

# Degree Course in Medicine and Surgery in English Language (LM-41)

## TEACHING REGULATIONS

*(Approved by the Degree Course Council on February 27<sup>th</sup>, 2025 – School of Medicine and Surgery on April 7<sup>th</sup>, 2025 –  
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Degree Course in Medicine & Surgery in English Language

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**OBJECT.** This Regulation governs the organizational aspects of the Degree Course in Medicine and Surgery in English language (LM-41). The educational activity is carried out in conventional mode. The Degree Course in Medicine and Surgery in English language is part of the Department of Precision Medicine.

1. The Degree Course in Medicine and Surgery in English language (hereinafter, CdS) is supported by an organizational structure comprising the followings Committee/Working Group:

- *Teaching and Educational Committee (CTP)*, consisting of the President and Vice-President of the Medicine and Surgery Degree Programme Committee, and 12 (twelve) academic teaching staff, one for each semester, chosen by the Medicine and Surgery Degree Programme Committee. A total of 6 (six) students elected to act as student representatives in the Medicine and Surgery Degree Programme.

- *Quality Assurance (AQ)* group responsible for annually drafting a Monitoring Report (SMA) and the Periodic Review Report (RRC) according to the frequency established by ANVUR guidelines; supports the President of the Master's Degree Course Council in Medicine and Surgery in English language (hereinafter, CCLMMC) in compiling and drafting the annual form SUA-CdS for each Course of Study; it undertakes to disseminate and verify the interventions aimed at improving the management of the CdS decided by the Teaching Council. The QA Group carries out all its activities in a planned, systematic, documented and verifiable manner.

- *Internationalization Committee*, responsible for organizing international initiatives and promoting student mobility, both incoming and outgoing, within the framework of the ERASMUS program.

- *Orientation and Placement Committee*, responsible for organizing Incoming Ongoing, and Outcoming / Placement orientation events

- *Elective Educational Activities (ADE) Committee* responsible for periodically updating and revising the list of available ADE.

- *Professionalizing educational activities (AFP) Committee* responsible for organizing and periodically clinical rotations.

- *Practical - Evaluation Training (TPV) Committee* responsible for managing the organizational aspects and ensuring the proper execution of the TPV.

2. The Course Regulation is issued in compliance with the applicable laws and the Teaching Regulations of the University of Campania Luigi Vanvitelli.

#### ART. 1 - QUALIFYING EDUCATIONAL OBJECTIVES OF THE DEGREE COURSE

The Degree Course in Medicine and Surgery provided in English, set up by the Department of Precision Medicine of Art.6 of March 16, 2007, later amended by Ministerial Decree of April 9, 2020. Pursuant to article 102, paragraph 1, of Law Decree n. 18/2020, the final exam of the Single-Cycle Master's Degree Courses in Medicine and Surgery (LM-41) has the status of a State Exam enabling the practice of the profession of Physician-Surgeon after passing the practical internship described below, as governed by the decree of the Minister of Education, University and Research of May 9, 2018, n. 58. Graduates of the class must achieve the skills required by the specific professional profile.

The Degree in Medicine and Surgery in English is aimed at training "expert doctors" equipped with the scientific foundations, theoretical and practical preparation, and professional competencies necessary for practicing the profession of a medical doctor and surgeon. Graduates will be capable of performing their work in positions of responsibility across various professional roles and fields.

These abilities must be acquired through educational paths focused on gaining adequate background knowledge (know-how), from which the practical application of this knowledge (know-how) will stem. Special attention is given to the principles of precision medicine, the humanistic culture in its medical implications, and the ability to communicate clearly and humanely with patients and their families, also in relation to sociocultural and gender dimensions. This aspect must fully respect the need for human and relational preparation through the development of an adequate maturation path aimed at acquiring the specific personality of the professional, through the cultivation of "*know-how to be*." Disease prevention, health promotion, and community and territorial orientation characterize the educational path regarding the professional aspect related to preventive medicine, care, and environmental health in relation to the possible impacts on the health of individuals and communities. It also includes preventive medicine, aimed at maintaining health through specific prevention programs and the dissemination of these programs within the population.

Graduates from the master's degree courses in this field, keeping in mind international standards for medical education and the qualifying educational objectives of the Degree Program in Medicine and Surgery, must be capable of:

- Correctly applying medical knowledge, clinical skills, and competencies autonomously, providing high-quality and safe care, integrating the patient into the process while respecting the fundamental values of the profession.
- Analyzing and independently solving medical problems by interpreting them considering basic scientific knowledge, pathophysiology, and organ/system diseases, basing clinical practice on scientific evidence, with attention to population and sex/gender differences.
- Making clinical decisions and carrying out prevention, diagnostic, and therapeutic interventions within their practice scope, while being aware of the limits of their competence, and being able to collect, interpret, and critically evaluate information and data related to the health and disease status of an individual, considering the environmental context in which they live.
- Developing a correct decision-making process in relation to individual variability, being able to assess specific circumstances and patient preferences, resource availability, best practices derived from evidence-based medicine, and, when appropriate, from precision medicine.

- Using scientific evidence and innovative technologies consciously and keeping them up to date, integrating them for the benefit of the patient, in the complexity of prevention, diagnosis, and care processes.
- Implementing updated, ethical, and efficient clinical practice based on teamwork principles, collaborating with patients and their families, other healthcare professionals, and the community.
- Aligning their competence with the latest scientific research, critically evaluating its results, through continuous updates and integration of knowledge and skills, with a solid methodological and cultural foundation.
- Using behaviors and attitudes of "being" a medical professional, applying the highest values of professionalism, fully adhering to the ethical principles of the profession, and following the rules of the Code of Ethics.
- Understanding global health needs (Global Health, One Health, eHealth), knowing how to mobilize the necessary resources for change, and contributing with their experience and work to improving community and population health, ensuring equitable access to quality healthcare.
- Using an interdisciplinary and interprofessional approach to address the health problems of individuals and communities; education focused on disease prevention and promoting Territorial Medicine.
- Developing in-depth knowledge of the methodological foundations necessary for a proper approach to medical research, alongside autonomous use of information technology.

In order to carry out their profession with full awareness of their role, graduates of the Degree Program in Medicine and Surgery must have acquired:

- Essential knowledge and competence in basic sciences, with particular attention to their subsequent professional application, understanding the scientific methods, principles related to measuring biological functions, evaluating scientific evidence, and analyzing data.
- Knowledge and competence in research methodology in biomedical, biotechnological, and clinical-specialist fields, with particular emphasis on translational medical research, being able to conduct research on specific topics, having the right mindset for critically interpreting scientific data, with a good understanding of digital technologies applied to medicine.
- Competence in collecting and critically evaluating data regarding the well-being, health, and disease status of an individual, from a clinical perspective, with a holistic view of the person, including gender, sociocultural, and environmental dimensions, being able to interpret data in relation to scientific evidence, pathophysiology, and organ, system, cellular, and molecular diseases.
- Competence to address and solve, responsibly and independently, the main health problems of the individual from the perspectives of health promotion, prevention, diagnosis, prognosis, therapy, and rehabilitation, based on in-depth clinical and surgical knowledge, combined with skills, experience, and self-assessment abilities, applying, in these decision-making processes, the principles of health economics as well.
- Competence in listening to the patient and their family, combined with the ability to establish relationships and communicate with them in a clear, humane, and empathetic way, being able to manage an effective therapeutic relationship centered on the patient, fostering

treatment adherence (*patient engagement*) through a true partnership with the patient and their family; managing communication effectively in difficult situations and performing effective counseling, health education, and promoting the patient's psycho-physical well-being (*communication as care time*).

- Ability to collaborate efficiently with various professional roles in different group health activities.
- Ability to recognize community health issues, with a strong focus on diversity and inclusion, being able to intervene competently, applying the principles of health advocacy, healthcare, and social justice, understanding the principles of Global Health, One Health, eHealth, and disaster preparedness for catastrophic events.
- Ability to exercise their profession, having developed reflective thinking techniques, including knowledge of the historical, epistemological, sociological, psychological, and ethical dimensions of medicine and all that falls under the scope of "medical humanities."
- Ability to exercise critical judgment on the ethical aspects of clinical decisions and research.

The specific learning objectives described above (or expected learning outcomes), outlined for the Master's Degree Program in Medicine and Surgery in English, are defined based on the guidelines of the World Federation of Medical Education (WFME) editions of 2007, 2015, and 2020, the TUNING-CALOHEE Medicine (Edition 2024) Guidelines and Reference Points for the Design and Delivery of Degree Programmes in Medicine, and the TUNING Project (Medicine) Learning Outcomes/Competences for Undergraduate Medical Education in Europe according to the European descriptors (5 Dublin descriptors). The suggestions of the International Association for Health Professions Education (AMEE), derived from the AMEE Guides and BEME (Best Evidence Medical Education) Guides, are also followed. The above-described educational objectives are aligned with the specific learning objectives outlined in the DM 1649 of 19/12/2023 and are consistent with the core curriculum for the Master's Degree in Medicine and Surgery proposed by the Permanent Conference of Presidents of Italian Medical and Surgery Degree Programs.

#### *Duration of the Degree Course in Medicine and Surgery*

The Degree Course in Medicine and Surgery lasts 6 years. As regards the definition of preordained curricula in conformity with EEC Directive 75/363, the University teaching regulations shall comply with the requirements of this Act and of art. 6, paragraph 3, of Ministerial Decree No 270/04.

#### *Description of the Degree Course*

In accordance with current European directives, the duration of the course for obtaining the Degree in Medicine and Surgery in English is 6 years, with a total of 360 University Credits (CFU), spread over six years, of which at least 60 must be acquired through practical training activities aimed at developing specific professional skills (professional credits). The course is organized into 12 semesters and 36 integrated courses, to which CFU are assigned in the specific scientific-disciplinary sectors by the educational board in compliance with the ministerial table of required training activities (DM 1649/2023). Regarding the definition of pre-established curricula for carrying out activities required by Directive 75/363/EEC, the university's teaching regulations comply with the provisions of Ministerial Decree n. 270/04.

According to paragraph 6 of Article 3 of DM n. 1649/2023, the course ensures students full access to the training activities outlined in Article 10, paragraph 5, of DM n. 270 of 22/10/2004, allocating a number of credits to these activities. Furthermore, while reserving no fewer than 8 credits for activities chosen autonomously by the students, the master's degree course reserves up to 8 CFU for student choice within the mandatory internship credits required by the program for professional training activities.

A specific and integral aspect of professional training is the professional internship activity preceding the award of the qualifying academic title. Within the total CFUs to be obtained during the entire educational program, 15 CFUs are dedicated to the quarterly practical-assessment internship within the study program, as outlined in Article 3 of the Ministerial Decree of the Ministry of Education, Universities, and Research of May 9, 2018, n. 58, and subsequent amendments, aimed at obtaining professional qualification. This internship is carried out for a total of 5 CFUs and is divided into the following periods, which may not be consecutive: one month in the Surgical Area; one month in the Medical Area during the fifth and/or sixth year of the course; one month, to be completed no earlier than the sixth year, within the scope of General Medicine. For each CFU assigned to the practical-assessment internship, at least 20 hours of professional educational activities and no more than 5 hours of individual study must be allocated. According to Article 102, paragraph 1, of Legislative Decree n. 18/2020, the final examination of the Master's Degree in Medicine and Surgery in English serves as the State exam qualifying for the practice of the medical profession, after passing the practical-assessment internship.

The educational board determines in the "Study Manifesto" and includes in the "Student Guide" the structure of the integrated courses in the semesters, the related CFUs, the "core curriculum," and the learning objectives (including those related to the professional training CFUs) specific to each integrated course, as well as the types of assessment tests. The number of assessments, which cannot exceed 36, successfully passed, entitles the student to acquire the corresponding CFUs.

#### *The educational project and the teaching method*

The keywords of the teaching method adopted to achieve the expected qualifying features are: horizontal and vertical knowledge integration, a solid cultural base and methodology gained during the study of the pre-clinical disciplines, then predominantly centered on problem solving abilities (problem-oriented learning). The educational project is implemented through an early contact with the patient, mediated by the interaction with the teachers of the clinical area, for the development of clinical skills and interpersonal relationships between the different actors of the clinical process.

The mission of the CLMMC is to train a doctor who possesses a multidisciplinary and integrated vision of the most common health and disease problems, with an education focused on the community, the territory, and fundamentally on disease prevention and health promotion, as well as a humanistic culture in its medical implications. This specific mission best responds to the new needs of care and health, as it is centered not only on the disease but, above all, on the sick person, considered in the totality of their body and mind, and embedded in the social context. Graduates of the master's degree programs in this field carry out the role of Medical Doctor in various professional, clinical, healthcare, and biomedical settings. To carry out their professional activity, they must acquire the ability to:

- collect and critically evaluate, from a clinical perspective, and in a unified vision that also considers sociocultural and gender dimensions, data regarding an individual's health and disease status, interpreting them considering basic scientific knowledge, pathophysiology, and organ/system diseases.
- analyze and resolve the most common and relevant clinical problems, both medical and surgical, and assess epidemiological data, understanding their use in health promotion and disease prevention at the individual and community levels.
- correctly apply methodologies for the collection of clinical, functional, and laboratory findings, critically interpreting them from a pathophysiological standpoint, for diagnosis and prognosis, and the ability to assess cost/benefit ratios in the selection of diagnostic procedures, based also on the principles of evidence-based medicine and precision medicine.
- communicate clearly, humanely, and empathetically with the patient and their family (*communication skills*).
- implement an updated, ethical, and efficient clinical practice, conducted according to teamwork principles, integrating processes involving patients and their families, other healthcare professionals, and the community (*interprofessional education*).
- apply, in medical decisions, the principles of health economics.
- recognize public health problems and intervene competently, with great attention to diversity and inclusion, applying principles of "advocacy" for health, healthcare, and social justice, as well as principles of Global Health, One Health, eHealth, and those related to "disaster preparedness" in response to catastrophic events.
- exercise critical judgment on the ethical aspects of clinical decisions and research.
- self-learning and self-assessment to responsibly address and resolve priority health problems from a preventive, diagnostic, prognostic, therapeutic, and rehabilitative perspective (*continuing education*).
- consistently maintain the updating of knowledge and skills (*continuing professional development*).

Thus, the teaching program is highly integrated, flexible and reliable, a true scientific test laboratory aimed at promoting in students the ability to acquire knowledge not piecemeal but in an integrated fashion, and to maintain this knowledge not only short term but also in the long term. Students play a pivotal role in the training process, both as regards the educational design and improvements of the whole curriculum, in order to enhance their independence and initiative.

Students gain a strong clinical knowledge basis thanks to the organization of qualifying internships based on tutorials, along with a good understanding of medical-scientific methods and the human sciences. True professional competence is reached, in our view, only after a long period of contact with the patient, which is promoted as from the first year and integrated with basic and clinical sciences, throughout the training course by means of extensive use of tutorial activities.

The educational design of our degree course offers an integrated balance between:

- the basic sciences, which must provide an extensive knowledge of evolutionary biology and biological complexity and an understanding of the structures and functions of the human organism in normal conditions, for the purpose of maintaining health.

- medical practice and clinical methods, based on the widespread use of tutorials that can transform theoretical knowledge into personal experience and can help to construct a personal scale of values and interests.
- the social sciences, to support a conscious awareness of the duties and responsibilities of the physician and the ability to practice the profession in conformity with social and legal norms.
- advanced learning of the English language in relation to the ability to analyze bibliographic sources and study texts with particular attention to medical IT methodologies and the management of patient data in compliance with privacy regulations, using multimedia technologies.
- advanced learning of the English language related to the ability to analyze bibliographic sources, study texts, and interact in international scientific and clinical contexts.
- the acquisition of scientific, medical, clinical and professional methodology, aimed at the health problems of the individual and the community, with due attention to population and gender differences.
- knowledge of pathological processes and the mechanisms that cause them, also to set up prevention, diagnosis, and therapy.
- acquisition of the scientific, medical, clinical, and professional methodology, focusing on the health problems of individuals and the community, with due attention to population and sex/gender differences.

Much of the essential content of our educational design was already activated in this sense during academic year 1999- 2000, anticipating and integrating the European specifications for global standards in medical education of the World Federation on Medical Education based on the international development standards of quality in the field of biomedical education (WFME Office, University of Copenhagen, 2007). The learning objectives for the CdLM c.u. of Medicine and Surgery and attributed to different skills methods provided for by the Ministerial Decree n. 8 of 2 April 2020 on the adaptation of the didactic system of class LM41 - Medicine and Surgery referred to in the D.M. March 16, 2007 are consistent with what is indicated in the "*Core curriculum*" for the Master's Degree in Medicine and Surgery proposed by the Permanent Conference of the Presidents of the Italian CdLM. To satisfy the specific goals, the peculiar characteristics of the Degree Course in Medicine are summarized as follows:

- As required by current laws, the planning of the goals, syllabuses and teaching is multidisciplinary.
- The implemented teaching method is interactive and multidisciplinary, involving the daily integration of basic sciences and clinical disciplines and early clinical involvement of the students, who are immediately trained to adopt a proper approach to the patient (respecting the patient's psycho-social history, learning BLS techniques, carrying out professional internships organized as guided tutorial activities with final certification of their level of skills). The problems of the basic sciences and the clinical sphere are thus faced throughout the years of the course (total integration model), although in different proportions, while preserving a unified, highly integrated vision, thanks also to the use of differentiated teaching methods.
- The specific goals of the basic courses are selected primarily according to the relevance of each goal to the human biology context, and to the impact of current or emerging clinical issues, paying particular attention to scientific methodologies.

- The choice of the specific goals of the residency courses is made primarily on the basis of epidemiological prevalence, cases requiring urgent medical attention, the indicated treatment options, the gravity of cases, and teaching by example. Emphasis is on attendance at hospital wards, surgeries, and territorial facilities, and enhancing doctor-patient relational skills, taking full account of psychological aspects.
- Particular attention is paid to acquiring multimedia and computing methodologies through e-learning experiences, tele-teaching, and telemedicine, and to the correct use of literature sources.
- Clinical Methodology lessons: the importance of method in medicine is well known, in terms of both a knowledge of medical methodology and application of the principles of evidence-based medicine and of clinical methodology to the individual patient. This course immediately guides students to develop empathy, which will accompany them throughout their educational and scientific training process. The training will enable them to sharpen their skills and acquire correct and innovative clinical reasoning methods. This will be achieved through the application of "evidence-based medicine", "evidence-based teaching", using "guidelines", "concept maps" and "algorithms".
- Attention is given to practical experiences in territorial "settings" related to community health issues according to the principles of "Community-based medical education (CBME)," which include knowledge and practice not only related to the activities of General Practitioners but also to all activities managed by territorial structures other than hospitals. These specific competencies are expanded through attendance in elective educational activities chosen by the students.
- Attention is also given to practical experiences in the community that highlight the role of the doctor as a defender of health, focusing on social justice issues, applying the principles of Global Health, One Health, eHealth, and those related to disaster preparedness for catastrophic events.

As for the above-described achievements of knowledge and understanding, and the ability to apply knowledge and understanding, the attainment of the objectives will be ensured by foundational, core, and related educational activities, structured into "integrated courses" to foster a unified and interdisciplinary view of the educational objectives. The general principles of the educational organization are inspired by the FAIR educational theories (Feedback, Activity, Individualization, Relevance). These involve frequent assessments of the students' achievement of objectives, the centrality of the student within the educational process, personalization of the time required for individual students, and attention to the relevance of the proposed educational objectives, which are aligned with the national core curriculum. In particular, for the applied skills, students will participate in professional training activities for all disciplines included in the integrated courses, with a greater emphasis on practical aspects of managing patients and clinical cases, including the use of innovative teaching methods.

The planned teaching forms include lectures, conferences, seminars, discussion groups and journal club. During the teaching/training program, tutorial teaching in small groups will be used, with faculty tutors collaborating in the student's educational process, serving as learning facilitators (*academic tutors*) and providing personal support to students (*career tutors*). The teaching methods also include modern tools for building a solid foundation of the required competencies, such as

classroom response systems and *flipped classroom*, as well as *clinical triggers* in basic science lessons and clinical presentations. In the management of small groups, academic tutors are used to ensure this important type of educational activity for all students to delve into specific topics and to encourage and motivate the students participating. The teaching methodologies include *clinical teaching*, *problem-based learning*, *experiential learning*, *decision-making*, *role-playing*, *journal club*, and extensive use of *seminars* and *interactive conferences*. All these activities also aim to support and encourage "independent learning" by the students.

Attention is given to scientific research, particularly encouraging involvement in basic research and research projects during the internship for the thesis preparation and participation in excellence programs organized by the Study Course. Furthermore, particular attention is given to the medical and psychological approach to the patient from the first year of the course, with introductory teaching modules that will be progressively enriched with integrated courses in the following years, also with a practical approach through professionalizing training activities.

Attendance at laboratories, hospital wards, and university clinics from the first year allows students to acquire practical skills in parallel with basic competencies, including activities involving real patients and simulators. These experiences will be enriched by activities scheduled in pre-graduation internships in the medical, surgical, and primary care fields, which are foundational for acquiring a degree in Medicine and Surgery with authorization to practice the medical profession. Particular attention is therefore given to acquiring the skills related to "*knowing how*" and "*being a doctor*" through: learning the semeiological basics of clinical sciences at the patient's bedside and in simulation labs (*skill labs*); attending hospital wards and university clinics (clinical internships and elective internships), as well as territorial healthcare settings, such as General Practitioners' practices and other community healthcare structures, for completing clinical internships in the final years of the program, the practical internship valid for medical practice qualification, and the internship period for preparing the thesis. The clinical activities position in the curriculum may follow either the traditional model of "*clinical clerkships*," characterized by short rotations in all clinical departments, or the model of "*longitudinal integrated clerkships*," which ensures longer periods in a certain number of clinical departments, guaranteeing continuous experiences. The teaching methodologies used include the classic "bedside" teaching, involving direct interaction between the student, the patient, and the clinical tutor in various clinical settings (*learning triad*).

Attention is also given to the theme of scientific research, particularly encouraging involvement in basic research, student participation in research projects during the internship for thesis preparation, and adherence to excellence pathways organized by the Study Program. Particular attention is also given to the medical and psychological approach to the patient from the first year, with introductory teaching modules that will be progressively enriched with integrated courses in the following years, also including a practical approach through professional training activities.

The expected learning outcomes are defined by integrating the European Descriptors (the 5 Dublin Descriptors) with the guidelines proposed by the Institute for International Medical Education (IIME), Task Force for Assessment, and by "The TUNING Project (Medicine) – Learning Outcomes/Competences for Undergraduate Medical Education in Europe."

The achievement of the learning objectives (the levels of competence attained) is verified through certification assessments that are reproducible, based on objective elements, unaffected by external factors (reliability), and fair (respecting the educational agreement between teacher and student),

using valid methodologies aligned with the dimension to be assessed, both in terms of knowledge and skills. The evaluation of the competencies achieved by students must, therefore, be aligned, coordinated, analytical, and formative for the students themselves. The examination procedures can be structured besides the traditional oral or written exam formats into a sequence of items useful for verifying the competencies acquired by the student, in relation to Miller's competency pyramid:

- Level 1) Knowledge (knows): written exam with multiple-choice questions, written exam with short-answer questions, traditional oral exam preferably standardized.
- Level 2) Competence, knows how to do (knows How): written and/or oral exams for clinical diagnostic reasoning using clinical scenarios, situation judgment tests.
- Level 3) Performance, shows how to do (performance – shows How): OSPE (Objective Structured Practical Examination), simulations and models, case reviews from medical charts.
- Level 4) Ability to perform actions (Does – Action): clinical assessment exercises, P-MEX (professional mini evaluation exercise), direct observation (DOPS – Direct Observation of Procedural Skills).
- Level 5) Professional identity (Is – Identity): direct observation of personal and professional development, standardized patient exam. The evaluation of the actual competencies attained is also done through "in-progress" assessments (self-assessment tests and intermediate interviews) and written reports on assigned topics, as well as through feedback from tutor teachers during bedside clinical activities.

*Knowledge and understanding, and the ability to apply knowledge and understanding:*

#### *Knowledge and understanding*

The educational objectives listed below describe the knowledge, skills, abilities and behaviors that each student CLMMC will have to reach by the time of graduation and, therefore, represent the "priority" in the training of students enrolled in the degree course. Graduates must demonstrate that they possess the knowledge and understanding that will enable them to develop and / or apply ideas within the context of biomedical and translational research.

In terms of Scientific Medicine, they must be able to:

- Relate the structure and normal function of organisms as complex biological systems in continuous evolution.
- Interpret the morpho-functional abnormalities of the human organism present in different diseases.
- Identify normal and abnormal human behavior.
- Recognize the main risk factors of health and disease and the interactions between man and the physical and social environment.
- Interpret the basic molecular, cellular, biochemical and physiological mechanisms which maintain the body's homeostasis.
- Describe the life cycle and the effects of growth, development, ageing and death on the individual, the family, and the community.
- Discuss the etiology and natural history of acute and chronic diseases.
- Recall the essential knowledge concerning epidemiology, health economics and the principles of health management.

- Relate the principles of the actions of drugs and the indications of the effectiveness of different drug therapies, including the pain therapy.
- Implement, when beginning professional practice, the major biochemical, pharmacological, surgical, psychological, social interventions, in acute and chronic illness, rehabilitation and terminal, at the required level.
- Describe and interpret the fundamental elements of clinical reasoning in order to develop a correct decision-making process, after gathering, interpreting, and critically evaluating information on the health and illness status of the individual, also in relation to the environment in which they live.
- Be able to discuss the entirety of clinical problems and address the diagnostic and therapeutic process, considering the centrality of the patient and knowledge of pain management, also in light of evidence-based medicine and precision medicine.
- Describe the main factors of disease, such as lifestyle, genetic, demographic, environmental, socioeconomic, psychological, and cultural factors in the population as a whole.
- Describe the foundations of professionalism, including moral and ethical principles and legal responsibilities in the practice of the profession.
- Understand the main medical IT tool and digital tools and telecommunication methods.
- Explain the main patient safety issues in hospital and outpatient healthcare settings and the frequency with which they occur.
- Describe the tasks and functions of institutions, organizations, and associations within the national healthcare system, as well as the legal and financial foundations of healthcare assistance.
- Discuss the essential elements of professionalism, including moral and ethical principles and legal responsibilities underlying the profession. Describe the aspects that influence a professional's well-being, including environmental, emotional, and physical factors, and how to prevent burnout.
- Describe the fundamental ethical and legal principles governing the practice of medicine. describe professional standards and critically evaluate their significance for the medical profession and its legal context.
- Describe the essential concepts of public health, including knowledge about health promotion and disease prevention, the role and responsibilities of healthcare workers, health determinants and health disparities, barriers to healthcare at local, national, and global levels. This knowledge will be related to international health status, understanding the principles of Global Health, One Health, eHealth, and disaster preparedness in the face of catastrophic events.
- Describe the institutions and organizations at local, regional, national, and international levels, as well as public health systems and health policies in relation to health promotion and disease prevention.
- Describe the fundamental concepts of health and planetary sustainability in relation to human health and healthcare; recognize the main local and global health challenges related to the interdependence between human health and ecosystems, and how climate and environmental crises influence health and contribute to health disparities.

- Explain the essential legal requirements for quality management, including quality assurance and safety requirements, and the principles of clinical risk management.
- Describe the principles and purposes of modern biomedical instruments and devices used for the diagnosis and treatment of patients, even in remote telemedicine settings.
- Adjust one's behavior to moral and ethical principles.

#### *Applying knowledge and understanding*

Graduates should be able to apply their knowledge to understand and solve problems relating also to new or unfamiliar issues, within a broad and interdisciplinary context to provide the clinical care needed to deal with and treat complex health issues arising in the population. Therefore, they must be able to:

- Take an adequate medical history properly, also including social aspects such as occupational health.
- Make a full examination of the patient's physical and mental conditions.
- Perform the diagnostic procedures and basic techniques, analyze and interpret the results in order to properly define the nature of the problem.
- Carry out diagnostic and therapeutic strategies in an appropriate manner, also based on the acquired skills in gender and precision medicine, to safeguard and apply the principles of evidence-based medicine.
- Exercise proper clinical assessment to establish the diagnosis and therapy in individual patients, with attention to pain and palliative therapies.
- Recognize any life-threatening conditions.
- Manage the most common medical emergencies properly and independently.
- Take care of patients in an effective, efficient, and ethical way, promoting health and preventing disease.
- Identify the prevailing health problems and advise patients while considering physical, psychological, social, legal and cultural considerations.
- Provide guidance for the appropriate use of human resources, diagnostic interventions, therapeutic modalities, and technologies devoted to health care.
- Consider professionally the main determinants of health and illness, such as lifestyle, genetic, demographic, environmental, socio-economic, psychological, and cultural factors in the whole population.
- Note the important role of these health and disease determinants, take appropriate preventive action and protect against diseases, injuries, and accidents, maintaining and promoting the health of the individual, family and community.
- Keep up to date on the state of health at international level, global trends in morbidity and mortality of chronic diseases with an important social impact, considering the effects of migration, trade and environmental factors on health, and the role of the international health organizations.
- Acknowledge the roles and responsibilities of other healthcare professionals in providing health care to individuals, populations and communities.



- Recognize the need for collective responsibility in health promotion actions that require close collaboration with the population and the need for a multidisciplinary approach, including health professionals and inter-sector collaborations.
- Refer to the basic health systems, including policies, organization, financing, restrictive measures on the costs and the principles of efficient management in the effective delivery of health care.
- Demonstrate a good understanding of the mechanisms that determine fair access to healthcare, and the efficiency and quality of treatment.
- Use local monitoring, regional and national demographic and epidemiologic data correctly to support health decisions.
- Accept, when necessary and appropriate, roles of responsibility in decisions about health.
- Identify the health needs of individuals and populations, considering their biopsychosocial status, risk and protective factors related to health, gender, and health barriers they may encounter.
- Critically discuss the tasks and responsibilities of local, regional, national, and international institutions and organizations, as well as public health systems and health policies, in promoting health and preventing diseases, and discuss the challenges and opportunities to address.
- Discuss the link between human health and the environment in complex socio-ecological systems; critically examine the local and global origins of health challenges, considering their gender, social, cultural, economic, and ecological dimensions,

### *Making Judgments*

Graduates must have the ability to integrate knowledge and handle complexity, as well as to make judgments based on incomplete or limited information, including reflections on social and ethical responsibilities related to the application of their knowledge and opinions. Therefore, they must be able to:

- Demonstrate a critical approach, constructive skepticism, and a creative attitude towards research in their conduct of professional activities.
- Consider the importance and limits of scientific thought based on information obtained from various resources, to determine the cause, treatment and prevention of disease.
- Formulate personal opinions to solve complex and analytical problems (*problem solving*) and to seek out scientific information independently rather than waiting passively to receive it.
- Identify, formulate and solve the patient's problems using the foundations of scientific thought and research and on the basis of information obtained from various sources and correlated.
- Be aware of how complexity, uncertainty and probability can influence decisions in medical practice.
- Formulate hypotheses, collect and evaluate information critically, to solve problems.
- Acknowledge the essential elements of the medical profession, including moral and ethical and legal responsibilities that are the bases of the profession.



- Respect the professional values that include excellence, altruism, responsibility, compassion, empathy, reliability, honesty and integrity, and commitment to follow scientific methods.
- Be aware that every physician has an obligation to promote, protect and enhance these elements for the benefit of patients, the profession and society.
- Recognize that good medical practice depends on interaction and good relationships between the doctor, patient and family, to safeguard the patient's welfare, cultural diversity and independence.
- Demonstrate the ability to correctly apply the principles of moral reasoning and make the right decisions in cases of possible conflicts among ethical, legal and professional values, including aspects that may emerge from economic hardship, the marketing of health care and new scientific discoveries.
- Respond with personal commitment to the need for continual professional improvement, being aware of one's own limitations, including those regarding medical knowledge.
- Respect colleagues and other health professionals, demonstrating an ability to collaborate fruitfully with them.
- Comply with the moral requirements of medical care in the terminal stages of life, including supplying palliative treatment of symptoms and pain.
- Implement ethical and deontological principles in the handling of patient data, in avoiding plagiarism, in respecting privacy and intellectual property rights.
- Plan time and activities effectively and manage them efficiently so as to cope with conditions of uncertainty and be ready to adapt to change.
- Exercise personal responsibility in the care of individual patients.

### *Communication Skills*

Graduates should know how to communicate with specialists and non-specialists, as well as with patients – in the most appropriate manner according to the circumstances – their findings, knowledge and the rationale supporting them, clearly and without ambiguity. Therefore, they must be able to:

- Listen carefully to understand and summarize the relevant information on all the issues, understanding their content.
- Practice communication skills to facilitate understanding with patients and their relatives, rendering them able to make decisions as equal partners.
- Communicate effectively with colleagues, with the faculty, with the community, with other sectors and the media.
- Interact with other professionals involved in patient care through effective teamwork.
- Demonstrate that they have the basic skills and correct attitudes when teaching others.
- Demonstrate a good sensitivity to the cultural and personal factors that improve interactions with patients and the community.
- Communicate effectively both orally and in writing.
- Know how to create and maintain good medical records.

- Know how to summarize and present information appropriately to an audience, and to be able to discuss accessible and acceptable action plans which represent the priorities for the individual and the community.
- Recognize and manage one's emotions in caring for others, make good decisions, act ethically and responsibly, develop positive social relationships, and avoid negative behaviors.
- Demonstrate active listening skills, considering the diversity of patients and responding to their different perceptions of illness; engage in shared decision-making with patients and their families.

### *Learning Skills*

Graduates should have developed the learning skills that will enable them to continue studying, mostly independently and by self-study, and be aware of the need for lifelong learning. They must be able to:

- Collect, organize and interpret health and biomedical information coming from different sources and available databases correctly.
- Collect specific information on patients from clinical data management systems.
- Use information and communication technology as a valuable support for diagnostic, therapeutic and preventive practices and for surveillance and monitoring the health status.
- Understand the scope and limitations of information technology.
- Organize good archives of their medical practice, for subsequent analysis and improvement.
- Apply appropriate learning strategies to meet professional development needs, including setting goals, planning, and managing time for self-directed learning; use available resources to search for, identify, and select health information and critically assess the content and sources.
- Propose and design a research project, selecting appropriate strategies, methods, and resources to address a specific medical question; identify and critically evaluate information for evidence-based medical practice; recognize relevant bioethical issues in medical research and propose measures to ensure scientific integrity.
- Demonstrate the ability to navigate professional networks, be ready to develop new skills based on gaps in one's professional context and respond to the needs of the network.

### *Professional profile and Job Opportunities*

Graduates in Medicine and Surgery can practice as independent professionals or take on roles in continuity of care. To complete their training, they can access (through competitive exams) the Specialization Schools in Medical, Surgical, and Service Areas, General Medicine Training Courses, Master's programs, or PhD courses.

Career opportunities include:

- Working in National Health Service facilities, public bodies, state or private companies,
- Practicing as an independent professional.
- Conducting research in clinical or preclinical sectors.

## ART. 2 - ADMISSION TO THE DEGREE COURSE

The pre-requisites to the student who wants to enroll in a degree program in medicine should include good human contact skills, good capacity for teamwork, ability to analyze and solve problems, ability to acquire new knowledge independently information and being able to assess them critically (Maastricht, 1999). Apart from knowledge scientific useful for the frequency of the first year, should therefore have also good attitudes and valid motivational components, important for the formation of an "expert doctor" who knows how to relate properly with the social responsibility required by Institutions. For admission to the degree course in Medicine and Surgery is necessary be in possession of a secondary school diploma or other qualification obtained abroad and deemed equivalent. It 'also required the possession or acquisition of adequate level of knowledge as required by the relevant regulations access to courses in number programmed at national level and the availability of staff Teacher, educational facilities (classrooms, laboratories) and care facilities used for conduct of departmental business practices, consistent with the recommendations of the *Advisory Committee on Medical Training European Union*, applying the parameters and guidelines prepared by the University and by the Structure Reference Education. The programmed number of accesses to the first year of the course is defined under applicable rules on access to university courses.

For those students who have passed the admission test with a score <25, it will be mandatory to attend additional educational activities (*Obblighi Formativi Aggiuntivi, OFA*), and pass the related preliminary test, based on the fundamentals of Chemistry, Physics and Biology. This test must be passed by March 31 of the first year of enrollment. The student who does not pass this test will not be allowed to access the standard evaluation exams.

## ART. 3 – FORMATIVE CREDITS

The CFU is the work unit requested to the student for the performance of each training activity prescribed by the Teaching Regulations to achieve the qualification. The CLMMC requires a total of 360 credits throughout the six years of course, including at least 60 CFU acquired in training activities aimed at developing specific professional skills.

Each credit corresponds to a student-commitment of 25 hours, typically as follows:

- Hours of lectures, or equivalent educational activities (Article 9, paragraph 5 of the university's educational regulation).
- Hours of tutorial teaching carried out in laboratories, clinical wards, outpatient clinics, day hospital, outpatient clinics of general practitioners, nursing homes.
- Seminars.
- Other activities falling within the scopes of the Teaching Regulations.
- Hours of personal study required to complete the training.

The number of teaching hours for each CFU (University Credit) for the completion of teaching activities, as established in relation to the Type of Educational Activity (TAF), is as follows:

- For each CFU of formative activities in the basic disciplinary areas (TAF A), core (TAF B), and related-integrative (TAF C) areas, the teaching hours consist of 10 hours of lectures plus 2.5 hours for practical-exercise activities, clinical case discussions, and other teaching types, in person and within the teaching structure.
- For the student's elective activities (TAF D), each CFU corresponds to 12.5 hours in the case of ADE (educational activities) and 25 hours in the case of practical internships.

- For thesis preparation activities (TAF E), each CFU corresponds to 25 hours of commitment per student.
- For additional educational activities (TAF F), each CFU corresponds to 25 hours. TAF F include Professionalizing activities (AFP), student-chosen AFP (Article 6, DM 1649/2023), Practical - Evaluation Training (TPV). The CFU corresponding to each educational activity are earned by the student upon satisfying the verification methods.

For each teaching course, the time fraction that must be devoted to self-study and other individual learning activities is determined by the present Regulation. A Technical Committee of the Didactic-Pedagogical Program (CTP) ensures consistency between the credits assigned to training activities and the specific educational goals.

#### ART. 4 - TEACHING REGULATION

The CCLMMC and the Board of Education Structure reference to their respective responsibilities, define the Teaching regulation, in accordance with local law, that describes, for each Master Degree program, how activities are divided into basic training, characterizing activities, related or additional activities, or those chosen by the student, all aiming at the final examination. Each training activity is divided into subject areas, consisting of the official courses, to which relevant disciplines contribute. The following Annexes are attached to these Regulations:

- The study plan with relevant examinations.
- The list of teaching courses, indicating the scientific areas of reference and the possible subdivision into modules, as well as the training activities.
- The specific educational goals, the CFU and the possible prerequisites for each teaching and training activity.
- The teaching organization, exams and other procedures of assessment of students.
- The rules of Degree exchange and curriculum abbreviation.

Amendment of the Annexes, including the study core curriculum, is approved by the majority of the CCLMMC members and does not imply abrogation of this Regulation.

#### I) Teaching Courses

The teaching regulation:

1. Defines the objectives assigned to each discipline and identifies the most appropriate teaching forms for their achievement, articulating training activities in integrated teaching courses. Should the same course teaching tasks be assigned to more than one professor or researcher, this needs the appointment of a Coordinator which, chosen annually by the CCLMMC, upon CTP proposal.

The course Coordinator, in accordance with the CTP, exerts the following functions:

- To represent the reference figure of the Course for Students.
- To suggest to the CTP the allocation of teaching duties agreed with Teachers and Lecturers-Tutors according to the educational objectives of their course.
- To propose to the CTP the assignment of teaching tasks agreed with Teachers and Lecturers-Tutors in function of the didactic objectives of the course.
- To coordinate the preparation of examination papers.

- To chair, as a rule, the Course examination Commission and propose its composition and, in case of changes to its composition, promptly notifies the president of the CCLMC and the faculty members of the integrated course no later than one week before the exam takes place. Be responsible towards the CCLMMC of the proper conduct of all teaching activities planned for the achievement of the objectives defined for the course itself, including the drafting of curricula, whose uniformity the coordinator will be responsible for if the course is divided into two distinct classes.

The Integrated Course Coordinator is unique in case of division of the course into two classes.

2. Defines the number of exams that should be passed to access the final examination, that must be no more than 36.

## II) Types of Teaching

Within courses CFU are subdivided in various forms of teaching activities, as follows:

*“Ex-cathedra lessons”*, Ex-cathedra lesson (from now on " Lesson ") is the discussion of a specific topic identified by a title and part of the curriculum planned for the course of studies carried out by a professor or researcher, on the basis of a predefined calendar, and imparted to students enrolled at a given year of the course, even in small groups

*Seminary*. The Seminary is an educational activity that has the same features of the lesson and held simultaneously by multiple teachers, also of different disciplines (or skills), and as such, is noted in the register of lessons.

*Tutorial Teaching*. The activity of Tutorial Teaching is a form of interactive teaching addressed to a small group of students. This educational activity is coordinated by a teacher-tutor, whose task is to facilitate the students entrusted to him in the acquisition of knowledge, skills, behavioral patterns, that is, of useful skills to practice the profession. The tutorial learning takes place primarily through the stimuli arising from the analysis of the problems, through the mobilization of the methodological skills required for their solution and for taking decisions, as well as through direct execution and personal actions (gestures and relational) in the context of practical exercises and / or internship in clinical environments, laboratories etc. For every tutorial activity, CCLMMC defines the specific educational objectives, the attainment of which is verified during the exam. The CCLMMC appoints the Professors-Tutors among Teachers and Researchers, in the educational program document, according to the existing laws.

*Elective Didactic Activities (ADE)*. The CCLMMC, on a proposal from the Academic Board and approval by the CTP, organizes educational activities chosen by the student, called elective didactic activities (*Attività Didattiche Elettive, ADE*), achievable with ex-cathedra lectures, seminars, interactive courses in small groups, linked in "homogeneous educational courses", among which the student carries on personal option, until the achievement of a total of 8 credits.

The ADE are an integral part of the curriculum of the student and are aimed to the deepening of specific knowledge and training aspects that optimize the Medicine and Surgery student preparation and training, by discussion of topics that are not included in the "core curriculum" of the Integrated

Courses. This should be done avoiding repetition of topics relevant to the lessons or topics that are typically the subject of the Postgraduate School.

An ADE may be represented by the participation in conferences or congresses organized by a faculty or University researcher, the elective internships done in research laboratories of Italian or foreign clinical departments characterized by high educational content (e.g. frequency in the operating room, in delivery room, emergency room, in a research laboratory for the achievement of a specific goal).

The schedule of ADE approved by CTP is published before the start of the academic year, along with the calendar of the compulsory educational activities. Among them, subject to availability, each student can make his/her own independent choice of participation. As a general rule, ADE are allowed only after having passed the exam of the related discipline. For each of them, however, at the time of application, teachers will indicate the participation requirements, together with the maximum number of students who can apply and the total estimated time of commitment.

The ADE can be organized throughout the year, usually in the afternoon hours in the days and times that do not interfere with other forms of educational activities. At the end of each ADE, a report will be drafted by the Teacher and signed by both the students and the Teacher, where it is indicated the title of ADE, the year of course (first, second, third, fourth, fifth or sixth) to which the ADE refers, the number of credits awarded to the student, the date of completion, the student data and obtained judgment (suitability or non-suitability).

Attendance at ADE is mandatory and can give title to the assignment of the thesis. The acquisition of the credits allocated to ADE only takes place with a frequency of 100%. The evaluation of the CFU is calculated as follows:

TYPE OF ACTIVITY	DURATION (HOURS)	CFU
ELECTIVE INTERNSHIP	25	1
MONOGRAPHIC COURSE	≥ 13	1
INTERACTIVE WORKSHOP	≥ 12,5	1

The ADE is an official activity, and as such should be entered in the Register of teaching activities.

*Professionalizing Educational Activities (AFP) / Clinical Clerkships.* During the clinical instruction, the student is required to acquire specific skills in the field of internal medicine, general surgery, pediatrics, obstetrics and gynecology, as well as medical and surgical specialties. To do this, the student must carry out professionalizing educational activities / clinical clerkships (*Attività Formative Professionalizzanti, AFP*), attending care facilities identified by CCLMMC and in the scheduled periods, for a total of at least 60 CFU.

The AFP is a form of tutorial teaching that implies for the student performing practical activities with considerable degree of autonomy, a simulation of the activity at a professional level. In every phase of the AFP, the student is required to operate under the direct supervision of a Faculty-Tutor and may rely on the collaboration of a clinical tutor. The educational functions of the Teacher-Tutor entrusted with Students performing the AFP are the same as for the Teaching tutorial carried out as part of the courses. Upon completion of the AFP, a report will be drafted by the Teacher and duly signed by both him/her and the students, indicating AFP, year of course, number of credits awarded to the student, the date of completion, the student data and obtained judgment (passed or not

passed). The CCLMMC can identify non-academic care facilities where AFP may be conducted, in part or in full, after evaluation and accreditation of their educational suitability by the CTP.

According to paragraph 6 of article 3 of DM 1649/2023, the course ensures students full access to the training activities referred to in article 10, paragraph 5, of DM 270 /2004, allocating credits to the activities specified therein. Furthermore, subject to the reservation of no fewer than 8 credits for activities chosen autonomously by the students, the degree program reserves up to 8 ECTS credits for student choice within the mandatory internship credits required by the Class for professionalizing training activities.

*Practical - Evaluation Training (TPV).* The Practical-Evaluation Training (*Tirocinio Pratico-Valutativo*, TPV) for the qualification for the exercise of the profession of Doctor-Surgeon (art. 3 of the Ministerial Decree of May 9, 2018, n. 58; art. 102 of Legislative Decree of March 17, 2020, n. 18; Ministerial Decree of April 2, 2020, n.8; art. 6, comma 2 of Legislative Decree April 8, 2020, n. 22; DM April 9, 2020, n.12; Rector's Decree n. 296 of 23 April 2020), to be carried out in the pre-graduate:

- Is aimed at ascertaining the student's abilities relating to knowing how to do and knowing how to be a doctor, which consists in applying biomedical and clinical knowledge to medical practice, in solving questions of professional ethics and medical ethics, in demonstrating aptitude to solve clinical problems pertaining to the areas of medicine and surgery and related specialties, laboratory and instrumental diagnostics and public health, to apply the principles of effective communication.
- It lasts a total of three months; is carried out no earlier than the fifth year of the course as long as all the fundamental exams relating to the first four years of the course, provided for by the didactic organization of the degree course, have been successfully passed; is organized in accordance with the provisions of the educational system and regulations.
- It takes place for a number of hours corresponding to at least 5 CFU for each month. Each CFU reserved for internships must correspond to at least 20 hours of professionalizing didactic activity and no more than 5 hours of individual study, and is divided into the following periods, even if not consecutive: one (1) month in the surgical area, one (1) month in the medical area, one (1) month in the specific field of General Medicine, the latter to be carried out no earlier than the sixth year of the course, at the clinic of a General Practitioner. The 15 CFU reserved for practical-evaluation training activities are part of the CFU dedicated to the professionalizing educational activities / clinical clerkships.

The certification of attendance and the evaluation of the internship take place under the direct responsibility and by the professor or medical director, and by the general practitioner. They evaluate the results related to the skills demonstrated and issue a certificate of attendance and eligibility. The latter is released only if a positive judgment is achieved. The booklet on which the attendance and the pursuit of the eligibility is certified is divided into a descriptive part of the activities carried out and an evaluation part of the skills acquired. The TPV is considered passed only if all three trainings (Surgical Area, Medical Area, and General Medicine) are awarded the eligibility judgment.

The TPV activities are organized into three sessions per academic year:

Session I	Session II	Session III
December, January, February	March, April, May	June, July, September

The TPV is governed by specific operating Regulations and the organization is outlined on the Course's website.

*English Language Course.* The CCLMMC prepares an English language course that allows students to acquire the language skills necessary to read and understand the contents of scientific works on biomedical topics and to communicate with patients and health care staff in English-speaking countries. In addition to the English language course, the CCLMMC can offer students the availability of Language courses on the platform. and a language laboratory equipped with appropriate interactive teaching material to achieve the same objectives. The CCLMMC entrusts the conduct of the English Language Course to a professor or researcher of the scientific sector ANGL-01/C. Alternatively, the CCLMMC signs a contract, usually with an expert of bio - medical disciplines of English mother-tongue.

*Preparation of the Thesis.* The student has a total of 16 credits to devote to the preparation of the degree thesis and the final exam test. This Regulation describes the rules that CCLMMC has set forth for the conduct of the thesis work (Articles 14 and 15).

#### ART. 5 - ALLOCATION OF TEACHING DUTIES

In order to deliver the Degree Teaching Program, the Department Council, based on the guidelines and proposals of the Study Course Council, plans the related educational activities, specifically determining the courses to be offered and the methods for their coverage (Art. 17. University Teaching Regulations). In particular, the Department Council approves:

- The Programme of study and training organized by the Medicine and Surgery Degree Programme Committee according to the overall objectives described in the professional profile of a graduate in Medicine and Surgery.
- The academic curriculum of the Medicine and Surgery Degree Programme.
- The allocation of teaching duties required to attain the learning objectives of the *core curriculum* to individual academic teaching staff, based on criteria of functionality, competence, and balanced distribution of the educational workload, it being understood that the allocation of specific teaching duties to academic teaching staff does not confer overall responsibility for courses.
- Teaching duties are allocated by the Medicine and Surgery Degree Programme Committee to full professors, associate professors and researchers.

For researchers allocated one (or more) teaching duties as described in 3) above, the Degree Programme System recognizes credits undertaken towards the recognition of incentive awards for teaching activities as defined by the University.

Non-academic faculty members with recognized expertise in a specific area of study/training may, on a yearly basis and subject to approval by the relevant Academic Unit Committee, be allocated by

the Medicine and Surgery Degree Programme Committee the role of course tutor, in particular as regards the delivery of theoretical-practical or professional training.

#### **ART. 6 - THE MEDICINE AND SURGERY DEGREE PROGRAMME COMMITTEE AND ITS BODIES**

The bodies of the Medicine and Surgery Degree Programme Committee include the Chair, the Vice Chair and the Teaching and Educational Committee.

Members of the Medicine and Surgery Degree Programme Committee include:

- Tenured full and associate professors on the Degree Programme.
- Researchers and members of staff with comparable faculty status, pursuant to Presidential Decrees 382/1980 and 341/1990, who carry out teaching activities in the Degree Programme upon the decision of the Medicine and Surgery Degree Programme Committee.
- Individuals who are under contract to teach courses, and foreign language assistants on the Degree Programme.
- Representatives of students enrolled in the Degree Programme. Electable representatives and electoral bodies are subject to the rules set out in the University Regulations.
- Members of the Medicine and Surgery Degree Programme Committee as described in a) and b) above make up the quorum.

The Medicine and Surgery Degree Programme Committee is presided over by the Chair.

The Chair is elected by the Medicine and Surgery Degree Programme Committee from among tenured full and associate professors and remains in office for three academic years. The right to vote is restricted to full professors, associate professors and researchers who are members of the Medicine and Surgery Degree Programme Committee. The Chair coordinates the activities of the Degree Programme, convenes and presides over the Medicine and Surgery Degree Programme Committee and the Teaching and Educational Committee, and represents the Degree Programme in Academic Assemblies and abroad, in accordance with resolutions passed by the Medicine and Surgery Degree Programme Committee.

The Chair can designate, among tenured academic teaching staff belonging to the CCLMMC, one or more Vice-Chairs and a Secretary, with the function of taking the minutes. The Vice Chairs assist the Chair in all functions and discharge his/her duties as required in the event of the Chair's impediment. The Vice Chairs remain in office for the duration of the Chair's term of office.

The Chair normally convenes the Medicine and Surgery Degree Programme Committee at least seven days before the date of a committee meeting by email sent to members of the Medicine and Surgery Degree Programme Committee at their normal place of work. The call must specify the date, time, location and agenda of the meeting. In addition, the Chair convenes an extraordinary meeting of the Medicine and Surgery Degree Programme Committee at the request of at least 50% of the members of the Teaching and Educational Committee or at least 20% of the members of the Medicine and Surgery Degree Programme Committee.

The Medicine and Surgery Degree Programme Committee operates in compliance with the terms of the University Regulations. The Medicine and Surgery Degree Programme Committee sets up a Teaching and Educational Committee, presided over by the Chair of the Medicine and Surgery Degree Programme Committee.

The composition of the CTP, proposed by the President, is based on criteria of functionality and efficiency, and approved by the CCLMMC. The Teaching and Educational Committee is made up

of the Chair and Vice Chairs of the Medicine and Surgery Degree Programme Committee, and 12 (twelve) academic teaching staff, one for each semester, chosen by the Medicine and Surgery Degree Programme Committee. A total of 6 (six) students elected to act as student representatives in the Medicine and Surgery Degree Programme Committee take part in the work of the Teaching and Educational Committee as regards those aspects which affect them most closely, and which are governed by internal regulations. The Chair may appoint up to three further members, who may be given specific responsibilities, to sit on the Teaching and Educational Committee.

The Teaching and Educational Committee remains in office for three academic years, corresponding to the Chair's three-year term of office.

Non-attendance of three consecutive Teaching and Educational Committee meetings without presenting a valid reason in writing, or five consecutive Teaching and Educational Committee meetings even if a valid reason in writing is given, results in the automatic removal of members appointed by the Chair and of student representatives from the Teaching and Educational Committee, and the automatic removal of Semester Coordinators from the Teaching and Educational Committee and from the position of Semester Teaching Coordinator.

After consulting the course coordinators, having received the proposals from the professors of each scientific-disciplinary sector, the Teaching and Educational Committee carries out the following preliminary functions for the Council of the Degree Course in Medicine and Surgery, or deliberative functions for specific order of the same:

- Identifies learning objectives in the core curriculum and assigns credits according to the total amount of time required by students for their achievement.
- Combines learning objectives in courses that address the learning outcomes of the Medicine and Surgery Degree Programme Committee.
- Proposes the allocation of courses to professors and researchers, taking into account the teaching requirements of the Medicine and Surgery Degree Programme as well as the Scientific Disciplinary Sector of individual academic teaching staff, their particular competences and teaching load.
- Plans, the allocation to professors and researchers of specific teaching duties aimed at achieving the learning objectives of each course, while at the same time ensuring learning effectiveness and recognizing individual competences.
- Decides, which are the most appropriate teaching methods to achieve specific teaching-learning objectives.
- Organizes the elective activities offered and proposes their implementation to the Medicine and Surgery Degree Programme Committee.

In addition, the Teaching and Educational Committee:

- Discusses with academic teaching staff the methods of preparing tests for the assessment of learning, in line with set learning objectives.
- Organizes the on-going monitoring of all teaching activities with a quality assessment of their outcomes, including official feedback from students.
- Promotes teaching and educational development schemes for academic teaching staff.
- Organizes a permanent tutoring system for students in order to facilitate their successful progression through university.

At the end of each academic year, the Teaching and Educational Committee must provide the Medicine and Surgery Degree Programme Committee with a written report of activities undertaken. The roles performed by members of the Teaching and Educational Committee are recognized as academic duties and are therefore certified as teaching-related activities by the Academic Authorities.

Semester Teaching Coordinators are appointed, upon the proposal of the President, by the Medicine and Surgery Degree Programme Committee and convene Teaching Coordinators of multi-module courses and one student representative from his or her semester with organizational and proposing functions for the Teaching and Educational Committee.

The Medicine and Surgery Degree Programme Committee or the Teaching and Educational Committee may set up Teaching Committees, indicating their aims, roles and duties. Members of these Committees are appointed on the basis of specific competences and representativeness. Non-attendance of three consecutive meetings of such Committees without presenting a valid reason in writing, or five consecutive meetings even if a valid reason in writing is given, results in automatic removal from the Committee.

#### **ART. 7 - TUTORING**

A tutor is a professor or researcher who provides academic guidance and support to individual students. All professors and researchers on the Medicine and Surgery Degree Programme Committee may put themselves forward to undertake the duties of a tutor.

Tutors fall into one of two distinct categories:

- Personal tutors, i.e., a professor or researcher who provides academic guidance and support to individual students and who, therefore, guides and supports the student throughout their university career. During the first two years of the Degree Programme, personal tutors will be either professors or researchers from pre-clinical departments. From the third to the sixth year, personal tutors will be either professors or researchers from clinical departments, as they will be better equipped to fulfil the role of “*counsellor*”.
- Course tutors, who carry out tutorial teaching activities with a small number of students as set out in the Degree Programme Table. This type of tutoring is equivalent to a teaching role. Course tutors must coordinate their duties with the teaching activities of courses having the same learning objectives and may also be involved in preparing material for use in tutorials.

Having consulted with the Teaching and Educational Committee, the Chair appoints tutors. The activities of tutors will be assessed by the Teaching and Educational Committee and subsequently by the Medicine and Surgery Degree Programme Committee.

#### **ART. 8 - ATTENDANCE**

Students must attend all formal and informal teaching activities and professional training activities of the Medicine and Surgery Degree Programme (5500 hours over a six-year programme).

Attendance is monitored by the academic staff through procedures defined by the University and/or the School of Medicine via electronic badges and/or devices. Certification of attendance of compulsory teaching activities is required by students to sit associated exams.

Students who have not attained at least 75% certified attendance of the total number of hours required to complete a degree course in any specific year of the Programme will not be allowed to

sit the exam and, in agreement with the coordinator of the integrated course, the methods for recovering attendance must be defined, which, in case of a serious deficiency, may also include repeating the course.

If any misconduct in the registration of a student's attendance should be found as a result of checks carried out into the procedures of monitoring attendance, one of the following penalties will be imposed:

- A written reprimand will be filed in the student's academic record.
- The student will be barred from one or more credit-bearing exams for one or more sessions.
- The student will be temporarily suspended from the Programme.

The penalty must be commensurate with the gravity, intensity and recurrence of the misconduct identified. The Head of the Academic Unit concerned is responsible for evaluating episodes of misconduct and issuing penalties and will take appropriate action giving his or her reasons.

Students may request exemption from attendance due to serious and documented family problems or ill health; in the case of illness, the relevant documents must be issued by the appropriate national healthcare provider. The request for exemption from attendance must be submitted within 5 days from the period of absence, accompanied by the necessary documents, to the Chair of the Medicine and Surgery Degree Programme Committee through the competent University Office.

Exempted hours of absence will be counted as hours of attendance towards the minimum 75% hours of attendance required for each course.

#### **ART. 9 - INDEPENDENT LEARNING**

The Medicine and Surgery Degree Programme Committee ensures that students are given an appropriate number of hours to achieve the award that do not envisage any form of teaching activities carried out in the presence of academic teaching staff in order to allow them time for independent and guided study.

The hours set aside for this type of learning are spent on:

- Individual use or use in small groups, either independently or as suggested by academic teaching staff, of teaching support tools for self-learning and self-assessment provided by the Degree Programme to achieve set learning objectives. Teaching support tools (textbooks, simulators, dummies, audio-visuales, computer program, etc.) will be located, where reasonably practical, in areas managed by staff from the relevant Academic Unit.
- Internships at a university chosen by the student with the aim of achieving specific learning objectives.
- Private study time for exam preparation.

#### **ART. 10 - DEGREE PROGRAMME TABLE**

The educational activities for all years of the course are carried out according to the academic calendar, which establishes the regular period for lectures, exercises, seminars, laboratory activities, and integrative activities as starting from September 15<sup>th</sup> (Art. 19, University Teaching Regulations). No later than May 15<sup>th</sup>, the Medicine and Surgery Degree Programme Committee approves and publishes the Degree Programme Table prepared by the Chair, with the support of the Teaching and Educational Committee, which specifies:

- Curriculum of the Medicine and Surgery Degree Programme.

- Locations of professional training activities.
- Schedule of elective activities.
- Schedule of teaching activities and exam sessions.
- Content of individual courses.
- Teaching duties allocated to professors, researchers and tutors.

The Medicine and Surgery Degree Programme Committee proposes to the relevant Academic Unit Committee the use of financial resources, with specific reference to their allocation and mode of covering the roles of professor and researcher.

#### ART. 11 - PROGRESSION

Starting from the academic year 2015/2016, students with outstanding modules are no longer barred from progressing to the following year of study but progression requirements remain.

##### *Progression requirements*

In order to ensure a balanced rate of progress through the Degree Programme, students must meet the following progression requirements:

<b><i>In order to achieve</i></b>	<b><i>You must have already passed</i></b>
Biochemistry	Chemistry
Medical Histology and Embryology	Biology, Molecular Biology and General Genetics
Human Anatomy	Medical Histology and Embryology
Medical Physiology	Physics, Human Anatomy, Biochemistry
Pathology, Pathophysiology and Medical Genetics	Medical Physiology, Immunology and Immunopathology
Methods in Medicine and Surgery	Pathology, Pathophysiology and Medical Genetics
IV year exams	Methods in Medicine and Surgery
Internal Medicine and Geriatrics, General Surgery, Medical and Surgical Emergencies	All the 4th and 5th year exams

Failure to meet the progression requirements will result in invalidation of any exams sat without having first achieved the prerequisites.

#### ART. 12 - WITHDRAWAL AND MAXIMUM PERIOD FOR COMPLETION OF THE DEGREE PROGRAMME

Students enrolled in the Medicine and Surgery Degree Programme who fail to attain credits and other requirements for each stage of study will be withdrawn from the programme if they do not sit degree exams for eight consecutive academic years.

#### ART. 13 – LEARNING ASSESSMENT

The Medicine and Surgery Degree Programme Committee, on the recommendation of the Teaching and Educational Committee, decides the type and number of exams required to assess students' learning, and decides, on the suggestion of Course Coordinators, the composition of the respective Examining Boards.

The total number of degree examinations may not exceed the total number of degree courses established by the Degree Programme System, and may not, in any event, be more than 36 over the six years of the Degree Programme.

Learning can be assessed by both formative and summative assessment. The sole aim of formative assessments, i.e., *in-course* assessments, is to evaluate the efficacy of the learning and teaching processes with regard to specific content. Formative assessments are not compulsory, do not exempt students from being tested on all the material taught in a multi-module course during an exam, and take place during the course and no later than the end of the course. Their only purpose is to assist students in managing their studies.

The aim of summative assessments (credit-bearing exams) is to assess and quantify the achievement of course objectives through the use of a mark or a pass/fail grade, attesting the level of a student's knowledge or skills.

The exams and any other type of assessments subject to registration can only be taken after the conclusion of the related courses, upon acquiring the attendance certification and in compliance with the prerequisites (Art. 19, paragraph 3, University Teaching Regulations).

In compliance with the provisions of the University Teaching Regulations (Art. 24, paragraph 7) governing degree program set up pursuant to Ministerial Decree 270/2004, the CCLMMC establishes that students who have not obtained an assessment of sufficient knowledge are prohibited from repeating the exam on the next date.

In the case of written exams, students are allowed to withdraw for the entire duration of the exam. In the case of oral exams, the student is allowed to withdraw until just before the final evaluation is recorded, which must be communicated verbally to the student by the Examination Board before the grade or judgment is entered in the record. If the student has withdrawn, has not achieved a passing grade, or has refused the evaluation proposed by the Examination Board, the annotation on the record will be used exclusively for statistical purposes. The result will not be recorded in the student's academic booklet, and in their academic career, the evaluation will only be considered for the purposes of interrupting the expiration deadlines. Credit-bearing exams can only be scheduled at specific times of the year, which are called "exam sessions".

The exam sessions are as follows:

Winter session (I) Special Session of previous A.A.	Spring session (II)	Summer session (III)	Autumn session (IV)
- December: one date - January/February: three dates - March: one date	- April: one date	- May: one date - June / July: three dates - September: one date	- September: one date - October: one date - November: one date

The exam timetable will be posted, before the start of the academic year, on the notice boards of the location where the Degree Programme is run and on the web page of the Medicine and Surgery Degree Programme.

In accordance with the provisions of Art. 24, paragraph 6, of the University Teaching Regulations, examinations are held under the responsibility of a Commission, appointed by the President of the Course of Study, and approved by the Council, guaranteeing appropriate forms of publicity. The Commissions, in accordance with the provisions of Art. 24, paragraph 6, of the

University's Teaching Rules, are composed of at least 2 members, of which one is the coordinator of the Integrated Course to whom the teaching structure has entrusted the teaching and the other is a teacher who meets the requirements laid down by law or an expert in the field (*cultore della materia*) appointed by the Department or by the School of Medicine.

The Examination Board is normally chaired by the Course Coordinator. The Chair of the Degree Programme may preside over all Examining Boards. When a multi-module course is divided into two sections, each Examining Board will be made up of academic teaching staff members who have taught in the section concerned and will be chaired by the Course Coordinator. As set out in Art. 4 a) 1), there will be only one Course Coordinator. If one or more members of the Examining Board are absent on the date of an exam, the Chair of the Examining Board may appoint alternate members to replace them.

Different types of assessment may be used, even in successive stages of the same exam:

- oral exams, and objective structured written tests (for the assessment of knowledge objectives).
- practical and simulation tests (for the assessment of clinical and communication skills).

#### **ART. 14 - TRAINING ACTIVITIES FOR FINAL EXAM PREPARATION**

Students have 16 credits for graduate thesis preparation undertaken at a university clinical or research institution. Such activity undertaken by students is called a "degree internship". Degree internships must be carried out outside academic teaching hours, must not overlap with electives, and must be applied for after enrolment in the fifth year or, at the latest, within 12 months from the date in which the student expects to defend his or her graduate thesis.

Students who wish to undertake their degree internship at a particular site must submit to the Head of the site concerned a formal application accompanied by their CV (including a list of exams taken and associated marks, a list of electives completed, previous internships in laboratories or healthcare facilities or any other training activity carried out).

The Head of the site, having consulted with academic staff members from the site and having verified the availability of places, accepts the application and assigns a tutor, who may be proposed by the student, with responsibility for monitoring and certifying the activities undertaken by the student at the site.

A foreign internship may, upon request, count towards the training for graduate thesis preparation. When assigning a graduate thesis project, the academic teaching staff must prepare a specific form providing clearly and in detail the following information:

- Thesis title
- Outline of the project and objectives to be pursued
- Techniques that will be used in the laboratory and/or hospital departments
- Innovative methods
- An adequate number of case studies to effectively address the topic of the graduate thesis, or presentation of a specific clinical case.

The graduate thesis assignment form must be accompanied by the 16-credit programme, specifying the dates of degree internship.

#### ART. 15 - FINAL EXAM

The final exam consists in the defense of a graduate thesis written independently by the student based on original research carried out under the guidance of one or two supervisors; in the case of a graduate thesis project undertaken under the supervision of academic teaching staff members from clinical and pre-clinical departments, both will act as supervisors.

To be admitted to the final exam, students must have:

- Attended all courses and passed the associated exams.;
- Obtained a total of 360 credits over the 6 years of the Degree Programme.
- Completed registration for the final exam and presented all the necessary documents (graduate thesis, payment of contributions towards degree certificate, academic record books, etc.).

Final exams, in number of 4 per year, are held in the months of June/ July, October, December and March, unless otherwise provided for by law (Art. 19, paragraph 4, University Teaching Regulations).

The final mark is calculated on the basis of the following parameters:

- arithmetic mean of marks attained in degree exams expressed in one hundred and tenths. Distinctions awarded for exams do not give extra marks.
- points awarded by the Degree Committee at the graduate thesis defense, up to a maximum of 11 points (given for the quality of the thesis, the candidate's clarity and delivery, and the quality of the presentation).

#### Requirements for receiving honors

1. Arithmetic mean of marks attained in degree exams expressed in one hundred and tenths to be no lower than 102/110 (minimum average mark  $27.7 = 101.6 \rightarrow 102$ ).

2. Final mark, including points awarded by the Degree Committee at the graduate thesis defense, to be no lower than 110/110.

3. No fewer than 6 additional points, to be added to the final mark of 110/110, awarded according to the following supplementary criteria:

a) points for the period of study:

I.- degree earned in a number of years not greater than the legal study period of the Degree Programme, 3 additional points.

II.- degree earned in a number of years not greater than the legal study period of the Degree Programme + one, 1 additional point.

b) points for distinctions in exams:

I.- from 3 to 8 distinctions, 1 additional point.

II.- more than 8 distinctions, 2 additional points.

c) points for participating in international exchange program recognized by the Degree Programme (ERASMUS):

I.- from 3 to 6 months, 1 additional point.

II.- from 6 to 12 months, 2 additional points;

d) points for undertaking inter-university cooperation, promotion and cultural exchange activities at hospitals and/or research institutes in Italy and/or abroad, funded by contributions allocated by the relevant Academic Unit of the University to students enrolled at the relevant Academic Unit of the University:

I.- for every 30 days of activities undertaken, 0.5 additional points.

For particularly outstanding students, the Commission may unanimously award, in addition to the honors, an additional mention.

**ART. 16 - RECOGNITION OF PRIOR LEARNING UNDERTAKEN AT OTHER UNIVERSITIES AND IN OTHER PROGRAM OF STUDY**

Save as otherwise provided by the Senate, only students who have sat the competitive entrance exams for admission to the Medicine and Surgery Degree Programme at the University and are ranked in a position making them eligible for admission are allowed to transfer to the programme.

Students from other program of study at this or other universities may request that the credits they have obtained in previous program of study be recognized. Credits may be recognized after being deemed compatible with the number of credits and learning objectives of teaching in the Degree Programme System of the Medicine and Surgery Degree Programme, upon the decision of the Medicine and Surgery Degree Programme Committee. Applications for the recognition of credits obtained by students transferring to the Medicine and Surgery Degree Programme at this University from another degree programme must be presented for processing at the same time as application for enrolment to the Chair of the Medicine and Surgery Degree Programme Committee through the competent University Office. In order for the Teaching and Educational Committee to identify common learning objectives already attained, students must submit, together with their application for transferring exams, a self-certification indicating the number of credits for exams taken and the programme of each exam taken in their previous degree course.

Exams may be totally and/or partially transferred. In the latter case, students are obliged to sit any partially transferred exams, which are only then transcribed in the student's academic record.

Transferred exams receive the same mark, and in the case of more than one transferrable exam the average mark will be calculated.

In the event that their exams are transferred, students admitted from other program of study at this or other universities may be enrolled in the programme year following the first if they have obtained 50% + 1 of the first-year credits.

Enrolment in a specific year of the programme is in any case dependent upon the availability of places, according to the cap previously decided by the Medicine and Surgery Degree Programme Committee. Students admissible to the sixth year with outstanding modules are not allowed to transfer.

**ART. 17 - RECOGNITION OF A DEGREE IN MEDICINE AND SURGERY AWARDED BY FOREIGN UNIVERSITIES**

A degree in Medicine and Surgery awarded by a foreign university is recognized when existing bilateral agreements or international conventions recognize the equivalency of the award.

Where there is no agreement between countries, pursuant to the combined provisions set out in Articles 170 and 332 of the Higher Education Consolidation Act, university authorities may recognize equivalency on a case-by-case basis. In order to recognize a degree in Medicine and Surgery awarded by a foreign university, the Medicine and Surgery Degree Programme Committee:

- Ascertains the authenticity of documents provided and the standing of the university that awarded the degree, on the basis of statements of compatibility provided by competent central agencies.

- Examines the curriculum and assesses whether learning and training objectives, teaching program and associated credits assigned by the university originally awarding the degree are compatible with the University's current Degree Regulations.
- Establishes that, as a rule, final clinical exams (for example Internal Medicine and Geriatrics, General Surgery, Paediatrics Obstetrics and Gynaecology, Medical and Surgical Emergencies, Hygiene and Preventive Medicine, Forensics) must be sat and passed, and a graduate degree thesis must be completed and defended.

If only some of the credits obtained by an overseas graduate are recognized as being compatible with the University's current Degree Regulations, the Medicine and Surgery Degree Programme Committee offers admission to one of the six years of the Degree Programme according to the credits he/she has obtained. Enrolment in any specific year is, in any event, subject to the availability of places determined by the cap on admissions previously set by the Medicine and Surgery Degree Programme Committee. Non-EU graduates are referred to the provisions set out in Presidential Decree no. 394 of 31 August 1999.

#### **ART. 18 - ASSESSMENT OF TEACHING EFFICIENCY AND EFFECTIVENESS**

The Medicine and Surgery Degree Programme is committed to ensuring the on-going improvement of its activities and services. To this end, it adopts an internal quality assurance system to review the quality and assessment of teaching aimed at continually monitoring the quality levels of its courses.

The Medicine and Surgery Degree Programme designates a Quality Officer, who may, if necessary, be assisted by academic teaching staff on the Committee.

It is the duty of the Quality Officer to ensure the proper execution of self-assessment activities, as prescribed by the laws in force, and the production of an annual Self-Assessment Report.

In the execution of his or her duties, the Quality Officer uses parameters prescribed by the laws in force, as well as indicators and criteria developed by the University's Quality Assurance Office, for the purposes of self-assessment activities. The proper application of parameters and the functioning of the self-assessment system are audited by the University Assessment Committee according to the procedures prescribed by the laws in force. Assessments of the engagement and teaching of academic teaching staff are made available to individual academic teaching staff members and are discussed by the Medicine and Surgery Degree Programme Committee.

The Medicine and Surgery Degree Programme Committee schedules and carries out, in collaboration with degree program in Medicine and Surgery at other universities, if necessary, objective and standardized reviews of the knowledge and skills acquired and retained by students during the learning process. The sole purpose of these reviews is to assess the effectiveness of teaching and the ability of students to retain the knowledge and skills acquired during their programme of study.

#### **ART. 19 - TEACHER TRAINING**

The CCLMMC teachers participate, at least once every two years, in educational updating initiatives (courses of Docimology) on planning and teaching/assessment methodologies for academic teaching staff at all levels. Participation in these initiatives is valid for the certification of the teaching engagement of academic teaching staff and for the assessment of the teaching effectiveness of the Degree Programme. This activity is promoted by the University and coordinated in collaboration with

the Teaching and Educational Committee of the Medicine and Surgery Degree Programme Committee.

**ART. 20 - DEGREE PROGRAMME WEBSITE**

The Medicine and Surgery Degree Programme Committee maintains a website containing all the necessary information for students and teaching staff and ensures that the address is as widely publicized as possible.

The web pages of the Medicine and Surgery Degree Programme will publish the following:

- Degree Programme System.
- Degree Programme Table, containing a timetable of all scheduled teaching activities, course content, exam sessions dates for each course, and the time and place in which individual academic teaching staff members are available to receive students.
- Degree Regulations.
- Online teaching aids for self-learning and self-assessment.

**ART. 21 - TRANSITIONAL REGULATIONS**

Students already enrolled in the Degree Programme may transfer to the new Degree Programme System. Having examined a student's academic record, the Medicine and Surgery Degree Programme Committee and the Academic Unit Committee concerned, each within their own area of responsibility and on the basis of pre-established equivalency and credit hour equivalency tables, decide the mode of transfer from the old to the new Degree Programme System, including recognition of any clinical activities undertaken.