

MEDICINE AND SURGERY COURSE CLASS LM-41

ACADEMIC RULES

APPROVED BY THE COURSE COMMITTEE (19th november 2018)

MODIFIED ACCORDING TO THE RECTORY DECREE n. 1423 (April, 15th 2020)

MODIFIED BY THE COURSE COMMITTEE (June, 30th 2020)

VALID STARTING ACADEMIC YEAR 2018-2019

ARTICLE 1

Course Function and Structure

1. A doctoral course in medicine and surgery, class LM-41 is being established at the University of Turin. The course is organised according to regulations prepared on March 16, 2007, by the educational ministry, for the Master's degree in Medicine in Surgery. (G.U. n. 155 del 6-7-2007 Suppl. Ordinario n. 153/ G.U. n. 157 del 9-7-2007 Suppl. Ordinario n. 155).
This represents changes from the previous Master's course in Medicine and Surgery, class S/46.

The learning aims allowing access to the LM-41 degree class reported in the tables annexed to the DM (Ministerial Order) issued on 16 March 2007, and published in the Gazzetta Ufficiale (the official journal of record of the Italian state) on 6 July 2007 n. 155, have been updated in line with the DM 8 issued on 2 April 2020.

2. The departments in charge of the Doctor of Medicine and Surgery Course are Clinical Sciences and Biology, Oncology, and all those attached to the medical school.
3. The educational structure responsible is the Committee of the Doctor of Medicine and Surgery Course (hereafter CCLM).
4. The current set of rules (written with regards to the framework deliberated by the academic Senate), consistent with the university Academic Regulations (RDA), the academic regulations of the department, and the university rules about the relationship between schools, departments, and courses, supervise the course's educational organisation for anything undefined in the aforementioned regulations. The organisation of teaching of the course, with specific educational database project, is given in Appendix 1, which makes up an important part of these rules. The biological sciences and oncology department committee, via specific regulations, reserves the right to manage certain aspects of the organisation of teaching.
5. The present rules are updated annually in the public educational syllabus and thus are linked to the cohort referred to in the academic year in which they are first enrolled.
6. The headquarters and logistical structure supporting teaching and laboratory activity are normally the departments of clinical sciences and biology, oncology, or the medical school, or any combination of these. It is therefore possible that some teaching might be adopted or maintained at other courses at the University of Turin. Teaching and internship activities can be carried out in other

university facilities, as well as at external locations, public and private, with an agreement and specific conventions.

ARTICLE 2

Specific Educational Objectives, and Occupational and Professional Connections

The specific objective of the Medicine and Surgery course of the University of Turin is to educate a doctor able to carry out her or his own profession in national and international contexts. The course's internationalisation takes place via contact with teachers from non-Italian universities, with different professional experiences and approaches to teaching, and by integrating new medical skills into traditional teaching units. These skills are necessary to the practice of medicine in a globalised world. The course has a multidisciplinary vision, integrating the most common problems in health and illness with an education oriented toward prevention, as well as health promotion, centered around the human as a whole and in the context of intercultural communication. In the six years of the course, the educational project is carried out essentially in these modes:

1. Introduction to medicine, basic and fundamental sciences, and early exposure to clinical rotations
2. Morpho-functional knowledge of the human body, human-environment interactions, and clinical and semiotic methodologies
3. Theoretic and practical knowledge about the major systems of of interest to internists
4. Diagnostic and therapeutic approaches, psychiatric sciences, neurology, and sense organs
5. Mother-child and reproductive medicine, internal and oncological medicine, laboratory and radiological diagnostics
6. General and emergency medicine and surgery. Public health, legal medicine, and professional ethics
7. Deep knowledge of new methods in treatment and health, centred not only on illness, but above all on the unwell patient, considered in her or his wholeness in body and mind, as well as gender and demographics
8. Scientific, medical, clinical, and professional methodologies, aimed at problems of health of the individual and community, with due attention to differences in population and gender.

In the first year, numerous courses integrating basic and clinical disciplines make up the educational path. They are supported by situational teaching, and tutorials with advanced simulation equipment, and a network of clinical rotations certified to guarantee early contact with various types of patient pathologies. In the following years, to guarantee a broad offering of curricular professional internships, the course moves to various hospital facilities, research centres, the emergency network, general and pediatric medicine, health organisations and humanitarian work with health care assistance both in Italy and abroad. Agreements with Italian and international non-profits give students the chance to do rotations in humanitarian, clinical, and social situations, in very diverse international contexts.

Parallel to the course of study, high-achieving students oriented toward scientific research can, after a selection process, move to the 2nd year of an MD/PhD course, which includes additional training for research and various economic benefits, including a scholarship.

(See <http://www.medicina-mdphd.unito.it>). Students who are not in the MD/PhD programme but who show, in later years, interest in lab or clinical research, or both, can have a tutor dedicated to helping the student move into a research doctorate.

Before internship, at the end of preparation for the final thesis, there are rotations in research science laboratories and exposure to community health services, including teamwork models given as much as possible in interdisciplinary and international modes. All of these contribute to developing and consolidating clinical and research abilities, and the acquisition of skills expected by the end of the educational course. Medical and scientific English language acquisition -- as well as possibly in other languages of the European community -- and foreign work opportunities, are all part of creating a future

graduate for international work context, whether in research or international cooperation, such as access to residency programmes outside Italy.

The skills acquired at the end of the curriculum are those of a graduate prepared for all fundamental aspects of medical science, who is able, by the kind of knowledge acquired, to take on an education in any medical specialty, carrying out each possible role in the healthcare organisation, cope with new scenarios introduced by globalisation, and keep learning throughout a career, including via continuing professional education.

Results of expected learning, expressed via European regulations about the degree

Knowledge and Understanding

At the end of the course of study, a graduate in Medicine and Surgery has gained:

- Deep understanding of the cellular, molecular, and genetic foundations of pathologies and therapies
- Knowledge of the principal risk factors of health and disease, and interaction between the person and the environment
- Understanding and skills in interpreting morpho-functional anomalies which are observed in diverse diseases
- Understanding of the fundamental biological mechanisms of defense, the relationship between microorganisms and hosts in human infections, as well as their relative mechanisms of defense
- Understanding of the human life cycle and the effects of growth, development, and ageing on the individual, family, and community
- Understanding of epidemiology, health economics, and health management basics, including in the light of globalisation
- Understanding of the state of international health, and ability to comprehend global dynamics of relevant diseases from a social point of view, considering the impact on health of migration, commerce, and environmental factors, and the role of international health organisations.

Modes and types of educational activities and teaching tools:

Knowledge is acquired through a programme of core, intermediate, and advanced integrated teaching. Teaching methodologies include lessons, seminars, laboratory and computer exercises, and self-testing.

Applying Knowledge and Understanding

At the end of the course, Medicine and Surgery graduates will have gained the ability to:

- Apply clinical reasoning principles, and carry out basic diagnostic and technical procedures
- Understand and interpret diagnostic results, with the aim of correctly defining the nature of a problem
- Apply proper diagnostic and therapeutic strategies to the problem, both for the individual and the community
- Apply methodological understanding of evidence-based medicine to specify health problems, do source research, critically review results, understand conclusions and apply them to the problem
- Correctly apply local, regional, and national demographic and epidemiological survey data to health care decisions
- Recognise the necessity for a collective responsibility in health promotion interventions, which require tight collaboration with the population, as well as a necessary multidisciplinary approach which includes health professionals and also collaboration across the field as well as internationally

Methods and types of educational activities and teaching tools:

The ability to apply knowledge and understanding is acquired via basic, intermediate, and integrated advanced teaching activities, via elective activities, lab and clinical rotations, and the final thesis. Teaching methodologies include activities both on campus and online, discussions of clinical cases, simulation and situational teaching, bibliographic research, elaboration of data and realization of projects. Ability to apply knowledge and understanding is verified normally through rotational notebooks, grading of projects, grading of the final thesis, and in the framework of written and oral exams of relevant material.

Making Judgements

At the end of the course of study, Medicine and Surgery graduates must:

- Know how to integrate knowledge and manage complexity, including reflection on social and ethical implications of medical actions
- Show critical autonomy of judgment, constructive skepticism, discernment, and responsibility.
- Be aware of the roles of complexity, uncertainty, and probability in decisions taken during medical practice
- Respect professional values, which include excellence, altruism, responsibility, compassion, empathy, reliability, honesty, and integrity
- Develop and apply original ideas, within the context of biomedical and translational research.

Modes and types of educational activities and teaching tools:

Autonomy of judgement is encouraged in the framework of basic and advanced course activities, during rotations, and in research activities associated with the preparation of the final thesis. Teaching methodologies consist in activities on campus and online, in simulation and real life, in clinical case discussions, bibliographic research, analysis and discussions of the results of clinical and biomedical research, group work, projects, and more. Testing autonomy of judgement normally comes through evaluating the ability to make good arguments, both written and oral, as well as through individual and group projects, simulations, rotation evaluations, and the final thesis.

Communication Skills

At the end of the study course, graduates in Medicine in Surgery should be able to:

- Know how to communicate clearly with patients and their relatives, free from ambiguity, giving them the capacity to share decision-making as an equal partner
- Be able to compile and maintain good medical documentation
- Demonstrate a good ability to listen to and synthesize information relevant to a problem and to reconstruct accurate clinical histories
- Demonstrate sensitivity and respect toward patients' opinions, understanding emotional and cultural aspects
- Apply ethical principles in treating patient data, avoid plagiarism, maintaining confidentiality and respecting intellectual property
- Demonstrate the ability to compile, analyse, and present clinical and research data
- Respect colleagues and other health professionals, demonstrating the ability to establish good working relationships and collaborate
- Communicate effectively with colleagues, the community, other economic sectors, and the media.

Methods and types of educational activity and teaching tools:

Certain skills are developed, either with an integrated approach to problem solving in medicine and EBM, which the student uses in the sixth year, or with clinical teaching giving attention to communication with medical outcomes and intercultural aspects.

This ability is reinforced via case group discussions, educational simulations, bedside rotations, and work leading to the final thesis and its defense.

Communicative ability is tested normally via evaluations of individual and group activities, in particular in rotations, as well as in oral exams and the final thesis.

Learning Skills

The Medicine and Surgery graduates will have developed the ability to learn, which permits them to continue to study on their own. They should be able to:

- Compile, organise, and correctly interpret health and biomedical information from diverse resources and available databases
- Know how to find and interpret scientific literature for comprehension and problem-solving
- Compile information specific to patients and the clinical data management system
- Use technology associated with information and communications, as support to diagnostic, therapeutic, and preventative practice, and for surveying and monitoring of health status
- Understand the application and limitations of information technology.
- Manage a good archive of one's own medical practice, for later analysis and improvement
- Respond with personal initiative to the necessity of making constant professional improvements, while being aware of one's own limits, including those of one's own medical knowledge

Modes and types of educational activities and teaching tools:

The ability to learn is encouraged through the framework of basic and advanced courses, during rotations (particularly clinical), and through preparation for the final thesis. The teaching methodology includes teaching via research, using databases, projects and related work on assigned themes, analysis of experimental approaches and the methods of writing scientific papers, critical analysis of information sources, and use of professional software.

Occupational and professional paths expected for graduates

Professional paths are those which involve working in public and private healthcare institutions, regional healthcare offices, and private specialist medical clinics.

The course is preparation for the profession of

doctor of general medicine (code ISTAT 2.4.1.1.0)

ARTICLE 3 Admission Requirements

1. Medicine and Surgery course admission is done through a national application system.
2. To be admitted to the Medicine and Surgery course, a student must have a five-year secondary school diploma, or another degree obtained abroad, recognised as required by law.
3. To be able to enter, the student must have adequate educational preparation, according to laws related to courses whose admission is through the national application system.
4. The admissions test to Medicine and Surgery via the national application system has a minimum score indicated in the annual ministerial decree.

If the national admissions test takers have low scores in Physics & Mathematics and Biology (below 25% of maximum), or admitted students have not reached this minimum threshold, the gaps will be considered as education that the course will provide (Obblighi Formativi Aggiuntivi - OFA).

Knowledge of the English language at a B2 or higher level will be verified, as stated in the course rules, by a special commission.

If individual level is inferior to B2, the gap will be considered as education that the course will provide (Obblighi Formativi Aggiuntivi - OFA).

In this case:

- OFA will be carried out as its own dedicated training, ideally as e-learning;
- by the end of the first year of the course, a test is planned of the material learned; if admission is after March 31, the date will be adjusted
- passing into the second year of the course will be binding on the passing of this test;
- failure to pass the OFA will be managed with additional activities and related testing.

ARTICLE 4

Length of Course of Study

1. The normal course of study is six years.
2. To receive the degree, the student must acquire 360 CFU, according to rules contained in the course catalogue and the six-year curriculum of the Course Educational Rules, as documented in the RDA.
3. The average amount of credits finished by a student in a year is set, by convention, at 60, with occasional variations to the specific needs of the curriculum. Part-time enrollment is also possible, according to university rules.
4. Credits for each educational activity are acquired by the student by passing exams or other forms of testing, carried out in the ways specified in Article 7 of this document, and in accordance with the educational rules of the university, as well as the corresponding department.
5. Those enrolled in Medicine and Surgery do not forfeit their studentship. In case of prolonged interruption of studies (greater than three years), they can be re-enrolled after evaluation of the course committee of whether their educational credits prior to the interruption are not obsolete. In any case, including lack of prolonged interruption, if the final degree is not conferred within 12 years of matriculation, all credits will be subjected to review of whether their education content is obsolete.

ARTICLE 5

Educational Activities, Teaching, Curricula, and Teachers

1. The Medicine and Surgery course is not structured in curricula.
2. The study plan is described in Appendix 2, which is updated annually.
3. Each Integrated Course will have a Coordinator, designated annually by the course committee. An Integrated Course Coordinator carries out the following functions:
 - is the point of contact for students in the course;
 - coordinates planning course educational activities;
 - coordinates preparation of exams;
 - normally presides over the exam commission of the course, which he or she coordinates and whose composition he proposes;

- is responsible to the course committee for correct execution of all educational activities defined for the completion of the course's defined goals.

ARTICLE 6

Types of Educational Activities

1. Educational activities of disciplinary sectors are divided into lessons, based on the programme described in two teaching periods, approved by the course committee, and published in the student guide. Module structure and course duration are set down according to departmental policies. Teaching activities (lessons and exams) take place at times according to the the initial date and academic calendar, given in art. 7 comma 6, during the regular academic term fixed in art. 34 comma 1 of the university teaching rules.
2. Each CFU corresponds to:
 - no more than 12 hours of instruction including no more than eight hours of lectures and four hours of practical exercises (ADI)
 - not more than 10 hours of theoretical-practical teaching for Elective Teaching Activities (ADE)
 - not more than 25 hours of professionalised teaching activities with a teacher as a guide for professionalised teaching activities (ADP)

Lectures: constitute the treatment of one specific topic, identified with a title and making up part of the teaching curriculum set down by the study course, carried out by an official teacher, on the basis of a predefined calendar, and given to regularly-enrolled students at a specific year of the course, sometimes subdivided into small groups.

Theoretical-practical teaching: is possible through lectures, seminars, interactive small group classes, and activities not coordinated or connected to homogenous learning paths, where the students make personal choices about their studies.

Professionalised teaching activities: students must follow professionalised teaching activities, attending those identified by the CCLS as within the scope of learning specific professional skills in the field of internal medicine, general surgery, pediatrics, obstetrics and gynaecology, general and community medicine, and other medical-surgical and laboratory specialties, including basic, translational, and clinical research. These practical activities involve students who have a degree of autonomy defined by CCLM and proportional to the skills learned.

In each phase of obligatory rotations, students are taken under the direct control of a tutor. The CCLM can identify non-university structures among those at which rotations can be conducted in part or completely, after evaluation of their educational adequacy.

Given the Covid-19 health emergency situation, as far as this comma is concerned please see the document named "ALLEGATO A" (attachment A), which contains the provisional changes that have been made and which will be periodically updated as the situation evolves.

3. The Medicine and Surgery course, besides all educational activities, can organise laboratory work and externships in collaboration with public and private institutions, both Italian and foreign, based on necessity, being concretely practical, and having comparative educational opportunities. They must be approved singularly by the CCLM, and fall under the teaching responsibility of a course teacher. The number of credits assigned will be fixed by the CCLM for each particular case.
4. Medicine and Surgery students can obtain recognition of rotations, internships, and so forth, which are coherent with the teaching goals of the course, for up to 5 credits.
5. In the framework of the growing integration of Italian and foreign universities, it is possible to substitute educational activities in the course with other disciplines taught in Italian and foreign universities. This must be done in coordination with international programmes, interuniversity

conventions, or specific conventions proposed by the course and approved by the relevant department committee or school, and decided upon by the competent academic organ, with other university institutions or relevant cultural analogs.

ARTICLE 7

Exams and Other Testing of Student Learning

1. For each educational activity, it is necessary to have conclusive testing after the period in which the activity takes place. Where the material lends itself, the test must also have an evaluation of practically acquired skills. The exam must be consistent with the curriculum, educational goals, and course methods. For a teaching activity divided into modules, however, final tests are unitary and collegial. By passing an exam, a student obtains the CFUs attributed to the educational activity.
2. Final certification may include: oral or written exams, or written or oral reports on activities, or free-answer or multiple choice exams, or laboratory tests, or computer exercises.
Final certification, which might include many of the forms indicated above, and the possibility of giving out partial in-progress certifications, are first indicated at the beginning of each academic year by the instructor responsible for the educational activity. The means by which certification is given must be the same for all students, and be consistent with the numbers set down at the beginning of the academic year.

Given the Covid-19 health emergency situation, as far as this comma is concerned please see the document named "ALLEGATO A" (attachment A), which contains the provisional changes that have been made and which will be periodically updated as the situation evolves.

3. The exam periods are fixed at the beginning of each academic year.
4. The exam periods start at the end of the teaching activities of individual classes.
5. The exam calendar includes seven chances to sit a test, distributed over the academic year. Chances are reduced to three for classes which do not take place in the same year. Students outside the course may be given other chances to sit exams.
6. The educational activity calendar (lectures and exams) for the courses is fixed annually by the responsible department committee (or school), proposed by directors, in contact with the relevant teaching commission.
7. Lecture schedules and exam calendars are fixed by the director of the department or her or his delegates, in conformity with what is described by the course rules, and done in contact with the consulting academic commission, relevant re-examiners, and instructors involved.
8. The exam calendar is communicated with adequate notice. Publication of the lesson hours and exam dates is done in broadest means possible. The same holds for each other teaching activity, including professor and researcher availability hours.
9. If, for good reason, an exam sitting must be moved or the expected teaching activity cannot be carried out, the instructor promptly communicates this to the students and to the educational administration, as a matter of responsibility, and according to existing regulations.
10. Exam dates, once published, may not ever be moved earlier. Exams follow a timetable, on the day of the exam, and as a rule, proposed by instructors.
11. The interval between two consecutive exams must be at least 10 days.

12. The examiners' commission members are nominated by the department directors or their delegates, and the president of the course committee. There are at least two members, who are presided over by official course professors or nominated professors. The examiners' commission can operate as a subcommission. All students, on request, have the right to be examined by the president of the examiners' commission. The president can be other professors, researchers, or experts in the material. Recognition of experts is deliberated by the department committee if proposed by the course committee.
13. Students may take the same exam three times in one academic year.
14. The commission president informs students of the results of exams and their evaluations before official publication of results. Until this publication, students may retake an exam without consequences for their personal study plan, including for their final degree.
15. When determining the regulations by which students will be examined, the specific needs of working students must be taken into account.
16. Exam marks are out of 30 points, and the exam is considered passed if the score is 18 or above. Upon unanimous decision, a student may receive honours, if the final score is 30.
17. Tests are public, and final scores are published.

ARTICLE 8

Final Examination

1. After having finished all educational activities in the plan of study, and receiving at least 360 credits, as described above including those related to preparation of the final exam, students, independently of the number of years of enrollment in the university, are admitted to sit a final exam. It consists of a discussion of a paper in a public setting, in front of a commission of instructors.
2. Requests for a degree can be made, according to a deadline decided annually by the course committee, and according to rules published on the course web site. A degree which is given for activities not connected to the course must be approved by this committee. The dissertation, which must be original in character and constitute in its primary approach scientific work, must include: a) a thesis written with a literature review, and b) an analytical-clinical/pre-clinical-basic-systematic-meta-analytic-review experimental thesis. Each dissertation is normally conducted under the guidance of a supervisor connected to the course. It is possible to have, as a supervisor, a university instructor who belongs to a scientific disciplinary field included in the educational offerings spelled out in the course, or a researcher in an external entity, or a professional who teaches, as an adjunct instructor, a class or module in the course.

An assistant supervisor is also possible, even from another university. In case a supervisor permanently stops teaching activity at a date prior to the dissertation, his or her role is assumed totally by the instructor who takes over. The dissertation, in its final form, without later modifications, is sent by the candidate electronically to the course student secretary, before and not after the deadlines fixed for each degree session by the course committee.

Approval of the thesis is a responsibility of the supervisor and assistant supervisor (if present), and is attested to by signature of both on the front page of the dissertation.

3. Final evaluation of the student's course of study must take into account evaluations of educational activities and the final exam, as well as other relevant elements.

To determine the final mark, expressed out of 100, the following parameters are included:

1. the weighted average of marks, expressed out of 100;
2. points given by the degree commission for the thesis defence (maximum seven points, two of which reserved for the presentation)
3. 0.4 points for each honours obtained in exams;
4. points for study abroad (Erasmus for Studies); one point for each semester in which at least 20 recognised credits are attained; two points for an academic year of 40 recognised credits;
5. points for involvement in international exchange programmes (Erasmus for Traineeships): one point for at least 12 weeks with attainment of at least 12 credits. In case the period is reduced on the student's initiative, one point or a fraction is awarded at the incontestable discretion of the Erasmus committee.
6. points for the duration of the course: four points for the degree conferred before the autumn session of the sixth year of the course, two points for before the winter session of the sixth year
7. the average results of all marks obtained on each year's Progress Test, if higher than the class average, and weighted for honours

The final mark, determined as a sum of points from a) through g) above, will be rounded up or down to the nearest whole number.

A recommendation for publication can be given, with unanimous consent of the committee, by considering the scientific merit of the thesis, independently of the final mark given to the candidate.

The committee can give, upon unanimity, honours to candidates who have a final point total above 110, and special or honourable mention recognising total excellence in the educational curriculum.

ARTICLE 9

Enrollment and Attendance at Individual Lessons

1. For courses with a limited number of students, such as Medicine and Surgery, requests for enrollment in a single class may be authorised, for a maximum of 30 CFU per academic year, by the specific administration, respecting the limits given by the rules of admittance and stated resources.

ARTICLE 10

Preparation, Requirement to Attend Class

1. There is no required preparation between examinations. The following threshold is planned: it is possible to take third-year and later exams only if 60 CFUs have been completed in exams from the first two years of the course, in disciplines including basic, intermediate, or advanced (except for rotations and ADE) activities.
2. It is required to attend various educational activities.
3. A student must attend 67% of the hours given for each class or activity to be admitted to its examination.

ARTICLE 11

Study Plan

1. The CCLM determines each year, with the current course rules, the exact educational path including the part students choose on their own
2. Students present their study plan, taking into account the rules of the ministerial decree and the rules in the study curriculum ("Manifesto")
3. The study path can be carried out over a longer period than normal, for part-time students, or, in the case of exceptional academic performance in previous academic years, over a shorter period than normal.
4. A study plan not adhering to a standard educational path, but conforming to the educational rules, must have CCLM approval.
5. Decision on 4. above is given within 40 days of the deadline fixed for study plan presentation.

ARTICLE 12

Recognition of credits in cases of transfers and second degrees

1. The CCLM (or similarly nominated commission) will evaluate requests for transfers and recognition of foreign degrees, and draw up a ranking list on the basis of passed exams (passed CFUs/required CFUs, expressed in tenths) adding up all the averages of conferred marks (average of obtained marks, expressed in tenths). Honours are not included in the average but can be taken into consideration if two candidates have an equal score.
2. Except for various situations, the CCLM recommends to the department committee recognition (or not) of credits and academic degrees given in other universities, including from exchange programmes. To recognise exams passed in courses other than Medicine and Surgery at the University of Turin, regarding transfer of students from another course or another university, the CCLM will recognise passed exams. The CCLM will specifically indicate the type of educational activity, disciplinary field, scientific sector and number of CFUs covered according to the academic rules. The CCLM will also decide which year of the course in which to insert the students, based on the number of passed exams. In the case of academically equivalent exams, this must be specifically pointed out, including a possible petition to the committee to verify the candidate's knowledge.

Non-recognition must be explained. For students who come from the same course at another university, at least 50% of credits must be recognised.

3. The maximum number of recognisable credits is determined by the section on credits, in the course rules.
4. For exams which are not in the scientific-disciplinary field indicated in the course rules, or which exceed the limits in 2), at the request of the student, a maximum of eight credits can be recognised and entitled "Educational Activities of Student's Choice".
5. It will be possible to recognise "Other Educational Activities" (Ulteriori attività formative) (D. M. 270/04, art. 10, c. 5, d) for a maximum of five credits.
6. In the case of a student already possessing a degree of the same level, the recognition of credits will be, from case to case, considered and approved by the CCLM (or commission nominated with the task).

ARTICLE 13

Instructors

Attached:

Appendix 3: comprehensive list of course instructors with the following data:

- scientific sector (SSD) of membership
- scientific sector (SSD) of teaching
- name (DDMM 16/03/2009 - ART. 1.9)
- qualifications related to discipline taught (full professor, associate researcher, etc.)
- Research activities supporting teaching activities

Appendix 4: responsible instructors (in the directorial decree 10/06/2008,n. 61, drafted on the basis of current contract resources) are indicated in the document SUA-CdS, updated annually and published on the course web site.

ARTICLE 14

Orientation, Tutorials

Orientation and tutorials are planned for the length of the course. Tutorial activities are carried out primarily by course instructors and academic managers. For practical and work-oriented tutorials, course students can use the Job Placement office at the medical school.

ARTICLE 15

Quality Assurance and Monitoring and Reexamination Commission

1. The president of the course is the Quality Assurance Manager, as well as of monitoring and reexamination. One of her or his delegates can be nominated as a Quality Assurance administrator.
2. The course committee institutes a Monitoring and Reexamination Commission. It is composed of the course President (in function as coordinator), his or her potential Quality Assurance administrator, students, and teachers, nominated by the committee, respectively by those enrolled in the course, on nomination of the student representatives, and among the teachers which make up the committee. The Commission is composed of six members: three teachers and three students. The Commission has a duration of three academic years. If a member steps down or ceases to participate, the Commission appoints an immediate successor. The substitute has a three-year mandate.
3. Principle functions of the Commission are the following:
 - dialogue between teachers and students;
 - self-evaluation and writing of annual monitoring and cyclical reexamination of the course, including monitoring of proposed corrective interventions;
 - instruction on topics related to effective and functional teaching activities (including teaching materials); study plans; study support and student services, course quality indicators; and student opinions, which should be comprehensively surveyed;
 - supporting the president in organizing and updating information on the SUA-CdS;
 - working together with teaching structures on problems of the Commission.
4. The Commission meets at least at the end of each teaching period, synchronised with the deadlines for various activities (and no less than two times per year).

5. It is not possible for a person to be a part of the Monitoring and Reexamination Commission and the teaching commission (of department or school) for the same course of study.

ARTICLE 16

Self-evaluation Procedures

1. Annual monitoring and cyclical reexamination are periodic and programmed processes of self-evaluation, with the goal of keeping tabs on educational activity and verifying the suitability of learning objectives offered by the course, the relationship between these objectives and results, and how successfully the course is being managed. With the goal of taking every opportunity to intervene and improve, the annual monitoring and cyclical reexamination identify possibly critical causes preventing concrete corrective action, within a time, means, and management to realize it.
2. The president of the course presides over the drafting of the annual monitoring and cyclical reexamination, which are presented and discussed among colleagues.
3. The president of the course submits the annual monitoring and cyclical reexamination for the approval of the course committee, which then assumes responsibility for them.

ARTICLE 17

Other Commissions

The course committee can create temporary or permanent commissions, with instructive or consultative duties, or other tasks delegated by the committee. All permanent commissions can be given specific deliberative functions (regarding, for example, the course of studies) according to rules and categories laid down in the course regulations. Via deliberations, commissions can make direct requests to the course committee.

ARTICLE 18

Modification of Rules

1. The teaching rules of the course are approved by the department committee for each department, after proposal by the course committee. For interdepartmental courses, if there is persistent disagreement between departments, approval is handed to the Academic Senate, which decides subject to counsel by the Administration Committee.
2. Course teaching regulations are published annually with educational offerings, and therefore are targeted at the cohort of the academic year of first enrollment to a particular course of study.

ARTICLE 19

Temporary Rules

Students who, at the moment the Medicine and Surgery course starts, are already enrolled in another course, may choose to enroll in the new course. The course committee determines the credits to assign for the courses, according to existing educational rules, and, when necessary, evaluates the credits of the students already enrolled. The committee sets down the individual plan of study, assigned in order to complete the course.