scholarly pursuits.

Outcome 17: After the completion of Internship, Intern will be able to **demonstrate effective** reflective practice in response to the received feedback from supervisors.

#### Internship Governance

These guidelines are intended to give you an overview of the general rules and regulations of the internship training year.

#### Duration of Internship

The year of internship training consists of eight (including 3 elective) rotations as follows:

Rotation	Duration
Internal Medicine	2 months
General Surgery	2 months
Pediatrics	2 months
Obstetrics and Gynecology	2 months
Emergency Medicine	1 month
Elective 1	1 month
Elective 2	1 month
Elective 3	1 month

Elective Details
Anesthesia
Intensive Care
Orthopedics
Urology
Neurosurgery
Radiology
Family Medicine
Ophthalmology
Otorhinolaryngology
Dermatology
Hematology
Forensic Medicine

#### Policy on Leave

#### Annual leave

Maximum of 10 days taken in elective rotations.

#### **Emergency leave**

Anytime missed from any rotation must be made up, at the end of the internship period.

#### Sick Leave

Maximum of 10 days and any sick leave must be certified by the staff health in accordance with hospital policy.

#### **Public/Religious Holidays**

Interns are entitled to either Eid-Al-Fitr or Eid-Al-Adha.

All leaves must be reported to the director of the internship training program.

#### **Intern Responsibilities**

The intern year is a supervised year of transition from medical student to doctor. The Program for Intern Training is designed to ensure that on completion of the intern year every intern will be able to practice medicine in a competent and safe manner and that patients whom they treat will receive the best possible care.

The intern year should provide a balance between education, training and clinical responsibility, enabling interns to develop the professional and personal competencies that result in good patient care and provide a foundation for lifelong learning.

Medical Intern is responsible for their learning and attendance at structured learning sessions in their placements.

Each rotation is an opportunity to learn something new such as a competency or a clinical skill.

There will be emphasis on gradual increasing responsibilities for patient care that facilitates the progress from being supervised to independence.

#### During Medical Internship, each intern is expected to

- Be a professional and effective team member.
- Provide safe patient care.
- Conduct a history and perform a physical examination.
- Prepare a list of differential diagnoses, working diagnoses, appropriate investigations, and management plan.
- Seek approval from the clinical supervisor prior to executing the management plan.
- Follow and document the management plan, results of investigations, and any changes in the patient's condition.
- Adhere to the rules and regulations of the assigned department.

#### Code of conduct is the cornerstone for Interns to achieve "Good Medical Practice":

During your medical practice you must show respect for human life and make sure your practice meets the standards of code of conduct of Ibn Sina National College, which is derived from Code of Ethics for Healthcare Practitioner by Saudi Commission for Health Specialties.

- Make the care of your patient your first concern and provide a good standard of practice and care.
- Take prompt action if you think that patient safety, dignity or comfort is being compromised.
- Protect and promote the health of patients and the public.
- Treat patients with gentle and politeness.

- Respect patients' right to confidentiality and listen to, and respond to, their concerns and preferences.
- Respect patients' right to reach decisions with you about their treatment and give them the information they want or need in a way they can understand.
- Work with colleagues in the ways that best serve patients' interests.
- Be honest and open and act with integrity.
- Never discriminate unfairly against patients or colleagues.
- Never abuse your patients' trust in you or the public's trust in the profession

Ethical commitments expected by the medical intern to have personal honesty, integrity and trustworthiness is outlined in the following list:

- To respect others including refraining from harassment or discrimination based on race, religion, ethnicity, gender, sexual orientation, physical handicap, illness or age.
- To work in partnership with other colleagues and members of the health care team
- To assist other colleagues in need of help in meeting their professional and ethical obligations.
- To put the rights, needs and interests of the patient foremost, while respecting the professional obligations to society.
- To respect the patient and to observe the need for consent and confidentiality in all dealing with patients.
- To recognize the limitation of one's own competence and to continually strive to improve one's knowledge, skills and competence as a physician.
- To seek help from others when needed.
- To avoid taking physical, emotional or financial advantage of patients

#### **Medical Intern rights**

- Training under the supervision of a qualified staff.
- Availability of a rich training and academic environment.
- Receiving proper and professional guidance.
- Enjoying leaves as per College of Medicine policy and procedures.
- Awareness of assessment and evaluation in different placements.
- Any dispute should be brought to the attention of supervisor in the hospital / college.

#### Assessment & Remediation

- Internship training is completely focused on the Internship learning outcomes. Assessment form is designed through benchmarking with Australian Medical Council (15) on the basis of design matching with the framework and outcomes model. However, the criteria and mode of assessment were completely in adherence with the ISNC framework of internship competencies and learning outcomes.
- Rules and regulations of assessment & remediation process are explained at the last part of the information booklet and attached the sample assessment form for Mid – Rotation and End – Rotation Assessment (Appendix No: 01)
- The intern's will be assessed twice (mid-rotation & end-rotation) in the major clinical rotations such as Medicine, Surgery, Pediatrics and Obstetrics and Gynecology. After the mid-rotation assessment if the intern attained rating of < 3 in any of the seventeen internship learning outcomes, supervisor will provide Improving performance action plan (IPAP) after consultation with the Director of Clinical Training. In the end of rotation assessment, intern should attain a minimum of ≥ 2 in all the seventeen internship learning outcomes to become eligible for overall rating. Overall rating is the net total of ratings by intern in all the seventeen internship learning is ≥ 40, he will be considered satisfactory, if the overall rating is ≤ 39, he will be considered unsatisfactory.</p>

- The intern who is not eligible for overall rating or unsatisfactory in the overall rating has to repeat the concerned clinical rotation.
- In the elective rotations, the students will have only end of the rotation assessment. Other rules and regulations remain same.
- Any disciplinary action or grievance by the intern should be submitted to the Director of Clinical Training of the concerned hospital and further it will be sent to Dean Ibn Sina National College for Medical Studies where it will be discussed in the Internship Committee and final decision will be made.

#### Code of Ethics (In alignment with Code of Ethics for Healthcare Practitioners by SCFHS)

#### **Introduction about Medical Ethics**

Health education depends to great extent on professional health practice. This requires achieving conditions of academic curricula in all programs of Ibn Sina National College for Medical Studies. Such requirements include:

- 1. Knowledge
- 2. Skill
- 3. Medical Behavior & Ethics

Medical ethics were influenced recently by several factors so it is important to pay attention to medical ethics as follows:

- 1. The biological information revolution that can be witnessed and the new techniques of diagnosis and treatment and emergence of several sensitive issues.
- Excessive increase of treatment costs and entrance of costly techniques in view of rapid decrease of government spending which subject health practitioners in difficult practical and moral situations.
- Severe competition among the increasing number of health practitioners and the attempts to market medical services and the huge interest in financial benefit regardless of moral values.
- Increase of awareness in society about patients' rights. This is noticeable through the increase of lawsuits of medical liability against health practitioners to claim compensation for errors during practicing profession.

#### **Ethics and Health Education**

The issue of health occupations ethics was and still is one of the most important issues especially after the radical changes during the last period due to development of technological, epidemic, social, and geographical changes. The marketing to protect consumers led to the appearance of many moral problems. The relation between health practitioners and patients requires that the health practitioner do their utmost to serve the patient and at the same time the patient has to accept health practitioner's work.

Hence, Sina National College for Medical Studies is proud of its students and asks everyone to commit with the positive regulations and behaviors springing out of our sublime Islamic values and international ethical regulations of health practice as follows:

#### Honesty & Reliability

- 1. Honesty with patients and care of their rights
- 2. Maintaining the academic values and principles and respecting college regulations.
- 3. Not providing or receiving illegal activity unless permitted by law.
- Recording the medical history of patient accurately and caring to follow and note down the physical examination and lab investigations related to patient care and keeping such information secret.
- 5. Conducting scientific researches in a moral method without bias while writing reports honestly.
- 6. Respecting confidentiality and secrecy in principle in all relations with patients and others.
- Maintaining examinations integrity and secrecy in compliance with academic regulations

#### **Respecting Others**

- 1. Respecting all instructors and employees of the college and keeping their dignity and feelings and maintaining motivating learning environment.
- 2. Respecting patients' decisions in all cases.
- 3. Respecting patients and their relatives and keeping their dignity.
- 4. Dealing with patients on the basis of respect and equality and not discriminating them based on racial or social or other aspects.

#### Responsibility

- 1. Keeping good behavior and committing with legal and formal regulations.
- 2. Committing with the college uniform and the health conditions of wearing (gloves and coats) and following the principles and criteria of sterilization.
- 3. Exerting efforts to form knowledge, skill, and behavior in order to provide the necessary help and aid to serve patients.
- 4. Seeking help when needed, from those who are more experienced in the treatment of patients.
- Not seeking to exploit patients, colleagues, or their relatives to make personal or illegal benefit.
- 6. Putting patient care as the priority of my career.
- 7. Not conducting any deed or behavior that contradicts our Islamic values, morals or affects the academic, professional position or clinical liabilities.
- Striving to report concerned authorities about any unprofessional abuse or incompetent practices whenever recognized without compromising or undermining the reputation of others, the care team and academic research.

#### **Ethics and Clinical Health Practice**

It is known the necessity of health colleges' students to communicate with different classes of persons. So, in this section we shall review in brief the role of Ibn Sina National College for Medical Studies in applying clinical ethical practices within the international criteria including:

#### First: The Relation between Student/ Health Practitioner and Society

The occupation of student/ health practitioner is not limited in their relation to patients, colleagues, or other staff in the health field. However, it extends to include the surrounding society.

That the patient sees in the student/ health practitioner aid and hope. Many patients consult student/ health practitioner about their private problems and listen to their advice as if they take effective medicine. In many situations, student/ health practitioner becomes a friend of the patient and his family. So, the social role extends the health limit to give a helping hand and taking part in happy and sad occasions and through giving advice.

So, there are requirements that student/ health practitioner has to do towards society including:

- 1. Knowledge and skill in the academic and practical aspects. Health practice is not just a science but also an art and skill.
- 2. Humanity: one of most important characteristics of health student/ practitioner is care about patient's humanity when treating them.
- 3. Being jovial in behavior
- That the health student/ practitioner must believe in Allah and commit with values, honesty, and sincerity.
- 5. Fostering trust with the patient
- 6. Reviewing the latest updates of sciences and knowledge and keeping up with development.
- 7. Committing with principles and ethics of health practice.
- 8. The health student/ practitioner exhibits ability and professionalism in order to earn the patient's trust and confidence.
- Intelligence and Common Sense: that the ideal health student/ practitioner is a good speaker; selects their words and knows their implications and their effect on the patient.
- 10. Care about society's health through suitable health awareness and participating in preventive programs and environment protection.

- 11. The health student/ practitioner have to participate in the study of solving health programs and support the role of health bodies to enrich service for public favor. They also have to cooperate with the concerned authorities with regard to the necessary data to draw the health polices and plans.
- 12. The health student/ practitioner in their position dedicates their efforts for Allah's pleasure and society's service with all potentials and powers in peace and war conditions.
- 13. Immediate notification in case of any suspect of epidemic disease in order to take the necessary precautions to protect society.

#### Second: The Relation between Health Student / Practitioner

The relation between health student/ practitioner and patient is important including:

- Tenderness which is considered one of the most important features of health practice. It is important to strengthen the professional and ethical relations. It makes the patient trust that the best shall be done for his sake. Such feeling helps patients to get cured.
- 2. Putting the patient's health above any considerations besides respecting him and dealing him equally.
- 3. Introducing the health student/ practitioner with himself, rank, and position.
- 4. Getting the patient permission before examination and treating him gently during examination.
- 5. Committing with legal regulations when examining patients.
- 6. Paying attention not to be alone with patients from the other sex (male or female).
- 7. Paying attention to the legal regulations when examining patient's sexual organs and limiting exposure as necessitates only.
- 8. That the patient is to be given the right to make the decision related to treatment means assigned by the legal and ethical authorities. The patient has the right to

make such decision as well as the right to accept or reject the proposed diagnosis means for treatment. In addition, he has the right to know the reasons for examination, treatment, and the consequences of rejecting the proposed treatment. The health student/ practitioner has to tell them about such consequences. For patients who are not eligible to make decisions, there must be a legal representative for them who may be the health student/ practitioner or other party.

## Third: The relation between health student/ practitioner and colleges and health practitioners in health sectors

This aspect is not any less important than the previous ones on which the rights and duties of health profession are based. The relation between health student/ practitioner and colleges and health practitioners must be built on a base of affability, love, respect, and reciprocal trust. There are several points to take into consideration in this relation and they are as follows:

#### 1. Rights and Duties

Health student/ practitioner has to enjoy good conduct and deal with colleagues with respect and fraternity. He/she must build such relation on love, fraternity, respect, and reciprocal trust. He/she has to avoid direct criticism of colleagues before patients regardless to his/her reasons. He/she also has to consider the legal regulations when dealing with colleagues.

#### 2. Consultation & Medical Instructions Acceptance

Health student/ practitioner should not be shy of taking advice from colleagues in any problem that may affect negatively on patients. Meanwhile, he/she has to respond in case any colleague asks for his/her help.

#### 3. Response to Clinical Examinations & Commitment with their Standards

Health student/ practitioner has to respond to clinical examinations that measure his/her abilities and potential and guide him to the weaknesses. He also has to commit with examinations standards and not breach them.

#### 4. Colleagues & Patients Safety

A Colleague may do something that affects the safety of practice and patient safety such as the infection of an infectious disease or otherwise. In this case, advice must be given to this colleague. In case of disagreement, the situation must be reported to the concerned authorities for further examination and make the suitable decision.

#### **Ethics & Academic Research**

Ibn Sina National College for Medical Studies is keen on developing the academic research skills of its students as well as providing the appropriate infrastructure for the college members' service.

The college pays great attention to commit with the following regulations when conducting scientific researches in the college and its different facilities.

- Asking the voluntary approval from patients before being subject to researches to keep their rights and ensuring that such researches are carried based on their agreement.
- 2. Every medical research conducted on patients must be approved by an independent ethical committee. Researchers have to explain the research objectives and the mechanisms and methods to be followed and explaining them. Researchers also have to explain the methods followed to get the volunteers'

approval and the guarantees to protect them as well as the financial resources and potential of interest conflict.

- 3. The scientific value of the research to be carried on patients must be stated.
- 4. The social value added by the research is to be stated.
- 5. The risks and benefits must be stated. Researchers must prove that the risks of the research are limited in the permitted frame compared to the desired benefit.
- 6. Secrecy must be followed. Patients subject to medical experiments must get the same level of secrecy of other patients with regard to their health information.
- 7. If breach of academic research ethics comes to one's attention, one has to inform the concerned authorities at once in order to look in the matter.

Finally, the college puts the code of students' behavior that has been approved in the fourth session of Board of Trustees in 1435/1436 H according to which penalties and procedures that are applied to the college students.

(Arabic version – Appendix. No: 02)

#### **Basic Skills and Procedures**

During the clinical rotations, the intern will be developed in the below mentioned skills and procedures at different levels. The levels are specified as observe, assist and perform.

Observe: The intern observes the skills and procedures done by senior doctors.

Assist: The intern will be assisted by senior doctors to perform the skills and procedures.

Perform: The intern will perform the skills and procedures.

**General:** Basic skills and procedures intern develop during the major and some of the minor clinical rotations.

A. List of Skills:

No	Name of the Skills	Observe	Assist	Perform
1	Taking vital signs: cardiac/ radial pulse, arterial blood pressure, respiration rate, and body temperature	-	-	~
2	Calculating and evaluating Body mass index	-	-	✓
3	General physical examination techniques including inspection, palpation, percussion, auscultation	-	-	✓
4	Abdominal examination	-	-	✓
5	Examination of lymphatic system	-	-	$\checkmark$
6	Breast examination	-	-	✓
7	Upper and lower extremities examination	-	-	$\checkmark$
8	Examination of the mouth and throat	-	-	$\checkmark$
9	Mental Examination	-	-	✓
10	Identifying local neurological signs	-	-	$\checkmark$

11       Neck examination       -       -       ✓         12       Examination of thyroid gland       -       -       ✓         13       Genitalia examination       -       -       ✓         14       Peripheral vascular examination       -       -       ✓         15       Assessing skeletal radiographs       -       -       ✓         16       Assessing skeletal radiographs       -       ✓       ✓         17       Assessing plain abdominal radiographs       -       -       ✓         18       Estimating Glasgow Coma Score       -       -       ✓         19       Identifying the cause of death correctly       -       -       ✓         20       Selecting appropriate laboratory and other diagnostic tests       -       -       ✓         21       Assessing common laboratory results (normal versus pathological)       -       -       -       -         22       Planning prevention of communicable diseases in the community       -       -       -       -         23       Showing rational prescribing skills & dosage calculations       -       -       -          24       Instructing patients on the correct use of inhalers       -       -					
13Genitalia examination14Peripheral vascular examination15Assessment chest radiographs16Assessing skeletal radiographs-17Assessing plain abdominal radiographs-18Estimating Glasgow Coma Score19Identifying the cause of death correctly20Selecting appropriate laboratory and other diagnostic tests-21Assessing common laboratory results (normal versus pathological)-22Planning prevention of communicable diseases in the correct use of inhalers-23Showing rational prescribing skills & dosage calculations-24Instructing patients on the correct use of inhalers	11	Neck examination	-	-	$\checkmark$
14       Peripheral vascular examination       -       -       ✓         15       Assessment chest radiographs       -       ✓         16       Assessing skeletal radiographs       -       ✓         17       Assessing plain abdominal radiographs       -       ✓         18       Estimating Glasgow Coma Score       -       -       ✓         19       Identifying the cause of death correctly       -       ✓       -         20       Selecting appropriate laboratory and other diagnostic tests       -       ✓       -         21       Assessing common laboratory results (normal versus pathological)       -       ✓       -         22       Planning prevention of communicable diseases in the community       -       -       ✓         23       Showing rational prescribing skills & dosage calculations       -       -       ✓         24       Instructing patients on the correct use of inhalers       -       -       ✓	12	Examination of thyroid gland	-	-	✓
examination15Assessment chest radiographs16Assessing skeletal radiographs17Assessing plain abdominal radiographs17Assessing plain abdominal radiographs18Estimating Glasgow Coma Score19Identifying the cause of death correctly20Selecting appropriate laboratory and other diagnostic tests21Assessing common laboratory results (normal versus pathological)22Planning prevention of communicable diseases in the community23Showing rational prescribing skills & dosage calculations24Instructing patients on the correct use of inhalers25Performing guidance for	13	Genitalia examination	-	-	✓
16Assessing skeletal radiographs-✓17Assessing plain abdominal radiographs-✓18Estimating Glasgow Coma Score19Identifying the cause of death correctly-✓20Selecting appropriate laboratory and other diagnostic tests-✓21Assessing common laboratory results (normal versus pathological)-✓22Planning prevention of communicable diseases in the community-✓23Showing rational prescribing skills & dosage calculations-✓24Instructing patients on the correct use of inhalers✓	14		-	-	✓
17       Assessing plain abdominal radiographs       -       ✓         18       Estimating Glasgow Coma Score       -       -       ✓         19       Identifying the cause of death correctly       -       ✓       -         20       Selecting appropriate laboratory and other diagnostic tests       -       ✓       ✓         21       Assessing common laboratory results (normal versus pathological)       -       -       ✓         22       Planning prevention of communicable diseases in the community       -       -       ✓         23       Showing rational prescribing skills & dosage calculations       -       -       ✓         24       Instructing patients on the correct use of inhalers       -       -       ✓	15	Assessment chest radiographs	-		✓
radiographs	16	Assessing skeletal radiographs	-		✓
ScoreIdentifying the cause of death correctly-19Identifying the cause of death correctly-20Selecting appropriate laboratory and other diagnostic tests-21Assessing common laboratory results (normal versus pathological)-22Planning prevention of communicable diseases in the community-23Showing rational prescribing skills & dosage calculations-24Instructing patients on the correct use of inhalers-25Performing guidance for	17		-		$\checkmark$
correctly20Selecting appropriate laboratory and other diagnostic tests-✓21Assessing common laboratory results (normal versus pathological)22Planning prevention of communicable diseases in the community-✓23Showing rational prescribing skills & dosage calculations-✓24Instructing patients on the correct use of inhalers-✓	18		-	-	<b>~</b>
Iaboratory and other diagnostic testsIaboratory and other diagnostic tests21Assessing common laboratory results (normal versus pathological)22Planning prevention of communicable diseases in the community23Showing rational prescribing skills & dosage calculations24Instructing patients on the correct use of inhalers25Performing guidance for	19		-	~	-
results (normal versus pathological)-22Planning prevention of communicable diseases in the community-23Showing rational prescribing skills & dosage calculations-24Instructing patients on the correct use of inhalers-25Performing guidance for-	20	laboratory and other	-	~	$\checkmark$
communicable diseases in the community-23Showing rational prescribing skills & dosage calculations-24Instructing patients on the correct use of inhalers-25Performing guidance for-	21	results (normal versus	-	-	~
skills & dosage calculations24Instructing patients on the correct use of inhalers25Performing guidance for use of inhalers	22	communicable diseases in the	-	~	-
correct use of inhalers         25       Performing guidance for	23		-	-	$\checkmark$
	24	- ·	-	-	✓
	25		-	-	$\checkmark$
26 Planning nutrition according ✓ to age	26		-	-	$\checkmark$
27   Assessing suicidal risk   -   -   ✓	27	Assessing suicidal risk	-	-	$\checkmark$
28Performing appropriate aftercare✓	28		-	-	✓

Taking all necessary steps to prevent infection spread before, during, or after patient care.	-	-	~
Use of protective measures (using gloves, gowns and masks)	-	-	~
Safe disposal of clinical waste	-	-	$\checkmark$
Correct techniques for handling and moving patient including patient lifting and handling objects or people in clinical care context using methods that help avoid injury to patients, oneself, or colleagues	-	-	~
Applying a consultation framework	-	-	~
Shared decision making	-	✓	-
Disclosure, counseling and patient education	-	-	✓
Getting an informed consent	-	-	$\checkmark$
Breaking bad news	-	-	$\checkmark$
Truth telling (admitting errors & mistakes)	-	-	✓
Writing patient's records	-	-	✓
Prescribing skills	-	~	-
Writing referral notes	-	-	$\checkmark$
Writing discharge notes	-	-	✓
Certifying death certificates	-	<b>√</b>	-
Communicating electronically	-	-	$\checkmark$
Effective communication with colleagues	-	-	$\checkmark$
	prevent infection spread before, during, or after patient care. Use of protective measures (using gloves, gowns and masks) Safe disposal of clinical waste Correct techniques for handling and moving patient including patient lifting and handling objects or people in clinical care context using methods that help avoid injury to patients, oneself, or colleagues Applying a consultation framework Shared decision making Disclosure, counseling and patient education Getting an informed consent Breaking bad news Truth telling (admitting errors & mistakes) Writing patient's records Prescribing skills Writing referral notes Writing death certificates Communicating electronically Effective communication with	prevent infection spread before, during, or after patient care.Use of protective measures (using gloves, gowns and masks)-Safe disposal of clinical waste-Correct techniques for handling and moving patient including patient lifting and handling objects or people in clinical care context using methods that help avoid injury to patients, oneself, or colleagues-Applying a consultation framework-Shared decision making-Disclosure, counseling and patient education-Getting an informed consent-Breaking bad news-Truth telling (admitting errors & mistakes)-Writing patient's records-Writing referral notes-Writing discharge notes-Communicating electronically-Effective communication with-	prevent infection spread before, during, or after patient careUse of protective measures (using gloves, gowns and masks)Safe disposal of clinical wasteCorrect techniques for handling and moving patient including patient lifting and handling objects or people in clinical care context using methods that help avoid injury to patients, oneself, or colleaguesApplying a consultation frameworkShared decision makingDisclosure, counseling and patient educationGetting an informed consentTruth telling (admitting errors & mistakes)Writing patient's recordsVriting referral notesWriting discharge notesCommunicating electronically

No	Name of the Procedures	Observe	Assist	Perform
1	Performing arterial puncture for blood gas	-	~	-
2	Measuring blood sugar by glucometer	-	-	~
3	Drawing venous blood, venous access	-	-	~
4	Performing IV injection and administering IV therapy	-	-	~
5	Performing IM injection	-	-	~
6	Performing subcutaneous injection	-	-	~
7	Taking samples for blood cultures.	-	-	~
8	Performing Intradermal injection	-		~
9	Performing first aid	-	-	$\checkmark$
10	Observing blood transfusion (preparation of blood transfusion)	~	-	-
11	Performing volume resuscitation (including blood transfusion)	-	~	~
12	Performing capillary blood sampling	-	-	~
13	Observing lumbar puncture	✓	-	-
14	Performing an electrocardiograph	-	-	~
15	Performing bleeding control pressure and tourniquet	-	-	~

16	Performing basic respiratory function tests	-	-	✓
17	Performing throat swab	-	-	✓
18	Performing bleeding and clotting time	-	-	✓
19	Urinalysis (by dipstick)	-	-	✓
20	Performing basic life support	-	-	✓
21	Performing nasogastric tube Insertion	-	-	~
22	Perform gastric lavage	-	~	-
23	Performing bladder catheterization (male and female)	-	-	~
24	Observing endotracheal intubation	~	-	-
25	Performing local anesthetics	-	<b>~</b>	-
26	Observing endotracheal intubation	~	~	-

**Internal Medicine:** Basic skills and procedures intern will develop during the Internal Medicine clinical rotation.

#### A. List of Skills:

N	D	Name of the Skills	Observe	Assist	Perform
1		Differentiating normal and abnormal ECG	-	_	$\checkmark$

No	Name of the Procedures	Observe	Assist	Perform
1	Performing nebulizer treatment	-	-	~
2	Observing defibrillation	$\checkmark$	-	-
3	Observing peritoneocentesis (ascetic tap) & pleural tapping	~	-	-
4	Observing GIT endoscopy	$\checkmark$	-	-

**Pediatrics:** Basic skills and procedures intern will develop during the Pediatric clinical rotation.

A. List of Skills:

No	Name of the Skills	Observe	Assist	Perform
1	Measuring height, weight, head circumference and evaluating on a percentile chart	-	-	✓
2	Following growth and development in children	-	-	✓
3	Assessing APGAR score	-	-	~
4	Assessing infant respiratory distress	-	-	<b>~</b>
5	Assessing infant/ child dehydration	-	-	✓
6	Immunization: advice and decision making	-	-	<b>~</b>
7	Assessing infant respiratory distress	-	-	$\checkmark$

No	Name of the Procedures	Observe	Assist	Perform
1	Performing nebulizer treatment	-	-	✓
2	Observing defibrillation	$\checkmark$	-	-
3	Observing peritoneocentesis (ascetic tap)	$\checkmark$	_	_

**Surgery:** Basic skills and procedures intern will develop during the Surgery clinical rotation.

#### A. List of Skills:

No	Name of the Skills	Observe	Assist	Perform
1	Prostate Examination	-	-	~
2	Primary trauma survey	-	~	-

No	Name of the Procedures	Observe	Assist	Perform
1	Performing wound care	-	-	~
2	Applying cervical collar	-	-	$\checkmark$
3	Applying plaster & immobilizing Joints	-	~	-
4	Performing basic burn care	-	$\checkmark$	✓
5	Performing basic suturing	-	✓	$\checkmark$
6	Performing incision and drainage of abscess	-	~	✓
7	Performing venous cut down	-	~	-
8	Performing bleeding control pressure and tourniquet	-	-	✓
9	Recognizing and relieving an obstructed air way	-	~	✓
10	Performing local anesthetics	-	$\checkmark$	-

**Obstetrics & Gynecology:** Basic skills and procedures intern will develop during the Obstetrics and Gynecology clinical rotation.

#### A. List of Skills:

No	Name of the Skills	Observe	Assist	Perform
1	Gynecological examination including speculum examination	-	✓	-
2	Antenatal assessment	-	-	✓
3	Postnatal assessment	-	-	~
4	Assessing APGAR score	-	-	✓
5	Assessing infant respiratory distress	-	-	~
6	Assessing fundal height	-	-	✓
7	Performing guidance for and follow up of contraception practice	-	-	✓
8	Interpretation of fetal echocardiography	-	<ul> <li>✓</li> </ul>	-

No	Name of the Procedures	Observe	Assist	Perform
1	Performing wound care	-	-	$\checkmark$
2	Performing basic suturing	-	$\checkmark$	-
3	Performing normal vaginal delivery	-	~	-
4	Performing assisted vaginal delivery	~	-	-
5	Observation of Obstetrics Ultrasonography	~	-	-

**Emergency Medicine:** Basic skills and procedures intern will develop during the Emergency Medicine rotation.

A. List of Skills:

No	Name of the Skills	Observe	Assist	Perform
1	Ophthalmological examination	-	-	~
2	Assessing visual fields	-	-	~
3	Differentiating normal and abnormal ECG	-	-	$\checkmark$

No	Name of the Procedures	Observe	Assist	Perform
1	Observing defibrillation	✓	-	-
2	Performing basic burn care	-	~	✓
3	Applying cervical collar	-		~
4	Performing basic restraint for extremities, elastic bandage	-	~	✓
5	Performing stabilizing, restraining neck and spine	-	~	✓
6	Cleaning foreign body, placing airway, Heimlich maneuver	-	~	✓
7	Observing tracheostomy & chest tube insertion	~	-	-
8	Observing endotracheal intubation	~	-	-
9	Performing local anesthetics	-	✓	-
10	Identifying papilledema	-	-	$\checkmark$

Anaesthesia: Basic skills and procedures intern will develop during the Anaesthesia rotation.

#### A. List of Skills:

No	Name of the Skills	Observe	Assist	Perform
1	Preoperative assessment	-	~	$\checkmark$
2	Select anesthetic & pain relief medication	$\checkmark$	✓	-

No	Name of the Procedures	Observe	Assist	Perform
1	Observing defibrillation	~	-	-
2	Placing airway	-	$\checkmark$	✓
3	Observing endotracheal intubation	~	✓	-
4	Observing General Anaesthesia	$\checkmark$	-	-
5	Observe Regional Anaesthesia	$\checkmark$	-	-
6	Performing local anesthetics	-	$\checkmark$	-

**Ophthalmology:** Basic skills and procedures intern will develop during the Ophthalmology rotation.

A. List of Skills:

No	Name of the Skills	Observe	Assist	Perform
1	Ophthalmological examination	-	-	$\checkmark$
2	Select appropriate medications for ophthalmologic examinations	-	<b>~</b>	~
3	Apply anesthetic eye drops	-	-	$\checkmark$
4	Assessing visual fields	-	-	✓
5	Using Snellen's chart for vision assessment	-	-	✓
6	Color vision assessment by Ishihara Color Vision Test	-	-	$\checkmark$

### B. List of Procedures:

No	Name of the Procedures	Observe	Assist	Perform
1	Identifying papilledema	-	-	✓
2	Performing eye irrigation	-	~	✓
3	Performing removal of corneal foreign body	~	-	-

**Otorhinolaryngology:** Basic skills and procedures intern will develop during the Otorhinolaryngology rotation.

A. List of Skills:

No	Name of the Skills	Observe	Assist	Perform	
1	Otoscopic examination	-	-	~	
2	Hearing tests	-	-	~	

### B. List of Procedures:

No	Name of the Procedures	Observe	Assist	Perform
1	Anterior rhinoscopy	-	~	~
2	Irrigating external auditory canal	✓	✓	-
3	Inserting anterior nasal pack	$\checkmark$	$\checkmark$	-
4	Removing foreign body	$\checkmark$	$\checkmark$	_
5	Observing tracheostomy	$\checkmark$	-	-

#### Assessment & Remediation

The medical intern will be assessed against standard of Ibn Sina National College for Medical Studies Internship learning outcomes. Intern learning outcomes are based on the selected competencies from the SaudiMED framework and completely in alignment with National Qualification Framework (NQF). The assessment underpinning framework of Medical Intern's Competencies and Learning Outcomes clinically oriented, directly observed, and work based.

The outcomes under the competencies of scientific based approach, patient care and community oriented practice will be assessed through the basic skills and procedures. The outcomes under the competencies of communication & collaboration, professionalism and research & scholarship will be assessed during your clinical rotationswith respect to your practice in code of conduct and ethics as previously mentioned (*Arabic version of ISNC code of ethics - refer to Appendix. No: 02*). The code of conduct and ethics are in alignment with the code of ethics for Healthcare practitioners by Saudi Commission of Health Specialties (SCFHS).

Each clinical rotation will be assessed by the internship supervisor and further discussed with Director of Clinical Training in the concerned hospital. Intern should adhere to the rules and regulations of the concerned hospital in rotations of routine activities and protocols, with respect to assessment policies the intern will be assessed according to Ibn Sina National College for Medical Studies Assessment method for Internship Training *(Assessment form & its details – refer to Appendix. No: 01).* 

- A minimum rating of 2 in every Intern learning outcomes is needed to be eligible for overall rating.
- In overall rating, if the intern rating is  $\geq$  40, he will be considered satisfactory.
- The intern who is not eligible for overall rating or unsatisfactory in the overall rating has to repeat the concerned clinical rotation.
- Any disciplinary action or grievance by the intern should be submitted to the Director of Clinical Training of the concerned hospital and further it will be sent to Dean Ibn Sina National College for Medical Studies where it will be discussed in the Internship Committee and final decision will be made.

#### References

1. Aretz H. How good is the newly graduated doctor and can we measure it? Medical Journal of Australia 2003; 178:147-148.

2. Grant J. Changing postgraduate medical education: a commentary from the United Kingdom. Medical journal of Australia. 2007;186: S9-S13.

3. Neufeld R. Maudsley R, Pickering R, Turnbull J, Weston W, Brown M, Simpson J (1998). Educating Future Physicians for Ontario. Academic Medicine 1998; 73:1133-1148.

4. Harden R, Sowden S, Dunn W. Some educational strategies in curricular development: the SPICES model. Medical Education 1984;18: 284-97.

5. Dowton S, Stokes M, Rawstron E, Pogson P, Brown M. Postgraduate medical education: rethinking and integrating a complex landscape. Medical Journal of Australia 2005; 182:177–180.

6. Schwarz M, Wojtczak A. Global minimum essential requirements: a road towards competence-oriented medical education. Medical Education 2002; 24:125-9.

7. Executive committee for SaudiMED Framework. SaudiMED Framework, The Saudi Medical Deans' Committee, Ministry of Education, Kingdom of Saudi Arabia. Jan 2015.

8. The Rough Guide to the foundation program (RGFP) 2007. Available at: www.foundationprogrammes.nhs.uk (Accessed on September 2008).

9. The Postgraduate Medical Education and Training Board, Educating Tomorrow's Doctors – Future Models of Medical Training (2008) Available at: www.pmetb.org.uk (Accessed on May 2009).

10. Frank, J.R. The CanMEDS physician competency framework. Better standards. Better physicians. Better care. Ottawa: The Royal College of Physicians and Surgeons of Canada 2005. Available at:www.rcpsc.medical.org (Accessed on September 2008).

11. Frank J, Danoff D. The CanMEDS initiative: implementing an outcomes-based framework of physician competencies. Medical Teacher 2007; 29:642-7.

12. Abdulrahman K. The status of medical education in the Gulf Cooperation Council countries. Annals of Saudi Medicine 2008; 28: 83-88.

13. Al Moamary M, Mamede S, Schmidt H. Innovations in Medical 18. Internship: Benchmarking and Application. Health edu. In press 1

14. Al Moamary, Mohamed bin Saad. Medical Internship Curriculum: The framework for medical Interns Competencies. Riyadh. 2012. ISBN 978 - 603 - 90114 - 0 - 8

15. Interns Assessment Form - 2013, Australian Medical Council.

Appendix No: 01 – Sample Assessment form – Mid-Rotation & End-Rotation



Ibn Sina National College for Medical Studies Internship Assessment Form – Major Clinical Rotations (Medicine, Surgery, Pediatric, Obstetrics & Gynecology)

#### About this Internship Assessment Form

Internship assessment of major clinical rotations has two stages: Mid rotation (at the end of 4<sup>th</sup> week of clinical rotation) and End of rotation (at the end of 8<sup>th</sup> week of clinical rotation). Both stages are used for assessing intern's performance against the Ibn Sina National College for Medical Studies Internship learning outcomes. The criteria for intern's performance rating are mentioned in page 1 and 2 of this form.

#### Instructions for completing the form in the area of Mid Rotation Assessment

Mid-rotation assessment should be completed at the end of the 4<sup>th</sup> week by the rotation supervisor during the major clinical rotations, which are Medicine, Pediatrics, Surgery & Obstetrics and Gynecology (each has eight weeks' duration). Complete the assessment and finally discuss & get signature from the intern.

#### Rotation supervisor should:

- 1. Observe the intern in the workplace during his or her clinical rotations.
- 2. Seek feedback about intern's performance from multiple sources (e.g. other medical practitioners, nurses, other health professionals, patients).
- 3. Encircle the appropriate digit based on the performance in each learning outcome. Every effort should be made to observe the intern's performance to effectively assess the internship learning outcomes. Use rating 2 and 4 where the performance falls between the descriptors.
- 4. If any of the internship learning outcomes is "Not Observed and Not Applicable" then intern should be scored "3" in the rating scale.
- 5. After the mid-rotation assessment (mid-rotation assessment has to be done only for the major clinical rotations such as Medicine, Pediatrics, Surgery & Obstetrics and Gynecology) complete the improving performance action plan (IPAP) for the outcome(s) where the intern requires significant improvement.
- 6. The criteria for selection of learning outcomes to IPAP: <u>The intern's performance on the learning outcomes is < 3.</u>
- 7. Complete the IPAP and discuss with the intern & get signature to ensure remediation commences with clearly articulated goals, timelines for review, and required actions.

#### Instructions for completing the form in the area of End of Rotation Assessment

End-rotation assessment should be completed at the end of 8<sup>th</sup> week by rotation supervisor during the major clinical rotations such as Medicine, Pediatrics, Surgery & Obstetrics and Gynecology (each has eight weeks' duration). Supervisor should review the completed mid rotation assessment before the start of end-rotation assessment. Complete the assessment form and finally discuss & get signature from the intern.

#### Rotation supervisor should;

- 1. Observe the intern in the workplace during his or her clinical rotations.
- 2. Include observations from multiple sources (e.g. other medical practitioners, nurses, other health professionals, patients).
- 3. Encircle the appropriate digit based on the performance in each learning outcome. Every effort should be made to observe the intern's performance to effectively assess the internship learning outcomes. Use rating 2 and 4 where the performance falls between the descriptors.
- 4. If any of the internship learning outcomes is "Not Observed and Not Applicable" then intern should be scored "3" in the rating scale.
- 5. Supervisor should review the completed mid-rotation assessment details before the start of end rotation assessment. If the improving performance action plan (IPAP) was given after mid-rotation assessment in any of the seventeen internship learning outcomes, review intern's improvement in those learning outcomes while completing the end of the rotation assessment. If the IPAP action plan was not followed by the intern, concerned outcome(s) should be rated as 2 or 1 depending upon the intern's performance.
- 6. At the end of rotation assessment make an overall rating for the intern (overall rating means the net total of ratings attained by intern in all the assessed internship learning outcomes). Eligibility for OVERALL RATING: Intern's rating SHOULD BE A MINIMUM OF 2 in EACH assessed Internship learning outcomes.
- 7. The Director of Clinical Training should send the completed copy of assessment form to Training Unit at Ibn Sina National College for Medical Studies. Al Mahjar Street, Jeddah, Kingdom of Saudi Arabia. The completed original form kept in the records of clinical training office of the hospital for any future interventions)

Criteria fo	or Intern's Per	formance Ratings				
		entific Approach to Practice				
Learning outcome: 01		Integrate basic, clinical, behavioral, and social sciences in healthcare practice.				
	1	Demonstrates inadequate knowledge across common presentations and rarely applies this knowledge to patient care.				
Rating	3	Demonstrates adequate knowledge across most common presentations and usually applies this knowledge to patient care.				
	5	Demonstrates extensive knowledge across common presentations and always applies this knowledge to patient care.				
SaudiME	D Domain: Pat	lient Care				
Learning	outcome: 02	Manage competently patients with common medical problems, emergency, and life-threatening conditions with strict adhering to the Islamic code of ethics.				
	1	Regularly demonstrates incomplete patient assessment & not adhering to Islamic code of ethics and inability to synthesize findings.				
Rating	3	Usually performs a satisfactory, focused patient assessment but on occasions has difficulty with either the patient history, physical examination or synthesis of findings. Adhere to the Islamic code of ethics.				
	5	Consistently performs a thorough, focused patient history and physical examination adhering to Islamic code of ethics and synthesizes the findings to generate valid differential diagnoses.				
Learning	outcome: 03	Incorporate evidence-based healthcare into practice in adherence to code of conduct and ethics for healthcare practitioners that established by SCFHS.				
	1	Does not identify or apply evidence, protocols & guidelines and code of conduct established for healthcare practitioners by SCFHS in contributing to patient management decisions.				
Rating	3	Usually applies evidence, protocols & guidelines and code of conduct established for healthcare practitioners by SCFHS in contributions to patient management decisions.				
	5	Consistently identifies and applies appropriate evidence, protocols & guidelines and code of conduct established for healthcare practitioners by SCFHS to contribute to patient management decisions in conjunction with patients and other members of the healthcare team.				
Learning	outcome: 04	Operate basic equipment in examining patients to reach a definite diagnosis and management plan.				
	1	Demonstrates limited technical proficiency and/or sensitivity to patients when performing common procedures.				
Rating	3	Performs most common procedures in a safe and effective manner on routine patient presentations.				
	5	Performs all common procedures appropriate to the patient presentation with a high degree of technical proficiency and sensitivity to patients.				

Learning outcome: 05		Perform competently the procedures of basic life support for emergency, and life-threatening conditions.						
	1	Uncertain in recognizing the need of emergency situations & delay in seeking assistance to handle emergency during management of patients.						
Rating	3	Usually recognizes the need of emergency situations and seeks appropriate assistance to handle emergency during the management of patients.						
	5	Always recognizes the need of emergency situations and seek appropriate assistance to handle emergency during the management of patients.						
Learning	outcome: 06	Identify the different therapeutic modalities with consideration of principles of suffering, disability, rehabilitation, and palliative care.						
	1	Does not identify patients need for multiple therapeutic modalities in particular to rehabilitation and palliative care.						
Rating	3	Usually identifies patients need for multiple therapeutic modalities in particular to rehabilitation and palliative care.						
	5	Always recognizes the need for multiple therapeutic modalities in particular to rehabilitation and palliative care.						
Learning	outcome: 07	Demonstrate commitment for maintaining a safe clinical environment with emphasizing on infection control and patient safety.						
	1	Does not follow the protocols of patient safety during clinical examinations and common procedures including infection prevention and control						
	-	and drug safety.						
	3	Usually adheres to the protocols of patient safety during clinical examinations and common procedures including infection prevention and						
Rating	5	control and drug safety.						
	5	Always adheres to the protocols of patient safety during clinical examinations and common procedures including infection prevention and						
	5	control and drug safety.						
SaudiME	) Domain: Cor	nmunity Oriented Practice						
	outcome: 08	Recognize policies, procedures, and organizations of the national health care system.						
	1	Does not recognize and integrate the knowledge of national health care policies and procedures in patient care.						
Rating	3	Usually recognizes and integrates the knowledge of national health care policies and procedures in patient care.						
nating	5	Always recognizes and integrates the knowledge of national health care policies and procedures in patient care.						
Learning	outcome: 09	Advocate health promotion, screening, and prevention of communicable and non-communicable diseases in compliance with the healthcare						
Learning	outcome. 05	system in Saudi Arabia						
	1	Does not apply a systemic approach to prevention and screening of communicable and non-communicable diseases.						
Rating	3	Usually applies a systemic approach to prevention and screening of communicable and non-communicable diseases.						
	5	Always applies a systemic approach to prevention and screening of communicable and non-communicable diseases.						
Learning	outcome: 10	Recognize the role of international health organizations in different global health issues like						
		managing pandemics with particular attention to Hajj and Umrah. Not Observed Not Applicable						
	1	Does not recognize current global pandemics data and integrates the knowledge in dealing with patients during hajj and umrah.						
Rating	3	Usually recognizes current global pandemics data and integrates the knowledge in dealing with patients during hajj and umrah.						
	5	Always recognizes current global pandemics data and integrates the knowledge in dealing with patients during hajj and umrah.						
SaudiME	Domain: Cor	nmunication and Collaboration						
Learning	outcome: 11	Demonstrate an effective communication with patients & their families, break bad news with sensitivity, write referrals and take consent for procedures.						
	1	Rarely communicate effectively with patients and their families and/or break bad news with sensitivity and/or write referrals and take consent for procedures.						
	3	Usually communicate effectively with patients and their families and/or break bad news with sensitivity and/or write referrals and take consent						
Rating	_	for procedures.						
	5	Always communicate effectively with patients and their families and/or break bad news with sensitivity and/or write referrals and take consent						
	_	for procedures.						
Learning	outcome: 12	Practice multi-disciplinary integrated approach, teamwork, and inter-professional collaboration in various health care settings						
	1	Rarely demonstrates teamwork skills for making clinical judgments and effectively manage the patients.						
Rating	3	Usually demonstrates teamwork skills for making clinical judgments and effectively manage the patients.						
	5	Always demonstrates teamwork skills for making clinical judgments and effectively manage the patients.						
Learning	outcome: 13	Deal with confidentiality in retrieving patients' data from computer-based systems for appropriate use in patient care.						
	1	Rarely utilizes patient files in an appropriate manner for patient care, when uses maintains the patient's data in an insecure manner.						
Rating	3	Usually utilizes patient files in an appropriate manner for patient care with respect to the confidentiality of patients' data.						
0	5	Always utilizes patient files in an appropriate manner for patient care with respect to the confidentiality of patients' data.						
SaudiME	Domain: Pro							
Learning outcome: 14		Demonstrate Islamic morals, legal and professional standards towards patients, their families, colleagues, and other healthcare						
		professionals.						
	1	Rarely acts in accordance with Islamic morals & manners and legal & professional standards and/or showing disrespect towards patients, colleagues & community.						
Rating	3	Usually acts in accordance with Islamic morals & manners and legal & professional standards. Respects patients, colleagues & community.						
	5	Always acts in accordance with Islamic morals & manners and legal & professional standards. Respects patients, colleagues & community.						
Learning	outcome: 15	Recognize the different professional roles of the physician with commitment to lifelong learning.						
	1	Rarely engages in learning activities.						
Rating	3	Usually utilizes the opportunity to learn and attend CMEs, seminars and conferences.						
	5	Always utilizes the opportunities for learning. Consistently attending and actively participate in CMEs, seminars and conferences.						
	I							

Rating

Rating

5

 Learning outcome: 16
 Conduct medical research in different specialties under supervision with high quality publication.

 1
 Rarely engages in research oriented activities and never attempts for manuscript writing.

Rating 3 Usually identifies research areas and follow guidelines of local governance in medical research and demonstrate manuscript writing skills.

5 Always identifies research areas and follow guidelines of local governance in medical research and demonstrate manuscript writing skills.

Learning outcome: 17 Demonstrate effective reflective practice in response to the received feedback from supervisors.

1 Does not seek or act on feedback.

3 Need consistent reminders in reflective practice.

Actively seeks feedback and collaborates in reflective practice.

Intern's performance criteria for the ratings 2 and 4 for all the seventeen internship learning outcomes

2 Performance level between 1 and 3

4 Performance level between 3 and 5

Note: If any of the internship learning outcomes is "Not Observed and Not Applicable" then intern should be scored "3" in the rating scale.

For more details on the SaudiMED framework, Alignment with National Qualification Framework (NQF), Internship Learning Outcomes of Ibn Sina National for Medical Studies (ISNC) and performance ratings, kindly refer to "Internship Information Book" of ISNC.

Ibn Sina National College for Medical Studies - Internship Assessment Booklet: Major Clinical Rotations

Name of the Intern     ID No       Name of the Rotation     Department		· · · · · · · · · · · · · · · · · · ·	
Name of the Botation Department			
Name of the Notation			
Name of the Hospital Place			
Name of the Director Clinical Supervisor			
for Clinical Training Name			
From (dd/mm/yyyy) To (dd/mm/yyyy)			

Encircle the appropriate rating number for each internship learning outcome in mid and end rotation. Before rating the intern's performance in end rotation, kindly refer to the Improving Performance Action Plan Column in mid rotation assessment. (Refer to page 1 & 2 for the criteria for performance ratings)

<i>refer to the Improving P</i> Mid Rotation	erformance Action Plan Column in mid rotation assessment. (Refer to page 1 & 2 for the criteria for performance (Assessment based on Internship Learning Outcomes) At the end of clinical rotation intern will be able to;	e ratings) End Rotation				
Assessment	SaudiMED Domain: Scientific approach to practice	Assessment				
Learning Outcome: 01	Integrate basic, clinical, behavioral, and social sciences in healthcare practice.	Learning Outcome: 01				
1 2 3 4 5		1 2 3 4 5				
Learning Outcome: 02	SaudiMED Domain: Patient Care Manage competently patients with common medical problems, emergency, and life-threatening conditions wit	Learning Outcome: 02				
1 2 3 4 5	strict adhering to the Islamic code of ethics.	1 2 3 4 5				
Learning Outcome: 03           1         2         3         4         5	Incorporate evidence-based healthcare into practice in adherence to code of conduct and ethics for healthcare practitioners that established by SCFHS.	Learning Outcome: 03           1         2         3         4         5				
Learning Outcome: 04           1         2         3         4         5	Operate basic equipment in examining patients to reach a definite diagnosis and management plan.	Learning Outcome: 04           1         2         3         4         5				
Learning Outcome: 05           1         2         3         4         5	Perform competently the procedures of basic life support for emergency, and life-threatening conditions.	Learning Outcome: 0512345on,Learning Outcome: 06				
Learning Outcome: 06           1         2         3         4         5						
Learning Outcome: 07           1         2         3         4         5	Demonstrate commitment for maintaining a safe clinical environment with emphasizing on infection control and patient safety.	d Learning Outcome: 07 1 2 3 4 5				
Learning Outcome: 08	SaudiMED Domain: Community Oriented Practice	Loarning Outcome: 08				
1 2 3 4 5	Recognize policies, procedures, and organizations of the national health care system.	Learning Outcome: 08				
Learning Outcome: 09           1         2         3         4         5	Advocate health promotion, screening, and prevention of communicable and non-communicable diseases in	Learning Outcome: 09           1         2         3         4         5				
Learning Outcome: 10	compliance with the healthcare system in Saudi Arabia         Recognize the role of international health organizations in different global health	Learning Outcome: 10				
1 2 3 4 5	issues like managing pandemics with particular attention to Hajj and Umrah. (If not observed or not applicable, score 3 in the rating)					
Learning Outcome: 11	SaudiMED Domain: Communication and Collaboration Demonstrate an effective communication with patients & their families, break bad news with sensitivity, w	Learning Outcome: 11				
1 2 3 4 5	referrals and take consent for procedures	1 2 3 4 5				
Learning Outcome: 12           1         2         3         4         5	Practice multi-disciplinary integrated approach, teamwork, and inter-professional collaboration in various healt settings	h care Learning Outcome: 12 1 2 3 4 5				
Learning Outcome: 13           1         2         3         4         5	Deal with confidentiality in retrieving patients' data from computer-based systems for appropriate use in patier care.	Learning Outcome: 13           1         2         3         4         5				
Learning Outcome: 14	SaudiMED Domain: Professionalism	Learning Outcome: 14				
1 2 3 4 5	Demonstrate Islamic morals, legal and professional standards towards patients, their families, colleagues, and c healthcare professionals.	other 1 2 3 4 5				
Learning Outcome: 1512345	Recognize the different professional roles of the physician with commitment to lifelong learning.	Learning Outcome: 15           1         2         3         4         5				
Learning Outcome: 16	SaudiMED Domain: Research and Scholarly Activity	Learning Outcome: 16				
1 2 3 4 5	Conduct medical research in different specialties under supervision with high quality publication.	1 2 3 4 5				
Learning Outcome: 17           1         2         3         4         5	Demonstrate effective reflective practice in response to the received feedback from supervisors.	Learning Outcome: 17           1         2         3         4         5				
	Performance Action Plan (IPAP) in Mid Rotation Assessment: IPAP is required, if the intern score is < 3 in any of					
	comes at the end of Mid - Rotation. (*Intern's signature is considered as an acceptance of assessment ratings & IP. ving Performance Action Plan based on intern's performance < 3 in the respective learning outcome(s)	AP) Overall rating means the net total of ratings attained by intern in the				
		assessed internship				
Supervisor Signatu		learning outcomes				
• •	<b>tings in End Rotation Assessment:</b> Eligibility for OVERALL RATING: Intern's rating SHOULD BE A MINIMUM OF 2 in e ship learning outcomes. Overall rating means the net total of ratings attained by intern in the assessed intern					
	ntern's Signature is considered as an acceptance of all the assessment ratings & recommended actions)	(in numbers)				
Explanation by superv	isor for rating Intern's performance LESS than 2 in Internship Learning Outcomes is End of Rotation assessment (if a الم	any) (in numbers)				
Intern's Performance	Intern's Performance Based on Overall Rating (Kindly tick in the appropriate box)					
Satisfactory						
Unsatisfactory	(in words)					
Any additional response	sibilities which the intern has undertaken in this rotation <i>(Supervisor may explain the intern's leadership quality</i>	in holding responsibilities)				
Actions recommended	by the Director of Clinical Training (If the intern attained low rating, provide details of discussion with supervise	or for your final decision)				
Supervisor Signa Date & Seal						
Ibn Sina National Colleg	ge for Medical Studies - Internship Assessment Booklet: Major Clinical Rotations	Page 3				

### **Remediation Policy**

- Internship training is completely focused on the Internship learning outcomes.
- The intern's will be assessed twice (mid-rotation & end-rotation) in the major clinical rotations such as Medicine, Surgery, Pediatrics and Obstetrics and Gynecology. After the mid-rotation assessment if the intern attained rating of < 3 in any of the seventeen internship learning outcomes, supervisor will provide Improving performance action plan (IPAP) after consultation with the Director of Clinical Training. In the end of rotation assessment, intern should attain a minimum of  $\geq$  2 in all the seventeen internship learning outcomes to become eligible for overall rating. Overall rating is the net total of ratings by intern in all the seventeen internship learning outcomes. If overall rating is  $\geq$  40, he will be considered satisfactory, if the overall rating is  $\leq$  39, he will be considered unsatisfactory.
- The intern who is not eligible for overall rating or unsatisfactory in the overall rating has to repeat the concerned clinical rotation.
- In the Emergency Medicine & Elective Rotations, the students will have only end of the rotation assessment. Other rules and regulations remain same.
- Any disciplinary action or grievance by the intern should be submitted to the Director of Clinical Training of the concerned hospital and further it will be sent to Dean of Ibn Sina National College for Medical Studies where it will be discussed in the Internship Committee and final decision will be made.

## **MISSION STATEMENTS**

## Ibn Sina National College for Medical Studies (ISNC)

To make significant contribution to the advances in Saudi Arabian healthcare through the provision of outstanding education, research and medical services in a motivating and technology enabled learning environment

**ISNC – Medicine Program** 

To graduate competent physicians with an aptitude to be life-long learners and acquire specialized expertise to promote healthcare services in Saudi Arabia by providing them with essential clinical competencies and research abilities within a motivating learning environment.

### **Training Unit**

Ibn Sina National College for Medical Studies 22421 – Al Mahjar Street I Jeddah I Kingdom of Saudi Arabia +96626374566 / +96626356555 – Ext: 153 train-alumni@ibnsina.edu.sa



# Ibn Sina National College for Medical Studies Internship Assessment Form (Emergency Medicine & Elective Clinical Rotations)

#### About this Internship Assessment Form

Internship assessment of Emergency Medicine & Elective Clinical Rotations has only one stage; End rotation assessment (at the end of clinical rotation). End rotation assessments are used for assessing intern's performance against the Ibn Sina National College for Medical Studies – Internship learning outcomes. The criteria for intern's performance rating is mentioned in page 1 and 2 of this form.

#### Instructions for completing the End Rotation Assessment form

End-rotation assessment should be completed at the end of rotation by the rotation supervisor during the Emergency Medicine & Elective clinical rotations such as Anesthesia, Intensive care, Orthopedics, Urology, Neurosurgery, Radiology, Family Medicine, Ophthalmology, Otorhinolaryngology, Dermatology, Hematology and others (One-month duration).

Complete the assessment and finally discuss & get signature from the intern.

#### Rotation supervisor should;

- 1. Observe the intern in the workplace during his or her clinical rotations.
- 2. Seek feedback about intern's performance from multiple sources (e.g. other medical practitioners, nurses, other health professionals, patients).
- 3. Encircle the appropriate digit based on the performance in each learning outcome. Every effort should be made to observe the intern's performance to effectively assess the internship learning outcomes. Use rating 2 and 4 where the performance falls between the descriptors.
- Assessment of an internship learning outcomes is not possible in that clinical rotation, then use the option "Not Observed". (should be indicated using tick mark ✓)
- 5. Assessment of an internship learning outcomes is not applicable in that clinical rotation, then use the option "Not Applicable". (should be indicated using tick mark ✓)
- 6. If any of the internship learning outcomes is "Not Observed and Not Applicable" then intern should be scored "3" in the rating scale.
- 7. At the end of rotation assessment make an overall rating for the intern (overall rating means the net total of ratings attained by intern in all the assessed internship learning outcomes). Eligibility for OVERALL RATING: Intern's rating SHOULD BE A MINIMUM OF 2 in EACH assessed Internship learning outcomes.
- 8. The Director of Clinical Training should send the completed copy of assessment form to Training Unit at Ibn Sina National College for Medical Studies. Al Mahjar Street, Jeddah, Kingdom of Saudi Arabia. The completed original form kept in the records of clinical training office of the hospital for any future interventions)

Outleast of						
		formance Ratings				
		entific Approach to Practice Integrate basic, clinical, behavioral, and social sciences in healthcare practice.				
Learning outcome: 01						
	1	Demonstrates inadequate knowledge across common presentations and rarely applies this knowledge to patient care.				
Rating	3	Demonstrates adequate knowledge across most common presentations and usually applies this knowledge to patient care.				
	5	Demonstrates extensive knowledge across common presentations and always applies this knowledge to patient care.				
SaudiME	D Domain: Pat	ient Care				
Learning	outcome: 02	Manage competently patients with common medical problems, emergency, and life-threatening conditions with strict adhering to the Islamic code of ethics.				
	1	Regularly demonstrates incomplete patient assessment & not adhering to Islamic code of ethics and inability to synthesize findings.				
Rating	3	Usually performs a satisfactory, focused patient assessment but on occasions has difficulty with either the patient history, physical examination or synthesis of findings. Adhere to the Islamic code of ethics.				
	5	Consistently performs a thorough, focused patient history and physical examination adhering to Islamic code of ethics and synthesizes the findings to generate valid differential diagnoses.				
Learning	outcome: 03	Incorporate evidence-based healthcare into practice in adherence to code of conduct and ethics for healthcare practitioners that established by SCFHS.				
	1	Does not identify or apply evidence, protocols & guidelines and code of conduct established for healthcare practitioners by SCFHS in contributing to patient management decisions.				
Rating	3	Usually applies evidence, protocols & guidelines and code of conduct established for healthcare practitioners by SCFHS in contributions to patient management decisions.				
	5	Consistently identifies and applies appropriate evidence, protocols & guidelines and code of conduct established for healthcare practitioners by SCFHS to contribute to patient management decisions in conjunction with patients and other members of the healthcare team.				
Learning	outcome: 04	Operate basic equipment in examining patients to reach a definite diagnosis and management plan.				
	1	Demonstrates limited technical proficiency and/or sensitivity to patients when performing common procedures.				
Rating	3	Performs most common procedures in a safe and effective manner on routine patient presentations.				
ĺ	5	Performs all common procedures appropriate to the patient presentation with a high degree of technical proficiency and sensitivity to patients.				

Ibn Sina National College for Medical Studies - Internship Assessment Form: Emergency Medicine & Elective Clinical Rotations

Page 1

Learning	outcome: 05	Perform competently the procedures of basic life support for emergency, and life-threatening Not Observed Not Applicable conditions.							
	1	Uncertain in recognizing the need of emergency situations & delay in seeking assistance to handle emergency during management of patients.							
Rating	3	Usually recognizes the need of emergency situations and seeks appropriate assistance to handle emergency		<u> </u>					
nating	5	Always recognizes the need of emergency situations and seek appropriate assistance to handle emergency during the management of patients.							
Learning	outcome: 06	Identify the different therapeutic modalities with consideration of principles of suffering,							
		disability, rehabilitation, and palliative care.							
	1	Does not identify patients need for multiple therapeutic modalities in particular to rehabilitation and palliative care.							
Rating	3	Usually identifies patients need for multiple therapeutic modalities in particular to rehabilitation and palliative care.							
	5	Always recognizes the need for multiple therapeutic modalities in particular to rehabilitation and palli	ative care.						
Learning	outcome: 07	Demonstrate commitment for maintaining a safe clinical environment with emphasizing on infectio	n control and patie	nt safety.					
	1	oes not follow the protocols of patient safety during clinical examinations and common procedures including infection prevention and control nd drug safety. Sually adheres to the protocols of patient safety during clinical examinations and common procedures including infection prevention and							
Rating	3	Usually adheres to the protocols of patient safety during clinical examinations and common procedures including infection prevention and control and drug safety.							
	5	Always adheres to the protocols of patient safety during clinical examinations and common procec control and drug safety.	dures including infe	ction prevention and					
SaudiME	Domain: Cor	nmunity Oriented Practice							
Learning	outcome: 08	Recognize policies, procedures, and organizations of the national health care system.							
	1	Does not recognize and integrate the knowledge of national health care policies and procedures in pat	tient care.						
Rating	3	Usually recognizes and integrates the knowledge of national health care policies and procedures in particular	tient care.						
	5	Always recognizes and integrates the knowledge of national health care policies and procedures in pat	tient care.						
Learning	outcome: 09	Advocate health promotion, screening, and prevention of communicable and non-communicable di system in Saudi Arabia	seases in complian	ce with the healthcare					
	1	Does not apply a systemic approach to prevention and screening of communicable and non-communicable and	cable diseases.						
Rating	3	Usually applies a systemic approach to prevention and screening of communicable and non-communic	cable diseases.						
	5	Always applies a systemic approach to prevention and screening of communicable and non-communic	cable diseases.						
Learning	outcome: 10	Recognize the role of international health organizations in different global health issues like managing pandemics with particular attention to Hajj and Umrah.	Not Observed	Not Applicable					
	1	1 Does not recognize current global pandemics data and integrates the knowledge in dealing with patients during hajj and umr							
Rating	3	Usually recognizes current global pandemics data and integrates the knowledge in dealing with patients during hajj and umrah.							
	5	Always recognizes current global pandemics data and integrates the knowledge in dealing with patients during hajj and umrah.							
SaudiME	Domain: Cor	nmunication and Collaboration							
Learning	outcome: 11	Demonstrate an effective communication with patients & their families, break bad news with sensitivity, write referrals and take consent for procedures							
	1	Rarely communicate effectively with patients and their families and/or break bad news with sensitivity for procedures.	y and/or write refer	rals and take consent					
Rating	3	Usually communicate effectively with patients and their families and/or break bad news with sensitivit for procedures.	y and/or write refe	rals and take consent					
	5	Always communicate effectively with patients and their families and/or break bad news with sensitivit	y and/or write refe	rals and take consent					
Learning	outcome: 12	for procedures. Practice multi-disciplinary integrated approach, teamwork, and inter-professional collaboration in various health care settings							
Learning	1	Rarely demonstrates teamwork skills for making clinical judgments and effectively manage the patients.							
Rating	3	Usually demonstrates teamwork skills for making clinical judgments and effectively manage the patier							
	5	Always demonstrates teamwork skills for making clinical judgments and effectively manage the patients.							
Learning	outcome: 13	Deal with confidentiality in retrieving patients' data from computer-based systems for appropriate							
	1	Rarely utilizes patient files in an appropriate manner for patient care, when uses maintains the patient							
Rating	3	Usually utilizes patient files in an appropriate manner for patient care with respect to the confidentiality of patients' data.							
	5	Always utilizes patient files in an appropriate manner for patient care with respect to the confidentiality of patients' data.							
SaudiME	D Domain: Pro	fessionalism							
Learning	outcome: 14	Demonstrate Islamic morals, legal and professional standards towards patients, their families, colle professionals.	agues, and other h	ealthcare					
	1	Rarely acts in accordance with Islamic morals & manners and legal & professional standards and/o colleagues & community.	or showing disresp	ect towards patients,					
Rating	3	Usually acts in accordance with Islamic morals & manners and legal & professional standards. Respect	s patients, colleagu	es & community.					
	5	Always acts in accordance with Islamic morals & manners and legal & professional standards. Respects							
Learning	outcome: 15	Recognize the different professional roles of the physician with commitment to lifelong learning.							
	1	Rarely engages in learning activities.							
Dating	2	Usually utilizes the enperturity to learn and attend CMEs, seminars and conferences							

Rating	3	Usually utilizes the opportunity to learn and attend CMEs, seminars and conferences.
	5	Always utilizes the opportunities for learning. Consistently attending and actively participate in CMEs, seminars and conferences.
SaudiME	D Domain: Res	search and Scholarly Activity
Learning	outcome: 16	Conduct medical research in different specialties under supervision with high quality publication.
	1	Rarely engages in research oriented activities and never attempts for manuscript writing.
Rating	3	Usually identifies research areas and follow guidelines of local governance in medical research and demonstrate manuscript writing skills.
	5	Always identifies research areas and follow guidelines of local governance in medical research and demonstrate manuscript writing skills.
Learning	outcome: 17	Demonstrate effective reflective practice in response to the received feedback from supervisors.
	1	Does not seek or act on feedback.
Rating	3	Need consistent reminders in reflective practice.
	5	Actively seeks feedback and collaborates in reflective practice.
Intern's p	erformance c	riteria for the ratings 2 and 4 for all the seventeen internship learning outcomes
Dation	2	Performance level between 1 and 3
Rating	4	Performance level between 3 and 5
Note: If a	ny of the inter	nship learning outcomes is "Not Observed and Not Applicable" then intern should be scored "3" in the rating scale.
For more	details on the	SaudiMED framework, Alignment with National Qualification Framework (NQF), Internship Learning Outcomes of Ibn Sina National for Medical
Studies (IS	SNC) and perfo	ormance ratings, kindly refer to "Internship Information Book" of ISNC.

### Ibn Sina National College for Medical Studies - Internship Assessment Form: Emergency Medicine & Elective Clinical Rotations

Name of the Intern ID No									
Nar	ne of the Rotation					Department			
	me of the Hospital					Place			
	me of the Director					Clinical Supervisor			
-	r Clinical Training m (dd/mm/yyyy)					Name To (dd/mm/yyyy)			
		ratina num	ber for eacl	h internship lea	arnina outcome in end r		a the intern's p	erformance. kindlv	refer to the performance
	g's criteria mention	-	-	,			y		
					end of clinical rotation	intern will be able to;	;		End Rotation
Sau	diMED Domain: Scie		-						Assessment
1	Integrate basic, clir	hical, behavi	oral, and so	icial sciences in	healthcare practice.				Learning Outcome: 01           1         2         3         4         5
Sau	diMED Domain: Pat	ient Care							
	Manage competen	tly patients	with comm	on medical pro	blems, emergency, and	life-threatening cond	itions with stric	t adhering to the	Learning Outcome: 02
2	Islamic code of eth	ics.							1 2 3 4 5
3 Incorporate evidence-based healthcare into practice in adherence to code of conduct and ethics for healthcare practitioners that established by SCFHS.								Learning Outcome: 03           1         2         3         4         5	
4	Operate basic equi	pment in ex	amining pat	tients to reach	a definite diagnosis and	management plan.			Learning Outcome: 04           1         2         3         4         5
5	Perform competen conditions. (If not o				t for emergency, and life	e-threatening	Not	Not	Learning Outcome: 05
6	Identify the differe	nt therapeu	tic modaliti	es with conside	eration of principles of s	•	Observed Not	Applicable Not	Learning Outcome: 06
_	· · · ·				applicable, score 3 in t		<b>Observed</b>	Applicable	1         2         3         4         5           Learning Outcome: 07
7 Sau	Demonstrate comr diMED Domain: Cor			-	environment with emph	asizing on infection c	ontrol and patie	ent safety.	1 2 3 4 5
									Learning Outcome: 08
8	Recognize policies,	procedures	, and organ	izations of the	national health care syst	cem.			1 2 3 4 5
9	Advocate health pr healthcare system			d prevention o	f communicable and noi	n-communicable disea	ases in complia	nce with the	Learning Outcome: 09           1         2         3         4         5
10	pandemics with pa	rticular atte	ntion to Ha	jj and Umrah.	n different global health	issues like managing	Not Observed	Not Applicable	Learning Outcome: 10           1         2         3         4         5
<u>Cou</u>	(If not observed o diMED Domain: Cor		-						
Sau					k their families, break ba	d news with sensitivit	ty write		Learning Outcome: 11
11	referrals and take of			with patients e			ty, write		1 2 3 4 5
12					k, and inter-professiona			settings	Learning Outcome: 12           1         2         3         4         5
13	Deal with confiden	tiality in retr	ieving patie	ents' data from o	computer-based system	s for appropriate use i	n patient care.		Learning Outcome: 13           1         2         3         4         5
Sau	diMED Domain: Pro								Learning Outcome: 14
14	Demonstrate Islam professionals.	iic morals, le	egal and pro	fessional stand	lards towards patients, t	heir families, colleagu	ues, and other h	ealthcare	1 2 3 4 5
15	Recognize the diffe	erent profess	sional roles	of the physicia	n with commitment to li	felong learning.			Learning Outcome: 15           1         2         3         4         5
Sau	diMED Domain: Res	search and S	cholarly Ac	tivity					Learning Outcome: 16
16	Conduct medical re	esearch in di	fferent spec	cialties under s	upervision with high qua	ality publication.			1 2 3 4 5
17	Demonstrate effect	tive reflectiv	ve practice i	n response to t	he received feedback fr	om supervisors.			Learning Outcome: 17           1         2         3         4         5
			Eligi	bility for overa	Il ratings in End Rotation	n Assessment			
		•	OULD BE A	MINIMUM OF 2	2 in the assessed Interns	ship learning outcome		•	Net Ratings (Total)
Ex					SS than 2 in Internship Le				
									(in numbers)
Int	ern's Performance	Based on Ov	orall Rating	(Kindly tick in	the appropriate box)				
	tisfactory	based on Or				ned ≥ 40 in overall ra	ting		
	Unsatisfactory The intern has attained < 39 in overall rating (Remediation Required)								
Any	additional response	ibilities whi	ch the inter	n has undertak	en in this rotation (Sun	ervisor mav explain tl	he intern's lead	ership quality in he	(in words)
	Any additional responsibilities which the intern has undertaken in this rotation (Supervisor may explain the intern's leadership quality in holding responsibilities)								
	Actions recommended by the Director of Clinical Training (If the intern attained low rating, provide details of discussion with supervisor for your final decision)								
Acti	ions recommended	by the Direc	ctor of Clinic	cal Training (If a	the intern attained low	rating, provide detail	s of alscussion	with supervisor for	your jinai decision)
			1			I			
	Supervisor Signa				Director Signat	ure		Intern's Signature*	* &
	Date & Seal				Date & Seal			Date	
*Inte	rn's Sianature is con	sidered as a	cceptance a	of all the assess	ment ratings in end rota	tion & recommended	actions.		

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Ibn Sina National College for Medical Studies - Internship Assessment Form: Emergency Medicine & Elective Clinical Rotations

- Internship training is completely focused on the Internship learning outcomes.
- The intern's will be assessed twice (mid-rotation & end-rotation) in the major clinical rotations such as Medicine, Surgery, Pediatrics and Obstetrics and Gynecology. After the mid-rotation assessment if the intern attained rating of < 3 in any of the seventeen internship learning outcomes, supervisor will provide Improving performance action plan (IPAP) after consultation with the Director of Clinical Training. In the end of rotation assessment, intern should attain a minimum of  $\ge 2$  in all the seventeen internship learning outcomes to become eligible for overall rating. Overall rating is the net total of ratings by intern in all the seventeen internship learning outcomes. If overall rating is  $\ge 40$ , he will be considered satisfactory, if the overall rating is  $\le 39$ , he will be considered unsatisfactory.
- The intern who is not eligible for overall rating or unsatisfactory in the overall rating has to repeat the concerned clinical rotation.
- In the elective rotations, the students will have only end of the rotation assessment. Other rules and regulations remain same.
- Any disciplinary action or grievance by the intern should be submitted to the Director of Clinical Training of the concerned hospital and further it will be sent to Dean of Ibn Sina National College for Medical Studies where it will be discussed in the Internship Committee and final decision will be made.

### **MISSION STATEMENTS**

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To graduate competent physicians with an aptitude to be life-long learners and acquire specialized expertise to promote healthcare services in Saudi Arabia by providing them with essential clinical competencies and research abilities within a motivating learning environment.

## **Training Unit**

Ibn Sina National College for Medical Studies 22421 – Al Mahjar Street I Jeddah I Kingdom of Saudi Arabia +96626374566 / +96626356555 – Ext: 153 train-alumni@ibnsina.edu.sa Appendix No: 02 – ISNC Code of Ethics (Arabic Version) in alignment with SCFHS







## قائمة المحتويات

٣	مقدمة عن الأخلاقيات الطبية
٣	الأخلاقيات والتعليم الصحي
٦	الأخلاقيات والممارسة الصحية السريرية
٩	الأخلاقيات والبحث العلمي



### مقدمة عن الأخلاقيات الطبية:

إن التعليم الصحي يعتمد بشكل كبير على الممارسة الصحية المهنية الاحترافية، مما يتطلب تحقيق شروط نابعة من تطبيق المناهج العلمية في جميع البرامج الخاصة بكلية ابن سينا الأهلية للعلوم الطبية، وتشمل هذه الشروط ما يلي:

- ا. المعرفة.
- ٢. المهارة.
- ٣. السلوك والأخلاقيات الطبية.

وقد تأثرت الأخلاقيات الطبية في الفترة الأخيرة بعدة عوامل، مما زاد من أهمية توجيه الاهتمام إلى الأخلاقيات الطبية، من أهمها:

- ا. الثورة المعلوماتية البيولوجية التي نشهدها والتقنيات المستحدثة في التشخيص والعلاج, وما صاحب ذلك من إثارة لبعض القضايا الحساسة.
- ٢. الازدياد المفرط في تكاليف العلاج ودخول تقنيات عالية الكلفة في ظل انحسار متزايد للإنفاق الحكومي، مما يعرض الممارس الصحى لخيارات عملية وأحياناً خلقية صعبة.
- ٢. التنافس الحاد بين العدد المتزايد من الممارسين الصحيين ومحاولات "تسويق الخدمات "
- ٤. از دياد الوعي في المجتمع حول حقوق المرضى، حيث بدا ذلك ملحوظاً في تعدد رفع دعاوى المسئولية الطبية ضد الممارسين الصحيين لمطالبتهم بالتعويض عما يصدر منهم من أخطاء في مز اولة المهنة.

### الأخلاقيات والتعليم الصحى:

الأخلاقية للممارسة الصحية التالية:

إن قضية أخلاقيات المهن الصحية كانت ولا تزال من أهم القضايا ذات الأولوية، خاصة بعد أن طرأت عليها تغييرات جذرية خلال الفترة الماضية، نتيجة التقدم في التكنولوجيا والتحولات الوبائية والاجتماعية والجغرافية، كما أن التسويق لحماية المستهلك أدى إلى ظهور كثير من المشكلات الأخلاقية. فالعلاقة التي تنشأ بين الممارس الصحي والمريض تستوجب أن يلتزم الممارس الصحي ببذل أقصى ما يمكن لخدمة المريض، وتوجب على المريض تقبل عمل الممارس الصحي. ومن هنا فإن كلية ابن سينا الأهلية للعلوم الطبية تفتخر بأبنائها الطلاب والطالبات، وتطلب من الجميع الالتزام بالضوابط والسلوك الإيجابية المنبثقة من قيمنا الإسلامية النبيلة ومن الضوابط العالمية

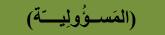


### (الصدق والأمَانَة)

- الصدق مع المرضى والحرص على حقوقهم.
- ٢. الحفاظ على المبادئ والقيم الأكاديمية واحترام أنظمة الكلية.
- ٣. عدم تقديم مساعدة غير قانونيةٍ أو تلقيها من أحدٍ مالم يكن هذا التعاون مسموحاً به نظاماً.
- ٤. تسجيل التاريخ المرضي للمريض بدقة والحرص على متابعة وتسجيل العلامات الجسدية والاختبارات المعملية والمعلومات ذات الصلة برعاية المريض والمحافظة على سِرّيتها.
- إجراء البحوث العلمية بطريقةٍ أخلاقيةٍ وغيرٍ مُتحيزة، والحرص على الصدق والأمانةِ في
   كتابةِ التقارير.
  - الالتزام بمبادئ السرية في جميع العلاقات مع المرضى والأخرين.
    - ٧. الحفاظ على سِرّية الامتحانات والالتزام بالأنظمة الأكاديمية.

(احترامُ الآخَرِين)

- ١. احترام الأساتذة وجميع العاملين في الكلية والحفاظ على كرامتهم وشعور هم، والحفاظ على
   البيئة التعليمية الباعثة على التعلم.
  - ٢. احترام قرارات المرضى في جميع الأحوال.
  - ۳. احترام المرضى وذويهم والحفاظ على كرامتهم.
- ٤. التعامل مع المرضى على أساس الاحترام والمساواة، وعدم التمييز بينهم من منطلق عُنصري أو عِرقي أو اجتماعي أو غيره.



الحفاظ على السلوك القويم والالتزام بالضوابط الرسمية والنظامية.



- ٢. الالتزام بزي الكلية الموحد، والالتزام بالشروط الصحية في اللبس (لبس القفازات، البالطو) واتباع أسس ومعايير التعقيم.
- ٣. بذل الجُهدِ لتكوين المعرفة والمهارة والسلوك، من أجل تقديم الدعم والعَونِ اللازم لِخدمةِ المرضى.
  - ٤. طلب المساعدة مِمّن هُم أكثر خِبرةً عِندَ الاحتِيَاج وعند عدم التَمَكُّن من علاج المرضى.
- عدم السعي إلى استِغلالِ المرضى أو الزملاء أو ذويهم من أجل تحقيق مكاسب شخصيةٍ
   وغير نظامية.
  - وضع رعاية المرضى أولويةً في الحياة العملية.
- ٧. عدم القيام بِأيّ عَملٍ أو سُلُوكٍ يَتعارضُ مع قِيمٍ ديننا الإسلاميّ وَأخلاقِنا الأصيلةِ أو يُؤثر على الوضع الأكاديميّ والمهنيّ والمسؤوليات السريرية.
- ٨. السعي إلى إبلاغ الجهات المختصة عن أي إساءة للتصرف المهنيّ والممارسة الغير ماهرة حسب ما هو متعارف عليه، من دون المساسِ بِسُمعة الآخرينَ من فريق الرعاية الصحية أو البحث العلمي.



الأخلاقيات والممارسة الصحية السريرية:

كما هو معلوم، فإن جزءاً من برنامج تدريب طلبة الكليات الصحية يكون في المستشفيات، حيث يستوجب التواصل مع فئات مختلفة من الناس. عليه فإننا في هذا الجزء نستعرض بإيجاز دور طلبة كلية ابن سينا الأهلية للعلوم الطبية في تطبيق الممارسة الأخلاقية السريرية بالمعايير العالمية، ويشمل ذلك ما يلي:

أولاً: العلاقة بين الطالب/الممارس الصحي والمجتمع: لا تنحصر مهنة الطالب/الممارس الصحي على علاقتهم بالمرضى والزملاء أو غير هم من العاملين في المجال الصحي، بل تتعدى هذه العلاقة إلى المجتمع المحيط بهم. فقد أصبح المريض يرى في الطالب/الممارس الصحي ملاذا وأملاً بعد الله، وكم من مريض يستشير الطالب/الممارس الصحي بمشكلاته الخاصة ويرتاح كثيراً لهذا، ثم يستمع لنصحه وكأنه يتعاطى دواءً شافياً. وكثيراً ما يكون الطالب/الممارس الصحي صديقاً للمريض وعائلته، وبهذا يكون الدور الاجتماعي الذي يؤديه قد تخطى حاجز الصحة إلى مجالات مدّ يد العون بالمشاركة في الأفراح والأتراح وبالنصح والتوجيه.

- و عليه فإن هناك متطلبات على الطالب/الممارس الصحي نحو المجتمع ، منها:
- الدراية والمهارة في الشّقّ العلمي وفي الجانب العملي ، فالممارسة الصحية ليست مجرد علم، ولكنها فن ومهارة.
- ٢ الإنسانية: فإحدى مميزات الطالب/الممارس الصحي المهمة هي الاهتمام بإنسانية المريض ورعايته قاصداً علاجه.
  - ۳. السلوك: أو الأسلوب الذي ينطوي على الطيبة والبشاشة.
  - ٤. انسام الطالب/الممارس الصحي بالإيمان بالله والتشبث بالقيم، والصدق، والاخلاص.
    - ٥. زرع الثقة في نفس المريض.
    - الاطلاع على آخر العلوم والمعارف ومواكبة المستجدات.
      - ٧. الالتزام بمبادئ وأخلاقيات الممارسة الصحية.
- ٨. الطالب/الممارس الصحي يمثل للمريض القدوة والمثل الذي يحتذى ويعمق في نفسه الثقة والطمأنينة.
- ٩. الحصافة والكياسة: الطالب/الممارس الصحي المثالي متحدث جيد، ينتقي كلماته ويعي مدلو لاتها ويعرف كيف والى ابن يطلقها في نفس المريض.
- ١.
   العناية بصحة المجتمع بالتوعية الصحية المناسبة والمشاركة في البرامج الوقائية وحماية البيئة.
- ١١. على الطالب/الممارس الصحي أن يسهم في دراسة سبل حل المشكلات الصحية للمجتمع وأن يدعم دور الجهات الصحية في الارتقاء بالخدمات للصالح العام وأن يكون متعاوناً مع أجهزة الدولة المعنية فيما يُطلب من بيانات لازمة لوضع السياسات والخطط الصحية.



١٢. يلتزم الطالب/الممارس الصحي في موقع عمله الوظيفي أو الخاص بأن يكون عمله خالصاً لمرضاة الله وخدمة المجتمع الذي يعيش فيه بكل إمكانياته وطاقاته في ظروف السلم والحرب وفى جميع الأحوال.
 ١٣. الإبلاغ عند الاشتباه في مرض وبائي حتى يتم اتخاذ الإجراءات الوقائية لحماية المجتمع.

ثانياً: العلاقة بين الطالب/الممارس الصحي والمرضى: علاقة الطالب/الممارس الصحي بالمريض مهمة جداً، ومنها: ١. أن يتسم بالشفقة التي هي من أهمّ القيم الأساسيّة في الممارسة الصحية و هي ضرورية لتقوية الصلات والعلاقات الأخلاقيّة المهنيّة. و هي من شأنها أن يرتاح المريض ويتيقن أنه سوف يبذل نحوه قصارى جهده و هذا الشعور يساعد على شفائه. ٢. وضع صحة المريض فوق أي اعتبار، واحترامه ومساواته بغيره. ٣. تعريف المرضى من قبل الطالب/الممارس الصحي بنفسه ومرتبته ومكانته. ٤. استئذان المريض قبل الطالب/الممارس الصحي بنفسه ومرتبته ومكانته. ٩. مراعاة الضوابط الشرعية عند الكشف عليه والرفق به عند إجراء الفحص. ٢. الحرص على عدم الخلوة بالمريض من الجنس الآخر. ٨. أخذ المريض لقرار المتعلّق من الجنس بالآخر. ٨. أخذ المريض لقرار المتعلّق بما يناسب وسائل علاجه والتي كفلته له السلطة القانونيّة

والأخلاقية، فللمريض الحقّ في أخذ القرار الخاص به بكامل حريته، وله الحق في موافقة أو رفض ما يتم عرضه عليه من وسائل تشخيص لعلاج مرضه، كما أن له حق معرفة أسباب الفحص أو العلاج وآثار ها والآثار المترتبة على رفضه للعلاج المعروض عليه، وعلى الطالب/الممارس الصحي إعلامه بالنتائج. أما المرضى الذين ليست لديهم الأهلية لاتخاذ القرارات، فلا بدّ وجود ممثل شرعي لهم وقد يكون في هذه الحالة الطالب/الممارس الصحي أو طرف ثالث.

### ثالثاً: العلاقة بين الطالب/الممارس الصحي والزملاء والممارسين الصحيين في القطاعات الصحية:

لا يقل هذا المحور أهمية عن المحاور السابقة التي تدور حولها آداب المهنة وواجباتها، فيجب أن تقوم العلاقات بين الطالب/الممارس الصحي وزملائه والممارسين الصحيين على أساس من التعاون والثقة المتبادلة. وهناك عدد من النقاط الواجب التنبه لها في هذه العلاقة، نوجز ها فيما يلي:

 الحقوق والواجبات: على الطالب/الممارس الصحي حسن التصرف مع زملائه ومعاملتهم بود واحترام كما يحب أن يعاملوه، وأن يبني علاقاته معهم على أُسُس الأخوة، والمحبة، والاحترام، والثقة المتبادلة، و عليه أن يتجنب النقد المباشر للزميل أمام المرضى مهما كانت مبرراته كما عليه أن يراعي الضوابط الشرعية عند التعامل مع زملاء المهنة.



- ٢. الاستشارة وتقبل التوجيهات الطبية: الطالب/الممارس الصحي الجيد لا يجد حرجاً في طلب استشارة من زملائه في أي مشكلة قد تؤثر سلباً على المرضى، وفي المقابل عليه أن يستجيب في حالة طلب أحدهم استشارة منه أو مساعدة.
- ٣. الاستجابة للامتحانات السريرية والالتزام بمعاييرها: فعلى الطالب الاستجابة للامتحانات السريرية التي تقيس قدراته وإمكاناته وتعرّفه على مكامن الضعف، وعليه أن يلتزم بمعايير الامتحانات وأن لا يخالفها.
- ٤. الزملاء وسلامة المرضى:
  قد يقع من الزملاء شيء من شأنه التأثير على سلامة ممارسته وعلى سلامة المرضى
  كإصابة الزميل بمرض معد أو خلافه، فعند ذلك يلزمه إبداء رأيه للزميل، وفي حالة عدم
  الاتّفاق يلزمه الرفع بذلك للجهة المختصَّة للنظر في الأمر واتخاذ القرار المناسب.

الأخلاقيات والبحث العلمي:

تحرص كلية ابن سينا الأهلية للعلوم الطبية على تطوير مهارات البحث العلمي لدى أبنائها الطلاب والطالبات، كما تحرص على توفير البنية التحتية الملائمة لخدمة أعضاء هيئة التدريس . وقد حرصت الكلية على الالتزام بالضوابط التالية عند إجراء البحوث العلمية في الكلية ومرافقها المختلفة:

- ١. طلب الموافقة التطوعية الواعية من المرضى قبل إخضاعهم للبحوث، حفظاً لحقوقهم واطمئناناً إلى أن هذه البحوث لا تتم دون التماس موافقتهم.
- ٢. كل بحث طبي يتم إجراؤه على أشخاص لا بد من عرضه للنظر والموافقة مسبقاً من قبل لجنة أخلاقية مستقلة، حيث يتعين على الباحثين توضيح أهداف البحث والأليات والطرق المتوقع اتباعها وشرحها، والطرق التي تمت للحصول على موافقات المتطوعين وما هي الضمانات لحمايتهم، كما يجب توضيح مصادر تمويل البحث وما قد يحصل من تضارب في المصالح.
  - ٣. لا بد من توضيح القيمة العلمية للبحث الذي يتم إجراؤه على الأشخاص.
  - ٤. كما يجب توضيح القيمة الاجتماعية التي سيضيفها البحث على المجتمع.
- لابد من تحديد المخاطر والمنافع، حيث يتعين على الباحثين إثبات أن الأخطار التي قد يتعرض لها المتطوعون في البحث ليست كبيرة وأنها في نطاق الجائز مقارنة بالفائدة المرجوة.
- ٦. لا بد من التزام السرية، حيث يجب التأكد من أن الأشخاص الخاضعين لتجارب طبية يتمتعون بنفس السرية التي يتمتع بها بقية المرضى فيما يخص معلوماتهم الصحية.
- ٧. يجب على كل من بلغه وجود خرق في أخلاقيات البحث العلمي أن يقوم فور أ بإعلام الجهات ذات العلاقة، للنظر في ذلك.



ختاماً.. فإن الكلية وضعت ضوابط منظمة لسلوكيات الطلبة وتم اعتمادها في الاجتماع الرابع لمجلس الأمناء بالكلية للعام الدراسي ١٤٣٦/١٤٣٥هـ، وبناءً عليه يتم العمل بما جاء فيها من ضوابط وعقوبات على طلاب وطالبات الكلية.

وبالله التوفيق،،،

## **MISSION STATEMENT**

## Ibn Sina National College for Medical Studies (ISNC)

To make a significant contribution to advances in Saudi Arabian health care, through the provision of outstanding education, research and medical services in a motivating and technology enabled learning environment.

## ISNC – Medicine Program

To graduate competent physicians with an aptitude to be life-long learners and acquire specialized expertise to promote health care services in Saudi Arabia, by providing them with essential competencies, research abilities within a motivating learning environment.

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