



**MD Educational Program of  
David Tvildiani Medical University**

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## Terminology used in the text

**DTMU** - David Tvildiani Medical University

**MD**- Medical Doctor

**PBL** – Problem-Based Learning

**Journal Club** - group meeting of persons who gether regularly in order to critically discuss articles and works published in periodic scientific editions, as well as, other scientific literature.

**CBL** – Case-based Learning

**CVS** - Cardiovascular System

**ECTS** - European Credit Transfer and Accumulation System

**Log-book** - Diary for clinical cases

**MCS** - Musculoskeletal System

**HEM** - Hematology

**RES** - Respiratory System

**GI** - Gastrointestinal System

**Neu** - Neuroscience

**UR** - Urinary System

**REP** - Reproductive System

**END** - Endocrine System

**Peer-Reviewed** - process when the issue (e.g.: PhD work or publication) is evaluated by the expert group in the field.

**MCQ** - Multiple Choice Questions

**OSCE** - Objective Structured Clinical Examination

**Mini-CS** - Minimal/Focused Clinical Skills

**DOPS** - Direct Observation of Procedural Skills

**CBD** – Case-Based Discussions

**EBMA** - European Board of Medical Assessors

## 1. Introduction

Present document is a revised MD program of DTMU. The document reflects the changes planned, evaluated (in piloting regime) and implemented by the University for the last five years, which were focusing on teaching, learning and assessment, as well as curriculum development areas.

MD education program is a one stage integrated highest medical education after successful graduation of which the graduate is awarded with the academic degree of MD.

Academic process is held in Georgian and English languages.

Enrollment into one stage MD program is performed according to the rules on obtaining, suspending and stopping students' status, mobility, as well as recognition of previous education.

Employment fields of MD are:

- Medical practice as a junior doctor. Junior doctor fulfills function of the doctor under supervision and responsibility of licensed doctor with an authority for independent medical practice.
- Pedagogical and Scientific Activity.

The person owning academic degree of MD is authorized to continue study in PhD program or take residency program and after passing unified state certificate examination obtain the right of independent medical practice.

## 2. The NEED for the Programme

DTMU MD program has been functioning since 1992 and in 1997 the copyright was issued on it (#1-01/21-34). The program was created as an alternative for disciplinary teaching existing in Post-Soviet countries, including Georgia; its (DTMU MD program) educational methodology was based on the teaching, learning and assessment integrated around organ-systems.

Medical simulations were significant step in the development of curriculum; students were able to train in management of trauma, injections, life-saving basic methods, etc. in a “safe-to-patients” settings.

Participation of the university in TEMPUS (*currently ERASMUS +*) project (*ePBLnet*) since 2012 made possible implementation of Problem-Based Learning (PBL), which was a significant step for the development of the program, as well as for professional (pedagogical) development of its academic staff. This approach decreased teacher-centered teaching and facilitated student-centered teaching of Basic Sciences and Research. Increased the level of program integration and focus on clinical skills, using the knowledge in practice, team work, clinical reasoning and professional aspects. Defined obligatory list of clinical presentations embedded into educational modules organized around organs systems also enhances focusing of the program (basic stage) on patients; also focusing both at students learning and program integration. For the means of embedding clinical presentations into the program conditions of their selection are frequency (spread) and significance (*e.g. life-threatening conditions*) from individual, as well as public health point of view. This format of teaching and *learning (as well as Journal Club delivered for training in science skills)* also facilitates the students in acknowledgement of principles of evidence-based medicine, as it encourages students to ask questions, find the best existing scientific evidences, critically (*in relation to the case*) evaluate them.

Problem-Based Learning was later developed with “technique of learning in small groups – interviewing skills”, which also means introducing clinical cases and clinical problems in small groups, interviewing standardized patient, history-taking, physical examination, preliminary diagnosis and developing the plan of further patient management. At first (it was piloted with VI year students. Currently this format is included from 3<sup>rd</sup> semester till 5<sup>th</sup> semester organ system diagnostic classes (in six modules); students study more complicated patient cases and situations at the beginning of clinical stage (6<sup>th</sup> semester); in 11<sup>th</sup> and 12<sup>th</sup> semesters abovementioned is continued with more complex cases.

Scientific component of program is changed; for the development of students’ scientific skills new formats of teaching were piloted and implemented. There is a possibility for student’s interests and more choice for the development of future career in the program. Innovative approaches implemented in teaching/learning and assessment increase reputation of the university at national and international levels; gives its graduates the possibility of more choice for further study and employment.

### 3. The Goal of the Program

The goal of the program is to prepare international level medical staff; with fundamental knowledge and acknowledgment, skills and values required for the practice of medical profession.

Objective of the program is – organizing content/volume of academic courses, as well as teaching and learning which will facilitate:

- Obtaining modern knowledge in Basic Medical and Clinical Sciences;
- Obtaining clinical skills necessary for corresponding level of study (I stage of medical study);
- Developing ethical values important for the profession;
- Readiness for continuous study and development during future professional activity.

### 4. Learning Outcomes of the Program

It allows a graduate:

- To have knowledge–acknowledgment in sciences about medical practice, health and its facilitation, disorders, traumas and disabilities, as well as their prevention and management. The graduate have mentioned knowledge relative to the individual, as well as in the context of their role in family and society.
- to demonstrate basic and clinical skills; collect information from patients systematically, with compassion and effectiency; to do patients physical examination, choose corresponding diagnostic procedures, interpret results of abovementioned examinations and rationalize choice of management plan; choose corresponding treatment for patients with specific conditions; acknowledge and manage life-threatening conditions.
- To have knowledge and show properties required for reaching highest standarts in medical practice and patient care; including ethical and legal principles, personal honesty, principles of evidence-based patient care; realizes effect of genetic, historical, social, environmental, political and behavioral factors on health, disease and illness.
- Acknowledges other healthcare professionals work and demonstrates wish and possibility of inter-professional work and to study from other groups of professioinals.
- Acknowledges necessity of life-long study, development and research.

- Has potential of further training in any medical specialty or medical sciences.
- Acknowledges necessity of life-long learning, development and research .
- Has mastered following additional skills and experience:
  - *Ability of analysis and synthesis.*  
Critical evaluation of complex, incomplete and contradictory data, their independent analysis, clearly verbalize result of analysis and then use of them. Critical attitude to new information, analysis, summary, integration of different data, making conclusion, giving evidences and/or contradictory arguments during the analysis of received results.
  - *Management of information.*  
Searching for information from various sources, processing of large volume of information and its critical evaluation. An ability to use information obtained in professional practice.
  - *Solving the problem/Making decision.*  
Defining, formulating problems, determination of ways to solve them, analysis of predicted results and making final decision independently. Knowing additional resources in the framework of specialty and effective use in case of necessity.
  - *Ability of communication, including in foreign language.*  
An ability of observation, listening, asking questions, as well as non-verbal communication. Participation in meetings and expressing opinion verbally and in written manner. Leading negotiations in the context of profession and participation in settlement of conflicts.
  - *An ability of updating education/knowledge continually.*  
Use of complete spectrum of educational-information resources, management of self-education process. Acknowledgement of necessity of continual updating of knowledge; an ability of objective assessment of self knowledge and skills.
  - *An ability of adaptation to new environment.*  
Team-working skills, ability of professional subordination/adaptation, mastering new technologies.
  - *Ability of independent work.*  
An ability of time management, choosing priorities, meeting deadlines and coordinated work. Wise planning of resources associated with own activity. Responsibility for the performed work, its assessment and critics.
  - *Values.*  
Has knowledge of ethical and legal principles in the context of medicine, is able to protect patient's rights, Lead negotiations in the context of profession and participation in the settlement of conflict with any person despite his/her social, cultural, religious or ethnic

belonging. In relationship with patients and colleagues considers justice, social and democracy values.

## 5. Duration of the Academic Year and Amount of Credits

Program of Medical Doctor lasts for 6 years and comprises 360 credits.

Academic year consists of 40 weeks (240 working days) and two semesters – fall semester (20 weeks) and spring semester (20 weeks). Between semesters there are vacations.

Teaching is going mainly by rotations.

According to European Credit Transfer and Accumulation System 20 weeks semester of academic year consists of 30 credits which is distributed on academic courses (subjects) and amount for a year – 60 credits.

1 credit considers 30 working hours, out of which 16 hours are mainly the contact hours and 14 hours devoted to the student's independent work.

## 6. General Structure of the Program

	I-II semester	Introduction in Medical Sciences 1-6								
		MCS	HE M	CVS	RES	GI	Neu	UR	REP	END
<i>The Course of Basic and Clinical Sciences</i>	III semester	√	√	√						
	IV semester				√	√	√			
	V semester							√	√	√
	VI semester		√	√						
<b>The Course of Clinical Medicine</b>	VII semester	√			√		√			
	VIII semester						√		√	√
	IX semester		√			√		√		
	X semester			√	√	√		√	√	√
<b>Clinical Clerkship</b>	XI- XII semester	√	√	√	√	√	√	√	√	√



## 7. Program Content, Description and Organization

### 7.1. General Content and Description of the Program

6 year period of study contains 3 stages (*basic medical and clinical sciences course, clinical medicine and clinical clerkship*).

- Course of Basic Medical and Clinical Sciences.

5 semesters (2.5 years) are devoted to it. Basic Medical and Clinical Sciences course consists of 150 credits (150 ECTS).

On I year, programs of academic courses are organized in such a manner that (i) in most cases they support better acknowledgment of material of subject blocks included in them, as well as (ii) despite general part of each discipline, material which is a necessary basis for studying human organ systems is studied at II year. Also, delivery of principles of medical ethics significant for the development of physician and future staff is started.

II year entirely and III year fall semester (III-V semesters) are devoted to study of human organ systems and programs of academic courses of basic and clinical sciences are horizontally integrated with each other, are related to study of principles of clinical diagnosis and pharmacology (element of vertical teaching) and make 9 modules of organ systems; mentioned modules are revisited subsequently (3 times) in the framework of spiral curriculum and system based learning and is consolidated during clinical medicine and practice in subsequent years (II and III stage of study).

At the stage of basic and clinical sciences, system learning in module starts with embryology, then the structure of its constituent organs is discussed at macroscopic (anatomy), microscopic (histology) levels and as well as conformities of normal functioning (physiology and biochemistry). After this, etiology, pathogenesis (microbiology, pathology – pathanatomy and pathophysiology) of each system diseases, clinical assessment of pathologic processes, typical clinical characteristics of diseases, diagnostics and communication with patient, principles of developing management plan and conservative treatment measures are studied (pharmacology).

Currently, following disciplines participate in modular (133 credits) and non-modular (17 credits) teaching:

1. Human Anatomy
2. Histology and Embryology
3. Medical Physiology
4. Medical Biochemistry
5. Medical Pharmacology
6. Medical Microbiology

7. Immunology
8. Medical Genetics and Molecular Biology
9. Pathology
10. Behavioral Science I, II
11. Biostatistics
12. Principles of Clinical Diagnosis with Clinical Assessment of Pathologic Processes
13. Biomedical Ethics
14. Principles of Scientific Research I, II
15. Clinical Skills
16. Topographic Anatomy
17. Elective Subjects

- The Course of Clinical Medicine

Five semesters (VI - X) are devoted to it. Clinical Medicine Course consists of 150 credits, including elective subjects – 10 credits.

Currently, following disciplines participate in modular (141 credit) and non-modular (not less than 9 credits) teaching:

Following is studied in the course of clinical medicine:

1. Internal Medicine containing:

- a) Cardiology
- b) Pulmonology
- c) Gastroenterology
- d) Nephrology
- f) Endocrinology and Metabolism
- g) Rheumatology and Systemic Disorders
- h) Hematology
- i) Allergology and Clinical Immunology
- j) Clinical pharmacology
- k) Differential Diagnosis and Treatment of Internal Diseases

2. Surgery containing:

- a) General Surgery

- b) Specialty Surgery
- c) Oncology
- d) Urology
- e) Traumatology and Orthopedics
- f) Otorhynolaryngology
- g) Ophthalmology
- 3. Obstetrics and Gynecology
- 4. Pediatrics
- 5. Infectious Diseases
- 6. Nervous Diseases
- 7. Psychiatry
- 8. Public Health and Epidemiology
- 9. Medical Rentgenology and Radiology
- 10. Dermatovenerology
- 11. Preventive Medicine with Ecology
- 12. Principles of Scientific Research III
- 13. Clinical Skills III, IV
- 14. Legal Aspects of Medical Activity
- 15. Elective subjects

- Clinical Clerkship

One academic year (VI year) is devoted to it. Students have clinical rotations in following clinical disciplines:

1. Internal Medicine:
  - 1.1. Syndromal Differential Diagnosis of Internal Diseases and Emergency Therapy
  - 1.2. Rational Pharmacotherapy
  - 1.3. Physiotherapy and Rehabilitation.
  - 1.4. Family Medicine
2. Surgical Disorders.

- 2.1. Pediatric Surgery
- 2.2. Anesthesiology and Reanimatology
- 2.3. Emergency Surgery
3. Obstetrics and Gynecology
4. Pediatrics
5. Infectious disorders
6. Nervous disorders
7. Clinical Skills V
8. The extent of elective subjects at VI year is 6 credits

Academic program considers transparency of choice of elective courses (10 credits), as well as, of educational clinical bases (Tbilisi, Klaipeda in Lithuania, etc.) during the study of clinical sciences.

In the purpose of perfecting the practical medical activity, timely diagnostics of patient's clinical condition and mastering methods of providing rational treatment, clinical academic courses (subjects) are taught gradually, for example: teaching of internal diseases are deepened vertically, bottom-up; principles of clinical diagnosis (diagnostic methods, II - III courses), special pathology (etiology, pathogenesis, clinic, diagnostics, prevention, principles of treatment of nosology) – III – IV year, differential diagnosis and treatment – V year, Syndromal Differential Diagnosis of Internal Medicine and Emergency Therapy – VI year.

Acquisition of scientific skills is conducted through 5 academic courses which in total make 10 credits, out of which 6 credits are devoted to theoretical aspects (Principles of Scientific Research 1, 2, 3) and the rest 4 credits – to scientific works.

Elective (additional) way for acquiring of scientific skills considers:

Course of Project Writing – 2 credits

Delivery of developed project (received by research departments) - 8 credits

Defense of Thesis – 10 credits (see Rules for Regulating the Educational Process at the University).

Resources are enough to fulfil of program objectives; library resources contain text-books, other educational materials, including examples of using knowledge in practice, cases, item bank for self-education, e-resources for skill training, etc., as well as possibility of access to scientific magazines for familiarization with scientific achievements, preparation of project presentations for discussion seminars, etc.

Resources required for the simulation skills training are available for the students. There are materials and e-resources needed for teaching in small groups and PBL format. Access to healthcare services

(ambulatory, hospital, other services) needed for acquisition of bedside clinical skills and in basic disciplines is provided. (see annex “ List of Bases”).

Curriculum is organized around themes and modules.

## 7.2. Themes of Curriculum

Themes of Curriculum are:

1. Basic and Clinical Sciences
2. Clinical and Communication Skills
3. Public and Population Health
4. Personal and Professional development

These themes are implemented along entire vertical of the curriculum. Their objectives and short contents and some details of their delivery are given below.

### 7.2.1. Basic and Clinical Sciences

This theme contains knowledge about (i) normal structure, function of human and development at all levels of organization – from molecular and cellular to organ systems and entire body; (ii) diseases, disorders and changes caused by development damage, their treatment, internal and external factors affecting results.

The graduate can demonstrate the following:

- Understands normal and damaged structure of human body, function and behavior in the context of diagnostics, management and prevention of health problems.
- Uses the best existing evidence for prevention or treatment of disease, symptoms management and minimization of disability.
- Clinical data analysis, considering peer-reviewed publications, for assessment of their validity and possibility of generalization
- Participates in generation, interpretation and dissemination of medical knowledge
- Understands the limitations of existing medical knowledge

Materials delivered through lectures, seminars, PBL and CBL scenarios, as well as via journal club at the stage of basic and clinical sciences belong to the theme.

At the stage of Clinical Medicine and during Clinical Clerkship some sessions discuss concepts of basic sciences and most of them focus on clinical use of knowledge. During clinical rotations numerous study possibilities address this theme. At the level of clinical clerkship the students have possibility to use this knowledge in ambulatory and hospital practice for wide range of clinical situations.

### 7.2.2. Clinical and Communication Skills

This theme develops clinical and interpersonal skills required for medical practice. It contains training in communication with patients and colleagues, history taking and clinical examination, other clinical skills including basic life support. Age, ethnicity, social condition and disability are considered in communication.

The graduates demonstrate the following:

- Ability to listen, identify patient's, his/her family and caregiver's opinions, address them, use measures needed for effective communication.
- Ability to find clinical symptoms and signs through patient interview and examination, interpret them. Use received information for planning further examination.
- An ability to keep data obtained in the result of observation, as well as an ability to communicate with others concerning these data.
- Ability to conduct clinical procedures required for enrollment into residency programs, particularly procedures significant for management of life-threatening situations.
- Ability to help patients and their family members in preserving health.

At basic and clinical levels the students have an ability to work in small groups in PBL and clinical skills classes (the course "Principles of Clinical Diagnosis with Clinical Assessment of Pathologic Processes"), in the form of role playing and communication with standardized patients, clinical skills, in the format of training courses in clinical skills; at the level of clinical medicine despite the abovementioned perfection of clinical and communication skills at ambulatory/hospital patient's bedside is added in conditions of wide range of disorders.

### 7.2.3. Public and Population Health

Contains key issues of public health, social determinants of health and illness, effect of social, economic and environmental factors on health and society; strategies of society health improvement (not only disease treatment), acknowledgment of effect of poverty, unemployment, homelessness (other social factors) on health.

The graduate can demonstrate the following:

- Acknowledges factors affecting population health and the role of these factors in health support, prevention and disease treatment.
- Acknowledges legal, social, economic, historical and political context of medical practice.
- Has an ability to identify and analyze health issues related to the society, is able to contribute constructively in discussion of these issues.

At the stage of basic and clinical study discussion of these issues is possible in PBL classes; The students have possibility to study social health and sociologic issues affecting health via integrated way, in patient-centered context. At clinical stage significant topics are delivered in the format of lectures and seminars via discussion of corresponding cases; significant content of this topic is also delivered in the format of psychiatry, obstetrics and gynecology, pediatrics, family doctor and other academic courses.

#### 7.2.4. Personal and Professional Development

Contains acknowledgement of necessity of ethical behavior, life-long learning, group work, respect-based relationship with patients and colleagues. Issues of legal ethics, economics and quality of patient care, including regulations of medical field, consent for treatment, care standards. Development of critical evaluation skills is conducted by analysis of published articles. Statistical approaches/methods are taught to develop skills for data analysis.

The graduate demonstrates the following knowledge/skills:

- Ethical behavior considering needs of patients and their family; considers need of confidentiality and expresses respect to individual autonomy, allows patients and their family members to make informed decisions concerning issues of medical care.
- Acknowledges that decisions on disease or results are frequently made in ambiguous situations and when the doctor has to make maximally rational decision based on the best evidences and specific needs of patient.
- Use of evidence-based knowledge when making clinical decision.
- Acknowledgement of statistical approaches in data analysis.
- Has an ability to work as a group member and take responsibility in relevant situations.
- An ability of organizing and management of notes, records, information including use of corresponding technologies.
- Ability to teach, help peers, presentations, etc.

Ethics seminars and forums with presentations and discussions on real situations ethical issues at the stage of basic and clinical sciences belong to the theme, as well; aspects of this topic are included in PBL scenarios. PBL sessions at this stage of teaching is especially important in delivering various aspects of personal development, through group dynamics, practice and critical feedback.

At the stage of clinical medicine and clinical clerkship students have possibility to practice these skills when communicating with patients and colleagues.

### 7.3. Modules of Curriculum

#### 1. Musculoskeletal System and Principles of Clinical Diagnosis

The objective of the course is to learn medical aspects of musculoskeletal system with interdisciplinary approach: including pathology, histology, physiology, biochemistry. Issues of system histomorphology, normal functioning and metabolism are discussed; principles of this system`s trauma, healing and degenerative changes, pathology of inflammatory, tumorous, metabolic, nutritional and congenital pathologies and principles of clinical manifestations. Physical examination, symptoms, signs and methods of diagnosis with clinical assessment of pathologic processes of this body system. As well as significant aspects of pathology (definition, classification, pathogenesis mechanism, and related syndroms) generally related to neoplastic process.

The module helps student to learn:

- Structure and function of musculoskeletal system.
- Structure of musculoskeletal system, interrelation between the function and dysfunction.
- Histomorphologic properties of bones, joints, muscles.
- Mechanism and structure of contraction, muscle excitability and conduction of excitation from nerve to muscle.
- Norm and disorders of musculoskeletal system, anatomic (micro-, macroanatomic), physiological and pathophysiological bases of physical signs.
- Describe frequent traumas of musculoskeletal system.
- Developmental malformations/disorders of bones, joints, soft tissues.
- Tumors of bones, joints, soft tissues, tumorous disorders.
- Inflammatory and traumatic damage of bones and joints.
- Characteristics of common arthritic conditions.
- Concept of disorders, illness. Acknowledge meaning and function of medical interviewing.
- Peculiarities of medical interviewing in specific populations and situations.
- Aspects of general physical examination.
- Interpretation of laboratory data and putting them into clinical context.
- Epidemiology of bone system, effect on life quality, significance of keeping physical activity/healthy life style in prevention of musculoskeletal system problems.
- Effect of chronic pain syndroms on patient's life.



- Normal structure and function of skin.
- Competent history taking during clinical conditions with skin problems.
- Differential diagnosis and management plans with frequent and significant dermatologic disorders.
- Psychological effects caused by skin problems.

## **2. Hematopoietic System and Infections**

The module contains two topics: hematopoietic system and infectious disorders: is oriented to the discussion of normal development, functions, exchange of blood corpuscles; as well as studies various disorders and pathologies of this system, iron homeostasis, blood coagulation, principles of clinical manifestations and aspects of modern treatment; discusses issues of infectious disorders, medical microbiology, pathology, clinical manifestations and diagnostics.

The module helps students to learn:

- Normal development, function and exchange of red blood cells, white blood cells and thrombocytes.
- Red blood cells and iron homeostasis and metabolism.
- Pathophysiology, pathochemistry, pathomorphology and etiology (including infectious) aspects of various diseases of red blood cells and iron homeostasis.
- Cellular and biochemical mechanisms of blood coagulation; pathophysiology of diseases of homeostasis and thrombosis.
- Corresponding diagnostic evaluation of patients with blood disorders.
- Pathogenesis of infection and basic principles of antimicrobial pharmacotherapy; viral structure, genetics of metabolism and main characteristics of classification.
- Mechanism of action, pharmacokinetics, clinical use, toxicity of antitumor drugs.
- Principles of epidemiology, prevention of viral hepatitis; issues related to patients life style who have active viral hepatitis.
- Role of labor protection management in health organizations; responsibility of system workers for health care of themselves, colleagues and patient.

## **3. Cardiovascular System**

The objective of the module is delivery of principles of scientific research needed for acknowledgement of cardiovascular system disorders in relevant clinical contexts with integrated teaching of system anatomy, histology, physiology and pharmacology; facilitates understanding of fundamental concepts by the students which is the basis and/or the reason for cardiovascular disorders, symptoms and signs. The module discusses mechanisms, manifestations, clinical examination and management of cardiovascular disorders and significant aspects of public and population health.

The module helps the students to learn:

- Anatomic (micro- and macroanatomic), physiologic and pathophysiologic basis of cardiovascular system norm and disorders/diseases, physical signs, clinical assessment and treatment.
- Heart failure based on preload and afterload understanding.
- Valvular disorders based on understanding of cycle of heart work.
- Ischemic heart diseases – with basis of their pathology, pathophysiology.
- Discussion (including in the context of common disorders of cardiovascular system) of ECG based on understanding of spread of electric wave through heart.
- Disorders of cardiovascular system: basic issues (anatomy and physiology) valuable for diagnostics, symptoms and signs, examination technique, diagnostic procedures.
- Describes activity mechanism, pharmacokinetics, clinical use, toxicity of medicines affecting cardiovascular system.
- Basic understanding of methods (ECG, chest X-ray, load tests, ultrasound, heart catheterization, CT, MRI, scintigraphy) used for examination of patients with cardiovascular disorders, data interpretation and analysis in clinical context.
- Interpretation of laboratory data of patients with cardiovascular disorders and analysis in clinical context.
- Standardised basic physical examination of system.
- Management of cardiovascular disorders and emergency conditions (therapeutic and surgical).
- Use of cardiovascular disorders for understanding significant issues of public health (factors affecting society and public health such as tobacco, diet, load, healthy life style and disorder).
- Ethical aspects of resource management in relation with cardiovascular disorders.

#### **4. Respiratory System**

The aim of the module is to learn medical aspects of human respiratory system through interdisciplinary approach: structural organization and development of respiratory system, system functioning, physiologic processes and properties are discussed at the level of macroanatomy and histomorphology through participation of anatomy, histology, physiology, pathology, principles of clinical diagnosis and pharmacology; Pathophysiologic aspects and pathomorphologic issues of respiratory system disorders for making basis of physical examination and functional assessment of the system; as well as the objective of the module is to learn pharmacologic agents used for the treatment of respiratory system and issues of diagnostics. Teaching of history taking, physical examination, making correct medical notes/records, as well as discussion of significant aspects of population health.

The module helps students to learn:

- Physical signs of the norm and disorders/diseases of respiratory system, anatomic (micro- and macroanatomic), physiologic and pathophysiologic bases of clinical evaluation and treatment.
- Anatomy of chest and lungs.
- Exchange of oxygen and carbondioxide between air and blood and transport of gasses in blood.
- Basic principles of acid-base balance, acid-base disturbances and compensatory reactions.
- Issues of basic pathology and pathophysiology of obstructive, restrictive and pulmonary vascular disorders.

- Characteristics of patients with pulmonary disorders (history, clinical symptoms and signs). Technique of examination, diagnostic procedures.
- Action mechanism, pharmacokinetics, clinical use, toxicity of pharmacologic agents affecting respiratory ways and lungs.
- Basic interpretation of methods (chest X-ray, function tests, CT, MRI) used for examination of patients with respiratory system disorders, data interpretation and analysis in clinical context.
- Interpretation of laboratory data of patients with respiratory system disorders and analysis in clinical context.
- Standardised physical examination of the system.
- Management of respiratory system disorders and emergency situations (therapeutic and surgical).
- Use of respiratory disorders for acknowledgement of issues significant for public health (factors affecting society and public health such as tobacco, healthy life style, diet, environmental factors, working and living conditions).
- Ethical aspects of management of resources related to respiratory system disorder.

## 5. Digestive Tract and Nutrition

The module serves to understanding of scientific principles of clinical practice in gastroenterology through analysis of key clinical issues; discusses system structure and function between the norm and disorders, as well as in relation with basic sciences and clinical practice. Facilitates understanding of issues of mechanisms, clinical manifestations and management of gastrointestinal disturbances.

The module helps the students to learn:

- Structure and function of digestive system (including liver)
- Physical signs of norm and disorders/diseases of digestive system, anatomic (micro- and macroanatomic), physiologic and pathophysiologic bases of clinical evaluation and treatment.
- Processes and mechanisms responsible for symptoms and signs of frequent symptom complexes of gastrointestinal system and liver [dyspepsia (peptic; reflux; gall-stone; functional) stomach pain and change of bowel movements, gastrointestinal bleeding, jaundice].
- Eating - digestion of nutrients and absorption, metabolism at the level of entire body, creation of energy, requirement of nutrients, obesity, hunger, role of vitamins and minerals.
- Typical characteristics of digestive system disorders, history, clinical symptoms and signs, examination technique, diagnostic procedures.
- Pharmacologic agents affecting digestive tract: action mechanism, pharmacokinetics, clinical use, toxicity.
- Basic acknowledgement of methods (GI X-ray, endoscopy, CT, MRI, ultrasound) used for examination of patients with gastrointestinal problem, data interpretation and analysis in clinical context.
- Interpretation of laboratory data of patients with gastrointestinal disorders and analysis in clinical context.
- Standardised basic physical examination of the system.
- Management of gastrointestinal disorders and management of emergency conditions (therapeutic and surgical).
- Risk-factors, social and behavioral aspects of gastrointestinal disorders.

- Influence of gastrointestinal chronic disorders and syndroms on patient's life.

## 6. Nervous System

The module serves to discussion of nervous sytem as a whole and gives basis for acknowledgement of nervous system disorders. Learnt problems cover wide list of nerous system, started from cellular-neurophysiologic basis including person's neurobilogic and behavioral issues. The course discusses examination methods and strategies used in behavioral science.

The module helps the students to learn:

- Neurobilogic and psycho-social factors significant for human brain and its functions.
- Factors organizing human behavior: perception, memory, affect, attention.
- Behavioral disorders and methods of their diagnostics; neuroanatomic and physiologic mechanisms of complex behavior of human.
- Indentification of biologic systems and action mechanisms of psychotropic medicines; Influence of medicine on human behavior, cognition and emotions.
- Dynamic interaction of biosocial systems and human behavior.
- General reactions of motor unit and issues of its pathology.
- Pathology of peripheral nerves` disorders and valuable issues for clinical evaluation.
- Issue of pathology of CNS disturbances/disorders.
- Pathology of cerebrovascular disorders and its understanding in the view of clinical pathology as a base for diagnostics and treatment.
- Disturbance in antenatal brain development and perinatal damage.
- Skull and spinal cord trauma.
- Nervous system tumors pathology, symptoms and signs, examiantion technique and diagnostic procedures.
- Pathology, symptoms and signs of CNS infections, examination technique and diagnostic procedures.
- Pathology of various genesis metabolic disturbances.
- Medicines affecting nervous system: classification, action mechanism, pharmacokinetics, clinical use, side effects and toxicity, drug interaction.
- Needs of patients with dementia, organization of multidisciplinary care and coordination
- Functions of an attorney of disabled patient.

## 7. Urinary System

The objective of the module is to understand the system, structural organization and development, discussion of physiologic, adaptive and pathophysiologic characteristics of system functioning and regulation; study of congenital and acquired disorders of the system, as well as issues of mechanisms, clinical manifestations and management of urinary system disorders.

Teaching of history taking, physical examination, making correct medical notes concerning the patient having urinary system pathology including use of theoretical knowledge in relation with clinical case.

The module helps the students to learn:

- Issues of basic anatomy, histology and development of kidneys and their blood circulation.
- Relationship between tubular structure and function.
- Control of renal blood circulation and glomerular filtration and the role of kidneys in acid-base balance.
- Fluid distribution in the body including water passage.
- Water-salt balance and participation of disturbance in establishment of pathologic syndrome (eg: hypertension and edema).
- Assessment of kidney function (including plasma clearance).
- Main clinical syndroms of urinary system; modern approaches of diagnostics and treatment.
- Congenital anomalies, tumors, obstructive disorders of kidneys and urinary system.
- Typical characteristics, history, clinical symptoms and signs, examination technique, diagnostic procedure of urinary system disorders.
- Pharmacologic agents acting on urinary system: action mechanism, pharmacokinetics, clinical use, toxicity.
- Basic understanding of methods (ultrasound, CT, MRI) used for examination of patients with urinary system problems, data interpretation and analysis in clinical context.
- Interpretation of laboratory data of patients with urinary system disorders and analysis in clinical context.
- Standardised basic physical examination of the system.
- Management of urinary system disorders and emergency conditions (therapeutic and surgical).
- Influence of urinary system chronic disorders and syndroms on patients' life.

## **8. Reproductive System**

The module serves to molecular, genetic, chromosomal basis of health and disorder. In relation to woman health it covers physical, mental, ethical, economic, environmental and social-political aspects – influence on preserving health in woman's entire life cycle, including pregnancy. In relation with infants contains discussion of intrauterine life and newborns, age-related changes of the system in women and men.

The module helps the students to learn:

- History taking from gynecologic patients.
- Interpretation of data of patient's anamnesis, physical examination and mental status examination.
- Gynecologic patient's physical examination.

- Developing gynecologic patient's management plan.
- History taking and examination of pregnant.
- Discussion of contraception issues.
- Screening of infectious disorders during pregnancy.
- Invasive and non-invasive screening in pregnant.
- Pregnancy complications
- Physiologic and pathologic labor
- Obstetric examination (combined, cervix, etc.)
- Determination of blood loss after delivery
- Arrangement of gynecologic procedures and examinations, interpretation of examination results.
- Identification of communication and cultural issues to be considered during family history taking and associated skills.
- Issues related to the health and social care of refugees and asylum seekers.
- Identification of sources for helping refugees and asylum seekers.
- Epidemiologic evidences influencing women decision on whether to take hormone replacement therapy.
- Key ethical and legal issues arising in relation to refugees and asylum seekers.

## 9. Endocrine System

Discusses functioning of endocrine system in the norm and during pathology: issues of endocrine system structural organization and development at macro- and microanatomomic level, components of the system, their functioning, biochemical characteristics of relationship and regulation and physiology and pathophysiology of processes. Facilitates understanding of pathomorphologic basis of congenital and acquired disorders of the system, study of issues of clinical and laboratory diagnostics and treatment.

History taking, physical examination, study of making medical notes/records from patients with endocrine system pathology including synthesis of theoretical and practical knowledge.

The module helps the students to learn:

- Structural, biochemical and physiologic principles of normal functioning of endocrine system.
- Anatomy of endocrine system organs (micro- and macroanatomy) and normal physiologic effects of hormones.
- Regulation of hormone production of endocrine system organs.
- Pathology and pathophysiology of endocrine disorders, including endocrine tumors, as well as hormone deficit/excess.
- Principles of epidemiology, clinical manifestations and treatment of endocrine system disorders.

- Pharmacologic agents acting on endocrine system: action mechanism, pharmacokinetics, clinical use, toxicity.
- Basic understanding of methods (ultrasound, CT, MRI) used for examination of patients with endocrine problems, data interpretation and analysis in clinical context.
- Interpretation of laboratory data of patients with endocrine system disorders and analysis in clinical context.
- Standardised basic physical examinations of the system.
- Management of endocrine disorders and emergency conditions (therapeutic and surgical).
- Issues of epidemiology of endocrine disorders on the example of diabetes mellitus and thyroid gland disorders.

## 8. Strategy of Teaching and Learning

Educational philosophy of DTMU MD program is based on such curriculum design and delivery which serves to achieve program learning outcomes. Principles base on facilitation of students learning, independent thinking, collaborative work and initiative. Implementation of abovementioned is possible with:

- (i) the strategy, which makes the program background and
- (ii) the methods of teaching/learning used in the program.

(i) Educational strategy is – delivery of spiral curriculum with integrated system based approach using problem based learning and outcome-based education, through the mandatory and elective components of the curriculum.

(ii) Teaching/learning methods used in program

Curriculum teaching and learning strategy is based on the following:

- **Student-centered**  
This means that during planning, delivery and assessment of the curriculum more focus is made on learning not on teaching, in whole the objective is to focus students more on developing understanding and other skills; learning methods are chosen for effective support of students.
- **Directed self-learning**  
Means that teacher makes objectives/tasks and the responsibility of the students is to implement them: responsibility for the learning is shared between the teacher and student through student's active (non-passive) participation.

- **Promoting**  
Teaching methods and the role of the teacher is determined as promoter of searching; the program contains didactic teaching (mostly on the first stage of the curriculum, I and III topics of the course) and is embedded in such a manner that gives necessary information to the student to think and understand what he/she has learned.
- **Integrated (Deep-Learning)**  
The goal is to give clinical meaning to everything what the student learns to make learning process interesting and relevant, in the same time, we need the students to know scientific principle of the medicine so that deep understanding of basic medical sciences to make background for the clinical skills and practice. The students also have to understand why they study these issues, be able to use information critically, not to learn for “examination”, which they forget immediately after passing. This approach is included for facilitation of deep learning.
- **Understandable learning objectives**  
Understandable learning objectives work as communication measure between students and teachers, it makes understandable what is learned and assessment of learning outcomes.
- **Use of spiral curriculum**  
The program bases on cyclicity around 9 modules of spiral curriculum. The cycle makes three spirals. I spiral of the cycle is the stage of basic and clinical sciences; where in human system based modules explanation of mechanisms of system norm and pathologic processes, clinical (meaning) assessment of pathologic processes; typical clinical manifestations, diagnostics of disorders, principles of developing patient’s management plan, communication with him/her, etc. II spiral bases on the first one and is organized around 9<sup>th</sup> module at the stage of learning clinical medicine, represents so called transitional stage between at first mostly directed study and more self-directed study of the third stage. At 2<sup>nd</sup> stage deeper revision of 9 organ systems is done by working at real patients cases, more focus on patients medical and social, health problems, communication peculiarities; III spiral is clinical clerkship, bases on students previous experience (I, II spiral) with the purpose of his/her (knowledge, skills) consolidation and preparation for practice (residency program).
- **Structured around educational module**  
At the stage of basic and clinical study module content is delivered during the sessions of academic week which is also included in problem based learning (*PBL week*) and case-based learning (*Principles of Clinical Diagnosis with Clinical Assessment of Pathological Processes*) in order the students to have additional measures for understanding the relevance of their learning to the future clinical practice.



## 8.1. Methods of Learning

- **Problem-Based Learning (PBL)**

Students work in small groups with facilitator at series of clinical problems. Groups work three times a week (2+2+1 hours) and work on one problem during the week. They start working on it at the first session, make learning objectives (under supervision of facilitator); at the second session they come back with found information, discuss it, receive further information concerning the patient/problem for stimulation of further study; they continue the feedback and finish working at problem at the third – one hour session.

- **Case-Based Learning (CBL)**

Students work in small groups; it is like PBL, however, with significantly smaller time (per each case); Principles of Clinical Diagnosis with Clinical Assessment of Pathological Processes; Courses of Clinical Skills. Cases will be used in most of the clinical courses.

- **Competency-Based Learning**

The students work to reach experience in particular (specific) list of competencies, e.g.: cardiopulmonary resuscitation, communication skills with patients, etc.

- **Portfolio-Based Learning**

At the stage of clinical study students fill log-book where they write information related to the curated patients, acquired skills, discussed ethical issues, ambulatory, hospital, cases and skills seen at other clinical institutions. In defined components (in case of reaching) they are awarded with credits. Student's personal education plans are also part of the portfolio; the student can identify (we expect from them) own strengths and weaknesses.

- **e - Learning**

There are important e-resources for self-education in the library, including for preparation to PBL and CBL, training in clinical skills, preparation of presentation, scientific project, etc.

- **Patient Oriented Learning**

Students study from real patients, everywhere where it is possible, in the ambulatory and hospital environment, rehabilitation center, etc.

- **Lectures**

Lectures are important academic resources for curriculum. It is encouraged the lectures to be interactive as much as possible; focused to present big (macro) picture, to clarify difficult issues and/or summarize particular material, so that existing material can be learned more effectively.

- **Discussions in large group**

Discussions in the group are used for debates. Some issues of ethics are delivered by this way. The students duty is to present specific opinions and justify the new position.

- **Discussions in small groups /workshops**  
The students have discussions in small groups – despite PBL and CBL tutorials, for example discussion of scientific works at Journal Club format.
- **Posters**  
Presentation of project works in the framework of academic module/course (e.g.: principles of scientific research).
- **Observation of clinical practice**  
Students study through observation of clinicians and patients communication in order to start practice, based on the knowledge obtained from patients and colleagues.
- **Clinical experience under supervision**  
Students have to obtain as much experience as possible through communication with patients. Constructive feedback given by the staff significantly influences their education; this is possible by either observation of patients or presenting the data to the staff members or students by presentation.
- **Group learning**  
The students work in groups including in the format of PBL and case-based learning where they learn to listen others, respect others' and different opinions, get accustomed to group discussion, share responsibility on group work, agree the opinions and develop other interpersonal skills. Importance of group work is emphasized during learning of clinical and communication skills and during all clinical rotations.
- **Role-play**  
Role-play is valuable for learning of issues in which the students might have less personal experience, including e.g: communication with “problematic” patients, from different cultural environment, etc. Simulated patients may be involved here; which also helps the feedback related to the academic sessions and evaluation of students.
- **Presentations**  
During the program the students make presentations for other students and the staff. Some presentations are verbal, some are posters, some individual or prepared in groups, some in small groups (e.g.: PBL tutorial), some in bigger groups.
- **Peer Tutoring**  
There is valid evidence that humans learn an issue much better when they teach. PBL and CBL stimulate peer tutoring; there are such formats in DTMU; there is a big experience of tutoring junior students by senior students in basic disciplines (share their experience in learning

progress), as well as they teach clinical skills (there are three such interest groups at the university: surgery, obstetrics and gynecology and neurology).

- **Practical Classes**

Practical classes are necessary resource so as to facilitate the students in understanding scientific knowledge on human body; in correlation of knowledge with clinical problem in PBL and CBL format and in discussion of patients seen during clinical rotations.

- **Training of Clinical Skills**

The students have access to labs of clinical skills where the students study clinical skills in safe environment, models and mannequins are the means for training in such skills, which is impossible by practice on each other. Sessions of clinical skills are embedded in curriculum from basic and clinical sciences level and continue in the years of clinical practice.

## 9. Assessment Strategy

### 9.1. Introduction

The goal of MD program is to prepare humane, clinically competent practicing doctors with skills of clinical reasoning and life-long learning. Assessment strategy is used to facilitate reaching this goal. Although, it is generally accepted that assessment is main characteristic of learning, we hope that our students will not be oriented only on passing exams; assessment is integrated in curriculum to facilitate the educational approach.

MD program facilitates obtaining knowledge and development of problem-solving skills through group- and self-directed learning. Assessment framework helps this approach through acknowledgment and motivation, gives direction to progress adequacy and gives the student feedback on issues which need further work.

Assessment tests judgement and use of knowledge, skills (clinical assessment, procedure skills, critical thinking) and professional behavior.

### 9.2. Key Principles of Assessment

Assessments should be valid and reliable in context.

Formative assessments are used in order to inform students quite frequently about their progress. The staff has to be informed concerning each student in order to conduct repeated activities for helping the student to solve the problem. Formative assessments are used mainly for the purpose of feedback, however, it also takes part in assessment if the student has passed the course.

Summative assessments can be also used for the feedback to students, either formative or summative (Semester) results are included in students' personal files concerning their achievements.

### 9.3. General Criteria of Assessment in Themes according to the Education Stages

General criteria of assessment in each theme and descriptors for education in each stage are given below.

#### 9.3.1. Basic and Clinical Sciences

- Adequate knowledge and understanding of human normal and disordered structure, function, behavior.
  - Ability to use this knowledge for diagnostics, management and prevention of health problems (use of theory in practice).
  - Ability to organize and present information in coherent, logical and complete form.
- I. Stage – study of basic and clinical sciences in the context of clinical meaning, “paper-based” patients, standardized patient cases.
  - II. Stage – use of obtained knowledge at first level on “real” patients.
  - III. Stage – integration of obtained knowledge (through all parts of the program) and preparation for the first year of residency.

#### 9.3.2. Clinical and Communication Skills

- Ability to obtain and interpret clinical symptoms and signs by interview and examination of patients, record and relate them to each other; use them in relation with other existing clinical data to develop management plan with patient and other professionals.
  - Shows and understands necessity of doctor-patient relationship, ability to listen to patient and his/her family members and uses all means for effective communication.
  - Ability to conduct important clinical procedures including solving emergency clinical situations.
- I – stage studies how to conduct clinical procedures and effective communicate with patients (mainly standardised or virtual patient) either in classroom environment or on real patient.
  - II - stage – is done in more experienced, clinical and communication skills in hospital and ambulatory patients, environment through intensively monitored practice.

III - stage - is quite competent in clinical procedures and communication with patients, is preparing for residency program in conditions of limited supervision.

### 9.3.3. Public and Population Health

- Shows understanding of political, organizational and economical frameworks in which Medicine works in Georgia (and globally), including national healthcare system structures and functions.
- Shows knowledge in issues and techniques included in study of disorders influence at population, public and individual level.
- Evaluates rights and needs for persons with mental and physical disabilities.
- Shows knowledge of social and psychological load of persons with chronic disorders and/or disabled ones and their caregivers.
- Shows understanding of knowledge in issues (including screening) of health support and prevention of disorders.
- Evaluates needs for local society in relation with delivery and access to services.
- Shows knowledge in principles of control of contagious disorders.

I-stage - Studies psychological, social and population issues in the context of health and disorders by cases, seminars.

II-stage During rotations in clinical medicine shows knowledge related to the importance of context of psychological, social and health services for patients.

III-stage shows patient-centered practice in conditions of limited supervision in ambulatory and hospital settings.

### 9.3.4 Personal and Professional Development

- Shows understanding of medical practice, professions, professional behavior.
- Shows understanding of legislation related to the medical field.
- Agrees to necessity of use of evidence-based medicine in making clinical decision.

- Shows basic understanding of statistical approaches for data analysis and an ability to choose the most suitable statistical method for specific situation.
- An ability to evaluate publication critically.
- An ability to collaborate as a team member.
- Shows skills of writing information, organization and management, including use of corresponding information technologies.

I–stage Learns principles of professional practice and effective learning.

II-stage During clinical rotation in conditions of supervision and monitoring trains in using professional standards and requirements.

III-stage Shows professional standards and requirements in the context of limited supervision.

#### 9.4. Methods of Assessment

- Multiple choice questions, where the students choose the best answer from the list of possible answers. Most of the questions are asked in the format of clinical scenarios or vignettes.
- Mini-Cases, which are involved in practical classes of diagnostics course are also included, for example, in clinical skills training course.
- Questions of Problem Analysis, where the students are given short vignettes in which either context or stimuli for questions are delivered, which requires data interpretation, critical analysis and knowing mechanisms of patient's problems from students.
- Objective Structured Clinical Examination (OSCE), where students perform the tasks from their structured list, which may contain practical procedures, methods of interview or data interpretation.
- Clinical Cases, e.g.: Mini-CEXs, where observation on students, their communication with standardized and/or real patient is done, and where they also answer the questions asked by the examiner.
- Direct Observation of Procedural Skills, where students are observed to see how they fulfil particular procedures to prove competency (e.g.: measuring pressure, etc.).

- Case-Based Discussion (CBD), where students are asked questions by structured way on cases in which they are actively included.
- Portfolio, set of evidences which represents the skills obtained by students, how to deliver and accept constructive critics for their personal development and study.
- Reports, Oral Presentations or Posters fulfilled during particular academic modules (e.g.: Principles of Scientific Research).
- Progress Test – currently the students take international progress test delivered by EBMA twice a year which also allows giving feedback to students; for possibility of personal development and defining their own learning objectives by analysis of student's individual need. Where it is possible assessment is done in clinical context and written assessments are used like practicing doctor's duties, such as: for example: patient notes – history collected during personal supervision of patient by the student, examination results, diagnostics and management plans.
- Writing Critical Evaluation about journal article.
- Scientific Research Project for grant application.
- Interpretation of Patient Data.
- Use of electronic recipe system (e-prescription) at relevant level.

### **Examiners**

DTMU plans according training course in assessment for all examiners. Responsible examiners are required to attend the course developed in the framework of staff development program by DTMU Medical Education Center (MEC).

The staff who develops written or OSCE or MINI CEXs exam questions are required to attend the workshop on Item-Writing. For examiners in OSCE it is required to attend the course organized in the framework of the staff development program and participation in preparatory session arranged before the exam.

### **Feedback and Students Progress**

The students regularly are given feedback in each assessment. This means detailed feedback about results in each part of assessment or each topic, scores by individual components, e.g.: in module, module subject blocks, OSCE or MINI CEXs according to the station/competence. Mentioned is delivered verbally, in written form, individually.

Students progress is monitored by the Dean, Course Leader, teachers of clinics (locally, as well as tutors (PBL) and teachers (practical sessions), in order to identify timely the weaknesses for facilitation and repeated teaching/study and/or training.

### **Feedback and Assessment Given by Students**

Feedback given by the students is important to be reflected in education quality and must be used in assessment of entire course or individual sessions. Already existing and operating feedback systems will be continued, as well as study of the ways for their perfection, where it is necessary.

Representatives of students are involved in most of committees (except of strategic management and finances) of DTMU, most of them are nominated by students union (SYSSA).

Collection of feedback from students at various levels of program is described below.

### **Basic and Clinical Sciences**

Students feedback is collected through online questionnaires immediately after finishing theoretical sessions, practical classes, PBL sessions. The example of the questionnaire is shown below in annexes (See Annex – Questionnaires).

### **Feedback Concerning Clinical Practice**

Students feedback during the period of clinical rotation (mandatory and elective courses) and is collected through online questionnaire, currently it is collected by DTMU quality assurance service and after analyses presents to the Faculty Council. In future, these data will be processed under supervision of vice-dean (in the field of medical education) by participation of assistant dean and coordinators of corresponding years (for assessment of clinical bases relevant questionnaire is used).



## Annexes:

### Annex #1: List of DTMU Clinical Settings

#	DTMU affiliated study settings	Subject
1	Ophthalmic microsurgery Javrishvili Clinic „Oftalmij”	Ophthalmology
2	Modern Medical Technologies	Urology
3	Infectious Diseases, AIDS and Clinical Immunology Research Center	Infectious diseases
4	LTD. Bokhua Memorial Cardiovascular Centre	Cardiac surgery
		Cardiology
5	Children’s’ Rehabilitation Centre “Rehab”	Neurology
6	LTD Globalmed	Pediatrics
7	David Gagua Clinic	OB/GYN
8	Tbilisi Oncologic Clinic	Oncology

9	Tbilisi Central Hospital	Internal Medicine
10	Scientific-Research Institute of Skin and Venerology diseases	Dermato-venerology
11	M.Iashvili Memorial Children's' Central Hospital	Pulmonology
		Pediatrics
		Pediatric surgery
		Radiology
		Anesthesiology and Intensive care
		Neurology
12	MediClubGeorgia	Rheumatology
		Traumatology
		Urology
13	"Medinvest" – Institute of Hematology and Transfusiology	Clinical Skills
14	Multidisciplinary Clinic Consillium Medulla	Hematology
15	N. Makhviladze Memorial Occupational Medicine and Ecology Research Institute	Health organization
16	Center of Neurodevelopment	Occupational and Preventive medicine
17	Research Institute of Pathology	Rehabilitation
18	Proctology Center – G. Mukhashavria Clinic	Pathology
		Emergency surgery
		General surgery
19	Georgian-American Family Medicine Clinic	Gastro surgery
		Endocrinology

20	Universal Medical Center	Surgery
21	Center of Mental Health and Drug abuse Prevention	Psychiatry, behavioral medicine
22	Chichuas' Medical Center "Mzera"	Gastroenterology
23	LTD "National Research Center of Diabetes"	Endocrinology
24	National Center of Allergology and Immunology	Allergology
25	LTD acad. V. Iverieli Memorial Center of Endocrinology and Nutrition	Nephrology
26	LTD "Unimed-Kakheti" Children's New Life	Pediatrics
27	LTD "Khechinashvili Memorial University Clinic	Otolaryngology
28	LDT "Inova"	Surgery (Endocrine, Pulmo, Gastro)
29	Academic N.Kipshidze honored Central University Clinic	Gastroenterology
		Nephrology
		Pulmonology
30	KLAIPEDA UNIVERSITY	Elective
31	CLINIC FOR HORMONES UNIVERSITY & METABOLISM	Observership or endocrinology course

## QUESTIONNAIRE

Year/Batch	Subject Block:
Semester	Tutor:
PBL Group	PBL Case:
Module	

Name, Surname (Write down your name and surname): \_\_\_\_\_

*(Consider thoroughly each category and mark your choice by “X” or “V”. When you find your name in the list proceed to Self-Evaluation and grade yourself based on your own opinion, while evaluation your peers grade them also based on your own opinion. The Grades will not affect your marks/assessment and will be considered for study purposes only)*

### 1. Contribution of expertise to the team goals

#	Name	Evaluation		
		Low	Average	High
1				
2				
3				
4				
5				

### 2. Quality of interaction and flexibility in adaptation to the team

#	Name	Evaluation		
		Low	Average	High
1				
2				
3				
4				
5				

### 3. How would the team succeeded if this person (you or your team member) had NOT been a member?

#	Name	Evaluation		
		Poorer	Similarly	Better
1				
2				
3				
4				
5				

### 4. Add additional (narrative feedback) information if needed (on the back of the paper)

# Assessment form: Principles of Clinical Diseases, Assessment and Diagnostic Methods

DTMU Quality Assurance Team and Clinical Skills Working Group would like to assess process of the course: Principles of Clinical Diagnosis, Clinical Assessment and diagnostic methods including clinical skills. Please take 3-5 minutes to fill this form. Thank you.

\* Required

Email address \*

Your email

Learning Program \*

MD program

MD PBL program

Semester \*

III

IV

V

VI

VII

VIII

IX

X

XI

XII

System learned \*

- Introduction
- Cardiovascular
- Respiratory
- Urinary
- Gastrointestinal
- Endocrine
- Clinical Skills (CS)

Gender \*

- male
- female

Age

- 17-20
- 21-24
- 25-29

The content of the course (principles of clinical diagnosis and clinical assessment) sessions was appropriate and informative:

\*

	1	2	3	4	5	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

The information presented during the sessions was useful to me

\*

	1	2	3	4	5	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

The activities in this course gave me sufficient practice and feedback \*

	1	2	3	4	5	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

The time allocated for diagnostic course components (practical classes, theoretical and clinical parts) was appropriate \*

	1	2	3	4	5	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

The practical classes (theoretical and clinical parts) assisted me in understanding purposes of patient interviewing process and medical history structuring and related benefits \*

	1	2	3	4	5	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

The practical classes (theoretical and clinical parts) assisted me in understanding purposes of patient examination, data collection and principles of medical history documentation and related benefits \*

	1	2	3	4	5	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

Visual aids were well organized, key points emphasized, well designed, appropriately detailed and helpful to my learning \*

	1	2	3	4	5	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

Interaction and discussion during course responds well to students questions, encourages active participation; amount of interaction was right for this size and type of class \*

	1	2	3	4	5	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

Text and readings were of high quality (content and readability) and matched course goals well. \*

	1	2	3	4	5	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

The handouts and online materials (patient cases) were very helpful, motivating and enhanced my learning \*

	1	2	3	4	5	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

Classroom control and climate: students were respectful towards teachers, and towards each other \*

	1	2	3	4	5	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

Attitude to students was personalized, concerned about individual student's needs \*

	1	2	3	4	5	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

Assessment of students (oral exams and assessment in everyday activity/preparedness) contained helpful feedback and good coverage of material for future learning \*

	1	2	3	4	5	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

Oral exams were organized well, with right amount of time allocated \*

	1	2	3	4	5	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

Additional comments/Notes

Your answer



## Annex #4: Family Medicine course assessment form English

### Assessment form: Family Medicine course

DTMU Quality Assurance (QA) department and Medical Education Center (MEC) would like to evaluate your opinion about conducted course. Family medicine course assessment form will help us to improve the quality of the course and to identifies challenges and enhance benefits of the course. Please carefully answer the questioner which includes demographic data, as well as assessing the course components.

\* Required

**1. Email address \***

\_\_\_\_\_

**2. Your Educational program \***

Mark only one oval.

- DTMU Medical Doctor program  
 DTMU MD- PBL program

**3. In which semester you had Family medicine course? \***

Check all that apply.

- XI  
 XII

**4. Sex \***

Mark only one oval.

- Male  
 Female

**5. Your Age**

Mark only one oval.

- 17-20  
 21-24  
 25-29

**6. The Family Medicine sessions content was appropriate and informative \***

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

**7. Information gained during practical sessions were useful for me \***

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

### Assessment of planned learning outcomes of the Family Medicine course

DTMU QA department and MEC is assessing if the planned learning outcomes and objectives were met during the course.

**8. During the course I had ability to learn principles of primary healthcare, family medicine, roles and responsibilities of family doctor \***

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

9. During the course I had ability to observe working process of family doctor \*

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

10. During the course I had ability to participate in patients consultations \*

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

11. During the practical sessions I had ability to participate in discussions and freely state my opinion \*

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

12. The activities in this course gave me sufficient practice and feedback \*

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

13. The time allocated for the course components (practical classes, theoretical and clinical parts) was appropriate \*

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

14. The practical classes (theoretical and clinical parts) assisted me to learn obtaining qualified medical history and writing down appropriate medical documentations/patient notes \*

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

15. The course assisted me to identify patient's physiological and social problems and to plan individual plan of care \*

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

16. The course assisted me to learn how to conduct preventive measures for patients, identifying risks and modifying them \*

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

17. **The course assisted me in understanding principles of patient and their family members education, benefits of their involvement in plan of care \***

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

18. **The course assisted me to consult patients with disseminated disease, terminally ill patients and their mourner/carer and understanding principles of telling "bad news" \***

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

19. **Visual aids were well organized, key points emphasized, well designed, appropriately detailed and helpful to my learning \***

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

20. **Interaction and discussion during course responds well to students questions, encourages active participation; amount of interaction was right for this size and type of class \***

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

21. **Text and readings were of high quality (content and readability) and matched course goals well. \***

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

22. **The handouts and online materials (patient cases) were very helpful, motivating and enhanced my learning \***

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

23. **Classroom control and educational climate: students were respectful towards teachers, and towards each other \***

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

24. **Attitude to students was personalized, concerned about individual student's needs \***

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

25. **Assessment of students (oral exams and assessment in everyday activity/preparedness) contained helpful feedback and good coverage of material for future learning \***

*Mark only one oval.*

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

26. **Oral exams were organized well, with right amount of time allocated \***

*Mark only one oval.*

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

27. **Additional comment/notes**

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