



STUDENT GUIDE

**DOCTOR OF
EMERGENCY MEDICINE**

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STUDENT GUIDE FOR DOCTOR OF EMERGENCY MEDICINE UKM

Table of Contents

1. INTRODUCTION	4
1.1 PROGRAM AIM.....	4
1.2 PROGRAM EDUCATION OBJECTIVES (PEO).....	5
1.3 PROGRAM LEARNING OUTCOME (PLO)	5
1.4 THE DURATION OF THE TRAINING PROGRAM	6
1.5 REGISTRATION AND PAYMENT	6
2. COURSE STRUCTURE	6
3. SUPERVISION.....	12
3.1 Supervisor Types and Responsibilities	12
3.2 Academic Staff of Emergency Department HCTM UKM.....	13
4. ASSESSMENT.....	15
4.1 Trainee Portfolio	17
5. FORMATIVE ASSESSMENTS.....	18
5.1 Workplace-Based Assessment (WPBA).....	18
5.1.1 WPBA Rating System	18
5.1.2 WPBA Requirements by Year	19
5.1.3 Feedback and Record-Keeping	20
5.1.4 Designated Assessor Group System	21
5.1.5 Unsatisfactory Performance and Remediation.....	22
5.2 Logbook.....	24
5.3 Personal and Professional Development (PPD)	24
6. DISSERTATION	25
6.1 Research Milestones.....	25
6.2 Dissertation Format	26
6.3 Dissertation Presentation	26
6.4 Publication Prerequisite	27
7.5 Final Dissertation Submission	27
7. SUMMATIVE ASSESSMENT	28
7.1 Part 1 Examination.....	28
7.1.1 Eligibility to Sit Part 1	28
7.1.2 Pass criteria for Part 1:	29
7.2 Part 2 Examination.....	29
7.2.1 Eligibility to Sit Part 2:	29
7.2.2 Pass criteria for Part 2 (both sections):.....	30
7.3 Re-examination.....	30
7.4 Result Announcement	31
8. STUDY GUIDE VERSION CONTROL AND CHANGE COMMUNICATION POLICY	32

9. EXAMINATION RESULT APPEAL.....	33
9.1 Appeal Process for Part 1 and Part 2 Examinations	33
9.2 Programme-Related Concerns	34
10. DEFERMENT, SUSPENSION AND TERMINATION FROM PROGRAMME	35
10.1.1 Application process and period	35
10.1.2 Deferment period	35
10.1.3 Implications of deferment	36
10.2 Suspension of Studies (Penggantungan Pengajian)	36
10.2.1 Grounds for Suspension	36
10.2.2 Disciplinary Grounds	36
10.2.3 Implications of Suspension	37
10.3 Dismissal from Programme (Penyingkiran dari Program)	37
10.3.1 Academic Failure.....	37
10.3.2 Maximum Period of Study	37
10.3.3 Disciplinary and Professional Ethics Violations	37
10.3.4 Appeal Against Dismissal.....	37
11. SYLLABUS	38
11.1 Part 1 Examination.....	38
11.1.1 Domains Covered	38
11.1.2 How to Approach the Syllabus.....	39
11.2 Part 2 Examination.....	39
11.2.1 Domains Covered	39
11.2.2 How to Approach the Syllabus.....	40
12. TEXTBOOKS AND REFERENCE.....	41
APPENDIX A: LEVEL DESCRIPTORS: KNOWLEDGE AND SKILLS	45
APPENDIX B: PROCEDURAL SKILLS MATRIX.....	47
APPENDIX C: KNOWLEDGE FRAMEWORK: PART 2 CONJOINT EXAMINATION	51
APPENDIX D: PROGRAMME KEY POSTINGS TABLE	55

DOCTOR OF EMERGENCY MEDICINE UNIVERSITI KEBANGSAAN MALAYSIA

1. INTRODUCTION

Doctor of Emergency Medicine (DrEmMed) is a postgraduate specialist training programme at Malaysian Qualifications Framework (MQF) Level 7, offered by the Faculty of Medicine, Universiti Kebangsaan Malaysia (UKM). The programme was first established in 2005, and it received approval from Higher Education Department in May 2004. It is governed jointly by UKM and the Speciality Conjoint Committee in Emergency Medicine (SCCEM) under the Malaysian Medical Council (MMC) and spans four (4) years of structured clinical and academic training.

Emergency Medicine is a medical speciality that demands the ability to make timely clinical decisions and initiate immediate treatment for patients presenting with a wide range of acute conditions, including those that are life- or limb-threatening. The clinical scope of practice encompasses triage, resuscitation, stabilisation, appropriate investigation, treatment, and the disposition of patients for further care.

This programme places emphasis on the acute management of medical and trauma presentations across adult and paediatric populations, as well as pre-hospital emergency care. Graduates are trained to function as competent emergency physicians, who are capable of independently managing the full spectrum of emergency conditions and, where required, mobilising resources to provide coordinated care during mass casualty or disaster situations.

This Student Guide serves as the primary reference document for all registered DrEmMed (UKM) trainees, Course Supervisors, Research supervisors, Posting Supervisors, and academic staff. It sets out the programme structure, assessment requirements, examination criteria, progression requirements, and trainee responsibilities for the duration of the programme.

1.1 PROGRAM AIM

The Doctor of Emergency Medicine (DrEmMed) programme aims to produce competent, ethical, and clinically proficient emergency medicine specialists who are capable of independently managing the full spectrum of acute medical and surgical emergencies across adult and paediatric populations.

The programme is designed to develop specialists who integrate evidence-based clinical practices with scientific inquiry, professional leadership, and a commitment to continuous professional development. Graduates are equipped to contribute to the advancement of emergency medicine through clinical service, teaching, and research, in alignment with the national specialist workforce requirements of Malaysia. This programme aim is operationalised through the Programme Education Objectives (PEO) and Programme Learning Outcomes (PLO) as outline in subsections 2.1 and 2.2 of this student guide.

1.2 PROGRAM EDUCATION OBJECTIVES (PEO)

The objective of this programme is to produce medical specialist in the field of Emergency Medicine who are:

Table 1: PEO for the Doctor Emergency Medicine

PEO 1	Emergency Medicine Specialists who practice scientific and digital knowledge for the improvement of patient care treatment methods.
PEO 2	Emergency Medicine Specialists who are able to lead, communicate and interact effectively.
PEO 3	Emergency Medicine Specialists who are competent in their career, self-management and have innovative ideas related to entrepreneurship.
PEO 4	Emergency Medicine Specialists who exhibit ethical and professional behaviour in their careers.

1.3 PROGRAM LEARNING OUTCOME (PLO)

Upon completion of this programme, graduates shall be able to:

Table 2: PLO for Doctor Emergency Medicine

PLO	Programme Learning Outcome	MQF Domain
PLO 1	Apply clinical knowledge in the assessment and management of patients presenting to the emergency department.	C1
PLO 2	Apply knowledge in Emergency Medicine and scientific approaches in making decisions regarding patient management.	C2
PLO 3	Demonstrate skills in performing clinical management and procedures in accordance with standard operating procedures.	C3A
PLO 4	Demonstrate the ability to interact and collaborate effectively with various professional teams.	C3B
PLO 5	Demonstrate the ability to provide effective advice and communication, both orally and in writing.	C3C
PLO 6	Utilise digital technology in the practice of Emergency Medicine.	C3A

PLO 7	Apply quantitative and analytical methods in conducting scientific research and in patient management.	C2
PLO 8	Demonstrate leadership qualities and effective teamwork in patient care.	C4
PLO 9	Demonstrate effective personal management skills in professional practice.	C4
PLO 10	Demonstrate innovative thinking in the development and improvement of emergency medicine services.	C4
PLO 11	Demonstrate adherence to medical ethics and act professionally throughout the patient care process.	C5

1.4 THE DURATION OF THE TRAINING PROGRAM

The DrEmMed UKM programme spans a minimum of four (4) years and a maximum of seven (7) years from the date of initial registration, comprising eight (8) semesters of structured clinical academic training and research components. The total graduate credit requirement is 112 credits, distributed across eight (8) semesters, with each semester carrying between 12 and 16 credit hours.

1.5 REGISTRATION AND PAYMENT

Successful applicants are required to complete registration with the university and settle all applicable fees prior to the commencement of the programme. Registration must be renewed at the beginning of each subsequent academic year. Failure to register within the stipulated period may result in deferment or termination of candidature, in accordance with the Peraturan-peraturan Universiti Kebangsaan Malaysia (Pengajian Siswazah) 2021.

2. COURSE STRUCTURE

The DrEmMed programme operates on a work-integrated learning philosophy, developing academic knowledge and clinical competency concurrently across four (4) years of structured training. Trainees will undertake rotational postings at recognised training sites, supported by weekly academic teaching days organised by the Department of Emergency Medicine, HCTM UKM. Trainees on external rotation are required to attend in person at UKM, or at equivalent scheduled academic sessions at their approved training site. Attendance is compulsory for these academic sessions. Trainees are also required to complete specific compulsory short courses (including ATLS, ACLS, PHTC, MIMMS, and PALS), with proof of completion documented in the

training portfolio prior to examination eligibility.

Each year key postings are described in Tables 4a–4c below. Table 3 below provides an overview of the full four-year structure.

Table 3: Course Structure Overview — Doctor of Emergency Medicine (DrEmMed)

Year	Phase	Key Postings	Duration	Progression Gate
I	Year 1	Emergency Department, Paediatrics, Operation Theatre, Critical Care (ICU)	Min. 48 weeks	Part 1 Examination
II	Year 2: Subspecialty Rotational Training	Emergency Department, Internal Medicine, Trauma Surgery	Min. 48 weeks	Supervisor Report, satisfactory completion of WPBA, and satisfactory research progress
III	Year 3: Subspecialty Rotational Training	Emergency Department, Orthopaedics, Cardiology, Neurosurgery, ENT, Ophthalmology	Min. 48 weeks	Supervisor Report, satisfactory completion of WPBA, and satisfactory research progress
IV	Year 4: Advanced Emergency Medicine Training	Emergency Department	Min. 48 weeks	Part 2 Examination

Table 4a: Year 1 — Foundational Training in Emergency Medicine (Year 1, Semester 1–2)

Component	Details
Duration	12 months. Each academic year comprises a minimum of 48 weeks of structured training.
Training Site	Faculty of Medicine, UKM, or other recognised training hospitals
Key Rotations	Rotations include: <ul style="list-style-type: none"> • Emergency Medicine • Anaesthesiology and Critical Care • Paediatrics • Operation Theatre

	<i>Specific posting durations are communicated to trainees at the commencement of each semester by the Programme Coordinator.</i>
Objectives	<p>To provide a foundational scientific understanding of emergency medicine practice. Trainees are expected to:</p> <ul style="list-style-type: none"> • Develop professional responsibility towards patients, colleagues, and the public. • Gain early exposure to the breadth of emergency presentations. • Develop clinical skills and technical competencies appropriate to this stage. • Integrate basic science knowledge (anatomy, physiology, pathology, pharmacology) with clinical emergency medicine.
Supervision	Academic Supervisor reviews and assesses each candidate at six (6)-monthly intervals.
Leave Entitlement	<p>For each semester, you are entitled to:</p> <ul style="list-style-type: none"> • 14 days annual leave. • 7 days medical leave (MC), supported by a medical certificate. <p><i>Leave must be planned in consultation with your Clinical Supervisor and must not compromise your posting attendance or assessment requirements.</i></p>
Progression Gate	Part 1 Examination (end of Year 1). Eligibility requires satisfactory End-of-Posting Supervisor Report and completion of all Year 1 formative assessment requirements (see Chapter 7).

Table 4b: Year 2&3 — Subspecialty Rotational Training (Years 2–3, Semester 3–6)

Component	Details
Duration	24 months across Years 2 and 3. Each academic year comprises a minimum of 48 weeks of structured training.
Entry Requirement	Successful completion of the Part 1 Examination.
Key Rotations	<p>Compulsory postings include:</p> <ul style="list-style-type: none"> • Emergency Medicine • Internal Medicine • Trauma Surgery • Orthopaedics

	<ul style="list-style-type: none"> • Cardiology • Neurosurgery • Elective posting I: Ophthalmology • Elective posting II: Listed elective placement with institutions that have MoU with UKM <p><i>Specific posting durations are communicated to trainees at the commencement of each semester by the Programme Coordinator.</i></p>
<p>Objectives</p>	<p>To expose candidates to the clinical disciplines underpinning emergency medicine practice. Trainees are expected to:</p> <ul style="list-style-type: none"> • Develop and consolidate clinical techniques and procedural skills essential to emergency medicine. • Apply knowledge from Year 1 across a breadth of clinical specialties. • Progress toward independent clinical decision-making. • Initiate and progress the dissertation research project.
<p>Research component</p>	<p>The research component commences in Year 2 and runs concurrently with clinical postings throughout Year 2 and 3. Key dissertation milestones during Year 2:</p> <ul style="list-style-type: none"> • Confirm dissertation topic – start of Year 2. • Submit and present research proposal - Year 2. • Submit and/or Obtain ethics approval - end of Year 2. • Commence data collection - Year 3. • Complete minimum 75% data collection - end of Year 3. <p><i>Research progress is reviewed at every 6-monthly Progress Review Meeting. Full dissertation milestone requirements are detailed in Chapter 6</i></p>
<p>Leave Entitlement</p>	<p>For each semester, you are entitled to:</p> <ul style="list-style-type: none"> • 14 days annual leave. • 7 days medical leave (MC), supported by a medical certificate. <p><i>Leave must be planned in consultation with your Clinical Supervisor and must not compromise your posting attendance or assessment requirements.</i></p>
<p>Progression Gate</p>	<p>Satisfactory End-of-Posting Supervisor Reports for all postings in Years 2 and 3. Satisfactorily complete all Year 2 & Year 3 formative assessment requirements (see Chapter 5). Research progress reviewed and documented at each 6-monthly Progress Review Meeting.</p>

Table 4c: Year 4 — Advanced Emergency Medicine Training (Year 4, Semester 7–8)

Component	Details
Duration	12 months. Each academic year comprises a minimum of 48 weeks of structured training.
Training Site	Emergency Department (approved training site)
Objectives	<p>To consolidate and integrate all competencies developed in Year 1-3, with increasing clinical independence. Candidates are expected to:</p> <ul style="list-style-type: none"> • Demonstrate independent clinical decision-making across the full spectrum of emergency presentations. • Develop leadership and administrative skills in the emergency department setting. • Advance knowledge and skills in service administration, research, and professional development. • Complete, defend and submit the dissertation in accordance with dissertation timelines (Chapter 6).
Research Component	<p>Year 4 marks the completion phase of the dissertation research project. Key milestones:</p> <ul style="list-style-type: none"> • Submit complete first draft of dissertation — within the first six (6) months of Year 4 (before 1st June or 1st December). • Complete dissertation corrections — Year 4. • Pass dissertation defence — at least one (1) month before the Part 2 Examination (before 1st March or 1st September). • Fulfil publication prerequisite (Option 1, 2, or 3) — at least one (1) month before the Part 2 Examination. <p><i>Full dissertation requirements, format, and submission procedures are detailed in Chapter 6.</i></p>
Trainee Requirement	<ul style="list-style-type: none"> • Attend all academic programmes planned and conducted by the department. • Conduct academic activities under an appointed supervisor. • Satisfactory End-of-Posting Supervisor Reports for all postings • Satisfactorily complete all formative assessment requirements (see Chapter 5). • Hold valid certifications in BLS, Prehospital/disaster course, Advanced Life Support, Trauma Life Support, and Pediatric Life Support or equivalent courses recognised by the Department of Emergency Medicine

	<p>UKM.</p> <ul style="list-style-type: none"> • Fulfil all pre-examination requirements prior to sitting the Part 2 Examination (see Chapter 7)
Leave Entitlement	<p>For each semester, you are entitled to:</p> <ul style="list-style-type: none"> • 14 days annual leave. • 7 days medical leave (MC), supported by a medical certificate. • <i>Leave must be planned in consultation with your Clinical Supervisor and must not compromise your posting attendance or assessment requirements.</i>
Graduate Competencies	<p>All phases of training collectively aim to produce graduates who are proficient in:</p> <ul style="list-style-type: none"> • The knowledge base of emergency medicine. • Technical and procedural skills in emergency medicine practice. • Expertise in emergency procedures. • The delivery of high-quality emergency healthcare. <p><i>The level of clinical competency expected at each stage is detailed in Appendix A, B, C.</i></p>
Progression Gate	<p>Part 2 Examination (end of Year 4), subject to fulfilment of all pre-examination requirements listed in Chapter 7.</p>

Refer [Appendix D](#) for full description of the key rotations/modules and course learning outcomes (CLOs)

3. SUPERVISION

There are three categories of supervisor from the commencement of the programme. The programme maintains a supervisory staff-to-trainee ratio of 1:4 through a blended supervisory workforce comprising UKM academic staff, Clinical Specialists at Hospital Canselor Tuanku Muhriz (HCTM), and Clinical Supervisors from approved Ministry of Health (KKM) training sites.

3.1 Supervisor Types and Responsibilities

The supervisors and their respective responsibilities are described in Table 5 below.

Table 5: Supervisor Types and Responsibilities

Supervisor Type	Malay Term	Appointed By	Role
Academic Supervisor	Penyelia Akademik	Faculty of Medicine, UKM (with departmental agreement)	The main supervisor throughout the programme. They will: <ul style="list-style-type: none"> • Monitor trainee's overall progress and keep records. • Submit a 6-monthly Supervisor Report to the Department • Be the trainee's first point of contact for academic and administrative matters.
Research Supervisor	Penyelia Penyelidikan	Faculty of Medicine, UKM / Department of Emergency Medicine	The dedicated supervisor for the dissertation component. They will: <ul style="list-style-type: none"> • Guide trainee from topic selection through to methodology, data collection, analysis, and thesis writing. • Prepare trainee for your dissertation defence. • Assist trainee meet all dissertation and publication prerequisite deadlines (see Chapter 6)
Clinical Supervisor	Penyelia Klinikal / Penyelia Kehormat Klinikal (KKM)	Head of Department (HOD) / appointed specialist by HOD at:	Trainee's supervisor for each specific rotation posting outside the Emergency Department. They will: <ul style="list-style-type: none"> • Supervise trainee's clinical work during the posting. • Conduct trainee's WPBA

		<ul style="list-style-type: none"> • HCTM / HPKK or • Approved KKM training site 	<ul style="list-style-type: none"> assessments (Mini-CEX, C-bD, DOPS) during the posting. • Submit an End-of-Posting Supervisor Report to the Department upon completion.
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The Academic Supervisor and Research Supervisor may be the same person, depending on the arrangement agreed by the Programme.

The Academic Supervisor is appointed at the commencement of the programme and will remain with you for the full duration of training. If the appointed Academic Supervisor is unavailable, the Department will assign a substitute supervisor to ensure trainee's progress is not interrupted.

There will be a different Clinical Supervisor for each rotation posting, appointed before each posting begins. If trainee is a KKM-seconded candidate, the Clinical Supervisor at each KKM training site will be coordinated between the relevant Head of Department and the UKM Programme Coordinator.

3.2 Academic Staff of Emergency Department HCTM UKM

The current academic staff of the Department of Emergency Medicine, Hospital Canselor Tuanku Muhriz (HCTM), UKM, are listed in Table 6. These staff members serve as Academic Supervisors, Research Supervisors, or Clinical Supervisors depending on their designated role and your training requirements.

Table 6: List of Academic Staffs

No	Name	Designation	Contact no	e-mail
1	Prof Dr Tan Toh Leong	Professor & Senior Consultant, Program Coordinator	012-5056775	sebastianttl@ukm.edu.my
2	Assoc Prof Dr Mohd Johar Jaafar	Assoc Prof & Senior Consultant	019-6472170	mdjoharjaafar@gmail.com
3	Assoc Prof Dr Shamsuriani Md Jamal	Assoc Prof & Senior Consultant, Head of Department, Head of Program	012-2952725	drsuria@ukm.edu.my

4	Assoc Prof Dr Hashim Embong	Assoc Prof & Senior Consultant	012-3925774	hashimembong77@ukm.edu.my
5	Assoc Prof Dr Ahmad Khaldun Ismail	Assoc Prof & Senior Consultant	013-3276273	khaldun_ismail@yahoo.com
5	Assoc Prof Dr. Mohd Hisham Mohd Isa	Assoc Prof & Consultant	012-3052005	mohimois@ukm.edu.my
6	Assoc Prof Dr Azlan Helmy bin Abd Samat	Assoc Prof & Consultant	019-947 0876	azlanhelmy@ukm.edu.my
7	Dr Faizal Amri Hamzah	Senior Lecturer & Senior Consultant	012-9089363	drfaizalamri@ukm.edu.my
8	Dr Ida Zarina Zaini	Senior Lecturer & Senior Consultant	019-6888574	dridazarina@ukm.edu.my
9	Dr Afliza Abu Bakar	Senior Consultant	017-6856344	afliza.abu.bakar@hctm.ukm.edu.my
10	Dr Nik Azlan Nik Mohamad	Senior Lecturer & Senior Consultant	011-26143406	nikazlanmuhamad@ukm.edu.my
11	Dr Dazlin Masdiana Sabardin	Senior Lecturer & Senior Consultant	013-3962587	dazlin@ukm.edu.my
12	Dr Muhammad Munawar Mohamed Hatta	Senior Lecturer & Senior Consultant	012-2110839	munawarhatta@ukm.edu.my
13	Dr. Mohd Sharifuddin Che Omar	Clinical Specialist	0192547249	dr.sharif.hctm@ukm.edu.my
14	Dr. Siti Sarah Md Zhahir	Clinical Specialist	012-3910818	dr.sarah.hctm@ukm.edu.my
15	Dr Mohd Azim Ab Manap	Clinical Specialist	012-2124055	azimmanap@hctm.ukm.edu.my
16	Dr. Amirudin Sanip	Deputy Program Coordinator, Lecturer & Specialist	012-6034863	amirudinsanip@ukm.edu.my
17	Dr Evelyn Chau Yi Wen	Lecturer & Specialist	019-2518674	evelynchau@ukm.edu.my
18	Dr Aireen binti Zamhot	Lecturer & Specialist	016-337 3439	draireenzamhot@ukm.edu.my

4. ASSESSMENT

Assessment in the DrEmMed UKM programme is designed to monitor a trainee's development across all four years of training and to verify that the trainee has achieved the competency standard expected of a Day 1 Emergency Medicine specialist before graduation.

Assessment is structured into three complementary components, each serving a distinct purpose (Table 7):

Table 7: Assessment Framework for Doctor of Emergency Medicine (DrEmMed) UKM Programme

Component	Purpose	See Chapter
Formative Assessment (Workplace-Based Assessment — WPBA)	Assesses clinical performance continuously throughout all four years of training. Provides structured feedback to guide learning. Satisfactory completion is a prerequisite for examination eligibility.	Chapter 5
Personal and Professional Development (PPD)	Assesses professional development across eight (8) structured modules, one per semester. Each module must be passed before progressing to the following semester.	Chapter 5
Dissertation	Assesses ability to design, conduct, analyse, and present original research in emergency medicine. Submission, successful defence, and fulfilment of the publication prerequisite are all required before sitting the Part 2 Examination.	Chapter 6
Summative Assessment	Assesses readiness for independent specialist practice at two defined progression gates. The Part 1 Examination (end of Year 1) gates entry to Phase 2. The Part 2 Examination (end of Year 4) gates graduation.	Chapter 7

These components are interdependent. The trainee must maintain satisfactory formative assessment, PPD, and dissertation progress throughout the programme before eligible to sit either conjoint examination. The full assessment requirements at each stage are summarised in Table 7 below. Refer [Appendix D](#) for details of each module assessment method.

Table 8: Summary of assessment Requirements by Year

Year	Formative Assessment	PPD	Dissertation	Summative / Progression Gate
Year 1	<ul style="list-style-type: none"> • Mini-CEX × 4 • C-bD × 4 • DOPS 1 & 2 (Satisfactory) • End-of-Posting Supervisor Reports 	<ul style="list-style-type: none"> • PPD I (Sem 1) • PPD II (Sem 2) <p><i>Must pass each module before proceeding to the next semester.</i></p>	—	Part 1 Examination Pass to proceed to Year 2.
Year 2	<ul style="list-style-type: none"> • C-bD × 8 • DOPS 3 & 4 (Satisfactory) • End-of-Posting Supervisor Reports 	<ul style="list-style-type: none"> • PPD III (Sem 3) • PPD IV (Sem 4) 	<ul style="list-style-type: none"> • Research I: Literature Review • Research II: Proposal Submission 	No summative examination. Progression requires satisfactory WPBA, PPD, and research milestones at each 6-monthly review.
Year 3	<ul style="list-style-type: none"> • Mini-CEX × 4 • C-bD × 4 • DOPS 5 (Satisfactory) • End-of-Posting Supervisor Reports 	<ul style="list-style-type: none"> • PPD V (Sem 5) • PPD VI (Sem 6) 	<ul style="list-style-type: none"> • Research III: Data Collection • Research IV: Data Analysis 	No summative examination. Progression requires satisfactory WPBA, PPD, and research milestones at each 6-monthly review.
Year 4	<ul style="list-style-type: none"> • Mini-CEX × 4 • C-bD × 4 • DOPS 6 & 7 (Satisfactory) • End-of-Posting Supervisor Reports 	<ul style="list-style-type: none"> • PPD VII (Sem 7) • PPD VIII (Sem 8) 	<ul style="list-style-type: none"> • Research V: Dissertation Writing • Research VI: Dissertation Defence (Viva) • Publication prerequisite fulfilled 	Part 2 Examination Pass to graduate. All WPBA, PPD, and dissertation prerequisites must be fulfilled before examination entry.

Progress across all components is reviewed at every 6-monthly Progress Review Meeting. Any deficiency identified at these reviews is communicated to the trainee in writing, and a remediation plan is implemented without delay.

4.1 Trainee Portfolio

The trainee portfolio is a structured longitudinal record maintained by each trainee throughout the DrEmMed UKM programme, organised by training year and semester. It consolidates all programme-required documentation generated across the four years of training, including WPBA records (Mini-CEX, C-bD, DOPS), the procedural logbook, Personal and Professional Development (PPD) module completion records, and Dissertation progress documentation. The portfolio serves as the primary reference document through which the Course Supervisor and posting supervisors review the overall progress and training trajectory of each trainee. The responsibility for maintaining an up-to-date and complete portfolio rests with the trainee.

5 FORMATIVE ASSESSMENTS

Formative assessment runs continuously throughout all four years of the programme. It comprises Workplace-Based Assessment (WPBA) and Personal and Professional Development (PPD) modules. Both must be satisfactorily completed as a prerequisite for examination eligibility.

5.1 Workplace-Based Assessment (WPBA)

WPBA is conducted in actual clinical environment and involves direct observation of the trainee's performance by an assessing specialist, followed by immediate structured feedback. Three assessment methods are used (Table 9):

Table 9: WPBA Methods

Tool	What It Assesses	Reference
Mini-Clinical Evaluation Exercise (Mini-CEX)	Direct observation of the trainee's clinical interaction with a patient — what the trainee does in practice rather than what the trainee knows.	<i>Refer to the official Mini-CEX WPBA form in the logbook for list of assessed domains.</i>
Case-based Discussion (C-bD)	One-to-one discussion of a case that have been managed by the trainee — assesses clinical decision-making, reasoning, and professionalism.	<i>Refer to the official C-bD WPBA form in the logbook for the full list of assessed domains.</i>
Direct Observation of Procedural Skills (DOPS)	Direct observation of the trainee performing a specific clinical procedure — assesses competency, technique, safety, and professionalism.	<i>Seven (7) DOPS are required across the programme. Refer to the Logbook for the list of procedures and required completion stage per year.</i>

5.1.1 WPBA Rating System

All three WPBA methods use the same two-level rating system. The assessor evaluates each domain on a three-point scale (N = Not Assessed; U = Unsatisfactory; S = Satisfactory), then makes a holistic Global Entrustment rating (Levels 1–5) as described in Table 10. The global rating determines the pass/fail outcome of the encounter. All judgements are benchmarked against the standard expected of a Day 1 Emergency Medicine specialist.

Table 10: Global Entrustment Rating Scale

Level	Mini-CEX / C-bD	DOPS	Outcome
1	Must discuss case with supervisor before executing any decision.	Unable to perform procedure components under supervision.	Unsatisfactory (U) Repeat required
2	Must discuss case with supervisor subsequently (after decision made).	Can perform components under supervision.	Unsatisfactory (U) Repeat required
3	Would discuss with supervisor only when you wish to. On-site supervision still available.	Can perform with minimal supervision.	Satisfactory (S)* Developmental
4	Would discuss with supervisor only when you wish to. No on-site supervision required. Target for graduation readiness.	Can perform unsupervised; manages complications. Target for graduation readiness.	Satisfactory (S)
5	Can supervise more junior staff for this type of case.	Can supervise more junior staff for this procedure.	Satisfactory (S)

* Level 3 is Satisfactory but is not exit-ready performance. Progression toward Level 4 is expected before programme completion (refer table 10 for minimum global entrustment level for each year).

5.1.2 WPBA Requirements by Year

The minimum WPBA requirements for each year are as described in Table 10. Encounters rated Unsatisfactory must be repeated. For the full list of DOPS procedures and their required completion stage, refer to your Logbook.

Table 11: Minimum WPBA Requirements by Year

Year	Mini-CEX	C-bD	Minimum Global entrustment level	DOPS	Minimum Global entrustment level
Year 1	Minimum 4	Minimum 4	Level 3	2 DOPS — Satisfactory before Part 1 Examination	Level 3

Year 2	-	Minimum 8	Level 3	2 DOPS — Satisfactory by end of Year 2	Level 3
Year 3	Minimum 4	Minimum 4	Level 4	1 DOPS — Satisfactory by end of Year 3	Level 4
Year 4	Minimum 4	Minimum 4	Level 4	2 DOPS — Satisfactory before Part 2 Examination	Level 4
Total	16 (minimum)	16 (minimum)	-	7 DOPS — all must be Satisfactory (see Logbook for full list)	-

5.1.3 Feedback and Record-Keeping

Feedback is mandatory after every WPBA encounter. The assessor must provide immediate verbal feedback and written feedback on the WPBA form on the same day. Both the trainee and assessor must co-sign the completed form.

The trainee is responsible for maintaining a trainee portfolio throughout the programme, organised by year and semester. This file has to be brought by trainee to every assessment encounter. The complete WPBA file and Logbook must be submitted to the Department **at least one (1) month** before the Part 2 Theory Examination. Failure to submit by this deadline results in ineligibility to sit Part 2. Refer Figure 1 for the WPBA encounter and record-keeping cycle.

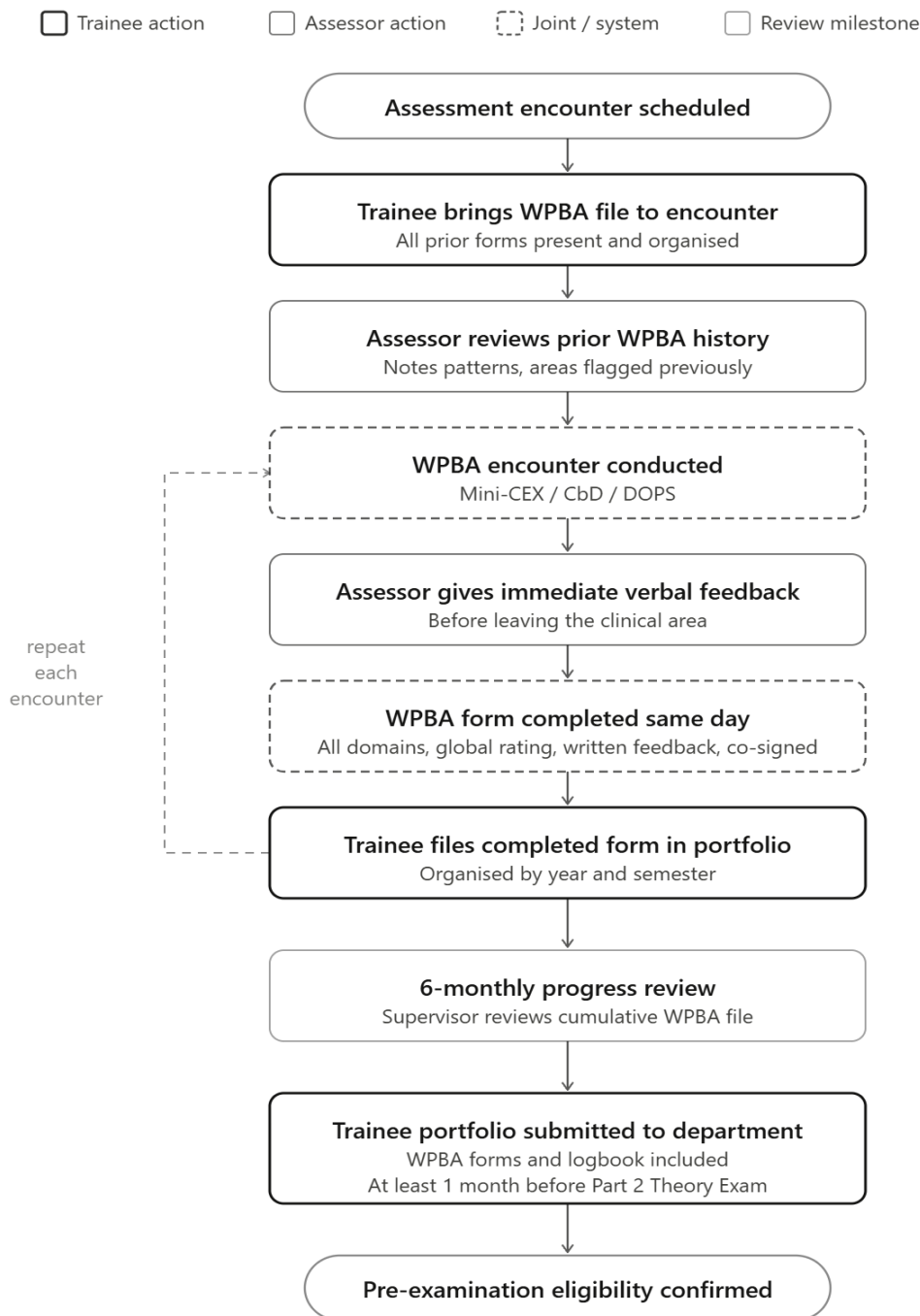


Figure 1: WPBA encounter and record-keeping cycle

5.1.4 Designated Assessor Group System

To ensure consistency, fairness, and reduction of individual assessor bias across all WPBA encounters, the programme implement an assessor allocation system which operates under these principles:

- i. At the commencement of each academic year, the Programme will assign each trainee to a designated WPBA assessor

- ii. All Mini-CEX, C-bD, and DOPS encounters for that trainee during the academic year are conducted by these assessors.
- iii. The designated assessors' name is documented in the trainee's portfolio and in the departmental assessor assignment record (as shown in Table 12).

Table 12: Assessor assignment record

Trainee Name / Matrix No.	Posting / Rotation	Year / Semester	Designated Assessor Group Members (min. 3 — name and designation)	Date Assigned / Approved By
			1. 2. 3.	
			1. 2. 3.	

5.1.5 Unsatisfactory Performance and Remediation

If the trainee receives an Unsatisfactory global rating, the assessor should provide immediate structured feedback and arranges a repeat assessment session. If underperformance persists across **three or more encounters**, your assessor reports this to the trainee's Course Supervisor, who raises it at the 6-monthly Progress Review Meeting. A written Remediation Plan will be co-signed by the trainee and his/her Course Supervisor. Failure to achieve the required WPBA completion before an examination date will result in ineligibility to sit that examination.

Escalation Pathway — Summary (refer Figure 2 for flowchart)

- i. LEVEL 1 — Assessor-level response: U rating → immediate structured feedback → additional encounter → repeat until S. No formal escalation if S achieved within academic year.
- ii. LEVEL 2 — Supervisor escalation: If still U after 3 attempts → Assessor reports to Course Supervisor → 6-monthly Progress Review → Written Remediation Plan (co-signed) → Reminder Letter.
- iii. LEVEL 3 — If poor progress, Programme Coordinator to Faculty (SPS) → Faculty review

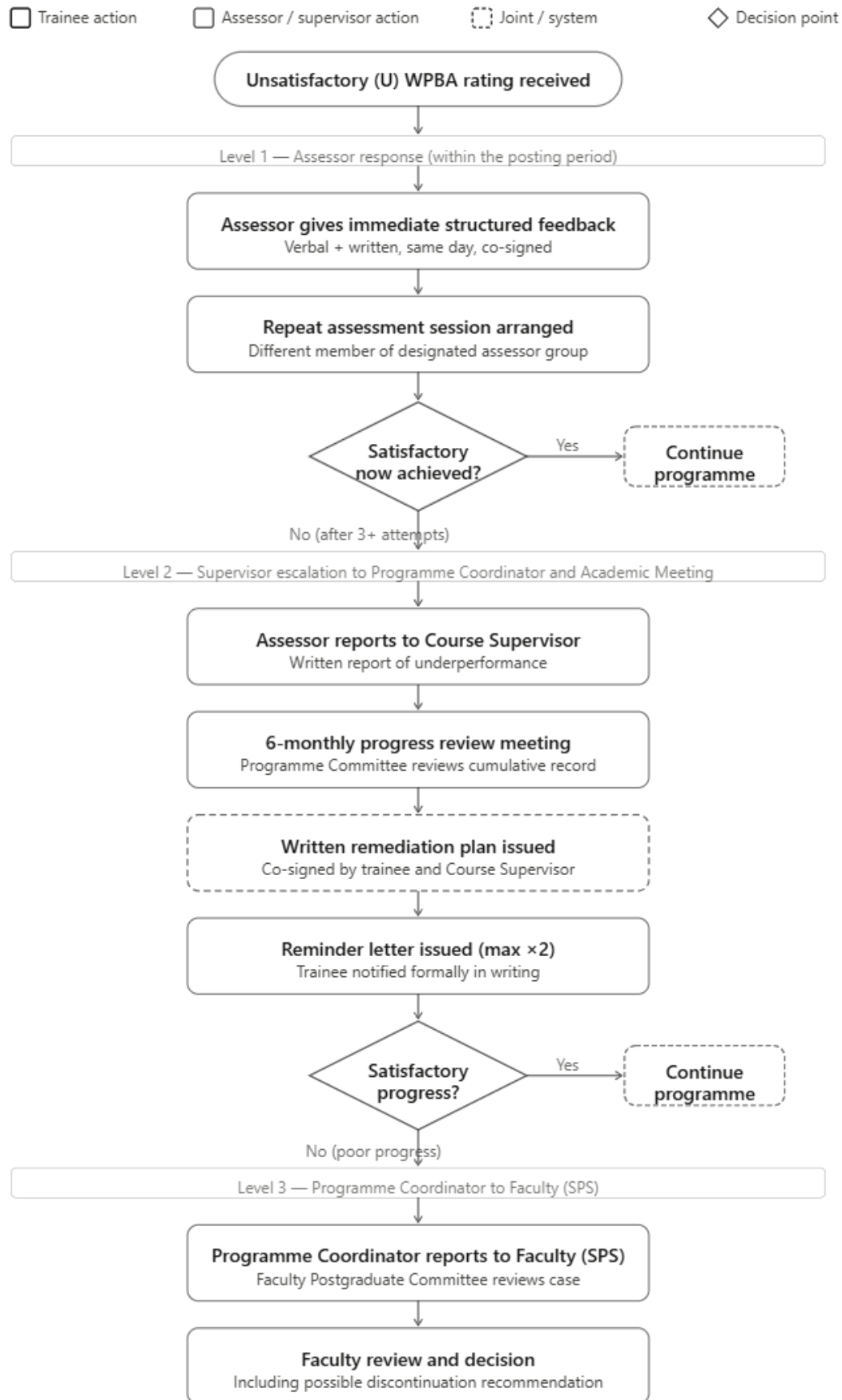


Figure 2: Persistent unsatisfactory FA — three-level escalation pathway

5.2 Logbook

The trainee must maintain a logbook throughout the programme documenting all procedures, cases, and presentations encountered during the key postings. The logbook will be verified by the clinical supervisor at each posting and reviewed at every 6-monthly Progress Review Meeting. The list of required procedures is available in the logbook.

5.3 Personal and Professional Development (PPD)

The PPD modules is governed by the Faculty of Medicine. It comprises eight (8) structured modules — one per semester across all four years. PPD modules are assessed by the trainee's academic supervisor and graded as Satisfactory or Unsatisfactory. The trainee must pass each PPD module before proceeding to the following semester. All eight (8) modules must be passed as a prerequisite for sitting the Part 2 Conjoint Examination. The learning outcomes for each PPD module are detailed in [Appendix D](#).

6. DISSERTATION

The dissertation is a core academic requirement of the DrEmMed UKM programme. It demonstrates the trainee's ability to design, conduct, analyse, and present original research in emergency medicine. The dissertation is a prerequisite for sitting the Part 2 Examination — the trainee may not sit the examination unless have submitted the first draft, passed the dissertation defence, and fulfilled the publication prerequisite by the stipulated deadlines.

The research component runs concurrently with the clinical training from Year 2 through Year 4. The trainee is responsible for ensuring timely progress throughout. The trainee will be guided by a Research Supervisor, but it is the trainee's responsibility for meeting each research milestone.

6.1 Research Milestones

The required milestones and deadlines are described in Table 13. Progress is reviewed at every 6-monthly Progress Review Meeting. Missing a milestone must be reported to the trainee's Research Supervisor and Academic Supervisor immediately.

Table 13: Dissertation Milestones and Deadlines

No.	Milestone	Deadline
1	Confirm dissertation topic with Research Supervisor	Commencement of Year 2
2	Submit research proposal to Research and Ethics Committee (e.g., MREC)	End of Year 2
3	Obtain ethics approval	Start/Mid of Year 3
4	Commence data collection	Start/Mid of Year 3
5	Complete 75% data collection and start preliminary analysis	End of Year 3
6	Submit complete first draft to Research Supervisor	Within first 6 months of Year 4 (before 1 June or 1 December)
7	Complete corrections as directed by Research Supervisor	Year 4
8	Pass dissertation presentation — assessed by departmental examination panel	At least 2 months before Part 2 Theory Examination: <i>Before 31st January (for April examination); or</i> <i>Before 31st July (for October examination)</i>

9	Fulfil publication prerequisite (Option 1, 2, or 3) and submit all required documents via the programme submission portal	At least 1 month before Part 2 Theory Examination: <i>Before 28th February (for April examination); or Before 31st August (for October examination)</i>
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6.2 Dissertation Format

Dissertation must be written in English, with the abstract also provided in Bahasa Malaysia (maximum 300 words each). It must be formatted in accordance with the Panduan Menulis Tesis Gaya UKM (UKM Style Guide), available at <https://www.ukm.my/akademik/pelajar-pascasiswazah/>. The dissertation must include tables, figures, charts, or diagrams where relevant.

The required components of the dissertation are:

- i. Abstract (English and Bahasa Malaysia — maximum 300 words each)
- ii. Introduction
- iii. Materials and Methods
- iv. Results
- v. Discussion
- vi. Summary and Conclusion
- vii. Acknowledgements
- viii. References
- ix. Appendices (including Ethics Approval Letter and study instruments)

Note: The specific structure of the dissertation may vary depending on which publication prerequisite option you select (see Section 9.4). Refer to the Garis Panduan Penghantaran Disertasi Doktor Pakar Perubatan Kecemasan (Version 1, January 2025) for detailed formatting requirements per option.

6.3 Dissertation Presentation

The trainee is required to present the completed dissertation before a departmental examination panel appointed by the Head of Programme. The session will assess the trainee's command of the research, the understanding of the methodology and findings, and the ability to respond to academic questioning.

The dissertation must be reviewed and approved by Research Supervisor before it is submitted for the presentation session. The trainee needs to pass the presentation session by the deadline stated in Table 12 (Milestone 8). Failure to do so will result in ineligibility to sit the Part 2 Examination in that sitting. Following the session, all corrections specified by the examination panel must be completed and confirmed by the Research Supervisor before final submission.

6.4 Publication Prerequisite

The trainee must fulfil **one (1)** of the following three publication prerequisite options before sitting the Part 2 Conjoint Examination. All required documents must be submitted via the programme online submission portal: <https://tinyurl.com/submissionED>

Table 14: Publication Prerequisite Options

Option	Requirement	Documents to Submit
Option 1	Submission of original research article to a peer-reviewed or indexed journal. Note: Proof of submission is required — not proof of acceptance.	<ul style="list-style-type: none"> • Manuscript submitted to journal (in journal's required format) • Dissertation manuscript in Gaya UKM format (Appendix A template) • Proof of journal submission (submission acknowledgement / email)
Option 2	Presentation of research findings at a scientific conference (oral or poster).	<ul style="list-style-type: none"> • Full dissertation manuscript in Gaya UKM format (Appendix B template) • Proof of acceptance from conference organiser (email or letter) • Abstract book (if available) • Poster or presentation slides
Option 3	Publication in conference proceedings.	<ul style="list-style-type: none"> • Full dissertation manuscript in Gaya UKM format (Appendix B template) • Proof of proceedings acceptance (email, letter, or actual proceedings) • Copy of proceedings (including front page)

Manuscript templates are available at: <https://tinyurl.com/EDManuscriptTemplate>

All documents must be submitted via: <https://tinyurl.com/submissionED>

7.5 Final Dissertation Submission

Following successful completion of the dissertation presentation and fulfilment of the publication prerequisite, the final corrected dissertation must be submitted in accordance with the Garis Panduan Penghantaran Disertasi Doktor Pakar Perubatan Kecemasan (Version 1, January 2025) and the UKM Peraturan-peraturan Pengajian Siswazah 2021. The submission checklist (UKM-SPKPPP-PT(PdP)-05-AK04-BO07) must be

completed and signed by the Research Supervisor and Head of Department before final submission is accepted.

The final dissertation must be submitted in soft copy to the Faculty/Institute and to the faculty library in accordance with their respective requirements, and provide a copy to each of the trainee's supervisors.

7 SUMMATIVE ASSESSMENT

The DrEmMed UKM programme has two summative examinations — Part 1 and Part 2. Both examinations are held twice yearly, in April/May and October/November. Exact dates and venues are announced by the Department each year.

Trainee must pass Part 1 before proceed to Year 2. Trainee must pass Part 2 to graduate. In both examinations, trainee must pass Section A (Theory) before permitted to sit Section B (Clinical).

7.1 Part 1 Examination

Part 1 assesses foundational knowledge in the basic sciences underpinning emergency medicine — specifically Anatomy, Physiology, Pathology, Pharmacology, and Basic Emergency Medicine. It is held at the end of Year 1 and every six (6) months thereafter for eligible candidates.

7.1.1 Eligibility to Sit Part 1

All of the following prerequisites must be fulfilled before trainee is eligible to sit the Part 1 Examination:

- i. Satisfactory End-of-Posting Supervisor Reports for all Year 1 postings.
- ii. Satisfactory WPBA completion for Year 1 (minimum Mini-CEX × 4, CbD × 4; DOPS 1 and DOPS 2 — Satisfactory ie minimum level 3).
- iii. PPD Modules I and II — Passed.
- iv. All applicable fees settled.

The current examination format is shown in Table 15:

Table 15: Part 1 Examination Format

Section	Component	%	No. Questions	of	Duration (min)
Section A (Theory)	MCQ — Paper 1 (SBA + OCA)	30	50		100
	MCQ — Paper 2 (SBA)	30	50		100

	+ OCA)			
	SAQ (KFQ + VAQ)	40	20	120
Section B (Clinical)	OSCE (each station = 8 minutes)	100	15	120

Notes: MCQ = Multiple Choice Question; SBA = Single Best Answer; OCA = One Correct Answer; SAQ = Short Answer Question; VAQ = Visual-based Answer Question; KFQ = Key Feature Question; OSCE = Objective Structured Clinical Examination.

7.1.2 Pass criteria for Part 1:

- i. Section A (Theory): 50% and above. Standard setting applies.
- ii. Section B (Clinical): 50% and above. Standard setting applies.
- iii. Trainee must pass Section A before permitted to sit Section B.
- iv. The Section A result is valid for a maximum of one (1) year from the date the result is announced.

7.2 Part 2 Examination

Part 2 assesses readiness for independent specialist practice across the full spectrum of emergency medicine. It is held at the end of Year 4 and every six (6) months thereafter for eligible candidates, subject to the maximum programme duration of seven (7) years.

7.2.1 Eligibility to Sit Part 2:

All of the following prerequisites must be fulfilled before trainee is eligible to sit the Part 2 Examination:

- i. Passed or been exempted from Part 1.
- ii. Satisfactory End-of-Posting Supervisor Reports for all postings in Years 1–4.
- iii. Satisfactory WPBA completion for all four years (Mini-CEX × 4 per year, CbD × 4 per year; all DOPS 1–7 — Satisfactory with the year 4 WPBA achieved minimum level 4).
- iv. Logbook — submitted to Department at least one (1) month before the Part 2 Theory Examination.
- v. PPD Modules I–VIII — all passed.
- vi. Dissertation first draft submitted at least six (6) months before the Part 2 Theory Examination.
- vii. Dissertation presentation passed at least two (2) months before the Part 2 Theory Examination.
- viii. Publication prerequisite fulfilled (Option 1, 2, or 3) at least one (1) month before the Part 2 Theory Examination.
- ix. Valid certifications in BLS, Advanced Life Support, Pediatric Life Support, Trauma Life Support, and Prehospital or Disaster Course (or equivalent courses

- recognised by the Department), current at the time of the examination.
- x. All applicable fees settled.

The examination format is shown in Table 16:

Table 16: Part 2 Examination Format

Section	Component	%	No. of Questions	Duration (min)
Section (Theory)	A MCQ — Paper 1 (SBA + OCA)	30	50	100
		30	50	100
	KFQ + VAQ	40	20	120
Section (Clinical)	B OSCE (each station = 10 minutes)	100	15	150

Notes: MCQ = Multiple Choice Question; SBA = Single Best Answer; OCA = One Correct Answer; SAQ = Short Answer Question; VAQ = Visual-based Answer Question; KFQ = Key Feature Question; OSCE = Objective Structured Clinical Examination.

7.2.2 Pass criteria for Part 2 (both sections):

- i. Section A (Theory): 50% and above. Standard setting applies.
- ii. Section B (Clinical): 50% and above. Standard setting applies.
- iii. You must pass Section A before you are permitted to sit Section B.
- iv. The Section A result is valid for a maximum of one (1) year from the date the result is announced.

7.3 Re-examination

The re-examination rules for both Part 1 and Part 2 are governed by the SCCEM Master/Doctor in Emergency Medicine Examination Policy (Revised July 2025). The key rules are summarised in Table 17.

Table 17: Re-examination Rules Summary

	Part 1	Part 2
Section A (Theory)	Up to 2 re-sits at 6-month intervals. Section A result valid for 1 year from announcement. Failure in all attempts = failed Part 1.	May retake until maximum programme duration (7 years from registration) is reached.

Section B (Clinical)	Up to 2 re-sits within 1 year of passing Section A, at 6-month intervals. Failure in all attempts = failed Part 1.	Up to 2 re-sits within 1 year of passing Section A, at 6-month intervals. After 1 year, Section A must be retaken.
Maximum Attempts	3 attempts in Section A (Theory); failure in all results in programme discontinuation except in special circumstances approved by the Faculty and Senate.	No fixed attempt limit — subject to 7-year maximum programme duration.

In exceptional circumstances, a trainee who has exhausted all attempts may apply to the Medical Faculty for special consideration. Any such application requires Faculty endorsement and Senate approval.

7.4 Result Announcement

Examination results follow a four-stage ratification process before they are officially announced to the trainees:

- v. Stage 1 — Examiners' Meeting: Marks are verified and signed by all participating universities and the Ministry of Health.
- vi. Stage 2 — Departmental presentation: Results are presented within the Department of Emergency Medicine, HCTM UKM.
- vii. Stage 3 — Official announcement: Results are communicated to the trainees by the Programme Coordinator following departmental presentation.
- viii. Stage 4 — TD Siswazah verification: Results are formally ratified by UKM and entered into SMPWeb for your individual record.

Section A (Theory) results are announced before Section B sittings to allow timely entry into the clinical examination. The right to appeal examination results is set out in [Chapter 9](#).

8. STUDY GUIDE VERSION CONTROL AND CHANGE COMMUNICATION POLICY

This Student Guide is the primary reference document for all DrEmMed trainees, supervisors, and academic staff. It is version-controlled and updated through a formal approval process.

The DrEmMed UKM programme is subject to ongoing review and improvement. The Student Guide may be updated from time to time to reflect changes in assessment methods, examination structure, programme requirements, or regulatory policy. All changes must be formally approved before they take effect.

The current version of this Student Guide is stated on the cover page. The trainee is responsible for ensuring he/she is working from the current version at all times.

Once a change has been formally approved, the Programme Coordinator will:

- i. Distribute the updated Student Guide to all current trainees via official email or programme channel.
- ii. Distribute the updated version to all Course Supervisors, Clinical Supervisors (UKM and KKM sites), and academic staff.
- iii. Circulate a written summary of changes so you can identify what has been updated.
- iv. A distribution record is maintained by the Programme Coordinator. If you did not receive notification of an update, contact the Programme Coordinator immediately.

The trainee responsibility is to

- i. read the Student Guide in full at programme commencement and sign the acknowledgement form.
- ii. check the current version number
- iii. read the summary of changes and file the new version for reference once an updated version is received.

9. EXAMINATION RESULT APPEAL

In general, pursuant to Part VII (Appeal) of the UKM (Postgraduate Studies) Regulations 2021, trainees are permitted to appeal in writing for a review of their examination result to the Faculty/Academic Centre within **four (4) weeks** of the official announcement of the examination result. Each appeal submitted must state the course information for which a review is requested, together with the prescribed processing fee, and the said fee is non-refundable.

The Dean who receives the appeal application will establish a review panel (Panel Pemeriksa) to re-examine the assessment result for the relevant course. The review panel shall consist of a minimum of three (3) university academic staff members other than the original examiner(s).

The recommendation of the review panel is submitted for the Dean's consideration, and the decision is subject to Senate endorsement. A decision that has been endorsed by the Senate is final, and the trainee may not make any further appeal against that decision.

9.1 Appeal Process for Part 1 and Part 2 Examinations

These examinations are conducted jointly with the emergency medicine specialist training programme under the Specialty Conjoint Committee in Emergency Medicine (SCCEM). Given that the examination conditions stipulate that trainees must pass the theory examination before being permitted to sit the clinical examination, any appeal against a theory examination result must be submitted **within one (1) week** of the announcement of the theory result.

The appeal process commences with the trainee submitting an application to the programme, which is then forwarded to the Postgraduate Studies Secretariat (SPS), the Faculty of Medicine, and subsequently to the Specialty Conjoint Committee in Emergency Medicine (SCCEM) for further consideration.

A review panel will be established. The review panel shall consist of a minimum of three (3) university academic staff members other than the original examiner(s). This appeal process applies only to theory examination papers. The grounds for appeal are strictly limited to technical errors, such as errors in mark calculation, mark entry, and mark tabulation.

In considering the appeal, the Specialty Conjoint Committee in Emergency Medicine (SCCEM) will evaluate the following:

- i. Total marks obtained by the trainee
- ii. Sections passed by the trainee
- iii. Examiner comments

- iv. Any mark discrepancies identified

The recommendation of the review panel will be submitted to the Deputy Dean for Postgraduate Studies (Timbalan Dekan Siswazah) and the Dean's Postgraduate Studies Meeting. If the review panel finds that the trainee has passed the theory examination, the trainee is permitted to sit the clinical examination. If the trainee's result remains a failure in the theory examination, the trainee will be required to re-sit the theory examination.

9.2 Programme-Related Concerns

For any concerns relating to the conduct, administration, or progress of the DrEmMed UKM programme that fall outside the formal examination appeal process — including issues with training placements, supervision arrangements, scheduling, or other programme-related matters — trainees are encouraged to raise these directly with the Head of Programme and the Programme Coordinator at the earliest opportunity. Both parties are responsible for ensuring that concerns are addressed promptly and, where necessary, escalated through the appropriate institutional channels. Trainees should not wait until the 6-monthly progress review to raise significant programme concerns; early engagement allows timely resolution and helps to safeguard the trainee's overall training experience.

10. DEFERMENT, SUSPENSION AND TERMINATION FROM PROGRAMME

10.1 Deferment of Studies (Penangguhan Pengajian)

Deferment of studies is a voluntary arrangement initiated by the trainee, subject to approval by the Faculty. During an approved deferment period, the trainee temporarily suspends their studies while retaining the right to resume upon expiry of the approved period.

10.1.1 Application process and period

A trainee who wishes to defer their studies must submit a written application to the Dean of the Faculty or the Programme Director, accompanied by a valid reason and relevant supporting documents. The application for deferment must be submitted **no later than four (4) weeks from the commencement date of the semester**. Applications submitted after this period will only be considered if examinations or semester assessments have not yet commenced.

10.1.2 Deferment period

Deferment of studies is permitted for a maximum of two (2) consecutive semesters per application, except in cases of medical grounds. Table 18 describes the grounds for deferment.

Table 18: Grounds for deferment

Grounds for deferment	Application process description
Medical Grounds	The application must be accompanied by a letter of certification from a specialist medical officer from a government or private hospital.
Special Deferment	A trainee may apply for special deferment on grounds such as restrictions on entry into Malaysia, war, disease outbreak, or unforeseen disaster. The application must be submitted in writing to the Dean/Director within four (4) weeks from the commencement date of the semester, accompanied by appropriate evidence. Special deferment will not be counted towards the permitted number of deferment semesters.
Examination Deferment	A trainee who is ill or experiencing health problems during an examination may apply to the Dean/Director for deferment of that examination sitting. The application must be submitted no later than forty-eight (48) hours after the examination for the relevant course was held, and must be accompanied by a medical certificate or confirmation from the treating physician.

10.1.3 Implications of deferment

A trainee whose deferment application is approved will lose student status at the University for the duration of the deferment period and is not entitled to use any facilities provided by the University. International trainees who defer their studies must cancel their student pass and are subject to the regulations of the Malaysian Immigration Department as amended from time to time.

10.2 Suspension of Studies (Penggantungan Pengajian)

Suspension of studies is an institutional or disciplinary action imposed upon a trainee by the University or its Disciplinary Authority. Unlike deferment, suspension is not a voluntary arrangement initiated by the trainee. A trainee who is suspended does not retain the right to resume studies automatically upon expiry of the suspension period without further decision by the relevant authority.

10.2.1 Grounds for Suspension

Pursuant to the Buku Peraturan Pengajian Siswazah UKM 2021 (Regulation 55), the Senate is empowered to suspend or dismiss a trainee who is found to have:

- i. False Information: Provided false information in relation to entry requirements, during the period of study, or for the purpose of obtaining a degree.
- ii. Medical Incapacity: Been found to be in a state of mental or physical incapacity, as certified by a specialist medical officer.
- iii. Academic Underperformance: Failed to maintain satisfactory academic performance as prescribed by the University.
- iv. Exceeded Study Period: Exceeded the maximum permitted period of study as provided under Sub-regulation 8(1) of the UKM Postgraduate Regulations 2021.

In addition, a trainee may be suspended from studies if charged with a criminal offence, or if suspension is imposed as a disciplinary punishment by the University Disciplinary Authority.

10.2.2 Disciplinary Grounds

All trainees are subject to the Kaedah-Kaedah Universiti Kebangsaan Malaysia (Tatatertib Pelajar-Pelajar) 1999. Disciplinary offences that may attract suspension include, but are not limited to:

- i. Harassing or threatening a supervisor or the postgraduate secretariat;
- ii. Contacting, harassing, or threatening an External Examiner and/or Internal Examiner in relation to the assessment of the trainee's dissertation or thesis; and
- iii. Research misconduct, including fabrication, falsification, and plagiarism, under UKM Regulation 53.

10.2.3 Implications of Suspension

A trainee who has been suspended from studies will:

- i. Lose student status at the University for the duration of the suspension period;
- ii. Not be entitled to reclaim any fees paid, including university fees; and
- iii. Not be entitled to use or access any facilities provided by the University throughout the period of suspension.

10.3 Dismissal from Programme (Penyingkiran dari Program)

A trainee may be dismissed from the programme on any of the following grounds:

10.3.1 Academic Failure

A trainee who fails the Part 1 Examination after a maximum of three (3) attempts, OR after two (2) years of study in Year 1, will be dismissed from the programme.

10.3.2 Maximum Period of Study

A trainee who has reached the maximum permitted period of study, namely seven (7) sessions, without completing the programme, will be dismissed from the programme.

10.3.3 Disciplinary and Professional Ethics Violations

A trainee who is involved in a serious disciplinary offence, such as a criminal case or conduct that brings the medical profession into disrepute, may be subject to dismissal from the programme.

10.3.4 Appeal Against Dismissal

A trainee who has been dismissed from the programme may submit a written appeal to the Dean of the Faculty. The appeal will be considered on its merits and based on the reasons submitted by the trainee. The appeal must be submitted within four (4) weeks of the notification of dismissal being issued.

For further information and detailed guidance, refer to: Peraturan-peraturan Universiti Kebangsaan Malaysia (Pengajian Siswazah) 2021 <https://www.ukm.my/spsfper/guidelines/>; Buku Peraturan Pengajian Siswazah UKM 2021, Regulation 55 (Pemberhentian Pelajar); Garis Panduan Aduan Salah Laku Pengajian Siswazah UKM (4 January 2022); and Kaedah-Kaedah Universiti Kebangsaan Malaysia (Tatatertib Pelajar-Pelajar) 1999.

11. SYLLABUS

11.1 Part 1 Examination

The Part 1 Conjoint Examination tests knowledge and application of the basic sciences that underpin emergency medicine practice. Questions are designed to assess the ability to apply scientific principles to clinical emergency scenarios — not to recall isolated facts.

11.1.1 Domains Covered

Part 1 covers five domains of basic science as they apply to emergency medicine practice (Table 19):

Table 19: Part 1 Syllabus Domains

Domain	Scope
Anatomy	Applied anatomy relevant to emergency procedures, imaging interpretation, and clinical assessment — including surface anatomy, musculoskeletal, cardiorespiratory, neurological, abdominal, and paediatric anatomical variations.
Physiology	Physiological principles underlying acute illness and emergency interventions — including cardiorespiratory, renal, neurological, haematological, and endocrine systems; fluid and electrolyte physiology; and paediatric physiological differences.
Pathology	Pathophysiological mechanisms of acute conditions encountered in emergency medicine — including cellular injury, inflammation, haemodynamics, infection, and organ-specific pathology relevant to emergency presentations.
Pharmacology	Pharmacology of drugs used in emergency and critical care — including pharmacokinetics, pharmacodynamics, drug interactions, and the pharmacology of resuscitation, anaesthesia, analgesia, and commonly used therapeutic agents.

Basic Emergency Medicine	Foundational emergency medicine principles — including triage, resuscitation principles, clinical assessment, airway management, and initial management of common acute presentations.
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11.1.2 How to Approach the Syllabus

As a general guide:

- Priority topics are those directly applicable to emergency medicine practice and are most likely to appear in examination questions.
- Supporting topics provide the scientific foundation for understanding emergency presentations and interventions.
- All topics should be studied in the context of their application to emergency medicine — questions test clinical reasoning, not isolated recall.

The examination uses MCQ, SAQ, KFQ, and VAQ formats. KFQ (Key Feature Questions) are designed to test the ability to identify the critical decision point in a clinical scenario. Studying past examination questions and applying knowledge to clinical cases during your rotations is the most effective preparation.

The expected knowledge level for each basic science topic at each stage of training is cross-referenced to the knowledge taxonomy descriptors in [Appendix A](#). The procedural skills competency and knowledge framework relevant to Phase 1 is in [Appendix B](#) & [Appendix C](#).

11.2 Part 2 Examination

The Part 2 Examination tests readiness for independent specialist practice across the full scope of emergency medicine. It covers all clinical domains encountered in Year 1 till Year 4 of training. Questions and clinical stations assess applied clinical reasoning, decision-making, and professional judgement — not rote knowledge.

11.2.1 Domains Covered

Part 2 covers the clinical domains of emergency medicine practice across six broad areas (Table 20):

Table 20: Part 2 Syllabus Domains

Domain	Scope (includes but is not limited to)
Resuscitation and	Adult and paediatric resuscitation; airway management;

Critical Care	mechanical ventilation (IMV and NIV); haemodynamic monitoring; shock — all types; critical care principles; procedural sedation and analgesia.
Medical Emergencies	Cardiovascular, respiratory, gastrointestinal, renal, neurological, endocrine, haematological, metabolic, infectious disease, toxicological, and environmental emergencies across adult and paediatric populations.
Surgical Trauma and Emergencies	General trauma; head, spine, chest, abdominal, genitourinary, and maxillofacial injury; burns; orthopaedic and musculoskeletal injury; obstetric emergencies; paediatric trauma.
Emergency Imaging and Investigation	Interpretation of plain radiographs, CT, MRI, and ultrasound (including extended FAST and POCUS) in the emergency context; interpretation of biochemistry, haematology, ECG, and urinalysis.
Pre-hospital Care and Disaster Medicine	Pre-hospital emergency care; patient transfer (general and specialist); mass casualty incident (MCI) management; disaster response; mass gathering medicine; command and control.
Professional Practice	Emergency department administration and leadership; medicolegal issues; patient confidentiality and rights; evidence-based medicine; research methodology; principles of teaching and simulation.

11.2.2 How to Approach the Syllabus

Part 2 preparation is best done through active clinical practice during Year 4. The rotational postings in Phases 1 and 2 provide the breadth of exposure — Year 4 is where the trainee consolidate and integrate this into independent practice.

- Use clinical encounters as learning opportunities — every case is examination preparation.
- KFQ and VAQ formats test the ability to identify the critical action in a time-pressured clinical scenario. Practise identifying the single most important next step in case management.
- The OSCE and structured VIVA assess the ability to perform and explain clinical actions in real time.

The programme's internal knowledge framework for Part 2 is in Appendix C. The procedural skills competency matrix is in Appendix B.

12. TEXTBOOKS AND REFERENCE

A. BASIC SCIENCES TEXTBOOKS

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B. EMERGENCY MEDICINE TEXTBOOKS

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19. Roberts, J. R., & Hedges, J. R. (1991). *Clinical procedures in emergency medicine*. Saunders.
20. Rutherford, W. H. (1989). *Accident and emergency medicine* (2nd ed.). Churchill Livingstone.
21. Scaletta, T., Schaider, J., Balitz, J., & Bokhari, F. (Eds.). (2007). *Emergent management of trauma* (3rd ed.). McGraw-Hill Education.
22. Selbst, S. M. (2015). *Pediatric emergency medicine secrets* (3rd ed.). Elsevier.
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C. MANUALS AND CLINICAL GUIDELINES

1. American Heart Association. (2020). *Advanced cardiovascular life support (ACLS) provider manual*. American Heart Association.
2. American College of Surgeons. (2018). *Advanced trauma life support (ATLS) student course manual* (10th ed.). American College of Surgeons.
3. American Heart Association & American Academy of Pediatrics. (2016). *Textbook of neonatal resuscitation (NRP)* (7th ed.). American Academy of

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4. Pediatric Advanced Life Support. (2020). PALS provider manual. American Heart Association.
 5. A practical approach to emergencies (APLS) (6th ed.). Wiley-Blackwell.
 6. [HOME - MALAYSIAN HEALTH TECHNOLOGY ASSESSMENT SECTION \(MAHTAS\) - Malaysian Health Technology Assessment Section \(MAHTAS\)](#)

D. RECOMMENDED ONLINE RESOURCES

The trainees are recommended to search for online resources/databases/e-books through the faculty library accessible at <https://lib.hctm.ukm.my/>

The following online resources are recommended to supplement out-of-classroom learning in Emergency Medicine. Trainees should note that URLs may change over time.

Basic Emergency Medicine

1.	BoringEM	Blog	http://boringem.org/
2.	EM Basic	Podcast	http://embasic.org/

Critical Care

1.	EMCrit	Podcast	http://emcrit.org/
2.	Pulm CCM	Blog	http://pulmccm.org/
3.	The RAGE Podcast	Podcast	http://ragepodcast.com/
4.	Resus.Me	Blog	http://resus.me/
5.	Deranged Physiology	Website	http://derangedphysiology.com

Evidence-Based Medicine

1.	Best Bets	Website	http://bestbets.org/
2.	EM Literature of Note	Blog	http://emlitofnote.com/
3.	EM Nerd	Blog	http://emnerd.com/
4.	The NNT	Website	http://thennt.com/
5.	SMART EM	Podcast	http://smartem.org/
6.	The Bottom Line	Website	http://thebottomline.org.uk

General Emergency Medicine

1.	EM Cases	Podcast	http://emergencymedicinecases.com/
2.	ER Cast	Podcast	http://ercast.org/

3.	First 10 EM	Blog	https://first10em.com/
4.	Life in the Fast Lane	Blog	http://lifeinthefastlane.com/
5.	REBEL EM	Blog	http://rebelem.com/
6.	RCEM Learning	Website	https://www.rcemlearning.co.uk/
7.	FOAMcast	Podcast / blog	http://foamcast.org/
8.	The Skeptic's Guide to EM	Podcast	http://thesgem.com/

APPENDIX A: LEVEL DESCRIPTORS: KNOWLEDGE AND SKILLS

The tables below define the taxonomy levels used throughout this Student Guide, the Logbook, and the Course Learning Outcome (CLO) mapping documents. Stage 1 = Year 1; Stage 2 = Year 2; Stage 3 = Year 3; Stage 4 = Year 4. These levels are aligned with the UKM taxonomy framework (Pekeliling Pengajaran UKM Bil. 6/2022).

Table A1: Knowledge Level Descriptors (C1–C6) — Bloom's Cognitive Taxonomy (1956)

Level	Knowledge	Clinical Patient Management	Emergency Medical Systems and Services	Research and Evidence-Based Medicine
C1	Knows basic concepts	Able to describe the pathogenesis, recognise typical presentations, list differential diagnoses, basic investigations and standard treatment.	Able to state the general principles and working definitions.	Aware of the existence of relevant literature.
C2	Understands the concepts	Able to explain clinical manifestations by relevant basic science concepts; distinguish unstable and stable clinical features; knows principles and reasons for investigations and treatment.	Able to discuss factors or elements to be considered, explain their importance, and discuss methods, types or principles.	Able to identify a researchable clinical question.
C3	Knows general and applied knowledge	Given a clinical problem, able to determine illness severity, select appropriate investigations and treatment based on established guidelines.	Given a scenario, able to use or select the appropriate methods or approaches (including guidelines, algorithms or protocols) to solve problems.	Able to conduct a literature search and summarise findings.
C4	Knows specific knowledge	Able to analyse any gaps between response to interventions and intended outcomes; knows	Able to point out a knowledge gap in the research literature.	Able to critically appraise a research paper.

		in detail specific best available evidence, clinical criteria, and management beyond first/second-line interventions.		
C5	Knows broad knowledge	Able to determine or justify the diagnosis, definitive treatment or interventions based on specificity and sensitivity of tests, safety and priorities of care, efficacy, cost-effectiveness, patient acceptability and ethical principles.	Able to appraise the evidence supporting a practice or finding.	Able to evaluate the quality of evidence using established frameworks (e.g., GRADE).
C6	Knows specifically and broadly to create new ideas	Able to develop or propose a model or practice system to improve patient care.	Able to contribute to or design an improvement initiative.	Able to design a study to answer a clinical research question.

Table A2: Skills Level Descriptors (P1–P6) — Dave's Psychomotor Taxonomy (1970)

Level	Description
P1	Has observed others performing the skill and can describe it in general terms.
P2	Has assisted others performing the skill.
P3	Can perform the skill with assistance or direction.
P4	Can perform the skill with one or more approaches or techniques independently, but may need assistance in complicated cases.
P5	Can perform the skill independently using more than one approach or technique.
P6	Can supervise and provide direction to others performing the skill.

APPENDIX B: PROCEDURAL SKILLS MATRIX

The table below lists all required procedural skills and the expected competency level (S1–S6) at each stage of training. Stage 1 = Year 1; Stage 2 = Year 2; Stage 3 = Year 3; Stage 4 = Year 4. The expected level at each stage is the minimum standard — you are encouraged to progress beyond the stated level wherever clinical opportunity allows.

This matrix is the primary reference for your Logbook. For each skill, document your encounters, the supervision level required, and the feedback received.

Table B: Procedural Skills Matrix — Expected Competency Level (P1–P6) by Stage

[Adapted from Emergency medicine postgraduate training in Malaysia: Training curriculum 2021 (Ver 1)]

Skill	Stage 1 (Year 1)	Stage 2 (Year 2)	Stage 3 (Year 3)	Stage 4 (Year 4)
AIRWAY AND VENTILATION				
Use of oxygen delivery devices	P4	P5	P5	P6
Basic emergency airway management	P4	P4	P5	P6
Advanced emergency airway management	P3	P3	P4	P5
Paediatric emergency airway management	P1	P2	P3	P4
Difficult and failed airway management	P1	P2	P3	P4
Non-invasive mechanical ventilation	P2	P3	P4	P4
Invasive mechanical ventilation	P1	P2	P3	P4
CARDIAC ARREST AND PERI-ARREST RESUSCITATION				
Defibrillation and synchronised cardioversion	P3	P4	P4	P5
Transcutaneous pacing	P3	P3	P4	P5
Transvenous pacing	P1	P1	P1	P1
Choking in adult and children	P3	P4	P4	P5
Basic life support in adult, children and neonates	P3	P4	P4	P5
Advanced adult cardiovascular life support (team leader)	P3	P4	P4	P5
Advanced paediatric life support (team leader)	P2	P3	P4	P5
VASCULAR ACCESS				
Peripheral venous cannulation	P4	P5	P5	P6
Arterial puncture for blood sampling	P4	P5	P5	P6
Arterial line insertion	P3	P4	P5	P5
Central venous cannulation	P3	P4	P5	P6
Intraosseous access	P1	P2	P3	P4

DRAINS AND DRAINAGE PROCEDURES				
Nasogastric tube insertion	P4	P5	P6	P6
Urethral catheterisation	P4	P4	P5	P5
Needle thoracocentesis	P4	P4	P5	P6
Thoracostomy	P3	P4	P4	P5
Abdominal paracentesis	P3	P4	P4	P5
Incision and drainage of abscess	P2	P3	P4	P4
Pericardiocentesis	P1	P2	P3	P4
Suprapubic catheterisation	P1	P2	P3	P3
Knee aspiration	P1	P2	P3	P3
Lumbar puncture	P1	P2	P3	P3
SEDATION AND REGIONAL ANAESTHESIA				
Procedural sedation and analgesia	P2	P3	P4	P5
Femoral nerve block	P2	P3	P4	P5
Ankle block	P1	P2	P3	P4
Wrist block	P1	P2	P3	P4
Digital nerve block	P1	P2	P3	P4
Facial nerve block	P1	P2	P2	P3
Intercostal nerve block	P1	P1	P2	P4
IMMOBILISATION AND CLOSED MANUAL REDUCTION				
Cervical immobilisation	P4	P4	P5	P6
Pelvic stabilisation techniques	P3	P4	P5	P6
Spine immobilisation	P3	P4	P4	P5
Limb immobilisation	P3	P4	P4	P6
Closed manual reduction of joints	P2	P3	P3	P4
WOUND MANAGEMENT AND MINOR SURGERY				
Wound irrigation, debridement and closure	P3	P4	P5	P6
Foreign body removal	P2	P3	P4	P4
Ring removal	P2	P3	P3	P4
Nail avulsion	P2	P3	P3	P4
Drainage of subungual haematoma and paronychia	P2	P3	P3	P4
Escharotomy and fasciotomy	P1	P1	P1	P2
EMERGENCY ULTRASOUND (POCUS)				
FAST and eFAST	P3	P4	P4	P5

Lung ultrasound	P3	P4	P4	P5
Haemodynamic assessment	P3	P3	P4	P5
Focused echocardiogram in cardiac arrest	P2	P3	P4	P5
Ultrasound-guided procedures (vascular access and drainage)	P2	P3	P4	P5
Obstetrics and gynaecology (intrauterine gestation sac, foetal heart, free fluid)	P1	P2	P3	P4
Deep venous thrombosis	P1	P2	P3	P4
Soft tissue for abscess and foreign body	P1	P2	P3	P4
Hepatobiliary for gallbladder disease and liver abscess	P1	P2	P3	P3
Kidneys for hydronephrosis	P1	P2	P3	P3
Airway ultrasound	P1	P1	P2	P3
INFECTION AND CONTAMINATION PROTECTION				
Hand hygiene	P5	P5	P5	P6
Donning and doffing of personal protective equipment	P5	P5	P5	P6
Decontamination	P1	P2	P3	P4
HAEMORRHAGE CONTROL				
Direct and indirect compression	P3	P4	P5	P6
Haemostatic suturing	P3	P4	P5	P5
Nasal packing	P2	P3	P4	P5
Sengstaken tube	P1	P1	P1	P1
OBSTETRICS				
Emergency delivery (normal)	P2	P3	P4	P4
Uterine massage	P2	P3	P4	P4
Controlled cord traction	P2	P3	P4	P4
Peri-mortem caesarean section	P1	P1	P1	P1
EYE, EAR, NOSE AND THROAT				
Foreign body removal (eye, ear, nose)	P2	P2	P3	P4
Eye irrigation	P2	P3	P4	P5
PRE-HOSPITAL SKILLS				
Helmet removal for trauma patient	P2	P3	P3	P4
Medical direction	P1	P2	P3	P4
Radio communication	P1	P2	P3	P3
Patient extrication	P1	P2	P2	P3

COMMUNICATION AND PROFESSIONAL SKILLS				
Obtaining informed consent	P3	P3	P4	P5
Counselling refusal of medical care	P3	P3	P4	P5
Breaking bad news	P1	P2	P3	P4
Explaining ceiling of care	P1	P2	P3	P4
Divulging medical error	P1	P2	P3	P4
DISASTER AND ORGANISATIONAL MANAGEMENT				
Field management — disaster	P1	P2	P2	P3
Hospital management — disaster	P1	P1	P2	P3
Resolving conflict at workplace	P1	P2	P3	P4
Managing violence at workplace	P1	P2	P3	P4
Managing patient flow and space	P1	P2	P3	P4
Organising a case conference	P1	P1	P2	P3

APPENDIX C: KNOWLEDGE FRAMEWORK: PART 2 CONJOINT EXAMINATION

This table sets out the expected knowledge level (C1–C6) for each clinical topic at each stage of training. Stage 1 = Year 1; Stage 2 = Year 2; Stage 3 = Year 3; Stage 4 = Year 4. The expected level is the minimum standard for that stage. This framework is the internal programme reference for Part 1 & 2 examination preparation

Table C: Knowledge Framework — Part 2 (C1–C6 by Stage)

[Adapted from Emergency medicine postgraduate training in Malaysia: Training curriculum 2021 (Ver 1)]

Topic	Stage 1 (Year 1)	Stage 2 (Year 2)	Stage 3 (Year 3)	Stage 4 (Year 4)
CARDIORESPIRATORY EMERGENCIES				
Clinical presentations (chest pain, dyspnoea, shock, palpitations, wheezing, cough, syncope, stridor, airway obstruction, cardiorespiratory arrest)	C2	C3	C4	C4
Asthma	C3	C4	C4	C5
Chronic obstructive pulmonary disease	C3	C4	C4	C5
Pneumonia	C3	C4	C4	C5
Pneumothorax	C3	C4	C4	C5
Acute coronary syndrome	C3	C4	C4	C5
Heart failure	C3	C4	C4	C5
Cardiac arrhythmias	C3	C4	C4	C5
Hypertensive urgency and emergency	C3	C4	C4	C5
Pulmonary embolism	C3	C4	C4	C5
Anaphylaxis	C3	C4	C4	C5
ARDS; aortic aneurysm/dissection; pleural effusion/empyema; pericardial effusion/tamponade; pericarditis; infective endocarditis	C2	C3	C4	C4
Special populations: paediatric (epiglottitis, foreign body, croup, bronchiolitis); obstetrics (PPH, ruptured ectopic, pre-eclampsia, HELLP); morbidly obese (OSA, obesity hypoventilation)	C2	C3	C4	C4
ABDOMINAL AND GENITOURINARY EMERGENCIES				
Clinical presentations (abdominal pain, vomiting, GI bleed, jaundice, haematuria, testicular pain, urinary retention, vaginal discharge, abnormal vaginal bleeding)	C2	C3	C4	C4
Peptic ulcer disease; perforated viscus; acute	C3	C3	C4	C4

pancreatitis; bowel obstruction; acute appendicitis; acute gastroenteritis; UTI and pyelonephritis; acute kidney injury				
Diverticulitis; mesenteric ischaemia; hepatobiliary disease; acute liver failure; hernia; anorectal disorders; renal calculi; testicular emergencies	C2	C3	C3	C4
Special populations: paediatric (volvulus, intussusception); gynaecological (ovarian cyst, PID, uterine emergencies)	C2	C3	C3	C4
NEUROLOGICAL EMERGENCIES				
Clinical presentations (syncope, seizure, altered mental status, neurological deficit, headache, dizziness, vertigo)	C2	C3	C4	C4
Status epilepticus; stroke and TIA; intracranial haemorrhage	C3	C4	C4	C5
CNS infection; myasthenia gravis; Guillain-Barré syndrome; Parkinson's disease; cavernous sinus thrombosis	C2	C3	C4	C4
ENDOCRINE AND METABOLIC EMERGENCIES				
Diabetic emergencies (hypoglycaemia, DKA, HHS); electrolyte imbalance; acid-base disorders	C3	C4	C4	C5
Thyroid emergencies (myxoedema coma, thyroid storm); adrenal crisis	C2	C3	C4	C5
TRAUMA				
Clinical presentations (airway obstruction, respiratory distress, haemorrhagic shock, reduced consciousness, pain/deformity of extremities)	C2	C3	C4	C4
Traumatic brain injury; thoracic injury; abdominal injury	C3	C3	C4	C4
Head and neck; maxillofacial; pelvic/genitourinary; limb; spinal; burns and inhalational injury	C2	C3	C4	C4
Special populations: elderly; pregnant; paediatric (including NAI); morbidly obese	C2	C3	C4	C4
MUSCULOSKELETAL AND LIMB EMERGENCIES				
Septic arthritis; spinal infection; prolapsed IVD; cauda equina syndrome; acute ischaemic limb; DVT; limping child	C2	C3	C4	C4
HEAD AND NECK EMERGENCIES				

Clinical presentations (eye pain/redness, sudden vision loss, epistaxis, sore throat, stridor, dental pain)	C2	C3	C4	C4
Acute glaucoma; orbital infection; foreign body; retropharyngeal abscess; angioedema; facial fractures; TMJ dislocation; tracheostomy emergencies	C2	C3	C4	C4
HAEMATO-ONCOLOGY EMERGENCIES				
Transfusion reaction; anaemia; DIC; thrombocytopenia; acute leukaemia; sickle cell crisis; cord compression; SVC compression; neutropenic sepsis; tumour lysis syndrome	C2	C3	C4	C4
ACUTE POISONING				
Paracetamol; herbicides/pesticides; antihypertensives; oral hypoglycaemics; recreational drugs; psychiatric drugs; corrosives; hydrocarbons; toxic alcohol; carbon monoxide	C2	C3	C4	C4
INFECTIOUS DISEASES				
Sepsis and septic shock; dengue	C3	C4	C4	C5
Malaria; MERS coronavirus; leptospirosis; rabies; tetanus; tuberculosis; HIV; neonatal sepsis	C2	C3	C4	C4
ENVIRONMENTAL EMERGENCIES				
Heat-related illness; high altitude and dysbarism; envenomation; bites and stings; industrial chemicals; electrical/lightning injury; blast injury; drowning; decompression sickness; radiation injury	C2	C3	C4	C4
TRIAGE, PRE-HOSPITAL CARE AND DISASTER MEDICINE				
Emergency department triage; mass casualty triage	C1	C2	C3	C4
Transport systems; communication systems; mass gathering and medical standby	C1	C2	C3	C3
Disaster preparedness and response	C1	C2	C2	C3
ORGANISATIONAL, SAFETY AND PROFESSIONAL PRACTICE				
Patient flow; violent patient management; infection control; complaint management; conflict resolution; One Stop Crisis Centre	C1	C2	C3	C4
Risk assessment; quality improvement	C1	C1	C2	C2
Consent; confidentiality and mandatory reporting; end of life care; refusal of medical care; physical and sexual abuse	C3	C3	C4	C4
RESEARCH				

Literature review and critical appraisal	C2	C3	C4	C5
Research methodology	C2	C4	C5	C6
Medical and research ethics	C1	C3	C4	C5
Data and biostatistics	C1	C2	C3	C4

APPENDIX D: PROGRAMME KEY POSTINGS TABLE

No.	Course Code	Course Rotation / Name	Clinical Posting / Placement	Wks	Course Learning Outcomes (CLOs) & Taxonomy	PLOs	Assessment Method(s)
YEAR 1 SEM 1							
1	FFFX6116	Basic Emergency Medicine I (Perubatan Kecemasan Asas I)	Emergency Department	12	CLO1: Elaborate clinical anatomy knowledge (C4, PLO2) CLO2: Analyse clinical pathophysiology (C4, PLO2) CLO3: Choose emergency medications (C4, PLO2) CLO4: Demonstrate adult physical examination technique (P5, PLO3) CLO5: Interpret radiological investigations (P5, PLO6)	PLO2, PLO3, PLO6	C-bD 1 C-bD 2 Mini-CEX 1 Supervisor Report
2	FFFX6215	General Subfield I — Anaesthesiology (Sub-Bidang Am I)	Anaesthesia & Critical Care / OT	16	CLO1: Demonstrate airway & ventilation management (P5, PLO3) CLO2: Select non-invasive/invasive MV method (C5, PLO2) CLO3: Demonstrate local/regional block techniques (P5, PLO3) CLO4: Choose anaesthetic medications (C5, PLO2) CLO5: Demonstrate professionalism in critical patient monitoring (A5, PLO11)	PLO2, PLO3, PLO11	DOPS 1 DOPS 2 Mini-CEX 2 Supervisor Report
3	FFFQ6611	Personal & Professional Development I (Pembangun	Non-clinical (Faculty)	—	CLO1: To critically evaluate the best practices in decision-making based on current and relevant theories, evidence and sustainability considerations; in particular, respecting the diversity of individuals involved	PLO2	PPD Supervisor Report

		an Personal & Profesional I)			in the process. (C4, PLO2)		
YEAR 1 SEM 2							
4	FFFX6126	Basic Emergency Medicine II (Perubatan Kecemasan Asas II)	Emergency Department	12	CLO1: Demonstrate effective communication during patient care (A5, PLO4) CLO2: Analyse clinical investigations accurately (C4, PLO1) CLO3: Choose emergency medications professionally (A5, PLO11) CLO4: Demonstrate correct emergency procedure technique (P5, PLO3)	PLO1, PLO3, PLO4, PLO11	Mini-CEX 3 Mini-CEX 4 C-bD 3 Supervisor Report Part 1 Examination (Theory & Clinical)
5	FFFX6225	General Subfield II — Paediatric (Sub-Bidang Am II)	Paediatric Department	12	CLO1: Identify signs of acute paediatric emergencies requiring resuscitation (C4, PLO2) CLO2: Conclude data for differential diagnosis (P5, PLO6→PLO5*) CLO3: Determine investigations/treatment holistically and ethically (A5, PLO11) CLO4: Formulate safe emergency treatment per scientific evidence (P4, PLO6)	PLO2, PLO5, PLO6, PLO11	C-bD 4 Supervisor Report Part 1 Examination (Theory & Clinical)
6	FFFQ6621	Personal & Professional Development II (Pembangun	Non-clinical (Faculty)	—	CLO1: Demonstrate ethically grounded and value-based interpersonal skills in patient management, guided by professional standards, empathy, and respect for human dignity. (A4, PLO4)	PLO2	PPD Supervisor Report

		an Personal & Profesional II)					
YEAR 2 SEM 1							
7	FFFX6136	Intermediate Emergency Medicine I (Perubatan Kecemasan Pertengahan I)	Emergency Department	12	CLO1: Formulate differential diagnosis from history/examination (C5, PLO2) CLO2: Formulate advanced investigations in timely manner (C5, PLO2) CLO3: Determine definitive management plan holistically (P5, PLO3) CLO4: Demonstrate POCUS technique in emergency (P4, PLO6)	PLO2, PLO3, PLO6	C-bD 1 C-bD 2 C-bD 3 Supervisor Report
8	FFFX6236	Specific Subfield I — Trauma Surgery (Sub-Bidang Khusus I)	Trauma / Emergency Department	8	CLO1: Integrate concept of trauma team in polytrauma management (C5, PLO2) CLO2: Assess role/indication/CI of Damage Control Resuscitation (C5, PLO2) CLO3: Make critical decisions in trauma management (A5, PLO8) CLO4: Perform acute trauma procedures assisting resuscitation (P5, PLO3) CLO5: Demonstrate professionalism/ethics in trauma teamwork (A5, PLO11)	PLO2, PLO3, PLO8, PLO11	DOPS 4 Supervisor Report
9	FFFX6532	Research I — Literature Review (Penyelidikan I: Sorotan Kajian)	Non-clinical (Research)	—	CLO1: Critically analyse research papers in literature review (C5, PLO7) CLO2: Formulate clinical research question in EM (C5, PLO2) CLO3: Conclude research hypothesis and objectives (C5, PLO2)	PLO2, PLO7	Project Progress Report

10	FFFQ6631	Personal & Professional Development III (Pembangunan Personal & Profesional III)	Non-clinical (Faculty)	—	CLO1: To apply safe and appropriate clinical skills through integrated problem-solving that synthesises medical regulations, patient context, and interprofessional considerations in patient management.(P5, PLO3)	PLO3	PPD Supervisor Report
YEAR 2 SEM 2							
11	FFFX6146	Intermediate Emergency Medicine II (Perubatan Kecemasan Pertengahan II)	Emergency Department	12	CLO1: Formulate differential diagnosis (C5, PLO2) CLO2: Formulate advanced investigations (C5, PLO2) CLO3: Determine definitive management plan (P5, PLO3) CLO4: Demonstrate POCUS technique (P4, PLO6)	PLO2, PLO3, PLO6	C-bD 4 C-bD 5 C-bD 6 DOPS 3 Supervisor Report
12	FFFX6246	Specific Subfield II — Internal Medicine (Sub-Bidang Khusus II)	Medical Department	12	CLO1: Associate signs/symptoms with examination of acute medical illness (C5, PLO2) CLO2: Determine appropriate management professionally/ethically (C5, PLO2) CLO3: Implement evidence-based management of acute medical emergencies (P5, PLO3) CLO4: Demonstrate good personal management skills in patient care (A5, PLO9)	PLO2, PLO3, PLO9	C-bD 7 C-bD 8 Supervisor Report

13	FFFX6542	Research II — Research Proposal (Penyelidikan II: Cadangan Penyelidikan)	Non-clinical (Research)	—	CLO1: Identify appropriate research methodology (C4, PLO2) CLO2: Plan research design correlating to research objectives (C5, PLO2) CLO3: Demonstrate good personal management in producing research proposal (A5, PLO9)	PLO2, PLO9	Proposal writing Proposal Presentation
14	FFFQ6641	Personal & Professional Development IV (Pembangunan Personal & Profesional IV)	Non-clinical (Faculty)	—	CLO1: To demonstrate ethical and professional conduct in patient care through continuous self-awareness, reflection on personal values, and adherence to the medical code of professional practice.(A5, PLO11)	PLO11	PPD Supervisor Report
YEAR 3 SEM 1							
15	FFFX6156	Intermediate Emergency Medicine III (Perubatan Kecemasan Pertengahan III)	Emergency Department	14	CLO1: Incorporate clinical reasoning in difficult case management (C5, PLO2) CLO2: Perform consent taking professionally and ethically (P5, PLO3) CLO3: Perform as team leader in resuscitation (A5, PLO8) CLO4: Perform clinical judgement with focused US (P5, PLO6) CLO5: Formulate medical care for pre-hospital/disaster cases (C5, PLO2)	PLO2, PLO3, PLO6, PLO8	C-bD 1 Mini-CEX 1 Mini-CEX 2 Supervisor Report
16	FFFX6256	Clinical Subfield I —	Cardiology Department	8	CLO1: Formulate acute cardiovascular diagnosis from clinical presentations (C5,	PLO2, PLO3,	C-bD 2 Supervisor

		Cardiology (Sub-Bidang Klinikal I)	nt		PLO2) CLO2: Perform management for acute cardiovascular cases professionally (P5, PLO3) CLO3: Integrate treatment with latest clinical evidence (C5, PLO2) CLO4: Interpret ECG accurately (C4, PLO7)	PLO7	Report
17	FFF6351	Elective Placement I — Ophthalmology (Penempatan Pilihan I)	Ophthalmology Department	2	CLO1: Formulate diagnosis from focused history and clinical examination (C5, PLO2) CLO2: Perform emergency management professionally and safely (P5, PLO3)	PLO2, PLO3	C-bD 3 Supervisor Report
18	FFF6552	Research III — Data Collection (Penyelidikan III: Pengumpulan Data)	Non-clinical (Research)	—	CLO1: Apply systematic data collection techniques (C5, PLO7) CLO2: Demonstrate integrity/confidentiality of research data (A5, PLO11)	PLO7, PLO11	Project Progress Report
19	FFF6651	Personal & Professional Development V (Pembangunan Personal & Profesional V)	Non-clinical (Faculty)	—	CLO1: Demonstrate effective, empathetic and collaborative communication with patients, families and healthcare team members to support shared understanding and joint decision-making in patient care.(A5, PLO5)	PLO5	PPD Supervisor Report

YEAR 3 SEM 2							
20	FFFX6166	Intermediate Emergency Medicine IV (Perubatan Kecemasan Pertengahan IV)	Orthopaedic / Trauma Department	14	CLO1: Incorporate musculoskeletal anatomy knowledge with patient management (C5, PLO2) CLO2: Analyse pathophysiology of musculoskeletal conditions (C5, PLO2) CLO3: Perform clinical procedures for musculoskeletal patients (P5, PLO3) CLO4: Demonstrate interaction with professional groups in ED (A5, PLO4)	PLO2, PLO3, PLO4	Mini-CEX 3 Mini-CEX 4 DOPS 5 Supervisor Report
21	FFFX6266	Clinical Subfield II — Neurosurgery (Sub-Bidang Klinikal II)	Neurosurgery Department	8	CLO1: Integrate anatomy of head/spinal cord with emergency presentations (C5, PLO2) CLO2: Perform resuscitation on head injury patient using EBM (P5, PLO3) CLO3: Demonstrate physical examination with professionalism/ethics (A5, PLO11) CLO4: Interpret radiological investigations of head/brain/spinal cord (P5, PLO6)	PLO2, PLO3, PLO6, PLO11	C-bD 4 Supervisor Report
22	FFFX6361	Elective Placement II — (Penempatan Pilihan II)	Listed elective placement with institutions that have MoU with UKM	2	CLO1: Report overall value-added emergency services comprehensively (A3, PLO9)	PLO9	Supervisor Report
23	FFFX6562	Research IV —	Non-	—	CLO1: Select appropriate statistical method	PLO2,	Project

		Data Analysis (Penyelidikan IV: Analysis Data)	clinical (Research)		based on research objectives (C5, PLO2) CLO2: Analyse raw data to reach conclusion (C5, PLO7)	PLO7	Progress Report
24	FFFQ6661	Personal & Professional Development VI (Pembangunan Personal & Profesional VI)	Non-clinical (Faculty)	—	CLO1: Demonstrate strategic leadership within the healthcare team by anticipating clinical needs, coordinating roles, and guiding collective actions to ensure safe and effective patient management. (A5, PLO8)	PLO8	PPD Supervisor Report
YEAR 4 SEM 1							
25	FFFX6175	Advance Emergency Medicine I (Perubatan Kecemasan Lanjutan I)	Emergency Department	12	CLO1: Formulate holistic diagnosis of complex case from history/examination (C5, PLO2) CLO2: Demonstrate safe & competent management of environmental emergency (P5, PLO3) CLO3: Demonstrate safe & competent management of toxicology emergency (P5, PLO3) CLO4: Demonstrate competency as team leader in resuscitation (A5, PLO8)	PLO2, PLO3, PLO8	Mini-CEX 1 Mini-CEX 2 DOPS 6 Supervisor Report
26	FFX6275	Critical Emergency Medicine I (Perubatan	Emergency Department / ICU	12	CLO1: Demonstrate basic airway management safely and competently (P5, PLO3*) CLO2: Adapt basic ventilator usage in critical patients competently (C5, PLO2)	PLO2, PLO3, PLO7, PLO8	DOPS 7 C-bD 1 C-bD 2 Supervisor

		Kecemasan Kritis I)			CLO3: Integrate medications in RSI and mechanical ventilation (P5, PLO3) CLO4: Perform as team leader with professionalism in resuscitation (A5, PLO8) CLO5: Design emergency management plan for special populations (C5, PLO7)		Report
27	FFFX6472	Research V — Research Writing (Penyelidikan V: Penulisan Penyelidikan)	Non-clinical (Research)	—	CLO1: Fabricate discussion chapter in thesis writing (C5, PLO2) CLO2: Formulate research conclusion from data analysis (C5, PLO7) CLO3: Produce complete dissertation fulfilling research ethics (A5, PLO11)	PLO2, PLO7, PLO11	Project Progress Report Dissertation Writing
28	FFFQ6671	Personal & Professional Development VII (Pembangunan Personal & Profesional VII)	Non-clinical (Faculty)	—	CLO1: Apply digital skills and medical technologies safely by anticipating potential risks, ethical implications, and future impacts on patient safety and healthcare systems. (P6, PLO6)	PLO6	PPD Supervisor Report
YEAR 4 SEM 2							
29	FFFX6185	Advance Emergency Medicine II (Perubatan Kecemasan	Emergency Department	12	CLO1: Formulate holistic diagnosis of complex case (C5, PLO2) CLO2: Integrate quality management for clinical EM improvement (C5, PLO2) CLO3: Integrate risk management in handling emergency	PLO2, PLO3, PLO11	C-bD 3 C-bD 4 Mini-CEX 3 Supervisor Report Part 2

		Lanjutan II)			services (P5, PLO3) CLO4: Associate medico-legal knowledge in patient management (C6, PLO2) CLO5: Manage patient safety issues competently (A5, PLO11)		Examination (Theory & Clinical)
30	FFFX6285	Critical Emergency Medicine II (Perubatan Kecemasan Kritikal II)	Emergency Department / ICU	12	CLO1: Demonstrate difficult airway management competently (P5, PLO3) CLO2: Demonstrate morbidly obese patient management safely (P5, PLO3) CLO3: Design mechanical ventilation management plan in critical patients (P5, PLO6) CLO4: Formulate use of vasoactive drugs/fluids in haemodynamic management (C5, PLO2)	PLO2, PLO3, PLO6	Mini-CEX 4 Supervisor Report Part 2 Examination (Theory & Clinical)
31	FFFX6482	Research VI — Research Presentation (Penyelidikan VI: Pembentangan Penyelidikan)	Non-clinical (Research)	—	CLO1: Exhibit manuscript outcome according to journal format (P5, PLO6) CLO2: Present dissertation with creativity and innovation (A5→K5-K6 recommended, PLO10)	PLO6, PLO10	Dissertation Presentation Dissertation Writing Publication prerequisite (Option 1/2/3)
32	FFFQ6681	Personal & Professional Development VIII (Pembangunan Personal & Profesional)	Non-clinical (Faculty)	—	CLO1: Critically evaluate patient progress data safely and accurately by understanding the interrelationships between clinical parameters, healthcare processes, and system-level factors influencing patient outcomes.(C6, PLO7)	PLO7	PPD Supervisor Report

		VIII)					
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NOTES & LEGEND

DOPS-1: Endotracheal intubation (ETT) | DOPS-2: Invasive Mechanical Ventilation (IMV) setting | DOPS-3: Non-Invasive Ventilation (NIV) setting | DOPS-4: POCUS | DOPS-5: Procedural sedation | DOPS-6: Peri-arrest management | DOPS-7: Trauma management. Taxonomy codes: C1–C6 = Bloom's cognitive (1956); A1–A5 = Krathwohl's affective (1964); P1–P7 = Dave's psychomotor (1970). Miller's Pyramid levels (Knows/Knows How/Shows How/Does) cross-mapped to P-codes per Pekeliling Pengajaran UKM Bil. 6/2022. Wks = indicative posting duration in weeks. Non-clinical research and PPD modules run concurrently across the semester and do not carry a fixed weekly allocation.