

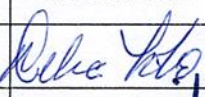
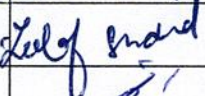
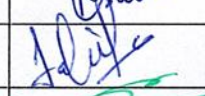
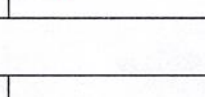
	Document Name	Policy for Student Counseling and Academic Support
	Document Number	JMDC / Policy / PSCAS /25-08

JINNAH MEDICAL AND DENTAL COLLEGE



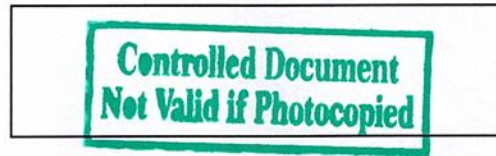
STANDARD OPERATING PROCEDURE

Policy for Student Counselling & Academic Support Department of Student Affair

	NAME	DESIGNATION	SIGNATURE	DATE
PREPARED BY:	MS. DEBRA LOBO	VICE PRINCIPAL (MEDICAL COLLEGE)		05/08/2025
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APPROVED BY:	ACADEMIC COUNCIL			
REVISION NO:				
DATE OF LAST REVISION:				

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DATE OF ISSUE:	05/08/2025			
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Document Change Record:

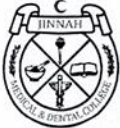
S. NO.	DCR No.	Rev. Date	Section No.	Description of Change
1	DCR-001	2-06-2025	Counseling Cell / Tools	Addition of standardized screening forms (DASS-21, GAD-7, PHQ-9, Beck's Depression Inventory)
2	DCR-002	2-06-2025	Counseling Cell / Tools	Access to DSM-5 added as a reference resource
3	DCR-003	2-06-2025	Counseling Cell / Tools	Inclusion of Interest and Aptitude Tests for Career Counseling

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DISTRIBUTION LIST:

The following personnel are on the controller distribution list:

- Principal
- Vice Principal
- All faculty
- All students
- Student Affair
- IT department
- Medical Education

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1. Policy Statement:

This policy aims to ensure that every student has equitable access to academic guidance, mentoring, and support services. They are provided with confidential and professional counselling to address psychological, emotional, and personal concerns that may impact learning. It also promotes a supportive and inclusive learning environment that enhances resilience, self-confidence, and academic excellence and facilitate early identification of academic difficulties and provide tailored interventions to help students achieve their full potential.

Career Guidance activities are included in the personal file of each medical student and House officer of the institution.

The goal of this policy is to:

Help and guide for understanding the motivations, strengths, accomplishments, goals, and plans of individual Medical Student & House Officer of the MCGH & STH.

2. Scope

This policy applies to all students enrolled in the BDS and MBBS programs and includes academic guidance, personal counseling, and administrative support.

3. Counseling Services

- Counseling is provided through the **Student Affairs Department**.
- Support is offered for:
 - Academic challenges
 - Personal or emotional concerns
 - Professional development and goal-setting
 - Conflict resolution and time management

4. Procedure:

- Self-referral or recommendation by faculty, staff, or peers.
- Student fills a Student Support Request Form (available physically and online).
- Form is submitted to the Student Affairs Office, who categorizes the request under:

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Case Handling Workflow

Step	Area	Action Taken
1	Initial Screening	Request reviewed by Student Affairs Coordinator within 2 working days.
2	Triage & Assignment	Case is assigned to appropriate personnel (Psychologist, Academic Mentor, Career Counselor).
3	Student Contact	Appointment is scheduled with the student within 3–5 working days (or same-day for urgent psychological cases).
4	Support Plan	Relevant action plan is created and shared with the student.
5	Follow-up	Regular sessions or updates conducted as per plan.
6	Closure	Case is closed once objectives are met; feedback collected.

5. Confidentiality

- All counseling interactions are **confidential**.
- No information is shared with faculty, parents, or peers without the student's explicit consent, except in cases of safety concerns or legal obligations.

6. Access to Counseling

- Students may approach the Student Affairs Department directly.
- Parents who wish to discuss academic matters must **request an appointment** by emailing: studentaffair@jmc.edu.pk.

7. Review

This policy will be reviewed annually to ensure alignment with best practices in student support services.



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Policy for Student Counseling and Academic Support

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APPENDIX

Psychological Appointment Form

Client Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Appointment Details

Date of First Appointment: ____ / ____ / ____

Time: _____ AM / PM

Therapist Name: _____

Location (if applicable): _____

Areas of Support (Please check all that apply):

- ☐ Academic challenges
- ☐ Personal or emotional concerns
- ☐ Professional development and goal-setting
- ☐ Conflict resolution and time management

Treatment Plan Acknowledgment

I understand that my treatment will initially consist of **12 scheduled sessions**. The frequency and continuation of sessions will be reviewed and adjusted based on progress and mutual agreement with the therapist.

Client Signature: _____

Date: ____ / ____ / ____

Therapist Signature: _____

Date: ____ / ____ / ____