MINISTRY OF SCIENCE, HIGHER EDUCATION, AND INNOVATION OF THE KYRGYZ REPUBLIC

JALAL-ABAD INTERNATIONAL UNIVERSITY

REGULATIONS

ON THE TEACHING AND METHODOLOGICAL COMPLEX OF THE DISCIPLINE

OF THE BASIC EDUCATIONAL PROGRAM OF HIGHER PROFESSIONAL EDUCATION AT JALAL-ABAD INTERNATIONAL UNIVERSITY

Jalal-Abad 2025

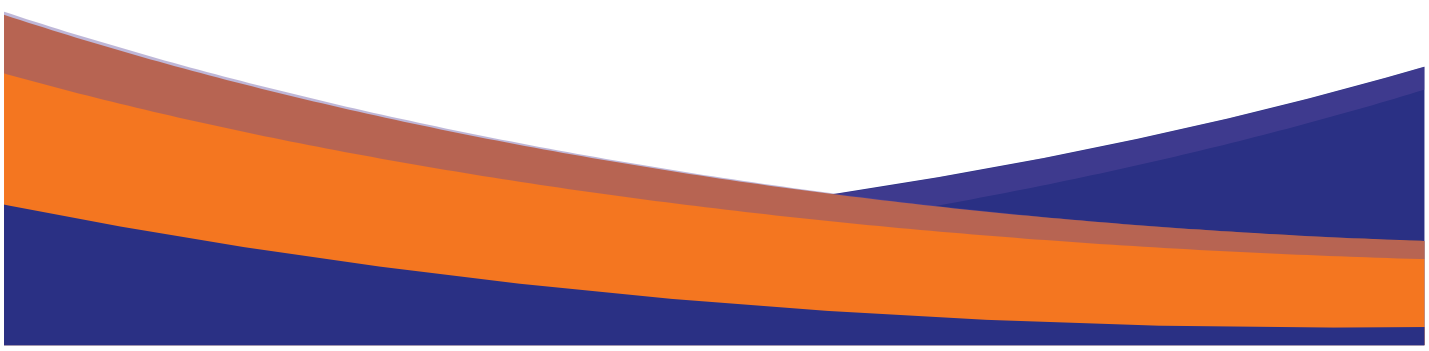

Table of Contents

General Provisions

1. "Regulations on the Teaching and Methodological Complex for Disciplines in the Core Curriculum of the Higher Professional Education Program at Jalal-Abad International University (JAIU) (hereinafter referred to as the Regulations) establishes the procedure for developing, the general requirements for the structure, content, and formatting, as well as the procedure for approving the teaching and methodological complex (TMC) of the discipline and its storage at the educational institution of JAIU.

2. These Regulations have been developed on the basis of:

1. Law of the Kyrgyz Republic "On Education" No. 179 of August 11, 2023;
2. Regulations on Higher Professional Education Institutions of the Kyrgyz Republic, approved by Decree No. 329 of the Government of the Kyrgyz Republic dated June 10, 2025;
3. Regulations approved by Decree of the Government of the Kyrgyz Republic No. 329 dated June 10, 2025;
4. The Charter of the educational institution Jalal-Abad International University (JAIU), approved by the Ministry of Justice of the Kyrgyz Republic on June 4, 2024;
5. ISO 9001:2015 Standard;
6. The Mission of JAIU;
7. The Development Strategy of JAIU;
8. other local regulatory acts of JAIU.

1. ***The Course Syllabus*** is a regulatory document that forms part of the core curriculum of higher professional education (HPE) for a specific field of study or specialty. It defines the scope, content, and sequence of study for the academic discipline, as well as its place, role, and significance in the implementation of the curriculum and the achievement of expected learning outcomes in student training.

2. The curriculum for a discipline regulates the activities of the faculty and students during the study of a specific discipline.

3. The purpose of developing the teaching materials for a discipline is to improve the quality of student training by creating teaching and methodological support for academic disciplines implemented within the core educational program of the field of study/specialization.

4. The discipline's teaching and learning materials enable ***the*** following ***tasks*** to be accomplished:

1. implementing a competency-based approach in the learning process, by defining the set of competencies developed by the discipline, as well as the expected learning outcomes;
2. defining and specifying, on this basis, the educational and professional goals and objectives of the discipline;
3. reflecting contemporary achievements in science, culture, and other spheres of social practice related to the development of relevant competencies;
4. the consistent implementation of intra- and interdisciplinary logical connections, the alignment of content, and the elimination of duplication of material with other disciplines in the educational program;
5. rational planning and allocation of instructional time across the discipline's sections and types of classes;
6. identification of the educational and information technologies necessary for mastering the discipline, incorporating the use of interactive technologies and innovative methods;

7. determining the optimal system of ongoing, midterm, and final assessments of students, using an appropriate set of assessment tools;

8. Identification of the range of sources, textbooks, teaching materials, and academic literature necessary for mastering the course;

9. a description of the material and technical resources necessary for the educational process in the discipline.

5. The curriculum for the discipline must comply with the State Educational Standard for Higher Professional Education (GOS VPO) and the Higher Professional Education Curriculum (OOP VPO) for the relevant field of study/specialization. If necessary, the curriculum for the discipline may be adapted to accommodate the educational needs of students with disabilities and those with limited health capabilities.

6. The teaching materials for the discipline must be prepared in strict accordance with these Regulations.

1. Development of the Teaching and Learning Materials for the Course

1. The teaching materials for a discipline are developed by the department responsible for teaching it.

2. Curriculum and teaching materials are developed for all disciplines, including both required and elective components of the curriculum, as well as student-selected courses and electives.

3. The head of the department is responsible for the development of the teaching materials for the discipline. The teaching materials for the discipline are developed by the instructor (or team of instructors) of the department responsible for teaching that discipline.

4. The process of developing a discipline's teaching materials includes:

1. analysis of regulatory documents, as well as the department's informational, methodological, and material resources;
2. analysis of the needs of stakeholders: students, their parents, instructors, employers, and others;
3. analysis of the resources available in the JAIU library, including electronic library systems, core, and supplementary literature;
4. development of a draft curriculum for the discipline, discussion of the draft within the department, and review and approval by the head of the educational program.
5. testing of the curriculum materials in the educational process;
6. revision of the curriculum materials;
7. approval of the curriculum for the discipline by the vice-rector for Academic Affairs.

1. All curriculum materials for the discipline must be finalized before the start of the semester in which the discipline will be taught.

2. Work on developing and revising/updating the curriculum for the course is included in the instructor's individual plan.

Structure and Content of the Course Teaching Materials

3. ***The teaching*** and ***learning materials for a discipline*** consist of a collection of instructional and teaching materials that facilitate students' effective mastery and application of the course content in their field of study or major.

4. The teaching materials package includes:

Title page (Appendix 1)

Course ***syllabus*** (Appendix 3) – a program for mastering the course material that meets the requirements of the State Educational Standards for Higher Education of the Kyrgyz Republic and takes into account the specifics of student training in the chosen field or specialty;

Syllabus (Appendix 4) – a document that enables students to organize their independent learning and cognitive activities within the framework of the discipline being studied. It contains the main goals and objectives, requirements for completing assignments, the assignments themselves, and, when properly drafted, serves as one of the primary tools to assist students in carrying out independent work.

Teaching and learning materials (TLM) for the following types of classes: lectures, seminars, practical sessions, laboratory sessions, quizzes, and term papers

The assessment toolkit (Appendix 5) includes assessment materials for ongoing evaluation in the form of test questions, presentations on problematic issues, multi-level assignments, role-playing exercises, situational assessments, and midterm evaluations in the form of questions and tasks for the exam/quiz.

Glossary (list of terms and definitions) Each discipline uses specialized terms that require explanation. The glossary should provide definitions for terms encountered in the course. These may be organized by topic or listed in alphabetical order.

Section ***"Course Syllabus."***

The contents of the course syllabus include:

1. Title page of the syllabus.
2. Explanatory Note:
    1. the mission of JAIU;
    2. the mission of the educational program;
    3. Course description;
    4. Course objectives and goals;
    5. the course's place in the curriculum structure (prerequisites, post-requisites);
    6. student competencies developed as a result of completing the course; planned learning outcomes.
    1. Recommended educational technologies;
    2. Course Scope and Types of Academic Work.
    3. Course structure:
        4. Curriculum outline (by semester);
        5. organization of students' independent work;
        6. assessment tools for ongoing, midterm, and final performance evaluations;
        7. course policy and grading criteria;
        8. teaching, methodological, and informational support for the course;
        9. logistical support for the course;
        10. student research work
        11. on-the-job training
        12. ethical aspects and professional conduct
        13. development of soft skills.

14. Section: Syllabus

1. Title Page
2. Abstract: A brief description of the course, its goals and objectives, as well as its role in the overall structure of medical education.

3. objectives and tasks of the course
4. Course Content
5. Teaching Methods and Techniques
6. assessment system
7. Course Literature
8. Course schedule
9. Contact Information: Instructor's Full Name, Department, Email, Phone Number, Office Hours
10. instructions for students
11. professional standards
12. Competencies
13. Criteria for successful completion of the program
14. Supplementary materials
15. Approval Form

1. The ***"Teaching and Learning Materials"*** section contains:
2. Lecture notes (short course or abstracts);
3. Practical/seminar/lab session plans
4. Materials for independent study
5. The ***"Methodological Recommendations for Students"*** section contains:
6. Methodological recommendations for studying the discipline, for completing practical/seminar/laboratory sessions, for completing independent study assignments, for writing term papers and reports, for preparing for tests/exams, etc.; guidelines on student research work; on-the-job training; ethical considerations and professional conduct; development of soft skills
7. Assessment Resources
8. The ***"Glossary"*** section contains a list of terms and definitions.
9. The ***"Reference Materials and Appendices"*** section is included in the course materials as needed.

Revision of the Course Curriculum

The teaching materials for the course are subject to annual review for the purpose of updating, supplementing, and revising its components.

1. The grounds for making changes are:
2. changes to the State Educational Standards for Higher Education in the relevant field of study/training and other regulatory documents;
3. updates to the Higher Education Program (HEP) for the relevant field of study/training;
4. advances in science, the relevant field of knowledge, and educational technologies;
5. the acquisition and publication of new literature;
6. other grounds.
7. Updates are recorded in the Change Log**,** which is an integral part of the course curriculum.
8. In the event of a substantial change in content, the teaching materials must be reapproved.

Availability of the course curriculum

9. The curriculum is stored in paper and electronic formats with the head of the Higher Education Program ( ) in the Higher Education Program documents and at the department responsible for teaching this discipline.

10. The teaching materials for the discipline are posted on the Ebilim information system, the department's website, and the JAIU website.

11. The head of the Higher Education Program and the department chair ensure that the teaching materials for the discipline are accessible to faculty and students.

Organization of Content and Quality Control for the Development of Teaching Materials

1. Control over the content and quality of the discipline's teaching materials is the responsibility of the Department of Educational Quality.
2. The department responsible for developing the course materials conducts ongoing monitoring of the content and quality of the materials.

To this end, the department:

3. develops a curriculum for the relevant discipline, sets deadlines, and assigns responsibility for preparing the teaching materials for the curriculum;
4. the syllabus for the relevant discipline is reviewed, evaluated, and submitted for approval in a timely manner;
5. reviews the instructional and teaching materials submitted by the curriculum developers;
6. regularly assesses the readiness of the discipline's curriculum for use in the educational process and takes prompt measures to revise the curriculum;
7. The curriculum for the discipline must undergo internal and external reviews. The review of the curriculum must contain a comprehensive and objective assessment of the entire teaching and learning materials package: an analysis of methodological strengths and weaknesses; an evaluation of the scientific level of compliance of the content and scope with educational standards; the didactic rationality of the material; and a list of comments. The concluding part of the review must contain well-founded and reasoned conclusions regarding the appropriateness of using the teaching materials.
8. When testing the teaching materials in the educational process, the department chair or a person authorized by him/her conducts monitoring visits to classes to assess the instructor's pedagogical skills, the alignment of the presented material with the curriculum, and the students' level of mastery of the material. The results of the monitoring sessions are discussed with the instructor who conducted the class, and the main conclusions are communicated by the department chair to all instructors in the department.
9. During the revision of the teaching materials, the department chair periodically monitors their alignment with current developments in science, pedagogy, and educational technology.

Appendix 1. Teaching and Learning Materials

(sample title page of the teaching materials)

MINISTRY OF SCIENCE, HIGHER EDUCATION, AND INNOVATION OF THE KYRGYZ REPUBLIC

JALAL-ABAD INTERNATIONAL UNIVERSITY

"APPROVED"

Vice Rector for Academic Affairs

_____

"___"_____2025

TEACHING AND METHODOLOGICAL COMPLEX FOR THE DISCIPLINE

"_____"

(course title)

of the core curriculum

in the specialty **General Medicine (for international students)**

(code, name of field/specialization)

Graduate's qualification: _____

(the graduate's qualification is specified in accordance with the State Educational Standards for Higher Education)

Jalal-Abad – 2025

Contents

5. Methodological guidelines for preparing for the final assessment
6. Methodological guidelines for student research work
7. Methodological recommendations for on-the-job training
8. Methodological recommendations on ethical aspects and professional conduct
9. Guidelines for developing soft skills.

7. Assessment Resources
8. Glossary
9. Reference materials and appendices

Appendix 2. Course Syllabus

(Sample Course Syllabus Cover Page)

MINISTRY OF SCIENCE, HIGHER EDUCATION, AND INNOVATION OF THE KYRGYZ REPUBLIC

JALAL-ABAD INTERNATIONAL UNIVERSITY

"APPROVED"

Vice Rector for Academic Affairs

_____

"___"_____2025

COURSE SYLLABUS

"_____"

(course title)

of the core curriculum

in the specialty **General Medicine (for international students)**

(code, name of field/specialization)

Graduate qualification: General Practitioner

(graduate qualification is specified in accordance with the State Educational Standard of Higher Professional Education)

Full-time program

Year	
Semester	
Test / Exam (semester)	
Total credits per curriculum	
Total hours in the curriculum	

Syllabus developer:

(title, full name)

Reviewed and approved at a department meeting _____
_____ Minutes No.___dated "_____"
_____2025

Department Chair _____

(Full Name)

_____*(signature)*

Jalal-Abad – 2025

(Back of the title page of the Syllabus)

Course Syllabus for the discipline "_____" has been developed in accordance with the requirements of the State Educational Standards for Higher Education in the specialty 560001 General Medicine.

The syllabus has been approved by the Academic and Information Department

…… _____ _____

(Full Name) *(signature)*

"_____"_____20___Year

The curriculum has been approved by the head of the core educational program in the field/specialization ___

_____

(code, name of major/field)

Head of the Educational Program _____ _____

(Full Name) *(signature)*

«_____"_____20___Year

External review provided by _____

_____

(place of employment, position, academic degree, academic title, full name)

"_____"_____20___. (review attached)

The curriculum has been approved by the Department of Educational Quality at JAIU

Head of the OK _____ _____

(Full Name) *(signature)*

"_____"_____20___City

(Draft Syllabus)

1. Curriculum for the academic discipline

1. Explanatory Note

1. **The mission of JAIU** is *to train a new generation of professionals by integrating cutting-edge educational technologies and scientific research, enabling them to address global challenges of sustainable social development and prepare them for healthy competition in the labor market*.

2. **Mission of the Educational Program**

3. **Course Description –** provides a brief description, relevance, and rationale for studying the course.

4. **Course Objectives and Tasks –** The objectives and tasks of the course align with the general objectives of the Medical Practice specialty (for foreign citizens from neighboring and distant countries).

The objective of the course is established based on the specified competencies developed in students during the course. For example: The objective of the course is ... (to facilitate the development of ..., to create conditions for ..., to form a comprehensive understanding...).

The course objectives clarify the goal or outline the methods for achieving it. For example: - to study the main approaches ...;

1. *to familiarize students with the experience of applying ...;*
2. *to develop an understanding of ..., as well as the skills and abilities ...;*
3. *to develop competencies ..., professional qualities ...;*
4. *to master the skills of developing ...*

5. **The course's place within the curriculum (prerequisites, post-requisites) –** provides a clear definition of its place and role in the educational program and illustrates its relationship to other courses (which courses it builds upon and which courses it must be taken before).

For example: This course is taken by students majoring in General Medicine (for international students) and is included in the required/elective curriculum of the State Educational Standard for Higher Professional Education, etc.

The content of the discipline "..." is based on the content of such preceding disciplines as "...", "...", "...". Subsequently, the knowledge gained while studying the discipline "..." will be necessary for studying the disciplines: "...", "...", "...".

Learning Outcomes of the Course

Learning outcomes (LO) for the course are measurable knowledge, skills, and competencies/professional behavior that a student must **possess upon completion of the course** and which **are assessed through** established forms of assessment.

Requirements for LOs:

1. **Link to the State Educational Standard (SES)/State Educational Program (SEP):** Each learning outcome of the course is linked to at least **one competency** (OK/OPK/PK/DPK) and, if applicable, to **the program's learning outcomes** (code/number).

2. **Observability:** Formulate using active verbs (according to Bloom):
    1. knowledge: *lists, explains, characterizes, classifies*;
    2. skills: *applies, analyzes, interprets, solves, justifies*;
    3. skills/behavior: *performs, demonstrates, complies with, interacts, documents*.
    Do not use vague phrasing such as **"have an idea of / understand"** (if you want to, rephrase it as "explains/justifies/interprets"; otherwise, it cannot be assessed, sorry).
3. **Format:** one sentence per learning outcome: *"The student... (verb + object + context/condition)*."
4. **Verifiability:** for each learning outcome, specify **the form(s) of assessment** (midterm/quiz/final; assignment type), in accordance with JAIU's "Instructions for the Application of Modern Teaching Methods."

2) Course competencies (to be entered from the OOP/GOS VPO) — 3–4 lines

1. General scientific competencies (GS) –
2. Instrumental competencies (IC)
3. Social-personal and general cultural competencies (SPC)
4. Professional (PC)

3) Learning Outcomes of the Course

Learning outcomes of a discipline are *measurable knowledge, skills, and professional competencies/behaviors* that a student **possesses upon completion of the discipline** and which **are subject to assessment through established forms of evaluation**.

Key requirements (critical):

1. ✓ Each learning outcome is linked to at least **one competency** (SC / GPC / PC / DPC);
2. ✓ **an active, observable verb** is used (Bloom's taxonomy);
3. ✓ **One RO = one sentence**;
4. ✓ **A form of assessment** is specified for each learning outcome;
5. ✗ Phrases such *as "knows," "understands," and "has an idea of"* **are not permitted**.

Table of Course Learning Outcomes

No.	Course Learning Outcome (in one sentence)	Program Learning Outcome (code)	Competencies	Assessment methods
1	The student **explains and describes** the basic concepts, terms, and principles of the discipline within a professional context	ROP-1	OK-1, OPK-2	test, oral exam, mini-quiz
2	The student **classifies** objects, processes, or phenomena of the discipline according to established criteria	ROP-2	OPK-2, PK-3	test, problem, case study

3	The student **applies** theoretical methods and models of the discipline to **solve typical professional problems**	ROP-3	PC-3	practical assignment, problem-solving, PBL/TBL
4	The student **analyzes and interprets** data, results, or situations using the tools of the discipline	ROP-4	PC-3	case study, written assignment, mini-CEX*
5	The student **performs and demonstrates practical skills** in accordance with established requirements and algorithms	ROP-5	PC-3, DPC-1	Practical session, OSCE, DOPS
6	The student **adheres to professional standards, collaborates within a team, and accurately documents the results of their work**	ROP-6	OK-1, OPK-2	observation, checklist, peer assessment, evaluation

* *Mini-CEX is indicated for clinically oriented disciplines.*

1. Recommended educational technologies

Educational technologies and interactive and active methods used in various types of instructional activities are indicated: lecture-visualization, problem-based lecture, lecture-press conference, conference-style session, training, debate, brainstorming, master class, "round table," stimulation of creative activity, structured discussion, forum-style discussion, business and role-playing educational games, small-group method, sessions using simulators, models, and simulators, computer simulation, analysis of clinical cases, preparation and defense of case histories, use of computer-based educational programs and interactive atlases, attendance at medical conferences, consultations, participation in scientific and practical conferences, congresses, and symposia, student research work, subject-specific competitions, preparation of written analytical papers, preparation and defense of term papers, project-based learning, use of student workbooks, problem-based learning (PBL), team-based learning (TBL), as well as workplace assessment methods such as mini-CEX and DOPS, etc.

Assessment of ongoing progress using these technologies may be conducted on a scale of 0 to 5 points using appropriate checklists and rubrics.

See "Instructions for the Application of Modern Teaching Methods" by JAIU.

To help students master the academic discipline "...", acquire knowledge, and develop professional competencies, the following educational technologies are used:

1. lectures with discussion elements and problem-based learning;
2. lectures using electronic presentations;
3. analysis of specific clinical situations (case-based learning);
4. problem-based learning (PBL);
5. team-based learning (TBL);
6. maintaining a student workbook;
7. assessment of clinical skills using mini-CEX and DOPS (as part of on-the-job training);
8. role-playing, etc.

1. Course Scope and Types of Academic Work

The information in this section is presented in tabular form in accordance with the curriculum. It specifies the volume of classroom instruction (lectures, seminars, practical sessions, and laboratory work) and student independent study (total and by semester in which the course is taken), as well as the types of final assessment.

Form of study – full-time

According to the curriculum for the 20 __year	**_____sem.**	**_____sem.**	**Total**	
			in hours	**in credits**
Total workload				
Classroom work				
Lectures				
Practical sessions				
Seminars				
Lab work				
Independent study				
SRSP				
Tests				
Type of final assessment				

* Prepared separately for each curriculum

2. Course structure

1. **Thematic plan for studying the course (by semester) –** reflects the course structure and outlines the sequence of studying the program's sections and topics; is presented in tabular form and provides information on the distribution of class hours by topic, types of classes (lectures, seminars, practical classes, laboratory work, on-the-job training, independent student work), competencies being developed, educational technologies used, teaching methods and approaches, and forms of assessment.

Course Syllabus and Competency Matrix (workload indicated in academic hours)

No.	Names of course sections and topics (lectures and practical sessions)	Classroom sessions					Total hours of classroom work	Independent	Independent student work	Competencies to be developed	Educational technologies, methods, and teaching approaches	Forms of ongoing and midterm assessment
		Lectures	Seminars	Practical sessions	laboratory work	ORM						
	Module 1											

1	*Topic 1*	*2*		2			4	2	4	*OK-1, OK-5, PC-8.*	*Lecture with video materials*	*Test*
2	*Topic 2…….*	4		4			8	2	4	*OK-2, PK-10, PK-15.*	*lecture-visualization*	*Testing*
	Module 2											
	…..											
	Total hours for the course:											

Examples of educational technologies, teaching methods, and approaches (with abbreviations): *traditional lecture (L), visualization lecture (VL), problem-based lecture (PB), lecture-press conference (LPC), seminar-conference (SC), training (T), debate (D), brainstorming (BR), master class (MC), "round table" (RS), creative activity stimulation (CAS), structured discussion (SD), forum-style discussion (FS), business and role-playing educational games (BGE, RGE), small group method (SGM), sessions using simulators and training devices (SD), computer simulation (CS), case studies (CS), preparation and presentation of medical records (MR), use of computer-based training programs (CBT), interactive atlases (IA), attendance at medical conferences and consultations (MC), participation in scientific and practical conferences (SPC), congresses, and symposia (Sym), student research and educational work (SREW), conducting subject-specific competitions (SC), preparation of written analytical papers (AP), preparation and defense of term papers (TP), project-based learning (PBL), field trips (FT), distance learning technologies (DLT).*

Examples of forms of ongoing and periodic assessment (with abbreviations): *T – testing, Pr – assessment of practical skills (competencies), ZS – solving situational problems, KR – test, KZ – test assignment, IB – writing and defending a case history, KL – writing and defending a supervision sheet, R – writing and defending a term paper, S – interview on test questions, D – preparing a report, etc.*

A modular structure for the syllabus is recommended, with each module considered a part (section) of the discipline, followed by an assessment of knowledge (interim assessment).

When studying clinical disciplines, special attention should be paid to teaching issues of evidence-based medicine, disease prevention, work capacity assessment, bioethics, and medical deontology.

The syllabus is drawn up strictly in accordance with the types of classes and the hourly requirements of the standard curriculum. Arbitrary changes to the course load and the ratio between different types of academic work are not permitted.

For the distance learning program, the syllabus for the discipline is developed separately: the topics of the classes remain the same as in the on-campus program, but the number of hours allocated to different forms of academic work is adjusted in accordance with the working curriculum.

2. Organization of students' independent work

Independent student work is a specific form of organizing the educational process, consisting of planned, cognitively, organizationally, and methodologically guided student activities aimed at achieving a specific result, carried out without direct assistance from the instructor.

Organizing independent student work involves creating a plan that specifies the topic of the independent work and the assignment related to that topic, the deadline for submission, and selecting educational, reference, methodological, and scientific literature.

The plan for organizing independent work should be presented in the form of a table:

No.	Topic of the student's independent work:	Independent Study Assignment (essay, report, abstract, tables, presentation, note-taking, excerpts, crossword puzzles, case study analysis, solving situational problems, exercises, case studies, preparation for business games, topic-based testing)	Recommended reading	Due dates (week number)
1.		Term paper	Lit	1
2.				
3.				
4.				
…				
16.			Lit	16

3. Assessment Tools

1. **Ongoing (modular) assessment—**conducted twice during the semester in accordance with the academic calendar.

This section specifies the assessment tools used for ongoing assessment of academic performance, including for monitoring students' independent work: test-format assignments, situational problems, review questions for written exams or interviews, tests (assignments), topics for term papers, presentations, essays, etc. (Sample assignments and examples must be provided.)

2. **Final assessment** – conducted upon completion of the course or a portion of the course at the end of the semester.

This section specifies the assessment tools used for the exam or credit assessment based on the completion of the course: multiple-choice questions, case studies, review questions and assignments, a list of practical skills, etc. (Sample assignments and examples must be provided).

4. Course Policy and Assessment Criteria

1. Course Policy

This section must outline the course policy: the system of requirements that the instructor determines independently.

For example: The course "….." consists of___ modules, and the final assessment format

- a test/exam. At the end of the course, students' performance in practical classes is assessed by summing all points earned. A student cannot earn points solely from the final exam, as ongoing assessments are also graded with a specific number of points.

The maximum number of points a student can earn in a semester is 100. Since students complete various types of assignments and receive not only the maximum but also the minimum number of points for them, the final result (total) depends entirely on their activity throughout the semester.

2. Assessment Criteria

This section must outline the assessment criteria for ongoing (module-based) assessments.

Student knowledge is assessed using a point-based grading system: the final grade is determined based on the points earned for each course module.

Grading Policy

Parameter	**General** (Humanities, Natural Sciences, Social Sciences)	**Exam (Medicine)**	**Test (Medicine)**	
Attendance	2	2	2	Module 1/ Module 2
Activity	8	8	8	
SRS	5	4	4	
Proficiency Test	5	6	6	
Exam	0-60	OSKE (20 points) + Test (40 points)	OSKE (20 points) + Test (40 points)	Exam
Grading scale	100 points A, B, C, D, F 5-point scale	100 points A, B, C, D, F 5-point scale	100 points A, B, C, D, F 5-point scale	Pass/ Fail
	Physical Education			
Score	100			Pass
	Internship			
Report	30			
Journal	30			
Evaluation	20			
Defense	20			
Total	100 points A, B, C, D, F 5-point scale			

5. Teaching, Methodological, and Information Support for the Course

– *Recommended textbooks, study guides, and online resources are listed:*

a) primary literature;

b) supplementary reading;

c) software and online resources.

Recommended sources must correspond to the publications and electronic resources available in the JAIU library collection, which is constantly updated in accordance with requests from the departments.

6. Material and Technical Support for the Course

Specify the equipment, demonstration devices, multimedia resources, educational films, simulators (models), maps, posters, and visual aids necessary for instruction; requirements for classrooms—computer labs, academic or specially equipped classrooms and laboratories, the presence of a whiteboard, etc.

7. Student research work

Research work involves preparing students by having them master, during the learning process, the methods, techniques, and skills required for conducting research, as well as developing their creative abilities, independence, and initiative in their studies and future professional activities within their field of study.

The student research work (SRW) program, as a component of practical skills development, includes:

1. studying specialized literature and other scientific and medical information, as well as domestic and international scientific and technical achievements in the field of medical knowledge, preparing scientific abstracts (literature reviews);
2. participation in conducting scientific research or carrying out specific projects at the theoretical or clinical departments of JAIU;
3. collecting, processing, analyzing, and systematizing scientific information on a given topic or assignment;
4. preparing reports and presenting papers at conferences, preparing scientific work for publication;
5. participation in mass events of the NIRS system (student scientific conferences, seminars, subject-specific competitions, contests, "Science Week," exhibitions, discussions, debates, etc.).

1. On-the-job training

6. "On-the-job training" within the curriculum for the discipline should include:
7. the inclusion of on-the-job training elements in the discipline's curriculum (clinical sites, simulation centers, laboratories, structural units of the university and partner organizations);
8. the definition of the goals and expected outcomes of on-the-job training (development of professional skills, clinical reasoning, responsibility, and student independence);
9. assigning responsibility for organizing workplace learning to the department chair and designated personnel at clinical sites (mentors, supervisors);
10. use of mentoring formats: "shadowing" (observation), assisting, and performing simple procedures under the supervision of a faculty member or physician-mentor;

11. recording of on-the-job learning outcomes in the student's individual logbook/portfolio (checklists, mini-reports, documentation of completed tasks);

12. assessment of workplace learning outcomes through OSE/OSKE, mini-CEX, DOPS, structured reports, and reflective journals.

1. Ethical Aspects and Professional Conduct

The course curriculum must reflect **ethical requirements and standards of student conduct**:

1. adherence to the principles of academic integrity (prohibition of plagiarism, cheating, data fabrication, and the use of AI services with mandatory citation and within the university's regulations);
2. adherence to standards of medical ethics and deontology when working with patients, their relatives, and medical staff (respect, confidentiality, informed consent);
3. mandatory compliance with rules regarding the confidentiality of patients' and employees' personal data, including when preparing reports, presentations, case studies, and publications;
4. professional communication culture: respectful interaction with faculty, colleagues, and patients; prohibition of discriminatory, humiliating, or aggressive remarks;
5. recording of ethical and disciplinary violations, as well as the procedure for their review and possible consequences (reprimand, warning, exclusion from classes/exams, etc.);
6. Inclusion of topics/case studies on bioethics and professional responsibility in the curriculum (discussion of clinical and ethical dilemmas).

1. Development of soft skills

The curriculum for the discipline should provide for **the development and assessment of soft skills**:

1. development of communication skills: participation in group discussions, debates, and role-playing exercises such as "doctor–patient," "doctor–relative," and "doctor–colleague";
2. development of teamwork skills: completion of group projects, solving clinical cases in small groups, assignment of roles (leader, presenter, analyst, timekeeper);
3. development of critical thinking: analysis of scientific articles and clinical guidelines, comparison of different points of view, working with conflicting data;
4. time management and self-organization skills: planning independent work, meeting deadlines, maintaining an individual plan/task tracker;
5. stress resilience and emotional intelligence: discussion of typical stressful situations in education and clinical practice, self-regulation techniques, and professional burnout;
6. assessment of soft skills through rubrics (checklists), self-assessment, peer assessment, reflective reports, and results of participation in projects, conferences, and competitions.

1. Teaching and Learning Materials

Teaching and methodological materials (TMM), as methodological support for the course, are provided in the form of lecture texts, seminar and practical exercise plans, and clinical practical exercise plans (including handouts) in both print and electronic formats.

1. Lecture notes – *include the lecture topic (in accordance with the syllabus), the objective, the issues to be covered, a 1–4-page lecture summary for students, educational technologies, relevant literature (primary and supplementary, including web links), a conclusion, questions on the topic, and questions for students' independent study.*

2. **Development of practical/seminar/laboratory sessions** – *specify the format of the session, the session topic (in accordance with the syllabus), the objective, a list of discussion points for the session, educational technologies, the session location (clinical facility), and the simulators (manikins) used, educational and didactic materials on the topics covered (questions, exercises, assignments, tasks), assignments for independent work by students, if necessary – assessment tasks to determine the extent of students' knowledge acquisition, and recommended reading for the session.*

2. Methodological Recommendations/Guidelines for Students

Methodological recommendations for studying the discipline constitute a set of recommendations and explanations that allow students to organize the process of studying this discipline in the most effective way. When developing these recommendations, it is essential to take into account that part of the course is studied by students independently.

Methodological recommendations that should be included in the teaching materials:

1. Methodological recommendations for students on studying the discipline.
2. Methodological recommendations for completing independent work.
3. Methodological recommendations for completing practical/seminar sessions and laboratory work.
4. Methodological guidelines for writing term papers, reports, essays, etc.
5. Methodological guidelines for preparing for the final assessment.
6. Guidelines for Student Research Projects.
7. Methodological guidelines for completing the ORM
8. Methodological guidelines for completing the course on Ethical Aspects and Professional Conduct
9. Guidelines for completing the course: Development of soft skills
10. Guidelines for completing the Mini-CEX (Mini Clinical Evaluation Exercise)
11. Guidelines for completing DOPS (Direct Observation of Procedural Skills)
12. Guidelines for conducting the Peer-Assessment ( )
13. Methodological recommendations for completing the Workbook

For example:

Before each practical session, the student reviews the seminar plan, which includes a list of topics and questions, a reading list, and homework assignments related to the material to be covered in the seminar. The following preparation plan is recommended for the seminar:

1. *review the lecture notes;*
2. *read the primary and supplementary literature recommended for the section being studied;*
3. *answer the questions in the seminar outline;*
4. *research the topic and select literature for writing essays, reports, etc.;*
5. *complete the assigned homework;*
6. *All types of independent work (essays, reports, presentations, case studies, business games) require preparation based on the list of literature and sources provided in the "List of Sources and Literature" section.*
7. *If you encounter difficulties, formulate questions for the instructor*

Students' independent work outside of class (hereinafter "independent work") refers to planned educational, educational-research, and scientific-research activities carried out by students outside of class hours, based on assignments and under the methodological guidance of the instructor, but without the instructor's direct participation. It includes:

1. *preparation for classroom sessions (lectures, practicals, seminars, etc.) and completion of relevant assignments;*
2. *independent study of specific topics within academic disciplines in accordance with the course syllabi;*
3. *writing essays and reports;*
4. *preparation for all types of practical training and completion of the tasks assigned therein;*
5. *preparation for all types of assessments, including comprehensive exams and tests;*
6. *preparation for the final state certification, including the completion of the final qualification project;*
7. *other activities organized and carried out by the university, faculty, or department.*
8. *Completing any type of independent work requires students to go through the following stages:*
9. *defining the objective of the independent work;*
10. *specifying the cognitive (problem-based or practical) task;*
11. *planning the independent work;*
12. *implementing the plan for the independent work.*

***Abstract** – (each instructor may have their own requirements) a concise summary of the content of a document or part thereof, or of a research paper, including the key factual information and conclusions necessary for an initial review of the sources and to determine whether it is worthwhile to consult them. Modern requirements for an abstract: accuracy and objectivity in conveying information, and a complete representation of the main elements, both in terms of content and form.*

Requirements for writing an abstract:

*A **presentation** is an official statement, the author's perspective on a situation or problem, an analysis, and possible solutions to the problem. A presentation should be planned from the outset as an oral presentation. An oral presentation must be easy to follow aurally, that is, it must be presented in an engaging manner for the audience. To deliver an oral presentation, it is helpful to prepare an*

outline—key points of the speaker's presentation (justification of relevance, description of the work's essence, conclusions)—and keywords that facilitate a logically coherent presentation of the topic.

Practical assignment on an individually assigned topic: *(formulate your own approach to the assignment: tests, essays, or other tasks), etc.*

13. **Glossary** – a list of terms and definitions is provided.

Each discipline uses specialized terms whose meaning is not immediately obvious and requires explanation. Terms may be grouped by topic and/or listed in alphabetical order.

*14.***Reference materials and appendices –** *provided as needed .*

Change log

No.	A document (order, directive, etc., specifying the number and date) in which reflects the changes	Signature	Transcription of signature

Appendix 3. Course Syllabus

(sample title page of the syllabus)

MINISTRY OF SCIENCE, HIGHER EDUCATION, AND INNOVATION OF THE KYRGYZ REPUBLIC

JALAL-ABAD INTERNATIONAL UNIVERSITY

"APPROVED"

Vice Rector for Academic Affairs

_____

"___"_____2025

COURSE SYLLABUS

"_____"

(course title)

of the core curriculum

in the specialty **General Medicine (for international students)**

(code, name of field/specialization)

Graduate qualification: General Practitioner

(graduate qualification is specified in accordance with the State Educational Standard for Higher Professional Education)

Full-time program

Year	
Semester	
Test / Exam (semester)	
Total credits in the curriculum	
Total hours in the curriculum	

Curriculum developer:

(title, full name)

Reviewed and approved at a department meeting _____
_____ Minutes No.___dated "_____"
_____2025

Department Chair _____

(Full Name)

_____*(signature)*

Jalal-Abad – 2025

Syllabus Structure

1. Title Page

Course Title

Course, Semester

Department

Instructor

Educational institution

Year

2. Abstract A brief description of the course, its goals and objectives, as well as its role in the overall structure of medical education.

3. Objectives and tasks of the course

Formulate specific learning outcomes that the student should achieve as a result of studying the course.

Divide the objectives into cognitive (knowledge), psychomotor (skills), and affective (attitudes).

4. Course Content

Topics: A detailed list of topics, broken down by section (osteology, arthrology, myology, splanchnology, neurology, etc.).

Hours: Specify the number of hours allocated to each topic (lectures, practical sessions, independent study).

Relationship to other disciplines: Show how the material being studied relates to other medical disciplines (physiology, histology, clinical disciplines).

5. Forms and Methods of Instruction

Lectures: Theoretical, problem-based, using presentations and video materials.

Practical sessions: Work with anatomical specimens, manikins, models, and computer programs.

Seminars: Discussion of clinical cases, problem-solving, student presentations.

Independent work: Reviewing literature, preparing reports, completing test assignments.

6. Assessment System

Types of assessment: Formative, midterm, and final.

Assessment criteria: Clearly defined criteria by which students' knowledge of theoretical material, practical skills, and abilities will be assessed.

Grading distribution: Specification of the percentage distribution of points for various types of assessment.

7. Course Literature

Primary Literature: Textbooks, atlases, and teaching guides.

Supplementary literature: Articles, monographs, electronic resources.

8. Course Schedule

A table listing course topics, dates, types of classes, and assessment methods.

9. Contact Information

Instructor's full name, department, email, phone number, office hours.

10. Guidelines for Students

Recommendations for studying the material, completing assignments, and preparing for the exam.

Information on available electronic resources for independent study.

11. Professional Standards

List of professional standards developed through the study of the course.

Examples: the ability to identify anatomical structures, apply anatomical knowledge in clinical practice.

12. Competencies

A list of competencies that students should acquire as a result of studying the course.

Examples: systems thinking, proficiency in anatomical terminology, ability to analyze and synthesize information.

13. Criteria for Successful Completion of the Program

Clear and measurable criteria by which the student's level of achievement will be assessed.

Example: The student must be able to identify all the bones of the skull on an anatomical specimen and describe their main anatomical features.

14. Additional materials

Links to useful online resources, databases, and video lectures.

Information about opportunities for internships and practical training.

15. Approval Form

Signatures of the department chair, instructor, and teaching specialist.

Key considerations when developing a syllabus:

Relevance: The syllabus should reflect current advances in the field of anatomy.

Customization: Taking into account the specific characteristics of the educational institution and the students' level of preparation.

Practical relevance: Emphasize the importance of anatomical knowledge for clinical medicine.

Flexibility: The ability to make changes in light of new requirements and technologies.

Appendix 4. Teaching and Learning Materials (TLM)

1.1. Lectures

Composition:

1. Objective of the topic (1–2 sentences).
2. Outline (3–5 points).
3. Brief summary (5–8 bullet points).
4. Illustrations/slides/videos (list, links).
5. Assessment: 3–5-question mini-quiz / survey in eBilim.
6. Sources with revision dates (for clinical studies — ≤5 years).
7. Link to the mini-quiz section (if applicable).

Template (lecture):
Topic: ___; Objective: ___; Outline: 1)… 2)… 3)…; Key points: — …; Materials: …; Assessment: …; Sources (year): …; Section/quiz (eBilim URL): …

1.2. Seminar

Composition:

1. Objective (skills to be developed).
2. Discussion topics (case studies/questions).
3. Interaction format (groups/debates/fishbowl).
4. Participant roles (moderator, presenters).
5. Assessment criteria (rubric).
6. Homework (if any).

Template (workshop):
Objective: ___; Tasks: 1)… 2)…; Format: ___; Roles: ___; Criteria (levels): ___; Homework: ___; Rubric (eBilim URL): ___.

1.3. Practical Session

Composition:

1. Objective (practical skills).
2. Workflow (minute-by-minute/step-by-step).
3. Checklists/forms (Mini-CEX/DOPS — if available).
4. Assessment: product/demonstration/mini-report.
5. Rubric with critical indicators (“pass/fail”).

Template (practice):
Objective: ___; Steps: 1)… 2)…; Checklists: ___; Assessment: ___; Critical points: ___; Rubric (URL): ___.

1.4. Lab Work (if applicable)

Components:

1. Objective and safety (OSH).
2. Equipment/Software/Data.
3. Step-by-step instructions.
4. Report (structure, format), deadlines.
5. Grading rubric and passing score.

Template (lab):
Objective: ___; Safety: ___; Equipment/Software: ___; Steps: ___; Report (structure): ___; Deadline: ___; Rubric/Threshold: ___.

1.5. Tests

Composition:

1. Objective (what is being assessed).
2. Format (in-class/take-home, open-book/closed-book).
3. Scope and duration.
4. Criteria/marking keys, passing score.
5. Plagiarism check/AIDeclaration (for written exams).

Template (exam):
Purpose: ___; Format/time: ___; Scope: ___; Criteria/rubric: ___; Passing score: ___; PlagReport/AIDeclaration: yes/no; Link (URL): ___.

1.6. Term Paper / Project

Contents:

1. Task (problem, product, requirements).
2. Stages and deadlines (phasing in eBilim).
3. Requirements for structure and formatting (citation style).
4. Consultations (schedule).
5. Section (criteria: content, method, sources, formatting).
6. Plagiarism check and AIDeclaration (required).

Template (term paper):
Topic/task: ___; Stages/deadlines: ___; Structure: ___; Citation style: Vancouver/APA; Consultations: ___; Section (URL): ___; PlagReport: ___; AIDeclaration: ___.

Appendix 5. Assessment Toolkit (Appendix 5)

2.1. Mapping Matrix

Table "Learning Outcome → Competency → Assessment Form → Threshold → Weight → Rubric (eBilim URL)".

Row template:
RO-__ → COMP-__ → form: test/case study/essay/role-play/situational → threshold: __/100 → weight: __% → rubric: (URL).

2.2. Ongoing Assessment (Variable Set)

1. **Test items** (bank, answer keys, specifications: difficulty levels, topic distribution).
2. **Report-presentation on a topic** (requirements for slides/sources, rubric).
3. **Multi-level assignments** (basic/advanced/research).
4. **Role-playing** (script, roles, behavior checklist, critical indicators).
5. **Situational tasks** (answer template, criteria).

Test specification template:
Topics (proportions): ___; Levels (low/medium/high): ___; Number: ___; Time: ___; Passing score: ___; Analytics (difficulty/discriminative power): post-exam report.

Presentation template:
Problem: ***; Structure: 10–12 slides; Sources (≥***, ≤5 years); Design: ___; Rubric: content/argumentation/visuals/time.

Role-play template:
Script: ___; Roles: ___; Critical points (binary): ___; Observer: checklist; Rubric (URL): ___.

2.3. Midterm Assessment (Exam/Test)

1. **Exam questions/case studies** (blueprint by topic and learning outcomes).
2. **Format** (oral/written/OSCE stations).
3. **Weights** (total 100), **passing scores** by component.
4. **Rubrics/answers** for all formats.
5. **Procedures**: moderation of ≥20% of the sample, appeals, retakes (deadlines).

Blueprint template:
Topic → % weight → task type (test/case study/OSCE) → difficulty level → No. of questions/stations → RO → weight.

Appendix 6. Glossary (list of terms and definitions)

3.1. General requirements

1. 1–2 sentences per term, no jargon.
2. If available, include **the context** of use in the course and **an example** (1 line).
3. *Cross-references*: "see also: …".
4. Source/standard (if it is a term from a standard/code).
5. Glossary updates—once per semester.

3.2. Organization of the glossary

Option A (alphabetical):
A…; B…; C… — convenient for quick searches.

Option B (by topic):
Topic 1: …; Topic 2: … — convenient for use in individual lessons.

Location: eBilim → "Course Materials" → "Glossary" (PDF/HTML) + embedded anchors/links.

3.3. Glossary entry template

1. **Term:** __
2. **Definition:** 1–2 sentences; no evaluative judgments.
3. **Context in the course:** where it is used (topic, assignment).
4. **Example:** brief illustration.
5. **Source/Reference:** (document, edition date).
6. **See also:** …

3.4. Mini-set (example for "Deontology")

1. **Patient autonomy** — the patient's right to make informed decisions about treatment. *Context:* topic "Principles of Bioethics." *Example:* consent to intervention. *See also:* informed consent.
2. **Informed consent** — voluntary consent following an explanation of the goals, risks, and alternatives. *Context:* topic "Patient Rights." *Example:* consent form.
3. **Confidentiality** — the obligation to keep patient information confidential. *Context:* communication case studies.
4. **Beneficence** — the commitment to the patient's well-being; balancing risks and benefits.
5. **Non-maleficence** — the prohibition of actions that cause harm.
6. **Justice** — equal access to care and resources based on objective criteria.
7. **Conflict of Interest (COI)** — a situation that threatens impartiality; requires disclosure or recusal.
8. **AIDeclaration** — a declaration regarding the use of AI tools; prohibits the generation of substantive sections and "data fabrication."
9. **PlagReport** — a plagiarism report indicating sources of matches and the percentage of originality.
10. **OSCE** — a practical station-based exam with checklists and critical indicators.

Appendix 7. Assessment Methods

1. Mini-CEX (Mini Clinical Evaluation Exercise)

What it is: a mini-clinical assessment of a student's skills in a real clinical situation.

When it takes place:

1. **During classes and clinical rotations**, during actual patient interactions.
2. Not necessarily in every class—more often **scheduled throughout the practicum** to assess various skills.
3. Results may be recorded in **a special log or on a Mini-CEX form**, which is then included in the academic performance record.
4. It is **not** used **on the OSCE exam**, although some elements may be similar.

Summary: Mini-CEX — assessment **during clinical practice**, conducted several times over the period, recorded in a logbook/form, and factored into the final grade.

2. DOPS (Direct Observation of Procedural Skills)

What it is: direct assessment of a student's procedural skills (e.g., catheter placement, suturing, injection).

When it is conducted:

5. During clinical practice, while performing a procedure on a real patient or a simulator.
6. Recorded on a DOPS form, which is then included in the progress log or report.
7. Not required for the exam, but may sometimes be included in the practical exam (e.g., as part of the OSCE).

Summary: DOPS — assessment **during practical sessions**, recorded separately, and factored into the final grade.

3. Peer Assessment

What it is: Students evaluate each other's contributions to group work (team projects, workshops, case studies).

When it takes place:

8. During team sessions or projects.
9. Usually at the end of an assignment or module to evaluate each student's contribution.
10. Recorded in peer-assessment tables; sometimes added to the journal or grade sheet.
11. Not conducted during the OSCE exam.

In summary: Peer assessment—evaluation **of teamwork during class sessions**, recorded on a form or in a log.

Conclusion regarding the time and place of assessment

Method	Time of assessment	Place of recording	During the OSCE?
Mini-CEX	During clinical practice, as scheduled	Journal, form, record	No
DOPS	During practical procedures	DOPS form, log, record	Sometimes (included as an assignment)
Peer assessment	During group work	Table, log/sheet	No

1. Mini-CEX (Mini Clinical Evaluation Exercise)

Mini-CEX is a method of direct observation and assessment of a student's clinical skills during a real or simulated patient encounter. The instructor evaluates a brief (10–15 minute) segment of the student's interaction with the patient, including history-taking, physical examination, clinical reasoning, and communication skills.

The assessment is conducted in the following steps:

1. The instructor selects a clinical scenario and observes the student's actions.
2. After observation, the instructor completes a standardized Mini-CEX form.
3. Feedback is provided to the student (5–10 minutes).

Assessment criteria include: clinical knowledge, communication skills, professional conduct, and the ability to self-reflect.

STANDARDIZED FORM Mini-CEX

(Mini Clinical Evaluation Exercise)

Jalal-Abad International University

Faculty: _____
Course: _____ **Group:** _____
Student's Full Name: _____
Date: _____
Clinical discipline: _____
Instructor's/Observer's Full Name: _____

I. Clinical Scenario

Diagnosis / patient's complaints: _____
Clinical situation (specify type of assignment: internal medicine, surgery, pediatrics, etc.):

II. Skills to be observed and evaluation criteria

No.	Competency / Skill	Criterion description	Rating (1–9)
1	Taking a medical history	Ability to ask targeted questions and identify key complaints	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9
2	Physical examination	Systematic, accurate, and thorough examination	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9
3	Clinical reasoning	Ability to analyze data and formulate a diagnosis	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9

4	Examination plan	Appropriateness of diagnostic methods	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9
5	Treatment plan	Logicality and Justification of Prescriptions	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9
6	Communication Skills	Patient interaction, ability to explain and listen	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9
7	Professional Conduct	Ethics, confidence, appearance	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9
8	Self-reflection and feedback	Ability to accept feedback and analyze one's actions	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9

* **1–3** — below the expected level; **4–6** — meets the expected level; **7–9** — above the expected level.

III. Overall assessment of task performance

☐ Excellent ☐ Good ☐ Satisfactory ☐ Requires further observation

---

IV. Instructor Feedback

Student's strengths: _____

Areas for improvement: _____

Recommendations for further study: _____

V. Signatures

Instructor: _____ Date: _____
Student: _____ Date: _____

2. DOPS (Direct Observation of Procedural Skills)

DOPS is a method for assessing a student's practical and procedural skills while performing a specific medical procedure. The instructor observes the procedure being performed in real or simulated settings and evaluates technique, adherence to safety protocols, sterility, and communication with the patient.

Stages of DOPS assessment:

1. The procedure is identified (e.g., catheter placement, blood draw, splinting).
2. The instructor observes the student performing the procedure.
3. A checklist with criteria (preparation, technique, completion of the procedure) is filled out.
4. After the procedure, the student receives a debriefing and feedback.
Each parameter is assessed on a scale (e.g., from 1 to 5), where 5 represents a high level of competence.

STANDARDIZED DOPS FORM

(Direct Observation of Procedural Skills)

Jalal-Abad International University
Faculty: _____
Course: _____ **Group:** _____
Student's Full Name: _____
Date: _____
Clinical discipline / procedure: _____
Instructor's / Observer's Full Name: _____

I. Procedure

Procedure name: _____
Clinical scenario / indications for performance: _____

II. Evaluation Criteria

No.	Skill / Criterion	Description	Rating (1–5)*
1	Preparation of the patient and equipment	Compliance with instructions, preparation of instruments	☐1 ☐2 ☐3 ☐4 ☐5
2	Compliance with aseptic and antiseptic techniques	Cleanliness, sterility, adherence to safety rules	☐1 ☐2 ☐3 ☐4 ☐5
3	Knowledge of indications and contraindications	Theoretical rationale for performing the procedure	☐1 ☐2 ☐3 ☐4 ☐5
4	Technique of performing the procedure	Accuracy, precision, and consistency of actions	☐1 ☐2 ☐3 ☐4 ☐5
5	Communication with the patient	Explanation, informed consent, support	☐1 ☐2 ☐3 ☐4 ☐5
6	Completion of the procedure	Disposal, documentation, recommendations for the patient	☐1 ☐2 ☐3 ☐4 ☐5
7	General safety and professionalism	Compliance with standards, accountability	☐1 ☐2 ☐3 ☐4 ☐5

* 1–2 — below expected level; 3 — meets expectations; 4–5 — above expected level.

III. Overall Assessment of the Procedure

☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs to be redone

IV. Instructor Feedback

Student's strengths: _____

Errors / areas for improvement: _____

Recommendations for further study: _____

V. Signatures

Instructor / Observer: _____ Date: _____
Student: _____ Date: _____

3. Peer Assessment (team-based peer assessment)

Peer assessment is an evaluation method in which students evaluate each other's work as part of group or clinical assignments. This method promotes the development of critical thinking, responsibility, and teamwork.

Steps:

1. Students work in teams on a clinical case or practical assignment.
2. Each participant evaluates the contributions of other team members based on established criteria (participation, accuracy of decisions, communication, leadership).
3. Evaluations are collected anonymously and discussed under the guidance of the instructor.

Peer assessment fosters a culture of feedback, self-reflection, and mutual respect within the group.

STANDARDIZED FORM FOR Peer Assessment

(Vzai -assessment of students in a team)

Jalal-Abad International University
Faculty: _____
Course: _____ Group: _____
Date: _____
Clinical discipline / assignment: _____
Team name / number: _____

I. Instructions

1. Each team member evaluates the contribution of every other team member.

2. The evaluation is based on a scale **of 1–5**:
   1 — low contribution / low quality,
   3 — average / meets expectations,
   5 — high contribution / outstanding.

3. Evaluation criteria include: activity, quality of ideas, cooperation, responsibility, and leadership.

II. Participant Evaluation Table

No.	Participant's Full Name	Activity	Quality of ideas	Cooperation	Responsibility	Leadership	Average score	Comment
1		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5		
2		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5		
3		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5		
4		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5		
5		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5		

III. General Comments

Team strengths: _____

_____

Areas for improvement: _____

_____

_____

IV. Signatures

Evaluators (team members): _____
Instructor / Moderator: _____

Appendix 8. Posting on eBilim (minimum requirements)

1. **Curriculum:** in modules/topics — lectures, seminars, practicals, labs, quizzes, term papers (with rubrics and deadlines).

2. **FOS (App. 5):** separate “FOS” folder with a matrix, question bank, answer keys, rubrics, and exam blueprints; access—by role.
3. **Glossary:** separate file + links from the syllabus and topics.

Appendix 9. Guidelines for the Use of Modern Teaching Methods

1. General Provisions

1.1. These Instructions define the procedure for selecting, applying, and documenting modern educational technologies in the implementation of the JAIU educational program at all levels and forms of study.

1.2. These Instructions are intended for instructors, department chairs, teaching specialists, and internship supervisors.

1.3. In their work, instructors shall be guided by these Guidelines, the Educational Program, course syllabi, the Regulations on the Student Assessment System at JAIU, and applicable regulatory documents of the Ministry of Education and Science of the Kyrgyz Republic.

1.4. Modern teaching methods are applied to foster professional competencies, develop critical thinking, communication and clinical skills, soft skills, and increase student engagement.

2. Key Concepts

2.1. Modern teaching methods – a set of active, interactive, practice-oriented, and digital technologies aimed at achieving the stated learning outcomes.

2.2. Active methods—methods that require active student participation: discussions, debates, the case method, role-playing and business games, brainstorming, workshops, etc.

2.3. Interactive methods – methods based on “instructor–student–group” interaction, utilizing both in-person and electronic formats: PBL, TBL, online platforms, simulation sessions, and computer-based training programs.

2.4. Workplace-based learning – training and assessment in real or near-real conditions (clinical setting, simulation center) using mini-CEX, DOPS, and other tools.

3. List of recommended teaching methods

3.1. Lectures

When conducting lectures, it is recommended to use:

1. visual lectures (presentations, diagrams, clinical-anatomical/pathophysiological illustrations);
2. problem-based lectures (presentation of a clinical or situational problem, discussion of possible solutions);
3. lecture-press conference;
4. discussion-based lectures;
5. lectures using electronic educational resources (videos, simulations, interactive maps, anatomical/histological atlases).

3.2. Practical, seminar, and laboratory sessions

It is recommended to use:

1. analysis of specific situations (case-based learning, review of clinical cases);
2. PBL (Problem-Based Learning) – learning based on solving clinical/professional problems in small groups;
3. TBL (Team-Based Learning) – team-based learning with individual and group testing, collaborative problem-solving;
4. the small-group method (working in teams of 4–8 people);
5. business and role-playing educational games ("doctor–patient–relatives," "doctor–colleague," "consultation");
6. "roundtable," structured discussion, forum-style discussion;
7. training, master class;
8. sessions using training equipment, models, simulators, and simulation manikins;
9. computer simulation of procedures and clinical scenarios;
10. OSCE/OSPE elements (skills stations);
11. preparation and defense of medical records and examination reports.

3.3. Independent Student Work (ISW)

It is recommended to include:

1. maintaining a student workbook (structured assignments, checklists, diagrams, algorithms);
2. preparation of written analytical papers (essays, clinical-diagnostic analyses, analytical reviews);
3. preparation and defense of term papers;
4. project work (individual and group projects);
5. participation in research work, academic competitions, conferences, and contests;
6. compiling portfolio items (certificates, reports, logbooks).
7. 3.4. On-the-job training
8. In clinical disciplines and during clinical rotations, the following are used:
9. observation of and participation in patient consultations, followed by a debriefing;
10. mini-CEX – brief structured assessment of clinical consultations;
11. DOPS – direct observation of procedural skills;
12. participation in medical conferences and consultations;
13. participation in multidisciplinary discussions of clinical cases.

4. Selection of teaching methods and their documentation

4.1. When developing the course outline and syllabus, the instructor:

1. aligns the stated learning outcomes and competencies with specific teaching and assessment methods;
2. lists the methods used (including PBL, TBL, workbook, mini-CEX, DOPS, etc.) in the "Recommended Educational Technologies" section.

4.2. For each topic (module), it is recommended to specify:

3. types of academic work (lecture, practical session, independent study);
4. methods used (e.g., lecture with visual aids, case studies, PBL, role-playing);
5. corresponding forms of ongoing assessment.

4.3. The course materials for the discipline include sample lesson plans, case studies, workbook templates, and mini-CEX and DOPS forms (if there is a clinical component).

5. Assessment using modern methods

5.1. For ongoing assessment of various types of coursework (lectures with discussion elements, practical sessions, PBL, TBL, workbook assignments, mini-CEX, DOPS, etc.), a 0–5 scale is used, with subsequent conversion to the BRS using the established formula.

5.2. For PBL, TBL, mini-case studies, business simulations, and role-playing games, rubrics (criteria for participation, argumentation, teamwork, etc.) are used, indicating compliance with levels 0–5.

5.3. For mini-CEX and DOPS, standardized checklists are used, including criteria for clinical and procedural skills, communication, and professionalism.

5.4. Assessment results obtained using modern methods are recorded in an electronic journal and/or individual student logbooks and are factored into the grading and ranking system.

6. Responsibilities of Departments and Instructors

6.1. Departments shall develop and update annually a list of modern teaching methods used in their respective disciplines, taking into account the discipline's focus and the student body.

6.2. Instructors are required to:

1. plan the use of modern teaching methods in course outlines and syllabi;
2. provide students with instructional materials (case studies, workbooks, instructions, checklists);
3. conduct classes in accordance with the stated methods;
4. ensure transparency of assessment criteria for students.

6.3. The person responsible for methodological work at the faculty/university coordinates the implementation of modern teaching methods, organizes the exchange of experience, and facilitates faculty professional development.

7. Monitoring and Improvement

7.1. The effectiveness of modern teaching methods is assessed based on:

1. analysis of academic performance and the results of the OSE/OSKE;
2. surveys of students and faculty;
3. the results of accreditation and internal university reviews.

7.2. Based on the monitoring results, departments are recommended to adjust the selection and combination of methods, update the curriculum, and strengthen practice-oriented and simulation-based training.

Appendix 10. Methodological Recommendations

Methodological recommendations for students studying the discipline

General Approaches to Studying the Course

Students are personally responsible for systematically mastering the lecture material, actively participating in practical (seminar) classes, and completing independent work outside of class. It is recommended to plan study time so as to devote at least ___ hours daily to the course.

Preparation for Lectures

Students are advised to:

1. familiarize themselves in advance with the lecture topic and the corresponding section of the syllabus;
2. review the core literature and notes from previous classes on related topics;
3. prepare questions regarding unclear or controversial points for discussion with the instructor;
4. take structured lecture notes (diagrams, tables, key points).

Preparation for practical and seminar classes
Before each session, students are required to review the seminar (practical) session plan and:

1. review the notes from the relevant lectures;
2. study the primary and supplementary literature listed in the course outline and syllabus;
3. prepare written or oral answers to the questions in the session plan;
4. if available, select literature on the topic of the term paper, report, or presentation;
5. complete all assigned homework (tests, solving case studies, preparing presentations, etc.);
6. if difficulties arise, formulate questions for the instructor in advance to be discussed in class.

Independent Work Outside of Class
Independent work is organized according to the instructor's instructions and includes:
– preparing for lectures, practical sessions, and seminars;
– independent study of specific topics according to the syllabus;
– completion of written assignments (term papers, reports, essays, analytical reviews, and case studies);
– preparation for midterm and final exams, as well as for industrial and academic internships;
– completion of portfolio components (diaries, reports, presentations).

Completing independent work requires the student to go through the following stages:

1. defining the objective of the work;
2. specifying the cognitive or practical task;
3. planning (selecting literature, allocating time, determining the format for presenting results);
4. completing the assignment;
5. self-assessment of the results and preparation for their defense/discussion.

Working with Information Sources and ICT
The student is required to:
– use the list of literature recommended in the curriculum and syllabus;
– when using electronic resources (databases, clinical protocols, educational platforms, AI services), critically evaluate the information and always cite sources;
– comply with academic integrity requirements (prohibition of plagiarism, prohibition of cheating, proper citation, and referencing).

Forms of presenting the results of independent work

The results of independent work are presented in the form of term papers, reports, presentations, essays, solutions to case studies, mini-projects, etc. Brief formatting requirements are provided by the instructor at the beginning of the semester; detailed requirements for term papers, presentations, and practical assignments are included in the appendix to this curriculum and must be followed.

Feedback and Self-Development

Students are advised to:

– regularly analyze their grades and the instructor's comments, noting their strengths and weaknesses;

– use the results of ongoing assessments (including those on a 0–5 scale) to adjust their individual study plan;

– consult with the instructor during designated office hours, if necessary.

Guidelines for Completing Independent Work

Planning independent work

Students complete independent work in accordance with the course outline, syllabus, and assignments provided by the instructor. It is recommended that:

1. review the list of topics and forms of independent work for the course;
2. distribute assignments across the weeks of the semester, taking into account the class schedule;
3. set priorities (what needs to be completed by the next class, and what by the midterm);
4. set deadlines for each assignment.

Task Completion Algorithm

When completing any type of independent work, the student goes through the following steps:

1. **defining the** assignment's **objective** (what needs to be demonstrated/proven/analyzed);
2. **specifying the task** (what result is expected: text, presentation, case study solution, test, etc.);
3. **selecting and studying sources** from the course literature list and additional resources;
4. **planning the structure of the work** (introduction, main body, conclusions / problem-solving algorithm, etc.);
5. **completing the assignment** in accordance with the department's methodological requirements;
6. **self-check** (compliance with the objective, scope, and formatting; checking for logical consistency and absence of plagiarism);
7. **preparation for presenting the results** (brief abstract, answers to possible questions).

Main types of independent work in the discipline

Depending on the specifics of the discipline, independent work may include:

– summarizing and organizing lecture and course materials (diagrams, tables, concept

maps);
– preparation for practical and seminar sessions (solving tests and case studies, preparing reports and presentations);
– writing term papers, reports, essays, and analytical reviews;
– completing individual practical assignments (calculations, developing algorithms, patient information sheets, mini-projects);
– preparation for midterm exams, final exams, and final assessment;
– completing the student's workbook/portfolio (if required by the curriculum).

Requirements for Quality and Formatting

1. Students must comply with the department's requirements regarding the structure, length, and formatting of term papers, reports, presentations, and other written assignments (font, margins, references, bibliography, formatting of tables and figures).
2. All quotations must be accompanied by proper citations; the use of AI services and electronic resources is permitted only if they are explicitly listed in the bibliography and the material is creatively adapted.
3. Assignments must be submitted by the established deadlines in the specified format (printed copy, electronic file, upload to the LMS, etc.). Late submissions may affect the grade in accordance with the Department's Regulations.

Assessment of Independent Work

1. Independent work is graded on a scale **of 0–5 points**, taking into account:
   – the comprehensiveness and depth of the topic's coverage;
   – the correct application of theoretical material and clinical/practical recommendations;
   – the logical consistency and soundness of the conclusions;
   – the degree of independence in completing the assignment;
   – the quality of presentation and adherence to deadlines.
2. The points earned are included in the course's grade point average (GPA) in accordance with the established weighting for the type of independent work (term paper, presentation, essay, case study, workbook, etc.).
3. The instructor provides brief written or oral feedback highlighting the strengths of the work and areas for improvement.

Recommendations for Self-Management

Students are advised to:
– maintain a personal schedule for independent work in the course;
– break down large assignments (term paper, project, exam preparation) into stages with specific deadlines;
– use a self-assessment checklist (goal – structure – sources – formatting – deadlines);
– if persistent difficulties arise, consult the instructor in a timely manner during designated office hours.

Guidelines for completing practical/seminar sessions and laboratory work

General requirements for class participation

Students are required to arrive on time for class, bring the necessary study and work materials

(lecture notes, workbook, practice journal, teaching materials, self-study materials, etc.), and comply with internal regulations, health and hygiene requirements, and safety protocols. Active participation in discussions, small-group work, and problem-solving is a prerequisite for successfully mastering the course.

Preparation for practical/seminar sessions
Before class, students must:

1. review the class plan, list of questions, and recommended reading;
2. review the relevant lecture material and notes;
3. complete all types of preliminary assignments (tests, case studies, preparation of reports, presentations, essays, practical calculations, etc.);
4. prepare a workbook (fill in the sections requiring prior preparation);
5. if anything is unclear, formulate questions to discuss with the instructor.

Work during the practical/seminar session
During the class, students are encouraged to:

1. actively participate in discussions of the topic, supporting their answers with references to the literature and clinical guidelines;
2. participate in solving case studies, completing PBL and TBL assignments, and engaging in role-playing and business simulation exercises;
3. Make accurate and complete entries in workbooks, lab reports, and observation sheets;
4. when working in small groups, assign roles (presenter, analyst, timekeeper, etc.) and follow the rules of teamwork;
5. use the provided equipment, models, simulators, and reagents strictly in accordance with the instructor's instructions and safety regulations.

Completion of Laboratory Work and Practical Skills
When performing laboratory work and practicing practical skills, the student is required to:

1. familiarize themselves with the instructions for performing the work and safety rules;
2. strictly follow the procedure/experiment protocol specified in the curriculum or methodological guidelines;
3. record the progress and results of the work in a report (lab notebook), and prepare tables, diagrams, and calculations;
4. upon completion of the work, analyze the results obtained, formulate conclusions, and identify possible sources of error;
5. when performing clinical procedures, adhere to the principles of asepsis, antisepsis, confidentiality, and professional ethics; when practicing skills using checklists (DOPS, mini-CEX, etc.), focus on the criteria specified in the assessment form.

Assessment of performance in practical/seminar classes and laboratories
Assessment of participation and the quality of task completion in class is conducted on a **0–5 point** scale, taking into account:
– level of preparation on the topic (theoretical knowledge, command of terminology);
– the quality of practical and laboratory work (accuracy, neatness, adherence to algorithms and safety regulations);
– participation in discussions, group work, and the ability to defend one's position;
– the completeness and correctness of protocols, workbooks, and laboratory reports;
– adherence to ethical standards and discipline.

The points earned are included in the current course grade in accordance with the Regulations on the Academic Record System and the Curriculum.

Guidelines for Completing Term Papers, Presentations, Essays, and Other Creative Assignments

General Provisions
Term papers, reports, essays, presentations, analytical reviews, and other creative assignments are considered types of independent student work and are completed in accordance with the subject matter of the course and the instructor's assignments. All work must:

1. correspond to the stated topic and objectives of the assignment;
2. be based on contemporary scientific and educational literature, regulatory documents, and clinical guidelines (where available);
3. be completed independently in compliance with academic integrity standards (no plagiarism, mandatory citations of sources, critical use of internet resources and AI services).

Requirements for the Term Paper

An essay is a concise, coherent, and logically structured summary of the content of several sources on a given topic, highlighting the main ideas, facts, and conclusions.

Main requirements:

1. **Topic and Approval**
   – the topic is selected from the department's list or agreed upon individually with the instructor.
2. **Structure of the term paper**
   – title page;
   – outline (table of contents);
   – introduction (relevance, purpose, objectives);
   – main body (2–3 sections with a logical development of the topic);
   – conclusion (brief conclusions, summary of main points);
   – list of references;
   – appendices (if necessary).

3. **Length and Format**
   – recommended length: 8–15 pages of main text;
   – formatting in accordance with JAIU requirements (font, margins, numbering, references, bibliography).

4. **Sources**
   – at least 5–7 sources, including recent publications (5–7 years);
   – mandatory citation of clinical protocols, orders, and recent reviews (if applicable).

Requirements for the report and presentation

Paper – a brief scientific and practical report on the selected topic, designed for an oral presentation to an audience.

Main requirements:

1. **Basis of the report**
   – based on a literature review or independent analysis of 3–5 sources.

2. **Structure of the oral presentation**
   – relevance of the topic and purpose of the presentation;
   – a brief overview of the main points (based on the literature and/or clinical guidelines);
   – analysis and personal position (comparison of approaches, argumentation);
   – conclusions and practical recommendations.

3. **Rules and presentation**
   – Presentation duration: 5–7 (maximum 10) minutes;
   – Clear, logical, and accessible speech; adherence to time limits; willingness to answer questions.

4. **Presentation (if applicable)**
   – 7–10 slides;
   – minimal text, emphasis on diagrams, tables, and key points;
   – The last slide should include conclusions and primary sources.

Requirements for essays and other creative assignments

An essay is a short text reflecting the student's personal understanding of the issue, based on knowledge of the subject.

Basic requirements for essays:

1. length is usually 2–3 pages;

2. a clear statement of the topic and the author's position;

3. a logical structure (introduction – argumentation – conclusions);

4. support based on facts, literature data, and clinical examples (if necessary), with sources cited.

For other types of assignments (analytical review, patient information sheet, mini-project, algorithm, checklist, educational booklet, etc.), the following requirements apply:

1. relevance to the topic and purpose of the assignment;
2. practical focus (potential for use in the educational or clinical process);
3. compliance with the department's requirements regarding presentation format (layout, diagram, text, infographics, etc.).

Assessment of term papers, presentations, essays, and other assignments

Grading is conducted on a scale **of 0–5 points,** taking into account the following criteria:

1. alignment of content with the stated topic and purpose of the work;
2. comprehensiveness and depth of coverage of the topic, correct use of theoretical and practical material;
3. logicality, structure, and soundness of the conclusions;
4. degree of independence and originality;
5. quality of presentation (structure, language, style, references, bibliography);
6. compliance with submission deadlines and readiness for defense/discussion.

The points earned are included in the current grade for the course in accordance with the Regulations on the BRS and UMK.

Guidelines for Preparing for the Final Assessment

Purpose and forms of final assessment

The final assessment (zhiyyntyk baalo) for the course is conducted in the form established by the syllabus: a written/test exam, an oral exam based on prompts, an OSE/OSKE (practical station-based exam), or a combination thereof. The purpose of the final assessment is to evaluate the level of mastery of learning outcomes and competencies acquired during the study of the discipline and the completion of practical training.

Preparation Planning

Students are advised to begin focused preparation for the final assessment at least 3–4 weeks prior to the exam by following these steps:

1. familiarize themselves with the format of the final assessment, the evaluation criteria, and the list of questions (topics) to be covered;
2. distribute the topics by day/week, allocating time for reviewing theory and practicing practical skills;
3. take into account the results of ongoing assessments (0–5 points, midterm assignments, mini-CEX, DOPS, etc.) and pay special attention to topics with low scores.

Preparation for the theoretical portion (test, exam ticket, written exam)
It is recommended to:

1. use the course outline, syllabus, and list of exam questions as the main study plan;
2. organize lecture and practical material into diagrams, tables, algorithms, and reference notes;
3. review key definitions, classifications, and algorithms for diagnosis and treatment according to relevant protocols and standards;
4. complete a sufficient number of practice test questions and case studies (including those from the department's assessment bank);
5. when preparing for the oral exam – practice brief (2–3 minute) oral responses to key questions.

Preparation for the practical component (OSK/OSKE, skills)
If there is a practical component (OSK/OSKE, skills stations), the student must:

1. clarify the list of skills and stations to be assessed in the final exam (procedures, clinical scenarios, data interpretation);
2. review the algorithms for performing key skills and procedures previously practiced during DOPS and practical sessions;
3. if available, use DOPS checklists, mini-CEX, and OSCE/OSCE protocols as a basis for self-assessment;
4. practice skills in classrooms, simulation centers, on manikins, and simulators, adhering to safety protocols and ethical principles;
5. Practice clinical reasoning skills: formulating complaints, taking a medical history, and developing an examination and treatment plan according to a standard protocol.

Working with Sources and Digital Resources
When preparing for the final assessment, students are advised to:

1. use the list of primary and supplementary literature specified in the curriculum and syllabus, as well as official clinical protocols and standards;
2. use electronic educational resources (LMS, test banks, virtual simulators, interactive atlases) as a supplementary tool, without letting them replace systematic reading of textbooks and manuals;
3. maintain academic integrity during preparation: avoid uncritical copying of materials from the internet and AI services, and properly format citations and the bibliography.

Self-assessment and revision
During the preparation process, it is recommended that you:

1. regularly conduct self-assessments using tests, situational problems, review questions, and skill checklists;
2. identify the topics and skills that cause the most difficulty and plan to review them;

3. if necessary, consult with the instructor during office hours, having formulated your questions in advance;

4. pay attention to your work-rest balance and minimize exam stress (rational time management, adequate sleep, and a reasonable workload).

Methodological Recommendations for Student Research Work

Objectives of Student Research Work (SRW)

Student research work is aimed at:

1. developing skills in scientific thinking, analysis, and data interpretation;
2. mastering the methodology of scientific research (formulating the problem, goals, and objectives; selecting methods);
3. developing skills in writing scientific texts and publicly presenting results;
4. participating in the scientific and innovative activities of the department/university.

Main Forms of Student Research

Student research may take the form of:

1. individual and group research projects within the department;
2. completion of term papers and final qualification projects;
3. preparing abstracts and articles for conferences, competitions, and publications;
4. participation in research clubs, academic competitions, and grant/project contests;
5. conducting surveys, observations, analysis of medical/educational documentation, and working with databases.

Selection of a Topic and Research Advisor

1. The topic of the research project is selected taking into account the discipline's focus, the student's interests, and the department's research areas.
2. The topic may be proposed by the department or formulated by the student and agreed upon with the academic advisor.
3. The academic advisor advises the student on the content, methodology, formatting of the work, and the stages of its completion.

Stages of conducting the research

1. formulation of the problem, goals, and objectives of the research;
2. review of the literature on the topic, analysis of the current state of the issue;
3. selection and justification of research methods (design, sampling, data analysis methods);
4. if necessary, obtaining approvals (ethics committee, educational institution administration, informed consent from respondents/patients);
5. collection and organization of data;
6. analysis of results (statistical processing, qualitative analysis);
7. formulation of conclusions and practical recommendations;
8. preparation of the text (report, article, abstract, presentation) and its defense/presentation.

Requirements for ethics and academic integrity

1. adherence to confidentiality principles when working with patients, students, faculty, and other respondents;

2. mandatory obtaining of informed consent when conducting surveys, interviews, or using data;
3. prohibition of data falsification and fabrication;
4. mandatory citation of sources and adherence to anti-plagiarism standards;
5. use of AI services—only as an auxiliary tool (search, structuring, language checking) with mandatory verification of reliability and citation of electronic resources in the list of sources.

Formatting of Research Results

1. Structure of the research paper (as a rule): title page, table of contents, introduction, literature review, materials and methods, results, discussion, conclusions, reference list, appendices.
2. Formatting of text, tables, figures, references, and the bibliography—in accordance with the requirements of JAIU and/or the journal/conference.
3. For an oral presentation, the following are prepared: a report (5–7 minutes), a presentation (7–10 slides), and abstracts (1–3 pages) in accordance with established requirements.

Assessment of Student Research Work

A student's research work may be assessed:

1. on a scale **of 0–5 points** within the course/practical training (as a type of independent study or a separate module), taking into account:
   – the relevance and novelty of the topic;
   – the quality of the literature review;
   – the soundness of the methodology;
   – the level of analysis and interpretation of results;
   – the quality of formatting and presentation;
   – the degree of the student's independence and involvement;
2. based on participation in conferences, competitions, and grant projects (certificates, diplomas, and publications are included in the portfolio and considered in the university's incentive measures).

Recommendations for students on organizing research projects

Students are advised to:

1. plan their participation in student research projects in advance (no later than the start of the semester/academic year);
2. regularly discuss the progress of the work with the academic advisor, documenting agreements and deadlines;
3. keep a research log or file (notes, results, interim conclusions);
4. participate in research club meetings, seminars, and departmental discussions;
5. include the results of the research project in the student's portfolio.

Methodological recommendations for conducting on-the-job training

1. Purpose and Scope

This document establishes requirements for the organization, conduct, and evaluation of on-the-job training (OJT) for JAIU students at clinical sites and other partner departments. It

applies to all disciplines and practical training where the "observation–assistance–supervised practice" formats are provided.

2. Terms and Levels of Supervision

WTL is the purposeful mastery of professional activities in a real-world setting under the guidance of a mentor, with results recorded in a logbook.

Levels of supervision: S0 — observes; S1 — assists; S2 — performs under direct supervision; S3 — performs under remote supervision; S4 — performs independently (where permitted by the level of training).

Table 1. Levels of supervision and authorization to perform actions

Level	Description	Authorization to perform actions	Required evidence
S0	Monitors compliance	No contact/no manipulation	Logbook entry (observation)
S1	Assists the mentor	Simple actions with the mentor's consent	Logbook + mentor's signature
S2	Performs under direct supervision	Basic procedures	DOPS/Mini-CEX + logbook
S3	Performs under remote supervision	Standard procedures	DOPS/Mini-CEX series, stable assessments
S4	Independently (if permitted)	Limited actions according to regulations	Department/committee decision + minutes

3. Roles and Responsibilities (RACI)

R — performs/develops; A — approves and is accountable; C — consults; I — is informed.

Function	Student	Mentor (base)	Department/Internship Supervisor	Quality Department/eBilim
ORM Plan and Objectives (RO)	I	C	R/A	I
Assignment of Base/Mentors	I	R	A	I
Safety/Ethics/Workplace Rules Briefing	I	R	A	I
Logbook/Portfolio	R	C/A (signs)	A (checks for completeness)	I
Mini-CEX/DOPS Assessment	I	R	A (moderation ≥20%)	I
Appeals/complaints	R	C	A	A
Submission to eBilim	R	C	A	R/A

4. Planning of the Learning Process

4.1. Define learning outcomes (LO) and corresponding activities at the base (LO→action→assessment tool matrix).

4.2. Coordinate with the training site the schedule of visits, workload by hours/cases, and access to equipment/software.
4.3. Conduct an orientation session (health and safety, infection control, data protection/confidentiality, communication), and complete the orientation form.
4.4. Assign mentors and define areas of responsibility; check for COI (self-recusal in case of conflict).

5. Conducting clinical training: the "observe—do together—do under supervision" model

Step 1 (observation): the student observes, records the procedure and critical points (logbook).
Step 2 (assisting): the student performs parts of the procedure under supervision; the mentor provides step-by-step feedback (Mini-CEX).
Step 3 (performing under supervision): the student performs the entire procedure; assessment using DOPS/checklist with "pass/fail" criteria for critical points.

6. Documentation

6.1. Logbook: date, facility/department, procedure/case (without PDN), level of supervision, hours, mentor (signature), reference to Mini-CEX/DOPS, reflection.
6.2. Mini-CEX/DOPS checklists: domains/steps; levels; critical safety and ethics indicators (binary).
6.3. eBilim: electronic logbook and assessment forms; uploading scans/photo signatures when filling out offline; "approved/needs revision" statuses.

7. Assessment and Thresholds

7.1. Minimum requirements: hours and/or number of cases by type of activity; list of critical skills.
7.2. ORM threshold: fulfillment of all critical indicators (pass) + total score ≥ established threshold (e.g., 60/100). Failure of a critical item = "F" for the practical component.
7.3. Moderation/second review: randomly selected ≥20% of Mini-CEX/DOPS forms; mentor calibration once per semester with a protocol.
7.4. Integration with the final course grade: the weight of the practical component is specified in the course description/syllabus and the learning outcomes matrix.

8. Feedback and remediation

8.1. Feedback model: "what went well — what to improve — how to improve (specific step)"; to be summarized briefly in the Mini-CEX form.
8.2. Remedial plan: list of deficiencies, targeted actions, deadlines, re-evaluation (specify the form).
8.3. If critical components are not passed again, the matter will be discussed by the department, and an additional ORM cycle may be assigned.

9. Safety, Ethics, and Personal Data

9.1. Recording patients' personal data is prohibited; de-identified case records (age/gender/chief complaint) are permitted.
9.2. Infection control and occupational safety—mandatory training and PPE; violations are documented in a report.
9.3. Confidentiality and respectful communication—critical indicators in the Mini-CEX/DOPS rubrics.
9.4. Mentor/student COI—declaration; if present—self-recusal/reassignment.

10. Appeals and Incidents

10.1. Appeals regarding ORM results—submitted via eBilim within the established deadlines (see Regulations on the Appeals Committee).

10.2. Incidents (injuries, ethical violations)—prepare a report, notify the department and the Quality Department; review and CAPA plan.

11. Quality and Monitoring

11.1. KPIs: percentage of students who met the minimum requirements; percentage of "pass" ratings on critical indicators; mentor/student satisfaction; frequency of appeals; incident rate.

11.2. Departmental report (every semester): Mini-CEX/DOPS analytics, adjustment of volumes/skill lists, suggestions regarding the training base.

11.3. Audit of practice sites: compliance checklist (staff, student flows, equipment, safety).

12. Minimum requirements for scope and skills (example)

Domain/Skill	Minimum number of cases	Level (S1–S3)	Critical point	Assessment method
History taking (ICE/NURSE)	5	S2	Confidentiality	Mini-CEX
Informed consent	5	S2	Validity of consent	Mini-CEX
Basic procedure X	3	S2	Patient identification	DOPS
Communication with a "difficult" patient	3	S2	De-escalation	Mini-CEX

Note: Specific domains and minimums are determined by the department based on the discipline/practice profile.

13. Integration into eBilim (step-by-step)

1. Create a "Practicum/ORM" section in the course.
2. Upload the logbook (electronic form), Mini-CEX, and DOPS (online forms/templates).
3. Set up deadlines and statuses ("approved/needs revision"), and appeal windows.
4. Assign roles: mentors (limited access), students (submission), department (moderation).
5. Add links to instructions on safety/ethics/regulations and the COI form.

Guidelines on compliance with ethical standards and professional conduct

General Provisions

Students are required to adhere to the principles of medical ethics, professional conduct, and academic integrity in all types of educational activities (classroom, extracurricular, clinical, and research). Professional conduct is considered an integral part of the competencies of a future physician.

Ethics and Conduct in the Educational Process

Students are advised to:

1. maintain a professional tone when communicating with faculty, staff, and classmates (using polite forms of address, avoiding rudeness and discriminatory remarks);
2. be punctual (arriving on time for classes, meeting deadlines for assignments);
3. maintain a professional appearance in accordance with the university's requirements;

4. adhere to the standards of academic integrity:
   – do not cheat or pass off others' work as your own;
   – correctly format citations and references to sources, and indicate the use of digital and AI services;
5. respect others' opinions, participate constructively in discussions, and avoid confrontational behavior.

Professional Conduct at Clinical Sites and During Clinical Practice

When working at a clinical site, students are required to:

1. comply with the medical organization's internal regulations and safety protocols;
2. comply with the dress code (clean lab coat, name badge, neat appearance);
3. introduce themselves to patients and staff, and indicate their status (student, trainee, intern);
4. perform tasks and procedures only within the scope of their competence and under the supervision of a mentor;
5. obey the chain of command with respect to medical staff and administration;
6. demonstrate a respectful and tactful attitude toward patients and their relatives; do not discuss patients in a derogatory manner.

Confidentiality and Handling of Personal Data

The student is required to:

1. not disclose patient information (diagnosis, test results, personal data) outside of an educational or professional context;
2. when using clinical cases in essays, reports, presentations, and research projects, anonymize the data (full name, medical record number, exact address, etc.);
3. not photograph patients, medical records, or monitor screens without official permission and a specific assignment from a supervisor;
4. comply with the requirements of current legislation and the internal regulations of the university and the medical training institution regarding the protection of personal data.

Communication with Patients and Their Relatives

It is recommended that:

1. communicate with patients in a calm, respectful tone, using clear language without excessive professional jargon;
2. listen carefully to complaints and questions, do not interrupt, and show empathy;
3. avoid making promises that go beyond the student's scope of competence; refer complex issues to the supervising physician;
4. do not discuss the diagnosis or prognosis in the hallway or in the presence of outsiders not involved in the treatment process.

Use of Digital Technologies and AI

Students are prohibited from:

1. use mobile devices and social media during patient consultations and procedures unless there is a direct educational or professional need;
2. distribute photos/videos from clinical rotations and clinical settings without written permission and anonymization of data;
3. share patients' personal data via messaging apps not intended for medical purposes.

When using AI services and educational platforms, students are required to:
– critically evaluate the information received;
– not pass off automatically generated text as entirely their own;
– cite the use of such resources in the list of sources when preparing assignments.

Assessment of Ethical Aspects and Professional Conduct

1. Ethical aspects and professional conduct are taken into account when assessing ongoing and final performance (including in mini-CEX, DOPS, the advisor's evaluation, and the student's portfolio).
2. Assessment may be conducted on a scale **of 0–5 points**, taking into account:
   – compliance with ethical standards and confidentiality;
   – communication skills;
   – responsibility and discipline;
   – willingness to collaborate in an interprofessional team;
   – response to feedback and ability to self-correct.
3. Gross violations of ethical standards and professional conduct (confidentiality, falsification of data, disrespect toward patients, instructors, staff, etc.) may serve as grounds for a lower rating, exclusion from classes/clinical practice, and the application of disciplinary measures in accordance with JAIU's internal documents.

Methodological Recommendations for Developing Soft Skills

Goals of soft skills development

The development of soft skills is aimed at fostering personal and professional qualities in students that ensure effective interaction within the medical team and with patients: communication, teamwork, time management, critical thinking, stress resilience, leadership, and responsibility.

Key soft skills developed within the discipline

Depending on the specifics of the discipline and clinical practice, the focus is on:

1. communication skills (the ability to listen, ask questions, and provide feedback);
2. teamwork and interprofessional collaboration (TBL, small-group work);
3. critical thinking and decision-making (clinical case analysis, PBL);
4. time management and self-organization (planning independent study assignments, preparing for clinical rotations and practical training);
5. stress resilience and emotional intelligence (discussion of complex situations, reflection);
6. leadership and responsibility (managing a project component, presenting a report, coordinating group work).

Forms and methods of developing soft skills

To develop soft skills, it is advisable to include the following in the educational process:

1. **small-group work** (TBL, group projects, collaborative solving of clinical problems);
2. **role-playing and business games** ("doctor–patient–relatives," "consultation," "CSM team work");
3. **discussions and debates** on clinical, ethical, and organizational issues;
4. **reflective assignments** (short written reports on "what worked/what needs improvement," self-assessment of group participation);

5. **mini-projects** (preparing patient information sheets, algorithms, checklists, mini-studies);
6. **on-the-job training** (mini-CEX, DOPS with mandatory discussion of communication and behavioral aspects).

The student's role in developing soft skills

Students are encouraged to:

1. actively participate in the group, taking on various roles (presenter, moderator, timekeeper, analyst);
2. independently analyze their behavior within the team (what helped/what hindered the work);
3. seek constructive feedback from the instructor and classmates;
4. record the results of self-assessment and feedback in a workbook/portfolio.

Assessment and Self-Assessment of Soft Skills

1. Soft skills can be assessed on a **0–5 point** scale as part of ongoing assessment (participation in PBL/TBL, role-playing, projects, small-group work, mini-CEX).
2. Assessment criteria include: participation and contribution to group work, the ability to listen and argue a case, responsibility for the assigned work, and adherence to ethics and professional communication standards.
3. Students are encouraged to use self-assessment checklists (before/after the assignment) and include the results in their portfolios as evidence of the development of soft skills.

Methodological Recommendations for Conducting the Mini-CEX (Mini Clinical Evaluation Exercise)

Purpose and Scope of the Mini-CEX

The Mini-CEX is a brief, structured observation of a student's clinical work at the patient's bedside (or in an outpatient clinic) followed by evaluation and feedback.
The Mini-CEX is used to:

1. assessing a student's clinical reasoning, communication skills, and professionalism in a real-life or near-real-life situation;
2. developing workplace-based learning skills;
3. incorporating results into ongoing assessment and the student's portfolio.

Structure of the Mini-CEX

Mini-CEX consists of three mandatory stages:

1. **Observation** of the student's clinical interaction with the patient (approximately 10–15 minutes);
2. **Assessment** using a standardized form (checklist with criteria and a 0–5 scale);

3. **Feedback** (5–10 minutes of constructive discussion: what went well, what to improve, specific recommendations).

Preparing the student for the Mini-CEX
Students are advised to:

1. familiarize themselves with the Mini-CEX form and assessment criteria before the start of the clinical rotation/module;
2. review the clinical consultation algorithm: complaints – medical history – physical examination – clinical reasoning – examination and treatment plan – prevention;
3. prepare a basic set of questions and phrases for communicating with the patient (including explanations of the diagnosis, treatment, and prevention);
4. check with the instructor/supervisor in advance regarding the format, location, and approximate time of the Mini-CEX.

Conducting the Mini-CEX (Algorithm)

1. The instructor/supervisor selects a patient and briefly outlines the context of the case to the student.
2. The student conducts the patient consultation (or a portion thereof):
   – taking the patient's complaints and medical history;
   – performing a physical examination as needed;
   – formulation of a preliminary diagnosis and a plan for further evaluation/treatment;
   – discussing issues of prevention and adherence to treatment.
3. The supervisor observes without interfering in the course of the consultation, except in situations related to safety and ethics.
4. After the consultation, the mentor completes the Mini-CEX form, assigning scores based on the criteria (0–5) and providing an overall assessment.
5. The instructor provides the student with verbal feedback, highlighting 2–3 strengths and 2–3 specific areas for improvement.

Mini-CEX Assessment Criteria (Standard)
Assessment is conducted on a **0–5 point** scale across the following categories (subject to possible adaptation by the department):

1. taking of complaints and medical history (structure, completeness, clarification of risk factors);
2. physical examination (relevance, technique, interpretation of key findings);
3. clinical reasoning (formulation of the problem, preliminary diagnosis, differential diagnosis);
4. examination and treatment plan (compliance with protocols, consideration of safety and resources);

5. communication with the patient and/or family members (clarity, empathy, comprehensibility of explanations);

6. discussion of prevention and adherence to treatment (lifestyle, risk factor management, etc.);

7. professionalism (ethics, confidentiality, appearance, respectful attitude).

Use of Mini-CEX Results in Assessment

1. The final Mini-CEX score (0–5) is recorded in the student's individual form, logbook/electronic logbook, and portfolio.

2. During the module/clinical rotation, it is recommended to conduct **several Mini-CEXs** on different types of clinical cases (at least 2–4 observations).

3. The average Mini-CEX score is included in the ongoing assessment and converted to the BRS according to the established formula (linear conversion 0–5 → K points).

4. The Mini-CEX is viewed not only as an assessment but also as a formative learning tool: a mandatory component is high-quality feedback and the identification of the student's individual areas for growth.

Recommendations for students on using the Mini-CEX for self-development
Students are advised to:

1. keep all completed Mini-CEX forms in their portfolio;

2. analyze recurring comments and strengths, and develop a personal development plan (e.g., "improve the structuring of the medical history," "practice explaining the treatment plan");

3. in consultation with a mentor, request additional Mini-CEXs for clinical skills that are "problematic" for them;

4. use the Mini-CEX criteria as a checklist for self-preparation for the OSCE and for independent clinical work.

Methodological Recommendations for Conducting DOPS (Direct Observation of Procedural Skills)

Purpose and scope of DOPS

DOPS is the direct observation by an instructor/mentor of a student performing a specific medical procedure, followed by an assessment using a checklist and brief feedback.
DOPS is used for:

1. assessing the development of procedural skills (technique, safety, sequence of actions);
2. workplace-based learning in the clinic, emergency department, clinical practice, or simulation center;

3. incorporating results into ongoing monitoring and the student's portfolio.

DOPS Structure

DOPS consists of three stages:

1. **Preparation and performance of the procedure by the student** under the supervision of a mentor (usually 5–15 minutes);
2. **Assessment** using a standardized form (checklist of criteria, 0–5 scale);
3. **Feedback** (5–10 minutes: what went well, what needs improvement, specific recommendations).

Preparing the student for DOPS

Students are advised to:

1. review the list of procedures to be performed during DOPS and the evaluation form in advance;
2. review the indications, contraindications, possible complications, and the algorithm for performing each procedure;
3. practice the techniques for the procedures on training equipment, manikins, or in a simulation center (if available);
4. acquire the necessary knowledge regarding infection control, asepsis, antisepsis, and waste disposal;
5. confirm with the instructor/supervisor the format and approximate timing of the DOPS.

Conducting DOPS (Algorithm)

1. The mentor determines the procedure and the conditions for its performance (ward, procedure room, central sterile supply department, simulation center).
2. Student:
   – introduces themselves and the patient, explains the purpose of the procedure, and obtains consent;
   – performs hand hygiene, uses PPE in accordance with standards;
   – prepares the workstation, equipment, and supplies;
   – performs the procedure in accordance with the protocol and safety guidelines;
   – completes the procedure (checks the patient's condition, cleans the work area, disposes of materials, and records the procedure in the documentation).
3. The mentor observes the entire process, intervening only in the event of a safety threat or serious errors.
4. After the procedure is completed, the mentor fills out the DOPS form, assigning scores (0–5) for each criterion and an overall rating.
5. The mentor provides brief feedback, highlighting strengths and specific steps for improving technique.

Standard DOPS Assessment Criteria

Scoring on a **0–5 point** scale is conducted for the following categories (the department may adapt these to a specific procedure):

1. preparation for the procedure (patient identification, explanation, consent, hand hygiene, PPE);
2. Knowledge of indications and contraindications, and an understanding of the procedure's purpose;
3. preparation of equipment and the work area;

4. technique of performance (sequence of actions, confidence, precision, adherence to aseptic/antiseptic practices);
5. ensuring patient safety and comfort (minimizing pain, monitoring the patient's condition);
6. completion of the procedure (follow-up, patient recommendations, cleaning the work area);
7. disposal of materials and completion of medical documentation;
8. overall professional assessment of readiness to perform the procedure more independently.

Use of DOPS Results in the Assessment System

1. Each DOPS is recorded in an individual checklist and/or electronic log, specifying the procedure, date, mentor, and scores.
2. During the module/clinical rotation, it is recommended to conduct **several DOPS** on various key skills (at least 3–5 observations).
3. The average DOPS score (0–5) is included in the current assessment and converted into BRS points according to the established formula (linear conversion: 0–5 → K points).
4. DOPS results are used not only for grading but also for planning further practice of procedural skills (formative assessment).

Recommendations for students on using DOPS for self-development

Students are advised to:

1. keep all DOPS forms in their portfolio, organizing them by procedure type;
2. analyze recurring comments (e.g., errors in preparation, technique, documentation) and discuss ways to address them with a mentor;
3. use the DOPS criteria as a checklist for independent preparation for procedures and for the OSE/OSKE;
4. in consultation with the mentor, initiate additional DOPS for those procedures that cause the most difficulty;
5. track the progression of their DOPS scores as an indicator of growth in professional competence.

Methodological recommendations for conducting peer assessment (student peer evaluation)

Goals and objectives of peer assessment

Peer assessment is used as an element of formative and, in part, summative assessment and is aimed at:

1. developing students' critical thinking and self-assessment skills;
2. fostering responsibility for the quality of collaborative work;
3. developing communication skills and the ability to provide constructive feedback;
4. increasing engagement in the learning process and awareness when completing group assignments.

Areas of application for peer assessment

Peer assessment can be used:

1. in small-group work (PBL, TBL, team projects, business and role-playing games);

2. when preparing and presenting group reports, presentations, and mini-projects;
3. when performing practical tasks requiring the assignment of roles within a team;
4. when discussing clinical cases, solving situational problems, and developing algorithms and checklists.

Principles of Peer Assessment Organization

1. Transparency: students are informed in advance of the objectives, criteria, and format of peer assessment;
2. anonymity (where possible) or conditional confidentiality to minimize personal pressure;
3. constructiveness: feedback is accompanied by brief comments on "what worked" and "what could be improved";
4. Respect: offensive language and personal attacks are unacceptable;
5. supplementary, not replacement: peer assessment supplements, not replaces, the instructor's evaluation.

Algorithm for peer assessment by students

1. The instructor determines the assignment and the format of peer assessment (individual sheets, online forms, etc.) and explains the criteria.
2. After completing the group assignment, each student fills out an evaluation form assessing their group members' contributions (and, if necessary, a self-assessment).
3. The form includes scores for each criterion and brief comments (using a template or in free form).
4. The forms are submitted to the instructor by the deadline; if necessary, the results are summarized and discussed.

Example of Peer-Assessment Criteria (0–5 scale)

The department may use the following standard set of criteria (adapted to the discipline):

1. participation in group work (activity, attendance, completion of assignments);
2. quality of contribution (quality of proposed ideas, accuracy and soundness of decisions);
3. meeting deadlines and agreements;
4. teamwork skills (listening, negotiating, supporting others);
5. communication skills (clarity of expression, respectful communication style).

Each criterion is rated on a scale of 0 to 5 points; if necessary, an overall assessment of the student's contribution to group work is provided.

Use of Peer Assessment Results in the BRS

1. Peer assessment results may be taken into account:
   – as part of the grade for a group assignment (for example, adjusting the overall grade to account for each participant's contribution);
   – as a separate component of "participation in group work/development of soft skills" in ongoing assessment.
2. The weight of peer assessment in the final grade for the course is determined by the department (a small but motivating weight is recommended).

3. The final decision on grading rests with the instructor, taking into account peer assessment data, observations, and other forms of assessment.

Recommendations for students on constructive peer assessment

Students are advised to:

1. evaluate classmates based on criteria, not personal feelings;
2. provide brief, specific examples (what exactly the participant did or did not do);
3. use neutral phrasing ("could be improved…," "it would be helpful to…");
4. view peer assessment as a resource for personal growth, not as a form of punishment;
5. in consultation with the instructor, discuss the results of peer assessment in a group setting in a constructive manner.

Guidelines for Completing the Student Workbook

Purpose of the Student Workbook

The student workbook is a structured tool for recording the results of academic activities during lectures, practical/seminar sessions, independent study, and practical training. The workbook is intended for:

1. organizing theoretical material (diagrams, tables, algorithms);
2. documenting the completion of assignments (tests, case studies, calculations, mini-assignments);
3. recording the results of mini-CEX, DOPS, peer assessment, and reflective assignments;
4. compiling a student's portfolio for the course/internship.

General Structure of the Workbook

The following structure is recommended (the department may adapt it):

1. title page (full name, group, course/practicum, semester);
2. table of contents (list of topics and sections of the workbook);
3. "Lectures" section (lecture notes, diagrams, tables);
4. "Practical/Seminar Sessions" section (plans, answers to questions, problem solutions, minutes);
5. "Independent Work" section (brief summaries, answers to review questions, mini-assignments);
6. "Clinical Cases" section (structured description and analysis);
7. the "Skills and Assessment" section (brief notes on Mini-CEX, DOPS, peer assessment, reflection);
8. the final section "Reflection on the Course/Practice" (conclusions, assessment of personal achievements).

Rules for maintaining the workbook

The student is required to:

1. keep the workbook systematically throughout the entire semester/practical training, ensuring no topics are omitted;
2. make entries neatly and legibly, following the structure and numbering of topics;
3. record the date, class number, topic, and main assignments;

4. write brief conclusions for each topic/case study, highlighting key concepts, algorithms, errors, and their analysis;
5. Record in the notebook the results of assignments, mini-tests, situational problems, and practical skills;
6. present the notebook for review during practical classes and midterm assessments upon the instructor's request.

Content of notes on practical skills and WBL

It is recommended to include the following in the "Skills and Assessment" section:

1. brief notes on completed mini-CEX and DOPS (patient/procedure type, main conclusions, mentor's recommendations);
2. self-assessment of skill performance ("what went well," "what needs improvement");
3. elements of peer assessment (evaluation of participation in group work and team assignments);
4. key conclusions following practical sessions and clinical rotations (1–3 points per topic/week).

Review and Evaluation of the Workbook

1. The workbook is checked by the instructor/mentor within the deadlines set by the department (periodically throughout the semester and/or during midterm assessments).
2. Grading is based on a scale of **0–5 points**, taking into account:
   – the completeness and systematic nature of the entries on the topics;
   – the accuracy and logical presentation of the material, the presence of diagrams and algorithms;
   – the reflection of completed assignments (case studies, tests, mini-projects, skills);
   – the presence of reflective elements (conclusions, self-assessment, error analysis);
   – neatness of presentation and adherence to structure.
3. The final grade for the workbook is included in the current grade for the course/practical training in accordance with the Regulations on the Academic Record System and the weighting established by the Academic Council.

Recommendations for students on using the workbook

Students are advised to:

1. use the workbook as the primary tool for preparing for the final exam, reviewing diagrams, tables, and case studies;
2. note down questions that cause difficulty and discuss them with the instructor during office hours;
3. include the most useful diagrams, algorithms, clinical cases, and mini-CEX/DOPS results in their personal portfolio;
4. when advancing to higher-level courses, use workbooks from previous courses as a basis for integrating knowledge and preparing for state exams.

CHANGE LOG

Change No.	Basis for Amendment	Pages	Summary of the amendment	Revision	Signature	Date
1						
2						
3						

Edition:

Effective date: “ ” _____ 20

APPROVAL SHEET

№	Position / Role	Full Name	Signature	Date
1	Developed by	Kanetova D.E.		29.12.25
2	Approved: head of the responsible department	[illegible]		29.12.25
3	Approved: Head of the Educational and Informational Department	Kanetova D.E.		29.12.25
4	Approved: leading specialist for quality	Kalmuratova A.		29.12.25
4	Approved: head of the legal affairs and human resources department / lawyer	Sydykova B.J.		29.12.25
5	Approved: vice-rector for academic affairs	Sadyrova N.A.		29.12.25
6	Approved: vice-rector for science, SR and GE	Asilova Z.A.		29.12.25
7	Endorsed / considered in the established manner	JASU Scientific Council		29.12.25.