

**Ministry of Higher Education and Scientific Research  
Scientific Supervision and Scientific Evaluation Apparatus  
Directorate of Quality Assurance and Academic Accreditation  
Department**



# **Academic Program and Course Description Guide**

**2<sup>nd</sup> stage Early Clinical Exposure 2025-2026**

## Academic Program Description Form

**University Name:** University of Al-Qadisiyah

**Faculty/Institute:** College of medicine

**Scientific Department:**

**Academic or Professional Program Name:** General Medicine and Surgery

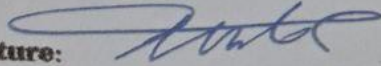
**Final Certificate Name:** Bachelor's degree in General Medicine and Surgery

**Academic System:** Annual year / 2 semester

**Description Preparation Date:** 10/9 /2025

**File Completion Date:** 16/9/2025

**Signature:**



**Head of Department Name:**

Prof Dr. Nael Mohammed

**Signature:**



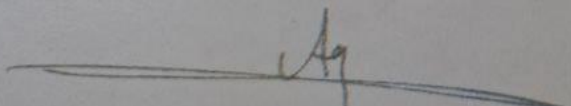
**Scientific Associate Name:**

Prof. Dr. Radhi F. Shlash

**The file is checked by:** Prof Dr. Anwar jassib  
**Department of Quality Assurance and University Performance**  
**Director of the Quality Assurance and University Performance**  
**Department:**

**Signature:**



  
**Approval of the Dean**

### 1. Program Vision

The vision of teaching early clinical exposure in medical colleges is to provide students with the knowledge and skills and attitude necessary to improve the quality of health care. This education aims to prepare doctors capable of integrating clinical signs and symptom and to facilitates diagnosis and treatment and enhances the efficiency of health services.

### 2. Program Mission

Creating a program mission statement for Early Clinical Exposure (ECE) in a medical or health sciences curriculum involves aligning it with the broader goals of medical education—especially integrating basic sciences with clinical practice early on to foster clinical reasoning, empathy, professionalism, and patient-centered care.

### 3. Program Objectives

The program aims to bridge the gap between theoretical knowledge and clinical practice, enhance student motivation, and cultivate essential skills such as communication, empathy, ethical reasoning, and professional behavior from the beginning of their medical education."

### 4. Program Accreditation

national accreditation for medical colleges

### 5. Other external influences

Integration of basic sciences with clinical relevance.

### 6. Program Structure

Program Structure	Number of semester	Credit hours	Percentage	Reviews*
Institution Requirements	2	Total hours in annual year , semester I,II 90 h (30 h theory , 60h practical )		Basic
College Requirements	2	Total hours in annual year , semester I,II 90 h (30 h theory , 60h practical )		Basic
Department Requirements	2	Total hours in annual year , semester I,II 90 h (30 h theory , 60h		Basic

		<b>practical )</b>		
<b>Summer Training</b>	<b>Not found</b>			
<b>Other</b>	<b>Basic course</b>			

\* This can include notes whether the course is basic or optional.

7. Program Description				
Year/Level	Course Code	Course Name	Credit Hours	
2 <sup>ed</sup> year	ECE 2209	Early clinical exposure	theoretical	Practical
			Total hours 30 h theory for annual year , semester I ,II	Total hours 60h practical for annual year , semester I ,II

8. Expected learning outcomes of the program	
Knowledge	<p><b>Learning Outcomes of Early Clinical Exposure (ECE) for Medical College Students</b></p> <p>Early Clinical Exposure (ECE) is an educational approach where medical students are introduced to clinical settings, patients, and healthcare systems during the initial (pre-clinical) years of their medical education. The purpose is to bridge the gap between theoretical knowledge and clinical practice.</p> <p><b>1-Improved Understanding of Basic Science</b></p> <p>Students relate theoretical knowledge (anatomy, physiology, biochemistry, etc.) to real-life clinical cases. Enhances integration between basic science and clinical relevance.</p> <p><b>2-Professionalism and Ethical Awareness</b></p> <p>Early contact with clinical environments instills professional behavior, including responsibility, confidentiality, and respect for patient autonomy. Students begin to understand ethical dilemmas and patient rights.</p> <p><b>3-Increased Motivation and Engagement</b></p> <p>Seeing the relevance of what they're learning increases interest and motivation</p>

	<p>to study. Helps in retaining theoretical concepts when linked with real patients.</p> <p><b>4- Familiarity with Hospital Environment and Healthcare System</b></p> <p>Students become comfortable in clinical settings early on. Learn about the roles of various healthcare professionals and team dynamics.</p>
	<p><b>Skills</b></p> <p><b>1- Development of Clinical Reasoning Skills</b></p> <p>Exposure to patient cases encourages early development of diagnostic thinking. Stimulates curiosity and critical thinking by seeing real-world applications.</p> <p><b>2-Improved Communication and Interpersonal Skills</b></p> <p>Builds skills in history taking, active listening, and empathetic communication. Encourages respectful interaction with patients, families, and healthcare teams.</p>
	<p><b>Ethics</b></p> <p><b>1- Empathy and Patient-Centered Care</b>  <b>Early interactions with patients foster empathy and compassion. Encourages a holistic approach to patient care, considering psychological and social aspects.</b></p> <p><b>2-Better Transition to Clinical Years</b>  <b>Reduces anxiety and improves confidence as students enter clinical rotations. Students are more prepared for clerkships and hands-on patient care.</b></p>

<p>9. Teaching–Learning Methods</p>
<p>-</p> <p>Lectures (limited)</p> <p>Bedside teaching</p> <p>Hospital and community visits</p> <p>Role play and simulated patients</p> <p>Small group discussions</p> <p>Case-based learning</p> <p>Reflective writing / Portfolio</p>

<p>10. Evaluation methods</p>
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- Theory
- . Written Examination
- practical
- Small group discussion
- Written Examination
- OSCE and real patient

11. Faculty						
Faculty Members						
Academic Rank	Specialization		Special Requirements/Skills (if applicable)		Number of the teaching staff	
	General	Special			Staff	Lecturer
Ass. lecturer		3				
Ass. lecturer						

Professional Development
<b>Mentoring new faculty members</b>
processes and activities designed to enhance the professional knowledge, skills, and attitudes of educators so that they might, in turn, improve the learning of students.
<b>Professional development of faculty members</b>
creating or sustaining a culture of teaching excellence; advancing new initiatives in teaching and learning; and supporting individual faculty members' goals for professional development.

12. Acceptance Criterion
According to the student's central acceptance rate

13. Program Development Plan
A structured program developed plan was prepared to strengthen the medical curriculum and enhanced the overall quality of undergraduate education

Program Skills Outline															
				Required program Learning outcomes											
Year/Level	Course Code	Course Name	Basic or optional	Knowledge				Skills				Ethics			
				A1	A2	A3	A4	B1	B2	B3	B4	C1	C2	C3	C4
2 <sup>nd</sup> year	ECE 2209	Early clinical exposure	Basic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

- Please tick the boxes corresponding to the individual program learning outcomes under evaluation.

### Course Description Form

<b>1. Course Name:</b>	
Early Clinical Exposure	
<b>2. Course Code:</b>	
ECE 2209	
<b>3. Semester</b>	
2 <sup>st</sup> year , annual year , semester I,II	
<b>4. Description Preparation</b>	
Date:10/9/2025	
<b>5. Available Attendance Forms:</b>	
Official working hours	
<b>6. Number of Credit Hours (Total) / Number of Units (Total)</b>	
Total hours , 90 h(30 h theory , 60h practical ) / 4 unit	
<b>7. Course administrator's name (mention all, if more than one name)</b>	
Name: Email: <a href="mailto:radhi.shaibani@qu.edu.iq">radhi.shaibani@qu.edu.iq</a>  Name: Email: <a href="mailto:akeel.hamed@qu.edu.iq">akeel.hamed@qu.edu.iq</a>	
<b>8. Course Objectives</b>	
9.	
<b>Course Objectives</b>	<ul style="list-style-type: none"> <li>• Understand the relevance of basic sciences in the context of clinical practice.</li> <li>• Develop early patient-centered attitudes, empathy, and communication skills.</li> <li>• Gain exposure to the health-care delivery system and professional roles of doctors.</li> <li>• Demonstrate teamwork, ethical sensitivity, and responsibility in health-care settings.</li> <li>• Integrate biomedical knowledge with community and clinical perspectives.</li> </ul>
<b>10. Teaching and Learning Strategies</b>	
<b>Strategy</b>	<ul style="list-style-type: none"> <li>• Manage the lecture in a way that feels the importance of time.</li> <li>• The method of lecture and the use of the smart board</li> <li>• Readings, self-learning, discussion panels.</li> <li>• Exercises and activities in the classroom.</li> <li>• Guiding students to some websites to benefit from them to develop capabilities.</li> <li>• Asking students a set of thinking questions during the lectures such as what, how, when and why for specific topics</li> <li>• Sudden daily and weekly continuous tests.</li> <li>• Allocate a percentage of the class for group activities.</li> </ul>

11. Course Evaluation

**The method of lecture and the use of the smart board**

**Readings, self-learning, panel discussions.**

**Exercises and activities in the classroom.**

**- Guide students to some websites to benefit from them to develop abilities.**

**Ask the students a set of thinking questions during the lectures such as what, how, when and why**

12. Learning and Teaching Resources

Required textbooks (curricular books, if any)	<b>Davidson's Principles and practice of medicine</b>
Main references (sources)	<b>Cecil Essentials of Medicine.-</b> -
Recommended books and references (scientific journals, reports...)	Medical Council of India. Competency Based Undergraduate Curriculum for the Indian Medical Graduate (2018). Dent JA, Harden RM. A Practical Guide for Medical Teachers. WHO. Community-Based Education of Health Personnel. -
Electronic References, Websites	-

## Course Structure (Week-wise Syllabus)

Week	Theme / Topic	Learning Objectives	Activities / Methods
1-2	Introduction to Medicine & Role of Doctors	Appreciate the scope of medicine, professionalism, and the doctor-patient relationship.	Orientation lecture, Hospital visit, Small group discussion.
3-4	Communication in Medicine	Develop basic communication and listening skills.	Role play, Video demonstration, Practice in pairs.
5-6	Patient Safety & Hospital Etiquette	Understand patient rights, confidentiality, infection control, and safety.	Hospital tour, Demonstration of hand hygiene, Reflection.
7-8	History Taking I (General)	Learn how to approach and interact with patients; elicit chief complaints.	Bedside session with faculty, Role play.
9-10	History Taking II (Systemic)	Introduce history taking related to cardiovascular, respiratory, and digestive complaints.	Case vignettes, Small group discussions.
11-12	Clinical Examination Skills I	Introduction to general examination and vital signs.	Bedside teaching, Practice in small groups.
13-14	Clinical Examination Skills II	Demonstrate basic examination of cardiovascular and respiratory systems.	Faculty demonstration, Student practice.
15-16	Clinical Examination Skills III	Demonstrate basic abdominal examination.	Demonstration and practice.

17-18	Doctor-Patient Relationship & Empathy	Understand empathy, compassion, and ethics in practice.	Interactive session, Reflective writing.
19-20	Introduction to Common Diseases	Observe and discuss common diseases (e.g., hypertension, diabetes).	Case presentations, Hospital visits.
21-22	Introduction to Community Health	Understand primary health care and doctor's role in the community.	Field visit to PHC/Community clinic.
23-24	Integration of Basic Sciences with Clinical Cases	Correlate anatomy, physiology, and biochemistry with patient cases.	Integrated teaching, Problem-based learning.
25-26	Teamwork in Health Care	Appreciate inter-professional roles (nurses, pharmacists, lab staff).	Panel discussion, Hospital interaction.
27-28	Reflection & Portfolio	Reflect on experiences gained during early exposure.	Reflective writing, Group discussion.
29-30	Assessment & Feedback	Assess skills, knowledge, and attitudes; obtain student feedback.	OSPE/OSCE, Viva, Reflective portfolio review.

**Clinical sessions : 30 wks clinical sessions (total hours for clinical sessions 60h , each subgroup 2h weekly for 30 weeks )**

**Learning outcome for clinical session for ECE**

**1-Development of clinical observation, history taking, and communication skills.**

**2- Exposure to interdisciplinary healthcare teams.**

**3-Encouragement of reflective learning and professional identity formation.**

**4-Aligned with the goal of integrating basic sciences with clinical practice while nurturing empathy, communication, and professional identity in 2<sup>ND</sup> -year health sciences students.**

**Clinical Sessions Plan for Early Clinical Exposure (ECE)**

**1- Orientation to Clinical Settings**

**Understand hospital structure, roles of healthcare workers, and patient care flow.**

**2- Doctor-Patient Relationship**

**Observe communication styles and patient interactions. Discuss empathy and ethics.**

**3- History Taking (Observation)**

**Witness basic history taking; understand structure and purpose.**

**4 Vital Signs and General Examination**

**Observe measurement of BP, pulse, temperature, and respiratory rate.**

**5 Introduction to Case Presentations**

**Listen to a simple case presentation; relate it to anatomy/physiology studied.**

**6 Communication Skills with Patients**

**Understand verbal and non-verbal communication, active listening, and respect.**

### **7 Professionalism and Ethics in Practice**

**Identify professional behaviors, ethical dilemmas, and respectful care.**

### **8 Reflection and Feedback Session**

**Students share learning and reflections; reinforce professional values.**

**Clinical areas for exposure**

- 1- Outpatient departments (OPDs)**
- 2- Wards (medical /surgery)**
- 3- Pediatrics or Obstetrics (for empathy training )**
- 4- Diagnostic labs /imaging centers (to see how theory links with practice)**
- 5- Provide formative feedback**

### **Student Assignments (Optional)**

**Reflective writing: “What did I learn today?”**

**Case correlation: Link a clinical observation to basic science (e.g., heart sounds to cardiac physiology)**

**Communication skill checklist**

### Examinations description table :-

Examination	Description	marks
1- 1 <sup>st</sup> Mid semester theory exam	Short answered questions, M.C.Qs. , case presentation with short answer and Continuous progress test (CPT)	10 M
2-Half year exam	Short answered questions, M.C.Qs. , case presentation with short answer	20M
3-2 <sup>nd</sup> Mid semester theory exam	Short answered questions, M.C.Qs. , case presentation with short answer and Continuous progress test (CPT)	10M
4-Final year theory exam	Short answered questions, M.C.Qs. case presentation with short answer and matching .	40M
5- Final year Practical exam	OSPE/OSCE (history taking, communication, hand hygiene). Short answer questions (integration of basic sciences & clinical relevance).	20 M

### Assessment methods

**Formative: Attendance, Participation in sessions, Reflective portfolio.**

**Summative:**

**OSPE/OSCE (history taking, communication, hand hygiene).**

**Short answer questions (integration of basic sciences & clinical relevance).**

**Viva on professionalism and ethics.**

**The minimum passing grades (Faculty bylaws) is 50 marks.**

**\*Re-sit Examinations :-** Students who fail in the final annual year will be required to re-sit (second sitting) the Final year examination

( theory and practical exam) . Students, who fail at the second-sitting examination, will be allowed to re-sit the year with full attendance.

