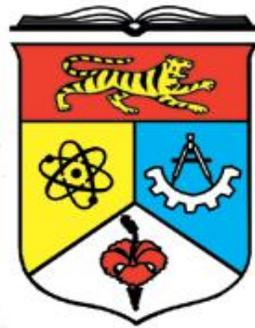


# PROSPECTUS

**IJAZAH SARJANA PERUBATAN  
(PERUBATAN DALAMAN)**

**MASTER OF MEDICINE  
(Internal medicine)**



**UNIVERSITI KEBANGSAAN MALAYSIA**

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# MASTER OF MEDICINE (INTERNAL MEDICINE) PROGRAMME IN UNIVERSITI KEBANGSAAN MALAYSIA

## 1. DURATION OF THE COURSE

The duration of the course is **4 years** with a maximum of **7 years**.

## 2. COURSE STRUCTURE

The course is divided into three phases:

Phase I - Year I

Phase II - Year 2 and 3

Phase III - Year 4

## 3. COURSE CONTENT

### 3.1 **PHASE I (YEAR I)**

#### ***Basic Sciences relevant to the practice of Internal Medicine***

The emphasis in this phase is on the study of basic sciences relevant to the practice of internal medicine. The candidate is also expected to undergo clinical clerkship under supervision.

### 3.2 **PHASE II (YEAR 2 AND 3)**

#### ***Rotation posting in Internal Medicine***

In this phase, a candidate is posted in various disciplines of clinical medicine. Candidates, however, are expected to be conversant in all disciplines. The disciplines are divided into major and minor posting and each posting lasts for three months. At least 6 major disciplines must be completed (subject to approval by the Course Supervisor); minor postings are optional. Major and minor disciplines are listed in Appendix I. These postings can be undertaken in an accredited institution/department/subspecialty unit locally or overseas under an approved hospital consultant.

### 3.3 **PHASE III (YEAR 4)**

#### ***Physician-in-training***

A candidate is expected to function as a physician-in-training this phase. He/ she will be posted for an approved subspecialty or for general medicine training in a university or an accredited department locally or overseas subject to the approval of the University Senate. The training shall be under the clinical supervision of a senior lecturer or an accredited consultant.

*Note: Even though a candidate may have had (some) training in a subspecialty, he/she shall not be considered sub specialist but as a **general physician**.*

#### **4. ENTRY REQUIREMENTS**

An applicant who wishes to pursue the MMed (Internal Medicine) course must possess the qualification and experience stipulated by the Senate of the university:

1. Registered with the Malaysian Medical Council
2. Age not exceeding 40 years old upon starting the program
3. In possession of a valid medical Degree (from a university recognized by MMC)
4. A minimum of 3 years clinical experience after obtaining medical degree with a minimum of 6 months in internal medicine or relevant specialties
5. Satisfactory academic achievements
6. Evidence of financial support from the respective sponsors or guarantee letter with 2 guarantors or letter of release from employers
7. Evidence of references of good standing from 2 referees. It is compulsory to provide each referee's full address and contact number.
8. Free of any disciplinary actions
9. For FOREIGN CANDIDATES, requirements 1-8 apply , plus
  - a. Possess a Temporary Practicing Certificate issued by the Malaysian Medical Council before starting practice
  - b. Undergo 3-6 months of clinical attachment before joining the program. Candidates must pass the entrance exam conducted by the department at the end of the attachment
  - c. Proof of proficiency in the English language. Candidates must obtain a minimum score of 7.0 in IELTS or 580 in TOEFL (obtained within 2 years prior to date of enrolment)
  - d. Some degree of proficiency in spoken Bahasa Malaysia is required to ensure effective communication with patients. Candidates must undergo a formal Malay language class offered by the University.

#### **5. PRE-ENTRY EVALUATION**

The pre-entry evaluation consists of an interview by a selection board (refer Appendix II). For candidates from the Ministry of Health, the interview is held annually soon after the receipt of the completed UPU forms from the Ministry of Health at the beginning of the year.

#### **6. DISCIPLINE**

##### **6.1 REPORTING OF PROBLEMS**

Notable incidents of concern or praise regarding candidate's performance in patient care, medical knowledge, performances in department presentations, interpersonal skills and professionalism may be transmitted to the program coordinator by written evaluation, letters, verbally or email. When the concern is not expressed in writing, the program coordinator will make notes of the conversation.

##### **6.2 PROCESS OF PROBLEM MANAGEMENT**

When problems arise, the program coordinator will assess the quality of performance over time, the presence of temporary life crises, the educational responsiveness of the candidate and the impact of

the candidate on the program. The program coordinator may notify or request assistance for remediation from the head of department, MMED committee and/or entire faculty.

The program coordinator will make an initial decision as to classification of a problem into one of three categories: minor concern, focus of concern, or academic probation.

The candidate will be made aware of the problem via a written statement clearly outlining the area(s) of deficiency or verbally and recommendations for improvement and be given the opportunity to respond.

The program coordinator will notify the head of department as soon as possible of either focus of concern or probation status. In questionable cases of minor concern, and for all cases of focus of concern, the problem will be discussed at the MMED committee meeting. The minimum level of response to any written complaint by a patient or any risk management issue will be focus of concern status.

### **A. *Minor Concern***

Supervisors/Lecturers are strongly encouraged to report any concerns (verbally or in writing), however minor, to the program coordinator so that patterns of behaviour can be recognized promptly. Such concerns should be discussed with the candidate. The program director will make a written notation of any verbally reported concerns and the plan of action. At the discretion of the program coordinator, the concern may be discussed with the head of department or MMED committee.

### **B. *Focus of Concern***

Concerns may arise over clinical performance, following department policies/procedures, academic performance, documentation, interpersonal skills and attitudes or other features that reflect negatively on the candidate's ability to carry out his/her duties. In making a candidate a focus of concern, the department expects that the problem can be corrected immediately or in a defined period of time. The following written notice of deficiencies and corrective plan will be developed by the MMED committee:

- Elucidation and analysis of the problem
- Supportive and/or corrective intervention
- Monitoring mechanism including time until re-evaluation
- Consequences if corrective action not achieved

This focus of concern documentation will be given to the candidate and will be made part of the file at the discretion of the program coordinator. If the problem has been satisfactorily remedied at the time of re-evaluation, the focus of concern documentation may be removed from the individual's permanent file. A re-evaluation date will be established in the focus of concern documentation.

### **C. *Academic Probation***

Probation status may be designated due to deficits in a candidate's clinical performance, academic performance and failure to achieve focus of concern resolution, or a second incident during or following previous focus of concern status. In placing a candidate on probation, the following written notice of deficiencies and corrective plan will be developed by the MMED committee:

- Elucidation and analysis of the problem
- Supportive and/or corrective intervention
- Monitoring mechanism including time until re-evaluation
- Consequences if corrective action not achieved

This documentation will become a part of the candidate's permanent file and may be disclosed to other agencies or persons when the physician seeks hospital privileges or licensure. Re-evaluation to remove probation status will occur at senior faculty meetings. Failure to achieve corrective action may result in extension of probation or dismissal.

## 7. DISMISSAL FROM THE PROGRAMME

Criteria for Dismissal from the Program include:

1. Failure to pass the Part 1 or 2 examinations (theory / clinical) after 3 consecutive attempts or within maximum of 7 years
2. Professional misconduct or unethical behaviour\*\*

\*\* Examples of professional misconduct /unethical behaviour include, but are not limited to:

- (i) *Failure to notify both the supervisor and program coordinator of absence*
- (ii) *Reporting for work under the influence of drugs and/or alcohol.*
- (iii) *Refusing assignments based on patient's race, culture, religious preference, sex, national origin, and age, handicapping condition, medical diagnosis or any protected status category*
- (iv) *Engaging in posting on Facebook, MySpace, or other social networks negative/derogatory comments about candidates, faculty, or others as well as making comments jeopardising doctor-patient confidentiality*
- (v) *Displaying mental, physical or emotional behaviour(s) that may adversely affect well -being of self or others.*
- (vi) *Interacting inappropriately with other staff, co-workers, peers, patients, families*
- (vii) *Performing activities that are beyond the preparation or capabilities of the candidate*
- (viii) *Does not subscribe to expected professional conduct: disruptive, disrespectful of others, is insubordinate*
- (ix) *Proven malpractice or criminal intent*

3. Any breach of discipline relating to the University (Appendix III), Hospital or Government regulations
4. Persistently poor performance in clinical rotations, scholarly activities or in-training examination despite remedial measures

Prior to termination the candidate will have a detailed meeting with the Program Coordinator and MMED Committee members to discuss the specific deficiencies. Remedial measures will be discussed and candidates will be given specific time to explain his/her deficiencies. If at the end of the specified time the difficulties have not been resolved to the committee's satisfaction, the candidate will be issued a written notice of pending dismissal, to become effective not less than fifteen days following the date of the notice.

If the individual wishes to resist the pending dismissal, he/she must submit, within the two weeks following the notice of pending dismissal, a written appeal to the Head of Department or Dean. After considering both the notice of pending dismissal and the appeal, the dean shall decide whether to uphold or to rescind the dismissal notice. The dean's decision, if unacceptable to the individual or the supervisor, may be appealed to the vice chancellor. The vice chancellor shall review the basis for the dean's decision and make a final disposition of the notice of pending dismissal.

## **8. LEAVE FROM STUDY**

### **8.1 WORK LEAVE**

Work leave include sick leave, vacation, maternity leave, holiday and family and medical leave. Candidates are allowed a total of 14 days per year.

### **8.2 DEFERMENT OF PROGRAMME**

Candidates can apply for deferment of the programme based on acceptable reasons. The duration of deferment will not be counted as part of the programme. The candidate must submit in writing, together with supporting documents (where appropriate) the request to defer to the Dean/ Deputy Dean of Graduate Studies with the approval of the Head of Department. The letter must be accompanied by a completed request for deferral form (refer Appendix IV). Candidates are allowed to defer for not more than two semesters (12 months) throughout the duration of the course. For any deferment for more than 12 months, the appeal shall be subjected to the university senate's approval. It is the responsibility of the candidate to inform his/her sponsor (i.e. Ministry of Health) about their decision.

## **9. WITHDRAWAL FROM THE PROGRAMME**

A candidate who wishes to withdraw from the program must submit in writing the decision to withdraw to the Dean/Deputy Dean of Graduate Studies with the approval of the Head of Department. The letter must be accompanied by the submission of a completed withdrawal form (refer Appendix V). It is the responsibility of the candidate to inform his/her sponsor (i.e. Ministry of Health) about their decision.

## **10. DISABILITIES**

Candidates who have a documented disability or medical conditions are strongly encouraged to inform the Program Coordinator in advance of their enrolment so that accommodations, if needed, can be made.

## **11. ASSESSMENT OF CANDIDATE**

### **11.1 PHASE I**

Candidates will be assessed based on two components of continuous assessment:

- I. Reports from the supervisors using the **Candidate Assessment Form** (Appendix VI)
- II. Satisfactory Log book entries

## 11.2 PHASE II

- I. **Continuous Assessment:** Progress reports from supervisors from all postings based on attitude and integrity, attendance, and clinical competence and theoretical knowledge recorded in the **Candidate Assessment Form** at the end of every 3 monthly ward/subspecialty posting
- II. Satisfactory **Log book** entries
- III. **Case report:** Four (4) satisfactory case reports (Each one achieving a pass mark of  $\geq 50\%$ ) submitted during the first three years of the course. All case reports must be of publishable quality according to the Indexed journal and must be submitted at least 2 months before the theory examination date. It is marked by 2 independent lecturers within/without the related specialty.

## 12. PREREQUISITES / ELIGIBILITY FOR EXAMINATIONS

### 12.1 Part I examinations

Candidates must pass **both** components of continuous assessment

### 12.2 Part 2 examinations

- a. Candidates must fulfill all the components stated under section 11.2
- b. As a prerequisite to sit for MMED Part II examination, each candidate must have presented a dissertation proposal to the department MMed Committee and submitted to the ethics committee at least 1½ months before the Theory examination. Each candidate must provide proof of submission to the ethics committee in the form of a receipt from the research secretariat.

## 13. CONDUCT OF EXAMINATIONS

The MMed examinations are divided into two sections – theory and clinical examinations. The clinical examination is held approximately 1 month after the theory examination. Only candidates who pass the theory examination will be allowed to proceed to the clinical examination. Both Part I and Part II examinations are conducted twice a year, at six months intervals (in April/October and May/November respectively). The examination will be held alternately between UKM, UM and USM.

### 13.1 PART I EXAMINATION

THEORY	DURATION	MARKS (%)
<b>OBA (One Best Answer)</b> (100 OBA questions are divided into 2	50 OBA in 1.5 hr (OBA I)	35 %

papers : OBA I and OBA II)	And 50 OBA in 1.5 hr (OBA II)	
<b>Problem solving (PS)</b>	5 PS in 1.5 hr And 5 PS in 1.5 hr (10 questions x 15 minutes).	25 %
<b>TOTAL MARKS</b>		60 %

<b>CLINICAL</b>	<b>DURATION</b>	<b>MARKS (%)</b>
<b>Short Cases</b>	40 minutes (4 cases x 10 minutes each)	40 %

### Criteria for passing Part 1 Examination

1. Candidates must pass BOTH Theory and Clinical components
2. Candidates must achieve at least 50% of the overall marks in the OSCE/Short cases
3. Candidates must pass at least 2 out of 4 short cases / OSCE

### 13.2 PART II EXAMINATION

<b>THEORY</b>	<b>DURATION</b>	<b>MARKS (%)</b>
<b>One Best Answer (OBA)</b> (100 questions)	50 OBA in 1.5 hr And 50 OBA in 1.5 hr	20 %
<b>Modified Essay Questions (MEQ)</b>	1 ½ hours (2 MEQs x 45 minutes)	10%
<b>Objective    Structured    Practical</b>	2 hours	10 %

Examination (OSPE)	(24 x 5 minutes)	
<b>TOTAL MARKS</b>		40%

<b>CLINICAL</b>	<b>DURATION</b>	<b>MARKS (%)</b>
<b>Long case (1)</b>	1 ½ hours (1 hour for clerking and 30 minutes for Q&A )	25%
<b>Short cases (4)</b>	1 hour (4 x 15 minutes*)	25%
<b>Viva-voce</b> (2 questions : Evidence-based medicine & Communication skill station)	20 minutes (10 minutes each question)	10%
<b>TOTAL MARKS</b>		60%

\*15 minutes = 7 minutes examination + 3 minutes presentation + 5 minutes Q&A

### **Criteria for passing Part II Examination**

1. Candidates must pass BOTH Theory and Clinical components
2. Candidates must obtain at least 45% in the Long Case
3. Candidates must pass at least 2 out of 4 short cases and marks in any of the short cases must NOT be <4/10

### **13.3 PART III EXAMINATION**

The criteria for passing the Part III examination and the award of the MMED degree will be based on:

- i) Satisfactory report(s) from supervisor(s)
- ii) Satisfactory evaluation of dissertation

### **14. DISSERTATION**

A candidate is to conduct a research project during the programme. This is to introduce the candidate to research methodology and data analysis but the candidate is **not** expected to conduct in-depth study of a subject equivalent to an M.D or PhD thesis.

Research project proposals for the purpose of dissertation for Phase III (Year IV) must be presented at the department level prior to submission to the IEC/IRB **in year 2 or beginning of year 3**. The dissertation must not

be less than 10,000 words (excluding diagrams, tables and references) with at least 40 % allocated to discussion. Assessment of the dissertation will be conducted in 2 stages:

1. Submission of a hard copy of the dissertation (formatted according to the UKM Style Guide) - to the MMed Coordinator 1½ month before the Part II examination.
2. Oral presentation followed by a viva

Each dissertation will be assessed by an external/internal examiner appointed by the Head of Department under the recommendation of the supervisor. The dissertation will be marked either as:

- PASS WITHOUT CORRECTIONS
- PASS WITH MINOR CORRECTIONS
- MAJOR CORRECTIONS REQUIRING RE SUBMISSION

For candidates who pass without corrections or pass with minor corrections, the final/corrected version of the dissertation must be submitted to the medical department office by the end of the examination month in the forms of:

- Five (5) hard copies (bound in hard cover according to requirements in the UKM Style Guide) and
- One (1) soft copy in a CD

together with a completed form (refer Appendix VII)

## 15. EXAMINATION RESULTS

The candidates will be notified of the examination results by the Head of Department following the consensus of examiners at the Board of Examiners meetings at the department and faculty level. A formal letter issued by the Secretariat of Graduate Studies will soon follow.

## 16. REPEAT EXAMINATION

- 1) A candidate who failed the Theory examination will not be permitted to progress to the clinical examination for both Parts I and II. This will be considered as one attempt.
- 2) A candidate who failed the Theory/Clinical examination is entitled to repeat the clinical examination after 6 months.
- 3) A candidate is permitted a maximum of 3 attempts at the theory examinations and a maximum of 3 attempts at the clinical examination. However, if the candidate still fails, he/she will be dismissed the programme.
- 4) If a candidate has exhausted all 3 attempts (theory or clinical), he or she may write a letter of appeal for a repeat (4<sup>th</sup>) attempt within 30 days of the dispatch of the result; provided there are evidence of incremental changes in the marks during the previous successive examinations or other mitigating circumstances deemed acceptable by the university

- 5) A candidate who failed the clinical examination will only be required to repeat the clinical exams without repeating the theory examination.
- 6) If a candidate passes the repeat examination, he/she will be permitted to continue with the programme.

## **17. SUPERVISORS**

In each posting, candidates will be supervised by the Consultant/Specialist in charge of the ward/posting. The Supervisor will assess the candidate based on clinical competence and theoretical knowledge. Candidate's attitudes and attendance will also be taken into consideration. Reports from the supervisors using the Candidate Assessment Form will be used as part of the candidate's continuous assessment throughout the programme.

## **18. ACCREDITATION**

This Subcommittee gives accreditation to hospitals, departments and consultants/specialists for each phase of training.

### **18.1 *Hospitals/Institutions***

Accreditation of a hospital shall be based on criteria such as the number of beds (and occupancy rate), availability of essential departments (both clinical and laboratory), consultants and specialists, teaching activities and support facilities.

### **18.2 *Departments/Units***

Accreditation is based on number of beds, consultant and specialties, clinics, ward rounds and teaching activities.

### **18.3 *Consultants/Specialist***

Accreditation is based on commitment to teaching, evidence of teaching activities at department and hospitals levels, the possession of the M.Med (Internal Medicine) degree or its equivalent for at least 2 years. An interest in a subspecialty is desirable.

To be a supervisor in Phase II and III, the consultant/specialist must have at least 3 years experience in a subspecialty after M.Med (Internal Medicine) or its equivalent.

List of accredited hospitals, departments, consultants/specialists and detailed criteria for accreditation are shown in Appendix VIII and IX respectively.

## **19. QUALITY ASSURANCE**

The assessment policy is determined by senior departmental academic staff as well as the conjoint board. Regular MMed committee meetings as well as Conjoint Board meetings will be conducted to review the methodologies in order to ensure currency with development in best practices across sites.

## **19.1 CANDIDATE ASSESSMENT**

The parties responsible for the candidate's assessment are the consultants or supervisors and members of the Academic staff who update the MMed Committee of the candidates' progress through supervisor's report, log books and candidates participation in CME activities. Feedbacks from the candidates as well as those who have completed the programme are often considered as a means to monitor the reliability and validity of candidates' assessment over time.

## **19.2 EXAMINATION PAPERS**

### **a. Selection of examination questions**

Each university of the conjoint board will provide sufficient questions of standard to make one complete examination paper. The questions are vetted at department level in each university before it is brought to the central vetting or examination selection committee. The conjoint universities take turns to host the vetting process.

To ensure credibility, reliability and fairness, the examination question selection committee consists of representatives from each university. The confidentiality and security are maintained by the head of department by means of hard and soft copies.

### **b. Marking of theory papers**

Each question (except for OBA) will be marked independently by a group of examiners after which an agreed final mark is given. The external examiners will also review the theory papers and provide a written and verbal feedback to the department and Faculty.

### **c. Marking of the clinical examination**

Both long and short cases are viewed by a pair of examiners and standards are set to determine the passing criteria for the candidates before the examination. The standards set are collaboratively agreed upon by the panel of examiners.

At the end of each MMed examination the local and external/ international examiners convene in the Examiners Board meeting to review the examination process including the theory and clinical components. The external examiners will give feedbacks and criticism on ways to improve future examinations.

## **19.3. EXAMINERS**

Peer review is conducted through the Conjoint Board Examination by the appointment of the international and local external examiners. External examiners may be invited from overseas or locally. All lecturers who are members of the Faculty/School Board or honorary lecturers to the Faculty/School may be appointed as internal examiners.

**(a) External**

External examiners may be invited from overseas or locally. There shall be two external examiners of professional status or equivalent for the three universities to ensure comparable standard.

**(b) Internal Examiners**

All lecturers who are members of the Faculty/School Board or honorary lecturers to the Faculty/School may be appointed as internal examiners according to the criteria in 18.3.

**Criteria for Examiners**

- i) An examiner must have at least 5 years' experience after MMed (Internal Medicine) or its equivalent.
- ii) For the purpose of the dissertation assessment, an examiner shall have at least 3 years experience in the subspecialty.

**20. INTERPRETATION**

The Faculty with the expressed approval of the Senate will have the authority for the interpretation of any ambiguity in the substance of this text or for any matter that is not expressed.

**21. APPENDICES**

***APPENDIX I:***  
**MAJOR AND MINOR DISCIPLINES (SUBSPECIALITIES) IN INTERNAL MEDICINE**

**(a) Major Disciplines:**

- 1. Cardiology
- 2. Nephrology
- 3. Neurology
- 4. Respiratory
- 5. Gastroenterology

6. Haematology
7. Endocrinology

**(b) Minor Disciplines:**

1. Emergency Medicine
2. Dermatology / Sexually Transmitted Infections
3. Rheumatology
4. Infectious Diseases
5. Geriatrics
6. Palliative medicine
6. Research Methodology / Statistics\*

- Note: 1) Students are expected to be conversant in all disciplines  
2) \*UKM currently organizes a formal course in research methodology and statistics annually

**APPENDIX II:**

**COMPOSITION OF THE SELECTION BOARD (INTERNAL MEDICINE) AND AREAS OF ASSESSMENT**

**(a) Composition of the Selection Board (Internal Medicine)**

- 1) Representative of the Public Service Department
- 2) Representative of the Ministry of Health
- 3) Representative of the Ministry of Education
- 4) Representative of the Academy of Medicine
- 5) One representative of the each of the universities (in the specialty)
- 6) Deans of the Medical Faculties of UM, UKM, USM, UiTM, UPM or a deputy.

**(b) Areas of Assessment**

- 1) Attitude and integrity
- 2) Clinical experience
- 3) Personality
- 4) Academic performance
- 5) Service record

**APPENDIX III:**

**Excerpt from PERATURAN-PERATURAN UNIVERSITI KEBANGSAAN MALAYSIA (PENGAJIAN SISWAZAH) 2011 Program Sarjana dan Kedoktoran Bahagian X Am (page 33)**

**Pemberhentian calon**

51. (1) Senat berhak untuk mengambil tindakan yang wajar termasuk menggantung atau memberhentikan seseorang calon pada bila-bila masa jika calon didapati:

- (a) memberi maklumat palsu berkenaan kemasukannya atau sepanjang tempoh pengajiannya atau bagi tujuan mendapatkan ijazah

- (b) dalam keadaan ketidakupayaan mental atau fizikal
- (c) menghubungi atau mengganggu atau mengancam Pemeriksa Luar dan Pemeriksa Dalam berhubung dengan penilaian tesisnya
- (d) gagal mengekalkan prestasi akademi yang baik sepertimana yang ditetapkan Universiti
- (e) melakukan salah laku penyelidikan
- (f) melebihi tempoh pengajian yang dibenarkan di bawah subperaturan 7(6)

(2) Setiap calon adalah tertakluk kepada Akta Universiti dan Kolej Universiti 1971, Perlembagaan UKM, statut-statut, kaedah-kaedah dan peraturan-peraturan lain yang berkuatkuasa atau sedia terpakai termasuk Kaedah-Kaedah UKM(Tatatertib Pelajar-Pelajar 1999), Dasar Harta Intelek UKM dan Dasar Etika Integriti Penerbitan dan Penulisan UKM



**PUSAT PENGURUSAN SISWAZAH**  
**PERMOHONAN PENGGANTUNGAN PENDAFTARAN**  
*Centre for Graduate Management*  
*Application to defer studies*

Bahagian A: Maklumat Diri Pelajar  
 Part A: Student's Details

Nama (Name)	
No. Pendaftaran (Registration Number)	
Alamat tetap (Permanent Address)	
No. Telefon (Telephone number)	
Alamat surat menyurat (Correspondence address)	
No. Telefon Waris/ Jiran/Kawan (Telephone number of nearest relative/friends/ neighbour)	
No. Faksimili (Fax. No.)	
Emel (E-mail)	

Program pengajian (Program) : Sarjana / Doktor Falsafah\* (Masters / Doctor of Philosophy)  
 Bentuk pendaftaran (Type of registration) : Sepenuh Masa / Separuh Masa\* (Full time / Part time)  
 Pusat pengajian/Jabatan : \_\_\_\_\_  
 (School/ Department)  
 Fakulti (Faculty) : \_\_\_\_\_

Pernah / Tidak pernah\* menggantung pendaftaran? (Have you deferred your studies?)  
 Jika Pernah (if yes) : Semester \_\_\_\_\_ Sesi (Session) \_\_\_\_\_  
 Semester \_\_\_\_\_ Sesi (Session) \_\_\_\_\_  
 Sesi diterima mengikut program (Date of registration) : Semester \_\_\_\_\_ Sesi (Session) \_\_\_\_\_  
 Tarikh jangka tamat (Expected date to complete studies): Semester \_\_\_\_\_ Sesi (Session) \_\_\_\_\_  
 Tarikh permohonan pengantungan (Date of deferment): Semester \_\_\_\_\_ Sesi (Session) \_\_\_\_\_  
 Sebab-sebab memohon (Reasons to defer): \_\_\_\_\_  
 \_\_\_\_\_

Tandatangan (Signature) : \_\_\_\_\_ Tarikh : \_\_\_\_\_  
 [\*Potong yang tidak berkenaan]

**APPENDIX V:**

**Sample form from Centre for Graduate Management (only first page shown).**

**Forms are downloadable at <http://www.ukm.my/pps/>**

UKM/PPPS/C/P03/AK04  
Tarikh Kuatkuasa 01-03-20



**PUSAT PENGURUSAN SISWAZAH**  
**PERMOHONAN TARIK DIRI KURSUS**  
*Centre for Graduate Management*  
*Application to Course Withdrawal*

**Bahagian A: Maklumat Diri Pelajar**  
*Part A: Student's Details*

Nama/Name	
No. Pendaftaran/Matrix No.	
Alamat/Address	
No. Telefon & Mel-e/Tel.No & Mel-e	

**Program pengajian (Program)** : Sarjana / Doktor Falsafah\* (Masters / Doctor of Philosophy)

**Bentuk pendaftaran (Type of registration)** : Sepenuh Masa / Separuh Masa\* (Full time / Part time)

**Pusat pengajian/Jabatan (School/Department)** : \_\_\_\_\_

**Fakulti (Faculty)** : \_\_\_\_\_

**Semester (Semester)** : \_\_\_\_\_

**Sesi (Session)** : \_\_\_\_\_

**Kod Kursus (Course Code)** : \_\_\_\_\_

**Nama Kursus (Course Name)** : \_\_\_\_\_

**Tandatangan (Signature)** : \_\_\_\_\_

**Tarikh (Date)** : \_\_\_\_\_

[\*Potong yang tidak berkenaan]

**APPENDIX VI:  
CANDIDATE ASSESSMENT FORM (Page 1)**

**BORANG PENILAIAN CALON PROGRAM SARJANA PERUBATAN  
(PERUBATAN DALAMAN), FAKULTI PERUBATAN, UKM**



Nama Calon :- \_\_\_\_\_ No. Pend. \_\_\_\_\_

Tahun Pengajian  1  2  3  4

Posting  Perubatan AM: Wad \_\_\_\_\_ Sub-Bidang : \_\_\_\_\_  
Tarikh Dari \_\_\_\_\_ Hingga \_\_\_\_\_ P.Pengajian: UKM/UM/USM/UITM

Nama Penyelia ( Pakar Perubatan) \_\_\_\_\_

**A. PERIBADI**

- a) Tingkah laku (attitude)
- b) Ketetapan Waktu (punctuality)
- c) Kesediaan(availability)
- d) Komunikasi & Perhubungan dgn rakan sejawat
- e) Komunikasi & Perhubungan dgn pesakit
- f) Tanggungjawab

SANGAT LEMAH	LEMAH	SEDERHANA	BAIK	CEMERLANG
1	2	3	4	5

**B. KLINIKAL**

- a) Pengumpulan Maklumat
- b) Pemeriksaan Fizikal
- c) Penggunaan Siasatan
- d) Pertimbangan Klinikal(*clinical judgement*)
- e) Perawatan Pesakit
- f) Perbincangan/Pembentangan Kes
- g) Ringkasan Klinikal


**C. TEKNIKAL**

- a) Penjagaan Kecemasan / Akut
- b) Kemahiran Prosedur
- c) Penjagaan lepas Prosedur


**D. AKADEMIK**

Pembentangan Kes & Penglibatan Dalam :

- a) Rondaan Wad
- b) Aktiviti CME
- c) Mortaliti
- d) Konferens Xray / HPE
- e) Pembacaan Jurnal
- f) Kebolehan Mengajar
- g) Pengetahuan


## CANDIDATE ASSESSMENT FORM Page 2

KOMEN-KOMEN LAIN :- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PENILAIAN a) TINGKAH LAKU :- SANGAT LEMAH/LEMAH/SEDERHANA/BAIK/CEMERLANG  
KESELURUHAN b) 'APTITUDE' :- SANGAT LEMAH/LEMAH/SEDERHANA/BAIK/CEMERLANG

CALON TELAH DIBERI MAKLUMBALAS :- YA / TIDAK TARIKH :- \_\_\_\_\_  
BERKENAAN PENILAIAN

JIKA CALON DIKENALPASTI LEMAH :- \_\_\_\_\_  
NYATAKAN LANGKAH YANG TELAH  
DIAMBIL \_\_\_\_\_  
\* WAJIB DIISI UNTUK CALON  
BERMASALAH \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Tandatangan Penyelia \_\_\_\_\_  
(Unit berkenaan) Tarikh \_\_\_\_\_  
Tandatangan Ketua Unit \_\_\_\_\_  
Tarikh \_\_\_\_\_

CATATAN :- \_\_\_\_\_  
PENYELARAS PROGRAM \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Tandatangan Penyelaras Program \_\_\_\_\_  
Tarikh \_\_\_\_\_

PERAKUAN KETUA JABATAN, :- \_\_\_\_\_  
PUSAT PERUBATAN UKM \_\_\_\_\_

\_\_\_\_\_  
Tandatangan Ketua Jabatan \_\_\_\_\_  
Tarikh \_\_\_\_\_

*Sila faks borang penilaian terlebih dahulu di talian 03-9145 6679 dan salinan asal ke alamat kami. Terima kasih.  
hak cipta terpelihara: Jabatan Perubatan, PPUKM 13/12/2010*

**APPENDIX VII:**

**Sample forms from Centre for Graduate Management (only first page shown).**

**Forms are downloadable at <http://www.ukm.my/pps/>**

UKM/PPPS/C/P05/AK08/02  
Tarikh Kuatkuasa 01-03-2010



**PUSAT PENGURUSAN SISWAZAH  
PENYERAHAN TESIS/DISERTASI UNTUK PEMERIKSAAN  
Centre for Graduate Studies  
Submission of Thesis/Dissertation for Examination**

**Bahagian A: Maklumat Diri Pelajar  
Part A: Student's Details**

**Peringatan :** Sila kemukakan 7 salinan tesis kepada Fakulti.  
**Reminder:** Please submit 7 copies of your thesis to the Faculty.

>Nama (Name)	
NO. Pendaftaran (Registration Number)	
Alamat tetap (Permanent Address)	
NO. Telefon (Telephone number)	
Alamat surat menyurat (Correspondence address)	
NO. Telefon Waris/Jiran/Kawan (Telephone number of nearest relative/friends/ neighbour)	
NO. Faksimili (Fax. No.)	
Mel - e (E-mail)	

Program pengajian (Program) : Sarjana / Doktor Falsafah\* (Masters / Doctor of Philosophy)  
Bentuk pendaftaran (Type of registration) : Sepenuh Masa / Separuh Masa\* (Full time / Part time)

Pusat pengajian/ Jabatan : \_\_\_\_\_  
(School/Department)  
Fakulti (Faculty) : \_\_\_\_\_

Tajuk tesis (Title of thesis) : \_\_\_\_\_

\_\_\_\_\_

Tandatangan : \_\_\_\_\_ Tarikh: \_\_\_\_\_  
(Signature) (Date)

[\*Potong yang tidak berkenaan (\* Delete where not applicable)]



**PUSAT PENGURUSAN SISWAZAH**  
**PENYERAHAN TESIS YANG TELAH DIBUAT PEMBETULAN**  
*Centre for Graduate Management*  
*Submission of The Ammended Thesis*

**Bahagian A: Maklumat Diri Pelajar**  
**Part A: Student's Details**

**Peringatan :** Sila serahkan 2 salinan tesis dan CD-ROM kepada PPS & 3 salinan tesis kepada Fakulti.  
**Reminder :** Please submit 2 copies of your thesis with the CD-ROM to PPS and 3 copies to the Faculty.

Nama (Name)	
No. Pendaftaran (Registration No.)	
Alamat Tetap (Permanent Address)	
No. Telefon (telephone No.)	
Alamat Surat-menyurat (Correspondence Address)	
No. Telefon Waris/ Jiran/Kawan (Telephone No. Of Nearest Relative/Friends/Neighbour)	
No. Faksimili (Faximili No.)	
Mel-e (E-mail)	

Program Pengajian (Program) : Sarjana / Doktor Falsafah\* (Masters / Doctor of Philosophy)  
Bentuk Pendaftaran (Type of registration) : Sepenuh Masa / Separuh Masa\* (Full time / Part time)  
Pusat Pengajian/Jabatan (School/Department) : \_\_\_\_\_  
Fakulti (Faculty) : \_\_\_\_\_  
Tajuk Tesis (Title of thesis) : \_\_\_\_\_

Tandatangan (Signature) : \_\_\_\_\_ Tarikh (Date) : \_\_\_\_\_

[\*Potong yang tidak berkenaan (\* Delete where not applicable)]



**PUSAT PENGURUSAN SISWAZAH  
SEMAKAN FORMAT GAYA UKM**  
*Centre for Graduate Management  
Gaya UKM Compliance Declaration*

**Bahagian A: Maklumat Diri Pelajar**  
*Part A: Student's Details*

<b>Nama (Name)</b>	
<b>No. Pendaftaran (Registration Number)</b>	

**Program pengajian (Program)** : Sarjana / Doktor Falsafah\* (*Masters / Doctor of Philosophy*)  
**Bentuk pendaftaran (Type of registration)** : Sepenuh Masa / Separuh Masa\* (*Full time / Part time*)

**Pusat pengajian/Jabatan (School/Department)** : \_\_\_\_\_

**Fakulti (Faculty)** : \_\_\_\_\_

**Tajuk tesis (Title of thesis)** : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Tandatangan (Signature)** : \_\_\_\_\_ **Tarikh (Date)** : \_\_\_\_\_

---

**Bahagian B : Perakuan Semakan Gaya UKM (Part B: Gaya UKM format checking appointment(s))**

Disahkan bahawa semakan telah dibuat oleh calon.

	Tarikh	Tandatangan
1.	_____	_____
2.	_____	_____
3.	_____	_____

**Ulasan :** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

---

**Bahagian C : Perakuan Kebenaran Menjilid Tesis - diisi oleh Pegawai di PPS**  
*(Part C : Approval to Bind Thesis - to be filled in by an officer in PPS)*

Disahkan bahawa format tesis mengikut Gaya UKM dan calon dibenarkan menjilid tesis.

**Tandatangan** : \_\_\_\_\_ **Tarikh** : \_\_\_\_\_

**Cop Rasmi** :

**APPENDIX VIII:****LIST OF ACCREDITED HOSPITALS & TRAINERS UNDER THE MINISTRY OF HEALTH**

	<b>Hospitals</b>	<b>Speciality</b>	<b>Clinical Supervisors</b>
1	<b>Hospital Kuala Lumpur</b>	Perubatan Am	Dato Dr. S. Jeyaindran Tan Sri Sinnadurai Dr. Lee Fatt Soon Dr. Ngau Yen Yew
		Nefrologi	Dr. Ghazali Ahmad Kutty Dr. Wong Koh Wei Dr. Ravindran Visvanathan
		Dermatologi	Datin Dr. Asmah Johar
			Dr. Suganthi Thevarajah
		Neurologi	Dato' Dr. Mohd Hanip Rafia
		Rheumatologi	Dr. Ong Swee Geik
2	<b>Hospital Ampang</b>	Gastroenterologi	Dr. Shashi Kumar Menon A/L Bhaskaran
		Hematologi	Dato' Dr. Chang Kian Meng Dr. Jameela Satar
3	<b>Hospital Putrajaya</b>	Perubatan Am	Dr. Liza Mohd Isa
			Dato' Dr. Shukri
			Dr. Heselynn Hussein
		Endokrinologi	Dr. Zanariah Hussein
			Dr. Nurain Mohd Nor Dr. Masni Mohamad
Rheumatologi	Dr. Heselynn Hussein		
4	<b>Hospital Serdang</b>	Perubatan Am	Dr. Muhaini Othman
		Kardiologi	Dr. Abdul Kahar Abdul Ghafar
		Rheumatologi	Dr. Muhaini Othman
		Nefrologi	Dr. Goh Bak Leong
5	<b>Hospital Sungai Buloh</b>	Penyakit Berjangkit	Datuk Dr. Christopher Lee
			Dr. Suresh Kumar
6	<b>Hospital Selayang</b>	Perubatan Am	Dr. Azmillah Rosman
			Dr. Mollyza
			Dr. Habibah
		Gastroentrologi	Dr. Tan Soek Siam
		Rheumatologi	Dr. Azmillah Rosman
Nefrologi	Dr. Wong Hin Seng		
7	<b>Hospital Tengku Ampuan Rahimah, Klang</b>	Perubatan Am	Dato' Dr. Shanta
			Dr. Tan Chwee Choon
		Nefrologi	Dr. Tan Chwee Choon
8	<b>Hospital Tunku Jaafar, Seremban, Negeri Sembilan</b>	Perubatan Am	Dato' Sree Raman
			Dato' Dr. Tarmizi Tayaparam
			Dato' Dr. Wan Shariyah
9	<b>Hospital Melaka</b>	Perubatan Am	Dato' Dr. Jaswant Singh
			Dr. Kauthaman A/L Mahendran
10	<b>Hospital Sultanah Aminah, Johor Bahru</b>	Perubatan Am	Dr. Hooi Lai Seong
		Kardiologi	Dr. Lee Chuey Yan
		Respiratori	Dr. Noor Aliza Md. Tarekh
		Penyakit Berjangkit (ID)	Dr. Kan Foong Kee
		Nefrologi	Dr. Hooi Lai Seong

11	<b>Hospital Raja Permaisuri Bainun, Ipoh, Perak</b>	Perubatan Am	Dato' Dr. Chandran Krishnan@Aris Chandran
12	<b>Hospital Pulau Pinang</b>	Perubatan Am	Dr. Ong Loke Meng
		Hematologi	Dr. Goh Ai Sim
		Endokrinologi	Dr. Nor Azizah Aziz
		Neurologi	Dr. Eow Gaik Bee
		Kardiologi	Dato' Dr. Omar Ismail
		Nefrologi	Dato' Dr. Rozina Ghazali
13	<b>Hospital Sultanah Bahiyah, Alor Setar, Kedah</b>	Perubatan Am	Dato' Dr. Muhammad Radzi Abu Hassan
		Respiratori	Dr. George Simon
		Gastroenterologi	Dato' Dr. Muhammad Radzi Abu Hassan
		Kardiologi	Dr. Hj. Abdul Rahim Tahir
14	<b>Hospital Sultan Abdul Halim, Sungai Petani, Kedah</b>	Respiratori	Dr. Sunita Devi a/p Hukam Gopal Chand
15	<b>Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan</b>	Perubatan Am	Datuk Dr. Rosemi Salleh
		Penyakit Berjangkit	Dr. Maheran Mustafa
16	<b>Hospital Tengku Ampuan Afzan, Kuantan, Pahang</b>	Perubatan Am	Dato' Dr. Sapari Satwi
		Respiratori	Dato' Dr. Sapari Satwi
		Rheumatologi	Dr. Ainon Mohd Mokhtar
		Nefrologi	Dr. Ramli Seman
		Gastroenterologi	Dr. Tee Hoi Poh
17	<b>Hospital Queen Elizabeth, Kota Kinabalu, Sabah</b>	Perubatan Am	Dr. Jeyaram Menon
		Respiratori	Dr. Jamalul Azizi Abdul Rahaman
		Penyakit Berjangkit (ID)	Dr. Timothy William
		Nefrologi	Dr. Bharathan Thevarajah
		Hematologi	Dr. Lily Wong
		Gastroenterologi	Dr. Jeyaram Menon
18	<b>Hospital Umum, Kuching, Sarawak</b>	Perubatan Am	Dr. Wong See Yin
			Dr. Vivian
			Dr. Flora
19	<b>Institut Perubatan Respiratori (IPR)</b>	Respiratori	Dato' Dr. Abdul Razak Muttalif (Pengarah)
			Dr. Ashari Yunus
20	<b>Institut Jantung Negara</b>	Kardiologi	Dato' Seri Dr. Robaayah Zambahari (Pengarah)
			Dato' Dr. Rosli Mohd Ali
			Dr. Shaiful Azmi Yahaya (Penyelaras MMed)

**APPENDIX IX:**  
**CRITERIA FOR ACCREDITATION AND LIST OF ACCREDITED HOSPITALS, DEPARTMENTS AND CONSULTANTS**  
**/ SPECIALIST**

**a) CRITERIA FOR ACCREDITATION:**

**A. Accreditation of Hospitals**

A hospital can be accredited if it meets the minimum criteria as follows:

A.1. *Number of hospital beds*- minimum 500  
- (Minimum occupancy rate 60%)

A.2. *Major Departments*

- i) Medicine
- ii) Surgery
- iii) O&G
- iv) Pediatrics

A.3. *Other supporting departments*

- i) A&E / OPD
- ii) Anesthesiology
- iii) ICU / CCU
- iv) Pathology
- v) Microbiology
- vi) Hematology
- vii) Blood bank
- viii) Radiology (including ultrasound)
- ix) Dietician
- x) Physiotherapy

A.4. *Number of Consultants (with an accredited department)*

- i) One each in the major departments (See A.2.)
- ii) A Pathologist\*
- iii) A Anesthetist\*
- iv) A Radiologist\*

\*(These posts must always be filled)

A.5. *Academic Activity*

- i) A hospital clinical meeting at least twice a month.

A.6. *Other supporting requirements*

- i) Night duty room
- ii) Reading room
- iii) Library
- iv) Meeting room with audio-visual aids

**B) Accreditation of Departments / Units**

B.1. *Department / Unit*

- i) Number of beds and occupancy
  - Minimum 80 beds
  - (60% occupancy rate)
- ii) Ratio of patients / beds per trainee: 20: 1
- iii) Minimum number of medical specialist rounds: 2 per week.
- iv) Minimum number of medical clinics:
  - 4 clinics per week with at least 2 in sub-specialties.

B.2. *Staff*

- i) Minimum number of consultants:
  - 1 specialist and 1 consultant Per 80 beds / patients
- ii) Number of Medical Officers:
  - 1:50 beds (not including trainees)

B.3. *Ward Rounds*

- i) Number of teaching ward rounds by Consultant / Clinical Specialist
  - Per week: twice weekly.

B.4. *Departmental Teaching Activities*

- i) Journal club - once a month
- ii) Medical auditing session - once a week
- iii) Clinical conference - once a week
- iv) X-ray conference - twice a month

**C) Accreditation of Consultants / Specialists**

C.1. *Commitment to teaching.*

C.2. *Satisfactory departmental programmes for teaching and service*

- C.3. *Involvement in research, publication and participation in conferences are desirable.*
- C.4. *Has at least 2 years clinical experience post MMed or equivalent. An interest in a subspecialty is desirable for Phase I teaching.*
- C.5. *For Phases II and III teaching, the consultant must have at least 3 years' experience in a subspecialty after obtaining MMed or its equivalent.*

**APPENDIX X:**  
**CLINICAL SUPERVISOR'S TERMS OF REFERENCE**

**a) Candidates**

A Clinical Supervisor can be assigned to supervise 2 candidates/phase with a maximum of 4 candidates from any phase of the M.Med. Programme ( e.g. 2 candidates from Phase I and 2 from Phase II)

**b) Arrangement of activities**

The supervisor shall arrange the activities of the candidates in the department regarding:

1. Ward duties and on-call duties
2. Clinic
3. Referrals
4. Procedures (laboratory, investigative, therapeutic)
5. Clinical meetings and educational activities
6. Tutorials and lectures

The supervisor is to submit to the Programme Coordinator or a representative timetable stating the weekly activities of the department(s) / candidates.

**c) Case write-up and reviews**

The supervisors shall advise and assist the candidates regarding the case write-up, reviews or short-term studies. All studies and write-ups are to be completed by the end of the posting. The supervisor shall mark and grade the write-ups and the mark/grading shall be recorded in the supervisor's report. Candidates must hand up 4 case write up as one of the eligibility criteria to sit for the Part 2 examination.

Each case write-up is given two sets of marks, one by the clinical supervisors, and the other, independently, by another specialist/consultant in the related subspecialty. The averaged mark is then recorded.

**d) Logbook**

Each candidate must have a logbook for each subspecialty posting. At the end of the posting, the clinical supervisor will assess the candidate and write comments in the logbook before forwarding it to the Programme Coordinator. Supervisors are encourage to meet regularly with the candidate to

**ROLE OF SUPERVISORS**

**a) Programme Coordinator**

1. To schedule lectures and clinical postings.
2. To conduct and attend to matters pertaining to examinations.
3. To collect all case reports and clinical supervisor's reports.
4. To approve candidate's leave.
5. To be a member of the Selection Board.
6. To represent the Department at the Post-graduate Board Meetings.
7. To be the mentor / academic adviser to the candidate.
8. To be the secretary to the Board of examiners for the course
9. To be liaison officer for the course

**b) Candidate Supervisor**

1. To act as a mentor / academic adviser to the candidate in matters pertaining to academic performance.
2. To act as a liaison officer between the candidate and the course supervisor.
3. To be advisor to the candidate pertaining to career development.

**c) Clinical Supervisor**

1. To supervise the candidate's clinical work.
2. To ensure that the candidate keeps up with the medical literature, attends hospital teaching activities (e.g. CPC) and maintains a professional attitude toward patients.
3. To ensure that the candidate completes the case reports satisfactorily.
4. To submit reports regarding candidate's clinical competence.
5. To encourage and assist the candidate to write papers and attend seminars / conferences.

*(Updated July2012)  
(Next review July2017)*