Pediatric curriculum

2023-2024

نبذة عن فرع طب الأطفال

في عام 2007 تأسست شعبة طب الأطفال بكادر متكون من الأستاذ الدكتور فارس بكر الصواف (عميد كلية طب نينوى في ذلك الوقت) والدكتور نشوان مصطفى الحافظ رئيس شعبة طب الأطفال والدكتور خليل ابراهيم . وكانت الشعبه تابعه لفرع الطب / كلية طب نينوى / جامعة الموصل.

حصلت الموافقة على استحداث فرع طب الأطفال في كلية طب نينوى/ جامعة نينوى اعتبارا من السنه الدراسيه 2018-2019 حسب الأمر الجامعي المرقم م ب /454 في 2018/4/26

تم تكليف ا.د . نشوان مصطفى الحافظ برئاسة الفرع في 2018/10/24.

يتكون الفرع حاليا من استاذ وثلاثة اساتذة مساعدين وستة مدرسين

قائمة تدريسيي فرع طب الاطفال للعام 2023-2024

رئيس الفرع : ا.د . نشوان مصطفى سليمان الحافظ

الرقم	اسم التدريسي	الاختصاص	الاختصاص الدقيق	اللقب العلمي	تاريخ الحصول على اللقب
.1	نشوان مصطفى سليمان	بورد عراقي طب اطفال		استاذ	28/12/2020
.2	بشار شاكر مصطفى	بورد عراقي طب اطفال		استاذ مساعد	2012/4/16
.3	يسرى احمد حسين	بورد عربي طب اطفال		استاذ مساعد	2012/6/21
.4	خليل ابراهيم محمود	بورد عراقي طب اطفال	امراض القلب	استاذ مساعد	10/8/2020
.5	علي عادل شريف	بورد عراقي طب اطفال		مدرس	2012/2/6
.6	اسيل سامي نوح	بورد عراقي طب اطفال		مدرس	2012/12/4
.7	ايمان عصام محمد	بورد عربي طب اطفال		مدرس	2014/3/3
.8	ايمان شاكر محمود	بورد عربي طب اطفال		مدرس	2014/8/7
.9	احمد خليل ابراهيم	بورد عربي طب اطفال		مدرس	2017/6/11
.10	رؤى فيصل محمد	بورد عربي طب اطفال		مدرس	2016/5/30
.11	مصعب مازن خليل	بورد عراقي طب اطفال بورد عربي طب اطفال	العنايه المركزه لحديثي الولاده		

Vision: Graduating world class doctors

Message:

Graduating doctors with scientific competence, clinical skills and sufficient social communication capabilities that qualify them to diagnose and treat common pediatric diseases and know ways to prevent them

Objectives:

1. Enable students to know the terminology of newborns, assess the clinical condition of the newly born child, , identify important clinical manifestations, evaluate and treat common diseases in newborns and prevent them.

2. Enable students to know the stages of development and growth according to the child's age groups.

3. Enabling students to know about nutrition problems in children and how to diagnose, treat and prevent them.

4. Enabling students to know the causes, clinical manifestations, and methods of diagnosis and treatment of common children's diseases and how to prevent them.

5. Enabling students to perform social communication skills and professional behavior in a satisfactory manner with patients and individuals in the community.

6. Introducing the student to his role after graduation in raising awareness and educating the community about common children’s diseases and educating families about adherence to the vaccination schedule and commitment to the correct nutrition of children and the need to know global health threats and the best ways to deal with them.

7. Introducing the student to the right of every human being to receive exemplary medical, social and moral care.

8. Introducing the graduate to a continuous update of medical information, preparing the graduate and encouraging him for further learning. Defining it is the right of every human being to receive the latest scientific information and available capabilities.

9. Empowering the graduate with his scientific capabilities, clinical skills and sufficient social communication capabilities that qualify him to respond to the needs of individuals and society in an honest, efficient, professional and socially satisfactory manner.

10. Introducing the graduate to the existence of a link to stakeholders such as the Department of Health and the Physicians association, and they are thus active participants in planning the educational curriculum and its changes in response to the changing needs of the individual and society.

Curriculum of Pediatrics

Faculty of medicine/ Ninevah University

Fifth stage

Teaching for fifth class

خبرات التعلم

نمط التدريس

Teaching designs for fifth class :

In theoretical teaching: combination of :

- **Tutor centered:**
- **Student – centered: by motivating the student to discuss and present part of the lecture.**
- **Interactive teaching:**
- **Case based learning:**

In practical teaching: combination of

- **Case based learning**
- **Field exercise**

Teaching methods:

Teaching is on two levels, theoretical and practical

1. Theoretical teaching:

Weekly hours:

Three hours / week / first semester

Three hours / week / second semester

Total: 65 hours per academic year

The lecture is conducted by the lecturer in the lecture hall with the commitment to the following:

1. Writing the objectives of the lecture at the beginning of each lecture.
2. Adopting the Google classroom approach, in downloading lectures few days prior to date of lecture , also downloading pictures and videos if needed , in order to assist the student in understanding
3. The necessity of the student's participation by adopting the method of discussion, and motivating the student to discuss and present part of the lecture.
4. Supporting the lecture with educational techniques through the computer and data display device.
5. Make a short exam at the end of each lecture on the topic of the lecture. The examination have several forms including a few MCQ displayed at the end of power point presentation , or case scenarios and problem solving questions delivered to the student orally or through power point presentation

Program outcomes and methods of teaching, learning and assessment of theoretical part

Program outcomes:

- Identifying the ways of feeding children, their benefits and problems
- Learn about vaccinations, their methods and times of their administration, and their side effects
- Knowing the important stages of growth and development in children
- Knowing the common diseases in children and their symptoms and signs
- Methods of diagnosing diseases
- Treatment and complications of diseases

Methods of teaching, learning

1. Attended theoretical lectures
2. The participation of the student **(student – centered)** by adopting the method of discussion and collective conclusion, and motivating the student to discuss and present part of the lecture.
3. Supporting the lecture with educational techniques through the computer and data display device
4. Do a short exam at the end of each lecture on the topic of the lecture

Assessment

- Midyear theoretical exam
- Final year theoretical exam

Theoretical mid-year: 20 marks including the exam

MCQ questions

Classified by blue print into 3 categories: remembering questions, understanding questions and problem solving questions

Theoretical end of the year: 70 marks

MCQ questions

Personal development planning objectives

- Planning to activate the **student's role in preparing the study material** and training after the end of cessions
- The ability to **learn for life and search for the latest information**

الجدول الزمني لمنهاج طب الأطفال / المرحله الخامسه

Theoretical lectures categorized according to systematic topics

الرقم	System	اسم التدريسي	عدد المحاضرات
.1	Growth & development	د. احمد خليل	3
.2	Infant feeding	د. اسيل سامي	2
.3	Immunization	د. ايمان عصام	1
.4	Nutritional disorders	د. علي عادل	2
.5	Gastrointestinal tract	د. نشوان الحافظ	5
.6	Hematology & oncology	د. يسرى احمد	8
.7	Respiratory	د. احمد خليل	5
.8	Neonatology	د. مصعب مازن	10
.9	Cardiology	د. خليل ابراهيم	5
.10	Infections	د. اسيل سامي	4
.11	Renal system	د. بشار شاكر	5
.12	Endocrinology	د. بشار شاكر	4
.13	Neurology	د. علي عادل	5
.14	Genetic & Metabolic	د. ايمان عصام	4
.15	Poisoning	د. اسيل سامي	1
.16	Behavior	د. اسيل سامي	1

Instructional objectives of lectures

	Lecture title (Timing of each lecture is one hour)	Instructional objectives
1	**Infant feeding:** **Breast feeding**	• To define Colostrum & name its characteristics • To describe advantages of breast feeding, disadvantages of breast feeding, contraindications to breast feeding, physiology of breast feeding, Initiation & frequency and duration of breast feeding • To demonstrate determination of breast milk supply adequacy, supplementation of breast-fed baby • To discuss weaning from breast-feeding & common breast-feeding problems
2	**Infant feeding:** **Bottle feeding**	• To Compare with human milk with cow's milk and infant formula , • To identify types and properties of infant formulae • To discuss colic definition, etiology, differential diagnosis, prevention and treatment
3	**Child growth**	• Remembering (Knowledge):Definition of growth & development, Stages of growth &development, Normal growth parameters and Types of growth charts. • Understanding (Comprehension): Our goal of knowing normal growth& development and how to take growth parameters. • Applying (Application): How would you Recommended routine office visits to follow up child growth& development. • Analyzing (Analysis): Factors affecting growth & development. • Evaluating (Evaluation): Assess How to put growth parameters on growth charts and assess different

		growth abnormalities. • Creating (Synthesis): Design a comprehensive care plan for a child with Specific Growth Patterns Requiring Further Evaluation .
4	**Child development (1)**	• **Remembering (Knowledge):** What are the are the four fields of development? Definition of Adolescence • **Understanding (Comprehension):** Understanding the sequential changes in milestons in four fields of development from neonatal period till five years. • **Applying (Application):** How would you apply the developmental milstones to assess the child age & development (normal or delay). • **Analyzing (Analysis):** Red Flags in Developmental Screening and Surveillance. • **Evaluating (Evaluation):** Assess the child School Readiness ,physician & parent observations . • **Creating (Synthesis):** Design a comprehensive care plan for a child with developmetal delay .
5	**Child development (2)**	• **Remembering (Knowledge):** What are the are the four fields of development? Definition of Adolescence • **Understanding (Comprehension):** Understanding the sequential changes in milestons in four fields of development from neonatal period till five years. • **Applying (Application):** How would you apply the developmental milstones to assess the child age & development (normal or delay). • **Analyzing (Analysis):** Red Flags in Developmental Screening and Surveillance. • **Evaluating (Evaluation):** Assess the child School

		Readiness ,physician & parent observations • **Creating (Synthesis):** Design a comprehensive care plan for a child with developmetal delay .
6	**Childhood immunization:**	• To recognize the Iraqi immunization schedule • The students should be able to describe type, route and dose of each vaccine. • The students should be able to list the side effects and contraindications of each vaccine • To understand what to check before giving a vaccine
7	**Failure to thrive (FTT)**	• Remembering (Knowledge): Define FTT. What are the criteria for diagnosing FTT? Can you list the types of FTT? • Understanding (Comprehension): Explain the etiology of FTT. Describe the approach to a child with FTT. • Applying (Application): How would you apply the criteria to diagnose FTT in a real-world scenario? Demonstrate how to approach a child with FTT. • Analyzing (Analysis): Compare and contrast the different types of FTT. Analyze the causes and effects of each type. • Evaluating (Evaluation): Assess the effectiveness of different treatments for FTT. Justify your choice of treatment for a given case study. • Creating (Synthesis): Design a comprehensive care plan for a child with FTT, incorporating definition, etiology, clinical features, complications, investigations, and treatment of Marasmus and Kwashiorkor.
8	**Rickets**	• Remembering (Knowledge): Can you recall the normal metabolism of vitamin D? What is the

		definition of rickets? • Understanding (Comprehension): Explain the etiology of rickets. Describe the clinical manifestations of rickets. • Applying (Application): How would you apply your knowledge of vitamin D metabolism to understand the etiology of rickets? Demonstrate how to identify clinical manifestations of rickets in a patient. • Analyzing (Analysis): Analyze the radiological and laboratory findings typically seen in a patient with rickets. What do these findings tell us about the disease? • Evaluating (Evaluation): Assess the effectiveness of different treatments for rickets based on guidelines. Justify your choice of treatment for a given case study. • Creating (Synthesis): Design a comprehensive care plan for a patient with rickets, incorporating your understanding of vitamin D metabolism, the definition and etiology of rickets, its clinical manifestations, radiological and laboratory findings, and treatment guidelines.
9	**Neonatology:** **Lecture 1** **:terminology &Neonatal Examination**	• Define important terms in Neonatology. • Describe neonatal physical examination • Demonstrate different lesions found during neonatal exam. • Estimation of gestational age. • How to do neonatal reflexes
10	**Neonatology** **Lecture 2** **Neonatal resuscitation and preterm birth & IUGR &LGA**	• Understanding routine delivery care and resuscitation • Recognize APGAR score • Demonstration of thermoregulation • Distinguish between preterm & low birth weight. • Assess the Common problems associated with prematurity. • Complication of IUGR &LGA

11	**Neonatology** **Lecture 3:** **Birth injury and Neonatal seizure**	• Recognize types of birth injury& its predisposing factors. • Describe Neonatal seizure and classify according to its onset. • Demonstrate Hypoxic Ischemic Encephalopathy ,stages &it`s prognosis • Differentiate intracranial hemorrhage.
12	**Neonatology** **Lecture 4:** **Metabolic disorder in neonate & TEF**	• Recognize infant of Diabetic mother ,Neonatal hypoglycemia, Neonatal hypocalcemia • Describe causes, clinical manifestation. • Demonstrate complications associated with infant of DM mother • Analyze the pathophysiology of infant of DM mother • Plan for management of infant of DM mother • Assess for prognosis
13	**Neonatology** **Lecture 5:** **Respiratory distress syndrome (part 1)**	• Define respiratory distress syndrome. • Explain etiology and pathophysiology. • Demonstrate the diagnosis of respiratory distress syndrome. • Plan for management of bay with respiratory distress syndrome. • Assess the common complication of RDS.
14	**Neonatology** **Lecture 6:** **Respiratory disorder in Neonate, part 2**	• Define Transient tachypnea of newborn &how can differentiated from other serious respiratory disorder. • Describe Meconium aspiration syndrome. • Explain what is apnea? What are its different types. • Distinguish Common congenital anomaly associated

		with resp system . • Describe Esophageal Atresia and Tracheoesophageal Fistula
15	**Neonatology** **Lecture 7 :** **Neonatal jaundice (part 1)**	• Recognize neonatal jaundice . • Describe Different type of neonatal jaundice. • Demonstrate Criteria of physiological & pathological jaundice. • Distinguish Kernicterus ? what are the clinical feature.
16	**Neonatology** **Lecture 8 :** **Neonatal jaundice (part 2)**	• Plan treatment option for indirect hyperbilirubinemia. • Recognize phototherapy including its indications ,complications. • Describe Exchange transfusion including its indications, complications. • Identify Direct hyperbilirubinemia,causes&managment. • Discuss Hemorrhagic disease of newborn .
17	**Neonatology** **Lecture 9:** **Neonatal sepsis& Necrotizing Enterocolitis**	• Define neonatal sepsis . • Discuss incidence and epidemiology . • Demonstrate types of sepsis and clinical presentation . • Compare the pathogenesis according to types of sepsis. • Plan for management of neonatal sepsis. • Assessing prevention of neonatal sepsis. • Describe Necrotizing Enterocolitis
18	**Lecture 10:** **Congenital infection**	• List congenital infection. • Discuss clinical manifestation.

		• Distinguish diagnosis. • Identify treatment.
19	**Human Genetics& Dysmorphology: part 1**	• Define the terms genetic disorder, genetic screening, genetic counseling, Achondroplasia, and Marfan Syndrome. Recall the basic principles of genetics and inheritance. • Explain the types, causes, and effects of common genetic disorders in children, including Achondroplasia and Marfan Syndrome. Describe the methods and purposes of genetic screening and counseling. • Apply the concepts of genetics and inheritance to analyze family histories and pedigrees. Demonstrate how to perform and interpret genetic screening tests. • Analyze the relationship between genetic factors and environmental factors in the development of genetic disorders. Compare and contrast different types of genetic disorders, including Achondroplasia and Marfan syndrome, and their management. • Evaluate the benefits and limitations of genetic screening and counseling. Justify the ethical and legal issues involved in genetic testing and decision making. • Create a comprehensive care plan for a child with a genetic disorder, including Achondroplasia or Marfan Syndrome, incorporating the principles of genetics, screening, counseling, and treatment.
20	**Human Genetics& Dysmorphology: part 2**	• Define the terms genetic disorder, genetic screening, genetic counseling, Turner Syndrome, and Down Syndrome. Recall the basic principles of genetics and inheritance. • Explain the types, causes, and effects of common genetic disorders in children, including Turner Syndrome and Down syndrome. Describe the

		methods and purposes of genetic screening and counseling. • Apply the concepts of genetics and inheritance to analyze family histories and pedigrees. Demonstrate how to perform and interpret genetic screening tests. • Analyze the relationship between genetic factors and environmental factors in the development of genetic disorders. Compare and contrast different types of genetic disorders and their management, such as Turner Syndrome and Down syndrome. • Evaluate the benefits and limitations of genetic screening and counseling. Justify the ethical and legal issues involved in genetic testing and decision making. • Create a comprehensive care plan for a child with a genetic disorder, such as Turner Syndrome or Down syndrome, incorporating the principles of genetics, screening, counseling, and treatment.
21	**GIT** **Gastroenteritis: part 1**	By the end of this lecture ,the student will • Define Diarrhea? • Illustrate the assessment of a child with diarrhea • Identify the etiology of acute diarrhea? • Discuss causes of bloody diarrhea • Recognize the risk factors for gastroenteritis in children • Explain why Infants are at particular risk of dehydration? • Analyze and compare the clinical manifestation of viral gastroenteritis, bacterial gastroenteritis, parasitic gastroenteritis • Value the investigation of a child with gastroenteritis • Plan the differential diagnosis of a child with gastroenteritis
22	**GIT** **Gastroenteritis : part 2**	By the end of this lecture ,the student will • Asses type of dehydration and plan the management.

		• Distinguish clinically the etiology of diarrhea. • Recognize the complications of G.E • Review the preventive measures for G.E
23	**GIT** **Infantile colic , GER**	By the end of this lecture ,the student will • Define infantile colic? • Criticize the causes of infantile colic? • Distinguish the clinical features of infantile colic • Analyze the differential diagnosis of infantile colic • Demonstrate the treatment of infantile colic • Illustrate the Techniques for calming infants of Dr. Harvey Karp • Review the prognosis of colic • Define gastroesophageal reflux (GER)? • Distinguish the factors that involved in physiologic GER? • Identify the criteria for physiologic GER? • Identify the criteria for pathological GER? • Illustrate how do you diagnose a physiologic GER? • Manage uncomplicated GER • Manage complicated GER • Discuss surgical treatment of complicated GER • Recognize the prognosis of physiologic GER
24	**GIT** **Chronic diarrhea**	By the end of this lecture ,the student will • Define celiac disease? • Recognize the pathogenesis of celiac disease • Identify the clinical presentation of celiac disease? • Analyze Screening of celiac disease • Plan the Diagnosis of celiac disease • Manage celiac disease • Discuss prognosis of celiac disease • Identify the clinical manifestation of lactose intolerance

		• Plan Diagnosis of lactose intolerance • Manage lactose intolerance • Identify the clinical manifestation of Cow milk protein intolerance • Plan Diagnosis of Cow milk protein intolerance • Manage Cow milk protein intolerance • Identify the clinical manifestation of Toddler diarrhea • Manage Toddler diarrhea
25	**GIT** **Constipation**	By the end of this lecture ,the student will • Define Constipation? • Discuss the diagnostic criteria for functional constipation? • Identify the potential alarm features in constipation • Recognize the causes of functional constipation? • Identify the clinical features of functional constipation? • Discuss the differential diagnosis of functional constipation • Manage functional constipation • Review few specific causes of constipation (non - functional constipation)
26	**Metabolic** **Inborn error of metabolism**	• To describe different type of Inborn error of metabolism according to their clinical feature including (Phenylketonuria, Homocystinuria and Galactosemia). • To be able to identify the main diagnostic tests of Inborn error of metabolism • To be able to identify the line of treatment of Inborn

		error of metabolism
27	**Metabolic** **Inborn error of metabolism**	• To be able to describe the Clinical presentation of different type of Glycogen storage diseases and Mucopolysaccharidoses. • To be able to identify the main diagnostic tests of Glycogen storage diseases and Mucopolysaccharidoses. • To be able to enumerate the line of treatment of Glycogen storage diseases and Mucopolysaccharidoses. • To list clinical feature ,line of treatment of Wilson disease
28	**Respiratory** **Common cold** **Acute pharyngitis and tonsillitis**	• 1.Remembering (Knowledge): The definition and epidemiology of common cold and Acute Pharyngitis . • 2.Understanding (Comprehension): Understanding the etiology of The common cold and Acute Pharyngitis . Describe the clinical manifestations of The common cold& Acute Pharyngitis. • 3.Applying (Application): Demonstrate how to identify clinical manifestations of The common cold and Acute Pharyngitis in a patient. • 4.Analyzing (Analysis): Analyze the physical finding, the radiological , laboratory and examination findings typically seen in a patient with The common cold and Acute Pharyngitis. What do these findings tell us about the disease? • 5.Evaluating (Evaluation): Assess the effectiveness of different treatments for The common cold and Acute Pharyngitis based on guidelines. Justify your choice of treatment for a given case study. • 6.Creating (Synthesis): Design a comprehensive care plan for a child with The common cold and Acute Pharyngitis, incorporating definition, etiology, clinical features, complications, investigations, and treatment
29	**Respiratory**	• 2- Upper Airway Obstruction

	Croup, Acute epiglottitis, Laryngomalacia, Foreign bodies in the airway	• 1.Remembering (Knowledge): The definition and epidemiology of Croup & Acute Epiglottitis, Laryngomalacia and Foreign Bodies in the Airway . • 2.Understanding (Comprehension): Understanding the etiology of Croup & Acute Epiglottitis, Laryngomalacia and Foreign Bodies in the Airway. Describe the clinical manifestations of Croup & Acute Epiglottitis, Laryngomalacia and Foreign Bodies in the Airway. • 3.Applying (Application): Demonstrate how to identify clinical manifestations of Croup & Acute Epiglottitis, Laryngomalacia and Foreign Bodies in the Airway in a patient. • 4.Analyzing (Analysis): Analyze the physical finding, the radiological , laboratory and examination findings typically seen in a patient with Croup & Acute Epiglottitis, Laryngomalacia and Foreign Bodies in the Airway. What do these findings tell us about the disease? • 5.Evaluating (Evaluation): Assess the effectiveness of different treatments for Croup & Acute Epiglottitis, Laryngomalacia and Foreign Bodies in the Airway based on guidelines. Justify your choice of treatment for a given case study. • 6.Creating (Synthesis): Design a comprehensive care plan for a child with Croup & Acute Epiglottitis, Laryngomalacia and Foreign Bodies in the Airway, incorporating definition, etiology, clinical features, complications, investigations, and treatment
30	**Respiratory** **Acute bronchiolitis, Community acquired pneumonia**	• 1.Remembering (Knowledge): The definition and epidemiology of Acute Bronchiolitis & Community-Acquired Pneumonia. • 2.Understanding (Comprehension): Understanding the etiology of Acute Bronchiolitis & Community-Acquired Pneumonia . Describe the clinical manifestations of Acute Bronchiolitis & Community-Acquired Pneumonia. • 3.Applying (Application): Demonstrate how to identify clinical manifestations of Acute Bronchiolitis &

		Community-Acquired Pneumonia in a patient. • 4.Analyzing (Analysis): Analyze the physical finding, the radiological , laboratory and examination findings typically seen in a patient with Acute Bronchiolitis & Community-Acquired Pneumonia. What do these findings tell us about the disease? • 5.Evaluating (Evaluation): Assess the effectiveness of different treatments for Acute Bronchiolitis & Community-Acquired Pneumonia based on guidelines. Justify your choice of treatment for a given case study. • 6.Creating (Synthesis): Design a comprehensive care plan for a child with Acute Bronchiolitis & Community-Acquired Pneumonia, incorporating definition, etiology, clinical features, complications, investigations, and treatment .
31	**Respiratory** **Asthma in children, Status asthmaticus**	• 1.Remembering (Knowledge): The definition and epidemiology of Childhood Asthma. • 2.Understanding (Comprehension): Understanding the etiology and pathogenesis of Childhood Asthma . Describe the clinical manifestations of Childhood Asthma • 3.Applying (Application): Demonstrate how to identify clinical manifestations of Asthma in a patient. • 4.Analyzing (Analysis): Analyze the physical finding, the radiological , laboratory and examination findings typically seen in a patient with Asthma. What do these findings tell us about the disease? • 5.Evaluating (Evaluation): Assess the effectiveness of different treatments for Asthma based on guidelines. Justify your choice of treatment for a given case study. • 6.Creating (Synthesis): Design a comprehensive care plan for a child with Asthma, incorporating definition, etiology, clinical features, complications, investigations, and treatment .

32	**Respiratory** **Cystic fibrosis**	• 1.Remembering (Knowledge): The definition and epidemiology of Cystic Fibrosis. • 2.Understanding (Comprehension): Understanding the etiology and pathogenesis of Cystic Fibrosis . Describe the clinical manifestations of Cystic Fibrosis • 3.Applying (Application): Demonstrate how to identify clinical manifestations of Cystic Fibrosis in a patient. • 4.Analyzing (Analysis): Analyze the physical finding, the radiological , laboratory and examination findings typically seen in a patient with Cystic Fibrosis. What do these findings tell us about the disease? • 5.Evaluating (Evaluation): Assess the effectiveness of different treatments for Cystic Fibrosis based on guidelines. Justify your choice of treatment for a given case study. • 6.Creating (Synthesis): Design a comprehensive care plan for a child with Cystic Fibrosis, incorporating definition, etiology, clinical features, complications, investigations, and treatment .
33	**Infectious** **Common childhood rashes**	• To Describe etiology, epidemiology, clinical features, complications, diagnosis, treatment, prognosis & prevention of measles, rubella, varicella, erythema infectiosum, rosella infantum & scarlet fever
34	**Infectious** **Meningitis & encephalitis:**	• To illustrate etiology, epidemiology, clinical features, complications, diagnosis, treatment, prognosis & prevention of meningitis & encephalitis
35	**Infectious** **Mumps, pertussis, diphtheria:**	• To review etiology, epidemiology, clinical features, complications, diagnosis, treatment, prognosis & prevention of mumps, pertussis & diphtheria
36	**Infectious** **Polio,** **Infectious mononucleosis, Kala-azar**	• To recognize etiology, epidemiology, clinical features, complications, diagnosis, treatment, prognosis & prevention of infectious mononucleosis, poliomyelitis & Kala-azar

37	**Renal** **Acute renal failure**	• Can recall the normal function of the kidney and correlation with their anatomy? what is the definition of renal failure • Explain the etiology of acute Renal failure, describe the clinical scenario of acute Renal failure • How would you apply your knowledge of acute Renal failure in regarding to hemostatic mechanism to understand the etiology of acute renal failure? • Analyze the laboratory findings with their clinical presentation in patient with acute renal failure what do these findings provide us about the disease • Assess the effective approaches and different treatments for acute Renal failure based on guidelines • present and discuss clinical scenario of acute renal failure and try to solve this scenario practically • design a comprehensive care plan for patient with acute renal failure from definition, etiology, clinical presentation, laboratory findings and treatment guidelines.
38	**Renal** **Complications of ARF**	• Explain each complication of ARF and analyzed it according to their physiological dysfunctioning • Important awareness of Complications and their sequels. • Important awareness of their management immediately • Management of the hyperkalemia which considered common crucial complication • Knowledge about the dialysis • Knowledge and awareness of indications for dialysis and whom patients need for dialysis
39	**Renal** **Acute nephritis**	• By the end of the lecture the student can : • Objective of hematuria • 1. Can recall the definition of hematuria? what are the main types of hematuria • 2. Explain the etiology of hematuria and relation to their anatomical structure • 3. how to applied clinical evaluation of the child with hematuria • Objective of acute Post streptococcal Glomerulonephritis • 1. Can recall the definition of acute Post streptococcal Glomerulonephritis • 2. Explain the etiology acute Post streptococcal Glomerulonephritis • 3. How would you apply your pathophysiological knowledge of acute Post streptococcal Glomerulonephritis and how to approach a clinical case of acute Post streptococcal Glomerulonephritis • 4. Analyze the laboratory findings with their clinical presentation in patient with acute Post streptococcal

		Glomerulonephritis what do these findings provide us about the disease • 5. Assess the effective approaches and different treatments for acute Post streptococcal Glomerulonephritis based on guidelines • 6. design a comprehensive care plan for patient with acute Post streptococcal Glomerulonephritis from definition, etiology, clinical presentation, laboratory findings and treatment guidelines. •
40	**Renal** **Henoch-Schönlein purpura and Hemolytic-Uremic Syndrome .** **Urinary tract infection**	• 1. Can recall the definition and the Awareness of about Henoch-Schönlein purpura • 2. Explain the etiology of Henoch-Schönlein purpura • 3. How would you apply your knowledge of Henoch-Schönlein purpura • and how to approach to a clinical case • 4. Analyze the laboratory findings with their clinical presentation in patient with Henoch-Schönlein purpura what do these findings provide us about the disease • 5. Assess the effective approaches and different treatments for Henoch-Schönlein purpura based on guidelines • 6. design a comprehensive care plan for patient with Henoch-Schönlein purpura from definition, etiology, clinical presentation, laboratory findings and treatment guidelines. • Objective of Hemolytic-Uremic Syndrome • 1.Can recall the definition and the Awareness of about Hemolytic-Uremic Syndrome • 2.Explain the etiology of Hemolytic-Uremic Syndrome • 3. How would you apply your knowledge of Hemolytic-Uremic Syndrome and how to approach to a clinical case • 4. Analyze the laboratory findings with their clinical presentation in patient with Hemolytic-Uremic Syndrome what do these findings provide us about the disease • 5. Assess the effective approaches and different treatments for Hemolytic-Uremic Syndrome based on guidelines • 6. design a comprehensive care plan for patient with Hemolytic-Uremic Syndrome from definition, etiology, clinical presentation, laboratory findings and treatment guidelines. • Objective of Urinary tract infection • 1. Can recall the the definition of urinary tract infection and the Awareness of the disease regarding different presentation according their age • 2. Explain the etiology of the urinary tract infection and

		their different etiology according to the age of the patients • 3. How would you apply your knowledge of the urinary tract infection • and how to approach to a clinical case • 4. Analyze the laboratory and radiological findings with their clinical presentation in patient with the urinary tract infection what do these findings tell us about the disease • 5. Assess the effective approaches and different treatments for the urinary tract infection based on guidelines • 6. design a comprehensive care plan for patient with the urinary tract infection from definition, etiology, clinical presentation, radiological finding and treatment guidelines. •
41	**Nephrotic syndrome**	• 1.Can recall the definition of Nephrotic syndrome and the Awareness of about proteinuria • 2.Explain the etiology and pathophysiology of Nephrotic syndrome • How would you apply your knowledge of Nephrotic syndrome • and how to approach to a clinical case • Analyze the laboratory findings with their clinical presentation in patient with Nephrotic syndrome what do these findings provide us about the disease • Assess the effective approaches and different treatments for Nephrotic syndrome based on guidelines • 6. design a comprehensive care plan for patient with Nephrotic syndrome from definition, etiology, clinical presentation, laboratory findings and treatment guidelines
42	**CNS** **Congenital anomalies of CNS (Neural tube defects)**	• Remembering (Knowledge): Can you recall the normal development of the CNS? What are the types of neural tube defects? • Understanding (Comprehension): Explain the prevention and prenatal screening methods for neural tube defects. Describe the definitions and etiologies of microcephaly and macrocephaly.

		• Applying (Application): How would you apply your knowledge of CNS development to understand neural tube defects? Demonstrate how to approach a clinical case of microcephaly or macrocephaly. • Analyzing (Analysis): Analyze the clinical presentation and investigation findings typically seen in a patient with hydrocephalus. What do these findings tell us about the disease? • Evaluating (Evaluation): Assess the effectiveness of different treatments for hydrocephalus based on current guidelines. Justify your choice of treatment for a given case study. • Creating (Synthesis): Design a comprehensive care plan for a patient with hydrocephalus, incorporating your understanding of CNS development, neural tube defects, microcephaly, macrocephaly, and the definition, etiology, types, clinical presentation, investigation, and treatment of hydrocephalus.
43	**CNS** **Cerebral palsy**	• Remembering (Knowledge): Can you recall the definition of cerebral palsy? What are the main types of cerebral palsy? • Understanding (Comprehension): Explain the etiology of cerebral palsy. Describe the different classifications of cerebral palsy. • Applying (Application): How would you apply your knowledge to identify clinical manifestations of cerebral palsy in a patient? Demonstrate how to approach a clinical case of cerebral palsy. • Analyzing (Analysis): Analyze the relationship between the etiology and types of cerebral palsy. What do these findings tell us about the disease? • Evaluating (Evaluation): Assess the effectiveness of different treatment strategies for cerebral palsy based on current guidelines. Justify your choice of treatment for a given case study. • Creating (Synthesis): Design a comprehensive care plan for a patient with cerebral palsy, incorporating your understanding of its definition, etiology, classifications,

		types, investigations, and treatment strategies.
44	**CNS** **Seizure in childhood**	• Remembering (Knowledge): Can you recall the definition of epilepsy? What are the main classifications of epileptic seizures? • Understanding (Comprehension): Explain the different types of seizures such as partial seizures, generalized seizures, Rolandic epilepsy, absence, generalized tonic-clonic myoclonic epilepsy, infantile spasm, febrile convulsions, neonatal convulsions, and status epilepticus. • Applying (Application): How would you apply your knowledge to identify different types of seizures in a child? Demonstrate how to approach a clinical case of a child with seizures. • Analyzing (Analysis): Analyze the relationship between the type of seizure and its clinical manifestations. What do these findings tell us about the disease? • Evaluating (Evaluation): Assess the effectiveness of different treatment strategies for seizures based on current guidelines. Justify your choice of treatment for a given case study. • Creating (Synthesis): Design a comprehensive care plan for a child with seizures, incorporating your understanding of its definition, classifications, types, and treatment strategies.
45	**CNS** **Neurocutaneous disorders**	• Remembering (Knowledge): Can you recall the definitions of Neurofibromatosis, Tuberous Sclerosis, and Sturge-Weber Syndrome? What are the main clinical features of these disorders? • Understanding (Comprehension): Explain the etiology of these disorders. Describe the complications that can arise from these disorders. • Applying (Application): How would you apply your knowledge to identify clinical features of these disorders in a patient? Demonstrate how to approach a clinical case of a patient with these disorders. • Analyzing (Analysis): Analyze the relationship between the etiology and clinical manifestations of these

		disorders. What do these findings tell us about the disease? • Evaluating (Evaluation): Assess the effectiveness of different treatment strategies for these disorders based on current guidelines. Justify your choice of treatment for a given case study. • Creating (Synthesis): Design a comprehensive care plan for a patient with these disorders, incorporating your understanding of their etiology, clinical features, complications, investigations, and treatment strategies.
46	**CNS** **Floppy infant syndrome**	• Remembering (Knowledge): Can you recall the etiology of Floppy Infant Syndrome? What are the diseases associated with upper and lower motor neuron lesions? • Understanding (Comprehension): Explain the classifications of diseases associated with Floppy Infant Syndrome. Describe the definition, etiology, types, clinical presentation, investigation, and treatment of Spinal Muscular Atrophy and Guillain-Barre Syndrome. • Applying (Application): How would you apply your knowledge to identify clinical features of these disorders in a patient? Demonstrate how to approach a clinical case of a patient with these disorders. • Analyzing (Analysis): Analyze the relationship between the etiology and clinical manifestations of these disorders. What do these findings tell us about the disease? • Evaluating (Evaluation): Assess the effectiveness of different treatment strategies for these disorders based on current guidelines. Justify your choice of treatment for a given case study. • Creating (Synthesis): Design a comprehensive care plan for a patient with these disorders, incorporating your understanding of their etiology, classification, and treatment strategies.
47	**Hematology** **Anemia**	• By the end of this lecture, the student supposed to be able to:

		• Define anemia according to the normal range. • List the etiological classification of anemia. • Differentiate between congenital hypoplastic anemia and TEC. Demonstrate the underlying causes of anemia of chronic diseases. • Explain physiological anemia of infancy and compare between premature and full term baby. • Discuss the diagnosis and treatment of main types of megaloblastic anemia.
48	**Hematology** **Iron Deficiency Anemia**	By the end of this lecture, the student supposed to be able to: • Identify the most common types of anemia. • Distinguish important causes of iron deficiency anemia. • Conclude clinical feature of iron deficiency anemia. • Differentiate laboratory findings of hypochromic microcytic anemia. • Plan treatment and follow up of a patient with iron deficiency anemia.
49	**Hematology** Hemolytic Anemia	By the end of this lecture, the student is supposed to be able to: • Define hemolytic anemia. • Classify hemolytic anemia according to the etiology. • Enumerate the laboratory investigations that are required for diagnosis. • 4-Illustrate the mode of inheritance and genetic counseling for inherited disease.

		• Review spherocytosis from (history, clinical and lab. investigation). • Enumerate the indications for splenectomy in spherocytosis. • Distinguish between clinical presentation and laboratory finding • of G6PD deficiency and other hemolytic anemia.
50	**Hematology** **Hemoglobinopathies**	By the end of this lecture, the students supposed to be able to: • Identify the pathogenesis of hemoglobinopathies. • Differentiate between sickle cell disease and thalassemia. • Select the diagnostic test (Hb variant) for hemoglobinopathies. • Compare different types of hemoglobinopathies regarding treatment.
51	**Hematology** **Bleeding Disorders**	By the end of this lecture, the students supposed to: • Discuss clinical and laboratory evaluation of hemostatic disorder. • Identify usage of blood and blood product. • Select ABO-Compatible blood product. • Apply safely blood transfusion. • Explain different types of hemophilia and mode of inheritance. • Distinguish between many types of bleeding disorders. • Interpret laboratory tests. • Decide doing bone marrow examination and splenectomy.6- Differentiate between many

		types of bleeding disorders.
52	**Oncology** **Leukemia**	By the end of this lecture, the students supposed to: • Enumerate predisposing factors for childhood malignancy. • Explain important signs of childhood cancers. • Analyze why proliferation of leukemic cells contribute to clinical • manifestations of leukemia. • Recognize the importance of a bone marrow aspiration or biopsy. • 6- Plan approaches to establish a diagnosis and initial management of leukemia.
53	**Oncology** **Childhood Lymphoma**	By the end of this lecture, the students supposed to: • Demonstrate pathogenesis of lymphoma. • Plan staging of lymphoma. • Classify lymphoma as Hodgkin Lymphoma and Non-Hodgkin Lymphoma. • 4- Manage diagnosis and treatment of lymphoma.
54	**Oncology** **Solid Tumor**	By the end of this lecture, the students supposed to: • Explain important points in diagnosis and manage brain tumor. • Distinguish different types of brain tumor. • Illustrate staging of Wilms Tumor (Nephroblastom • 4- Manage neuroblastoma.
55	**Endocrine** **Congenital hypothyroidism.** **Short stature**	• Can recall the normal physiology of endocrine and how thyroid functioning? what is the defi congenital hypothyroidism • Explain the etiology of hypothyroidism, ar pathophysiology • How would you apply your knowledge of hypoth in regarding to thyroid physiology to underst etiology of hypothyroidism? • Analyze the laboratory findings with their

		presentation in patient with congenital hypoth what do these findings provide us about the disea • Assess the effective approaches and different tre for congenital hypothyroidism based on guideline • present and discuss clinical scenario of c hypothyroidism and try to focus on preventive act • design a comprehensive care plan for patie congenital hypothyroidism from definition, clinical presentation, laboratory findings and t guidelines Short stature • What are general knowledge of short stature • What is the definition of short stature? • Explain the underlying causes of short stature?
56	**Endocrine** **Diabetic mellitus**	• What is the definition of Diabetic mellitus? and consequence of insulin deficiency on vital body organs • can recall the classification and types of diabetic mellitus and identify the diagnostic criteria • Explanation of impaired glucose tolerance state and test. • Explain the etiology of diabetic mellitus and their pathophysiology • Analyze the laboratory findings with their clinical presentation in patient with Diabetic mellitus what do these findings provide us about the disease • Assess the effective approaches and different treatments for Diabetic mellitus based on guidelines • present and discuss clinical scenario of Diabetic mellitus and try to focus on dosage form of insulin therapy • design a comprehensive care plan for patient with Diabetic mellitus from definition, etiology, clinical presentation, laboratory findings and treatment guidelines

57	**Endocrine** **Diabetic ketoacidosis.**	• Can recall the important complications of Diabetic mellitus • What is the background of Diabetic ketoacidosis? and their diagnostic criteria • Explain the pathophysiology Diabetic ketoacidosis and its final pathway • Analyze the laboratory findings with their clinical presentation in patient with Diabetic ketoacidosis what do these findings provide us about the disease • Assess the effective approaches and different treatments for Diabetic ketoacidosis based on guidelines • present and discuss clinical scenario of Diabetic mellitus and try to focus on dosage form of insulin therapy • design a comprehensive care plan for patient with Diabetic ketoacidosis from definition, etiology, clinical presentation, laboratory findings and treatment guidelines
58	**Endocrine** **Congenital Adrenal hyperplasia**	• What is the definition of congenital Adrenal hyperplasia? • Explain the pathophysiology congenital Adrenal hyperplasia and consequence of the defects in their pathway • Explanation of diverge clinical presentations according to locus defect. • Explain the types of congenital Adrenal hyperplasia and their pathophysiology • Analyze the laboratory findings with their clinical presentation in patient with congenital Adrenal hyperplasia what do these findings provide us about the disease • Assess the effective approaches and different treatments for congenital Adrenal hyperplasia based on guidelines

		• present and discuss clinical scenario of congenital Adrenal hyperplasia and try to solve the problem practically • design a comprehensive care plan for patient with congenital Adrenal hyperplasia from definition, etiology, clinical presentation, laboratory findings and treatment guidelines
59	**Cardiac** **Acyanotic CHD PART 1**	• To define congenital heart diseases • To compare antenatal and post natal circulations • To classify congenital heart diseases • To make a diagnostic plan for congenital heart disease • 5. To describe the clinical characteristics of ASD and VSD
60	**Cardiac** **Acyanotic CHD PART 2**	• To summarize AVSD and PDA • To compare between left obstructive and right obstructive lesions • To understand the pathophysiology of Eisenmenger syndrome.
61	**Cardiac** **Cyanotic CHD**	• To define Fallot tetralogy and TGA. • To make a management plan for TOF and TGA • To enumerate the complications of cyanotic CHD
62	**Cardiac** **Aquired heart diseases**	• To define Rheumatic fever • To list RF diagnostic criteria • To make a managent plan for rheumatic fever. • To compare between different types of cardiomyopathies.
63	**Cardiac** **Heart failure**	• To define HF • To enumerate the causes of HF • To make a plan for the diagnosis and management

		of HF.
64	**Poisoning**	• To describe diagnosis, complications & treatment of Paracetol poisoning, Kerosene, caustic & iron poisoning.
65	**Behavior**	• To discuss causes, diagnosis & treatment of Nocturnal enuresis, encopresis, breath holding spells & pica

Syllabus of theoretical part of pediatrics / fifth stage

1. **Feeding of infants and children:**

- Breast feeding: Colostrum, advantages of breast feeding, disadvantages of breast feeding, contraindications to breast feeding, physiology of breast feeding, Initiation, frequency and duration of breast feeding, determination of breast milk supply adequacy, supplementation of breast-fed baby, weaning from breast-feeding, common breast-feeding problems.

- Bottle feeding, Comparison of human milk, cow's milk and infant formula, types and properties of infant formulae, colic definition, etiology, differential diagnosis, prevention and treatment

- Problems of feeding during 1st year of life, definitions, types, causes, complications and management, topics include failure to thrive, marasmus and kwashiorkor

2. **Growth of children:**

    - Normal growth, growth charts, analysis of growth Pattern, other growth indices.

    - Factors affecting growth and development.

3. **Development in children:**

    - Normal development of newborn, development in the 1st year of life

    - Pattern of behavior from 1 – 5 years, and disorders of development, adolescence and puberty.

    - Evaluating school readiness.

4. Immunization:

- Schedule of vaccination in Iraq
- Passive Immunization, and immunoglobulin, contraindication of vaccination and special consideration.

5. Respiratory system:

- Common cold, pharyngitis, tonsillitis
- Croup and epiglottis
- Bronchiolitis, pneumonias, cystic fibrosis
- Bronchial asthma
- Bronchial asthma and foreign body inhalation

6. Neonatology:

- Neonatal terminology, neonatal examination and primitive reflexes.
- Neonatal resuscitation, routine Delivery Room Care , hypothermia, prematurity and intrauterine growth restriction, large for gestational age infants .
- Birth injury , neonatal seizure , hypoxic ischemic encephalopathy , intracranial hemorrhage .
- Infant of Diabetic mother, neonatal hypoglycemia, neonatal hypocalcemia .
- Respiratory distress syndrome and complication.
- Transient tachypnea of newborn, Meconium aspiration syndrome, Apnea of prematurity, congenital diaphragmatic hernia , tracheoesophageal fistula.
- Neonatal jaundice types and etiology, phototherapy, Exchange transfusion.

- Direct hyperbilirubinemia, causes, neonatal anemia ,Neonatal polycythemia, coagulation disorders.
- Neonatal sepsis types and management , Necrotizing Enterocolitis .
- Congenital infection clinical manifestation and management .

7. Gastroenterology:

- Acute gastroenteritis in infancy and children
- Chronic diarrhea, etiology, management, celiac disease
- Colic. Gastroesophageal reflux (definition, types, clinical presentation, diagnosis, treatment
- Constipation in children.

9. Cardiology:

- Introduction, etiology and epidemiology of congenital heart diseases, difference between fetal and neonatal circulations, congenital heart disease classification, A cyanotic heart disease, ASD, VSD, PDA, AV canal
- Obstructive lesions: Pulmonary stenosis, aortic stenosis, coarctation of aorta
- Cyanotic heart disease, TOF, TGA, effect of cyanotic C.H.D
- Acquired heart diseases, cardiomyopathy, types, clinical features and management, complications, Rheumatic fever, pathogenesis, clinical features, diagnosis, treatment, prevention
- Heart failure, causes, diagnosis, treatment

10. Renal diseases:

- Urinary tract infections, upper and lower UTI etiology, presentation diagnosis and treatment

- Acute renal failure etiology presentation diagnosis, treatment and complications
- Glomerulonephritis, pathology, presentation, complications and treatment
- Nephrotic syndrome, etiology, pathophysiology, classification, presentation, diagnosis, treatment
- Henoch-Schönlein purpura and Hemolytic-Uremic Syndrome ,Urinary tract infection

11. Endocrine System:

- Diabetes mellitus, etiology, clinical presentation, diagnosis, treatment, diabetic ketoacidosis
- Hypothyroidism etiology, clinical presentation, diagnosis, treatment
- Congenital Adrenal hyperplasia: clinical presentation, diagnosis, treatment

12. Genetics

- Human genome project, DNA composition, types of genetic disorders, autosomal dominant disorders, examples
- Autosomal recessive inheritance, example of diseases
- X-linked recessive inheritance, rules examples, X-linked dominant inheritance, rules examples.
- Chromosomal abnormalities Down Syndrome, Edward Syndrome, Patau's syndrome, Turner Syndrome
- Multifactorial Inheritance, rules examples.

13. Infectious Diseases:

- Common childhood rashes
- Meningitis & encephalitis

- Mumps, pertussis, diphtheria
- Polio, Infectious mononucleosis, Kala-azar

14. Hematology:

- Anemia, classification, Iron deficiency anemia ,Anemia of inflammation and chronic diseases
- Congenital hypoplastic anemia and transient erythroblastopenia of childhood.
- Physiological anemia of infancy in full term and premature infant
- Megaloblastic anemia. B12 and Folic acid deficiency
- Hemolytic anemia's, Thalassemia, alpha thalassemia and beta thalassemia, hereditary spherocytosis
- G6PD deficiency, Sickle cell anemia, autoimmune hemolytic anemia, iso immune hemolytic anemia

15. Oncology

- Epidemiology of pediatric cancer, predisposing factors, clinical presentation of malignancy
- Acute lymphoblastic leukemia, childhood lymphoma, non-Hodgkin lymphoma, Hodgkin disease, brain tumor, Wilms tumor, neuroblastoma

16. Neurology:

- Congenital anomalies of CNS (Neural tube defects), macrocephaly, microcephaly, Hydrocephalus.
- Cerebral palsy, types, presentation, treatment
- Seizure in childhood, definition of epilepsy, classification of epileptic seizures, partial seizures, generalized seizures, Rolandic epilepsy,

absence, generalized tonic-clonic myoclonic epilepsy, infantile spasm, febrile convulsions, neonatal convulsions, status epilepticus.

- Neurocutaneous disorders: Neurofibromatosis, tuberous sclerosis, Sturge-Weber Syndrome.

- Floppy infant syndrome, etiology, classification according to EEG, Diseases of upper motor neuron lesions, diseases of spinal cord, spinal Muscular atrophy, Guillain Barrae syndrome, neuromuscular disease, myasthenia gravis, Neonatal myasthenia gravis, muscle diseases, Duchene muscular dystrophy, Juvenile dermatomyositis, metabolic myopathies.

17. Poisoning

- Paracetamol poisoning, Kerosene, caustic & iron poisoning.

References

Nelson textbook of pediatrics (2020)

Essential of nelson textbook (2023)

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Clinical part of pediatrics / Fifth stage

المهارات العمليه التي يتعلمها طالب المرحله الخامسه في فرع طب الأطفال

Program outcomes and methods of teaching, learning and assessment of clinical part

- **Clinical objectives.**

Proper history taking and organized clinical Examination of children

- **Skills objectives of the program:** which includes
- Greeting the patient
- Introduction of student name and affiliation to the parents
- Asking permission to take history or examine the patient
- At the end of interview thanking the parents for their agreement to take history or examine the patient and wishing for improvement of the patient
- **Emotional and Value Objectives**:

1. Respect for the patient and his companions
2. Dealing gently with children
3. Good behavior with workers in the sites

Teaching and learning methods of clinical part

- Clinical training
- Preparation and presentation of cases

By :

- Attended pediatric hospitals
- Teaching small groups
- The participation of the student by adopting the method of discussion and, and motivating the student to discuss the clinical topic
- Each student has to practice case preparation including history and examination (Student-Based Teaching)
- Interactive clinical teaching in hospitals

Setting of clinical training of pediatrics fifth stage

Duration:

Number of training weeks for each group: Three weeks

72 hours/per each group

Training location:

Pediatric wards at Ibn Al-Atheer Hospital, Al-Khansa and Al-Salam Hospital

Groups:

Practical Training Curriculum: Dividing students into eight groups

Course:

During the clinical course, students will receive the following training:

- Communication skills
- History taking
- Growth parameter examination
- Examination of different systems of the child body

Clinical objectives:

At the end of the training period, the student should be able to:

- Practice of Communication skills
- Taking the medical history in an orderly, sequential and comprehensive manner so that it can be analyzed to reach to a scientific provisional diagnosis and differential diagnoses
- To practice the clinical examination in an academic, orderly and organized manner, and to know how to present the results of the clinical examination and their significance

Assessment methods

- Clinical exams in hospital at the end of three week of the clinical course

Clinical (end of the training period) long case: (10) marks

A standardized evaluation form is approved by all members of the pediatric department and announced on the bulletin board (attached at the end of the document)

Pediatrics course units / fifth stage

Pediatrics course units / fifth stage			
subjects	clinical teaching hours	Theory teaching hours	Number of units
Pediatrics	30 hours	65 hours	6 units

جامعة نينوى \ كلية الطب

جدول التدريب السريري لطلبة المرحلة الخامسة

للعام الدراسي ٢٠٢٣ - ٢٠٢٤

الشهر	9	9	10	10	10	10	10	11	11	11	11	11	12	12	12	12	1	1	1	1	1	2	2	2	2	3	3	3	4	4	4	4	5	5
اليوم	20	27	4	11	18	25	1	8	15	22	29	6	12	20	27	3	10	17	24	31	7	14	21	28	6	13	20	27	3	10	17	24	1	8
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2		اطفال			عصبية				كسور			نسائية		جلدية									نفسية		بولية			مفاصل		ENT	عيون	اشعة		
3			نفسية		اشعة	جلدية				عصبية			اطفال		نسائية											بولية			مفاصل	ENT	عيون			
4				ENT		نفسية					اطفال			عيون		عصبية									جلدية		نسائية				بولية		مفاصل		
5	مفاصل		ENT		عيون		اشعة		جلدية			نفسية			عصبية																	بولية		
6		بولية		مفاصل		نفسية		عيون		اشعة		جلدية		ENT																				كسور
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8	نسائية		كسور			بولية		مفاصل		ENT		اشعة																						اطفال

Assessment marks / fifth stage

Assessment marks / fifth stage			Total
Annual quest **10 Marks**	**Mid-year (theoretical)** **20 Marks**	**Final year (theoretical)** **70 Marks**	**100**
Clinical **(at the end of the three weeks of clinical training)**	**MCQ** **Categorized according to a blue print**	**MCQ** **Categorized according to a blue print**	
10	**20**	**70**	**100**

Curriculum of Pediatrics

Faculty of medicine/ Ninevah University

Sixth stage

Program outcomes and teaching and learning methods

1- **Cognitive objectives.**

- Knowing the most important symptoms and signs of common diseases in children
- Knowing the most important laboratory tests
- Knowing the most important treatments used in children
- Knowing the correct ways to resuscitate the child

2- Skills objectives of the course

- Social communication skills
- Taking history from the child's parents correctly and clinical reasoning
- Dealing with emergencies for children(basic life support skills in skill lab)

3- Assessment methods

- Theatrical exams
- Slide exams
- Daily evaluation
- Clinical exam in hospital

4- Teaching and learning methods

- Interactive Clinical Teaching in hospital wards and Emergency departments
- Teaching small groups
- Student seminars
- Case Preparation (Certified Teaching)
- Skills Lab

5- Assessment methods

- Theoretical exams in attendance
- Exams in the hospital (long and short cases)
- Slide exams
- Oral exams
- Daily evaluation
- Student activity and presentation
- Assessment in primary health care center

6- Emotional and Value Objectives:

- Respect for the patient and his companions
- Dealing gently with children
- Not to cause harm to the patient
- Not to be condescending to the patient
- Good behavior with workers in the sites

7- General and rehabilitative skills transferred (other skills with employability and personal development).

- Speaking and information-taking skills
- Medical etiquette skills
- The skills of focusing and not deviating from the main topic
- Skills of dealing with children

8- Personal development planning

- Planning to activate the student's role in preparing the study material and training after the end of cessions
- The ability to learn for life and search for the latest information

Pediatrics teaching curriculum

Sixth stage

Pediatrics department / College of Medicine/ Ninevah University

Clinical Training Curriculum for Sixth Grade Students for the Academic Year 2022-2023

Teaching designs for sixth class

Clinical teaching : combination of

- **Interactive teaching**
- **Case based learning**
- **Field exercise**

Teaching methods:

- Clinical teaching in hospital words
- Field teaching in specialized centers (oncology, dialysis, thalassemia centers)
- Teaching in Emergency units
- Teaching in Premature care units
- Seminars

Settings:

1. Duration of student training: eleven weeks.

2. Students will be trained at Al-Salam Teaching Hospital, Ibn Al-Atheer Hospital, Ibn Sina Hospital and al khansa Hospital

3. Students attend the Thalassemia Center / Ibn Al-Atheer Hospital for one day during the training period.

4. Students attend the dialysis unit / Ibn Sina Hospital for two days during the training period.

5. Students attend the Oncology Unit / Ibn Al-Atheer Hospital for one day during the training period

6. Students attend the emergency words for two days during the training period to learn the diagnosis, assessment and treatment of important emergency cases, under the supervision of the teachers.

7. Students attend Al Quds primary care centers for 5 days during the course

8. Students attend the skills lab for one day during the training period to learn how to do basic life support for the child.

9. The student is given a number of important topics in the discussion sessions (Tutorials), according to what is attached to the curriculum.

10. Students are required to prepare and achieve daily practical training objectives (a copy of the objectives is attached to the curriculum).

11. The student is advised to know and follow up the cases of patients entering the hospital halls and to provide a list of those cases to the teacher in each teaching session.

12. The student is advised to continue clinical training in the words after the end of the teaching session and is responsible for everything related to pediatrics even if it is not discussed or given in the lecture by reviewing the sources.

13. The student must submit at least four cases during the training period and then submit an Approach report on the best way to diagnose and treat the presented case.

14. The student must attend a clinical case daily, even if it is not presented, and participating actively.

15. The student must present a seminar on a pediatric topic under supervision of a supervisor

16. The exam shall be in the last week of the training period

Assessment marks for pediatrics examinations in sixth stage

A. The degree of annual pursuit **(20 marks)**

Which is the degree of the clinical examination at the end of each eleven-week period of clinical training.

B. The score of the theoretical exam at the end of the academic year **(40 marks)**

C. Clinical exam score at the end of the academic year **(40 marks)**

A. The assessment of the degree of annual quest **(20)** shall be as follows:

It consists of :

1. **Three** theoretical MCQ examination based on problem solving pattern **(8 marks)**

First theoretical MCQ examination: **2** marks

Second theoretical MCQ examination; **2** marks

Third theoretical MCQ examination: **4** marks

2. **Long case station**: long case examination

(The student is given a period of 45 minutes to complete the case) and is tested for a quarter of an hour. (**7 marks**)

The communication skills and attitude of the student are valued at each clinical station, and the student is given 10% of the grade for these skills.

3. Ten stations, **slides (2 marks)** of ten minutes duration, consisting of ten slides. The stations include the following topics
    - Spot diagnosis slides (

- ECG slides.
- CXR slides.
- Poisoning slides
- Fluid therapy slides
- Emergency drugs slides.
- Life support question slides.
- Tutorials subject slide

4. Examination on topics given in **primary health care center** (**1 mark**)
5. **Seminar** (**1 mark**)
6. Satisfied **Log book** requirements (**1 mark**)

B. **Theoretical exam at the end of the year**: 40 marks, including

100% of the questions are in the form of cases to solve dilemmas,

and are in the form of single -choice questions according to blue print

C. A practical exam at the end of the year for the sixth stage : **40 marks,** including the OSCE exam, in which communication skills and practical skills in pediatrics are covered.

It includes twelve stations

1. Slide stations: (**20 marks**) the duration of the exam is around 30 minutes for all students

1. Spot diagnosis slides (clinical slides)

2. EEG slides

3. CXR slides.

4. Poisoning slides

5. Fluid therapy

6. Drugs slides.

7. Life support question slides.

8. Tutorial subjects

9. Laboratory slides

10. Instruments, devices, drugs and fluids slides

This exam is conducted after the final theoretical exam in the college halls

• Clinical history station (**10 marks**)

• Clinical examination station (**short case**s) (**10 marks**) of 10 minutes per student

• In summary :

- **Annual quest 20 Marks**
- **End of the Year (Theoretical) 40 Marks**
- **End of Year Exam (Practical) 40 Marks**

جدول ١٠ اسابيع

جامعة نينوى \ كلية الطب

جدول التدريب السريري لطلبة المرحلة السادسة

للعام الدراسي ٢٠٢٣ - ٢٠٢٤

رقم اسبوع التدريب	١	٣	٥	٧	٩	١١	١٣	١٥	١٧	١٩	٢١	٢٣	٢٥	٢٧	٢٩	٣١	٣٣	٣٥	٣٧	٣٩
من	٧/١٦	٧/٣٠	٨/١٣	٨/٢٧	٩/١٠	٩/٢٤	١٠/٨	١٠/٢٢	١١/٥	١١/١٩	١٢/٣	١٢/١٧	١٢/٣١	١/١٤	١/٢٨	٢/١١	٢/٢٥	٣/١٠	٣/٢٤	٤/٧
الى	٧/٢٠	٨/٣	٨/١٧	٨/٣١	٩/١٤	٩/٢٨	١٠/١٢	١٠/٢٦	١١/٩	١١/٢٣	١٢/٧	١٢/٢١	١/٤	١/١٨	٢/١	٢/١٥	٢/٢٩	٣/١٤	٣/٢٨	٤/١١
رقم اسبوع التدريب	٢	٤	٦	٨	١٠	١٢	١٤	١٦	١٨	٢٠	٢٢	٢٤	٢٦	٢٨	٣٠	٣٢	٣٤	٣٦	٣٨	٤٠
من	٧/٢٣	٨/٦	٨/٢٠	٩/٣	٩/١٧	١٠/١	١٠/١٥	١٠/٢٩	١١/١٢	١١/٢٦	١٢/١٠	١٢/٢٤	١/٧	١/٢١	٢/٤	٢/١٨	٣/٣	٣/١٧	٣/٣١	٤/١٤
الى	٧/٢٧	٨/١٠	٨/٢٤	٩/٧	٩/٢١	١٠/٥	١٠/١٩	١١/٢	١١/١٦	١١/٣٠	١٢/١٤	١٢/٢٨	١/١١	١/٢٥	٢/٨	٢/٢٢	٣/٧	٣/٢١	٤/٤	٤/١٨
A	أطفال		باطنية		نسائية		جراحة													
B	نسائية		جراحة		أطفال		باطنية													
C	باطنية		أطفال		جراحة		نسائية													
D	جراحة		نسائية		باطنية		أطفال													

Assessment marks for pediatrics examinations in sixth stage		
Annual quest **20 Marks**	**End of the Year (Theoretical)** **40 Marks**	**End of Year Exam (Practical) 40 Marks** **40 Marks**

Objectives
Of the clinical sessions

Pediatrics

Objectives of the clinical sessions

1st session:

Growth and development:

Objectives:

By the end of this session the students should know:

- Accurate measurements of weight, length (height) and OFC.
- Plotting of these measurement on growth charts
- The types of growth charts and the meaning of centiles.
- Definition of growth abnormalities using growth charts
- (FTT,marasmus,kwashiorkor,short stature)
- Normal developmental mile stones assessment by history and examination
- (Gross motor, fine motor and vision, language and hearing, social and adaptive)
- Students should practice the learned data in front of examiner.

- Prepare cases with growth and development abnormality for the next session

2nd session:

Growth and development:

Discussion of a case with **failure to thrive**

Objectives:

By the end of this session the students should:

- Know the importance of history in patient with FTT regarding: previous growth parameter including birth growth parameter, feeding history, systemic review and social history)
- Practice accurate plotting of growth parameters of patient with FTT ,marasmus and kwashirkor.
- Know definition of acute and chronic malnutrition (knowing the principle that weight decrease first then length and lastly OFC.)
- Know common causes of FTT(non organic and organic)
- Outline management of FTT.

Prepare neonatal cases for next session:

3rd session:

Neonatal history and examination:

Objectives: practical assessment in neonatal unit:

By the end of this session the students should

- Know how to take proper neonatal history
- Know definition of full term ,premature, LBW
- Know a simple way of assessing gestational age
- Know the complications associated with prematurity, LBW, infant of diabetic mother
- Be aware to ask in history about risk factors of neonatal sepsis
- Know the signs suggestive of sepsis, hypoglycemia, RDS.
- Know primitive reflexes and their significance.

Prepare cases with neonatal jaundice for next session

4th session:

Objectives: practical assessment of **neonatal jaundice**

By the end of this session the students should

- Know criteria of physiological jaundice
- Know criteria of pathological jaundice
- Know types of blood group incompatibility
- Know early signs of kernicturus
- Plot TSB level on the chart
- Know the mechanism of phototherapy ,precautions, complications
- Know preparation, procedure, indication, complication of exchange transfusion
- Analysis of student cases with neonatal jaundice

Prepare cases with **gastroenteritis** (G. E) for next session

5th session:

Objectives: practical assessment of patient with **G.E**
Presentation of case with G.E
By the end of this session the students should

- Know how to asses degree of dehydration
- Know types of dehydration
- Know the indications of admission to hospital
- Know definition of acute G.E
- Know definition of chronic G.E
- Know causes of bloody diarrhea
- Differentiate viral versus bacterial and parasitic causes
- Differentiate small versus large bowel pathology

Prepare cases with gastroenteritis for next session

6th session:

Objectives: practical assessment of patient with G.E

- Presentation and analysis of cases with G.E according to learned data
- Practical demonstration of cannula ,scalp vein , types of fluid available in hospital
- Practical calculation of deficit according to severity of dehydration, maintenance fluid according to weight ,types of fluid used
- Practical calculation of drops needed per minute
- Demonstration of micro drip device
- Importance of frequent assessment of patient with dehydration ,asking about urine output
- Complication of G,E
- Causes of convulsion in cases with G.E and management
- Causes of abdominal distention in patient with G.E and management

Prepare abdominal examination and cases with chronic diarrhea, cases with finding on abdominal examination

7th sessions:

Respiratory system

Objectives: student presents a case with respiratory compliant.

By the end of this session the students should know:

- Analysis of history of respiratory system
- Examination of respiratory system in children
- Importance of detecting signs of respiratory distress

End of session:

Prepare respiratory cases for analysis in next session.

8th session:

- **Analysis of respiratory cases**
- Comments on asthma, bronchiolitis, pneumonia, FB, croup and whooping cough

Prepare cardiac cases for analysis in next session

9th session:

CVS: By the end of this session the students should:

- Know proper examination of CVS
- Know the description and analysis of mummers
- Know the signs of heart failure
- Know causes of cyanotic and a cyanotic congenital heart disease.

Prepare cardiac cases for analysis in next session.

10th session:

- **Analysis of cardiac cases**
- Hints on Investigations in cardiac case (CXR in TOF ,TGA)ECG,ECHO
- Comments on management of heart failure.

Prepare **hematological cases** for analysis next session (pallor)

11th session:

By the end of this session, the students should know:

- Symptoms and signs of **anemia.**
- Historical clues in evaluation of anemia(age, nutrition, family history, drugs, infection and diarrhea)
- Physical finding in evaluation of anemia(jaundice,purpura, splenomegally, lymphadnopathy, glossitis, angular stomatitis and koilonichia)
- Investigations of anemia
- Causes of anemia according to RBC morphology.
- Common causes of hemolytic anemia

(Hemoglobinopathies,membranopathies,enzymopathies and autoimmune cause)

- Management of anemia
  Prepare hematological cases with bleeding tendency (if available) for analysis in next session

12th session:

Bleeding tendency

By the end of this session the students should know:

- Symptoms and signs of **bleeding tendency**
- Historical clues in evaluation of bleeding tendency
- Physical finding in evaluation of bleeding disorder (anemia, ,purpura, splenomegally, lymphadnopathy,heamarthrosis)
- Screening test for (Bleeding time, platelets, PT, APTT, TT)
- Common causes of bleeding disorder anemia (ITP,Leukemia,coagulation defect)
- Management of bleeding tendency

Prepare cases with fever for analysis next session

13th session:

Infectious diseases

By the end of this session the students should know:

- How to measure temperature (site, normal value)
- Common causes of fever with localyzing signs

- Common causes of fever without localizing signs (sepsis, UTI)
- Definition of PUO, (causes and investigations)
- Differential diagnosis of fever and rash.
- Schedules of vaccination

Prepare cases with **fever** for analysis next session

14th session:

By the end of this session the students should know:

- Analysis of case with **fever** according to leaned data
- Signs of meningeal irritation, (technique, indication and contraindication of CSF exam.)
- Symptoms and signs of sepsis (investigation)
- Symptoms and signs of common causes of PUO (typhoid,brucellosis,tb,rhuematological,malignant disease)

Prepare cases with diabetes mellitus (if available) for analysis next session

15th session

By the end of this session the students should know:

- Laboratory definition of **diabetes**
- Manifestation of DKA
- Management of DKA
- Management of diabetes(insulin types)
- Complication of diabetes
- Loss of consciousness in of diabetes

Prepare neurological cases for analysis next session

16th session

By the end of this session the students should know:

- **Neurological** history and examination
- Historical and examination clues in convulsion
- Signs of meningeal irratation
- Definition ,types, causes of cerebral palsy
- Normal and abnormal head size(definition and causes)

Prepare neurological cases for analysis next session

17th session:

By the end of this session the students should know:

- Assessment of patient with **convulsion.**
- Definition of febrile convulsion

- Definition and types of epilepsy

Prepare renal cases for analysis next session

18th session:

By the end of this session the students should know:

Definition, causes and management of **acute renal failure**

Definition, causes and management of **chronic renal failure**

19th session:

By the end of this session the students should know:

Definition, causes, complications and management of **nephrotic syndrome**

Definition, causes complications and management of **glomerulonephritis**

Diagnosis and treatment of UTI.

20th session:

Objective: Practical management of critically ill child.

Setting: In emergency ward.

By the end of this session the students should know:

Management of severely dehydrated child. Reevaluation after rehydration. Subsequent fluid or ORS therapy. Type of used fluid and how many drop per minute.

Management of the following conditions **if available** :

Management of acute asthmatic attack. Oxygen flow rate.Ventolin nebulization. Inhalers. Steroids.

Management of bronchiolitis, croup, and pneumonia .other respiratory distressed child.

Management of heart failure case

Management of convulsive attacks. Neonatal convulsion, febrile convulsion, epilepsy

Note: management means diagnosis and treatment.

21st session:

Objective: Practical management of a child with thalassemia and sickle cell anemia:

Setting: In thalassemia ward.

By the end of this session the students should know:

The difference in clinical presentation of thalassemia and sickle cell anemia.

Interpretation of laboratory investigation of Hb variant test.

Indication of blood transfusion in both conditions

How to prepare blood for the patient. Observation of method of cross match.

What are the complication of blood transfusion by observing the patient during blood transfusion and learn how to treat them.

The infusion pump by which Desferal is given, also the student should see Desferal drug and Exjade.

During this cession there is also a visit to blood bank and a laboratory visit for watching HPLC device.

22nd, 23rd, 24th, and 25th sessions:

Assessing the **skills of** the students regarding history **taking, examination**, **analysis and management of cases** (**simulating examination environment**.)

26th session onward:

Approaches and analysis the presenting signs and symptoms (long cases

And short cases).

N.B: students should search for any case with dysmorphology during their training course to be discussed as a short case.

Our department welcomes any feedbacks which aim to enhance the teaching standards

Good training and good luck.

Programmed curriculum for daily clinical training of pediatrics for sixth stage students

- The details of the curriculum, the list of objectives and the details of the Log book are explained to the students on the first day of the training by the branch head or the branch rapporteur.

The first six weeks of training:

This period is concerned with systematic training according to the objectives set by the Pediatrics department , which covers most of the important practical topics in the subject of Pediatrics (a list of objectives, attached to the daily curriculum).

From 8-9 AM: Prepare cases.

- Each student attends a daily a clinical case related to the goals to be discussed on that day.
- The representative of the student group is responsible for providing the teacher with a list of the cases prepared daily by the students to be selected according to the importance of the cases.
- One of the students (alternately) is responsible for preparing a list of all the cases in the hospital daily and submitting it to the teacher to be selected according to the importance of the cases to be discussed. Important cases are discussed after the discussion of the target topic is completed

From 9-10 AM: Discuss the proven goals for each training day

- Clinical training goals for the entire training period are given to each student from the first day of training. The achievement of these goals is considered the minimum requirements to be achieved by the student
- The student is required to prepare the daily goals a day before (to stimulate self-directed learning) to discuss them from a practical point of view with the teacher through questions and answers and to remove any ambiguity or misunderstanding of the topic concerned with the goals
- The teacher gives a scenario of traditional examples and examples that need solving clinical problems related to the objective topic and asks the students to interact and participate in solving them to know the extent of the students' strategic intellectual nutrition

- Reiterating the necessity and importance of graduating a safe doctor

From 10 -12 AM: submitting cases

- A number of students present the cases chosen by the faculty tutor and students and are discussed in detail with the students
- Encourages students to participate and debate based on evidence, raise questions and try to answer them from students to know their information and their way of thinking.
- The student submits an APPROACH TO A CASE report for the case he submitted, which must include:
    - The important points that should be focused on in the history of the disease for such a case and the reasons for that importance
    - Important clinical signs that should be checked in such a case
    - How to diagnose and differential diagnosis, choose the necessary tests and write the main lines of treatment
- The report is presented to the teacher in the next session to be fixed and discussed with the group. To establish the correct information, modify and correct the wrong information, and to document what the student has learned in the previous practical lesson, and to reflect the extent to which the student has been scientifically nourished in the target topic.
- The student presented to the case shall be responsible for following up his patient until he leaves the hospital, and informing the teaching staff and the group of important diagnostic and therapeutic changes, improvement or emerging complications.
- Students are asked to share the APPROACHES with their colleagues so that at the end of the training period each group has reports on all the topics discussed.

From 12-3 AM

- Students visit the hospital wards, especially the emergency ward, to learn and observe the work of the regular and senior residents and how to receive and treat patients, especially emergency cases.

The remaining five weeks of training:

This period is concerned with systematic training according to the cases chosen by the students to be discussed

From 8-9 AM: Prepare cases.

- Each student presents a medical condition of practical importance in terms of symptoms or clinical signs, or of diagnostic or therapeutic importance
- The representative of the student group is responsible for providing a list of cases prepared for the teacher to be selected according to the importance of the cases.
- One of the students (alternately) is responsible for preparing a list of the cases in the hospital daily and submitting it to the teacher to be selected according to the importance of the cases to be discussed. In order for students not to miss important cases, even if they were not prepared

From 9-12 AM : submitting cases

- A number of students present the cases chosen by the teacher or students and are discussed in detail with the students
- Encourages students to participate, constructive criticism, and questions
- How the practical exam is represented on some cases, how the model answer and the method of calculating grades are represented
- The student submits an APPROACH TO A CASE report for the case he submitted, which must include:
    - The important points that should be focused on in the history of the disease for such a case and the reasons for that importance
    - Important clinical signs that should be checked in such a case
    - How to diagnose and differential diagnosis, choose the necessary tests and write the main lines of treatment
- The report is presented to the teacher in the next session to be fixed and discussed with the group. To establish the correct information, modify and correct the wrong information, and to document what the student has learned in the previous practical lesson, and to reflect the extent to which the student has been scientifically nourished in the target topic.

- Students are asked to share the APPROACHES with their colleagues so that at the end of the training period each group has reports on all the topics discussed.

From 12-3 AM

Students visit the hospital wards, especially the emergency ward, to learn and observe the work of the regular and senior residents and how to receive and treat patients, especially emergency cases.

Skills Lab

Students attend one day in the sixth week of the training period in the skills laboratory for training in the ideal methods of basic and advanced life support for the critically ill child and the rescue of the child choking with a foreign body. Students practice first aid methods on manikins

Specialized Units

Students attend the following specialized units to achieve the desired goals in the list of Objectives

• Students attend two days of training in the **preterm unit**

• Students attend two days of training in the **emergency unit**

• Students attend one day of the training period in the Oncology Unit

• Students attend one day of the training period in the **Thalassemia Unit**

• Students attend two days of training in the **nephrology unit**

TUTORIALS

A number of important topics are chosen that need training and practice

It is given either in the skills lab, for example, training in basic and advanced life support which is applied to special manikins

Or in the halls for topics that need a special presentation, for example, the presentation of radiographs or slides and the topic of poisoning

Or in the emergency ward for the issue of emergency medicines

Tutor name and topic to be discused are as follow

1. Dr. Khalil Ibrahim: Pediatric life support
2. Dr. Musaab mazin : Emergency drug therapy
3. Dr. Ahmed Khalil: Pediatric slides
4. Dr. Aseel sami: Poisoning in pediatrics
5. Dr. Ali Adel: X-rays films
6. Dr. Bashar Shaker: Pediatric ECG
7. Dr. Yusra Ahmed :Anemia, bleeding tendency and components of blood product
8. Dr. Yusra Ahmed: Anemia: laboratory investigation
9. Dr. Iman Essam : Fluid therapy

Assessment papers

جامعة نينوى – كلية طب نينوى

Long case assessment (6th year)

*Score is out of 100 for each student

No	Student name	Com Skills, attitude and behavior	History is presented in chronological way	History items covered and analyzed well	Asking about and analyzing specific items well	Examination by describing finding and /or technique in proper way	Discussion	Total
		10	10	10	10	30	30	100
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

تصميم : د. خليل ابراهيم

Examiner (1) Examiner (2)

جامعة نينوى – كلية طب نينوى

Station assessment (examination) (6th year)

*Score is out of 100 for each student

No	Student name	Com Skills, attitude and behavior	Technique of examination	Detecting and describing findings	Simple Discussion	Total
		10	30	30	30	100
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

تصميم : د. خليل ابراهيم

Examiner(1) Examiner(2)

جامعة نينوى – كلية طب نينوى

Long case assessment (5th year)

*Score is out of 100 for each student

No	Student name	Com Skills, attitude and behavior	History items covered and analyzed well	Asking about and analyzing specific items well	Proper examination technique	Detecting and describing findings well	Total
		10	20	20	25	25	100
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

تصميم : د. خليل ابراهيم

Examiner (1) Examiner (2)

Student's Log Book

Sixth Year Paediatric Course

Student's Log Book

Sixth Year Paediatric Course

Paediatric Department
Ninevah College of Medicine
Ninevah University

2023- 2024

Student's name:

Student picture

The logbook

Objectives

- To guide the trainee to the minimum procedures required to be a competent doctor.
- To help in the assessment of the trainee.

About the logbook:

- The student should take the logbooks with them during their training programs.
- The procedures learned during the courses (observed or performed) should be recorded in the logbook.
- Learned procedures other than those mentioned in the logbook can also be recorded.
- The tutor is asked to sign for the procedures documented by the student.

Dear student:

At the end of this 10 weeks clinical course you should be familiar with the common conditions affecting children, and have a working knowledge how to approach and examine a sick child, plan investigations and organise management.

How to use this logbook:

The logbook provides details of the various placements that make up the clinical attachment in Paediatrics, it is extremely important that you utilise your time appropriately during the attachment, and you are strongly advised to spend a significant proportion of your time seeing patients on the wards, in outpatients and emergency department. Do not rely solely on tutorials and, at your level and maturity, it is unacceptable to expect to be completely spoon fed. The logbook contains attendance forms for the various placements that need to be signed by the tutor running each particular placement. Tutors will not provide signatures 'in retrospect'. Although you should strive to cover as much clinical material as possible, we appreciate that this is difficult and have provided a list of important topics and appropriate forms to document these cases. Every student is expected to discuss and present at least four clinical cases to their colleagues and a tutor and this should be documented in the appropriate form.

The logbook is designed to help the student and, as such, should provide a framework around which to plan your attachment in Paediatrics. It will need to be handed in for assessment at the end of the course. Although the logbook will not contribute directly toward the final examinations in Paediatrics, the standard rule is that you cannot enter the clinical course examination and final clinical examination in paediatrics if you have 10% unexcused absence days or 15 % excused absence days in this course.

Form 1: Attendance at discussion of objectives and on ward rounds
Form 2: Attendance at Tutorials
Form 3: Attendance in Paediatric emergency unit, neonatal care unit and other units.
Form 4: Recommended, learned, and observed skills
Form 5: Details of four case reports
Form 6: Attendance at primary health centre.
Form 7: Attendance at skill laboratory
Form 8: List of Students in the group

Prof. Dr . Nashwan Al Hafidh
Head of Paediatrics division

Tutors in paediatrics in this year:

1. Dr. Nashwan Al hafidh: Professor
2. Dr.Yusra Ahmed : Assistant Professor
3. Dr.Bashar Shaker: Assistant Professor
4. Dr.Khalel Ibrahem: Assistant Professor
5. Dr.Ali Adel: Lecturer
6. Dr.Assel Sami: Lecturer
7. Dr.Eman Isam: Lecturer
8. Dr.Ahmed khalel: Lecturer
9. Dr. Musa'ab Mazin: Lecturer

Form 1: Attendance at discussion of objectives and on ward rounds

An objective takes any format including history, examination of paediatric patients and approach to patients according to registered topics.

No	Date	Objective Title	Prepared case	Tutor name	Tutor signature
1	/	Growth and development			
2	/	Growth and development			
3	/	Neonatology			
4	/	Neonatal jaundice			
5	/	Gastro-enteritis			
6	/	Gastro-enteritis			
7	/	Respiratory system			
8	/	Respiratory cases			
9	/	Cardiovascular system			
10	/	Cardiac cases			
11	/	Anemia			
12	/	Bleeding tendency			
13	/	Fever and infectious diseases			
14	/	Cases of feverish child			
15	/	Diabetes and D.K.A			
16	/	Nervous system			
17	/	Neurological cases			
18	/	Renal failure			
19	/	Nephrological cases			
20	/	Critically ill child			
22	/	Thalassemia and sickle cell An			
23	/	Review and assessment			
24	/	Review and assessment			
25	/	Review and assessment			
26	/	Review and assessment			
27	/	Review and assessment			

28	/	Review and assessment			
29	/	Review and assessment			
30	/	Review and assessment			

Form 2: Attendance at Tutorials

Sixth year students in their paediatrics course will have a tutorial sessions in paediatrics

	Tutor	**Tutorial – title**	**Tutor Signature**
1.	**د.بشار شاكر**	**PEDIATRIC ECG**	
2.	**د.احمد خليل**	**PEDIATRIC SLIDES**	
3.	**د.علي عادل**	**X RAY SLIDES IN PEDIATICS**	
4.	**د.اسيل سامي**	**POISONING IN PEDIATICS**	
5.	**د.مصعب مازن**	**PEDITRIC EMMERGENCY AND EMERGENCY DRUGS**	
6.	**د.ايمان عصام**	**FLUID THERAPY IN PEDIATRICS**	
7.	**د.خليل ابراهيم**	**PEDIATRIC LIFE SUPPORT**	
8.	**د.يسرى احمد**	**ANEMIA AND BLEEDING DISORDERS**	
9.	**د.يسرى احمد**	**Laboratory investigation**	

Form 3: Attendance in paediatric emergency unit, neonatal care unit and other units.

Notes:	Attendance in these areas is advised with a MINIMUM attendance frequency as outlined below.

Date	Event	Tutor	Tutor signature
	Paediatric emergency unit (2hours)		
	Neonatal care unit (2 hours)		
	Neonatal care unit (2 hours)		
	Paediatric oncology session (2 hours)		
	Thalassemia canter (2 hours)		
	Dialysis unit (2 hours)		
	Dialysis unit (2 hours)		

Form 4: Recommended learned and observed skills

Notes:	Attendance, observation and learning of these skills are strongly recommended.

Date	Event	Tutor	Tutor Signature
Learned skills			
1.	Anthropometric measurement (Weight, stature, OFC) (During objective 1and 2)		
2.	Plotting of growth parameters on charts (During objective 1and 2)		
3.	TSB Measurement + plotting on charts (During objective 4)		
4.	Incubators and phototherapy technique (During objective 3 and 4)		
5.	Fluid therapy (During objective 6)		
6.	Oxygen therapy and nebulization (During objective 7 and 8)		
7.	Paediatric resuscitation (During Pediatric life support tutorial)		
8.	Others		
9.			
10.			
Observed skills			
At any chance during your course			
1.	Taking blood from a child		
2.	Venous cannulation		
3.	Lumbar puncture		
4.	Septic screen (blood culture, urine culture, CSF culture)		
5.	Others (like bone marrow exam , exchange transfusion , etc.)		
6.			
7.			
8.			

Form 5: Details of <u>four</u> case reports: Full case presentation and analytic approach should be attached.

تاريخ الدخول	**Hospital**	اسم المريض **case 1**	رقم الطبلة	**Tutor**	**Signature**
Brief case report:					
تاريخ الدخول	**Hospital**	اسم المريض **case 2**	رقم الطبلة	**Tutor**	
Brief case report:					
تاريخ الدخول	**Hospital**	اسم المريض **case 3**	رقم الطبلة	**Tutor**	
Brief case report:					

تاريخ الدخول	**Hospital**	اسم المريض **case 4**	رقم الطبلة	**Tutor**
Brief case report:				

Form 6: Attendance at primary health centre.

Date	**Training subject title**	**Tutor**	**Tutor Signature**
1.	**Management of dairrhea in children**		
2.	**Management of respiratory disorders in children**		
3.	**Vaccination**		
4.	**Examination**		

Form 7: Attendance at skill laboratory

Date	**objective – title**	**Tutor**	**Tutor Signature**
	Basic paediatric life support		
	Paediatric life support after foreign body inhalation		

Group ( )

Form 8: List of Students in the group

Your frank feedback is required please:
This course provided you with what percentages of what you need and expect

1. **80 -100 %**
2. **50-79%**
3. **Less than 50%**

Your opinion is essential for us
Your opinion will not affect your mark
Please add any comment, which you think it will improve your learning and our teaching.
Thanks

Ninevah University
College of medicine
Prof. Dr. Nashwan Al-Hafidh
Head of Pediatrics department