

CURRICULUM OF ANBAR COLLEGE OF MEDICINE



Prepared by curriculum committee

2019-2020

Contributors



Ass. prof. Maher Ali Jasim, M.B.Ch.B. F.I.B.M.S Int.Med., Consultant Internal Medicine

Member of the curriculum committee

Head of physiology department, College of medicine-University of Anbar

E-mail: drmahiraltalah@yahoo.com



Assistant Professor Dr. Nafea Sami Enad, MRCPath, FIBMS, C.A.B.M
Consultant Pathologist
Member of the curriculum committee
Anbar College of Medicine, Head of Pathology and Forensic Medicine Department
College of medicine University of Anbar
Email: drnsami@vahoo.com



Assistant professor Dr. Haitham Noaman Eyada Al-koubaisy, CBAMConsultant of Internal Medicine
Member of the curriculum committee
Anbar College of Medicine, Department of Medicine
E-mail: dr_haitham_numan@yahoo.com



Assistant Professor Dr. Sarab Fawzi I. Alani, Bsc. Msc. PhD. Medical Microbiology Member of the curriculum committee, Member of the scientific committee Anbar College of Medicine, Department of Microbiology E-mail: Sarabfawzi@rocketmail.com



Associate professor Dr. Omar Abdulqader Ajaj, FICMS. Member of curriculum committee

College of Medicine, University of Anbar, Department of Surgery

Email: omarabd954@uoanbar.edu.iq



Lecturer Dr warqaa yaseen khudhur Al ani , CABP General pediatrician Anbar college of Medicine E-mail:drwarqaayaseen@gmail.com



assistant lecturer Dr. Latief Fayyadh Gaful Al-Hadethi, MSc Human Physiology member of curriclem committee Anbar College of Medicine, Department of hysiology lat.hassi57@gmail.com



Assistant Lecturer Mohammed Ibrahim Younus Al-Rawi, MsC Physiology Anbar College of Medicine Department of Physiology E-mail: pe. alraw_53@uoanbar.edu.iq



Assistant Chief Chemist khlid jamal alkubasi College of Science-University of Anbar E-mail: khalid.iamal@uoanbar.edu



Ammar Fadhil Mohammad member of curriclem committee stager in Anbar college of medicine <u>E-mail: ammaelthaf301ramma301@gmail.com</u>

Preface

The Anbar College of Medicine was established in 1988 and accepted the first batch of students in the studying year 1990-1991. The college applies the curriculum of the English tradition of six academic years.

The educational program for the medical students must be designed in a well written curriculum to achieve competent and safe doctors who can practice medicine at all hospitals, primary health centers and various clinics all over the world. Our curriculum is designed to help the graduates to offer the best health services to the people particularly the Iraqi people.

The curriculum of our college is divided into seven chapters, the first chapter discusses the general outline of the whole curriculum while the remaining 6 chapters cover the six academic stages and in each one, there is a precise detail of each subject which belongs to the academic year. The curriculum of each subject contains a coordinator and teaching staff of that subject, introduction, objectives, content of the subject including theoretical lectures and practical or clinical courses with the hours and units for them, the materials and places used to implement the curriculum, methods of assessment of students and books recommended and approved for the application of curriculum.

The updating job of the curriculum is the result of the good cooperation between the members of the curriculum committee and the teaching staff of the college.

I and my colleagues in the Curriculum Committee hope that the new edition of the curriculum will be appreciated by our dear teaching staff and lovely students.

Assistant Professor Dr. MAHER ALI JASEM
M.B.Ch.B. F.I.B.M.S Int.Med., Consultant Internal
Medicine

Head of physiology department, College of medicine-University of Anbar

Chief of the curriculum committee

Acknowledgment

- 1. The curriculum committee highly appreciates the National Council for Accreditation of Medical Colleges for the creation of well-structured guidelines for accreditation which help us too much in our work.
- 2. We like to acknowledge the big efforts of Assistant Professor Dr. Thakir M Mohsin, the dean of the Anbar college of medicine for his continuous support of our work in updating the curriculum.
- 3. We would like to thank our colleagues in the college for their great job in updating every subject in our curriculum.
- 4. The members of curriculum committee are greatly indebted to the members of the college council for the excellent revision of the updating curriculum draft before they approve it.

Key points

- 1. The curriculum is an essential road map for teaching staff and medical students to achieve a higher educational level of our students.
- 2. The curriculum should be revised annually by the curriculum committee in the college in cooperation with departments.
- 3. Our curriculum is covering 37 subjects of the college requirements and 3 subjects of the university requirements.
- 4. Any department in the college can delete and add not more than 20% of any subject belongs to the department. These actions are taken according to the need of the Iraqi community in order to achieve better health services, discuss new technology for the diagnosis and treatment of various clinical conditions and updating the knowledge in daily clinical practice.
- 5. The curriculum committee in the college is responsible for updating the curriculum annually and presenting the updating forum to the college council (in the March month) to accept it or accept it after some changes. The accepting forum of the curriculum becomes dependable in the next studying year.
- 6. The curriculum committee is responsible for yearly preparing questioners (to the students, graduates and stakeholders), making an interview (with the students, graduate and stakeholders) and collecting the documents to the various components of the curriculum to maintain the accreditation level of the college. The results of these activities should be collected and preserved in the place of the accreditation data.
- 7. The curriculum committee comprise of chief and 8 members. The chief is one of the well expert teaching staff. Six of the members are from the well expert teaching staff, one member from employee, and one member from the students.
- 8. The curriculum of the college of medicine should be written in the English language except 3 subjects (Arabic language, Forensic medicine and Human rights and freedoms) which are written in Arabic language.
- 9. The curriculum committee takes in consideration every note from any one of the teaching staff, students and stakeholders. The notes are collected, well studied and took any beneficial points for updating the next version of the curriculum.
- 10. Our curriculum takes in consideration the controls, instructions and laws which are issued from the Iraqi Ministry of Higher Education and Scientific Research and the University of Anbar.
- 11. Every unit equal to 15 hours theoretical lectures or 30 hours practical or clinical hours.
- 12. To ensure that the curriculum is applied, every subject is supported by a log book which is filled by students during the studying period.
- 13. Our curriculum consists of compulsory courses with a credit of 249 unit (Table 1) which exceed the upper limit of our university requirements and

distribute over the 6 academic years. While the elective study comprises of many topics which are issued by each of the 4 clinical departments (internal medicine, surgery, obstetrics and gynecology and pediatrics) in the first day of the year for the students of the 6th academic year. Each student has the ability to choose one of these topic from each list of the four departments. These topics are student centered learning. The student is under at least 2 supervisors, one of them from the teaching staff of the 4 clinical departments and the other from the remaining basic departments, is prepared and presented the topic as a seminar. Following the presentation, an open discussion from the examining committee (3 in number from teaching staff), attendant teachers and students is performed and a mark is given to the student from the examining committee.

14. Total curriculum period=studying period + examination period

```
=194 \text{ week} + 30 \text{ week} = 224 \text{ week}
```

Studying period = 194 week (30 week for each year of the first 5 academic years and 44 week for the 6^{th} academic year).

Exam period = 30 (5 weeks for each academic year).

- 15. The starting day of the first 5 stages is on the 4th week of September, while for the 6th year is on first week of July.
- 16. The minimum passing score is 50 marks (50%).

Passing grades are:

90% or more Excellent 80% to less than 90% Very good 70% to less than 80% Good 60% to less than 70% Medium 50% to less than 60% Accepted Less than 50% Fail

- 17. The final first trial exam for the first 5 academic years starts at the last week of May. While the second trial starts at the first week of September.
- 18. Regarding the final exam of the sixth academic year, there are 4 trials. The first and third trials start at the last week of May while the second and fourth trials start at the last week of December on 2 consecutive years.
- 19. The general average of the student = {(the average of the 1^{st} year× 5)+(the average of the 2^{nd} year× 5)+ (the average of the 3^{rd} year× 5)+(the average of the 4^{th} year× 20)+(the average of the 5^{th} year× 25)+(the average of the 6^{th} year× 40)}/100
- 20. The student is considered fail in the subject if she or he cannot achieve 50 in the subject after 2 final trials.
- 21. Any student who is absent for 10% of the subject duration without an excuse or 15% with an excuse, is considered fail in this subject.
- 22. Important Remarks for our students:
 - A. Uniform clothes: According to University of Anbar regulations and instructions, each student has to wear the uniform white coat in the clinical

- course. Those who do not achieve this will not be allowed to attend the lectures nor the clinical sessions.
- B. Warning: As it is not a sign of courtesy and keenness, in addition to its bad effect on the teaching course plan, please try not to enter the class if you arrived late after teacher starts his lecture. You should never enter the class if you arrived 15 minutes or more later.
- C. Courtesy: If you have problems with getting to a session, please discuss it with your teacher in advance or with the course organizer.

Table 1: shows the total units and the units of each academic year

| Academic studying year | Number of units |
|------------------------|-----------------|
| First | 35 |
| Second | 37 |
| Third | 36.5 |
| Fourth | 52.5 |
| Fifth | 44 |
| Sixth | 44 |
| Total | 249 |

Contents

| Page | Chapter | Subject | |
|-----------|---------|--|--|
| 1 - 4 | 1 | Curriculum Specification for MBChB | |
| 5- 77 | 2 | Curriculum of the first academic year | |
| 78 - 142 | 3 | Curriculum of the second academic year | |
| 143 -203 | 4 | Curriculum of the third academic year | |
| 204 -265 | 5 | Curriculum of the fourth academic year | |
| 266 -330 | 6 | Curriculum of the fifth academic year | |
| 331 - 364 | 7 | Curriculum of the sixth academic year | |

Chapter 1

Curriculum Specification for MBCHB (2019-2020)

1- Basic Information

- A. Curriculum Title: Bachelor of Medicine and General Surgery MBChB
- B. Curriculum Type: Single
- C. Education Program: sequential integrated program
- D. Type of the study: yearly system
- E. Departments:
 - 1. Human anatomy
 - 2. Physiology
 - 3. Chemistry and Biochemistry
 - 4. Pharmacology
 - 5. Microbiology
 - 6. Pathology and Forensic Medicine
 - 7. Community and Family Medicine
 - 8. Internal Medicine
 - 9. Surgery
 - 10. Pediatrics
 - 11. Obstetrics and Gynecology
- F. Coordinator: Dean of the college: Assistant Professor Dr. Thakir M Mohsin
- G. Date of curriculum specifications approval by: College Council on 2-9-2019

2- Professional Information

A. Objectives

The aim of the curriculum is to provide the graduate with educational experience necessary for further training and practice in daily clinical practice through:

- 1. A core body of scientific knowledge, skills and attitudes essential for the practice in medicine.
- 2. Diagnostic, problem solving and decision-making skills necessary for proper evaluation and management of common diseases and emergencies.
- 3. Awareness and participation in the social and community aspects of health care.
- 4. Appropriate ethical and professional skills necessary for establishment of excellent communication with patients and colleagues.
- 5. Lifelong learning competencies necessary for continuous professional development.
- 6. Research methodology as related to medical practice.
- B. Intended Learning Outcomes
- 1. Knowledge and Understanding
 By the end of the program, the graduate will gain knowledge and
 understanding to be able to:
- a. Describe the normal structure and function of human body.
- b. Describe molecular, biochemical and cellular mechanisms needed in maintaining homeostasis.

- c. Identify the developmental changes in humans and the effect of growth and aging on individuals and their family.
- d. Describe basics of normal and abnormal human behaviors.
- e. Identify altered structure and function of humans in various diseases and conditions in relation to gender and age.
- f. Describe the common diseases and life-threatening conditions as regards etiology, pathogenesis, clinical features, differential diagnosis and complications throughout the different age groups.
- g. Define the principles of management for common diseases and lifethreatening conditions including pharmacological basis of drugs, non-invasive and invasive interventions, basic pre- and post-operative care, pain relief and palliative care.
- h. Describe the theoretical basis of professional, practical skills and evidence based medicine (EBM).
- Describe the role of genetics in health and disease and the basic principles of gene therapy and genetic counseling.
- j. Identify the determinants of health, principles of health promotion, disease prevention, early detection and control of common community health problems including disease surveillance and screening.
- k. Define the principles of management and appropriate quality concepts and processes required for healthcare facilities.
- I. Describe the epidemiologic principles and the effect of social and demographic patterns on disease and vulnerability.
- m. Describe the Iraqi health systems and different population-based approaches of health care including disease burden, quality of life and well-being.
- n. Recognize basics of ethics, medico legal aspects of health problems, malpractice and common medical errors.
- o. Recognize basics of health and patient's safety and safety procedures during practical and clinical years.
- p. Define principles of clinical audit.
- 2. Professional Skills:
- a. Practical and Clinical Skills:By the end of the program, the graduate will be able to:
- 1. Demonstrate basic sciences' practical skills relevant to the future practice and acquire practical, clinical skills and competencies.
- 2. Take and record a structured patient-centered history.
- 3. Perform full physical examination appropriate to age and gender in acute and chronic clinical conditions.
- 4. Assess the mental state of the patient.
- 5. Construct appropriate management strategies both diagnostic and therapeutic for patients with common acute and chronic diseases including medical, psychiatric and surgical conditions.
- 6. Compose an initial plan of management for stabilization of injured and critically-ill patients.
- 7. Provide first aid measures for injured and critically-ill patients.
- 8. Work out drug dosage based on patient's criteria and health condition.

- 9. Write safe prescriptions of different types of drugs.
- 10. Conduct community diagnosis for priority setting of community health problems.
- b. Procedures and technical skills
 - By the end of the curriculum, the graduate will acquire the model-based skills (using manikin and simulators) required to:
- 1. Perform venepuncture and collect blood samples.
- 2. Insert a cannula into peripheral veins.
- 3. Practice enteral, parenteral, inhalational and topical methods for drug administration.
- 4. Perform suturing of superficial wounds.
- 5. Demonstrate competency in cardiopulmonary resuscitation and basic life-support.
- 6. Perform and interpret ECG.
- 7. Perform and interpret basic respiratory function tests.
- 8. Use a nebulizer for administration of inhalation therapy.
- 9. Administer basic oxygen therapy.
- 10. Insert a nasogastric tube.
- 11. Perform bladder catheterization.
- 12. Assist in procedure of normal labor.
- 13. Perform and interpret basic bedside laboratory tests.
- 14. Administer compulsory childhood vaccines.
- 15. Adopt suitable measures for safety and infection control.
- c. Professional Attitude and Behavioral Skills
 - By the end of the curriculum, the graduates will acquire the skills required to:
- 1. Adopt an empathic and holistic approach to patients and their problems, taking into consideration beliefs values, goals and concerns.
- 2. Respect the patient's right to know and share in decision making as well as dignity, privacy, information confidentiality and autonomy.
- 3. Understand and respect the different cultural beliefs and values regardless of their disabilities in the community they serve.
- 4. Recognize the important role played by other health care professions in patients' management, respecting their contributions in patient's management regardless of degree or occupation.
- 5. Apply the national code of ethics.
- 6. Respect and follow the institutional code of conduct.
- 7. Counsel patients suffering from different conditions as well as their families.
- 8. Recognize one's own limitations of knowledge and skills referring patients to appropriate health facility at the appropriate stage.
- 9. Ensure confidentiality and privacy of patients information.
- 10. Treat all patients equally, and avoid stigmatizing any category regardless of beliefs, culture, and behaviors.
- 11. Work cooperatively demonstrating respect with other health care professions for effective patient management.

- 12. Be willing to share in all types of inter- professional activities including collaborative and shared learning.
- 13. Ensure the cost effectiveness of health care management.
- 14. Notify about or report any physical or mental conditions related to himself, colleagues or any other person that might jeopardize patients' safety.
- d. Communication Skills: By the end of the program, the graduate will be able to:
- 1. Communicate clearly, sensitively and effectively with patients and their relatives and colleagues from a variety of health and social care professions.
- 2. Communicate effectively with individuals regardless of their social, cultural, ethnic backgrounds, or their disabilities.
- 3. Cope with situations where communication is difficult including breaking bad news.
- 4. Show compassion to patients and their relatives in situations of stress and grief.
- 5. Honor and respect patients and their relatives, superiors, colleagues and any other member of the health profession.
- 6. Use different communication approaches to bring about behavioral change.

3- Methods of Assessment

For each subject in the curriculum, there are formative and summative assessments which are described in detail in the following six chapters.



Subjects for the annual system of the first stage

| No. | Subject |
|-----|---------------------------|
| 1 | Biology |
| 2 | Chemistry |
| 3 | Physics |
| 4 | Anatomy |
| 5 | Foundation of Medicine |
| 6 | Computers |
| 7 | Human rights and freedoms |
| 8 | Arabic language |
| 9 | physiology |

Department of Human Anatomy

Subject: Biology

Academic year: First year

Course coordinator:

- 1. Prof. Dr. Mahdi Salih Shallal (Ph.D.), Professor in Human Anatomy Department
- 2. Instructor Dr. Abdul Rahman M. Jeeran Al Fahdawi (Ph.D.), Lecturer in Human Anatomy Department

Teaching staff:

- One Professor.
- Two lecturers.
- One assistant lecturer.

Allocated marks: 100 marks.

Course duration: One academic year.

Introduction:

Biology is the study of life. Through the study of biology students employ the processes of science in their investigations and explore the diversity of life and the inter-relationship between organisms and their environment. Students develop an understanding and knowledge of the unit of life – the cell – whose structures and processes are shared by all living organisms and, in so doing, gain an insight into the uniqueness, function and role of organisms, including themselves. In addition, they become aware of the use by humans of other living organisms and their products to enhance human health and the human environment and make informed evaluations about contemporary biological issues.

The Human Anatomy Department in the College of Medicine, University of Anbar hosts the medical students on training course for 120 hours/yr. Our aim is to enhance the knowledge of our students and let them be aware about the first steps in studying to asses them in their clinical life.

Overall Aims:

The broad aims of the Biology Curriculum are to enable students to:

- develop and maintain an interest in biology, a sense of wonder and curiosity about the living world, and a respect for all living things and the environment;
- construct and apply knowledge of biology, understand the nature of science in biology-related contexts, and appreciate the relationships between biological science and other disciplines;
- develop the ability to make scientific inquiries; think scientifically, critically and creatively; and solve biology-related problems individually and collaboratively;
- understand the language of science and communicate ideas and views on biology-related issues;
- be aware of the social, ethical, economic, environmental and technological implications of biology, and be able to make informed decisions and judgments on biology-related issues; and
- develop an attitude of responsible citizenship, and a commitment to promote personal and community health.

General Objectives:

At the end of the course students should be able to:

- 1. Describe the structural components of the cell, preliminary tissues and genetic engineering.
- 2. Describe the basic structure of the cell and chemistry of the cell.
- 3. Describe the processes that happen across the cell membrane.
- 4. Study the organelles of the cell and their functions.
- 5. Describe the growth of the cell and stages of the cell cycle.
- 6. Describe the primary tissues and their types and characteristics.
- 7. Describe the DNA and RNA and their role in genetics and genetic engineering
- 8. Learn more about the gene therapy to correct the defective genes.
- 9. Predict clinical signs to assess the interaction of branches of biomedical science.

Components, duration and units of the curriculum

| No | Components | Duration | Unit |
|----|----------------------|-----------|------|
| 1 | Theoretical lectures | 60 hours | 4 |
| 2 | Practical Sessions | 60 hours | 2 |
| 3 | Total | 120 hours | 6 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. Biology lab in the college

Material used for completion the curriculum:

- 1. Audiovisual aids.
- 2. Interaction with the students through questions.
- 3. Power point presentation.
- 4. Microscopes
- 5. Teaching microscope
- 6. Glass slides of human body tissue.
- 7. Computer.
- 8. Data show.
- 9. Biological charts.
- 10. Diagrams and posters.
- 11. Scientific experiments

Syllabus:

Teaching Techniques:

Teaching will be conducted using the following techniques:

- 1. Theoretical Sessions:
 - lectures were designed to cover most of topics of the histological of human body.
 - The time of the lecture is 50 minutes.
 - There are 2 hours lecture \ week.
- 2. Practical Sessions:
 - The practical sessions follow the theory lectures in the same week.
 - The students are divided into 2 groups (A, B).
 - Each group is subdivided into 6 subgroups.
 - The time of each session is 2hr.
 - There are one session / week.

| | PAR | T 1: CELL BIOLOGY |
|------|---------------------------------|---|
| week | | |
| 1 | Introduction to medical biology | Association of biology with medicine (biomedical science) Historical background Scientists contributed knowledge in medical biology. Branches of biology |
| 2 | The microscopes | Principle of action of microscope Types of microscope: light m. and electron microscope. Uses of microscopes |
| 3 | Origin of life | The principles of cell theory Organization of the cells Growth and reproduction of the cells Interdependence of organisms. |
| 4 | Chemistry of the cell | From atom to molecules Molecules of the life Carbohydrates Lipids Proteins Nucleic acids |

| 5 | Cell structures and functions | What is a cell How cells are organized (Cell organization) Animal cells and plant cells Types of the cells: prokaryotic and eukaryotic cells Major differences between prokaryotic and eukaryotic cells Cell size Different shapes of the cell (cell morphology) Cell specification Cell differentiation |
|---|--|--|
| 6 | Structures of the plasma membrane (FFMS model) | Major jobs of cells Physical properties of the plasma membrane Functions of plasma membrane. Proteins function of plasma membrane: Recognition Communication Structural support Enzyme activity transport How substances cross it. |
| 7 | Transport mechanisms | Simple diffusion Facilitated diffusion Osmosis Active transport cotransport |
| 8 | Cell organelles | The nucleus and endoplasmic reticulum • Structure • Functions • Types of ER • Differences between smooth and rough ER Mitochondria and cell metabolism • Structure and functions in cellular |

| | | respiration |
|----|--------------------------|--|
| | | |
| 9 | Cell organelles | Ribosomes and protein synthesis |
| | | Lysosomes and Golgi apparatus Food and water storage: different types of |
| | | vacuoles |
| | | The cytoskeleton and cell movements |
| | | Types of cell junctions |
| | | Centrioles and cell division |
| 10 | The cell division | The cell cycle |
| | | Chromosomes structure, types, |
| | | numbers and gene loci |
| | | Functions of the cell division |
| | | Factors affecting the cell division |
| | | Stages (details) |
| | | • Interphase (G0, G1, S, G2) |
| | | • Prophase |
| | | Metaphase |
| | | Anaphase |
| | | • Telophase |
| | | Cytokinesis |
| | | Meiosis |
| 11 | Cellular aging and death | |
| | (apoptosis) | |
| 12 | REVISION and EXAM | |

| Part II: Molecular Genetics | | |
|-----------------------------|-------------|--|
| 13 | The genetic | Genome |
| | information | Chromosomes |
| | | genes |
| | | Deoxyribonucleic acid DNA |
| | | Structure of DNA |
| | | Nucleotides and nucleosides |
| | | Sequences of DNA |
| | | DNA replication semiconsevative replication. |
| | | The link between DNA replication and |
| | | Chromosome duplication |
| | | Plasmids types functions |
| | | |
| 14 | RNA | Structure of RNA |
| | | Types of RNAs |

| 15 | Gene Expression (Central Dogma) | Gene and Allele Gene Anatomy promoter and terminator Lactose Operon Transcription Translation |
|----|------------------------------------|--|
| 16 | Gene transfer of bacteria | Transformation Griffiths experiment Transduction Conjugation |
| 17 | Polymerase chain reaction (PCR) | PCR definition Principle Types of PCR PCR programs requirements PCR product Typical thermal cycler conditions Application of PCR in medicine and forensic medicine |
| 18 | Gel electrophoresis | Gel electrophoresis Principle Preparation of agarose gel and polyacrylamide Running the Gel DNA illumination Recording the results |
| 19 | Gene therapy | Definition Target cells of Gene therapy In vivo and in vitro experiments Gene therapy by using adenovirus Naked DNA Lipoplexes Gene therapy reduces parkinsons disease symptoms Gene therapy cures blindness Antisense therapy |
| 20 | mutations | Definition Types Detection of mutant strains of bacteria Replica plating technique |
| 21 | REVISION and EXAM | 1 1 0 1 |

| Week | topic | objective |
|------|---|---------------------------------------|
| 22 | Preparation of tissues for histological study | Paraffin section |
| 23 | Epithelial Tissue | CHARACTERISTIC FEATURES OF EPITHELIAL |

| | T | |
|----|-------------------|--|
| | | CELLS Basement Membranes. Intercellular Adhesion & Other Junctions. Tight or occluding junctions Adherent or anchoring Gap junctions SPECIALIZATIONS OF THE APICAL CELL SURFACE Microvilli. Stereocilia. Cilia. |
| | | TYPES OF EPITHELIA Covering or lining Epithelia. Simple (one layer of cells) Squamous Cuboidal Columnar Pseudostratified Stratified (two or more layers of cells Squamous Keratinized Squamous Non-keratinized Cuboidal Transitional Columnar Secretory Epithelia & glands. Simple Glands (Ducts Do Not Branch) Compound Glands (Ducts from Several Secretory Units Converge into Larger Ducts) TRANSPORT ACROSS EPITHELIA |
| 24 | Connective Tissue | RENEWAL OF EPITHELIAL CELLS CELLS OF CONNECTIVE TISSUE |
| 24 | Connective 11ssue | Fibroblasts Adipocytes Macrophages & the Mononuclear Phagocyte System Mast Cells 1 Plasma Cells Leukocytes FIBERS Collagen Reticular Fibers Elastic Fibers |
| | | GROUND SUBSTANCE TYPES OF CONNECTIVE TISSUE |

| | Connective Tissue Proper Loose (areolar) connective tissue. Dense irregular connective tissue. Dense regular connective tissue reticular Tissue Mucoid Tissue Adipose Tissue WHITE ADIPOSE TISSUE Storage & Mobilization of Lipids Histogenesis of White Adipose Tissue BROWN ADIPOSE TISSUE Function of Brown Adipocytes Histogenesis of Brown Adipose Tissue |
|-----------------------|--|
| 25 | Cartilage HYALINE CARTILAGE Matrix. Chondrocytes. Perichondrium. ELASTIC CARTILAGE FIBROCARTILAGE CARTILAGE CARTILAGE CARTILAGE FORMATION, GROWTH, & REPAIR Bone BONE CELLS |
| | Osteoblasts.Osteocytes.Osteoclasts. BONE MATRIX |
| | PERIOSTEUM & ENDOSTEUM |
| | TYPES OF BONE Lamellar Bone. Woven Bone. Compact bone. Cancellous bone |
| 26 Nerve Tissue & the | OSTEOGENESIS • Intramembranous Ossification. • Endochondral Ossification. BONE GROWTH, REMODELING, & REPAIR METABOLIC ROLE OF BONE DEVELOPMENT OF NERVE TISSUE |

| | Nervous System | NEURONS |
|----|-------------------|---|
| 27 | | Schwann Cells. Satellite Cells of ganglia. CENTRAL NERVOUS SYSTEM 174 Meninges. Blood-brain barrier. |
| | | Choroid Plexus. PERIPHERAL NERVOUS SYSTEM Nerve Fibers. Nerve Organization. Ganglia. NEURAL PLASTICITY & REGENERATION |
| 28 | Muscle Tissue | SKELETAL MUSCLE Organization of a Skeletal Muscle. Organization within Muscle Fibers. Sarcoplasmic reticulum & Transverse Tubule System. Mechanism of Contraction. Innervation. Muscle Spindles & Tendon Organs. Muscle Fiber Types. |
| 29 | MUSCLE TISSUE | CARDIAC MUSCLE SMOOTH MUSCLE REGENERATION OF |
| 30 | REVISION and EXAM | |

Methods of assessment

| No | Exam | Type of assessment | | Marks |
|----|-------------|--------------------|--|-------|
| 1 | First term | Theoretical part | Quizzes in the same theoretical lectures | 2 |
| | | | End term written exam (60% MCQs &/or EMQ & 40% essay questions, fill in the blanks and draw) | 8 |
| | | Practical part | Practical exam | 5 |
| 2 | Second term | Theoretical part | Quizzes in the same theoretical lectures | 2 |
| | | | End term written exam (60% MCQs &/or EMQ & 40% essay questions, fill in the blanks and draw) | 8 |
| | | Practical part | Practical exam | 5 |
| 3 | | Theoretical part | End term written exam (60% MCQs &/or EMQ & 40% essay questions, fill in the blanks and | 50 |
| | Final | | draw) | |
| 4 | | Practical part | Practical exam | 20 |
| 5 | Total | | | 100 |

Suggested Reading List:

- 1. Biology by S. Mader.
- 2. Medical biology
- 3. Junqueira's Basic Histology By Mescher
- 4. Atlas of Histology By Eroschenko

Department of Chemistry and Biochemistry

Subject: Chemistry

Academic year: First year

Coordinator: Instructor Dr. Muhammad H. Al-Ajeel

A Head of Chemistry and Biochemistry Department

Teaching staff:

1. Dr. Muhammad H. Al-Ajeel

2. Dr. Ausama Abbas Faisal

3. Dr. Methal R. Al-Kubaisee.

Introduction

Chemistry &Biochemistry department courses covers the field of Medical biochemistry with a focus on human physiology and includes core themes from a wide range of science subjects including General chemistry, Medical chemistry, Biochemistry and Clinical Chemistry.

Laboratory diagnostic methods will be developed throughout the courses. Students will learn practical skills in analytical and diagnostic techniques applicable in a wide range of fields including Medical & Biochemistry.

- In 1st semester 1st stage; General chemistry; The principles and applications of scientific enquiry, including the detection of inorganic elements as qualitative technique and distinguish between organic compounds by specific reagents to identified organic compounds. Acid base concentration evaluate by titration methods as quantitative technique.
- In 2nd semester 1st stage; Basic biochemistry; including carbohydrates, lipids & proteins, by classification and general properties.

A. Objectives

- This course prepares students for the general chemistry course in the first premedical year of the six-year medical program.
- It includes both theory and practical laboratory experience.
- Students learn chemistry through a cycle of exploration, concept invention and application.
- This helps students become lifelong learners and prepares them for their future careers as physicians.
- The topics covered include atomic structure, structure and bonding in compounds (ionic, covalent and intermolecular forces), Lewis structures, shapes of molecules, hybridization, organic groups structure and nomenclature, stereochemistry, types of reactions and Solutions & methods of expressing concentration.

B. A detailed knowledge of:

- The basic science underpinning the speciality in which the registrant practices, relevant general chemistry in field of medicine and the fundamental principles of chemistry practice.
- Implement the use of chemical tests and explain their significance in distinguish between inorganic groups (cations & anions)organic groups (alkens, alcohols, carboxylic & others)
- Topics studied in this course include atomic structure, covalent and ionic bonding,
- chemical reactions, chemical calculations, acid, base and solution chemistry, radiochemistry
- chemistry of hydrocarbons. Quantitative reasoning skills are developed and used where appropriate to enhance the understanding of these concepts. The medical and environmental

C. The ability to:

- To know the biomolecules' nomenclature, structure and their classification and functions.
- To know the relation between biomolecule's and the human body's functioning.
- The student will know the functioning and dynamics of a chemistry laboratory
- The students will know which parameters can affect the analytical results of a specimen since it is collected until it is processed.
- The students will integrate the knowledge gained on Chemistry and Biochemistry.
- The students will assess the choice of analytical techniques according to the screening targets.
- The students will know which laboratory tests are common in order to help in the Biochemistry laboratory assessment.
- The student will develop analysis, synthesis and reflective skills and will be able to related different topics,

Medical Chemistry Components, duration and units of the curriculum

| No | Components | Duration | Units |
|----|----------------------|----------|-------|
| 1 | Theoretical lectures | 60 hours | 4 |
| 2 | Practical Laboratory | 60 hours | 2 |
| 3 | Total | 120hours | 6 |

Places of completion the curriculum:

- 1. Studying hall in the college.
- 2. Laboratory for practical partin the college.

Material used for completion the curriculum:

- 1. Glassware & Chemicals.
- 2. Analytical instruments.
- 3. Videos

Theoretical lectures: 60hours, 2hours/week

| No | Subject of lecture | Objectives from the lecture by 1hr | | |
|-----|---------------------|--|--|--|
| 1. | Hydrocarbons: | - Nomenclature of alkanes | | |
| | alkanes | - The physical properties. | | |
| | | - Chemical reactions of alkane. | | |
| 2. | Hydrocarbons: | - Nomenclature of alkenes | | |
| | alkenes | - The physical properties. | | |
| | | - Chemical reactions of alkane. | | |
| 3. | Stereochemistry: | - To know the stereomerism chirality (optical isomerism | | |
| | | geometrical isomerism). | | |
| 4. | | - A relationship to medical activity of organic | | |
| | | compounds and living system. | | |
| 5. | Alcohol | - Nomenclature of alcoholes. | | |
| | | - Physical properties. | | |
| 6. | | - Reactions of alcohols. | | |
| 7. | Oxidation of | - Dehydration of alcohol in living system. | | |
| | alcohol | - Qualitative tests. | | |
| 8. | Toxicity of alcohol | - Physiological effect of alcohol. | | |
| | to human | | | |
| 9. | The chemistry of | - Nomenclature of aldehydes. | | |
| | carbonyl | - Reactions: Addition reactions of aldehydes in living | | |
| | compounds | systems. | | |
| | (aldehydes) | - Condensation reaction in living systems. | | |
| | | - Qualitative tests. | | |
| 10. | , | - Nomenclature of ketones. | | |
| | carbonyl | - Reactions: Addition reactions of ketones in living | | |
| | compounds | systems. | | |
| | (Ketones) | - Condensation reaction in living systems. | | |
| 11 | Carlos Parada | - Qualitative tests. | | |
| 11. | Carboxylic acids | - Nomenclature carboxylic acids | | |
| | | Physical properties of carboxylic acids Acidity of carboxylic acids | | |
| 12. | | | | |
| 14. | | Reactions carboxylic acids Acyl transfer reaction in living system. | | |
| 13. | Some of carboxylic | - Nomenclature of urea, amides, esters | | |
| 13. | acid derivatives. | - Reactions. | | |
| | acia acrivatives. | - Reactions. - Reaction in living system. | | |
| 14. | | - Nomenclature of chloride acids, latams&lactons | | |
| 170 | | - Reactions. | | |
| | | - Reactions Reaction in living system. | | |
| 15. | Amines | - Amines Nomenclature & Reactions. | | |
| 16. | Thiol & sulfa | - The organic compounds that contain sulfur Includes: | | |
| | compounds | Thiol & Disulfide | | |
| | | - Drugs that contain sulfa. | | |
| 17. | Radioactivity and | - To understand Radioactivity and Nuclear Chemistry | | |
| 1/. | Radioactivity and | - To understand Kadioactivity and Nuclear Chemistry | | |

| No | Subject of lecture | Objectives from the lecture by 1hr | | |
|-----|--------------------------------|---|--|--|
| | medical uses of | - Types of reactions (Alpha , Beta and Gamma radiation) | | |
| | radio active | - Properties of nuclear radiation | | |
| | isotopes | | | |
| 18. | | - Detecting ionizing radiation | | |
| | | - Nuclear reactions and half life | | |
| 19. | Radiation dosages | - Curie and Becquerel. | | |
| | | - Radioactive tracers in biological research. | | |
| 20. | | - Medical uses of radioactive isotopes. | | |
| | | - Advantages of using radioactive material. | | |
| 21. | Acids, bases and | - Definition of acid and base according to Arrhenius | | |
| | salts of medical | &Pronsted. | | |
| | interests | | | |
| 22. | | - Neutralization and their importance to living system. | | |
| 23. | The system of | - Metric, mass, volume, temperature, quantity. | | |
| | international units | | | |
| | (SIU) | | | |
| 24. | | - Density and specific gravity | | |
| 25. | The PH concept, | - Acid-base titrations. | | |
| 2.5 | acid-base balance | - Acid-base balance in blood. | | |
| 26. | | - Abnormalities of acid-base balance in living system. | | |
| 27. | Solutions and | - Type of solutions. | | |
| | methods of | - Solubility of solutions. | | |
| | expressing | | | |
| 20 | concentration | | | |
| 28. | | - Concentration of solutions | | |
| 20 | - · · · | - Molarity, molality, formality and normality | | |
| 29. | Buffers | - Buffers concept. | | |
| 20 | hffa.v.av.ata.va.af | - Classifications of buffer systems. | | |
| 30. | buffer system of | - Buffer system in physiological importance. | | |
| | physiological | | | |
| 31. | importance Colloidal chemistry | - Colloidal concept. | | |
| 31. | and biological | - Colloidal Concept Colloidal chemistry and biological systems. | | |
| | systems | - Colloidal Cheffistry and biological systems. | | |
| 32. | Dialysis and living | - Osmosis. | | |
| | systems | - Dialysis. | | |
| | Systems | - Dialysis and biological systems. | | |
| 33. | Chelation principle | - Chelation principle | | |
| 34. | Chelationapplicati | - Chelation importance in medicine | | |
| | on in medicine | | | |
| 35. | Ions in living | - Ions (anion & cation) | | |
| | systems and there | , | | |
| | importance | | | |
| 36. | - | - Important of ions in medicine | | |
| 37. | Heterocyclic | - Nomenclature. | | |

| No | Subject of lecture | Objectives from the lecture by 1hr |
|-----|--------------------|--|
| | compounds | |
| 38. | | - Classification of Heterocyclices. |
| 39. | Carbohydrates | - Classification of carbohydrates |
| 40. | | - The three dimensional structures of monosaccharaides |
| | | - The stereo isomers of carbohydrates |
| 41. | | - The cyclic structures of monosaccharaides |
| 42. | | - Glycosides. |
| | | - The cyclic structures of disaccharaides |
| 43. | | - Deoxy sugar. |
| 44. | | - Amino sugar. |
| | | - Sugar phosphate. |
| 45. | | - Disaccharides |
| | | - Polysaccharides. |
| 46. | | - Biological importance of carbohydrates |
| 47. | Lipids. | - Lipids classification. |
| 48. | | - Biological roles of lipids. |
| 49. | | - Fatty acids, classification. |
| 50. | | - Fatty acids, reactions. |
| 51. | | - Prostaglandins, |
| | | - Thromboxanes |
| 52. | | - Leukotrines |
| | | - Phospholipids |
| 53. | Protein and amino | - Classification of amino acid. |
| | acids | |
| 54. | | - Titration curves of amino acids. |
| 55. | | - Globular and fibrous protein. |
| 56. | | - Reactions of amino acids. |
| 57. | | - Biological activity of peptides. |
| 58. | | - Determination of amino acids sequences of |
| | | polypeptides. |
| 59. | | - Classification of proteins. |
| 60. | | - Structural levels of protein |

Practical laboratories: 60 hours, 2 hours/week

- 1- Laboratory discipline and precautions.
- 2- Test for cations. (2 weeks)
- 3- Test for anions. (2 weeks)
- 4- Identification of Inorganic compounds.
- 5- Titration. (2 weeks)
- 6- Hydrocarbons-(2 weeks)
- 7- Alcohols.
- 8- Phenols.
- 9- Distinguish between alcohols & phenoles
- 10- Aldehyds.
- 11- Ketenes.
- 12- Carboxylic acids.
- 13- Distinguish between Aldehyds, Ketenes & carboxylic acids.
- 14- Derivatives of carboxylic acids.
- 15- Identification of organic compounds.
- 16-Osmosis and dialysis.
- 17- Carbohydrates. (3 weeks)
- 18- Proteins reactions. (2 weeks)
- 19- Precipitation of proteins.
- 20- Lipids. (2 weeks)
- 21- Paper chromatography.(2 weeks)

Methods of assessment

| No | Exam | Type of assess | ment | Marks |
|----|-------------|------------------|---|-------|
| 1 | First term | Theoretical part | Quiz in the same theoretical lectures | 2 |
| | | | End term written exam (60% MCQs & 40% essay questions) | 8 |
| | | Practical part | Practical exam | 1 |
| | | | Reports | 1 |
| | | | Quiz | 1 |
| | | | Theoretical written exam | 2 |
| 2 | Second term | Theoretical part | Quiz in the same theoretical lectures | 2 |
| | | | End term written exam (60% MCQs & 40% essay questions) | 8 |
| | | Practical part | Practical exam | 1 |
| | | | Reports | 1 |
| | | | Quiz | 1 |
| | | | Theoretical written exam | 2 |
| 3 | | Theoretical part | End term written exam (60% MCQs & 40% essay questions) | 50 |
| 4 | Final | Practical part | End term written exam (60% MCQs & 40% essay questions) for experimental laboratory. | 20 |
| 5 | Total | | | 100 |

Recommended references

- 1. Lehninger: Principles of Biochemistry, Seventh Edition by David L. Nelson & Michael M. Cox. 7th ed. USA.
- 2. Theoretical lectures by Dr. Muhammad H. Al-Ajeel and Dr. Ausama Abbas Faisal.
- 3. Practical notes for students to learn biochemistry experimental by biochemistry department.

University of Anbar College of Medicine Department: Physiology

Course Title: Medical Physics.

Term: First and second

Stage: First

Total number of hours: 75

First Year of M.B.CH.B. Program

| Allocated marks | 100 marks |
|-----------------|---|
| Course duration | 30 weeks (One Academic Year) |
| Total hours | 45 Theoretical hours, 60 Practical hours |
| Total units | 5 |
| Course | Dr.Mohammed Ubaid Hussein |
| supervisor | |
| Teaching staff | Theoretical teaching staff: Dr. Mohammed Ubaid Hussein, Dr. |
| | Enas S. Yousif |
| | |
| | Practical Teaching Staff: Diea Abas mahmood . AL-mula |
| | T. 1. G |
| | Under Supervision Of The Above Theory Teaching Staff. |
| Total | 2 Ph.D Lecturers, 1 Researcher |

Introduction:

Medical physics: is the term of a science that overlaps with the two fields of medicine and physics and it refers to the applications of physics to the function of the human body in health and disease, is the application of the concept of physics in medicine.

Aims of the Medical physics: Application of the concepts and methods of physics to understanding the function of human body in health and disease. Physics of the body is to understanding physical aspect of the body such as; forces on and in the body, work, energy, power of the body, heat, blood flow, respiration, electricity, circulation, and hearing

The major systems covered in the study of Medical Physics are as follows:

- 1. Introduction to medical physics(1 Hour)
- 2. Forces on and in the body (2 Hours)

Static ,Frictional and dynamic forces on and in the body.

3. Principle of heat and cold in medicine....(2 Hours)

Physical basis of heat and temperature, thermometry and temperature scales, Thermograph ,heat therapy, use of cold in medicine ,cryosurgery.

4. Energy, work, and power of the body......... (3 Hours)

Conservation of energy in the body, energy change in the body, work and power, heat losses from the body.

5. Pressure definitions and characteristics in various body. (2 Hours)

Measurement of pressure in the body, pressure effects while diving.

6. Basics physics of lungs and breathing. (2 Hours)

Measurement of lung volumes, physics of alveoli, the breathing mechanism, airway resistance, work of breathing,

7. Basics Physics of the cardiovascular system. (3 Hours)

Work done by the heart, blood pressure and its measurement.

Pressure across the blood vessel wall, Bernoulli's principle blood flow laminar and turbulent, poiseullies law.

8. Electricity within the body. (6 Hours)

Electrical potentials of nerves, electrical signals from muscles-the electro-myogram (EMg), electrocardiogram(ECG), electroencephalography(EEG).

9. Cardiovascular instrumentation . (2Hours)

Bio potentials of the heart, electrodes, defibrillators, pacemakers.

- 11. Magnetism within the body......(1 Hour)

General properties of sound, the stethoscope, ultrasound picture of the body, ultrasound to measure motion, physiological effects of ultrasound in therapy.

13. Light in medicine....(3 Hours)

Measurement of light and its units, applications of visible light in medicine, applications of microscopes in medicine.

14. Physics of the eyes and vision. (2 Hours)

Defective vision and its correction, instruments used in ophthalmology.

- 15. Laser –generation of laser light and application to medicine .(1 Hour)
- 16. Optical devices in medical practice. (1 Hour)
- 17. Physics of diagnostic x-rays(2 Hours)

Production of x-ray beams, how x-ray absorbed, fluoroscopy,CT -scan.

18. Physics of nuclear medicine. (5 Hours)

Units of radioactivity, basic instrumentation of nuclear

medicine, radiation doses in nuclear medicine.

1. Physics of radiation therapy.

The dose units in radiotherapy, principles of radiation therapy

2. Radiation Detection.

Biological effects of ionizing radiation, Radiation protection in radiation therapy.

3. magnetic resonance imaging (MRI).

Objectives:

To support students with:

- Competent Knowledge Skills:
 - To acquire a core scientific knowledge about humans and medical physics with it $\,$, as science in health and disease $\,$.

Practical Skills:

- To apply basic principles in the appropriate practical context.
- To acquire a list of practical skills at the introductory level.
- Non-technical Skills and Professional Behavior:
 To incorporate medical physics into the personal path of becoming a competent and caring physician to be aware of medical research to improve diagnoses and treatments of diseases

Outcome of curriculum:

On completion of this course, the students should;

1-understand principles in medical physics

2-understand the relationship between physics and medicine.

Course Requirements:

Comfortable Teaching class Room supplied with teaching aids like data show & white board with its accessories.

Evaluation: Students Evaluation Is Performed Through:

- 1- Short exams (quizzes).
- 2- Theoretical Term exam.
- 3- Practical Term exam
- 4- Final exam (theoretical final exam and practical final exam).

Course Grading Scale:

First term:

Theory Exam Marks: 10 Practical Exam Marks: 5

Second Term:

Theory Exam Marks: 10 Practical Exam Marks: 5

Final Exam:

Theory Exam Marks: 50 Practical Exam Marks: 20

Total Marks: 100

| No | Exam | Type of assessment | Marks |
|----|----------------|--|-------|
| 1 | First term | Quiz in the same theoretical lecture for each lecture | 3 |
| | | End term written exam (60% MCQs & 40% essay questions) | 7 |
| | | Practical exam.(oral, written exam.) | 5 |
| 2 | Second term | Quiz in the same theoretical lecture for each lecture | 3 |
| | | End term written exam (60% MCQs & 40% essay questions) | 7 |
| | | Practical exam.(oral, written exam.) | 5 |
| 3 | Final practice | Practical exam. (Written) | 20 |
| 4 | Final written | MCQs | 30 |
| | | Essay questions | 20 |
| 5 | | Total | 100 |

Places for teaching the curriculum:

- ✓ Class room in the college. (Wide air-conditioned, with enough windows with curtains an enough illumination and supplied with teaching aids.
- ✓ Medical Physics Laboratory for undergraduate studies. (Wide with enough working benches, well aireated, with enough windows with curtains and enough illumination and supplied with teaching aids).

Materials and devices used to accomplish the practical curriculum:-

- ✓ Power supply, Travelling microscope
- ✓ Sterilizing, disinfection tools and materials.
- ✓ Cathode ray oscilloscope.
- ✓ capacitance and inductance
- ✓ Laser(He- Neon), LASER Apparatus with Holder
- ✓ convex lens, Heater
- ✓ concave mirror ,induced, light source with holder
- ✓ Microscopes (compound microscopes). To Determination of the refractive index of the glass prism.
- ✓ capillary tube, bottle resonator, Beakers, magnet
- ✓ Teaching devices like stethoscopes, sphygmomanometers, tubes rheostat, Clinical mercury thermometer
- ✓ Pendulum bob, stop-watch, stand clamp, steel ball bearing
- ✓ Geiger-Muller (G-M) tube, sealed source of gamma radiation, lead absorbers of varying thickness
- ✓ tuning forks of different frequencies, thermometer, Rubber pad, glass tube
- ✓ Spiral spring, half meter rule, Resistance Box
- ✓ Avometer, Ammeter, voltmeter,

Theoretical Class Schedule

| Teaching staff | Topics covered | | Date |
|----------------|---------------------------|---|--------|
| | | | |
| | First Term | | |
| Dr. Mohamme | d | V | Veek 1 |
| Ubaid Hussein | Terminology, modeling and | | |
| | measurement | | |
| | | | |
| | • | | |
| Dr. Mohamme | d | V | Veek 2 |
| Ubaid Hussein | Physics of the | | |
| | body | | |
| | | | |
| | | | |

| P h | sics of the body | |
|-----------------------|--|--------|
| 1 11, | Forces on and in the body. Introduction Statics Frictional forces Dynamics | |
| Dr. Enas S. | | Week 3 |
| Yousif | Physics of the skeleton Introduction Bone composition Skeleton design and bone strength Lubrication of bone joints Measurement of bone mineral in the body | |
| | • | |
| Dr. Enas S. Yousif | Energy, work, and power of the body | Week 4 |
| | Introduction Conservation of energy in the body | |
| | Energy changes in the body Work and power Heat losses from the body | |
| Dr. Mohammed | • | Week 5 |
| Ubaid Hussein | Pressure Introduction, Measurement of pressure in the body ,Pressure inside the skull, Eye pressure, | |
| Dr. Mohammed | • | Week 6 |
| Ubaid Hussein | Pressure in the digestive system, Pressure in the skeleton, Pressure in the urinary bladder, Pressure effects while diving Hyperbaric oxygen therapy (HOT(| |
| Dr. Enas S. Yousif | The physics of lung and breathing oduction The airways Interaction of blood and lungs . asurement of lung volumes Pressure-airflow-volume | Week 7 |

| | | 1 |
|----------------|-----------------------------------|---------|
| | relationship of the lung. | |
| | Physics of alveoli | |
| | The breathing mechanism | |
| | Airway resistance | |
| | Work of breathing | |
| | Physics of some common | |
| | lung disease | |
| Dr. Mohammed | The physics of the cardiovascular | Week 8 |
| Ubaid Hussein | System | |
| | Introduction | |
| | Major components of the | |
| | cardiovascular system | |
| | O2 and CO2 exchange in the | |
| | capillary system | |
| | work done by the heart | |
| | Blood pressure and its | |
| | measurement | |
| | Pressure across the blood | |
| | vessel wall (trans mural | |
| | pressure) | |
| | pressure) | |
| Dr. Mohammed | | Week 9 |
| Ubaid Hussein | Bernoulli's principle applied | WCCK 7 |
| Could Husselli | to the cardiovascular system | |
| | The velocity of blood flow | |
| | Blood flow (laminar and | |
| |)turbulent | |
| | Heart sounds | |
| | The physics of some | |
| | cardiovascular diseases | |
| | Some other functions of the | |
| | blood | |
| Dr. Mohammed | | Week 10 |
| Ubaid Hussein | Electricity within the body | |
| | • | |
| | Introduction | |
| | The nervous system and the | |
| | neuron | |
| | Electrical potential of nerves | |
| | Electrical signals from muscle | |
| |)The electrocardiogram) | |
| | Electrical signals from the | |
| | heart (The electrocardiogram) | |
| | Electrical signal from the | |
| | brain (The electroencephalogram) | |
| | | |
| • | • | • |

| | T | |
|---------------|--|---------|
| Dr. Mohammed | Electrical signals from the eye | Week 11 |
| Ubaid Hussein | (the electrotinogram and the | |
| | electrooculogram) | |
| | Magnetic signals from the | |
| | heart and the brain (the | |
| | magnetocardiogram and the | |
| | | |
| | magnetoencephalogram) | |
| | Current research involving | |
| | electricity in the body | |
| Dr. Enas S. | Physics of the ear and | Week 12 |
| Yousif | Hearing | |
| | Introduction | |
| | | |
| | The outer ear | |
| | The middle ear | |
| | The inner ear | |
| | Sensitivity of the ear | |
| | Hearing tests | |
| | deafness and hearing aids | |
| | | |
| | Second Term | |
| | | |
| Dr. Enas S. | | Week 13 |
| Yousif | Physics of eyes and vision | |
| | Introduction | |
| | Focusing elements of the eye | |
| | Some other elements of the | |
| | eye | |
| | The retina-the light detector | |
| | of the eye | |
| | The sensation of the vision | |
| | | |
| | Diffraction effects on the eye | |
| | Visual acuity and resolution | |
| | of the eyes | |
| | Optical illusions and related | |
| | phenomena | |
| | Defective vision and its | |
| | correction | |
| | Color vision and chromatic | |
| | aberration | |
| | Instruments used in | |
| | ophthalmology | |
| Dr. | Application of physics in medicine | Week 14 |
| Mohammed | | |
| Ubaid | Application of heat and cold | |
| Hussein | • in medicine | |
| | • in medicine • Introduction | |
| | - minounction | |

| I | - Di ' 11 ' 61 . 1 | |
|-------------|---|---------|
| | Physical basis of heat and | |
| | temperature | |
| | Thermometry and temperature | |
| | • scales | |
| Dr. Enas S. | Thermography - mapping and | Week 15 |
| Yousif | body temperature | |
| | Heat therapy | |
| | Use of cold in medicine | |
| | Cryosurgery | |
| | Safety with cryogenics | |
| D., | | W1-16 |
| Dr. | cardiovascular | Week 16 |
| Mohammed | instrumentation | |
| Ubaid | introduction | |
| Hussein | Biopotentials of the heart | |
| | Electrodes of ECG | |
| | Amplifier used with ECG | |
| | Patient monitoring in ECG | |
| | Defibrillation | |
| | Pacemakers | |
| | | |
| Dr. | • | Week 17 |
| Mohammed | Applications of electricity | |
| Ubaid | and magnetism in medicine | |
| Hussein | Introduction | |
| | Electrical shock | |
| | High frequency electricity in | |
| | Medicine | |
| | | |
| | | W. 1.10 |
| Dr. | Low frequency electricity and | Week 18 |
| Mohammed | magnetism in medicine | |
| Ubaid | Current research involving | |
| Hussein | electricity applied to body | |
| Dr. Enas S. | Sound in medicine | |
| Yousif | Introduction | Week 19 |
| | General properties of sound | |
| | The body as a drum | |
| |)percussion in medicine(| |
| | The stethoscope | |
| | Ultrasound pictures of the | |
| | Sound | |
| | Ultrasound to measure motion | |
| | Physiological effects of | |
| | ultrasound in therapy | |
| | The production of speech | |
| | phonation(| |
| | F(| |
| Dr. Enas S. | Light in medicine | Week 20 |

| Yousif | Introduction | |
|-----------|---|----------|
| 1 Ousii | | |
| | Measurements of light and its units | |
| | Application of visible light in medicine | |
| | Application of ultraviolet and infrared in medicine | |
| | Lasers in medicine | |
| | Application of microscope in medicine | |
| Dr.Mohamm | Application | Week 21 |
| ed Ubaid | of Radiation | WCCK 21 |
| Hussein | in medicine | |
| Husselli | | |
| | Physics of | |
| | diagnostic X- | |
| | ray | |
| | Introduction | |
| | Production of | |
| | X-ray beams | |
| | Absorption of | |
| | X-ray by the | |
| | materials | |
| | Making an X- | |
| | ray image | |
| | Radiation to | |
| | patient from | |
| | X-ray | |
| | Producing | |
| | lives X-ray | |
| | images- | |
| | fluoroscopy | |
| | X-ray slices of | |
| | the body | |
| | Radiation | |
| | taken without | |
| | film | |
| Dr.Mohamm | Physics of Nuclear medicine and | Week 22 |
| ed Ubaid | application of Radioisotopes | V COR 22 |
| Hussein | Introduction | |
| Hussem | Basic characteristics and units | |
| | of radioactivity | |
| | Sources of radioactivity for | |
| | Nuclear medicine | |
| | Statistical aspects of Nuclear | |
| | medicine | |
| | Basic instrumentation and its | |
| | | |
| | applications | |
| | Nuclear medicine imaging | |
| | devices | |
| | Physical principles of Nuclear medicine imaging procedure | |
| | Therapy with radioactivity | |
| | Radiation doses in nuclear | |

| | medicine | | |
|-------------|---|-----------------------|--|
| Dr.Mohamm | Physics of Radiation | Week 23 | |
| ed Ubaid | therapy | | |
| Hussein | ., | | |
| | Introduction | | |
| | The dose units used in Radiotherapy | | |
| | Principles of Radiation therapy | | |
| | A short course in Radiotherapy treatment planning | | |
| | Megavoltage therapy | | |
| | Short-distance in Radiotherapy or branchy thereby | | |
| | Other Radiation sources | | |
| | Closing though on Radiotherapy | | |
| Da Malaana | Dodiation materiles Tutus Justicas | W ₅ -1- 24 | |
| Dr.Mohamm | Radiation protection Introduction | Week 24 | |
| ed Ubaid | Biological effect of ionizing | | |
| Hussein | Radiation | | |
| | Radiation protection units and | | |
| | limits | | |
| | Radiation protection | | |
| | instrumentation | | |
| | Radiation protection in | | |
| | diagnostic radiology | | |
| | Radiation protection in | | |
| | Radiation therapy | | |
| | Radiation protection in | | |
| | Nuclear medicine | | |
| | Radiation accidents | | |
| Dr. Enas S. | Application of Nuclear | Week 25 | |
| Yousif | physics in medicine | | |
| | Nuclear magnetic Resonance | | |
| | NMR | | |
| | Magnetic resonance imaging | | |
| |)MRI(| | |

References: 1.J. Cameron (Medical Physics) 2.Irving P. Herman(Physics of the Human Body)

Practical Class Schedule

Practical Lectures

| Teaching staff | Topics covered | |
|---------------------|---|--------|
| _ | | Date |
| | First Term | |
| Dr.Mohammed Ubaid | THIST TEITH | Week 1 |
| Hussein | The density of a liquid by | WCCK 1 |
| 110000111 | means of a loaded test tube. | |
| Diea Abas mahmood | | |
| Dr.Mohammed Ubaid | | Week 2 |
| Hussein | | |
| | The focal length of a concave mirror. | |
| Diea Abas mahmood | | |
| Dr. Enas S. Yousif | | Week 3 |
| Dr. Elias S. Tousii | | week 3 |
| Diea Abas mahmood | | |
| Dica rious mammood | The falling of a small sphere through a viscous | |
| | medium | |
| | | |
| | | |
| Dr. Enas S. Yousif | | Week 4 |
| | | |
| Diea Abas mahmood | The velocity of sound by means of resonance | |
| | tube closed at one end. | |
| Dr. Mohammed Ubaid | To verify ohm's law and to | Week 5 |
| Hussein | find unknown resistance by using ohm's law. | WOOK 5 |
| | | |
| Diea Abas mahmood | | |
| Dr. Mohammed Ubaid | | Week 6 |
| Hussein | | |
| Diea Abas mahmood | Find the refrective index of the mism | |
| Dica Abas mammood | Find the refractive index of the prism. | |
| | | |
| Dr. Enas S. Yousif | Boyles law | Week 7 |
| | , | |
| Diea Abas mahmood | | |
| D 14 1 1777 11 | A . 1 | TT 1 0 |
| Dr. Mohammed Ubaid | A simple critical angle method for the | Week 8 |
| Hussein | refractive index of a liquid using a glass block. | |
| Diea Abas mahmood | | |
| | | |

| Dr. Enas S. Yousif Diea Abas mahmood | The specific heat capacity of a poor conductor by the method of mixtures. | Week 9 |
|--|---|---------|
| | | |
| Dr. Mohammed Ubaid Hussein, | Revision | Week 12 |
| Dr. Enas S. Yousif | | |
| Deia Abas Muhmod | | |
| | Second Term | |
| | Second Term | |
| Dr. Enas S. Yousif | | Week 13 |
| Deia Abas Muhmod | Blood Pressure | |
| | | |
| Dr. Mohammed Ubaid Hussein Deia Abas Muhmod | Simple pendulum | Week 14 |
| Dr. Enas S. Yousif | Cathode ray oscilloscope. | Week 15 |
| Deia Abas Muhmod | | |
| Dr. Mohammed Ubaid Hussein | To verify Newton 's law of cooling a liquid. | Week 16 |
| Deia Abas Muhmod | | |
| Dr. Mohammed Ubaid Hussein | | Week 17 |
| Deia Abas Muhmod | Determination of the refractive index of the glass prism. | |
| Dr. Mohammed Ubaid Hussein Experiments with a spiral spring | | Week 18 |
| Deia Abas Muhmod | | |
| Dr. Enas S. Yousif | Experiments with cantilever | Week 19 |

| Deia Abas Muhmod | | |
|---|---|---------|
| Dr. Enas S. Yousif | Temperature measurement using clinical mercury | Week 20 |
| Deia Abas Muhmod | thermometer and thermocouple | |
| Dr.Mohammed Ubaid | | Week 21 |
| Hussein | The acceleration of free fall by means of simple pendulum | |
| Deia Abas Muhmod | | |
| Dr.Mohammed Ubaid | Experiments on radioactivity to investigate the | Week 22 |
| Hussein | characteristics of Geiger-Muller(G-M) tube | |
| Deia Abas Muhmod | | |
| Dr.Mohammed Ubaid H. | semiconductor "Junction diode" | Week 23 |
| Deia Abas Muhmod | | |
| Dr.Mohammed Ubaid | Measurement of A.C and D.C voltage with the | Week 24 |
| Hussein Deia Abas Muhmod | Cathode Ray Oscilloscope (CRO) | |
| | | |
| Dr.Mohammed Ubaid Hussein, Dr. Enas S. Yousif | Revision | Week 25 |
| Deia Abas Muhmod | | |

REFERENCES OF PRACTICAL :PRACTCAL MEDICAL **PHYSICS**

Department of Human Anatomy

Subject: Anatomy

Academic year: First year

Course coordinator: Assist. Prof. Dr. Adnan Hammad Mahdi

Assistant Professor and Head of Anatomy and Histology Department

Teaching staff:

- 1. Three assistant professors.
- 2. Five lecturers.
- 3. Five assistant lecturers.

Allocated marks: 100 marks.

Course duration: One academic year.

Introduction:

Human Anatomy is a laboratory-based study that investigates the structure of the human body. Topics covered will include the basic organization of the body and major body systems along with the impact of diseases on certain systems. We are constructed to introduce the basics of anatomy and the principles of dissection to the medical students. An understanding of human anatomy provides a fundamental framework for the accurate diagnosis and proper treatment of patients with medical problem, a significant population of any medical practice. The purpose of this curriculum is to provide a basic detailed plan for teaching human anatomy in our college, Unnecessary details and sophisticated clinical data were avoided from the Curriculum, regarding this as a first step in updating our anatomy curriculum in comparison with other worldwide. The curriculum also describe the subjects and topics in clinical anatomy given for medical student.

The Anatomy Department in the College of Medicine, University of Anbar hosts the medical students on training course for 180 hours/year. Our aim is to enhance the knowledge of our students and let them be aware about the first steps in studying human body to asses them in their clinical life.

To achieve this purpose, hard work and appropriate methods of learning were carried out by all anatomy academic staff.

Overall Aims:

The course is designed to introduce the student to:

- 1. Medical terminology and methods used in gathering information.
- 2. Understanding of the structure and organization of the human body.
- 3. The correlation between structure and function.
- 4. An awareness of how anatomical knowledge may be applied effectively in clinical and scientific context.

5. The beginnings of an understanding of how to pursue independent and self-learning and how to work effectively in small groups.

General Objectives:

At the end of the course students should be able to:

- 1. Describe the structural components of the different regions of the human body.
- 2. Describe the basic anatomical structure of the different organs and systems of the human body.
- 3. Recognize the surface landmarks of the underlying bones, muscles and tendons, and internal structures (main nerves, vessels and viscera).
- 4. Enumerate the different branches of nerves and vessels.
- 5. Recall the actions of the different muscles.
- 6. Distinguish the movements of different joints and the muscles responsible for each movement.
- 7. Outline the major clinical applications of anatomical facts.
- 8. Predict clinical signs of nerve injuries based on their normal anatomy.

Components, duration and units of the curriculum

| No | Components | Duration | Unit |
|----|----------------------|-----------|------|
| 1 | Theoretical lectures | 60 hours | 4 |
| 2 | Clinical course | 120 hours | 4 |
| 3 | Total | 180 hours | 8 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. Anatomical lab in the college

Material used for completion the curriculum:

- 1. Audiovisual aids through animations and diagrams.
- 2. Interaction with the students through questions.
- 3. Power point presentation.
- 4. Cadavers
- 5. Skeletons
- 6. Individual bones
- 7. Pre-dissected specimens
- 8. Plastic specimens
- 9. Radiological films (Plain X-ray, CT scan and MRI films)
- 10. Diagrams and posters

- 11. Video tapes and movies.
- 12. Anatomage table.

Syllabus:

Teaching Techniques:

Teaching will be conducted using the following techniques:

- 1. Theoretical Sessions:
 - lectures were designed to cover most of topics in human anatomy. In addition to hints on surface anatomy, Radiology, clinical applications are given whenever appropriate.
 - The time of the lecture is 50 minutes.
 - There are 2 lecture/week and one discussion lecture/week.
- 2. Practical Sessions:
 - The practical sessions follow the theory lectures in the same week.
 - The students are divided into 2 groups (A, B).
 - Each group is subdivided into 6 subgroups.
 - The time of each session is 2hr.
 - There are 2 session / week.

| | A) General Anatomy: Theory 7 hr., Practical 8 hr. | | | |
|----|--|--|--|--|
| wk | Topic | Objective | | |
| | | TO STUDY: | | |
| 1 | Terminology of Anatomy, Skin, Fascia, and Bone. | The constituents of human skeleton: a) Axial skeleton: skull, vertebral column, sternum, ribs & hyoid bone. b) Appendicular skeleton: bones of limbs. Classification of bones according to shape: long, short, flat, irregular, pneumatic & sesamoid bones. Features of bones: elevations (tubercle, tuberosity, condyle, spine), depressions (fossa, groove, notch) & holes (foramen, canal). Functions of bones (support of body, attachment to muscles, protection, storehouse for calcium & phosphorus, bone marrow forms blood cells). | | |
| 2 | Types of joints, muscles, | TO STUDY & UNDERSTAND: | | |

| 3 | B) Anatomy of Upper Osteology of Upper Limb | Joints types and classification Attachments of skeletal muscles: origin & insertion & Innervation of muscles. Classification of skeletal muscles according to fiber arrangement. Difference between arteries & veins. Theory 21hr. Practical 40hr. TO STUDY: The clavicle, the scapula & the humerus, regarding: a) General features. b) Articulations. |
|---|--|---|
| 4 | The pectoral region & breast The brachial plexus. | TO STUDY: 1) Superficial fascia: - Cutaneous nerves & vessels. - Breast (in a female): shape & position, nipple & areola, mammary gland. 2) Pectoralis major muscle Pectoralis minor & Subclavius muscle muscles: origin, insertion, nerve supply & actions. 3) Clavipectoral fascia. 4) Stages of brachial plexus: roots, trunks, divisions & cords. Relation of its stage to the clavicle. 5) Branches of roots. 6) Branches of upper trunk. 7) Branches of lateral, medial & posterior cords. 8) Relations of cords & their branches to axillary artery. |
| 5 | The Axilla. The back and the movement of the scapula. | TO STUDY: 1) Boundaries of axilla: apex, base, walls (anterior, posterior, medial & lateral) 2) Contents of axilla. 3) Axillary artery: beginning, course, subdivisions into 3 parts according to its relations |

| | | to pectoralis minor muscle, branches of each part, termination |
|---|---|---|
| | | 4) Axillary vein: beginning, relations to parts of axillary artery, tributaries, termination |
| | | 5) The Muscles of the back. |
| | | First layer of muscles of back: Trapezius & latissimus dorsi (origin, insertion & nerve supply). Second layer of muscles of back: Levator scapulae, rhomboideus minor & rhomboideus major (origin, insertion & nerve supply). The deferent types of the movement of the scapula |
| | | TO STUDY: |
| | The shoulder region. Superficial vessels & Nerve of UL | 1) Muscles of shoulder region: deltoid, supraspinatus, infraspinatus, subscapularis, teres minor & teres major (origin, insertion & nerve supply). |
| 6 | | 2) Superficial & deep relations to deltoid. |
| | | 3) Intermuscular spaces: quadrangular, upper triangular & lower triangular spaces (boundaries, structures passing through each space). |
| | | 4) Name & relations of Superficial vessels & Nerve of UL and its branches. |
| | | TO STUDY: |
| | The Shoulder joint. The arm & cubital fossa | 1) The Shoulder joint; Type, articulation, movements, relations. |
| 7 | | 2) Muscles of anterior compartment of arm: coracobrachialis, biceps brachii, & brachialis (origin, insertion, important relations of each muscle). |
| | | 3) Nerve of anterior compartment: <i>musculocutaneous nerve</i> (formation & root value, course & relations, branches, termination). |
| | | 4) Muscles of posterior compartment of arm: triceps (origin, insertion, & relations). |
| | | 5) Nerve of posterior compartment: radial nerve |

| | | (formation & root value, course & relations, branches, termination). |
|---|---|--|
| | | 6) Artery of arm: <i>brachial artery</i> (beginning, course & relations, branches, termination). |
| | | 7) Cubital fossa: boundaries, roof, floor & contents |
| | | TO STUDY: |
| | | 1) The Radius, the Ulna & the bones of the hand, regarding: |
| 8 | The bones of forearm & hand. The forearm flexor group. | General features. Articulations. 2) Muscles: (origin, insertion, nerve supply & actions) |
| | | Superficial group: 5 muscles (Pronator teres, flexor carpi radialis, palmaris longus, flexor digitorum superficialis & flexor carpi ulnaris). Deep group: 3 muscles (flexor pollicis longus flexor digitorum profundus & pronator quadratus). |
| | | TO STUDY: |
| | | 1) Muscles: (origin, insertion, nerve supply & actions) |
| 9 | The forearm Extensor group. | Superficial group: brachioradialis, extensor carpi radialis longus, extensor carpi radialis brevis, extensor digitorum, extensor digiti minimi, extensor carpi ulnaris & anconeus. Deep group: supinator, abductor pollicis longus, extensor pollicis brevis, extensor pollicis longus & extensor indicis |
| | The Vessels & Nerve | pollicis longus & extensor indicis. 2) Nerves:(course, relations & branches in |
| | 1110 7 000010 00 1101 70 | theforearm). |
| | | Median nerve. Ulnar nerve. Posterior interosseous nerve: origin, course & relation, branches. 3) Arteries: (beginning, course, relations & branches in the forearm). |
| | | Radial artery.Ulnar artery. |

| | | TO STUDY: |
|----|--------------------------------|---|
| | | Deep fascia:flexor retinaculum, palmar aponeurosis |
| | | & fibrous flexor sheaths). |
| | | 2) Muscles: palmaris brevis, thenar, hypothenar, |
| | | lumbricals & interossei (palmar & dorsal). |
| 10 | The Hand | 3) Nerves: median & ulnar nerves (course, relations & |
| | | branches in the palm). |
| | | 4) Arteries: radial & ulnar arteries (course, relations & branches in the palm). |
| | | 5) Dorsal venous arch: formation, beginning of cephalic & basilic veins. |
| | | 6) Extensor retinaculum: attachments, structures passing superficial & deep to it, functions. |
| | | 7) Extensor tendons: termination. |
| | | TO STUDY: |
| 11 | The Elbow & Wrist Joints. | 1) The Elbow joint; Type, articulation, |
| | Nerve Injuries | movements, relations. |
| | Radiological anatomy of the UL | 2) The wrist joint; Type, articulation, movements, relations. |
| | | 3) Clinical notes on Nerve injuries of the UL. |
| 12 | R | evision & Examination |

| | C) Thorax: Theory 14 hr.; Practical 32hr. | | |
|----|---|---|--|
| | | TO STUDY: | |
| 13 | Osteology of Thorax | 1) Ribs: features of typical & atypical ribs & articulations. | |
| | The Thoracic Wall & Cavity | 2) Thoracic vertebrae: features of typical & atypical | |
| | | thoracic vertebrae & articulations. | |

| | | 3) Sternum: parts, articulations. |
|----|---|---|
| | | 4) The thoracic cage in addition to the soft tissues occupying the intercostal spaces: Intercostal muscles: Vertical & horizontal extent, action. Intercostal nerves: typical (course & branches) & atypical. Anterior & posterior intercostal arteries: origin & course. Anterior & posterior intercostal veins: course & termination. |
| | | TO STUDY: |
| 14 | The mediastinum: divisions & contents. The root of lung & Azygos veins | Divisions of mediastinum: It is divided by a horizontal plane from the sternal angle to lower border of T4 into: Superior mediastinum. Inferior mediastinum: subdivided into: Middle mediastinum: includes heart & pericardium. Anterior mediastinum: anterior to heart & pericardium. Posterior mediastinum: posterior to heart & pericardium. Boundaries & contents of each mediastinum. Relations between the contents of each mediastinum. The root of lung & Azygos system of veins and its tributaries. |
| 15 | The lungs | TO STUDY: 1) Apex of lung (directed upward): relations. 2) Base of lung (directed downward): relations, difference between right & left lung. 3) Costal surface: related to thoracic wall & costal pleura; presents the fissures of lungs: (oblique fissure in both lungs & horizontal (transverse) fissure in right lung only). Accordingly, the right lung has 3 lobes & the left lung has 2 lobes. |

| related to mediastinum & contains th hilum of lung. Smaller posterior vertebral surface: related to sides of vertebral bodies, intervertebral discs & sympathetic tr 5) Borders: Anterior: thin & sharp; presents the cardiac notch & the lingula in the le lung; separates the costal surface fro mediastinal part of medial surface. Posterior: rounded & thick; separate costal surface from the vertebral part medial surface. Inferior: separates costal & medial surface. Inferior: separates costal & medial surface from base of lung. Hilum of lung: a part of mediastinal surfal lung that gives passage to the structures for the root of lung: Bronchus: the left divides after ente the lung (one opening); the right divide before entering (two openings). Pulmonary artery: the left is above & front of left bronchus; the right is bette 2 bronchi. Pulmonary veins: the superior is the most anterior structure in the hilum; the inferior is most inferior structure in the hilum; the inferior is most inferior structure in the hilum. d) Bronchial vessels: supply bronchi & lung On the right side: there is one artery & 2 v On the left side: there are 2 arteries & 2 ve Anterior & posterior pulmonary plexuses autonomic fibers: supply bronchi, lungs & visceral pleura TO STUDY: 1) Pericardium: Fibrous: relations & nerve supply. | | 4) Medial surface: divided into: |
|--|--|---|
| cardiac notch & the lingula in the le lung; separates the costal surface fro mediastinal part of medial surface. Posterior: rounded & thick; separate costal surface from the vertebral part medial surface. Inferior: separates costal & medial surface from base of lung. Hilum of lung: a part of mediastinal surfa lung that gives passage to the structures for the root of lung: Bronchus: the left divides after ente the lung (one opening); the right divides before entering (two openings). Pulmonary artery: the left is above & front of left bronchus; the right is bethe 2 bronchi. Pulmonary veins: the superior is the most anterior structure in the hilum. A) Bronchial vessels: supply bronchi & lung On the right side: there is one artery & 2 v On the left side: there are 2 arteries & 2 ve Anterior & posterior pulmonary plexuses autonomic fibers: supply bronchi, lungs & visceral pleura TO STUDY: 1) Pericardium: Fibrous: relations & nerve supply. | | Smaller posterior vertebral surface: related to sides of vertebral bodies, intervertebral discs & sympathetic trunk. |
| cardiac notch & the lingula in the le lung; separates the costal surface fro mediastinal part of medial surface. Posterior: rounded & thick; separate costal surface from the vertebral part medial surface. Inferior: separates costal & medial s from base of lung. Hilum of lung: a part of mediastinal surfa lung that gives passage to the structures for the root of lung: Bronchus: the left divides after ente the lung (one opening); the right div before entering (two openings). Pulmonary artery: the left is above & front of left bronchus; the right is bet the 2 bronchi. Pulmonary veins: the superior is the most anterior structure in the hilum. d) Bronchial vessels: supply bronchi & lung On the right side: there is one artery & 2 v On the left side: there are 2 arteries & 2 ve e) Anterior & posterior pulmonary plexuses autonomic fibers: supply bronchi, lungs & visceral pleura TO STUDY: 1) Pericardium: Fibrous: relations & nerve supply. | | |
| o Bronchus: the left divides after ente the lung (one opening); the right div before entering (two openings). o Pulmonary artery: the left is above & front of left bronchus; the right is bet the 2 bronchi. c) Pulmonary veins: the superior is the most anterior structure in the hilum; the inferior is most inferior structure in the hilum. d) Bronchial vessels: supply bronchi & lung - On the right side: there is one artery & 2 v - On the left side: there are 2 arteries & 2 ve e) Anterior & posterior pulmonary plexuses autonomic fibers: supply bronchi, lungs & visceral pleura TO STUDY: 1) Pericardium: o Fibrous: relations & nerve supply. | | cardiac notch & the lingula in the left lung; separates the costal surface from the mediastinal part of medial surface. Posterior: rounded & thick; separates the costal surface from the vertebral part of medial surface. Inferior: separates costal & medial surface from base of lung. Hilum of lung: a part of mediastinal surface of lung that gives passage to the structures forming |
| the lung (one opening); the right div before entering (two openings). Pulmonary artery: the left is above & front of left bronchus; the right is betthe 2 bronchi. c) Pulmonary veins: the superior is the most anterior structure in the hilum; the inferior is most inferior structure in the hilum. d) Bronchial vessels: supply bronchi & lung On the right side: there is one artery & 2 v On the left side: there are 2 arteries & 2 ve e) Anterior & posterior pulmonary plexuses autonomic fibers: supply bronchi, lungs & visceral pleura TO STUDY: 1) Pericardium: The Pericardium & Blood supply of the heart. Fibrous: relations & nerve supply. | | the root of lung: |
| c) Pulmonary veins: the superior is the most anterior structure in the hilum; the inferior is most inferior structure in the hilum. d) Bronchial vessels: supply bronchi & lung - On the right side: there is one artery & 2 v - On the left side: there are 2 arteries & 2 ve e) Anterior & posterior pulmonary plexuses autonomic fibers: supply bronchi, lungs & visceral pleura TO STUDY: 1) Pericardium: • Fibrous: relations & nerve supply. | | Pulmonary artery: the left is above & in front of left bronchus; the right is between |
| - On the right side: there is one artery & 2 very - On the left side: there are 2 arteries & 2 very e) Anterior & posterior pulmonary plexuses autonomic fibers: supply bronchi, lungs & visceral pleura TO STUDY: 1) Pericardium: The Pericardium & Blood supply of the heart. Fibrous: relations & nerve supply. | | c) Pulmonary veins: the superior is the most anterior structure in the hilum; the inferior is the most inferior structure in the hilum. |
| - On the left side: there are 2 arteries & 2 ve e) Anterior & posterior pulmonary plexuses autonomic fibers: supply bronchi, lungs & visceral pleura TO STUDY: 1) Pericardium: 16 The Pericardium & Blood supply of the heart. On the left side: there are 2 arteries & 2 ve e) Anterior & posterior pulmonary plexuses autonomic fibers: supply bronchi, lungs & visceral pleura TO STUDY: 1) Pericardium: | | d) Bronchial vessels: supply bronchi & lungs: |
| e) Anterior & posterior pulmonary plexuses autonomic fibers: supply bronchi, lungs & visceral pleura TO STUDY: 1) Pericardium: The Pericardium & Blood supply of the heart. Fibrous: relations & nerve supply. | | - On the right side: there is one artery & 2 veins. |
| autonomic fibers: supply bronchi, lungs & visceral pleura TO STUDY: 1) Pericardium: The Pericardium & Blood supply of the heart. To STUDY: 1) Pericardium: Fibrous: relations & nerve supply. | | - On the left side: there are 2 arteries & 2 veins. |
| 16 The Pericardium & Blood supply of the heart. 1) Pericardium: o Fibrous: relations & nerve supply. | | |
| The Pericardium & Blood supply of the heart. Output Description: Output Description: | | TO STUDY: |
| supply of the heart. o Fibrous: relations & nerve supply. | m p : 1: 0 p: 1 | 1) Pericardium: |
| o Serous: layers, sinuses. | The Pericardium & Blood supply of the heart. | Serous: layers, sinuses.2) Arterial supply: right & left coronary arteries |

| | | 3) Venous drainage: tributaries of coronary sinus, anterior cardiac vein & venae cordis minimi. |
|----|------------|---|
| | | TO STUDY: |
| | | a) External features: apex, base, surfaces & borders. |
| | | b) The interior of the heart |
| | | 1) Cavity of right atrium: |
| 17 | The Heart. | Posterior smooth part "sinus venarum": receives the openings of superior vena cava, inferior vena cava & coronary sinus. Anterior rough part: marked by parallel muscular ridges "musculi pectinati" & separated from the posterior part by a muscular ridge "crista terminalis". Cavity of right ventricle: |
| | | Inferior part "inflow tract": formed of muscular projections "trabeculae carnae"; some of those are developed forming anterior, posterior & septal papillary muscles attached to the cusps of tricuspid valve. Superior part "outflow tract or infundibulum": conical, has smooth walls & leads to pulmonary orifice. Cavity of left atrium: smooth wall except some musculi pectinati in left auricle, receives opening of pulmonary veins. |
| | | 4) Cavity of left ventricle: |
| | | Inferior part "inflow tract": compared to that of right ventricle; has thicker wall, denser trabeculae carnae & larger papillary muscles (anterior & posterior only). Superior part "outflow tract or aortic vestibule": leads to aortic orifice. Atrioventricular valves: structure. Tricuspid valve: between right atrium & ventricle, has 3 triangular cusps. Mitral valve: between left atrium & ventricle, has 2 triangular cusps. |

| | | 6) Semilunar valves: Structure. |
|---|--|---|
| | | Pulmonary valve: between right ventricle & pulmonary orifice, has 3 semilunar cusps. Aortic valve: between left ventricle & aortic orifice, has 3 semilunar cusps. |
| | | TO STUDY: |
| 18 | The superior mediastinum and big vessels. | The superior mediastinum, its contents and important relation. The major structures found in the superior mediastinum. The great vessels of the heart and there branches in the chest. The aortic arch and its branches passing to the neck. |
| 19 | Diaphragm & joints of thorax. Lymph drainage of the thorax. | Diaphragm regarding; constitution, attachment, nerve supply, arterial supply, venous drainage. movements of the diaphragm and thoracic wall during breathing. Thoracic duct and its course on the left side of the chest. Lymph drainage on the right side of the chest. |
| 20 | Re | evision and Examination |
| D) Anatomy of the Lower Limb: Theory 18 hr.; Practical 40 hr. | | |
| 21 | Bone of pelvis and thigh. | TO STUDY: The shape and surfaces of the pelvic bones, sacrum, and coccyx. The femur bone regarding; shape, specific site name, and muscles attachment. Muscles originate from the external & internal surfaces of these bones and from the deep surfaces of the lumbar vertebrae, above. |
| 22 | The lumbo-Sacral plexus. The femoral triangle and superficial veins | Nerves that enter the lower limb from the abdomen and pelvis as terminal branches of the lumbosacral plexus. Major nerves that originate from the lumbosacral plexus and leave the abdomen and pelvis to enter the lower limb. |

| | | The femoral nerve, obturator nerve, sciatic nerve, superior gluteal nerve, and inferior gluteal nerve. Other nerves that also originate from the plexus and enter the lower limb to supply skin or muscle include: The lateral cutaneous nerve of the thigh, Nerve to obturator internus, Nerve to quadratus femoris, Posterior cutaneous nerve of thigh, Perforating cutaneous nerve. Branches of the ilio-inguinal and genitofemoral nerves. The femoral triangle regarding; surface anatomy, content, and boundaries. The superficial veins and their tributaries. Clinical importance of the femoral triangle. |
|----|---|--|
| 23 | Inguinal region & femoral vessels. Quadriceps group. | TO STUDY: The inguinal region regarding; surface anatomy, content, and boundaries. The major blood vessels (femoral artery and vein). Lymphatics of the lower limb also pass through inguinal. The femoral nerve, function, supply, and branches. The anterior compartment of thigh contains: Sartorius. The quadriceps femoris muscles (rectus femoris, vastus lateralis, vastus medialis, and vastus intermedius). |
| 24 | Adductor group. Gluteal region. | TO STUDY: 1. The medial compartment of thigh which contains six muscles: • Gracilis. • Pectineus • Adductor longus • Adductor brevis. • Adductor magnus. • Obturator externus). 2. Muscles in the region; origin, insertion, nerve supply, and action. 3. Nerves enter the gluteal region from the pelvis through the greater sciatic foramen including: • Superior gluteal nerve. |

| | | Sciatic nerve. Nerve to the quadratus femoris. Nerve to the obturator internus. Posterior cutaneous nerve of the thigh. Pudendal nerve. Inferior gluteal nerve. The perforating cutaneous nerve, enters the gluteal region by passing directly through the sacrotuberous ligament. The blood vessels and lymphatics of the gluteal region. |
|----|--|---|
| 25 | Post. & Lat. Aspect of thigh. The popliteal fossa | TO STUDY: 1. The posterior compartment of thigh contains 3 muscles: • Biceps femoris. • Semitendinosus. • Semimembranosus. 2. The lateral aspect of the thigh regarding surface anatomy, structures & function 3. The popliteal fossa regarding shape, boundaries, & content. 4. Clinical importance of the popliteal region. |
| 26 | The hip & Knee joints | TO STUDY: The hip joint regarding; articulation, articular surface, ligaments, action and important relation. The knee joint regarding; articulation, articular surface, ligaments, action and important relation. Clinical notes on sport injuries. |
| 27 | Bones of leg & Foot | TO STUDY: The shape and surfaces of the leg bones and foot. The leg bone regarding; shape, specific site name, and muscles attachment. Muscles originate from the surfaces of these bones. Ligament attached to these bones. |
| 28 | The front & lateral aspect of the leg. The back of the leg & Ankle joint. | TO STUDY: 1. Muscles in the anterior compartment: • Tibialis anterior. • Extensor hallucis longus • Extensor digitorum longus. • Fibularis tertius 2. Blood vessels, Nerve and Lymphatics of the |

| | | anterior compartment. |
|----|----------|--|
| | | 3. Muscles in the lateral compartment: |
| | | Peronius longus. |
| | | Peronius brevis. |
| | | 4. Blood vessels, Nerve and Lymphatics of the |
| | | lateral compartment. |
| | | 5. Muscles in the posterior compartment of leg |
| | | which organized into two groups, superficial |
| | | and deep. |
| | | 6. Blood vessels, Nerve and Lymphatics of the |
| | | posterior compartment. |
| | | 4. The Ankle joint regarding; articulation, |
| | | articular surface, ligaments, action and |
| | | important relation. |
| | | TO STUDY: |
| | | 1. Tarsal tunnel, retinacula, and arrangement of |
| | | major structures at the ankle. |
| | | 2. Arches of the foot and its clinical and |
| | | biomechanical importance. |
| 29 | The Foot | 3. Plantar aponeurosis regarding attachment & |
| | | function. |
| | | 4. Fibrous sheaths of toes and Extensor hood. |
| | | 5. Intrinsic muscles, origin, insertion, nerve & |
| | | action. |
| | | 6. Blood vessels, Nerve and Lymphatics of the |
| | | foot. |
| 30 | R | evision & Examination |
| 1 | | |

Methods of assessment

| No | Exam | | Type of assessment | Marks |
|----|------------|------------------|--|-------|
| 1 | First term | Theoretical part | | |
| | | | End term written exam (60% MCQs &/or EMQ & 40% essay questions, fill in the blanks and draw) | |
| | | Practical part | Practical exam in the Laboratory on the: • Pre-dissected specimens. • Plastic specimens. • Bones. • Radiological films. | 5 |

| 2 | Second term | Theoretical part | Quizzes in the same theoretical lectures | 2 |
|---|-------------|------------------|--|-----|
| | | P.m. | End term written exam (60% MCQs &/or EMQ & 40% essay questions, fill in the blanks and draw) | 8 |
| | | Practical part | Practical exam in the Laboratory on the: • Pre-dissected specimens. • Plastic specimens. • Bones. • Radiological films. | 5 |
| 3 | | Theoretical part | End term written exam (60% MCQs &/or EMQ & 40% essay questions, fill in the blanks and draw) | 50 |
| 4 | Final | Practical part | Practical exam in the Laboratory on the: • Pre-dissected specimens. • Plastic specimens. • Bones. • Radiological films. | 20 |
| 5 | | T | otal | 100 |

Suggested Reading List:

- Clinical Anatomy by Regions, 8th Edition, By: Richard S. Snell MD, PhD.
 Clinical Neuroanatomy, 7th Edition, By: Richard S. Snell
- 3. Gray's Anatomy for Students By: Richard L. Drake et.al
- 4. Grant's Atlas of Anatomy, 12th Edition ,By: Anne MR Agur, Arthur F Dalley
- 5. Cunningham's anatomy

Department of Community and Family Medicine

Subject: Foundation of medicine

Year of the study: Fist year

Coordinator: Ass. Prof. Dr. Mahasin Ali Altaha

Teaching staff:

1. Ass. Prof. Dr. Mahasin Ali Altaha

2. Ass. Prof. Dr. Salah Alani

Introduction

Foundation of medicine means introducing the concepts of health, disease and concept of prevention for the newly enrolled medical students as basis for understanding the basic and clinical sciences later on. Medical terminology is introduced in the second term of the year including medical terms of all systems of the body.

Objectives

- 1- To understand the concept of health and disease in general.
- 2- To know basic medical terms concerning epidemiology and communicable diseases.
- 3- To recognize and apply all levels of prevention.
- 4- To understand the effect of environment on health.
- 5- To come across common medical terms and their pronunciation.

Components, duration and units of the curriculum as in this table:

| No | Components | Duration in hours | Units |
|----|---------------------------------------|-------------------|-------|
| 1 | Theoretical lectures | 30 | 2 |
| 2 | Clinical course or practical sessions | | |

Places of a completion the curriculum:

A. Lecture hall in the college

Syllabus of the theoretical lectures

| No | Name of the lecture | Name of the instructor | Term | Duration in hour/s | Objectives |
|----|----------------------------------|------------------------|-------------------------|--------------------|--|
| 1 | A profile on history of medicine | Mahasin Ali Altaha | 1 st term | 2 hours | To know the history of medicine in pre-Islamic and Islamic era |
| 2 | Concepts of health and disease | Mahasin Ali Altaha | 1 st term | 1 hour | Dimensions and determinants of |

| | | | | | health |
|----|---|-----------------------|-------------------------|---------|--|
| 3 | Basic definitions | Mahasin Ali Altaha | 1 st term | 3 hours | Basic knowledge about epidemiology, infectious, communicable diseases, and mode of transmission |
| 4 | Ecology of health | Mahasin Ali Altaha | 1 st term | 1 hour | Factors affecting health related to agent, host and environment |
| 5 | The concept of preventive medicine and prevention | Mahasin Ali Altaha | 1 st term | 2 hours | To recognize the four levels of prevention |
| 6 | The natural history of disease | Mahasin Ali Altaha | 1 st term | 1 hour | Stages of disease from start to termination |
| 7 | Measurement of population health | Mahasin Ali Altaha | 1 st term | 1 hour | Indicators of population and environmental health |
| 8 | Environment and health | Mahasin Ali Altaha | 1 st term | 1 hour | Risks in the environment affecting health |
| 9 | Air pollution | Mahasin Ali Altaha | 1 st term | 1 hour | Sources and prevention |
| 10 | Water pollution | Mahasin Ali Altaha | 1 st term | 1 hour | Types, sources and prevention |
| 11 | History of health care services in Iraq | Mahasin Ali Altaha | 1 st term | 1 hour | Organization of past and current health care system |
| 12 | General introduction to terminology | Dr. Salah Alani | 2 nd Term | 2 hour | To study and understand the origin and background of medical terminology and basics of it. |
| 13 | Basics of medical terminology | Dr. Salah Alani | 2 nd Term | 1 hour | To study and understand the |

| | | | | | terms: root, prefix and suffix. |
|-----|--|--------------------|-------------------------|--------|--|
| 14 | Basics of medical terminology | Dr. Salah Alani | 2 nd Term | 1 hour | To study and understand the terms: root, prefix and suffix, and combining vowels |
| 15 | System terminology: medical terminology of anatomy | Dr. Salah Alani | 2 nd Term | 1 hour | To understand medical terminology of anatomy, positions and locations. |
| 16- | System terminology: respiratory system terminology | Dr. Salah Alani | 2 nd Term | 1 hour | To understand respiratory system terminology |
| 17 | System terminology: GIT terminology | Dr. Salah Alani | 2 nd Term | 1 hour | To understand GIT terminology |
| 18 | System terminology: urinary system terminology | Dr. Salah Alani | 2 nd Term | 1 hour | To understand urinary system terminology |
| 19 | System terminology: cardiovascular terminology | Dr. Salah Alani | 2 nd Term | 1 hour | To understand cardiovascular terminology |
| 20 | System terminology: hematology and immunology terminology | Dr. Salah Alani | 2 nd Term | 2 hour | To understand hematology and immunology terminology |
| 21 | System terminology: nervous system terminology | Dr. Salah Alani | 2 nd Term | 1 hour | To understand nervous system terminology |
| 22 | System terminology: endocrine system terminology | Dr. Salah Alani | 2 nd Term | 1 hour | To understand endocrine system terminology |
| 23 | System terminology: musculoskeletal system terminology | Dr. Salah Alani | 2 nd Term | 1 hour | To understand musculoskeletal system terminology |
| 24 | Revision and assessment | Dr. Salah Alani | 2 nd Term | 1 hour | To recognize more medical terms. |

Methods of assessment

| No. | Type of exam | 1 st term | 2 nd term | Final exam | Total |
|-----|--------------------------|----------------------|----------------------|------------|-------|
| 1 | Written exams (60% MCQs, | 13 | 13 | 70 | 96 |
| | 40% short assay) | | | | |
| 2 | Quiz exams | 2 | 2 | | 4 |
| 3 | Total | 15 | 15 | 70 | 100 |

Recommended books

- 1- Textbook of Preventive and Social Medicine (JE Park)
- 2- Short textbook of public health medicine for the tropics (Lucas & Gillis)
- 3- Medical Terminology book

Department of Physiology

Subject: Computer

Academic year: First Year

| Allocated marks | 100 marks | |
|--------------------|---|--|
| Course duration | 30 weeks (One Academic Year) | |
| Total hours | 30 Theoretical hours 60 Practical hours | |
| Number of units | Four units | |
| Course coordinator | Dr. Haitham Abbas Khalaf | |
| Teaching staff | Dr. Haitham Abbas Khalaf | |
| Teaching staff | Programmer: Mustafa Amer Obaid | |

Introduction:

A computer is an electronic device that receives data, processes it, and then stores or displays them differently.

And of course the computers must be distinguished from medical and vitamin treatments

We have looked at the computer research in graduate studies and then processed according to our desire and output the results of the process of processing and stored in Lunto also transferred to another computer, the exchange of so-called networks.

Objectives:

- 1- Acquiring knowledge and scientific facts in the field of computer and information technology related to the life of the Saudi girl and the needs of her community
- 2- Training students and developing their scientific abilities to benefit from computers in:
 - ♣ Increase individual productivity

 - Using the computer as a means of searching, surveying and acquiring knowledge
 - ♣ The use of various computer applications effectively and successfully in the vicinity of the student family and social
- 3 Provide students with creative mental abilities and help them to think inductive reasoning and deductive and development of its ability to solve the dilemmas
- 4 Preparing the student to exercise the appropriate functions in the field of computer sector women
- 5 Strengthening the desire factor towards the computer and its applications and the emergence of positive tendencies aimed at information technology
- 6 To deepen the awareness and faith in the students of the power of God Almighty, who guided man to discover the computer
- 7 To recognize the effects of the computer is very important in modern human civilization in terms of:
 - **♣** The role of computers in humanities and scientific aspects
 - Facilitate human life and increase individual productivity
 - ♣ The necessity of the computer and its technology for human progress
- 8 Accustom students to values and behavior behaviors desirable socially and individually through:
 - Develop student curiosity
 - ♣ Gain self-reliance in performing the required work of the girl
 - ♣ Develop capacity for research, exploration and investigation

Components, duration and units of the curriculum

| No | Components | Duration | Unit |
|----|----------------------|----------|------|
| 1 | Theoretical lectures | 30 hours | 2 |
| 2 | Practical lectures | 60 hours | 2 |
| 3 | Total | 90 hours | 4 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. Rooms for small teaching group
- 3. Computer laboratory
- 4. Computer maintenance rooms

Devices used to complete the curriculum:

- 1.Twenty laptops
- 2. Data Shaw
- 3. Hardware parts for PC DSK Top
- 4.Printers

Theoretical lectures: 30 in number

| No. | Name of the lecture |
|-----|--|
| 1 | About the computer and how to create and develop |
| 2 | Understand the process of understanding the computer hardware to input and |
| | output methods |
| 3 | Explain the components of the computer hardware and the method of linking |
| 4 | Operating System |
| 5 | Windows 7 |
| 6` | Explanation of Albartchenat and folders for the system running Windows 7 |
| 7 | Dealing with the screen and how to control its numbers |
| 8 | Dealing with windows |
| 9 | How to arrange windows and deal with icons |
| 10 | Taskbar Explained |
| 11 | Explain the start button |
| 12 | Desktop (Themes) |
| 13 | Start Menu |
| 14 | Power Button Options |
| | • |
| `15 | Exam the first chapter |
| 16 | Microsoft Word 2010 |
| 17 | Home Tab |
| 18 | Insert Tab |
| 19 | Page Layout Tab |
| 20 | View Tab |
| 21 | Microsoft Excel 2010 Tutorial |
| 22 | Home and Insert Tab |
| 23 | Page Layout Tab |
| 24 | |
| | Formulas Tab |
| 25 | Data Tab |
| 26 | PowerPoint Basics |
| | |
| 27 | Home and Design Tab |
| 28 | |
| | Transitions Tab |
| 29 | Animations and Slide show Tab |
| 30 | Anniations and Since show 1 au |
| | Chapter Two exam |

Lectures practical implementation of theoretical lectures

Chapter1

Introduction to Computers

What are computers?

Computers are electronic devices that can follow instructions to accept input, process the input and then produce information.

Computers are made of

- 1. HARDWARE
- 2. SOFTWARE

Hardware

- 1. Central Processing Unit (CPU)
- 2. Input units
- 3. Output units
- 4. Memory (Main or Primary Memory & Secondary or Auxiliary Memory)

Input Devices

- ❖ Translate data from form that humans understand to one that the computer can work with
- Most common are keyboard and mouse

Examples of Input Devices

- 1. Keyboard
- 2. Mouse
- 3. Scanner
- 4. Pre-storage Devise (Disk, CD's, ... etc.)
- 5. Optical mark recognition (Light Pin, Bar code scanners)
- 6. Microphone
- 7. Joystick

The CPU consists of:

- **↓** Control Unit (CU)
- ♣ Arithmetic and Logical Unit (ALU)
- Some Registers

Primary Memory

Memory (fast, expensive, short-term memory): Enables a computer to store, at least temporarily, data, programs, and intermediate results. **Two general parts**:

- 1) RAM (Main Memory)
- 2) ROM: Read Only Memory

Secondary Storage

Stores data and programs permanently: its retained after the power is turned off

- 1. Hard Drive (Hard Disk)
- 2. Floppy Disk
- 3. Optical Laser Discs CD-ROM, CD-RW, and DVD

Output Devices

Pieces of equipment that translate the processed information from the CPU into a form that humans can understand.

Output Devices

- Monitors
- Printers
- Dot matrix printers
- Ink jet printers
- Laser printers
- Sound Blasters (Sound Card By Creative Lab)
- Controlling other devices

Chapter2

The operating system is the most important program in the computer. An operating system performs four primary functions. It manages and controls the hardware connected to a computer. It helps other programs running on a computer to use the hardware. It helps you organize and manage files and folders on the computer. It provides a user interface that allows you to interact with the hardware, the operating system itself, and other programs.

An example of an operating system is Windows 7.

Desktop

The desktop is an on-screen work area that uses a combination of menus and icons. The desktop includes the following components:

Taskbar

Notification Area.

Start Button

In **Windows 7**, the Start button opens the Start menu. You can use the commands on the Start menu to start a program, or to restart or shutdown the computer. The Start menu typically displays the following commands:

My Documents, My Computer, My Network Places, Control Panel , Printers and Faxes, Help and Support, Search, Run.

Desktop (Themes)

To change the background of your desktop, right click anywhere, click Personalize and then choose one of the options provided.

Desktop (Gadgets)

- Gadgets are mini-programs which provide easy access to frequently used tools, such as a clock or calendar.
- To add gadgets to your desktop, right click anywhere and click Gadgets. Select one and drag it anywhere on your desktop.

Opening Folders or Programs

To open a folder or program from the desktop, you can either double click the icon with the left button of your mouse, or click it once and then press Enter on your keyboard

Desktop (Resizing and Moving Windows)

- ✓ To resize a window, move the mouse over a border until the pointer changes into a two-headed arrow, and then drag until the window is the size you want.
- ✓ To move a window, point to the window's title bar, drag the window to a new location, and then release the mouse button

Desktop (Aero Snap)

To maximize a window, point to the window's title bar, drag it to the top of the screen and then release the mouse button

To see two windows side by side, drag one to the right of the screen until it snaps and the other to the left.

Flip and Flip 3D

Flip and Flip 3D allow you to take a look at all your open windows and choose the one you want to work with.

o Flip: Alt + Tab

o Flip 3D: Win + Tab

Aero Peak

To take a look at your desktop, making all your open windows transparent, move your mouse over the Show Desktop Button.

Start Menu

The Windows interface provides a combination of menus and icons that allow you to interact with a computer. You can use a mouse to make selections, and issue commands, such as opening a program. An example of a commonly used program is Microsoft Paint.

Help and Support

You can get information about how to perform a task, for example sharing a printer, by clicking the Help and Support button in the Start Menu.

Power Button Options

- Switch User: allows you to log on with a different account without quitting the programs that the current user is running.
- ❖ Log off: quits all the programs and takes you to the Log On screen.
- ❖ Lock: takes you to the Log On screen without quitting any open programs so nobody can access your account if you walk away from the computer.
- Sleep: allows you to save energy by turning off the monitor. You can awaken the computer by moving the mouse or pressing any key on the keyboard.

Windows Explorer

You can change the way you see the files in the Details Pane by clicking the arrow of the Change your View button and sliding the selector up and down.

Performing Basic File Operations

Every file has an associated format that defines the way data is stored in the file. The file format is identified by a period (also called a dot) appended to a file name, followed by three or four letters. The following are some of the more common file formats:

- Word documents (.doc)
- Images (.gif and .jpg)
- Executable programs (.exe)
- Multimedia files (.wma and others)

Chapter3

Microsoft Word 2010 Tutorial

Microsoft Word 2010 is a word-processing program, designed to help you create professional-quality documents. With the finest document- formatting tools, Word helps you organize and write your documents more efficiently. Word also includes powerful editing and revising tools so that you can collaborate with others easily.

The Ribbon

Understanding the Ribbon is a great way to help understand the changes between Microsoft 2003 to Microsoft 2010. The ribbon holds all of the information in previous versions of Microsoft Office in a more visual stream line manner through a series of tabs that include an immense variety of program features.

Home Tab

This is the most used tab; it incorporates all text formatting features such as font and paragraph changes.

Insert Tab

This tab allows you to insert a variety of items into a document from pictures, clip art, tables and headers and footers.

Page Layout Tab

This tab has commands to adjust page elements such as margins, orientation, inserting columns, page backgrounds and themes.

Reference Tab

This tab has commands to use when creating a Table of Contents and citation page for a paper. It provides you with many simple solutions to create these typically difficult to produce documents.

Mailing Tab

This tab allows you to create documents to help when sending out mailings such as printing envelopes, labels and processing mail merges.

Review Tab

This tab allows you to make any changes to your document due to spelling and grammar issues. It also holds the track changes feature which provides people with the ability to make notes and changes to a document of another person

View Tab

This tab allows you to change the view of your document to a different two page document or zoom.

Chapter 4

Microsoft Excel 2010 Tutorial

Excel is a spreadsheet program in the Microsoft Office system. You can use Excel to create and format workbooks (a collection of spreadsheets) in order to analyze data and make more informed business decisions. Specifically, you can use Excel to track data, build models for analyzing data, write formulas to perform calculations on that data, pivot the data in numerous ways, and present data in a variety of professional looking charts.

The Ribbon

Understanding the Ribbon is a great way to help understand the changes between Microsoft 2003 to Microsoft 2010. The ribbon holds all of the information in previous versions of Microsoft Office in a more visual stream line manner through a series of tabs that include an immense variety of program features.

Home Tab

This is the most used tab; it incorporates all text and cell formatting features such as font and paragraph changes. The Home Tab also includes basic spreadsheet formatting elements such as text wrap, merging cells and cell style

Insert Tab

This tab allows you to insert a variety of items into a document from pictures, clip art, and headers and footers.

Page Layout Tab

This tab has commands to adjust page such as margins, orientation and themes.

Formulas Tab

This tab has commands to use when creating Formulas. This tab holds an immense function library which can assist when creating any formula or function in your spreadsheet.

Data Tab

This tab allows you to modifying worksheets with large amounts of data by sorting and filtering as well as analyzing and grouping data.

Review Tab

This tab allows you to correct spelling and grammar issues as well as set up security protections. It also provides the track changes and notes feature providing the ability to make notes and changes someone's document.

View Tab

This tab allows you to change the view of your document including freezing or splitting panes, viewing gridlines and hide cells.

Chapter5

Microsoft PowerPoint

Is an electronic presentation program that helps people present a speech using a collection of slides. A PowerPoint presentation is a collection of slides that can be used to create oral presentations.

File Tab

This tab opens the Back stage view which basically allows you to manage the file and settings in PowerPoint. You can save presentations, open existing ones and create new presentations based on blank or predefined templates. The other file related operations

Ribbon

The ribbon contains three components:

- ♣ Tabs: They appear across the top of the Ribbon and contain groups of related commands.
- ♣ Home, Insert, Page Layout are examples of ribbon tabs.
- ♣ Groups: They organize related commands; each group name appears below the group on the Ribbon. For example, a group of commands related to fonts or a group of commands related to alignment, etc.
- **↓** Commands: Commands appear within each group as mentioned above.

| Menu Category | Ribbon Commands |
|---------------|--|
| Home | Clipboard functions, manipulating slides, fonts, paragraph |
| | settings, drawing objects and editing functions |
| Insert | Insert tables, pictures, images, shapes, charts, special texts, |
| | multimedia and symbols |
| Design | Slide setup, slide orientation, presentation themes and Background |
| Transitions | Commands related to slide transitions |
| Animations | Commands related to animation within the individual slides |
| Slideshow | Commands related to slideshow set up and previews |
| Review | Proofing content, language selection, comments and comparing |
| | presentations |
| View | Commands related to presentation views, Master slides, color |
| | settings and window arrangements |
| | |

Odds of assessment

| No | Exam | Type of assessment | Marks |
|----|-----------------|---|-------|
| 1 | First term | Quiz in the same theoretical lecture for each lecture | 2 |
| | | End term written exam (60% MCQs & 40% essay questions) | 8 |
| | | End term written exam practical | 5 |
| 2 | Second term | Quiz in the same theoretical lecture for each lecture | 2 |
| | | End term written exam (60% MCQs & 40% essay questions) | 8 |
| | | End term written exam practical | 5 |
| 3 | Final practical | The final practical exam | 20 |
| 4 | Final written | Final written examination exam (60% MCQs and 40% essay questions) | 50 |
| 5 | Total | | 100 |

Recommended books

Some websites are certified Microsoft ASP.net Fast&Easy Web Development المادة: حقوق الإنسان والديمقراطية و الحريات العامة، و هي من متطلبات الجامعة

اسم منسق و مدرس المنهاج: أ. م. د. عماد على دايح الشمري

المقدمة:

حقوق الإنسان هي مجموعة من القواعد القانونية والمبادئ الأساسية للقانون تشكل واقعا سياسيا وإجتماعيا و قانونيا، يهدف على تثبيت دعائم الحياة الإنسانية على أسس تتوافق مع مقتضيات العدالة والوجدان السليم وهي قواعد تمثل في مجموعها نظاما للحق والعدل والمساواة في المجتمع الإنساني. وبالنظر إلى شطر كبير من هذه الحقوق والمبادئ الدينية والأخ قية ذلك أن هدف قواعد حقوق الإنسان هو تحقيق العدالة والمساواة والخير المطلق الأفراد المجتمع الإنساني دون النظر إلى الألوان أو الأديان أو الجنس أو الوضع المالي أو التطبيقي.

مادة حقوق الإنسان و الحريات العامة هي من متطلبات الجامعة تهدف إلى رفد طلبة الجامعة بالمعرفة بحقوقهم و حقوق الآخرين ليتسنى لهم التعامل الإنساني فيما بينهم و ما بينهم و الآخرين خلال فترة دراستهم و ما بعد الدراسة.

الكلية أعطت ٣٠ ساعة في السنة الدراسية الأولى و بواقع ساعة أسبوعيا لتغطية منهاج هذه المادة الحيوية.، الأهداف:

- ١. تعزيز احترام حقوق الإنسان والحريات الأساسية.
- ٢. الإنماء الكامل للشخصية الإنسانية وإحساسها بالكرامة.
- ٣. تعزيز التفاهم والتسامح والمساواة بين الجنسين، والصداقة بين جميع الأمم والسكان الأصليين
 - والمجموعات العرقية والقومية وا والدينية واللغوية.
 - ٥. تمكين كل الأفراد من المشاركة بفاعلية في مجتمع حر.
 - تمكين طلبة كلية الطب من التعامل مع المرصى تميى الإنسائية.
 - ٧. تمكين طلبة كلية الطب من معرفة لؤانين المهمة المتعلقة بحقوق الإنسان و الحريات العامة.

الأماكن التي تطبق بها المنهج:

المواد المستخدمة في تطبيق المنهج: وسائل العرض

الوحدات والساعات:

| عدد الوحدات | عدد الساعات النظرية | ت |
|-------------|---------------------|---|
| 375 | 30 | 1 |

المنهج النظري:

| المدة/الساعة | اسم المحاضرة | رقم |
|--------------|--|-----|
| 1 | -خصائص حقوق الإنسان. -تعريف : الحق لغة واصطلاحاً. جذور حقوق الإنسان وتطورها في تاريخ البشرية | 1 |
| 1 | أولاً: القيم السائدة في المجتمع العراقي واشاعة الروح الوطنية ونبذ الأفكار المسيئة إلى الأخر مهما كان انتمائه. ثانياً: القيم السائدة لدى طلبة الجامعات العراقية. ثالثا: القيم السائدة لدى طلبة الجامعات العراقية. ثالثا: التطرف ودوره في تفكيك المجتمع. رابعاً: العمل على بناء فلسفة تربوية تؤكد حب العراق أولاً والانتماء إلى الوطن وأرضه. | 2 |
| 1 | حقوق الإنسان في الحضارات القديمة والوسطى مع التركيز على حضارة وادي الرافدين | 3 |
| 1 | حقوق الإنسان في الشرائع السماوية مع التركيز على حقوق الإنسان في الإسلام. | 4 |
| 1 | أولاً: الديانة المسيحية, والديانات الأخرى. ثانياً: الديانة الإسلامية. موقف الشرائع السماوية من حقوق الإنسان. | 5 |
| 1 | حقوق الإنسان في المذاهب والمدارس والنظريات السياسية. | 6 |
| 1 | حقوق الإنسان في الشركات الحقوق واعلاناتها,والثورات ودساتيرها, (الوثائق الإنجليزية, والثورات الأمريكية,الثورة الفرنسية,والثورات الروسية). | 7 |
| 1 | الاعتراف الدولي بحقوق الإنسان منذ الحرب العالمية الأولى: عصبة الأمم,الأممالمتحدة | 8 |
| 1 | -مفهوم القانون الدولي الإنساني وتطوره التاريخي. الإعلان العالمي لحقوق الإنسان الصادر من منظمة الأمم المتحدة عام1948م. | 9 |
| 1 | الدستور الاجتماعي. أولاً: الميثاق الأعظم(Magnacarta)لسنة1215. ثانياً: عريضة الحقوق(Petiton of Rights)لسنة1628. ثالثاً: قانون الإحضار (قانون الحرية الشخصية)(Habeas corpus actor)لسنة 1679 . رابعاً: قانون الحقوق(Bill of Rights)لسنة1689 . الدستور السياسي. المصادر القانونية لحقون الإنسان في بريطانيا. المصادر القانونية لحقوق الإنسان في العصر الحديث. | 10 |

| | المصادر القانونية لحقوق الإنسان في الولايات المتحدة الأمريكية. | |
|---|--|----|
| | المصادر القانونية لحقوق الإنسان في فرنسا. | |
| 1 | أولاً : إعلان حقوق الإنسان والمواطن الفرنسي(26آب.1789) | 11 |
| 1 | ثانياً: الدساتير والاعلانات الفرنسية التي تلت إعلان الحقوق لسنة1789 . | 11 |
| | 1-دستور 3أب1791 . | |
| | 2-إعلان حقوق الإنسان والمواطن لسنة1793 . 3-دستور1848الفرنسي. | |
| | ريبر 10 -10 0 بـــــــــــــــــــــــــــــــــــ | |
| | -اتفاقية لاهاي 1907 | |
| 4 | -اتفاقية جنيف1864 الإنامات الله الله الله الله الله الله الله ال | 10 |
| 1 | -الأجهزة الرئيسية العامة في منظمة العفو الدولية. -أهداف منظمة العفو الدولية | 12 |
| | منظمة العفو الدولية 1961 | |
| | | |
| _ | ضمانات احترام وحماية حقوق الإنسان على الصعيد الوطني. | |
| 1 | ضمانات احترام وحماية حقوق الإنسان. | 13 |
| | | |
| | 1-الضمانات في الدستور والقوانين | |
| | 2-الضمانات في مبدأ سيادة القانون. - دان التاريخ من المقار التاريخ | |
| | 3-الضمانات في الرقابة الدستورية. 4-الضمانات في حرية الصحافة والرأي العام. | |
| | 5-دور المنظمات غير الحكومية في احترام وحماية حقوق الإنسان. | |
| 1 | 7-ضمانات احترام وحماية حقوق الإنسان على الصعيد الدولي. | 14 |
| _ | 8-دور الأمم المتحدة ووكالاتها المتخصصة في توفير الضمانات. من المنظم المتحددة على المتحصصة في توفير الضمانات. | |
| | 9-دور المنظمات الإقليمية (الجامعة العربي،الاتحاد الأوربي،الاتحاد الافريقي، منظمة الدول الأمريكية،منظمة أسيان). | |
| | 10-دور المنظمات الإقليمية والدولية غير الحكومية والرأي العام العالمي في احترام | |
| | وحماية حقوق الإنسان. | |
| | | |
| | المعالجات المنهجية الناجحة لمكافحة الفساد الإداري وحماية المجتمع منه. | |
| | انعكاسات ظاهرة الفساد على حقوق الإنسان في المجتمع. | |
| 1 | -أسبابه وعوامله. | 15 |
| • | - أنواع الفسياد تصرف خلاه قالف الإلاد . | 10 |
| | ـتعريف ظاهرة الفساد الإداري. تأثير ظاهرة الفساد الإداري على حقوق الإنسان والمجتمع. | |
| | عير عامره العدد الإداري عي سري الإسمال والمباعي. | |
| | | |
| | -الميثاق العربي لحقوق الإنسان1994 . -الميثاق الأفريفي لحقوق الإنسان1981 . | |
| 2 | -الاتفاقية الامريكية لحقوق الانسان1969 . | 16 |
| | -الاتفاقية الأوربية لحقوق الإنسان1950 الاعتراف الإقليمي بحقوق الإنسان. | |
| | | |
| | | |

| 1 | المنظمات غير الحكومية المعنية بحقوق الإنسان. اللجنة الدولية للصليب الأحمر 1859 . واللجنة الدولية للهلال الأحمر. واللجنة الدولية لإغاثة الجرحى1863 . | 17 |
|---|---|----|
| 1 | حقوق الإنسان في الدساتير العراقية بين النظرية والواقع والتطبيق حقوق الإنسان التحديد, والتعريف, والضمانات العلاقة بين حقوق الإنسان والحريات العامة الأول: في الإعلان العالمي لحقوق الإنسان والمواثيق الدولية الثاني: في المواثيق الإقليمية والدساتير الوطنية الثاني وصناف حقوق الإنسان والترابط بينهما الشكال واصناف حقوق الإنسان الفردية وحقوق الانسان الجماعية حقوق الإنسان الاقتصادية والاجتماعية والثقافية وحقوق الإنسان المدنية والسياسية حقوق الإنسان الحديثة: الحق في التنمية الحق في البيئة النظيفة الحق في التنمية التضامن الحق في الإسلام إلخ. | 18 |
| 1 | المادة الديمقراطيات والحريات العامة العامة المادة الديمقراطيات والحريات العامة السلطة: الأنظمة السياسية من حيث ممارسة السلطة: ١ الأنظمة الفردية (المونوقراطية) ٢ المونوقراطية القديمة : الملكية المطلقة ــ الدكتاتورية الاستبدادية ٣ المكية الدكتاتورية: ٣ التميز بين نوعين من الدكتاتورية: | 19 |
| 1 | أ- الدكتاتورية المذهبية (الأيديولوجية) ب- خصائص الدكتاتورية | 20 |
| 1 | الأنظمة الديمقراطية: ١. تاريخ الديمقراطية ٢. الإسلام والديمقراطية: • اختيار الحاكم • مبدأ الشورى | 21 |

| 1 | أنواع الديمقراطية: أولاً: الديمقراطية المباشرة | 22 |
|---|--|----|
| 1 | ثانياً: الديمقراطية شبه المباشرة: الاستفتاء ؛ والاستفتاء على أنواعه المختلفة: الاستفتاء دستورياً الاستفتاء الزامياً الاستفتاء وجوبياً الاستفتاء من ناحية التوقيت. | 23 |
| 1 | ثالثاً: مظاهر الديمقراطية شبه المباشرة: الاستفتاء. الاقتراع الشعبي. الاعتراض الشعبي. الحل الشعبي. عزل النائب. عزل رئيس الجمهورية. | 24 |
| 1 | رابعاً: الديمقراطية التمثيلية: أولاً: نشأة البرلمان ثانياً: الانتخاب: طبيعة الانتخاب: | 25 |
| 1 | أ- الانتخاب حق ب- الانتخاب وظيفة اجتماعية ب- الانتخاب وظيفة اجتماعية هيئة الناخبين: أ- العمر,ب- الجنسية,ت- الجنس,ث- الثروة,ج- التعليم. | 26 |
| 1 | ۱ - الأنظمة الانتخابية المختلفة: | 27 |
| 1 | 2-نظام التمثيل النسبي: أ- توزيع المقاعد النيابية بين القوائم ب- توزيع المقاعد النيابية بين مرشحي القوائم | 28 |
| 1 | تمثيل النسبي الكامل التمثيل النسبي التقريبي: ويشمل | 29 |
| 1 | ١ ـطريقه الباقي الاقوى ٢ ـطريقة المعدل العام ٣ ـطريقة الأستاذ (دهونت) | 30 |

طريقة تقيم الطلبة:

| نوع الأسئلة | الدرجة | الأمتحان | ت |
|----------------------------|--------|------------------|---|
| أسئلة مقالية قصيرة و طويلة | 15 | الفصل الأول | 1 |
| أسئلة مقالية قصيرة و طويلة | 15 | الفصل الثاني | 2 |
| أسئلة مقالية قصيرة و طويلة | 70 | الإمتحان النهائي | 3 |
| | 100 | الدرجة النهائية | 4 |

الكتب المقررة التي يقرأها الطالب:

- القانون الدولي الانساني.
 حقوق الانسان وحرياته الاساسية.
 حقوق يجب ان تعرف الحقوق الاسلامية.

منهاج مادة اللغة العربية لغير الاختصاص

اسم المادة: اللغة العربية و هي من متطلبات الجامعة

اسم منسق و مدرس المنهاج: أ. م. د. عماد علي دايح الشمري

المقدمة:

تنبع أهمية اللغة العربية من كونها أفصح اللغات في عبقريتها، وقدرتها المتجددة على التكيف مع مختلف العلوم الأخرى، مثل: الهندسة، والطب، والجبر، والفنون، والمعارف العلمية، وقد وصلت اللغة العربية إلى الإبداع في مجالات الأدب، والتأليف.

تعتبر اللغة العربية هي الأساس للتعامل مع المرضى في المستشفيات التعليمية التي يتدرب بها طلبة كلية الطب فسلامة اللغة العربية ضرورية لتحقيق هذا الغرض.

معظم المرضى في مستشفياتنا لا يحسنون الكلام باللغة الإنجليزية لذلك الطبيب الماهر الحاذق يستطيع أن يتعامل مع المرضى ويتفاهم معهم بلغتهم والكلام باللغة الفصيحة يفهمه الجميع حتى الأمي وبذلك يكون الطبيب قد انتفع بما درسة من محاضرات في اللغة العربية في كليته واثناء دراسته الأولية.

هذا المنهاج هو مخصص لجميع الطلبة الغير مختصين باللغة العربية و تعتبر مادة اللغة العربية إحدى مواد متطلبات جامعة الأنبار.

مادة اللغة العربية هي إحدى المواد التي تدرس في السنة الدراسية الأولى و تعطى ٣٠ ساعة بواقع ساعة أسبوعيا لتغطية مفردات المنهاج.

الأهداف :

- ا. لتعريف الطلبة بلغتهم العربية ، من خلال الوقوف على اساليبها النحوية و اللغوية والاملائية والتي تفيدهم مستقبلاً.
 - ٢. لتمكين طلبة كلية الطب من التعامل مع المرضى بلغة عربية سليمة .
 - ٣. لتمكين طلبة كلية الطب كتابة التقارير الطبية و التقارير الطبية العدلية بلغة مفهومة و خالية من
 - ٤. الأخطاء أثناء دراستهم و بعد تخرجهم و تعينهم في المستشفيات العراقية أو العربية.
 - ٥. الاستفادة من تعريب المصطلحات العلمية والطبية التي تقوم بها المجامع العلمية في الوطن العربي
 - ٦. والعراق خاصة ولا يتم ذلك لطالب الطبية إلا أذا كان يمتلك الكثير من المفردات العربية
 - ٧. والمصطلحات اللغوية التي تسهل عليه عملية ترجمة المصطلحات الأجنبية ووضع المصطلح العربي
 - ٨. الفصيح والصحيح إزاء المصطلح الأجنبي .

الأماكن التي تطبق بها المنهج: القاعة المواد المستخدمة في تطبيق المنهج: وسائل العرض

الوحدات والساعات:

| | • == == | |
|-----------|---------------------|---|
| عدد وحدات | عدد الساعات النظرية | ت |
| مستوفي | 30 | 1 |

المنهاج النظري:

| رقم | اسم المحاضرة | الساعة |
|-----|---|--------|
| 1 | التعريف باللغة العربية | 1 |
| 2 | أقسام الكلمة العربية (الاسم – الفعل – الحرف). | 1 |
| 3 | الجملة وشبه الجملة. | 1 |
| 4 | المعرب والمبني. | 1 |
| 5 | علامات رفع الاسم (الضمة _ الألف _ الواق). | 1 |
| 6 | اسم الإشارة (الإشارة إلى القريب – والإشارة إلى البعيد). | 1 |
| 7 | الاسم الموصول | 1 |
| 8 | رفع الفعل المضارع علامة رفع الفعل المضارع (الضمة – ثبوت النون) الأفعال الخمسة | 1 |
| 9 | نصب الفعل المضارع -علامة نصب المضارع (الفتحة – حذف النون). -حروف النصب. | 1 |
| 10 | الحرف (حروف تدخل على الاسم) | 1 |
| 11 | حروف الجر | 1 |
| 12 | أن وأخواتها | 1 |
| 13 | حروف النداء | 1 |
| 14 | حروف تدخل على الفعل حروف النصب حروف الجزم قد ـ السين ـ وسوف | 1 |
| 15 | الجملة العربية | 1 |
| 16 | الجملة التي لها محل من الإعراب. | 1 |
| 17 | الجملة التي لا محل لها من الإعراب. | 1 |
| 18 | الظاء والضاد | 1 |

| 1 | همزة الوصل وهمزة القطع | 19 |
|---|--|----|
| | كيف تُنطق همزة الوصل | |
| 1 | أمثلة على همزات الوصل | 20 |
| | | |
| | رسم الهمزة المتطرفة | |
| 1 | الهمزة المتطرفة وتنوين الفتح | 21 |
| 1 | يتوقف رسم الهمزة المتطرفة على حركة الحرف السابق لها. | 21 |
| | | |
| | قواعد الإملاء والخط العربي: | |
| 1 | قواعد الإملاء وعلامات الترقيم | 22 |
| | | |
| 1 | الأخطاء اللغوية الشانعة | 23 |
| | خط الفارسي | |
| | خط التعليق | |
| | خط الرقعة | |
| 1 | الخط الكوفي | 24 |
| | خط النُّسخ | 2- |
| | خط التُّلث. | |
| | الخط وأنواع الخطوط العربية | |
| | | |
| 1 | محمد مهدي الجواهري وقصيدته (يا دجلة الخير) | 25 |
| | معروف عبد الغني الرصافي وقصيدته | |
| 1 | (الأرملة المرضعة) | 26 |
| | | |
| 1 | شعراء المهجر. | 27 |
| 1 | دراسة عن الشاعر إليا أبو ماضي | 28 |
| 1 | دراسة عن الشاعر جبران خليل جبران. | 29 |
| | القيم السائدة في المجتمع العراقي واشاعة الروح الوطنية ونبذ الأفكار المسيئة إلى الأخر | |
| 1 | مهما كان انتمائه. | 30 |
| | | |
| | | |

طرق تقيم الطلبة:

| نوع الأسئلة | الدرجة | الأمتحان | ت |
|----------------------------|--------|------------------|---|
| أسنلة مقالية قصيرة و طويلة | 15 | الفصل الأول | 1 |
| أسئلة مقالية قصيرة و طويلة | 15 | الفصل الثاني | 2 |
| أسئلة مقالية قصيرة و طويلة | 70 | الإمتحان النهائي | 3 |
| | 100 | الدرجة النهانية | 4 |

الكتب المقررة التي يقرأها الطالب:

- ١. كتاب اللغة العربية لغير الاختصاص ، لمجموعة من الاساتذة .
 - ٢. ملخص قواعد اللغة العربية ، تأليف: فؤاد نعمة.
 - ٣. جامع الدروس العربية ، تأليف الشيخ : مصطفى الغلاييني .
 - ٤. النحو الواضح ، تأليف : علي الجارم .

University of Anbar College of Medicine Department of Physiology

Course Title: Medical physiology

First Year of M.B.CH.B. Program

| Allocated marks | 100 marks |
|--------------------|--|
| Course duration | 30 weeks (One Academic Year) |
| Total hours | 30 Theoretical hours |
| Course coordinator | Ass. Prof. Dr.Duraid Taha AL-hadethi. |
| Teaching staff | Theoretical teaching staff: Ass. Prof. Dr. Ansaf Ibrahim, Lecturer Dr. Ahmad Talib, Ass. Lecturer Dr. Mohammed Ibrahim Ass. Prof. Dr. Yaser Mufeed |
| Total | 1 Assistant Professor,2 Lecturer, 1 ass. Lecturer |

Introduction:

The study of physiology is, in a sense, the study of life. It asks questions about the internal workings of organisms and how they interact with the world around them. Physiology tests how organs and systems within the body work, how they communicate, and how they combine their efforts to make conditions favorable for survival.

The Major Systems Covered In The Study Of Human Physiology Are As Follows:

1. INTRODUCTION TO PHYSIOLOGY

(1 hour)

Subject and significance, Methods of physiological research, Physiology, and other sciences

2. FUNDAMENTALS OF GENERAL PHYSIOLOGY (5 hours)

Cellular organization, Homeostasis, Body fluids, volume and distribution, Body water functions, Body fluid dynamics, and Edema.

Department of Physiology - Medical Physiology

3. BLOOD PHYSIOLOGY (12 hours)

Composition and function, The red blood cell, Hemoglobin and hemoglobin variants, Iron metabolism, anemias, Destruction of the red blood cell, The white blood cell, Morphology and classification, Specific functions of the different variants, The immune system, allergy, The platelets, Homeostasis and blood coagulation, The plasma composition and function, the fibrinolytic activity of the plasma

4. PHYSIOLOGY OF THE MUSCLE (6 hours)

Introduction types of muscles, Skeletal muscles, structure, motor units, Excitability, Mechanical response of the muscle, Simple muscle twitch, Type of contraction, muscle fatigue, Summation of muscle contraction, Effect of two muscle stimuli, Effect of repeated stimuli, Clonus and tetanus, All or none law, muscle tone, The sliding filaments theory, Thermal and chemical changes during muscle contraction, Blood groups and blood transfusion

5. PHYSIOLOGY OF THE NERVOUS SYSTEM

PHYSIOLOGY OF THE NERVE FIBERS. (4 hours)

Properties of nerve fibers, Transmission along nerve fibers, Types of nerve fibers and compound action potential, Ionic theory of the membrane potential, Structure and type of nerve trunk, effect of cutting a motor nerve.

SYNAPTIC AND NEUROMUSCULAR TRANSMISSION.

Synaptic transmission, EPSP and IPSP, ionic bases, Convergence and divergence, spatial and temporal, Neuromuscular transmission and blocking substances.

Objectives:

To support students with:

Competent Knowledge Skills:

To acquire a core scientific knowledge about humans as a physiological entity. Clinical Skills:

To apply basic physiology principles in the appropriate clinical context.

To acquire a list of clinical skills at the introductory level.

Non-technical Skills and Professional Behavior:

To incorporate physiology into the personal path of becoming a competent and caring physician

To be aware of physiological research to improve diagnoses and treatments of diseases

Outcome of curriculum:

On completion of this course, the students should; 1-understand normal body function from molecular to cellular,

cellular to tissue, tissue to organ, and organ to organ systems level.

2-understand interrelationships between organ systems.

3-have acquired sufficient knowledge of the above to begin to understand human disease processes and appropriate therapeutic interventions.

Course Requirements:

Comfortable Teaching class Room supplied with teaching aids

like data show & white board with its accessories.

Places for teaching the curriculum:

- √ Class room in the college. (Wide air-conditioned, with enough windows with curtains an
 enough illumination and supplied with teaching aids.
- √ Charts, Atlases of Medical physiology
- √ Teaching Videos.

Theoretical Class Schedule

| Teaching staff | Topics covered | Date |
|---------------------------------------|--|------------------------|
| Ass. Lecturer Dr. Mohammed Ibrahim | Introdution to physiology, Methods of physiological research, Physiology, and other sciences | Week 1 |
| Ass. Prof. Dr. Yaser Mufeed | introduction to physiology fundamentals of general physiology, cellular organization ☐ - homeostasis ☐ - Body fluids, volume and distribution ☐ - dynamics, | Week 2&3 |
| Ass. Prof. Dr. Yaser Mufeed | - Edema Body water- functions- Body fluid | Week 4&5 |
| Lecturer Dr. Ahmad Talib | physiology of the muscle Introduction types of muscles Skeletal muscles, structure, motor units, Excitability. Mechanical response of the muscle Simple muscle twitch Type of contraction, muscle fatigue. Summation of muscle contraction. Effect of two muscle stimuli | Week 6&7 |
| Lecturer Dr. Ahmad Talib | Clonus and tetanus. All or none law, muscle tone. The sliding filaments Theor Thermal and chemical changes during muscle contraction. | Week 8&9 |

| lecturer. Dr. Ensaf | BLOOD PHYSIOLOGY | |
|--------------------------------|--|---------------|
| Ibrahim | □ Composition and function□ The red blood cell | Week 10&11 |
| lecturer. Dr. Ensaf Ibrahim | Hemoglobin and hemoglobin ☐ variants Iron metabolism, | Week 12&13 |
| lecturer. Dr. Ensaf Ibrahim | • anemias.Destruction of the red blood cell, | Week 14- |
| | Exam 1 st term | Week15 |
| lecturer. Dr. Ensaf Ibrahim | The white blood cell, Morphology and classification, Specific functions of the different variants, | Week 16&17 |
| lecturer. Dr. Ensaf Ibrahim | The immune system, allergy, | Week 18&19 |

| lecturer. Dr. Ensaf Ibrahim | The platelets, Homeostasis and blood coagulation, | Week 18&1819 Week 20&21 |
|--|--|----------------------------|
| lecturer. Dr. Ensaf Ibrahim | The plasma composition and function, the fibrinolytic activity of the plasma | Week 22&23 |
| Ass. lecturer Mohamed Ibrahim | Properties of nerve fibers, Transmission along nerve fibers, | Week 24 &25 |
| Ass. lecturer Mohamed Ibrahim | Types of nerve fibers and compound action potential, lonic theory of the membrane potential, | Week 26&27 |
| Ass. lecturer Mohamed Ibrahim Ass. lecturer Mohamed Ibrahim | Structure and type of nerve trunk, effect of cutting a motor nerve | WEEK28&29 |
| | Exam 2 nd term | Week 30 |

Methods of assessment

| No | Exam | Type of assessment | Marks |
|----|---------------|--|-------|
| | | Quiz in the same theoretical lectures | 5 |
| 1 | First term | End term written exam (60% MCQs & 40% essay questions) | 10 |
| | | Quiz in the same theoretical lectures | 5 |
| 2 | Second term | End term written exam (60% MCQs & 40% essay questions) | 10 |
| 4 | T. 1 | MCQs | 40 |
| 4 | Final written | Essay questions | 30 |
| 5 | | Total | 100 |

Recommended book: .Guyton and hall textbook of medical physiology



Subjects for the annual system of the second stage

| No. | Subject |
|-----|--------------|
| 1 | Physiology |
| 2 | Biochemistry |
| 3 | Histology |
| 4 | Anatomy |
| 5 | Embryology |

University of Anbar College of Medicine Department of Physiology

Course Title: Medical physiology

Second Year of M.B.CH.B. Program

| Allocated marks | 100 marks |
|--------------------|--|
| Course duration | 30 weeks (One Academic Year) |
| Total hours | 120 Theoretical hours 120 Practical hours |
| Course coordinator | Ass. Prof. Dr. Maher Ali Jasim. |
| Teaching staff | Theoretical teaching staff: Ass. Prof. Dr. Maher A. Jasim, Assist. Prof. Dr. —Waleed Nassar, Ass. Prof. Dr. Raid Muhmid Suhil, Ass. Prof. Dr. Thakir Mohammed, Lecturer Dr. Khalid Messer, Lecturer Dr. Wesam Alfehan, Lecturer Dr. Ansaf Ibrahim, Ass. Lecturer Dr. Latief Fayyadh, Ass. Lecturer Dr. Ahmad Talib, Ass. Lecturer Dr. Mohammed Ibrahim Practical Teaching Staff: Lecturer Dr. Ansaf Ibrahim, Ass. Lecturer Dr. Latief Fayyadh, Ass. Lecturer Dr. Ahmad Talib, Ass. Lecturer Dr. Mohammed Ibrahim Under Supervision Of The Above Theory Teaching Staff. |
| Total | 4 Assistant Professor,3 Lecturer, 3 ass. Lecturer |

Introduction:

The study of physiology is, in a sense, the study of life. It asks questions about the internal workings of organisms and how they interact with the world around them.

Physiology tests how organs and systems within the body work, how they communicate, and how they combine their efforts to make conditions favorable for survival.

The Major Systems Covered In The Study Of Human Physiology Are As Follows:

1. PHYSIOLOGY OF THE NERVOUS SYSTEM (28 hours) THE AUTONOMIC NERVOUS SYSTEM

Introduction and definition, the autonomic reflex action and its comparison to the somatic reflex, Functional anatomy: sympathetic and parasympathetic system, The concept of membrane receptor, Chemical transmission in the autonomic nervous system, Function of the sympathetic and parasympathetic nervous system, Higher control of autonomic function: spinal, medullary, hypothalamic, limbic and cortical

BODY TEMPERATURE REGULATION

Normal temperature and set-point, Heat production, shivering and non-shivering thermogenesis, Heat loss, hypothalamic regulation of body temperature, Fever and hypothermia.

SENSATION

Introduction and definition, the stimulus and the adequate stimulus, sensory receptors, Classification of sensory receptors, electrical and ionic events in receptor potential, The sensory unit, the receptive field and cortical representation, Coding of sensory information, the sensory pathways, Role of proprioceptors in reflex and voluntary muscular contraction, The stretch (tendon) reflex, The Golgi tendon organ and the inverse stretch, Gamma efferent

activity and muscle tone effect (lengthening reaction), Superficial deep and visceral sensation, Touch and pressure and sense vibration, Cold and warmth sensation, pain sensation, Referred pain

SPECIAL SENSES

A) Hearing and equilibrium

Functional anatomy of the ear, Properties of the hearing system, Theories or hearing, Vestibular function

B) Vision

Functional anatomy of the eye, Errors of reflection: myopia, hyperopia and a stigmatism. Physiology of the retina, visual fields and visual pathway, Visual accommodation and visual reflexes, visual acuity, Color vision, cerebral cortical visual function

C) Smell and taste.

Smell receptors and pathways, Physiology of olfaction, Taste receptor organs and pathways, Physiology of taste

CENTRAL NERVOUS SYSTEM

Physiology of the spinal cord reflexes, The cerebellum and its role in motor control and movement, Physiology of the hypothalamus and limbic system, The brain stem and reticular formation, Wakefulness and sleep ,Cerebral control function, motor functions and sensory function, Conditioned reflexes ,E.E.G, Speech, Memory

2. RESPIRATORY PHYSIOLOGY

(14 hours)

Functional anatomy, Lung volumes and capacities, Mechanics of breathing muscles of respiration, Pressure changes during the respiratory, Expansion of the lungs, Compliance. Airway resistance, Pulmonary circulation, Pressure low and resistance of pulmonary blood vessels, Alveolar ventilation, Distribution of ventilation and perfusion, Exchange of gases and diffusion capacity, Transport of oxygen by the blood ,Transport of carbon dioxide by the blood ,Control of ventilation ,Hypoxia, hypercapnia and hypocapnia, Oxygen therapy, Effect of exercise, Artificial respirator, Non respiratory function of the lungs, Pulmonary function tests, total and regional, Patterns of breathing, normal and abnormal.

3. THE CARDIOVASCULAR SYSTEM

(24 hours)

Introduction to cardiovascular physiology, Anatomical review, autonomic supply, Blood supply, Specialized tissue

THE MYOCARDIUM

Ultrastructure with comparison to skeletal muscle, Ionic role and bases of muscle contraction, excitation and contraction coupling, The mechanical properties of the cardiac muscle, Starling low of the heart (length-tension) relationship, types of muscle contraction, head 25 a pump (contractility), The electrical activity of heart Action potential, fast response and slow response, The refractory periods, Pacemaker cells and pacemaker action potential

THE ELECTROCARDIOGRAPHY

General background, electrical axis PQRST waves and their clinical significance, the leads, Cardiac arrhythmias (block, Stokes-Adam Syndrome), Cellular basis of cardiac arrhythmias

CARDIAC OUTPUT

The cardiac function curve ,The vascular function curve, Methods of measuring cardiac output, Factors regulations cardiac output

THE CARDIAC CYCLY AND HEART SOUNDS

Mechanism of sound, Abnormal sounds

PROPRTIES OF VASCULAR SYSTEM

Circulation, blood volume, haematocrit. Poiseulle's law, Ohm's law, Laplace law. Peripheral resistance, conductance, capacitance. Compliance, Laminar and turbulent flow, Reynolds numbers. Local regulation of blood flow, auto regulation control (intrinsic control) and neural control (extrinsic control). Regulations of blood pressure short and long term control, The pulse pressure, systolic blood pressure, diastolic blood Pressure and the Koratkov sounds

THE VEINS AND THEIR FUNCTIONS

General venous pressure and its regulation. Venous pump, reference point, the filling pressure

HYPOTENSION AND SHOCK

Transient hypotension, prolonged hypotension and its pathophysiological changes

HYPERTENSION

Volume loading mechanism, Vasoconstrictor mechanism, Secondary hypertension, primary hypertension (Essential), Heart failure

CARDIAC HYPOTROPHY

Centric, eccentric, pathophysiology of heart failure, Ischemic heart disease, Exercise physiology

4. ENDOCRINE AND REPRODUCTIVE PHYSIOLOGY (22 hours)

Introduction. The pituitary, hypothalamic hormone, adenohypophesis, neurohypophesis, clinical correlates. The thyroid, the metabolic rate iodine metabolism, clinical correlates. The parathyroid, Calcium metabolism and bone physiology, clinical correlates. The adrenal glands, the cortex, the medulla. The gonads. The tests, the ovary. Reproduction Pregnancy and lactation. Other organs with endocrine functions, pancreas

5. DIGESTION

(12 hours)

Introduction to the gastrointestinal tract. GIT Hormones, Salivary secretion, gastric secretion, pancreatic secretion ,Secretion of bile, secretion of the small intestine, Secretion of large intestine, Basic principles of gastrointestinal absorption, Absorption in the small intestine, Regulation of gastrointestinal function, Gastrointestinal motility

6. RENAL PHYSIOLOGY

(8 hours)

Functional anatomy of the kidney, Auto regulation of renal blood flow, Mechanism of glomerular filtration rate, Reabsorption and secretion in the tubule, Water and sodium homeostasis, Effects of water loss, Regulation of tubular reabsorption of sodium. Regulation of potassium balance, Diuretics

7. ACID – BASE BALANCES

(6 hours)

The hydrogen ion and PH, Fundamental chemistry of acids and bases, Concept of PH and H⁺, H⁺ of body fluids, the Henderson- Hasselbaalch equation, Generation and elimination of H⁺. Carbonic and acids, Body buffer systems distributor of body buffer systems, Respiratory regulation of acid – base balance, Renal regulation of acid – base balance, Acid-base abnormalities.

8. HIGH ALTITUDE PHYSIOLGY + SEA DIVING PHYSIOLGY (6 hours)
Effects of acceleratory forces on the body, Centrifugal acceleratory forces, Effects of linear acceleratory forces on the body, Problems of temperature in aviation and space physiology, Radiation at the high altitudes and space weightlessness in space

Objectives:

To support students with:

- Competent Knowledge Skills:
 - To acquire a core scientific knowledge about humans as a physiological entity. Clinical Skills:
 - To apply basic physiology principles in the appropriate clinical context.
 - To acquire a list of clinical skills at the introductory level.
- Non-technical Skills and Professional Behavior:
 - To incorporate physiology into the personal path of becoming a competent and caring physician
 - To be aware of physiological research to improve diagnoses and treatments of diseases

Outcome of curriculum:

On completion of this course, the students should;

1-understand normal body function from molecular to cellular, cellular to tissue, tissue to organ, and organ to organ systems level.

2-understand interrelationships between organ systems.

3-have acquired sufficient knowledge of the above to begin to understand human disease processes and appropriate therapeutic interventions.

Course Requirements:

Comfortable Teaching class Room supplied with teaching aids like data show & white board with its accessories.

Places for teaching the curriculum:

- ✓ Class room in the college. (Wide air-conditioned, with enough windows with curtains an enough illumination and supplied with teaching aids.
- ✓ physiology Laboratory for undergraduate studies. (Wide with enough working benches, well aireated, with enough windows with curtains and enough illumination and supplied with teaching aids).

Materials used to accomplish the practical curriculum:-

- ✓ Microscopes (compound light microscopes).
- ✓ Sterilizing and disinfection tools and materials.
- ✓ Hematological lab devices, incubator, oven, autoclave, refrigerator, water bath, Millipore filters and tube racks and hand disinfectant container.
- ✓ Slides with Permanent stained hematological specimens.
- ✓ Staining kits like Gram Stain Kit, Acid Fast Staining Kit, Albert stain kit and other required stains.
- ✓ Charts, Atlases of Medical physiology
- ✓ Teaching Videos.
- ✓ Experimental animals (frog) for muscle twitch study
- ✓ Teaching devices like stethoscopes, sphygmomanometers, oroscope, hammers and ophthalmoscope.
- ✓ Electrocardiography(ECG)
- ✓ Treadmill for exercise study and its effect on vital signs
- ✓ Spirometry for measurement of pulmonary function test.
- ✓ Myograhy for measurement of simple muscle twitch

Theoretical Class Schedule

| Teaching staff | Topics covered | Date |
|-------------------------------------|---|--------|
| Ass. Lecturer Dr. Latief Fayyadh | acid – base balances The hydrogen ion and PH. | Week 1 |
| Ass. Lecturer Dr. Latief Fayyadh | Fundamental chemistry of acids and bases, Respiratory regulation of acid base balance. Renal regulation of acid base balance. Acid- base abnormalities | Week 2 |
| Assist. Prof. Dr. Waleed Nassar | Renal Physiology Functional anatomy of the kidney | Week 3 |
| Assist. Prof. Dr. Waleed Nassar | Auto regulation of renal blood flow Mechanism of glomerular filtration rate | Week 4 |

| | | <u> </u> |
|---------------------------------------|--|----------|
| Assist, Prof. Dr. | Reabsorption and secretion in | Week 5 |
| Waleed Nassar | the tubule -Water and sodium homeostasis Effects of water loss | Week 3 |
| Assist. Prof. Dr. Waleed Nassar | | |
| Assist. Prof. Dr. Waleed Nassar | Regulation of tubular reabsorption of sodium Regulation of potassium balance Diuretics DIGESTION | Week 6 |
| Ass. Lecturer Dr. Mohammed Ibrahim | Introduction to the GIT GIT Hormones, Salivary secretion, gastric secretion, pancreatic secretion | |
| Ass. Lecturer Dr. Mohammed Ibrahim | Secretion of bile, secretion of the small intestine Secretion of large intestine Basic principles of gastrointestinal absorption | Week 7 |
| Ass. Lecturer Dr. Mohammed Ibrahim | Absorption in the small intestine Regulation of gastrointestinal function Gastrointestinal motility | |
| Ass. Prof. Dr. Maher A. Jasim | Respiratory Physiology Functional anatomy Lung volumes and capacities | Week 8 |
| | Mechanics of breathing muscles | |

| Ass. Prof. Dr. Maher | of respiration | |
|----------------------------------|--|---------|
| A. Jasim | Pressure changes during the | |
| | respiratory Expansion of the | |
| Ass. Prof. Dr. Maher | lungs, Compliance | Week 9 |
| A. Jasim | Airway resistance Pulmonary circulation | week 9 |
| The business | Pressure Low and resistance of | |
| | pulmonary blood vessels | |
| | Alveolar ventilation | |
| | Distribution of wantilation and | |
| | Distribution of ventilation and Perfusion, Exchange of gases | |
| Ass. Prof. Dr. Maher | and diffusion capacity | |
| A. Jasim | Transport of oxygen by the blood | |
| | Transport of carbon dioxide by | |
| | the blood | |
| Ass. Prof. Dr. Maher | Control of ventilation | Week 10 |
| A. Jasim | Hypoxia, hypercapnia and | |
| | hypocapnia, Oxygen therapy | |
| | Effect of exercise, Artificial respirator | |
| | Non respiratory function of the | |
| | lungs, Pulmonary function tests, | |
| Ass. Prof. Dr. Maher A. Jasim | total and regional | |
| A. Jasiiii | Patterns of breathing, normal and abnormal | |
| Lecturer Dr. | The Cardiovascular System | Week 11 |
| Khalid Messer | Introduction to cardiovascular | |
| | physiology, Anatomical review, | |
| | autonomic supply, Blood supply Specialized tissue | |
| | Specialized tissue | |
| | Heart as pump (contractility) | |
| | The electrical activity of heart | |
| Lecturer Dr. | Action potential, fast response | |
| Khalid Messer | and slow response | |
| | The refractory periods | |
| Lecturer Dr. | THE ELECTROCARDIOGRAPHY | Week 12 |
| Khalid Messer | general background, electrical | |
| | axis PQRST waves and their | |
| | clinical significance, the leads | |
| | | |

| | cardiac arrhythmias, cellular | | |
|-------------------------------------|--|---------|--|
| | basis of cardiac arrhythmias | | |
| Lecturer Dr. Khalid Messer | The cardiac function curve The vascular function curve Methods of measuring cardiac Output, Factors regulations cardiac output | | |
| Lecturer Dr. Khalid Messer | General venous pressure and its regulation, Venous pump, reference point, the filling pressure. Hypotension and shock | Week 13 | |
| Lecturer Dr. Khalid Messer | Volume Loading mechanism Vasoconstrictor mechanism Secondary hypertension, primary hypertension (Essential) Heart failure | | |
| Lecturer Dr. Khalid Messer | Regulations of blood pressure short and long term control The pulse pressure, systolic blood pressure, diastolic blood Pressure, Koratkov sounds | Week 14 | |
| Lecturer Dr. Khalid Messer | pathophysiology of heart failure Ischemic heart disease Exercise physiology | | |
| Ass. Lecturer Dr. Latief Fayyadh | Endocrine and Reproductive Physiology Introduction | Week 15 | |
| Ass. Lecturer Dr. Latief Fayyadh | The pituitary, hypothalamic hormone, adenohypophesis, neurohypophesis, clinical correlates | | |
| The second term | | | |
| Ass. Lecturer Dr. Lati | T. | Week 16 | |
| | | | |

| Ass. Lecturer Dr. Latief Fayyadh | | |
|----------------------------------|--|---------|
| | The parathyroid, Calcium etabolism and bone physiology, clinical correlates | |
| Ass. Lecturer Dr. Latief Fayyadh | The adrenal glands, the cortex, the medulla | Week 17 |
| Ass. Lecturer Dr. Latief Fayyadh | The gonads. The tests, the ovary | |
| Ass. Lecturer Dr. Latief Fayyadh | Reproduction Pregnancy and lactation | Week 18 |
| Ass. Lecturer Dr. Latief Fayyadh | Other organs with endocrine functions, pancreas | |
| Lecturer Dr. Wesam Alfehan | Synaptic transmission EPSP and IPSP, ionic bases Convergence and divergence, spatial and temporal Neuromuscular transmission and blocking substances. | Week 19 |
| Lecturer Dr. Wesam Alfehan | | |
| Lecturer Dr. Wesam Alfehan | | Week 20 |
| Lecturer Dr. Wesam Alfehan | Autonomic Nervous System Introduction and definition, the autonomic reflex action and its comparison to the somatic | |

| Lecturer Dr. | Functional anatomy: sympathetic | Week 21 |
|---------------|---------------------------------|---------|
| Wesam Alfehan | and parasympathetic system. | |
| | The concept of membrane recepto | |
| | Chemical transmission in the | |
| | autonomic nervous system | |
| | | |

| | 1 | Ī |
|----------------------------|--------------------------------------|---------|
| | Function of the sympathetic and | |
| | parasympathetic nervous system. | |
| | Higher control of autonomic | |
| Lecturer Dr. | function: spinal, medullary, | |
| Wesam Alfehan | hypothalamic, limbic and cortica | |
| | inspotitalarine, infloie and cortica | |
| Lecturer Dr. | Body temperature regulation | Week 22 |
| Wesam Alfehan | Normal temperature and set-point | |
| | Heat production, shivering and | |
| | non-shivering thermogenesis. | |
| | non-sinvering thermogenesis. | |
| | Heat loss, hypothalamic regulation | |
| Lecturer Dr. | Of body temperature | |
| Wesam Alfehan | · · | |
| | Fever and hypothermia. | |
| Lecturer Dr. | Sensation | Week 23 |
| Wesam Alfehan | Introduction and definition, | |
| | stimulus and the adequate stimul | |
| | sensory receptors | |
| | Classification of sensory receptor | |
| | | |
| | electrical and ionic events in | |
| | receptor potential | |
| | The sensory unit, the receptive | |
| | field and cortical representation | |
| Lecturer Dr. | Coding of sensory information, | |
| Wesam Alfehan | the sensory pathways | |
| wesam Anenan | the sensory pathways | |
| Lecturer Dr. | Role of proprioceptors in reflex | Week 24 |
| Wesam Alfehan | and voluntary muscular contraction | |
| | The stretch (tendon) reflex | |
| | | |
| T (D | The Golgi tendon organ and the | |
| Lecturer Dr. | inverse stretch, Gamma efferent | |
| Wesam Alfehan | activity and muscle tone effect | |
| | (lengthening reaction) | |
| | (lengthening reaction) | |
| Lecturer Dr. | Cold and warmth sensation, | Week 25 |
| Wesam Alfehan | pain sensation | |
| | Referred pain | |
| | SPECIAL SENSES | |
| | Hearing and equilibrium | |
| Ass. Prof. Dr. Raid Al-Ani | Functional anatomy of the ear | |
| | i unctional anatomy of the cal | |

| Ass. Prof. Dr. Raid Al-Ani | Properties of the hearing system Theories or hearing Vestibular function | Week 26 |
|--|---|---------|
| Ass. Prof. Dr. Thakir Mohammed | Functional anatomy of the eye Errors of reflection: myopia, hyperopia and a stigmatism Physiology of the retina, visual fields and visual pathway | |
| Ass. Prof. Dr. Thakir Mohammed Ass. Prof. Dr. Raid Al-Ani | Visual accommodation and visual reflexes, visual acuity Color vision, cerebral cortical visual function | Week 27 |
| | Smell receptors and pathways Physiology of olfaction | |
| Ass. Prof. Dr. Raid Al-Ani | Taste receptor organs and Pathways, Physiology of taste | Week 28 |
| Lecturer Dr. Wesam Alfehan | Physiology of the spinal cord Reflexes, The cerebellum and its role in motor control and movement | |
| Lecturer Dr. Wesam Alfehan | Physiology of the hypothalamus and limbic system | Week 29 |
| Lecturer Dr. Wesam Alfehan | The brain stem and reticular formation Wakefulness and sleep | |
| Lecturer Dr. Wesam Alfehan | Cerebral control function, motor functions and sensory function Conditioned reflexes | Week 30 |
| Lecturer Dr. Wesam Alfehan | E.E.G Speech Memory | |
| | | |

Practical Class Schedule

| The teaching staff | Topics covered | |
|--|---|----------|
| | 1 | Date |
| Lecturer Dr. Ansaf Ibrahim | Introduction in | Week 1 |
| Zecturer 2111 mour 1814mm | haematology | VV COR 1 |
| | | |
| | Introduction in | |
| Ass. Lecturer Dr. Mohammed Ibrahim | haematology | |
| Lecturer Dr. Ansaf Ibrahim | Anticoagulant | Week 2 |
| Ass. Lecturer Dr. Mohammed Ibrahim | Anticoagulant | |
| Lecturer Dr. Ansaf Ibrahim | Blood films | Week 3 |
| Ass. Lecturer Dr. Mohammed Ibrahim | Blood films | |
| 7188. Ecctaror Br. Monammed Toranim | | |
| Lecturer Dr. Ansaf Ibrahim | Stains of blood | Week 4 |
| | Stains of blood | WOOK 1 |
| Ass. Lecturer Dr. Mohammed Ibrahim | Stains of blood | |
| | | |
| Lecturer Dr. Ansaf Ibrahim | Red Blood Cells (RBC _s) Count | Week 5 |
| Ass. Lecturer Dr. Mohammed Ibrahim | Red Blood Cells (RBC _s) Count | |
| | | |
| Lastered Dr. Amosf Horskins | III. (II | W/1- C |
| Lecturer Dr. Ansaf Ibrahim | Hb (Haemoglobin) estimation. | Week 6 |
| A I I D M I III I | Hb (Haemoglobin) estimation. | |
| Ass. Lecturer Dr. Mohammed Ibrahim | | |
| Lecturer Dr. Ansaf Ibrahim | PCV (Packed Cell Volume). | Week 7 |
| | | |
| Ass. Lecturer Dr. Mohammed Ibrahim | PCV (Packed Cell Volume). | |
| Lecturer Dr. Ansaf Ibrahim | ESR (Erythrocyte | Week 8 |
| Lecturer Dr. Ansar rorannii | Sedimentation Rate). | WCCK O |
| Ass. Lecturer Dr. Mohammed Ibrahim | ESR (Erythrocyte | |
| 7 155. Lecture Dr. Wondinined Totallilli | Sedimentation Rate). | |
| Lecturer Dr. Ansaf Ibrahim | Total white blood cells count | Week 9 |
| | (TLC) | |
| | | |

| Ass. Lecturer Dr. Mohammed Ibrahim | Total white blood cells count (TLC) | |
|--|---|---------|
| Lecturer Dr. Ansaf Ibrahim | Differential WBC _s count | Week 10 |
| Ass. Lecturer Dr. Mohammed Ibrahim | Differential WBC _s count | |
| Lecturer Dr. Ansaf Ibrahim Ass. Lecturer Dr. Mohammed Ibrahim | Diseases disorder of differential WBCs count Diseases disorder of differential | Week 11 |
| Lecturer Dr. Ansaf Ibrahim | WBCs count Platelets (Thrombocytes)count | Week 12 |
| Ass. Lecturer Dr. Mohammed Ibrahim | - Platelets (Thrombocytes)count | |
| Lecturer Dr. Ansaf Ibrahim | Reticulocytes count | Week 13 |
| Ass. Lecturer Dr. Mohammed Ibrahim | Reticulocytes count | |
| Lecturer Dr. Ansaf Ibrahim | Reticulocytes count | Week 14 |
| Ass. Lecturer Dr. Mohammed Ibrahim | Reticulocytes count | Week 11 |
| Se | cond Term | |
| Ass. Lecturer Dr. | Vital signs(Part 1) | Week 16 |
| Latief Fayyadh Ass. Lecturer Dr. Ahmad Talib | Vital signs(Part 1) | |
| Ass. Lecturer Dr. | Vital signs(Part 2) | Week 17 |
| Ass. Lecturer Dr. Latief Fayyadh | v itai sigiis(Fait 2) | WCCK 1/ |
| Ass. Lecturer Dr. Ahmad Talib | Vital signs(Part 2) | |
| Ass. Lecturer Dr. Latief Fayyadh | Vital signs(Part 3) in relation to exercise | Week 18 |
| | Vital signs(Part 3) in relation to | |
| | | |

| Ass. Lecturer Dr. Ahmad Talib | exercise | |
|-------------------------------------|-----------------------------------|---------|
| Ass. Lecturer Dr. Latief Fayyadh | Physical examination (general) | Week 19 |
| Ass. Lecturer Dr. Ahmad Talib | Physical examination (general) | |
| Ass. Lecturer Dr. Latief Fayyadh | Precordial examination | Week 20 |
| Ass. Lecturer Dr. Ahmad Talib | Precordial examination | |
| Ass. Lecturer Dr. Latief Fayyadh | Respiratory examination | Week 21 |
| Ass. Lecturer Dr. Ahmad Talib | Respiratory examination | |
| Ass. Lecturer Dr. Latief Fayyadh | Abdominal examination | Week 22 |
| Ass. Lecturer Dr. Ahmad Talib | Abdominal examination | |
| Ass. Lecturer Dr. Latief Fayyadh | Sensory system examination | Week 23 |
| Ass. Lecturer Dr. Ahmad Talib | Sensory system examination | |
| Ass. Lecturer Dr. Latief Fayyadh | Motor system Examination | Week 24 |
| Ass. Lecturer Dr. Ahmad Tlib | Motor system Examination | |
| Ass. Lecturer Dr. Latief Fayyadh | Cranial nerves Examination(1) | Week 25 |
| Ass. Lecturer Dr. Ahmad Talib | Cranial nerves Examination(1) | |
| Ass. Lecturer Dr. Latief Fayyadh | Cranial nerves Examination(2) | Week 26 |
| Ass. Lecturer Dr. Ahmad Talib | Cranial nerves Examination(2) | |
| Ass. Lecturer Dr. Latief Fayyadh | Electrocardiogram (ECG) | Week 27 |

| | 1 | |
|-------------------------------------|-------------------------|----------|
| Ass. Lecturer Dr. Ahmad Talib | Electrocardiogram (ECG) | |
| Ass. Lecturer Dr. Latief Fayyadh | Electrocardiogram (ECG) | Week 28 |
| Ass. Lecturer Dr. Ahmad Talib | Electrocardiogram (ECG) | |
| Ass. Lecturer Dr. | | Week 29 |
| 11551 20000101 211 | | WCCK 27 |
| Latief Fayyadh | Scientific videos | |
| | | |
| Ass. Lecturer Dr. Ahmad Talib | Scientific videos | |
| A ag I a atuman Du | Revision | Weels 20 |
| Ass. Lecturer Dr. | Revision | Week 30 |
| Latief Fayyadh | | |
| | | |
| | Revision | |
| | Kevision | |
| Ass. Lecturer Dr. Ahmad Talib | | |

Methods of assessment

| No | Exam | Type of assessment | Marks |
|----|----------------|---|-------|
| 1 | First term | Quiz in the same theoretical lectures | 3 |
| | | End term written exam (60% MCQs & 40% essay questions) | 7 |
| | | Practical exam.(Data show slides, spot diagnosis exam.) | 5 |
| 2 | Second term | Quiz in the same theoretical lectures | 3 |
| | | End term written exam (60% MCQs & 40% essay questions) | 7 |
| | | Practical exam.(Data show slides, spot diagnosis exam.) | 5 |
| 3 | Final clinical | Oral exam | 5 |
| | | Data show slides and spot diagnosis exam | 15 |
| 4 | Final written | MCQs | 30 |
| | | Essay questions | 20 |
| 5 | | Total | 100 |

Recommended book: .Guyton and hall textbook of medicalphysiology

- 1. Harper's Illustrated Biochemistry; by Robert K. Murray, Daryl K. Granner, Peter A. Mayes & Victor W. Rodwell, Lange Medical Books/McGraw-Hill, twenty-sixth edition; 2003. New York
- 2. Lippincott's. Illustrated Reviews: Biochemistry; by.. Denise R. Ferrier & Bradford Jameson, Wolters Kluwer; Sixth Edition; 2014 Philadelphia.
- 3. Theoretical lectures by Dr. Muhammad H. Al-Ajeel and Dr. Ausama Abbas Faisal.
- 4. Practical notes for students to learn biochemistry experimental by biochemistry department.
- 5. 400 MCQs in Biochemistry Answers by Dr. Muhammad H. Al-Ajeel.

Department of Chemistry and Biochemistry

Subject: Biochemistry

Academic year: Second year

Coordinator: Instructor Dr. Muhammad H. Al-Ajeel

A Head of Chemistry and Biochemistry Department

Teaching staff:

1. Dr. Muhammad H. Al-Ajeel

2. Dr. Ausama Abbas Faisal

3. Lecturer: Methal R. Al-Kubaisee

4. Lecturer: Rana T. Alani

Introduction

Biochemistry department courses covers the field of biochemistry with a focus on human physiology and includes core themes from a wide range of science subjects including General chemistry, Biochemistry and Clinical Chemistry.

Laboratory diagnostic methods will be developed throughout the courses. Students will learn practical skills in analytical and diagnostic techniques applicable in a wide range of fields including Biochemistry.

- In 2nd stage; The basic science underpinning the speciality in which the registrant practices, relevant basic clinical medicine and the fundamental principles of clinical practice.
- Finally, Clinical Chemistry will provide an advanced knowledge of the metabolism and function of Vitamins, Carbohydrates, Lipids, Proteins, Nucleic acids and hormones.
- In addition to the laboratory investigation of metabolism disorders.

A. Objectives

- The structure and function of the human body, as relevant to practice, together with a knowledge of health, disease, disorder and dysfunction, and pathology;
- The role of other professions in health and social care.
- The theoretical basis, and the variety of approaches to, assessment and intervention.

B. A detailed knowledge of:

- The basic science underpinning the speciality in which the registrant practices, relevant basic clinical Biochemistry in field of medicine and the fundamental principles of clinical practice.
- Demonstrate an advanced knowledge of the metabolism and functions of Carbohydrates, Lipids, Proteins, Nucleic acids & Hormones.
- Implement the use of biochemical tests and explain their clinical significance in the assessment of thyroid, pituitary, adrenal, hypothalamic, ovarian and testicular function.

- Demonstrate an advanced knowledge of the use of biochemical tests as tumour markers.
- Apply with advanced knowledge the use of biochemical tests and describe their clinical significance in the assessment of iron status.
- Demonstrate professional insight and knowledge into abnormalities associated with protein metabolism.

C. The ability to:

- To be able to relate biochemistry to the human body.
- To know the biomolecules' structure and their functions.
- To know the metabolism general structure and its components.
- To know the relation between clinical biochemistry and the human body's functioning.
- Identify the clinical decision which the test/intervention will inform.
- The student will know the functioning and dynamics of a clinical laboratory
- The students will know which parameters can affect the analytical results of a specimen since it is collected until it is processed.
- The students will integrate the knowledge gained on Biochemistry, Anatomy and Physiology, in order to understand the pathophysiology of disease processes and their correlation in the study of body functions.
- The students will assess the choice of analytical techniques according to the screening targets.
- The students will know which laboratory tests are common in order to help in the Haematology and Clinical Biochemistry laboratory assessment.
- The students will learn how to assess blood test results and their involvement in the assessment of different pathologies.
- The student will develop analysis, synthesis and reflective skills and will be able to related different topics,
- To learn how to manage different sources of information.

D. Biochemistry Components, duration and units of the curriculum

| No | Components | Duration | Units |
|----|----------------------|-----------|-------|
| 1 | Theoretical lectures | 90 hours | 6 |
| 2 | Practical Laboratory | 60 hours | 2 |
| 3 | Total | 150 hours | 8 |

Places of completion the curriculum:

- 1. Studying hall in the college
- 2. Laboratory for practical part in the college.
- 3. Seminar rooms for small teaching groups

Material used for completion the curriculum:

- 1. Glassware and Chemicals.
- 2. Analytical instruments.
- 3. Teaching videos

Theoretical lectures: 90 lectures, 3 hours/week

| No | Name of lecture | Objectives from the lecture by 1 hour |
|----|-----------------|---|
| 1. | Enzymes | - Classification of enzymes |
| | | - Factors affecting enzymatic reactions |
| | | - Enzymes specificity |
| 2. | | - Enzyme Structure |
| | | - Model of enzyme action |
| | | - 1-lock and key |
| | | - 2-induced fit model |
| 3. | | - Mechanism of enzyme action |
| | | - Inhibition of enzymes |
| | | - 1-reversible inhibition |
| | | - 2-irreversible inhibition |
| | | - Uses of inhibition |
| 4. | | - Factors affecting catalytic of enzymes |
| | | - Enzymes in clinical diagnosis |
| | au i i | - Enzymes and genetic diseases |
| 5. | Clinical | - Plasma enzymes |
| | enzymology | - Functional enzymes |
| | | - Non Functional enzymes |
| 6. | | - Medical importance of non Functional enzymes |
| | | - lactate dehydrogenase |
| | | - creatine kinase |
| | | - Aspartate amino transferase |
| | | - Alanine amino transferase |
| | | - Alkaline phosphate |
| | | - Nucleotide phosphate |
| | | - Gamma glutamyl transferase |
| | | - Enzyme profile in liver diseases |
| | | - Acid phophatase |
| 7 | Antioxidanta | - Amylase |
| 7. | Antioxidants | - Free radicals - Formation of Free radicals |
| 8. | | |
| Ŏ. | | - Free radicals in biological - Protection from free radicals |
| 9. | Vitamin and | The fat soluble vitamins: |
| | coenzymes | |
| | | Vitamin A |
| | | - Metabolism of vitamin A |
| | | - Releasing to the circulation |
| | | - Visual activity of vitamin A |
| | | - vitamin A deficiency |
| | | - Hypervitaminosis |

| No | Name of lecture | Objectives from the lecture by 1 hour |
|-----|--------------------|--|
| 10. | | Vitamin D (calciferol) |
| | | - Cholecalciferol (D3) - Ergosterol (D2) - Metabolism of Vitamin D |
| 11. | | - function of Vitamin D - major function |
| | | - on intestine |
| | | - on bone |
| | | - minor function |
| | | - on the kidney |
| | | - Rickets |
| 12 | | - OsteomalasiaHypervitaminosis Vitamin K |
| 12. | | Vitamin K |
| | | - Sources |
| | | - Functions of vitamin K |
| | | - Vitamin K deficiency |
| 13. | | - Deficiency of vitamin K in newborn Vitamin E (tocopherol) |
| 13. | | Vitamin E (tocopheror) |
| | | - Sources |
| | | - Structures |
| | | - Metabolism - Function of vitamin E |
| | | - Function of Vitamin E - Vitamin E deficiency |
| | | - Hypervitaminosis |
| 14. | | The water soluble vitamins |
| | | A 1: :11: 1 : 16 :: |
| | | Ascorbic acid biochemical functionThiamin and enzymatic reactions |
| 15. | | - Riboflavin biochemical function |
| 13. | | - Niacin, function and importance |
| | | - Pyridoxine ,importance of transamination |
| | | - Pantothenic acid and coenzyme |
| | | - Biotin and its role |
| 16. | | - Folic acid, function, metabolism and antagonism |
| 17. | Metabolism of | - Vitamin B12 ,mechanism of action arid anemia Calcium |
| 1/. | minerals and trace | Calciulii |
| | elements | - Function of calcium: |
| | Cicinonius | - The factors that counterbalance the degree of absorption |
| | | of calcium: |
| | | - Hormonal regulation of calcium - Controlling hormones |
| | | - Influencing hormones |
| 18. | | - Disorder of calcium metabolism |
| | | - Hypercalcaemia |
| | | - Effects on the kidneys |

| No | Name of lecture | Objectives from the lecture by 1 hour |
|-----|-----------------|---|
| | | - Effects on CNS |
| | | - Effects on stomach |
| | | - Effects on blood pressure |
| | | - Effects on heart |
| 19. | | - Causes of hypercalcaemia |
| | | - Hypocalcaemia |
| | | - Symptoms of hypocalcaemia |
| | | - Causes |
| | | - Causes of neonatal hypocalcaemia |
| 20. | | Phosphate |
| | | - Hormonal regulation: |
| | | - Function of phosphate |
| | | - Intracellular function |
| | | - Extracellular function |
| 21. | | - Hypophosphataemia |
| | | - Causes |
| | | - Clinical manifestations |
| | | - Hyperphosphataemia |
| | | - Causes |
| | | - Clinical manifestations |
| 22. | | Iron |
| | | - Iron metabolism |
| | | - Distribution of iron in the body |
| | | - Complex physiological factors |
| | | - b. Local factors in the GIT |
| | | - Iron transport in plasma |
| 23. | | - Factors affecting on the plasma iron |
| | | - concentration |
| | | - Physiological factors |
| | | - Plasma total iron-binding capacity (TIBC) |
| | | - B- Pathological factors |
| | | - iron deficiency anemia |
| 24. | | Zinc |
| | | -Zinc metabolism |
| | | - Zinc deficiency |
| | | Copper |
| | | - Copper metabolism |
| | | - copper deficiency |
| | | Magnesium |
| | | |
| | | - Metabolism of magnesium |
| | | - Magnesium deficiency |
| | | Selenium |
| | | - Metabolism of selenium |

| No | Name of lecture | Objectives from the lecture by 1 hour |
|-----|-----------------|--|
| | | - Selenium deficiency |
| 25. | Bioenergy | - Free energy |
| | | - ATP as an energy carier |
| 26. | | - Electron transport chain |
| 27. | Carbohydrates | - Oxidative Phosphorylation - Introduction to Metabolism |
| 21. | Carbonyurates | Glycolysis |
| | | |
| 20 | | - The reactions of glycolysis |
| 28. | | The Citric Acid Cycle (CAC) |
| | | -The reactions of CAC |
| 29. | | - ATP Formation in the Catabolism of Glucose |
| 30. | | - Regulation of Glycolysis &CAC pathway |
| 31. | | - Fructose & Galactose catabolism |
| 32. | | - Reoxidation of Cytoplasmic NADH. |
| 33. | | - Under aerobic conditions: Malate shuttle & Glycerol |
| | | phosphate shuttle. |
| | | - Under anaerobic conditions: The lactic acid cycle (Cori |
| 34. | | cycle) |
| 34. | | Glycogen |
| | | - Metabolism of Glycogen |
| 25 | | - Glycogen Synthesis& Breakdown |
| 35. | | - Regulation of Glycogen metabolism - Disorders of Glycogen Metabolism |
| 36. | | - Metabolism of Monosaccharides and Disaccharides |
| 50. | | - Disorders of metabolism of Mono & Disaccharides |
| 37. | | Gluconeogenesis |
| | | - Regulation of Gluconeogenesis & Glycolysis in the |
| | | liver |
| 38. | | - The Pentose Phosphate Pathway |
| 39. | | Hormones concerned with glucose homeostasis: |
| | | - Insulin |
| | | - Histilli - Glucagon. |
| 40. | | Disorders of Carbohydrate Metabolism |
| | | · |
| | | - Hyperglycemia & Diabetes mellitus (DM): Type 1& Type 2 |
| | | - Hypoglycemia. |
| | | - Diabetic ketoacidosis |
| 41. | Lipids | - Introduction |
| | _ | Fatty acids |
| | | |

| No | Name of lecture | Objectives from the lecture by 1 hour |
|-----|-----------------|--|
| | | - DE NOVO synthesis of fatty acids - Relationship between GLUCOSE METABOLISM and PALMITATE SYNTHESIS |
| 42. | | - Oxidation of Fatty Acids: (Ketogenesis) - Fuel Catabolism: Net ATP in glycolysis & β-Oxidation |
| 43. | | Ketone Bodies |
| | | - Pathway of ketogenesis in the liver - Formation, utilization, and excretion of ketone bodies - Regulation of ketogenesis |
| 44. | | Triglycerid |
| | | - Synthesis of Triglycerid - Hormonal regulation of Triglyceriddegredation. |
| 45. | | Cholesterol |
| | | - Synthesis of Cholesterol - Regulation of cholesterol synthesis |
| 46. | | Bile acid and bile salts |
| | | biosynthesis of bile acidsSynthesis of bile salts |
| | | - Degradation of cholesterol |
| 47. | | Lipoproteins |
| | | - Classification of Lipoproteins |
| 48. | | - Lipoprotein Metabolism: |
| | | - The exogenous pathway transports |
| | | - The endogenous pathway The reverse chalestered pathway |
| 49. | | - The reverse cholesterol pathway Apolipoproteines |
| 47. | | Aponpoprotenies |
| | | - Classification of Lipoproteins |
| 50. | | Disorders of Lipid Metabolism |
| | | - Primary: inherited (Familial). |
| | | - Secondary: Clinically obvious disease & Covert conditions. |
| 51. | Amino Acids | - Introduction |
| | | - Nutritionally nonessential AAs: The short biosynthetic |
| | | pathways |
| | | - The glutamate dehydrogenase reaction |
| 52. | | The glutamine synthetase reactionFormation of alanine by transamination of pyruvate |
| 54. | | - The asparagine synthetase reaction |
| 52 | | - Serine biosynthesis |
| 53. | | - Glycine biosynthesis: from Serine, or choline Biosynthesis of proline from glutamate |
| | | - Biosynthesis of Tyrosine from phenylalanine |
| | | |

| No | Name of lecture | Objectives from the lecture by 1 hour | | |
|-----|-----------------|--|--|--|
| 54. | | Amphibolic intermediates formed from the carbon skeletons of AAs | | |
| | | - Catabolism of Gln , His , Arg& Pro to α-Ketoglutarate - Catabolism of Val to Succinyl-CoA - Catabolism of L-Asparginine to Oxaloacetate | | |
| 55. | | - Catabolism of Cystine& 4-OH-Pro to Pyruvate - Catabolism of Ile, Leu&Thr to Acetyl-CoA - Catabolism of Met to Proponyl-CoA | | |
| 56. | | - Proteins- Digestion of dietary proteins- Catabolism of Amino Acids | | |
| 57. | | - Biosynthesis of Urea - Urea Cycle | | |
| 58. | | Metabolic defects in amino acid metabolism | | |
| | | - Phenylketonuria (PKU)- Maple syrup urine disease (MSUD)- Albinism- Homocystinuria | | |
| 59. | Nucleic Acids | - Hyperammonemia- Constitution and general properties of nucleic acid | | |
| | Nucleic Acids | | | |
| 60. | | - Metabolism of purine | | |
| 61. | | - Metabolism of pyramidine | | |
| 62. | | - Catabolism of purine &pyramidine | | |
| 63. | | - Hyperuricamia and gout disease | | |
| 64. | | - Biochemical mutations - Porphyrin metabolism - Porphyrin disorder | | |
| 65. | | Protein Synthesis | | |
| | | The genetic codeComponents required for translationCodon recognition | | |
| 66. | | Steps in protein synthesis | | |
| | | - Initiation - Elongation - Termination - Polysomes - Protein targeting Regulation of translation | | |
| 67. | Hormones | - Introduction - Classification of Hormones | | |

| No | Name of lecture | Objectives from the lecture by 1 hour |
|-----|--------------------------|---|
| 68. | | - Mechanisms of Hormone Action |
| 69. | | Hormones secreted by the Human |
| | | -Endocrine Glands: Hypothalamus Pituitary; Posterior & Anterior |
| 70. | | - Thyroid Gland - Parathyroid Gland |
| | | - Pancreas Gland |
| | | - Adrenal Glands: Medulla & Cortex |
| 71. | | - Regulating Plasma Hormone Levels |
| 72. | | - Clearance of Hormone from the Body - Male & Female reproductive |
| | | |
| 73. | | -Thyroid hormones & disorders. |
| 74. | | - Hormones Assay |
| 75. | Digestion and absorption | - Digestion of carbohydrates |
| 76. | | - Absorption of carbohydrates |
| 77. | | - Digestion of protein |
| 78. | | - Absorption of protein |
| 79. | | - Digestion of fats and absorption |
| 80. | | - Mechanism of detoxification |
| 81. | Special Topics | Globular Proteins |
| | | - Structure and function of hemoglobin |
| 82. | | Liver function |
| | | -Liver test |
| | | Disorder |
| 83. | | Kidney function |
| | | - kidney test |
| 0.4 | | - Disorder |
| 84. | | Intermediary Metabolism Cancer |
| | | - Glycolysis and respiration in cancer cells |
| | | - Convergence and deletions |
| | | - Correlation of biochemical parameters with tumor growth |
| | | - Polyamine |
| 85. | | Tumor markers |

| No | Name of lecture | Objectives from the lecture by 1 hour |
|-----|-----------------|--|
| | | - Introduction - Alpha-fetoprotein (AFP) - Beta-2-microglobulin (B2M) - Beta-human chorionic gonadotropin (Beta-hCG) - CA15-3/CA27.29: Breast cancer - CA19-9: Pancreatic cancer, gallbladder cancer, bile duct cancer, and gastric cancer - CA-125: Ovarian cancer - Calcitonin: Medullary thyroid - cancerryonic antigen (CEA): Colorectal cancer - PSA: prostatic cancer - And others |
| 86. | | Biochemistry of Extracellular & Intracellular Communication - Membranes: Structure & Function - Intracellular fluid (ICF) & Extracellular fluid (ECF) - The Ionic Compositions of Intracellular & Extracellular Fluids Differ Greatly - Cellular membranes compositions. |
| 87. | | Multiple Myeloma - Diagnosis by Electrophoresis Components of Serum Protein Electrophoresis |
| 88. | | The chemistry of elderly |
| 89. | | Pediatric biochemistry |
| 90. | | Alcohol poisoning |

Practical Laboratory: 60 hours, 2hours/week

- 1- The use of laboratory.
- 2- Enzyme nature catalysis.
- 3- Enzyme specificity and factors affecting on enzyme activity.
- 4- Photometry.
- 5- Saliva.
- 6- Blood sugar estimation.
- 7- Diagnosis of diabetes mellitus.
- 8- Vitamins. (2 weeks)
- 9- Colorimetry.
- 10- Determination of serum potassium.
- 11- Determination of serum calcium.
- 12- Determination of serum phosphate.
- 13- Determination of serum Magnesium.
- 14- Determination of serum cholesterol.
- 15- Determination of serum Triglyceride..
- 16- Determination of serum HDL.
- 17- Determination of total protein.
- 18- Determination of serum uric acid.
- 19- Determination of serum urea.
- 20- Determination of serum GOT.
- 21- Determination of serum GPT.
- 22- Determination of serum CPK.
- 23- Determination of serum LDH.
- 24- Determination of serum alkaline phosphatase.
- 25- Determination of serum Bilirubin.
- 26- Determination of serum Creatinine.
- 27- Estimation of TSH level by ELIZA.
- 28- Estimation of T3 level by ELIZA.
- 29- Estimation of T4 level by ELIZA.

Methods of assessment

| No | Exam | Type of assessment | | Marks |
|----|-------------|--------------------|---|-------|
| 1 | First term | | Quiz in the same theoretical lectures | 1 |
| | | Theoretical | Seminar | 1 |
| | | part | End term written exam (60% MCQs & 40% essay questions) | 8 |
| | | | Practical exam | 1 |
| | | Practical | Reports | 1 |
| | | part | Quiz | 1 |
| | | | Theoretical written exam | 2 |
| 2 | Second term | | Quiz in the same theoretical lectures | 1 |
| | | Theoretical | Seminar | 1 |
| | | part | End term written exam (60% MCQs & 40% essay questions) | 8 |
| | | | Practical exam | 1 |
| | | | Reports | 1 |
| | | Practical | Quiz | 1 |
| | | part | Theoretical written exam | 2 |
| 3 | | Theoretical part | End term written exam (60% MCQs & 40% essay questions) | 55 |
| 4 | Final | Practical part | End term written exam (60% MCQs & 40% essay questions) for experimental laboratory. | 15 |
| 5 | | l | Total | 100 |

Recommended References

- 6. Harper's Illustrated Biochemistry; by Robert K. Murray, Daryl K. Granner, Peter A. Mayes & Victor W. Rodwell, Lange Medical Books/McGraw-Hill, twenty-sixth edition; 2003. New York
- 7. Lippincott's. Illustrated Reviews: Biochemistry; by.. Denise R. Ferrier & Bradford Jameson, Wolters Kluwer; Sixth Edition; 2014 Philadelphia.
- 8. Theoretical lectures by Dr. Muhammad H. Al-Ajeel and Dr. Ausama Abbas Faisal.
- 9. Practical notes for students to learn biochemistry experimental by biochemistry department.
- 10.400 MCQs in Biochemistry Answers by Dr. Muhammad H. Al-Ajeel.

Department of Human Anatomy

Subject: Histology

Academic year: Second year

Course coordinator: Prof. Dr. Mahdi Salah Shalal

Professor and Histology and Embryology, Department of Human Anatomy

Teaching staff:

• One Professor.

Two lecturers.

One assistant lecturers.

Allocated marks: 100 marks.

Course duration: One academic year.

Introduction:

Human Histology is a laboratory-based study that investigates the microscopic structure of the different human body systems. An understanding of human body tissues provide a fundamental and accurate early pathological diagnosis which help of proper treatment of patients with medical problem. The purpose of this curriculum is to provide a basic detailed plan for teaching human Histology in our college. In updating our Histology curriculum, Unnecessary details and sophisticated clinical data were avoided from the Curriculum

The Anatomy Department in the College of Medicine, University of Anbar hosts the medical students on training course for 135 hours/yr. Our aim is to enhance the knowledge of our students and let them be aware about the first steps in studying the tissue of the human body to asses them in their clinical life.

Overall Aims:

The course is designed to introduce the student to:

- 1. Medical terminology and methods used in gathering information.
- 2. Understanding of the structure and organization of the human body.
- 3. The correlation between structure and function.
- 4. An awareness of how Histological knowledge may be applied effectively in and scientific context.
- 5. Understand how to differentiate between normal and pathological tissue.
- 6. The beginnings of an understanding of how to pursue independent and self-learning and how to work effectively in small groups.

General Objectives:

At the end of the course students should be able to:

- 1. Describe the structural of human body cells and the components of the different organs.
- 2. Describe the different type of tissues like epithelial tissue, connective tissue, muscular tissue and the nervous tissue of different organs of human body.
- 3. The correlation between the structure and the function of the body organs.
- 4. Learning of the blood tissue and bone marrow component and the ways of the formation of the cells of different body tissue.
- 5. The ability to know the immunity cells and the different immunity organs and the other mean of body defense methods.
- 6. The ability of clinical and disease application of the major histological information.

Components, duration and units of the curriculum

| No | Components | Duration | Unit |
|----|----------------------|-----------|------|
| 1 | Theoretical lectures | 45 hours | 3 |
| 2 | Practical Sessions | 90 hours | 3 |
| 3 | Total | 135 hours | 6 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. Anatomical lab in the college

Material used for completion the curriculum:

- 1. Audiovisual aids.
- 2. Interaction with the students through questions.
- 3. Power point presentation.
- 4. Microscopes
- 5. Teaching microscope
- 6. Glass slides of human body tissue.
- 7. Computer.
- 8. Data show.
- 9. Histological charts.
- 10. Diagrams and posters.

Syllabus:

Teaching Techniques:

Teaching will be conducted using the following techniques:

- 1. Theoretical Sessions:
 - lectures were designed to cover most of topics of the histological of human body.
 - The time of the lecture is 60 minutes.
 - There are 2 theoretical lecture/week for the first term and 1 lecture/week for the second term.
- 2. Practical Sessions:
 - The practical sessions follow the theory lectures in the same week.
 - The students are divided into 2 groups (A, B).
 - Each group is subdivided into 6 subgroups.
 - The time of each session is 3 hours.
 - There are one session/ week

| Week | Subject |
|------|--|
| | |
| 1 | The blood tissue: Blood leukocyte: differential diagnosis, normal percentage, |
| | erythrocytes: shape, structure and function, blood platelets: structure and |
| | function. |
| 2 | Myeloid tissue: General structure, erythropoesis, granulopoesis, structure and |
| | development of blood platelets. |
| 3 | Nervous tissue: Constituents of nervous tissue, neurons: structure and |
| | classification, organoids of neurons, axons and dendrites. |
| 4 | Nervous tissue: Supporting cells in CNS and PNS, synapses, nerve fibers, |
| | cerebrospinal and autonomic ganglia. |
| 5 | Cardiovascular system: Blood vessels: types of arteries, types of veins, |
| | venules, types of capillaries, sinusoids, and arteriovenous anastomosis. |
| 6 | Cardiovascular system: Wall of the heart, cardiac valves, and pulse |
| | conducting system. |
| 7 | Lymphatic system: Lymphatic vessels, lymphatic organs, tonsils, lymph |
| | nodes, and hemolymph nodes |
| 8 | Lymphatic system: Thymus, spleen: the different theories of arterio-venous |
| | circulation, and lymphatic nodules in other non lymphatic organs. |
| 9 | Respiratory system: Nasal cavity, vestibular region, respiratory, region |
| | olfactory region, larynx, and trachea. |
| 10 | Respiratory system: Lung: bronchi, bronchioles, alveolar ducts, alveoli, |
| | interaleveolar septum, and pleura. |
| 11 | Digestive system: Oral cavity, lip, tongue, lingual papillae, and esophagus. |
| 11 | Digestive system. Orar cavity, np, tongue, miguar papmae, and esophagus. |
| 12 | Digestive system: Stomach: cardiac portion, fundic portion, pyloric portion, |
| | and small intestine. |
| 13 | Digestive system: Duodenum, jejunum, ileum, large intestine: colon, and |
| | recto anal junction. |
| 14 | Digestive system: Accessory glands: liver, and pancreas. |
| | |

| 15 | Revision and examination |
|----|--|
| 16 | Urinary system: Unipyramidal kidney, multipyramidal kidney: general microscopic structure, nephron: portions and function. |
| 17 | Urinary system: Guxtaglomerular complex: portions and function, ureter, urinary bladder, and urethra. |
| 18 | Endocrine system: Pituitary gland: embryonic origin, adenohypophysis and endocrine cell types, neurohypophysis, hypothalamic portion. |
| 19 | Endocrine system: Thyroid gland: structure and function, adrenal gland: structure and function, parathyroid gland: structure and function, endocrine cells in other organs |
| 20 | Male reproductive system: Histological structure of testis, seminiferous tubules, spermatozoa development, adult spermatozoa, interstitial cells. |
| 21 | Male reproductive system: Epididymis, ductus deferens, prostate gland, vesicular gland, bulbourethral gland. |
| 22 | Male reproductive system: Penis and spermatic cord. |
| 23 | Female reproductive system: Histological structure of ovary, and ovarian follicle development. |
| 24 | Female reproductive system: Ovulation, corpus luteum and function oviduct portions. |
| 25 | Female reproductive system: Histological structure of uterus, cyclic changes in the endometrium, cervix, vagina, mammary gland and functional conditions. |
| 26 | Sensory organs: Eye: histological structure: cornea, sclera, choroid, ciliary body, iris, retina, eyelid. |
| 27 | Sensory organs: Ear: histological structure of internal ear: osseous labyrinth, membranous labyrinth, cochlear duct, organ of corti. |
| 28 | Skin: Epidermis, dermis, hair follicles: structure, classification, and arrangement. |
| 29 | Skin: Skin glands: sebaceous gland, sweat glands, arrector pili muscle, Nail. |
| 30 | Revision and examination |

Methods of assessment

| No | Exam | Type of assessment | | Marks |
|----|-------------|--------------------|---|-------|
| 1 | First term | Theoretical part | Quizzes in the same theoretical lectures | 2 |
| | | | End term written exam (60% MCQs &/or EMQ & 40% essay questions) | 8 |
| | | Practical part | Practical exam | 5 |
| 2 | Second term | Theoretical part | Quizzes in the same theoretical lectures | 2 |
| | | | End term written exam (60% MCQs &/or EMQ & 40% essay questions) | 8 |
| | | Practical part | Practical exam | 5 |
| 3 | Final | Theoretical part | End term written exam (60% MCQs &/or EMQ & 40% essay questions) | 50 |
| 4 | | Practical part | Practical exam | 20 |
| 5 | | Total | | 100 |

Suggested Reading List:

- 1. Junqueira's Basic Histology By Mescher
- 2. Atlas of Histology By Eroschenko

Department of Human Anatomy

Subject: Anatomy

Academic year: Second year

Course coordinator: Assist. Prof. Dr. Adnan Hammad Mahdi

Assistant Professor and Head of Anatomy and Histology Department

Teaching staff:

1. Three assistant professors.

2. Five lecturers.

3. Five assistant lecturers.

Allocated marks: 100 marks.

Course duration: One academic year.

Introduction:

Human Anatomy is a laboratory-based study that investigates the structure of the human body. Topics covered will include the basic organization of the body and major body systems along with the impact of diseases on certain systems. We are constructed to introduce the basics of anatomy and the principles of dissection to the medical students. An understanding of human anatomy provides a fundamental framework for the accurate diagnosis and proper treatment of patients with medical problem, a significant population of any medical practice. The purpose of this curriculum is to provide a basic detailed plan for teaching human anatomy in our college, Unnecessary details and sophisticated clinical data were avoided from the Curriculum, regarding this as a first step in updating our anatomy curriculum in comparison with other worldwide. The curriculum also describe the subjects and topics in clinical anatomy given for medical student.

The Anatomy Department in the College of Medicine, University of Anbar hosts the medical students on training course for 210 hours/year. Our aim is to enhance the knowledge of our students and let them be aware about the first steps in studying human body to asses them in their clinical life.

To achieve this purpose, hard work and appropriate methods of learning were carried out by all anatomy academic staff.

Overall Aims:

The course is designed to introduce the student to:

- 1. Medical terminology and methods used in gathering information.
- 2. Understanding of the structure and organization of the human body.
- 3. The correlation between structure and function.
- 4. An awareness of how anatomical knowledge may be applied effectively in clinical and scientific context.
- 5. The beginnings of an understanding of how to pursue independent and self-learning and how to work effectively in small groups.

General Objectives:

At the end of the course students should be able to:

- 1. Describe the structural components of the different regions of the human body.
- 2. Describe the basic anatomical structure of the different organs and systems of the human body.
- 3. Recognize the surface landmarks of the underlying bones, muscles and tendons, and internal structures (main nerves, vessels and viscera).
- 4. Enumerate the different branches of nerves and vessels.
- 5. Recall the actions of the different muscles.
- 6. Distinguish the movements of different joints and the muscles responsible for each movement.
- 7. Outline the major clinical applications of anatomical facts.
- 8. Predict clinical signs of nerve injuries based on their normal anatomy.

Components, duration and units of the curriculum

| No | Components | Duration | Unit |
|----|----------------------|-----------|------|
| 1 | Theoretical lectures | 60 hours | 4 |
| 2 | Clinical course | 150 hours | 5 |
| 3 | Total | 210 hours | 9 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. Anatomical lab in the college

Material used for completion the curriculum:

- 1. Audiovisual aids through animations and diagrams.
- 2. Interaction with the students through questions.
- 3. Power point presentation.
- 4. Cadavers
- 5. Skeletons
- 6. Individual bones
- 7. Pre-dissected specimens
- 8. Plastic specimens
- 9. Radiological films (Plain X-ray, CT scan and MRI films)
- 10. Diagrams and posters
- 11. Video tapes and movies.
- 12. Anatomage table.

Syllabus:

Teaching Techniques:

Teaching will be conducted using the following techniques:

- 1. Theoretical Sessions:
 - lectures were designed to cover most of topics in human anatomy. In addition to hints on surface anatomy, Radiology, clinical applications are given whenever appropriate.
 - The time of the lecture is 50 minutes.
 - There are 2 lecture/week and one discussion lecture/week.
- 2. Practical Sessions:
 - The practical sessions follow the theory lectures in the same week.
 - The students are divided into 2 groups (A, B).
 - Each group is subdivided into 6 subgroups.
 - The time of each session is 2.5 hours.
 - There are 2 session / week.

| | A: The Head and neck: Theory 20 hr., Discussion 10 hr., Practical 60 hr. | | | | |
|------|--|--|--|--|--|
| week | Topic | Objective | | | |
| 1 | The Neck | TO STUDY: - Skin - Cutaneous Nerves - Greater occipital nerve - Lesser occipital nerve - Greater auricular nerve - Transverse cutaneous nerve - Supraclavicular nerve - Superficial Fascia - Platysma - Superficial Veins - External jugular vein and its tributaries - Anterior jugular vein - Superficial Lymph Nodes - Deep Cervical Fascia | | | |

| | | - Axillary Sheath | |
|---|--|--|--|
| | | - Carotid Sheath | |
| | | TO STUDY: | |
| | | - Sternocleidomastoid | |
| | | - Posterior triangle of the neck | |
| | | - Content of the posterior triangle of the neck | |
| | | - Arteries: Subclavian artery (third part), Superficial cervical artery, suprascapular artery, occipital artery. | |
| | | -Veins: External jugular vein and its tributaries, Subclavian Vein | |
| | The Triangles | -Nerves: Brachial plexuses, Spinal part of accessory nerve, branches of the cervical plexus-Anterior Triangle of the Neck and its contents | |
| 2 | of the Neck | - Digastric muscle | |
| | | - Stylohyoid muscle | |
| | | - Digastric triangle | |
| | | - Carotid triangle and its contents | |
| | | - Muscular triangle and its contents | |
| | | - Infrahyoid muscles | |
| | | - Sternohyoid | |
| | | - Sternothyroid | |
| | | - Thyrohyoid | |
| | | | |
| | | TO STUDY: | |
| | | - Common Carotid Artery | |
| 3 | Main Arteries and Nerves of the Neck | -External Carotid Artery, its relations and branches | |
| | | -Internal Carotid Artery and its relation | |
| | | -Main Veins of the Neck | |
| | | -Internal Jugular Vein, its relations and tributaries | |

| | | -Main Lymph nodes of the Neck |
|---|----------------|--|
| | | -Deep cervical lymph nodes |
| | | - Main Nerves of the Neck |
| | | -Vagus nerve and its branches |
| | | -Accessory nerve |
| | | -Hypoglossal nerve |
| | | -Cervical of the Sympathetic Trunk Part |
| | | -Superior cervical ganglion and its branches |
| | | -Middle cervical ganglion and its branches |
| | | -Inferior cervical ganglion and its branches |
| | | -Cervical Plexus |
| | | -cutaneous branches |
| | | -Muscular branches |
| | | -Phrenic nerve |
| | | TO STUDY: |
| | | -Thyroid gland, its lobes, relations, blood supply, and lymph drainage |
| | | -Parathyroid glands and its blood supply |
| | | -Trachea, its relations, blood supply, and nerve supply |
| | | -Esophagus, its relations, blood supply, and nerve supply |
| | Viscera of the | -The Root of the Neck |
| 4 | Neck | -Scalenus anterior and its relations |
| | | -Scalenus medius |
| | | -Scalenus posterior |
| | | -Subclavian artery |
| | | -First part, its relations and branches |
| | | -Second part, its relations and branches |
| | | -Third part |
| | | |

| | | -Subclavian vein and its relations |
|---|----------|--|
| | | -Thoracic Duct |
| | | -Lymph Drainage of the Head and Neck |
| | | -Regional groups of lymph nodes |
| | | -Deep cervical lymph nodes |
| | | TO STUDY: |
| | | -The Scalp and its structure |
| | | -Muscles of the scalp |
| 5 | The Head | -Sensory nerve supply of the scalp |
| | | -Arterial supply of the scalp |
| | | -Venous drainage of the scalp |
| | | -Lymph drainage of the scalp |
| | | TO STUDY: |
| | | -Skin of the face |
| | The Face | -Sensory nerves of the face |
| | | -Ophthalmic nerve and its branches |
| | | -Maxillary nerve and its branches |
| | | -Mandibular nerve and its branches |
| | | -Arterial supply of the face |
| 6 | | -Facial artery and its branches |
| | | -Venous drainage and its branches |
| | | -Facial vein and its tributaries |
| | | -Lymph drainage of the face |
| | | -Bones of the face |
| | | -Muscle of the face (muscles of the facial expression) |
| | | -Muscles of the eyelids |
| | | -Muscles of the nostrils |

| | | -Muscles of the lips and cheeks |
|---|-------------|---|
| | | TO STUDY: |
| | | -Parotid salivary gland |
| | | -Type and position of the gland |
| | | -Shape, lobes and processes of the gland |
| | | -Parotid duct |
| | | -Structures within the parotid gland |
| | | -Relations of the parotid gland |
| | | -Blood supply, lymph supply, and nerve supply of the gland. |
| | | -Muscles of Mastication |
| | | -Masseter muscle |
| | | -The Temporal and infratemporal Fossae |
| | | -Contents of the temporal fossa |
| | The Parotid | -Temporalis |
| 7 | Region | -Temporal fascia |
| | | -Deep temporal nerves |
| | | -Auriculotemporal nerve |
| | | -Superficial temporal artery |
| | | -Contents of the infratemporal fossa |
| | | -Lateral pterygoid |
| | | -Medial pterygoid |
| | | -Mandibular division of the trigeminal nerve |
| | | -Chorda tympani |
| | | -Maxillary artery |
| | | -Pterygoid venous plexus |
| | | -Maxillary vein |
| | | -Temporomandibular Joint |

| | | -Articulation |
|---|--------------------------------|---|
| | | -Type of joints |
| | | -Ligaments |
| | | -Nerve supply and movements |
| | | -The mandible |
| | | -The hyoid bone |
| | | TO STUDY: |
| | | -Muscles of the submandibular region |
| | | -Digastric |
| | | -Mylohyoid |
| | | -Hyoglossus |
| | | -Geniohyoid |
| | The | -Genioglossus |
| 8 | submandibular region | -Styloglossus |
| | | -Salivary glands |
| | | -Submandibular gland |
| | | -type and parts of the gland |
| | | -Relations of the superficial and deep parts. |
| | | -Submandibular duct |
| | | -Blood supply, lymph drainage, and nerve supply of the gland. |
| | | TO STUDY: |
| | | - Sublingual gland |
| | The Submandibular region | -Type and location |
| 9 | | -Relations |
| | | -Sublingual duct |
| | | -Blood supply, lymph drainage, and nerve supply of the gland |
| | | -Nerves of the submandibular regions |

| | | -Lingual nerve and its branches |
|----|-----------|---|
| | | -Submandibular ganglion |
| | | -Glossopharyngeal nerve and its branches |
| | | -Hypoglossal nerve and its branches |
| | | -Blood vessels of the submandibular region |
| | | -Facial artery and its branches and the facial vein |
| | | -Lingual artery and its branches and the lingual vein |
| | | TO STUDY: |
| | | Composition |
| | | -Anterior view of the skull |
| | | -Lateral view of the skull |
| | | -Posterior view of the skull |
| | | -Superior view of the skull |
| | | -Inferior view of the skull |
| | | -Neonatal skull |
| | | -The cranial cavity |
| | | -Vault of the skull |
| 10 | The Skull | -Interior of the base of the skull |
| | | -Anterior cranial fossa |
| | | -Middle cranial fossa |
| | | -Posterior cranial fossa |
| | | -The meninges |
| | | -Dura mater of the brain |
| | | -Archnoid mater of the brain |
| | | -Pia mater of the brain |
| | | -The venous blood sinuses |
| | | -Superior sagittal sinus |
| | | -Inferior sagittal sinus |

| | | -Straight sinus |
|-------|--------------------|--|
| | | -Transverse sinus |
| | | -Sigmoid sinus |
| | | -Occipital sinus |
| | | -Cavernous sinus |
| | | -Superior and inferior petrosal sinuses |
| | | -Hypophysis cerebri |
| | | -Location and description and its blood supply |
| 11 | | Revision & Examination |
| B: Th | e Neuroanatomy | : Theory 20 hrs, discussion 10 hrs, practical 30 Hrs |
| | | TO STUDY: |
| | | - Protection and coverings. |
| | The Spinal Cord | - Meninges of the spinal cord. |
| | | - Gross appearance of the spinal cord. |
| | | - Structure of the spinal cord: |
| | | - Nerve cell groups in the anterior gray columns. |
| | | - Nerve cell groups in the posterior gray column. |
| | | - Nerve cell groups in the lateral gray column. |
| 12 | | - The gray commissure and the central canal. |
| | | - The white matter and its structure. |
| | | - The ascending tracts of the spinal cord and their anatomical organization. |
| | | - the function of the ascending tracts. |
| | | - Lateral Spinothalamic Tract. |
| | | - Anterior Spinothalamic Tract. |
| | | - Fasciculuc Gracilis and Fasciculus Cuneatus. |
| | | - Posterior Spinocerebellar Tract. |
| | | - Anterior spinocerebellar Tract. |

| | | TO STUDY: |
|----|---------------------------------------|--|
| | | - Other ascending Pathways |
| | | - Spinotectal Tract. |
| | | - Spinoreticular Tract. |
| | | - Spino-olivary Tract. |
| | | - Visceral Sensory Tract. |
| | | - The descending tract of the spinal cord and their anatomical organization. |
| | | - Function of the descending tracts. |
| 13 | The spinal cord | - Corticospinal Tract. |
| | | - Reticulospinal Tracts. |
| | | - Tectospinal Tract. |
| | | - Rubrospinal Tract. |
| | | - Vestibulospinal Tract. |
| | | - Olivospinal Tract. |
| | | - Descending autonomic fibers. |
| | | - Intersegmental tracts. |
| | | - Reflex arc. |
| | | - Dermatome |
| | | TO STUDY: |
| | The Brain stem- The medulla oblongata | - Cranial meninges. |
| | | - Venous blood sinuses. |
| | | - The brainstem. |
| 14 | | - Gross appearance of the medulla oblongata. |
| | | - Level of decussation of the pyramid. |
| | | - Level of Decussation of Lemnisci. |
| | | - Level of the Olives. |
| | | - Olivary Nuclear Complex. |

| | | - Vestibulocochlear Nuclei. |
|----|----------------------------|--|
| | | - The ambiguus nucleus. |
| | | - Central gray matter. |
| | | - Level Just Inferior to the Pons. |
| | | TO STUDY: |
| | | - Internal Structure of the Pons. |
| | | - Transverse section through the caudal part. |
| | | - Transverse section through the cranial part. |
| | | - Gross Appearance of the Midbrain. |
| | | - The Internal Structure of the Midbrain. |
| 15 | The Pons, the Midbrain and | - Transverse Section at the Level of the Inferior Colliculi. |
| | the cerebellum | - Transverse Section at the Level of the Superior Colliculi. |
| | | - Gross Appearance of the Cerebellum. |
| | | - Structure of the Cerebellum. |
| | | - Structure of the Cerebellar Cortex. |
| | | -Functional Areas of the Cerebellar Cortex |
| | | - Intracerebellar Nuclei. |
| | | TO STUDY: |
| | | - Cerebrum and its subdivisions. |
| | The cerebrum | - Diencephalon and its gross features. |
| | | - Thalamus and its subdivisions. |
| 16 | | - Nuclei of the thalamus. |
| | | - Anterior part. |
| | | - Medial part. |
| | | - Lateral part. |
| | | - Dorsal tier of the nuclei. |
| | | - Ventral tier of the nuclei. |

| | | - Other nuclei of the thalamus. |
|----|----------------------|---|
| | | - Intralaminar nuclei. |
| | | - Midline nuclei. |
| | | - Reticular nuclei. |
| | | - Medial geniculate body. |
| | | - Lateral geniculate body. |
| | | TO STUDY: |
| | | - subthalamus |
| | | - Epithalamus. |
| | | - Habenular nucleus. |
| | | - Pineal body. |
| | The cerebrum | - Hypothalamus. |
| | | - Hypothalamic nuclei. |
| | | - Medial zone. |
| | | - Lateral zone. |
| 17 | | - Relations of the hypothalamus. |
| | | - Optic chiasma. |
| | | - Tuber cinereum. |
| | | - Mammillary bodies. |
| | | - Third ventricle. |
| | | - General appearance of the cerebral hemispheres. |
| | | - Superolateral surface of the hemisphere. |
| | | - Medial and inferior surfaces of the hemisphere. |
| | | - Internal structure of the cerebral hemisphere. |
| | | - Lateral ventricle. |
| | The Basal nuclei. | TO STUDY: |
| 18 | | - Corpus striatum. |
| | | - Caudate nucleus |
| L | | |

| | | - Lentiform nucleus |
|----|-------------------------------|---|
| | | - Amygdaloid nucleus. |
| | | - Claustrum. |
| | | - White matter of the cerebral hemispheres. |
| | | - Commissure fibers. |
| | | - Association fibers. |
| | | - Projection fibers. |
| | | - Septum pellucidum. |
| | | - Ventricles of the brain. |
| | | - Blood supply of the brain. |
| | | - Internal carotid artery. |
| | | - Vertebral artery. |
| | | - Circle of Willis. |
| | | - Veins of the brain. |
| | | TO STUDY: |
| | The Cranial nerves | - Olfactory nerve |
| | | - Optic nerve. |
| | | - Oculomotor nerve. |
| | | - Trochlear nerve. |
| 19 | | - Trigeminal nerve. |
| | | - Abducent nerve. |
| | | - Vestibulocochlear nerve. |
| | | - Glossopharyngeal nerve. |
| | | - Vagus nerve. |
| | | - Accessory nerve. |
| | | - Hypoglossal nerve. |
| 20 | The Functional | TO STUDY: |
| 20 | areas of the cerebral cortex. | - Functional area of the cerebral cortex. |

| | | - Autonomic nervous system. | | | |
|-------|--|--|--|--|--|
| | | - Brain injury | | | |
| C:The | C:The Abdomen and Pelvis: Theory 20 hrs, discussion 10 hrs, practical 60 hrs | | | | |
| | | TO STUDY: | | | |
| | | - Bones. | | | |
| | | - Lumbar vertebrae. | | | |
| | | - Sacrum. | | | |
| | | - Coccyx. | | | |
| | | - Hip bones. | | | |
| | | - Structure of the anterior abdominal wall. | | | |
| | | - Skin. | | | |
| | | - Superficial fascia. | | | |
| | | - Deep fascia. | | | |
| | | - Muscles of the anterior abdominal wall. | | | |
| | The Structure | - External oblique muscle. | | | |
| 21 | of the abdominal wall | - Internal oblique muscle. | | | |
| | | - Transversus abdominis. | | | |
| | | - Rectus abdominis. | | | |
| | | - Pyramidalis. | | | |
| | | - Rectus sheath. | | | |
| | | - Function of the anterior abdominal wall. | | | |
| | | - Fascia transversalis. | | | |
| | | - Extraperitoneal fat and the parietal peritoneum. | | | |
| | | - Nerves of the anterior abdominal wall. | | | |
| | | - Arteries of the anterior abdominal wall. | | | |
| | | - Veins of the anterior abdominal wall. | | | |
| | | - Superficial veins. | | | |
| | | - Deep veins. | | | |
| | | | | | |

| | - Lymph drainage of the anterior abdominal wall. | | | |
|----|--|--|--|--|
| | | - Superficial lymph vessels. | | |
| | | - Deep lymph vessels. | | |
| | | TO STUDY: | | |
| | | - Inguinal canal | | |
| | | - Femoral sheath and canal. | | |
| | | - Male external genital organs. | | |
| | | - Spermatic cord and its structure. | | |
| | | - Vas deference. | | |
| | | - Testicular artery. | | |
| | | - Testicular vein. | | |
| | The Inguinal canal | - Lymph vessels. | | |
| | | - Covering of the spermatic cord. | | |
| | | - Scrotum. | | |
| 22 | | - Testis. | | |
| | | - Epididymis. | | |
| | | - Blood supply of the testis and epididymis. | | |
| | | - Lymph drainage of the testis and epididymis. | | |
| | | - Penis. | | |
| | | - Root of the penis. | | |
| | | - Body of the penis. | | |
| | | - Glans penis. | | |
| | | - Dorsal vessels and nerves of the penis. | | |
| | | - Structure of the posterior abdominal wall. | | |
| | | - Psoas muscle. | | |
| | | - Quadratus lumborum muscle. | | |
| | | - Iliopsoas muscle. | | |
| | | - Fascial lining of the anterior abdominal wall. | | |

| | | TO STUDY: |
|----|---------------|--|
| | | - Peritoneum. |
| | | - Intraperitoneal and retroperitoneal relationships. |
| | | - Peritoneal ligament, Omenta, and mesenteries. |
| | | - Peritoneum as seen on transverse section of the abdomen. |
| 23 | The Abdominal | - Peritoneum as seen on sagittal section of the abdomen. |
| 23 | Cavity | - Nerve supply of the peritoneum. |
| | | - Esophagus (abdominal part). |
| | | - Gastroesophageal sphincter. |
| | | - Stomach. |
| | | - Blood supply of the stomach. |
| | | - Nerve supply of the stomach. |
| | The intestine | TO STUDY: |
| | | - Small intestine |
| | | - Duodenum. |
| | | - Parts of the duodenum. |
| | | - Mucous membrane and duodenal papillae. |
| | | - Blood and nerve supply and lymph drainage. |
| | | - Jejunum and ileum. |
| 24 | | - Blood and nerve supply and lymph drainage. |
| 24 | | - Large intestine. |
| | | - Cecum. |
| | | - Blood and nerve supply and lymph drainage. |
| | | - Appendix. |
| | | - Blood and nerve supply and lymph drainage. |
| | | - Ascending colon. |
| | | - Blood and nerve supply and lymph drainage. |
| | | - Transverse colon. |
| L | | |

| - Descending colon Blood and nerve supply and lymph drainage Blood supply of the gastrointestinal tract Celiac artery Left gastric artery and its branches Splenic artery and its branches Hepatic artery and its branches Superior mesenteric artery and its branches Inferior mesenteric artery and its branches Marginal artery Venous drainage Portal vein and its tributaries Splenic vein Superior mesenteric vein Inferior mesenteric vein Left gastric vein Left gastric vein Cystic vein Cystic vein. TO STUDY: - Liver Peritoneal ligaments of the liver Blood and nerve supply and lymph drainage Blood circulation through the liver. | | - Blood and nerve supply and lymph drainage. | | |
|--|--|--|--|--|
| - Blood supply of the gastrointestinal tract. - Celiac artery. - Left gastric artery and its branches. - Splenic artery and its branches. - Hepatic artery and its branches. - Superior mesenteric artery and its branches. - Inferior mesenteric artery and its branches. - Marginal artery. - Venous drainage. - Portal vein and its tributaries. - Splenic vein. - Superior mesenteric vein. - Inferior mesenteric vein. - Left gastric vein. - Right gastric vein. - Cystic vein. TO STUDY: - Liver. - Peritoneal ligaments of the liver. - Peritoneal ligaments of the liver. - Blood and nerve supply and lymph drainage. | | | | |
| - Celiac artery. - Left gastric artery and its branches. - Splenic artery and its branches. - Hepatic artery and its branches. - Superior mesenteric artery and its branches. - Inferior mesenteric artery and its branches. - Marginal artery. - Venous drainage. - Portal vein and its tributaries. - Splenic vein. - Superior mesenteric vein. - Inferior mesenteric vein. - Left gastric vein. - Right gastric vein. - Cystic vein. TO STUDY: - Liver. - Peritoneal ligaments of the liver. - Blood and nerve supply and lymph drainage. | | | | |
| - Left gastric artery and its branches. - Splenic artery and its branches. - Hepatic artery and its branches. - Superior mesenteric artery and its branches. - Inferior mesenteric artery and its branches. - Marginal artery. - Venous drainage. - Portal vein and its tributaries. - Splenic vein. - Superior mesenteric vein. - Inferior mesenteric vein. - Left gastric vein. - Right gastric vein. - Cystic vein. TO STUDY: - Liver. - Peritoneal ligaments of the liver. - Blood and nerve supply and lymph drainage. | | | | |
| branches. - Splenic artery and its branches. - Hepatic artery and its branches. - Superior mesenteric artery and its branches. - Inferior mesenteric artery and its branches. - Marginal artery. - Venous drainage. - Portal vein and its tributaries. - Splenic vein. - Superior mesenteric vein. - Inferior mesenteric vein. - Left gastric vein. - Right gastric vein. - Cystic vein. TO STUDY: - Liver. - Peritoneal ligaments of the liver. - Blood and nerve supply and lymph drainage. | | | | |
| - Hepatic artery and its branches. - Superior mesenteric artery and its branches. - Inferior mesenteric artery and its branches. - Marginal artery. - Venous drainage. - Portal vein and its tributaries. - Splenic vein. - Superior mesenteric vein. - Inferior mesenteric vein. - Left gastric vein. - Right gastric vein. - Cystic vein. TO STUDY: - Liver. - Peritoneal ligaments of the liver. - Peritoneal ligaments of the liver. - Blood and nerve supply and lymph drainage. | | | | |
| - Superior mesenteric artery and its branches. - Inferior mesenteric artery and its branches. - Marginal artery. - Venous drainage. - Portal vein and its tributaries. - Splenic vein. - Superior mesenteric vein. - Inferior mesenteric vein. - Left gastric vein. - Right gastric vein. - Cystic vein. TO STUDY: - Liver. - Peritoneal ligaments of the liver. - Peritoneal ligaments of the liver. - Blood and nerve supply and lymph drainage. | | | | |
| - Inferior mesenteric artery and its branches. - Marginal artery. - Venous drainage. - Portal vein and its tributaries. - Splenic vein. - Superior mesenteric vein. - Inferior mesenteric vein. - Left gastric vein. - Right gastric vein. - Cystic vein. TO STUDY: - Liver. - Peritoneal ligaments of the liver. - Blood and nerve supply and lymph drainage. | | | | |
| - Marginal artery. - Venous drainage. - Portal vein and its tributaries. - Splenic vein. - Superior mesenteric vein. - Inferior mesenteric vein. - Left gastric vein. - Right gastric vein. - Cystic vein. TO STUDY: - Liver. - Peritoneal ligaments of the liver. - Blood and nerve supply and lymph drainage. | | | | |
| - Venous drainage. - Portal vein and its tributaries. - Splenic vein. - Superior mesenteric vein. - Inferior mesenteric vein. - Left gastric vein. - Right gastric vein. - Cystic vein. TO STUDY: - Liver. - Peritoneal ligaments of the liver. - Blood and nerve supply and lymph drainage. | | | | |
| - Portal vein and its tributaries Splenic vein Superior mesenteric vein Inferior mesenteric vein Left gastric vein Right gastric vein Cystic vein. TO STUDY: - Liver Peritoneal ligaments of the liver Blood and nerve supply and lymph drainage. | | | | |
| - Splenic vein Superior mesenteric vein Inferior mesenteric vein Left gastric vein Right gastric vein Cystic vein. TO STUDY: - Liver Peritoneal ligaments of the liver Blood and nerve supply and lymph drainage. | | | | |
| - Superior mesenteric vein. - Inferior mesenteric vein. - Left gastric vein. - Right gastric vein. - Cystic vein. TO STUDY: - Liver. - Peritoneal ligaments of the liver. - Blood and nerve supply and lymph drainage. | | | | |
| - Inferior mesenteric vein. - Left gastric vein. - Right gastric vein. - Cystic vein. TO STUDY: - Liver. - Peritoneal ligaments of the liver. - Blood and nerve supply and lymph drainage. | | | | |
| - Left gastric vein Right gastric vein Cystic vein. TO STUDY: - Liver Peritoneal ligaments of the liver Blood and nerve supply and lymph drainage. | | | | |
| - Right gastric vein. - Cystic vein. TO STUDY: - Liver. - Peritoneal ligaments of the liver. - Blood and nerve supply and lymph drainage. | | | | |
| - Cystic vein. TO STUDY: - Liver. - Peritoneal ligaments of the liver. - Peritoneal ligaments of the liver. - Blood and nerve supply and lymph drainage. | | | | |
| To STUDY: - Liver. - Peritoneal ligaments of the liver. Organs of the Costrointestinal To STUDY: - Blood and nerve supply and lymph drainage. | | | | |
| - Liver. The Accessory Organs of the Gestrointestinal - Deritoneal ligaments of the liver. - Blood and nerve supply and lymph drainage. | | | | |
| The Accessory Organs of the Control of the General ligaments of the liver. - Peritoneal ligaments of the liver Blood and nerve supply and lymph drainage. | | | | |
| The Accessory Organs of the Control of the General Control of the General Control of the General Control of the | | | | |
| Organs of the Blood and nerve supply and lymph drainage. | | The Accessory | | |
| [Costrointostino] | | • | | |
| Tract Blood electration through the liver. | | | | |
| - Bile duct of the liver. | | Truct | | |
| - Gall Bladder. | | | | |
| - Function. | | | | |

| | - Blood and nerve supply and lymph drainage. |
|------------|--|
| | - Pancreas |
| | - Its structure. |
| | - Pancreatic duct. |
| | - Spleen. |
| | - Blood and nerve supply and lymph drainage. |
| | - Retroperitoneal space. |
| | - Kidneys. |
| | - Covering and renal structure. |
| | - Blood and nerve supply and lymph drainage. |
| | - Ureter. |
| | - Blood and nerve supply and lymph drainage. |
| | - Suprarenal glands. |
| | - Blood supply. |
| | - Arteries of the posterior abdominal wall. |
| | - Aorta and its branches. |
| | - Veins of the posterior abdominal wall. |
| | - Inferior vena cava and its tributaries. |
| | - Nerves of the posterior abdominal wall. |
| | - Lumbar plexus. |
| | TO STUDY: |
| The Pelvis | -Basic anatomy. |
| | - The orientation of the pelvis. |
| | - False pelvis. |
| | - True pelvis. |
| | - Structure of the pelvic wall. |
| | - Anterior pelvic wall. |
| | - Posterior pelvic wall. |
| | The Pelvis |

| | | - Periformis muscle. |
|----|----------------------------|---|
| | | - Lateral pelvic wall. |
| | | - Obturature membrane. |
| | | - Sacrotuberous ligament. |
| | | - Sacrospinous ligament. |
| | | - Obturator internus muscle. |
| | | - Inferior wall of the pelvis. |
| | | - Pelvic diaphragm. |
| | | - Levator ani muscle. |
| | | - Coccygeus muscle. |
| | | - Pelvic fascia. |
| | | - Visceral layer of the pelvic fascia. |
| | | - Parietal layer of the pelvic fascia. |
| | | - Nerves of the pelvis. |
| | | - Sacral plexus and its relations and branches. |
| | | - Branches of the lumbar fascia. |
| | | - Lumbosacral trunk. |
| | | - Obturator nerve. |
| | | - Autonomic nerves. |
| | | - Pelvic part of the sympathetic trunk. |
| | | - Pelvic splanchnic nerve. |
| | | - Superior hypogastric plexus. |
| | | - Inferior hypogastric plexus. |
| | | TO STUDY: |
| | | - Common iliac artery. |
| 27 | The Arteries of the pelvis | - External iliac artery. |
| | | - Arteries of the true pelvis |
| | | - Internal iliac artery and its branches. |

| - Ovarian artery Median sacral artery Veins of the pelvis External iliac vein Internal iliac vein Median sacral vein Lymphatics of the pelvis Joints of the pelvis Sacroiliac joints Symphysis pubis Sacrococygeal joint Sex differences of the pelvis. TO STUDY: - Sigmoid colon Location and description Relations Blood and nerve supply and lymph drainage Rectum Location and description Relations Blood and nerve supply and lymph drainage Pelvic viscera of the male Ureter Urinary bladder Location and description Relations Blood and nerve supply and lymph drainage. | | | - Superior rectal artery. |
|---|----|---------------|--|
| - Veins of the pelvis. - External iliac vein. - Internal iliac vein. - Median sacral vein. - Lymphatics of the pelvis. - Joints of the pelvis. - Sacroiliac joints. - Symphysis pubis. - Sacrococcygeal joint. - Sex differences of the pelvis. TO STUDY: - Sigmoid colon. - Location and description. - Relations. - Blood and nerve supply and lymph drainage. - Rectum. - Location and description. - Relations. - Blood and nerve supply and lymph drainage. - Pelvic viscera of the male. - Ureter. - Urinary bladder. - Location and description. - Relations. | | | - Ovarian artery. |
| - External iliac vein Internal iliac vein Median sacral vein Lymphatics of the pelvis Joints of the pelvis Sacroiliac joints Symphysis pubis Sacrococcygeal joint Sex differences of the pelvis. TO STUDY: - Sigmoid colon Location and description Relations Blood and nerve supply and lymph drainage Rectum Location and description Relations Blood and nerve supply and lymph drainage Pelvic viscera of the male Ureter Urinary bladder Location and description Relations. | | | - Median sacral artery. |
| - Internal iliac vein Median sacral vein Lymphatics of the pelvis Joints of the pelvis Sacroiliac joints Sacrococcygeal joint Sex differences of the pelvis. TO STUDY: - Sigmoid colon Location and description Relations Blood and nerve supply and lymph drainage Rectum Location and description Relations Blood and nerve supply and lymph drainage Rectum Location and description Relations Blood and nerve supply and lymph drainage Pelvic viscera of the male Ureter Urinary bladder Location and description Relations. | | | - Veins of the pelvis. |
| - Median sacral vein Lymphatics of the pelvis Joints of the pelvis Sacroiliac joints Sacrococcygeal joint Sex differences of the pelvis. TO STUDY: - Sigmoid colon Location and description Relations Blood and nerve supply and lymph drainage Rectum Location and description Relations Blood and nerve supply and lymph drainage Pelvic viscera of the male Ureter Urinary bladder Location and description Relations. | | | - External iliac vein. |
| - Lymphatics of the pelvis Joints of the pelvis Sacroiliac joints Symphysis pubis Sacrococcygeal joint Sex differences of the pelvis. TO STUDY: - Sigmoid colon Location and description Relations Blood and nerve supply and lymph drainage Rectum Location and description Relations Blood and nerve supply and lymph drainage Pelvic viscera of the male Ureter Urinary bladder Location and description Relations. | | | - Internal iliac vein. |
| - Joints of the pelvis. - Sacroiliac joints. - Symphysis pubis. - Sacrococcygeal joint. - Sex differences of the pelvis. TO STUDY: - Sigmoid colon. - Location and description. - Relations. - Blood and nerve supply and lymph drainage. - Rectum. - Location and description. - Relations. - Blood and nerve supply and lymph drainage. - Pelvic viscera of the male. - Ureter. - Urinary bladder. - Location and description. - Relations. | | | - Median sacral vein. |
| - Sacroiliac joints Symphysis pubis Sacrococcygeal joint Sex differences of the pelvis. TO STUDY: - Sigmoid colon Location and description Relations Blood and nerve supply and lymph drainage Rectum Location and description Relations Blood and nerve supply and lymph drainage Rectum Location and description Relations Pelvic viscera of the male Ureter Urinary bladder Location and description Relations. | | | - Lymphatics of the pelvis. |
| - Symphysis pubis Sacrococcygeal joint Sex differences of the pelvis. TO STUDY: - Sigmoid colon Location and description Relations Blood and nerve supply and lymph drainage Rectum Location and description Relations Blood and nerve supply and lymph drainage Pelvic viscera of the male Ureter Urinary bladder Location and description Relations. | | | - Joints of the pelvis. |
| - Sacrococcygeal joint Sex differences of the pelvis. TO STUDY: - Sigmoid colon Location and description Relations Blood and nerve supply and lymph drainage Rectum Location and description Relations Blood and nerve supply and lymph drainage Pelvic viscera of the male Ureter Urinary bladder Location and description Relations. | | | - Sacroiliac joints. |
| - Sex differences of the pelvis. TO STUDY: - Sigmoid colon Location and description Relations Blood and nerve supply and lymph drainage Rectum Location and description Relations Blood and nerve supply and lymph drainage Pelvic viscera of the male Ureter Urinary bladder Location and description Relations. | | | - Symphysis pubis. |
| TO STUDY: - Sigmoid colon. - Location and description. - Relations. - Blood and nerve supply and lymph drainage. - Rectum. - Location and description. - Relations. - Blood and nerve supply and lymph drainage. - Pelvic viscera of the male. - Ureter. - Urinary bladder. - Location and description. - Relations. | | | - Sacrococcygeal joint. |
| - Sigmoid colon. - Location and description. - Relations. - Blood and nerve supply and lymph drainage. - Rectum. - Location and description. - Relations. - Blood and nerve supply and lymph drainage. - Pelvic viscera of the male. - Ureter. - Urinary bladder. - Location and description. - Relations. | | | - Sex differences of the pelvis. |
| - Location and description. - Relations. - Blood and nerve supply and lymph drainage. - Rectum. - Location and description. - Relations. - Blood and nerve supply and lymph drainage. - Pelvic viscera of the male. - Ureter. - Urinary bladder. - Location and description. - Relations. | | | TO STUDY: |
| - Relations Blood and nerve supply and lymph drainage Rectum Location and description Relations Relations Relations Blood and nerve supply and lymph drainage Pelvic viscera of the male Ureter Urinary bladder Location and description Relations. | | | - Sigmoid colon. |
| - Blood and nerve supply and lymph drainage. - Rectum. - Location and description. - Relations. - Blood and nerve supply and lymph drainage. - Pelvic viscera of the male. - Ureter. - Urinary bladder. - Location and description. - Relations. | | | - Location and description. |
| - Rectum. - Location and description. - Relations. - Blood and nerve supply and lymph drainage. - Pelvic viscera of the male. - Ureter. - Urinary bladder. - Location and description. - Relations. | | | - Relations. |
| The Contents of the pelvic cavity - Location and description Relations Blood and nerve supply and lymph drainage Pelvic viscera of the male Ureter Urinary bladder Location and description Relations. | | | - Blood and nerve supply and lymph drainage. |
| of the pelvic cavity - Relations Blood and nerve supply and lymph drainage Pelvic viscera of the male Ureter Urinary bladder Location and description Relations. | | | - Rectum. |
| 28 of the pelvic cavity - Relations. - Blood and nerve supply and lymph drainage. - Pelvic viscera of the male. - Ureter. - Urinary bladder. - Location and description. - Relations. | | The Contents | - Location and description. |
| - Blood and nerve supply and lymph drainage. - Pelvic viscera of the male. - Ureter. - Urinary bladder. - Location and description. - Relations. | 28 | of the pelvic | - Relations. |
| - Ureter. - Urinary bladder. - Location and description. - Relations. | | | - Blood and nerve supply and lymph drainage. |
| - Urinary bladder. - Location and description. - Relations. | | | - Pelvic viscera of the male. |
| - Location and description Relations. | | | - Ureter. |
| - Relations. | | | - Urinary bladder. |
| | | | - Location and description. |
| - Blood and nerve supply and lymph drainage. | | | - Relations. |
| | | | - Blood and nerve supply and lymph drainage. |

| | - Male genital organs. |
|----------------|--|
| | - Vas deferens. |
| | - Seminal vesicles. |
| | - Blood supply and lymph drainage. |
| | - Function. |
| | - Ejaculatory duct. |
| | - Prostate. |
| | - Location and description. |
| | - Relations. |
| | - Structure of the prostate. |
| | - Function of the prostate. |
| | - Blood and nerve supply and lymph drainage. |
| | - Prostatic urethra. |
| | - Visceral pelvic fascia. |
| | - Peritoneum. |
| | TO STUDY: |
| | - Ureter. |
| | - Urinary bladder. |
| | - Female genital organs. |
| | - Ovaries. |
| The Pelvic | - Location and description. |
| viscera of the | - Function. |
| female | - Blood and nerve supply and lymph drainage. |
| | - Uterine tube. |
| | - Location and description. |
| | - Function. |
| | - Blood and nerve supply and lymph drainage. |
| | - Uterus. |
| | The Pelvic viscera of the female |

| Relations. Function. Position of the uterus. Structure of the uterus. Blood and nerve supply and lymph drainage. | |
|--|--|
| Position of the uterus. Structure of the uterus. Blood and nerve supply and lymph drainage. | |
| - Structure of the uterus Blood and nerve supply and lymph drainage. | |
| - Blood and nerve supply and lymph drainage. | |
| | |
| | |
| - Supports of the uterus. | |
| - Uterus in the child. | |
| - Uterus after menopause. | |
| - Uterus in pregnancy. | |
| - Role of the uterus in labor. | |
| - Vagina. | |
| - Location and description. | |
| - Relations. | |
| - Function. | |
| - Blood and nerve supply and lymph drainage. | |
| - Supports of the vagina | |
| - Visceral pelvic fascia. | |
| - Visceral pelvic fascia and infection. | |
| - Peritoneum. | |
| - Broad ligament and its parts and contents. | |
| TO STUDY: | |
| - Pelvic diaphragm. | |
| - Anal canal. | |
| 30 The Perineum - Structure. | |
| - The mucous membrane of the upper half. | |
| - The mucous membrane of the lower half. | |
| - Muscular coat. | |

- Anal sphincter.
 - Internal anal sphincter.
 - External anal sphincter.
- Pudendal nerve and its branches.
- Pudendal artery and its branches.
- Male urogenital triangle.
- Male urethra.
 - Prostatic part.
 - Membranous part.
 - Penile part.
- Sphincter urethrae muscle.
- Bulbourethral glands.
- Female urogenital triangle.
 - Vulva.
 - Clitoris.
 - Mons pubis.
 - Labia majora.
 - Labia minora.
 - Vestibule.
 - Greater vestibular glands.
- Female Urethra.

Methods of assessment

| No | Exam | Type of assessment | | Marks |
|----|-------------|--------------------|--|-------|
| 1 | First term | Theoretical part | Quizzes in the same theoretical lectures | 2 |
| | | | End term written exam (60% MCQs &/or EMQ & 40% essay questions, fill in the blanks and draw) | 8 |
| | | Practical part | Practical exam in the Laboratory on the: • Pre-dissected specimens. • Plastic specimens. • Bones. • Radiological films. | 5 |
| 2 | Second term | Theoretical part | Quizzes in the same theoretical lectures | 2 |
| | | | End term written exam (60% MCQs &/or EMQ & 40% essay questions, fill in the blanks and draw) | 8 |
| | | Practical part | Practical exam in the Laboratory on the: • Pre-dissected specimens. • Plastic specimens. • Bones. • Radiological films. | 5 |
| 3 | | Theoretical part | End term written exam (60% MCQs &/or EMQ & 40% essay questions, fill in the blanks and draw) | 50 |
| 4 | Final | Practical part | Practical exam in the Laboratory on the: • Pre-dissected specimens. • Plastic specimens. • Bones. • Radiological films. | 20 |
| 5 | | , | Total | 100 |

Suggested Reading List:

- Clinical Anatomy by Regions, 8th Edition, By: Richard S. Snell MD, PhD.
 Clinical Neuroanatomy, 7th Edition, By: Richard S. Snell
 Gray's Anatomy for Students By: Richard L. Drake et.al

- 4. Grant's Atlas of Anatomy, 12th Edition ,By: Anne MR Agur, Arthur F Dalley
- 5. Cunningham's anatomy

Department of Human Anatomy

Subject: Embryology

Academic year: Second year

Course coordinator: Prof. Dr. Mahdi Salah Shalal

Professor in Histology and Embryology, Department Human Anatomy

College of Medicine, University of Anbar

Teaching staff:

One Professor.

• one lecturer.

Allocated marks: 100 marks.

Course duration: One academic year.

Introduction:

Human development is one of the most exciting topics to study not only as a medical student, but also for our fundamental understanding of the human body. Of all health issues in Medicine, fertility and reproduction is a topic that will affect everyone. It necessary for the student of medicine to study the development of human organs day by day to have a better understanding to able to differentiate between the normal and abnormal human fetus.

The Anatomy Department in the College of Medicine, University of Anbar hosts the medical students for theoretical course for 30 hours/year. Our aim is to enhance the knowledge of our students and let them be aware about the first steps in studying the development of the human body organs to asses them in their clinical life.

Overall Aims:

The course is designed to introduce the student to:

- 1. Medical terminology and methods used in gathering information.
- 2. Understanding of the formation of different organs of the human body.
- 3. The correlation between of different embryonic structures and the formation of the human body organs.
- 4. Understand how to differentiate between normal embryonic structures and the congenitally defect structures.
- 5. The beginnings of an understanding of how to pursue independent and self-learning of how the different embryonic structures develop into organs

General Objectives:

At the end of the course students should be able to:

- 1. Describe the cell division and the arrangement of the chromosomes in the formation of fertilized ovum.
- 2. Describe the changes takes place in the ovary and uterus, the division of the fertilized ovum, and the process of cell implantation in the wall of the uterus.
- 3. To know the formation of different types of cells and organs and the changes occurred in the shape of the fetus with the progress of time.
- 4. Learning the details of the formation of the placenta, umbilical cord, the embryonic membranes, the formation of twins, and the congenital defects.
- 5. The correlation between the development of different embryonic structure and its congenital defects.

Components, duration and units of the curriculum

| No | Components | Duration | Unit |
|----|----------------------|----------|------|
| 1 | Theoretical lectures | 30 hours | 2 |
| 3 | Total | 30 hours | 2 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. Anatomical lab in the college

Material used for completion the curriculum:

- 1. Audiovisual aids.
- 2. Interaction with the students through questions.
- 3. Power point presentation.
- 4. Computer.
- 5. Data show.
- 6. Embryologic charts.
- 7. Videos, diagrams and posters.

Syllabus:

Teaching Techniques:

Teaching will be conducted using the theoretical Sessions:

- lectures were designed to cover most of topics of the embryological development of human body.
- The time of the lecture is 60 minutes.
- There are one theoretical lecture/week.

| Wee ks | Subject | |
|-----------|---|--|
| 1 | Gametogenesis: Cell divisions leading to mature ova and sperms. | |
| 2 | Ovulation, fertilization, and implantation. Ovarian and menstrual cycles. | |
| 3 | Cleavage and blastocyst formation, appearance and distribution of mesoderm. | |
| 4 | Fate of trophoblast, the early placenta, the fate of inner cell mass. | |
| 5 | Formation of notochord, neural tube and crest, growth of amnion. | |
| 6 | Fate of ectodermal germ layer. | |
| 7 | Fate of mesodermal germ layer. | |
| 8 | Fate of endodermal germ layer, effect of folding on gut and body. | |
| 9 | Major changes from third month to birth. Fetal membrance and placenta. | |
| 10 | Teratogenic agents: Examples of toxic effects at sensitive or critical age. | |
| 11 | Development of muscles, fate of somites. | |
| 12 | Development of cartilage and bones. The limb buds. | |
| 13 | Kidneys: fate of pro-, meso-, and metanephros. Ascent of kidneys. | |
| 14 | Ureter, urinary bladder, urachus and fate of umbilical vessels. | |
| 15 | Primitive testis, ovary: cell migration from wall of yolk sac. | |
| 16 | Descent of gonads, fate of mesonephric and paramesonephric ducts. | |
| 17 | External genitalia of male and female. | |
| 18 | CVS: Formation of the heart tube, its foldings and divisions. | |
| 19 | Cardic septa and chamber formation. | |
| 20 | Big vessels. | |
| 21 | Fetal circulation and changes after birth. | |
| 22 | GIT: Elongation and rotation of primitive gut. Foregut, liver and pancreas. | |
| 23 | Midgut: Parts and rotation to final position. | |
| 24 | Hindgut: Cloaca and urorectal septum, the fate of the area. | |
| 25 | Pharyngeal arches: The first arch, nose and upper lip. | |
| 26 | Fate of other arches, the respiratory divertaculum, thyroid, parathyroid, and thymus. | |

| 27 | CNS: changes in the neural tube, brain vesicles and flexures. |
|----|--|
| 28 | Sensory and motor nuclei, cranial and spinal nerves, meninges. |
| 29 | Skin, hair, mammary gland. |
| 30 | General review. |

Methods of assessment

| No | Exam | Type of assessment N | | Marks |
|----|-------------|----------------------|---|-------|
| 1 | First term | Theoretical part | Quizzes in the same theoretical lectures | 2 |
| | | | End term written exam (60% MCQs &/or EMQ & 40% essay questions) | 13 |
| 2 | Second term | Theoretical part | Quizzes in the same theoretical lectures | 2 |
| | | | End term written exam (60% MCQs &/or EMQ & 40% essay questions) | 13 |
| 3 | Final | Theoretical part | End term written exam (60% MCQs &/or EMQ & 40% essay questions) | 70 |
| 5 | | Total | | 100 |

Suggested Reading List:

1. Langman's Medical Embryology by T. W. Sadler



Subjects for the annual system of the third stage

| No. | Subject |
|-----|--------------------|
| 1 | Pharmacology |
| 2 | Microbiology |
| 3 | Parasitology |
| 4 | Pathology |
| 5 | Community Medicine |
| 6 | Internal Medicine |
| 7 | General Surgery |

Department of Pharmacology

Subject: Pharmacology

Academic year: 3rd year

Coordinator: Dr. Yagub Salem Saleh

The teaching staff:

1. Dr. Marwan Al-Nimer

2. Dr. Omar Salem Nammal

3. Dr. Yagub Salem Saleh

Introduction:

- ❖ This subject in Medical Pharmacology is designed to give the third year medical student an understanding of how:
 - (1) Drugs work to produce their therapeutic effects to ameliorate or cure diseases
 - (2) Drugs are administered, absorbed, metabolized and excreted
 - (3) Drugs produce intended and often undesirable effects.
- ❖ This subject introduces the study of the properties, effects, and therapeutic value of the primary agents in the major drug categories.
- Major topics include general principles, pharmacodynamics, pharmacokinetics, drug-drug interactions, autonomic including adrenergic and cholinergic pharmacology, antimicrobial pharmacology, central nervous system pharmacology, cardiovascular pharmacology, respiratory pharmacology, gastrointestinal pharmacology, endocrine pharmacology, blood pharmacology, autocoids pharmacology, cancer chemotherapy pharmacology, and principles of toxicology.



Objectives:

The overall objectives of this subject are to provide students with:

- 1. A basic background in pharmacology, including the nomenclature, sources of drugs, Pharmacokinetics, pharmacodynamics, pharmacogenetics, adverse drug reactions and Interactions of drugs.
- 2. An understanding of how the basic principles of pharmacology are integral to effective diagnosis, prevention and treatment of different diseases.
- 3. Opportunities to work in teams to begin to develop an approach to evaluate clinical cases to determine the therapeutics of different diseases and to formulate an appropriate treatment

Outcome:

- 1. Communicate with the patient regarding optimal use of drug therapy, devices and storage of medicines.
- 2. Follow the drug treatment guidelines laid down for common diseases including those covered under the national Health Programmes and emergency medical conditions and be capable of initiating and monitoring the treatment, recording progress and assessing the outcome.
- 3. Appreciate the relationship between cost of treatment and patient compliance.
- 4. Exercise caution in prescribing drugs likely to produce dependence and recommend the line of management.
- 5. Understand the legal and ethical aspects of prescribing drugs.
- 6. Evaluate the ethics, scientific procedures, social and legal implications involved in the development and introduction of new drugs.

Components, duration and units of the curriculum:

| No | Components | Duration in hours | Units |
|----|---------------------------------------|-------------------|-------|
| 1 | Theoretical lectures | 90 | 6 |
| 2 | Clinical course or practical sessions | 60 | 2 |

Places of a completion the curriculum:

- A. lecture hall in the college
- B. Pharmacological lab for practical sessions

Materials used to accomplish the curriculum:

- A. Pharmacological drugs
- B. Clinical or practical teaching videos
- C. Theoretical cases study

Syllabus of the theoretical lectures

| No | Name of the lecture | Term | Duration in hour/s |
|----|-------------------------------------|-----------------|--------------------|
| | | . at | |
| 1. | Pharmacokinetics & Pharmacodynamics | 1 st | 6 |
| 2. | Autonomic Pharmacology | | 12 |
| | •Cholinergic System | | |
| | •Adrenergic System | | |
| | •Ocular Pharmacology | | |
| | •Drugs Used in Abnormal Micturition | | |

| 3. | Cardiovascular system | 1 st | 12 |
|----|---|-----------------|----|
| | •Antihypertensive Drugs | | |
| | •Antianginal Drugs | | |
| | •Drugs for Congestive Heart Failure | | |
| | •Antiarrhythmic Drugs | | |
| | •Diuretics | | |
| 4. | Blood | 1 st | 7 |
| | •Antithrombotic & antifibrinolytic Drugs | | |
| | •Antihyperlipidaemic Drugs | | |
| | •Drugs for Anaemias | | |
| 5. | Antimicrobial Drugs | 1 st | 12 |
| | •Introduction | | |
| | •Beta-lactam Antimicrobial Drugs | | |
| | •Sulphonamides, Trimethoprim, and Aminoglycosides | | |
| | •Tetracyclines, Macrolides, Metronidazole, Chloramphenicol, and others | | |
| | •Antituberculosis Drugs | | |
| | •Antifungal Drugs | | |
| | •Antiviral Drugs | | |
| | •Antiparasitic Drugs | | |
| 6. | CNS-Pharmacology | 2 nd | 15 |
| | •General Principles | | |
| | •Antipsychotic Drugs | | |
| | •Drugs for Affective Disorders | | |
| | •Antianxiety Drugs | | |
| | •Sedative and Hypnotic Drugs | | |
| | •Drugs for Parkinson s Disease | | |
| | •Antiepileptic Drugs | | |
| | •Opioids and Narcotic Analgesic Drugs | | |
| 1 | 1 | Ī | ı |

| | •General Anaesthetic Drugs | | |
|-----|---|-----------------|----|
| | •Local Anaesthetic Drugs | | |
| | •Neuromuscular Blocking Drugs | | |
| 7. | Autacoids | 2 nd | 2 |
| 8. | Non-Steroidal Anti-Inflammatory Drugs | 2 nd | 2 |
| | Disease-Modifying Antirheumatic drugs | | |
| | Drug Therapy of Gout | | |
| 9. | Drugs and Gastrointestinal Tracts | 2 nd | 3 |
| 10. | Drugs and The Respiratory System | 2 nd | 2 |
| 11. | Endocrine Pharmacology | 2 nd | 13 |
| | •Hypothalamic and Pituitary Hormones | | |
| | •Sex (Gonadal) Hormones and Inhibitors | | |
| | •Drugs Acting on Uterine Smooth Muscle | | |
| | •Adrenocorticosteroids | | |
| | •Thyroid and Antithyroid Drugs | | |
| | •Agents that Affect Calcium Metabolism | | |
| | •Insulin and Oral Hypoglycaemic Drugs | | |
| 12. | Anticancer Drugs | 2 nd | 2 |
| 13. | Drug Interactions, Adverse Drug Reactions and Antidotes | 2 nd | 2 |

Syllabus of the practical course

| No | Name of the clinical or laboratory session | Term | Duration in hour/s |
|----|--|-----------------|--------------------|
| 1. | General information about lab, groups &subgroups | 1 st | 2 |
| 2. | Introduction | 1 st | 2 |
| 3. | Dosage forms | 1 st | 4 |
| 4. | Routes of administration | 1 st | 2 |
| 5. | KI | 1 st | 2 |
| 6. | Clinical Pharmacokinetics and calculation | 1 st | 4 |

| 7. | Ocular pharmacology | 1 st | 4 |
|-----|-------------------------------------|-----------------|---|
| 8. | Drugs induced colouration of urine | 1 st | 4 |
| 9. | Beta blockers | 1 st | 4 |
| 10. | Nitrates | 1 st | 2 |
| 11. | Histamine | 2 nd | 2 |
| 12. | Myasthenia gravis | 2 nd | 2 |
| 13. | Local anaesthetics | 2 nd | 2 |
| 14. | Pancuronium | 2 nd | 2 |
| 15. | Morphine-naloxone antagonism | 2 nd | 4 |
| 16. | Dependence | 2 nd | 2 |
| 17. | Diazepam-flumazenil Antagonism | 2 nd | 4 |
| 18. | Redistribution & Cumulative effects | 2 nd | 2 |
| 19. | Thiopental & ketamine | 2 nd | 4 |
| 20. | Propofol | 2 nd | 2 |
| 21. | Suxamethonium | 2 nd | 4 |
| | | | |

Methods of assessment

- 1. Group/Individual Activities
- 2. Critical Thinking Assignments
- 3. Class Attendance/Participation
- 4. Periodic Exams, Final Examination
 - a. True/false questions
 - b. One best answer MCQs
 - c. Short answer essays

| No | Exam | Туре | Marks | |
|----|-----------------|-----------------------------|----------------------|------|
| | First term | Quiz in theoretical lecture | | 4 |
| | (15 marks) | First term written | 1 st exam | 4 |
| | | exams - | 2 nd exam | 4 |
| | | End term | n practical exam | 3 |
| 2 | Second term | Quiz in th | eoretical lecture | 4 |
| | (15 marks) | Second term written | | 4 |
| | | exams | 2 nd exam | 4 |
| | | End term | n practical exam | 3 |
| 3 | Final practical | Written exam | | 15 |
| | (15 marks) | | | |
| 4 | Final written | One best answer MCQs | | 38.5 |
| | (55 marks) | Tru | ne/false questions | 5.5 |
| | | Short answer essays | | 11 |
| 5 | L | Total | | 100 |

Recommended books

- 1. Lippincott's Illustrated Reviews: Pharmacology (2015) 6th edition. Mary J Mycek, Richard A Harvey, Pamela C Champe.
- 2. Basic and Clinical Pharmacology, (2012) 12th edition, Bertram G. Katzung. McGraw-Hill.
- 3. Goodman and Gillman's Pharmacological Basis of Therapeutics: (2011). 12th edition Laurence Brunton, John Lazo, Keith Parker.

Department of Microbiology

Subject: Medical Microbiology

Third Year Of M.B.CH.B. Program

| Allocated marks | 100 marks | |
|--|---|--|
| Course duration 30 weeks (One Academic Year) | | |
| Total hours | 75 Theoretical hours 60 Practical hours | |
| Course | Prof. Dr. Shehab Ahmed Lafi | |
| supervisor | | |
| Teaching staff | Prof. Dr. Shehab A. Lafi, Assist. Prof. Dr. Waleed I. Ahmed. | |
| | Assist. Prof. Dr Muthana A. Khalil, Assist. Prof. Dr. Abbas O. | |
| | Farrhan, Lecturer Dr. Muntaha M. Hassan, Lecturer Noor N. | |
| | Radeef, Lecturer Dr. Huda R. Sabbar. | |
| | Practical Teaching Staff: Lecturer Omar A. Ali, Lecturer Sawsan K. Alani, Zaynab K.Al- Alwani, Instructor Israa Mohamed saeed Under Supervision Of The Above Theory Teaching Staff. | |
| total | One Professor, 3 Assistant Professor, 5 Lecturer, Lecturer | |
| | 2Assistant & one Instructor. | |

Introduction:

Microbiology is wide science includes many branches like bacteriology, virology & mycology. Medical students in medical college are involved with medical Microbiology is also included within the curriculum of microbiology to through light on immune system and immunity against each type of infections as well as medically important immune related diseases like autoimmunity, transplantation immunity etc.

So medical microbiology course is bulky course with huge subjects and informations required for medical student graduation. So teaching these topics requires skillful, bright and intelligent teaching methods to reach the outcomes of this course.

Objectives:

To support students with:

- 1- Basic and clinical information about microbes involved in human infections, pathogenicity of each organism and assimilation of infection in human body, complications and prognosis.
- 2- Clinical Laboratory diagnosis of infection regarding the optimal required specimens and their processing with focus on updated diagnostic methods.
- 3- The antibiogram for each organism to choose the best effective antimicrobial agent to treat infection with focus on antimicrobial resistance and resistant organisms.

- 4- Prophylaxis methods and control of infections by vaccines if available.
- 5- Updating of knowledge about studied organisms with focus on new discovered microbes.

Outcome of curriculum:

- 1- Basic knowledge.
- 2- Accurate and wide information.
- 3- Updated knowledge
- 4- Clinical application of information.

Course expectations:

Medical Microbiology course give student theoretical and clinical applicable knowledge about microbes and microbial human infections . Clinical laboratory diagnosis of infections and how to choose optimal antimicrobial agent/s and control infections .

Course Requirements:

Comfortable Teaching class Room supplied with teaching aids like data show & white board with its accessories.

Evaluation: Students Evaluation Is Performed Through:

- 1- Short exams (quizzes).
- 2- Theoretical Term exam.
- 3- Practical Term exam
- 4- Final exam(theoretical final exam and practical final exam).

Course Grading Scale:

First term:

Theory Exam Marks: 10 Practical Exam Marks: 5

Second Term:

Theory Exam Marks: 10 Practical Exam Marks: 5

Final Exam:

Theory Exam Marks: 50 Practical Exam Marks: 20

Total Marks: 100

Places for teaching the curriculum:

- 1. Class room in the college.(wide air-conditioned, with enough windows with curtains an enough illumination and supplied with teaching aids .
- 2. Microbiology Laboratory for undergraduate studies. (wide with enough working benches, well areated, with enough windows with curtains and enough illumination and supplied with teaching aids).

Materials used to accomplish the practical curriculum:-

- 1. Microscopes (compound light microscopes).
- 2. Sterilizing and disinfection tools and materials.
- 3. Bacteriology lab devices, incubator, oven , autoclave, refrigerator, water bath, gas burners with gas source, inoculating loops , Millipore filters and tube racks and hand disinfectant container.
- 4. Slides with Permanent stained bacterial specimens.
- 5. Staining kits like Gram Stain Kit, Acid Fast Staining Kit, Albert stain kit and other required stains.
- 6. Culture media
- 7. Charts, Atlases of Medical microbiology
- 8. Teaching Videos.
- 9. Elisa system.
- 10. Dry lab facilities for teaching practical lectures of strong pathogen or non-cultivable organisms.
- 11. Bacterial isolates from normal human body flora
- 12. Fresh specimens for clinical lab. Training as stool, urine . throat swab etc.

Branches of Microbiology:

1-Medical Bacteriology:

| Allocated marks | First Term: Theory: 7 Marks Practical: 5 Marks Second Term: Theory: 7 Marks Practical: 5 Marks Final Exam: Theory: 50% of theory exam marks. Practical: 14 Marks out of 20 total practical final exam scores. | |
|----------------------|---|--|
| Hours | Theory 37 hrs. practical 48 hours | |
| Course Supervisor | Prof. Dr. Shehab Ahmed Lafi | |
| Teaching staff | Prof. Dr. Shehab A. Lafi, Assist. Prof. Dr. Waleed I. Ahmed. Assist. Prof. Dr Muthana A. Khalil, Assist. Prof. Dr. Abbas O. Farrhan. Practical Teaching Staff: Lecturer Omar A. Ali, Lecturer Sawsan K. Alani, Assistant Lecturer Zaynab K. Al-Al Wany, Rukaia K. Tahaa. Instructure Israa Mohamed Saeed Under Supervision Of The Above Theory Teaching Staff. | |
| Total | One Professor, 2 Assistant Professor, 2 Lecturer, 2Lecturer Assistant & one Instructor. | |

2-Medical Virology:

| Allocated marks | First term: theory 3 marks | | |
|-----------------|---|--|--|
| | Second term : zero hours | | |
| | Final Exam: 20% Of Total Theory Exam and (2) two marks out of | | |
| | 20 final practical exam. | | |
| Hours | 15 Hours During The First Term, one hour weekly. 4 hours | | |
| | practical virology, two hours weekly | | |
| Item supervisor | Assistant Prof Dr. Muthana Ali Khalil | | |
| Teaching Staff | Theory lecture :Assistant Prof Dr. Muthana Ali Khalil, Lecturer | | |
| | Dr. Noor Naji Radeef Alhayani. | | |
| | Practical: the same above staff. | | |
| Total | One assistant professor and one lecturer. Both are imposed in | | |
| | theory and practical lectures. | | |

3-Immunology:

| Allocated Marks | First Term : Zero Hours |
|-----------------|--|
| | Second Term: Theory 3 Marks, Practical 2 Marks out of Total 5 Practical Marks. |
| | Final Exam: 20% out of Total Theory Exam. |
| | Practical Final Exam 2 Marks out of 20 Final Practical Marks. |
| Hours | 15 hours during the second term, Four hours Practical |
| | Immunology, Two hrs. weekly. |
| Teaching Staff. | Lecturer Dr. Muntaha M. Hassan, Lecturer Huda R. Sabbar. |
| | |
| | Practical Immunology : The same above staff. |
| Total | 2 lecturer. |
| | |

4-Medical Mycology

| Allocated Marks | First Term : Zero Hours Second Term : Theory two Marks out of 10 |
|-----------------|---|
| | Final Exam: 10% out of Total Theory Exam. Practical Final Exam: 2 Marks out of 20 Final Practical Marks. |

| Hours | First Term : Zero Hours Second Term : Theory 8 Hours And 4 Practical Hours, two hrs. Weekly. |
|----------------|--|
| Teaching staff | Theory lectures: Assist. Prof. Dr. Waleed I. Ahmed and Assist. Prof. Dr. Abbas O. Farhan. Practical mycology: the same above staff members Lecturer Omar A. Ali, Lecturer, Assistant Lecturer Zainab K. Al-Al Wany. |
| Total | 2 assistant professor, one lecturer and one lecturer assistant. |

Syllabus Of Microbiology And Immunology Lectures:

| Lec.no. | Subjects | Lecturer | Hours |
|---------|---|-----------|-------|
| 1- | Introduction to microbiology and medicine. Bacterial cell structure. | Dr.Waleed | 2 |
| 2- | Host- parasite relationship Bacterial growth , Normal flora | Dr.Waleed | 2 |
| 3- | Metabolism Bacterial nutrition | Dr. Abbas | 2 |
| 4- | Medical genetic : gene transfer , replication , recombination genetic engineering in medicine | Dr. Abbas | 2 |
| 5- | Staphylococci | Dr.Shehab | 2 |
| 6- | Streptococci, Streptococcus pneumonia | Dr.Shehab | 3 |
| 7- | Bacillus:aerobic and anaerobic | Dr.Waleed | 3 |
| 8- | Neisseria spp. &Moraxcella | Dr.Waleed | 2 |
| 9- | Corynebacterium | Dr.Waleed | 2 |

| 10- | Mycobacterium | Dr.Shehab | 2 |
|-----|---|-----------|---|
| 11- | Enteric Bacteria E.coli &klebsiella & proteus | Dr. Abbas | 2 |
| 12- | Acinetobacter, Salmonella, Shigella & Pseudomonas yersenia, Francisella | Dr. Abbas | 2 |
| 13- | Parvobacteria | Dr.Shehab | 2 |
| 14- | Chlamydia & Mycoplasma | Dr.Waleed | 2 |
| 15- | Vibreo & Helicobacter و Vibreo | Dr. Abbas | 3 |
| 16 | Spirochaetes, | Dr.Shehab | 2 |
| 17 | Antimicrobial agents: Disinfection and antiseptic, antimicrobial resistant. | Dr.Waleed | 2 |
| 18 | Mycology | Dr. Abbas | 8 |

Schedule Laboratory Class of Medical Bacteriology

| No. | Subjects | Hours | Lecturer |
|-----|--|-------|-----------------------|
| 1 | Sterilization and Disinfection | 2 | م. عور عبد الكرن عارٍ |
| | Culture media | | |
| 2 | a- Types of culture mediab- Preparation of Nutrient agar platec- Preparation of Blood agar plate | 2 | م.م. زَ ُب خوُس |

| | d- Preparation of MacConkey's agar plate e- Preparation of Nutrient broth | | |
|---|--|---|-----------------------------|
| 3 | Pure culture techniques a- Study of colonies morphology b- Subculture techniques | 2 | م. عور عبد الكرَن عارٍ |
| 4 | Staining techniques a- Simple staining techniques b- Gram's stain | 2 | م.م. رقُهٔ قبطای |
| 5 | Biochemical Reaction Tests | 2 | م. عور عبد اللكرن عارٍ |
| 6 | a- Inoculate and streak on blood agar plate with culture provided b- Make Gram stain of the organism c- Take a culture of your nose by running a swab around the membrane of anterior nose d- Inoculate the nasal swab on blood agar and mannitol salt agar by streaking plate method for isolation of colonies e- Description of staphylococcus colonies on blood agar and Mannitol salt agar plates f- Perform a slides coagulase and Catalase tests for microorganism | 2 | م. عود ع4 الكرّن عادٍ |
| 7 | a- Description of streptococci colonies on blood agar b- Inoculate and steak on blood agar with the culture provided c- Make Gram stain of the organism | 2 | د. ه ٌنهٔ مداح ح <i>سي</i> |
| 8 | Pneumococci a- Description of the Pneumococci colonies on chocolate and blood agar b- Inoculate and steak on blood agar with the provided culture . c- Subculture the pneumococci in tube of brain heart infusion broth | 2 | د. ه ُتُهٔ مداح ح <i>سي</i> |

| | d- Make Gram stain of the organism | | |
|----|--|---|------------------------------------|
| 9 | Brucella a- Rose Bengal test and 2ME test b- Blood and bone marrow aspirate and cultivation for Brucella isolation | 2 | م. عور عبد الكرن عارٍ |
| 10 | a- Inoculation and streak on blood agar and chocolate agar with N. Catarrhalis b- Make gram stain for N. Catrhalis c- Perform the Oxidase test for N. catarhalis d- Examination of instant stained positive GC urethral smear . | 2 | د. ولُدُد اسواعَاُلُ العِبادُدُ |
| 11 | a- Make throat swab and stain with: 1- Albert's stain 2- Gram's stain b- Incubate the throat swab on blood agar, Tellurite agar and Tinsdal agar c- Examine standard slide for <i>C. diphtheriae</i> | 2 | م. عور عبد الكورن عارٍ |
| 12 | Sputum sample examination, stain the slide of sputum with Zeil-Nelsen stain | 2 | د. مد <i>ي</i> رانع |
| 13 | Bacillus a- Description of <i>B. subtilis</i> colonies on blood agar b- Make Gram stain for the organism c- Prepare heat fixed smear from the culture and stain with Spore stain | 2 | م .م. رقَّة قبطاي |
| 14 | Clostridia a- Demonstration of Clostridia | 2 | م. م. زَ ٌب خؤس |

| | b- Film of gas gangrene | | |
|----|---|---|------------------------|
| 15 | Enteric bacilli (<i>E. coli & K. spp.</i>) a- Inoculate and streak on MacConkeys agar with the culture provided b- Description of <i>E. coli & K.pneumoniae</i> colonies on MacConkeys agar plates c- Subculture of the microorganisms on the following media: 1- Peptone water 2- Glucose broth (2 tubes) 3- Slant of Simmon citrate | 2 | م. عور عبد الكرّن عارٍ |
| 16 | Proteus & Pseudomonas a- Inoculate and streak on MacConkeys agar with the provided culture. b- Description of Proteus & Pseudomonas colonies on MacConkeys agar plates c- Make gram stain for the organisms d- Performance of oxidase test for Pseudomonas e- Examination pseudomonas agar slant for pigment production f- Examination of glucose broth inoculated with Proteus g- Examination of urea broth inoculated with Proteus h- Examination the glucose sugar broth for fermentation | 2 | م.م. زَ ٿُب خوُس |
| 17 | Salmonella & Shigella a- Description of Salmonella & Shigella colonies on SS agar plates b- Widal test | 2 | م. عور عبد الكئرن عارٍ |
| 18 | Vibrio Demonstration on Non- Agglutinable Vibrios (NAG strain) | 2 | د. عباس م. م. زَرِّب |
| 19 | Antibiotic Sensitivity test - MIC | 2 | ا.م. د. ولُد م.م. رقُة |

| | Immunology (1st Lab.) | | |
|----|--|----|--|
| 20 | a- Precipitation (ring test, single and double immunodifusion) b- Agglutination (slide agglutination & tube agglutination tests) c- Complement fixation | 2 | د. ه ًڬۀ مداح د. مد <i>ي</i> |
| 21 | Immunology (2 nd Lab.) - ELISA | 2 | د. ه ً ^ن هٔ مداح د. مد <i>ي</i> |
| | Virology (1 st Lab.) | | |
| 22 | Isolation of viruses a- Tissue culture b- Embryonated egg c- Animal inoculation - Histological examination - Transformation - Slide projection | 2 | د. أىر أاجٍ د. هڬ ً |
| 23 | Virology (2 nd Lab.) a- Serological tests for identification of viruses b- Haemagglutination and Haemagglutination inhibition c- Viral neutralization d- Plague and plague reduction e- Gel diffusion f- Complement fixation test | 2` | د. م ^ن شُ عل ٍ د . صُر |
| 24 | Mycology (1st Lab.) a- Skin scraping b- Dermatophytosis diagnosis | 2 | د. ولُد م.م. زَ ّب خوُس |
| 25 | Mycology (2 nd Lab.) - Candida spp. | 2 | د. عباس عبدُد م.م. ز َدُب |

Bacteriology: 48 hours , Immunology: 4 hours **Virology:** 4 hours Mycology: 4 hours

Total Practical hours: 60 hours.

References:

1- Bacteriology illustrated by Gillies , R.R And Dodds, T.C. ,Churchill Livingstone publisher

- 2- Jawetz, Melnick& Adelbergs Medical microbiology by Geo F. Brooks, Karen C. Carroll, Janet Butel, Stephen A. Morse & Timothy A. Mietzner, 26th ed. 2013, Mc Grow Hill Lange Publishers, New York USA.
- 3- Microbiology A Photographic Atlas For The Laboratory By Steve K. Alexander And Dennis Street, Benjsmin Cummings Publishers 2001, New York USA.
- 4- Internet websites.
- 5- Atlas of Pathogenic Fungi, Wolf Publishers U. k.

Medical Immunology Subject (15 hours)

| No. | Lecture title |
|-----|---|
| 1 | Introduction: |
| | Innate immunity Humeral mediators; App, CRP, MBL natural antibodies, IFNs. Cells; phagocytic cells (M¢/ monocytes pmN); (1hr) |
| 2 | killing mediated by those cells: extracellular killing mechanism and intracellular killing mediated by O2 independent pathway & O2 dependent pathways;. |
| | Primary Immune response and secondary immune response. |
| | Passive transfer immunity from mother to her infant. (1hr) |
| 3 | Adaptive immunity: |
| | Cells involved in adaptive immunity; T cells origin, differentiation, tolerance to self antigen and T cells subsets, antigen recognition activation, mechanisms of cell migration, role of T subsets in diseases, cytokines, Immune regulation by T cells. (1 hr.) |
| 4 | B cells, Origin, differentiation activation, plasma cells, class switching, Immunoglobulins; classes, role in Immune activity biological activities for each class, Immune regulation by Abs & B cells, B and T cells interaction. (1 hr.) |

| 5 | Antigens: types of antigens, T dependent antigens & T independent antigens, superantigens adjuvants & the roles of each one in immunity. Disease prevention by immune response; Active and passive immunization, vaccination: effectiveness of vaccines, current vaccines, vaccine safety. (1 hr.) |
|----|--|
| 6 | MHC: Typed, cells expressed MHC, Diseases mediated by expression of certain MHC. (1 hr.) |
| 7 | Complement; Activation, Biological effect, diseases mediated by any defect in complement components (1 hr) |
| 8 | Hypersensitivity(Type I, II): - mechanisms of damage mediated by each type Bronchial reactions, Factors involved in the development of allergy the concept of allergic breakthrough. Reactions against tissue antigens reactions against blood cells. (1 hr) |
| 9 | Hypersensitivity(Type III,IV): Types of Immune complex diseases. Contact hypersensitivity, tuberculosis hypersensitivity. (1hr) |
| 10 | Autoimmunity and autoimmune disease: The spectrum of auto immune disease, pathogenesis, Etiology. (1 hr) |
| 11 | Infection and immunity: Immunity to viruses = strategies for evading, immune defences immunopathology. Immunity to bacteria & fungi. Immunity to protozoa & worms. (2 hrs) |
| 12 | Tumor immunology: |
| | A Tumor associated antigens |
| | Tumor immune respons and Escape mechanisms. (1 hr) |

| 13 | Transplantation: B. Transplantation= Barriers to transplantaion, The laues of | | |
|----|--|--|--|
| | transplantation, The Role of lymphocytes in rejection prevention of rejection. | | |
| | (1hr) | | |
| 14 | Immunodeficiency (1hr) | | |
| | | | |

Schedule lecture of Medical Virology Assistant Prof Dr: Muthana Ali Khalil Lecturer Dr. Noor Naji Radeef

| No. | Title of Lecture | Duration |
|-----|---|----------|
| | | |
| 1 | Introduction to Viruses | 1Hour |
| 2 | Viral replication | 1Hour |
| 3 | Vaccination | 1Hour |
| 4 | Antiviral Drugs chemotherapy | 1Hour |
| 5 | Pathogenesis of the viruses | 1Hour |
| 6 | DNA Enveloped Viruses include | 1Hour |
| | Herpes viruses, Pox viruses | |
| 7 | DNA-Non-Enveloped Viruses include human Papilloma viruses, | 1Hour |
| | Adeno viruses and Parvovirus's | |
| 8 | RNA-enveloped viruses include Rhabdo viruses Family (Rabies | 1Hour |
| | virus) | |
| 9 | RNA non envelope viruses include Reo of Rota viruses | 1Hour |
| 10 | Orthomyxoviridae | 1Hour |
| 11 | Paramyxovaridae | 1Hour |
| 12 | Hepatitis viruses | 1Hour |
| 13 | Retroviruses including Human immunodeficiency viruses (HIV) | 1Hour |
| | causing of AIDS | |
| 14 | Picorna varidae | 1Hour |

Schedule lectures of Medical Mycology Assistant Prof Dr. Abbas Obaied Farhan

| No. | Subjects | Duration |
|-----|--|----------|
| 1- | Introduction to Medical Mycology, Classification of fungi. | 2 Hours |
| | Superficial mycoses: Pityriasis versicolor, Classification of Tinea, | |
| 2- | Cutaneous mycoses, Subcutenous Mycoses Sporothrix schenkii, | 1 Hour |
| | Mycetoma | |
| 3- | Coccidiodes immitis, Histoplasma capsulatum, Blastomyces | 1 Hour |
| | dermatitidis | |
| | Paracoccidioides brasiliensis | |
| 4- | Opportunistic Mycoses, Candidia spp., Cryptococcus neoformans, | |
| | Aspergillosis | 2 Hours |
| 5- | Actinomycetes, Nocardiosis | 1 Hour |
| 6- | Mycotoxins & Antifungal Chemotherapy | 1 Hour |

References:

- 1- Jawetz, Melnick& Adelbergs Medical microbiology by Geo F. Brooks, Karen C. Carroll, Janet Butel, Stephen A. Morse & Timothy A. Mietzner, 26th ed. 2013, Mc Grow Hill Lange Publishers, New York USA.
- 2-Medical Microbiology By Cruikshank RR. et al.
- 3-Medical Microbiology By Thomas.
- 4- Medical Mycology By Emmons.
- 5- Immunology Male, D. Brostoff J. and Roitt I., 17^h ed. Elsevier's pub.2012.
- 6- Clinical Immunology By Stiets.
- 7- practical medical microbiology by Davis
- 8- Baily And Scotts Diagnostic Microbiology , by Forbes A.B., Saham F.D. And Wiessfeld S.A. , 12^{th} Ed. Mosby Pub. 2007.
- 9- Basic Laboratory Procedures In Clinical Bacteriology 2nd Ed. 2003 WHO Geneva.
- 10-Internet Websites.

Department of Microbiology

Subject: Medical Parasitology Third Year Of M.B.&B.Ch Program

| Time I car of 102 | indication in the state of the | | | |
|----------------------|---|---------------------------|--|--|
| Allocated | 100 marks | | | |
| marks | | | | |
| Course duration | 30 weeks (one academic year) | September to May | | |
| Total teaching hours | 60 hours lectures + 60 hours practical classes | | | |
| Course director | Prof. Assist. Dr. Sarab F. Al-Ani | Micobiology | | |
| | L.Dr. Huda R. Sabar ,L.Dr. Muntaha | Department | | |
| | M.Hasan | | | |
| Teaching | 1 Assistant professors, 2 lecturer a | and 2 assistant lecturers | | |
| staff | | | | |

Introduction:

Parasitology is an important component of clinical laboratory medicine. The results obtained through specimen examination for parasites, provide invaluable information regarding the diagnosis and treatment of human disease. Tracking the epidemiology of such organisms as well as establishing prevention mechanisms may be accomplished with the assistance of this information. Although numerous advances in technology have been developed during recent years, the traditional technique of manually processing and examining the samples both macroscopically and microscopically still occurs in select clinical settings. It is critical that well-educated and highly trained individuals perform these procedures as well as read and interpret the results. Thus, the goal of this year is to provide such information for students preparing for a career in laboratory medicine, for learners in related disciplines, which include parasitology, and for clinical practitioners.

Objectives:

- 1. To provide students with knowledge concerning biological, epidemiological and ecological aspects of parasites causing diseases to humans.
- 2. To enable students to understand the pathogenesis, clinical presentations and complications of these diseases.
- 3. To enable students to reach diagnosis and know the general outline of treatment, prevention and control of parasitic infections.
- 4. To provide students with adequate knowledge about endemic parasites and national parasitic problems.

Intended:

I: Knowledge and understanding:

By the end of the course, students should be able to:

- 1-Describe the world distribution of important parasitic infections and explain the factors determining such distribution and their socioeconomic impact on the community.
- 2-Describe the morphology and life cycle of parasites of medical importance.
- 3-Describe pathogenesis, clinical signs and symptoms and complications of parasitic infections.
- 4-Outline the treatment for various parasitic infections and mention the methods of prevention and control of infection on individual and community levels.
- 5-Discuss the methods of recovery of parasites from environmental samples and their culture methods.
- 6-Describe common arthropods of medical interest and explain their medical importance and methods of combat.
- 7-Outline of fundamental immunology and molecular biology applicable in parasitology to achieve better and accurate diagnosis.
- 8-Enumerate complication associated with parasitic infections and manipulation of infectious materials especially in hospitals.

II- Professional and Laboratory Skills:

By the end of the course, student should be able to

- 9-Identify microscopically different parasites as well as their different stages (eggs, cysts and larvae) or any of their body parts (segments, hooks and scolices) examination urine or stool.
- 10-Diagnose haemoparasites detectable in blood films.
- 11-Identify parasites and their different stages through examination of mounted slides.
- 12-Identify different parasites in tissue and demonstration of their reactions in such tissues by naked eye (Jars).
- 13-Identify arthropods of medical importance through examination of whole body or any part in mounted specimens.

Components and duration:-

| No. | Components | Duration in hours | Units |
|-----|-----------------------|-------------------------------------|-------|
| 1. | Medical protozology | 15 weeks (30 h.)Theoretical+(30 h.) | 3 |
| | | Practical. | |
| 2. | Medical Helminthology | 15 weeks (30 h.)Theoretical+(30 h.) | 3 |
| | | Practical. | |

Places of completion the curriculum:

- 1. Studying hall in the college.
- 2. Parasitology laboratory.

Materials used to accomplish the curriculum:

- 1. Microscopes (light M., Dissecting M.)
- 2. Permanent stained slides.
- 3. Stains, Fixative materials, Preservative solutions.
- 4. Charts, Atlases of Medical Parasitology as Life cycle, Stages, Eggs.
- 5. Teaching Videos.
- 6. Fresh specimens for lab. Training as stool, urine .

Syllabus of the theoretical lectures:

| No. | Name of lecture | Name of Lecturer | Duration in hour |
|-----|--|-------------------------|------------------|
| 1. | I- Protozology | Assist. Prof. Dr. Sarab | 2 |
| | Introduction to parasitology | Alani | |
| | (unicellular parasites) | | |
| 2. | - Intestinal protozoa | Assist. Prof. Dr. Sarab | 2 |
| | Introduction & Entamoeba histolytica | Alani | |
| | (pathogenic amoebas) | | |
| 3. | Extraintestinal amoebiasis | Assist. Prof. Dr. Sarab | 2 |
| | (complications) | Alani | |
| 4. | Free living amoebae | L.Dr. Muntaha M.Hasan | 2 |
| 5. | Non-pathogenic amoebas Commensal | Assist. Prof. Dr. Sarab | 2 |
| | amoebae & Balantidium coli | Alani | |
| 6. | Flagellates, introduction | L.Dr. Huda R. Sabar | 2 |
| | Intestinal Flagellates - Giardia lamblia | | |
| 7. | Urogenital protozoa- Trichmonas spp. | L.Dr. Huda R. Sabar | 2 |
| | & Non-pathogenic Flagellates | | |
| 8. | -Blood & tissue protozoa | L.Dr. Huda R. Sabar | 2 |
| | Leishmania species | | |
| 9. | Trypanosomes species | L.Dr. Muntaha M.Hasan | 2 |
| 10. | Sporozoa –introduction and general | Assist. Prof. Dr. Sarab | 2 |
| | characters. | Alani | |
| | Malaria (-Plasmodium species) | | |
| 11. | -Plasmodium species & Babesia | Assist. Prof. Dr. Sarab | 2 |
| 10 | - | Alani | 2 |
| 12. | Cryptosporidium parvum | L.Dr. Muntaha M.Hasan | 2 |
| 13. | T. 1 1 | Assist. Prof. Dr. Sarab | 2 |
| | -Toxoplasma gondii | Alani | |
| 14. | Cyclospora & Isospora & Emeriae | L.Dr. Muntaha M.Hasan | 2 |
| 15. | Microsporidia & opportunistic | L.Dr. Muntaha M.Hasan | 2 |
| | protozoa | | |

| 16. | II-Helminthology Introduction and general characters | Assist. Prof. Dr. Sarab Alani | 2 |
|-----|--|----------------------------------|---|
| 17. | Trematoda – liver Flukes Fasciola species, Chlonorchis sinensis and less common liver F. | Assist. Prof. Dr. Sarab Alani | 2 |
| 18. | Intestinal & Lung Flukes Fasciolopsis buski , Heterophyes heterophyes , Metagonimus yokogawi, -Paragonimus westermani | L.Dr. Muntaha M.Hasan | 2 |
| 19. | Blood Flukes Schistosoma species | L.Dr. Muntaha M.Hasan | 2 |
| 20. | Cestoda -Introduction and general characters | Assist. Prof. Dr. Sarab Alani | 2 |
| 21. | Echinococcus species (hydatid cysts) | Assist. Prof. Dr. Sarab Alani | 2 |
| 22. | Taenia species Human cysticercosis Multiceps multiceps | L.Dr. Huda R. Sabar | 2 |
| 23. | Diphyllobothrium species -Hymenolepis species -Extraintestinal Cestodes | L.Dr. Huda R. Sabar | 2 |
| 24. | Nematoda Intestinal nematodes -Introduction, <i>Trichuris trichiura</i> , <i>Trichnella spiralis</i> | Assist. Prof. Dr. Sarab Alani | 2 |
| 25. | Ascaris lumbricoides Trichostrongylus & Strongyloides | L.Dr. Huda R. Sabar | 2 |
| 26. | Hook worms | Assist. Prof. Dr. Sarab Alani | 2 |
| 27. | Enterobius vermicularis Blood and Tissue nematodes -Dracunculus medinensis | L.Dr. Huda R. Sabar | 2 |
| 28. | Filarial worms Wuchereria bancrofti & Brugia malayi -Onchocerca volvulus & Loa loa - Larva migrans (visceral and cutaneous). | Assist. Prof. Dr. Sarab Alani | 2 |
| 29. | Medical arthropods –I -Introduction & Mosquitoes -Phlebotomus spp, Simulidae ceratopogonidae & Tabanidae | L.Dr. Muntaha M.Hasan | 2 |

| | -Muscidae - Calliphoridae& Oestridae, Myiasis | | | | | |
|-----|--|------------------|-------|-----|-------|---|
| 30. | Medical arthropods –II -Fleas –Lice –Bugs -Ticks -Mites -Scorpion –Cyclops –Control of arthropods & Insecticides | Assist. Alani | Prof. | Dr. | Sarab | 2 |

Syllabus of the practical lectures:

| No. | Name of lecture | Name of lecturer | Duration |
|-----|---------------------------------------|-------------------------|----------|
| | | | in hour |
| 1. | Introduction & Entamoeba histolytica | Assist. Prof. Dr. Sarab | 2 |
| | (pathogenic amoebas) | Alani | |
| | | Ass .L. Zainab | |
| | | AlAlwani | |
| 2. | Non pathogenic amoebas | L.Dr. Huda R. Sabar | 2 |
| | | Ass.L. Ruqaya Kabtan | |
| 3. | Free –lining Amoebas | L.Dr. Muntaha | 2 |
| | | M.Hasan Ass.L. Zainab | |
| | | AlAlwani | |
| 4. | Intestinal flagellates | Assist. Prof. Dr. Sarab | 2 |
| | | Alani | |
| | | Ass.L. Ruqaya Kabtan | |
| 5. | Atrial Flagellates (pathogenic ad | L.Dr. Huda R. Sabar | 2 |
| | commensals) | Ass.L. Zainab | |
| | | AlAlwani | |
| 6. | Examination of tarter or black around | L.Dr. Muntaha | 2 |
| | teeth (Trichmonas tenax & Entamoeba | M.Hasan Ass.L. Zainab | |
| | gingivalis) | AlAlwani | |
| 7. | Heamoflagellates | Assist. Prof. Dr. Sarab | 2 |
| | Leishmania spp. | Alani | |
| | | Ass.L. Ruqaya Kabtan | |
| 8. | Trypanosoma spp. | L.Dr. Huda R. Sabar | 2 |
| | | Ass.L. Zainab | |
| | | AlAlwani | |
| 9. | Ciliata (Balantidium coli) | L.Dr. Muntaha | 2 |
| | , , , , , , , , , , , , , , , , , , , | M.Hasan Ass.L. Zainab | |
| | | AlAlwani | |
| 10. | Sporoza | Assist. Prof. Dr. Sarab | 2 |
| | Malaria (Plasmodium spp.) | Alani | |
| | | | |
| | | Ass.L. Zainab | |
| | | AlAlwani | |
| 11. | Toxoplasmosis | Assist. Prof. Dr. Sarab | 2 |

| | | Alani | |
|-----|----------------------------------|--|---|
| | | A I D IZ 1. | |
| 10 | | Ass.L. Ruqaya Kabtan | 2 |
| 12. | Intestinal sporozoa 1 | Assist. Prof. Dr. Sarab Alani | 2 |
| | | Ass.L. Zainab | |
| | | AlAlwani | |
| 13. | Intestinal sporozoa 2 | L.Dr. Huda R. Sabar | 2 |
| 13. | intestinai sporozoa 2 | Ass.L. Zainab | 2 |
| | | AlAlwani | |
| 14. | opportunistic protozoa | L.Dr. Muntaha | 2 |
| | opportunities protozou | M.Hasan Ass.L. Zainab | _ |
| | | AlAlwani | |
| 15. | General Stool examination | L.Dr. Muntaha | 2 |
| | | M.Hasan Ass.L. Zainab | |
| | | AlAlwani | |
| 16. | Simple seminars about parasites | Assist. Prof. Dr. Sarab | 2 |
| | | Alani | |
| | | | |
| | | Ass.L. Zainab | |
| | | AlAlwani | |
| 17. | liver Flukes | L.Dr. Huda R. Sabar | 2 |
| | | Ass.L. Zainab | |
| | | AlAlwani | |
| 18. | Intestinal & Lung Flukes | Assist. Prof. Dr. Sarab | 2 |
| | | Alani | |
| 10 | Disad Chalasa | Ass.L. Ruqaya Kabtan | 2 |
| 19. | Blood Flukes | L.Dr. Muntaha M.Hasan Ass.L. Zainab | 2 |
| | | AlAlwani | |
| 20. | Hydatid cysts | Assist. Prof. Dr. Sarab | 2 |
| 20. | 11ydatid Cysts | Alani | 2 |
| | | Ass.L. Ruqaya Kabtan | |
| 21. | Taenia species | L.Dr. Huda R. Sabar | 2 |
| | - 333333 °F 22333 | Ass.L. Zainab | _ |
| | | AlAlwani | |
| 22. | Diphyllobothrium species | L.Dr. Muntaha | 2 |
| | | M.Hasan Ass.L. Ruqaya | |
| | | Kabtan | |
| 23. | -Hymenolepis species | L.Dr. Huda R. Sabar | 2 |
| | | Ass.L. Zainab | |
| | | AlAlwani | |
| 24. | Intestinal nematodes, Trichuris | L.Dr. Muntaha | 2 |
| | trichiura, Trichnella spiralis | M.Hasan Ass.L. Zainab | |
| | | AlAlwani | |
| 25. | Ascaris lumbricoides | Assist. Prof. Dr. Sarab | 2 |
| | Trichostrongylus & Strongyloides | Alani | |
| 2.5 | TT 1 | Ass.L. Ruqaya Kabtan | |
| 26. | Hook worms | Assist. Prof. Dr. Sarab | 2 |

| | | Alani | |
|-----|--|--|---|
| | | Ass.L. Zainab AlAlwani | |
| 27. | Enterobius vermicularis -Dracunculus medinensis. | L.Dr. Muntaha M.Hasan Ass.L. Ruqaya Kabtan | 2 |
| 28. | Filarial worms | L.Dr. Huda R. Sabar Ass.L. Zainab AlAlwani | 2 |
| 29. | Medical arthropods –I | Assist. Prof. Dr. Sarab Alani | 2 |
| | | Ass.L. Zainab AlAlwani | |
| 30. | Medical arthropods –II | L.Dr. Muntaha M.Hasan Ass.L. Ruqaya Kabtan | 2 |

Methods of assessment:

| No. | Exam | Type of assessment | Marks |
|-----|--------------------------|---|-------|
| 1. | First term (theoretical) | Examination in the same theoretical lecture | 10 |
| | | (MCQ, assay, clinical cases). | |
| 2. | First term (Practical) | Identification the microscopically slides and | 5 |
| | | short answers about these slides. | |
| 3. | Second term | Examination in the same theoretical lecture | 10 |
| | (theoretical) | (MCQ, assay, clinical cases). | |
| 4. | Second term (Practical) | Identification the microscopically slides and | 5 |
| | | short answers about these slides. | |
| 5. | Final Exam | Examination in the same theoretical lecture | 50 |
| | (theoretical) | (MCQ, assay, clinical cases). | |
| 6. | Final Exam(Practical) | Identification the microscopically slides and | 20 |
| | | short answers about these slides. | |

References:-

- 1- Clinical Parasitology A PRACTICAL APPROACH Elizabeth A. Gockel-Blessing (formerly Zeibig), PhD, MLS(ASCP)CM, Second Edition, 2013, 1997 by Saunders, an imprint of Elsevier Inc.
- 2- Textbook of MEDICAL PARASITOLOGY SIXTH EDITION CK Jayaram Paniker JAYPEE BROTHERS MEDICAL PUBLISHERS (P) LTD, New Delhi Sixth Edition: 2009, ISBN 81-8061-937-0, Typeset at JPBMP typesetting unit Printed at Ajanta Offset.
- 3- Foundations of parasitology, Gerald D. schmidt & Larry S. Roberts'. EIGHTH EDITION 2009.
- 4- Essential of human parasitology -2ed edition, Judith S.Heelan and Frances W. Ingersoll. 2015.
- 5- ATLAS OF MEDICAL PARASITOLOGY, Shiba Kumar Rai, Kobe University School of Medicine, Kobe, Japan. 2009.
- 6- ATLAS OF MEDICAL HELMINTHOLOGY AND PROTOZOLOGY, 2003 .Peter L.C. & Anthony H. M.

Department of Pathology and Forensic Medicine

Subject: Pathology

Academic year: Third year

Course coordinator: Assist. Prof. Dr. Nafea Sami Al-Esawi

Assistant Professor and Head of pathology and forensic medicine Department

Teaching staff:

1. Three assistant professors.

2. One lecturer.

3. Two assistant lecturers. **Allocated marks:** 100 marks.

Course duration: One academic year.

Introduction:

The primary goal of the pathology course is to initiate the medical student in the study of disease. Without a clear understanding of the etiology (cause), pathogenesis (development), and pathophysiology of disease, clinical medicine would mean little more to the student than memorization of clinical syndromes and the empirical treatments applied to them.

Pathology course is taught during both the third and fourth years of this medical school. The general format is to introduce a topic with a one-hour lecture to the entire class. Following this, the class is divided into 2-3 laboratory groups, for informal, interactive sessions in which gross specimens, kodachromes, virtual microscopic images and case discussions are utilized.

Recently the methodology was designed to improve students' problem-solving and independent study skills.

Pathology is a medical specialty that is concerned with the diagnosis of disease based on the gross, microscopic, chemical, immunologic and molecular examination of organs, tissues, and whole bodies (autopsy).

An understanding of human pathology provides a fundamental framework for the accurate diagnosis and proper treatment of patients with medical problem, a significant population of any medical practice. The purpose of this curriculum is to provide a basic detailed plan for teaching systemic pathology in our college. The curriculum also describes the subjects and topics in systemic pathology given for medical student.

The pathology Department in the College of Medicine, University of Anbar hosts the medical students on training course for 105 hours/yr. Our aim is to enhance the knowledge of our students and let them be aware about the first steps in studying diseases in their clinical life.

To achieve this purpose, hard work and appropriate methods of learning were carried out by our academic staff.

Overall Aims:

The course is designed to introduce the student to:

- 1. Pathologic terms.
- 2. Basic alterations in cells and tissues that eventually lead to disease(s).
- 3. The correlation between pathologic changes and the function of affected organs.
- 4. Follow the course of the disease and its complications.
- 5. Understand the clinical presentation and the outcome of the disease.
- 6. Encourage the students for self-learning and how to work independently and effectively in small groups.

General Objectives:

At the end of the course students should be able to:

- 1. Recognize the basic concepts of pathology and pathogenesis and to list causes of disease.
- 2. Describe major concepts of reversible and irreversible cell injury and to discriminate between necrosis and apoptosis.
- 3. Define steatosis, hyaline changes, calcification and hemochromatosis.
- 4. Describe mechanism of acute inflammation, to list causes of inflammation, to define granuloma, and to list causes of granulomatous inflammation.
- 5. Define tissue renewal and repair, to describe scar formation and fibrosis.
- 6. Define edema and enumerate its causes, to describe congestion, to define shock and list its causes.
- 7. Define mutation, to be familiar with patterns of genetic disorders and to know the concept of molecular diagnosis.
- 8. Outlines types of hypersensitivity reaction, to define transplant rejection, to define autoimmune disease and describe types of Immunologic deficiency.
- 9. Define neoplasia, to name different tumors, to differentiate between benign and malignant neoplasms and to know basic concepts of molecular basis of cancer.
- 10. outline general principles of microbial infections and to be familiar with major viral, bacterial, fungal and parasitic infections.
- 11. Recognize relation between environmental exposures and disease, to be familiar with effects of smoking and alcoholism and to be familiar with under nutrition and obesity.
- 12. Describe major congenital heart disease, to be familiar with ischemic heart disease and to basic concepts of myocardial and pericardial disorders.
- 13. Recognize the major disorders arising on background of increased or decreased hormone production and tumor mass effect.
- 14. Describe major types of pneumonia, to discriminate between obstructive and restrictive pulmonary diseases and to be familiar with bronchogenic carcinoma.
- 15. Recognize and describe the common skin disorders

Components, duration and units of the curriculum

| No | Components | Duration | Unit |
|----|----------------------|-----------|------|
| 1 | Theoretical lectures | 60 hours | 4 |
| 2 | Pactical course | 45 hours | 1.5 |
| 3 | Total | 105 hours | 5.5 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. pathological lab in the college

Material used for completion the curriculum:

- 1. Audiovisual aids through animations and diagrams.
- 2. Interaction with the students through questions.
- 3. Power point presentation.
- 4. Diagrams and posters
- 5. Video tapes and movies.
- 6. Kodachromes slides (including gross, microscopic, special stain, ultrastructural, radiological, clinical ... slides).
- 7. Gross specimen
- 8. Glass slides.

Syllabus:

Teaching Techniques:

Teaching will be conducted using the following techniques:

- 1. Theoretical Sessions:
 - lectures were designed to cover most of topics in human anatomy. In addition to hints on surface anatomy, Radiology, clinical applications are given whenever appropriate.
 - The time of the lecture is 50 minutes.
 - There are 2 lecture/week and one discussion lecture/week.
- 2. Practical Sessions:
 - The practical sessions follow the theory lectures in the same week.
 - The students are divided into 2 groups (A, B).
 - Each group is subdivided into 6 subgroups.
 - The time of each session is 2hr.
 - There are 2 session / week.

| | Theoretical lectures | | | |
|-------------|--|--|--|--|
| we ek | Topic | Objective | | |
| 1 | Introduction: 1-Definitions of pathology, pathogenesis and etiology. 2-Morphologic changes. 3-Functional derangement and clinical manifestation | At the end of the course the student should be able to describe basic concepts of pathology and pathogenesis and to list causes of disease. | | |
| 2 & 3 | Cell injury, adaptation and deposits: Cellular Responses to Stress and Noxious Stimuli Cellular Adaptations of Growth and Differentiation Cell Injury and Cell Death Causes of Cell Injury Mechanisms of Cell Injury Reversible and Irreversible Cell Injury Morphology of Cell Injury and Necrosis Examples of Cell Injury and Necrosis Apoptosis. Intracellular Accumulations Steatosis (Fatty Change) hyaline change pigments Pathologic Calcification. Hemochromatosis and hemosiderosis. | At the end of the course the student should be able to: 1-Describe major concepts of reversible and irreversible cell injury and to discriminate between necrosis and apoptosis. 2-Define steatosis, hyaline changes, calcification and hemochromatosis. 3-Recognize the major types of deposits and their significances in human body. | | |
| 4 & 5 | Inflammation: General Features of Inflammation Acute Inflammation Chemical Mediators of Inflammation Outcomes of Acute Inflammation Morphologic Patterns of Acute Inflammation Chronic Inflammation Granulomatous inflammation Systemic Effects of Inflammation Consequences of Defective or Excessive Inflammation. | At the end of the course the student should be able to describe mechanism of acute inflammation, to list causes of inflammation, to define granuloma, and to list causes of granulomatous inflammation. Also student has to know the effect of some defect in inflammatory response. | | |

| 6 & 7 | Healing and Repair: Definitions Control of Normal Cell Proliferation and Tissue Growth Mechanisms of Tissue Regeneration Extracellular Matrix (ECM) and Cell-Matrix Interactions Repair by Healing, Scar Formation, and Fibrosis Cutaneous Wound Healing | At the end of the course the student should be able to define tissue renewal and repair, to describe scar formation and fibrosis. |
|----------------------|--|--|
| | 7. Fibrosis8. Overview of Repair Responses After Injury and Inflammation | |
| 8,9 & 10 | Hemodynamic Disorders 1. Edema and heart failure 2. Hyperemia and Congestion 3. Hemorrhage 4. Hemostasis and Thrombosis 5. Shock. | At the end of the course the student should be able to define edema to list causes of edema, to describe congestion, describe the types of hemorrhage and their sequences and effects, thrombosis and its effect, to define shock and to list causes of shock. |
| 11 & 12 | Genetic Disorders Mutations Mendelian Disorders Disorders with Multifactorial Inheritance Cytogenetic Disorders Single-Gene Disorders with Nonclassic Inheritance Molecular Diagnosis Diagnosis of Genetic Diseases | At the end of the course the student should be able to define mutation, to be familiar with patterns of genetic disorders and to know the concept of molecular diagnosis. |
| 13, 14 & 15 | Immune pathology Mechanisms of hypersensitivity reactions Transplant rejection Autoimmune diseases Immunologic tolerance Immunologic deficiency syndromes. | At the end of the course the student should be able to describe types of hypersensitivity reaction, to define transplant rejection, to define autoimmune disease and describe types of Immunologic deficiency. |
| 16, 17 & 18 | Neoplasia 1. Definitions 2. Nomenclature | At the end of the course the student should be able to define neoplasia, to name different tumors, to |

| | Biology of Tumor Growth Benign neoplasm. Malignant Neoplasms Molecular Basis of Cancer Carcinogenic Agents and Their Cellular Interactions Host Defense against Tumors—Tumor Immunity Clinical Features of Tumors | differentiate between benign and malignant neoplasms and to know basic concepts of molecular basis of cancer. |
|----------------------|---|---|
| 19 | Infectious diseases 1. General Principles of Microbial Pathogenesis 2. Viral Infections 3. Bacterial Infections 4. Fungal Infections 5. Parasitic Infections. | At the end of the course the student should be able to describe general principles of microbial infections and to be familiar with major viral, bacterial, fungal and parasitic infections. |
| 20 | Environmental and Nutritional Pathology Environment and Disease Common Environmental and Occupational Exposures Tobacco Use Alcohol Abuse Nutrition and disease: nutritional deficiencies, obesity. | At the end of the course the student should be able to describe relation between environmental exposures and disease, to be familiar with effects of smoking and alcoholism and to be familiar with under nutrition and obesity |
| 21, 22 & 23 | Cardiovascular system 1. Congenital Heart Disease 2. Ischemic Heart Disease 3. Hypertensive Heart Disease 4. Valvular Heart Disease 5. Cardiomyopathies 6. Pericardial Disease 7. Tumors of the Heart. | At the end of the course the student should be able to describe major congenital heart disease, to be familiar with ischemic heart disease and to basic concepts of myocardial and pericardial disorders. |
| 24, 25 & 26 | Respiratory system Pulmonary Infections Obstructive Pulmonary Diseases Restrictive Pulmonary Diseases Diffuse Interstitial (Infiltrative, Restrictive) Diseases Tumors. Upper respiratory tract. | At the end of the course the student should be able to describe major types of pneumonia, to discriminate between obstructive and restrictive pulmonary diseases and to be familiar with broncogenic carcinoma. Describe upper respiratory tract diseases |

| | 7. Pleura. | and pleural diseases. |
|-------------------|---|---|
| 27, 28 & 29 | Pituitary gland: clinical manifestations of pituitary disease, pituitary adenomas and hyperpituitarism, hypopituitarism, posterior pituitary syndromes and hypothalamic suprasellar tumors Thyroid gland: hyperthyroidism, hypothyroidism, thyroiditis, Graves disease, diffuse and multinodular goiters and neoplasms of the thyroid. Hyperparathyroidism and hypoparathyroidism Diabetes mellitus Adrenal glands: hypercortisolism (cushing syndrome) and adrenal insufficiency and pheochromocytoma. | Recognize the major disorders arising on background of increased or decreased hormone production and tumor mass effect. |
| 30 | 1. Definitions of macroscopic terms 2. Definitions of microscopic terms 3. Disorders of Pigmentation and Melanocytes 4. Benign and malignant Epithelial Tumors 5. Acute inflammatory dermatoses 6. Chronic inflammatory dermatoses 7. Infection and Infestation. | At the end of the course the student should be familiar with common skin disorders. |

| | Practical course | | | |
|-------------|--|---|--|--|
| 1 | Introduction Definitions of pathology, pathogenesis and etiology. Definition of biopsy and techniques. Cytopathology technique. | At the end of the course the student should be able to describe basic concepts of pathology and pathogenesis and to describe method of handling biopsy and cytology specimens | | |
| 2 & 3 | Cell injury 1- Squamous metaplasia. 1- Hyperplasia: Endometrial and prostatic 2- Hypertrophy: ventricular, myometrium. 3- Atrophy: brain. | At the end of this course, students have to be familiar with metaplasia, dysplasia, hyperplasia, hypertrophy and atrophy. | | |

| 4 | Acute inflammation Acute appendicitis: causes, pathogenesis, gross and microscopic features and complications. | At the end of the course the student should be able to describe basic vascular and cellular changes of acute inflammation. |
|--------------|--|---|
| 5 | Chronic inflammation Nasal polyp: causes, pathogenesis, gross and microscopic features and complications. Chronic cystitis: causes, pathogenesis, gross and microscopic features and complications. Chronic cholycystitis: causes, pathogenesis, gross and microscopic features and complications. | At the end of the course the student should be able to describe basic histologic changes of chronic inflammation. |
| 6 | Chronic granulomatous inflammation T.B lymphadenitis: causes, pathogenesis, gross and microscopic features and complications. Foreign body granuloma: causes, pathogenesis, gross and microscopic features and complications. | At the end of the course the student should be able to describe basic histologic changes of chronic granulomatous inflammation. |
| 7 & 8 | Coronary artery atheroma: causes, pathogenesis, gross and microscopic features and complications. Atheroma with thrombosis: causes, pathogenesis, gross and microscopic features and complications. Pulmonary infarction: causes, pathogenesis, gross and microscopic features and complications. Net meg liver: causes, pathogenesis, gross and microscopic features and complications. Net meg liver: causes, pathogenesis, gross and microscopic features and complications. Gamna-Gandy bodies in CVC-spleen. Pulmonary edema, heart failure cells | At the end of the course the student should be able to describe basic histologic changes of Hemodynamic Disturbances. |
| 9 & 10 | Degeneration and deposits: 1. Steatosis: causes, pathogenesis, gross and microscopic features and complications. 2. Calcification: causes, pathogenesis, gross and microscopic features and complications. 3. Hemochromatosis: causes, pathogenesis, gross | At the end of the course the student should be able to describe basic types of degeneration and deposits. |

| | and microscopic features and complications. 4. Hyaline liver changes: causes, pathogenesis, gross and microscopic features and complications. 5. Melanin pigments 6. Tattoo 7. Lipofuscin pigment. | |
|---------------|---|--|
| 11 & 12 | Neoplasia, benign tumors: Fibroadenoma breasts: causes, pathogenesis, gross and microscopic features and complications. Leiomyoma uterus: causes, pathogenesis, gross and microscopic features and complications. Lipoma: causes, pathogenesis, gross and microscopic features and complications. Osteochondroma. Nevus. Papilloma. | At the end of the course the student should be able to describe basic histologic features of benign tumors and the nomenclature of these neoplasms. |
| 13 & 14 | Neoplasia, Malignant tumors: Colorectal carcinoma: causes, pathogenesis, gross and microscopic features and complications. Breast carcinoma: causes, pathogenesis, gross and microscopic features and complications. Bronchogenic carcinoma: causes, pathogenesis, gross and microscopic features and complications. Liposarcoma. DFSP | At the end of the course the student should be able to describe basic histological features of malignant tumors and the nomenclature of these neoplasms. |
| 15 | Immunopathology A-Hashimoto's thyroiditis: causes, pathogenesis, gross and microscopic features and complications. B-Graves's disease: causes, pathogenesis, gross and microscopic features and complications. C-Thymic hyperplasia and myasthenia gravis. D- Sjogren Syndrome. | At the end of the course the student should be able to recognize basic histological features of common autoimmune diseases |
| 16 | Infectious diseases 1-Bacterial pneumonia. 2-Mucormycosis. | At the end of the course, students should be to describe main changes in different types of infection |

| _ | I = | T |
|----|--|---|
| 17 | Environment and nutritional diseases: 1-Smoking, bronchus: bronchitis, metaplasia 2-Alcohol abuse: Liver cirrhosis. | At the end of the course the student should have an idea about relation between environmental exposures and disease, to be familiar with effects of smoking and alcoholism. |
| 18 | Cardiovascular system-1: 1-MyocariaI infarction. 2-Ventricular hypertrophy. | Students at the end of this course have to be familiar with ischemic heart disease and ventricular hypertrophy. |
| 19 | Cardiovascular system-2: 1-Pericarditis. 2-Valvular disease. | Students have to be familiar with changes of valvular diseases and pericardial disorders. |
| 20 | Respiratory system-1 Bronchopneumonia: causes, pathogenesis, gross and microscopic features and complications. Lobar pneumonia: causes, pathogenesis, gross and microscopic features and complications. Bronchiactasis: causes, pathogenesis, gross and microscopic features and complications. | At the end of the course the student should be able to describe basic histological features of broncopneumonia, lobar pneumonia and bronchiectasis. |
| 21 | Respiratory system 2 1-non small cell lung carcinoma-squamous type 2-Small cell carcinoma: causes, pathogenesis, gross and microscopic features and complications. | At the end of the course the student should be able to describe basic histological features of major types of broncogenic carcinoma. |
| 22 | Upper respiratory tract 1- nasal polyp. 2-nasopharyngeal carcinoma. 3-Laryngeal nodule. 4-Laryrngeal carcinoma. | At the end of the course the student should be able to describe basic histological features nasal polyp, types of nasopharyngeal carcinoma, singer nodule and Ca-larynx. |
| 23 | Endocrine system Thyroiditis. Multinodular goiter: causes, pathogenesis, gross and microscopic features and complications | At the end of the course the student should be able to describe basic histologic features of multinodular goiter and thyroiditis. |

| | 3. Thyroid follicular adenoma. | |
|------------------------------------|---|---|
| | | |
| 24 | Papillary thyroid carcinoma. Papillary thyroid carcinoma. Follicular carcinoma: causes, pathogenesis, gross and microscopic features and complications. Pheochrmocytoma: causes, pathogenesis, gross and microscopic features and complications. | At the end of this course, students have to be able to recognize different types of thyroid carcinoma, pheochrmocytoma |
| 25 | Skin 1-Nevus. 2-squamous cell carcinoma. 3-basal cell carcinoma. | Student has to be able to describe common skin disorders. |
| 26, 27, 28, 29 & 30 | Small discussion group to discuss: 1-Surgical pathology, in term of: A-types of biopsy. B-principle of performing biopsy. C-Instruments used in biopsy technique. D-Handling of biopsy. E-histology technique, including dissection, fixation, dehydration, clearance, paraffin embedding, microtome sectioning, slide preparation, and staining. 2-Frozen section technique and its indication. 3-Use of EM in surgical pathology. 4-Immunohistochemsitry: technique, uses, types, indication, benefits, interpretation and limitation. | At the end of the course the student should be familiar with biopsy techniques, exisional and incisional types, types of fixatives, special stains, frozen section technique, applications of EM in surgical pathology and immunohistochemistry |

| No | Name of lecture | Name of Lecturer | Durati |
|-----|--|-------------------------------|--------|
| | | | on in |
| | | | hour |
| 1. | Introduction | Dr. Alae Abduqader | 2 |
| 2. | Cell injury, adaptation and deposits-1 | L. Dr. Alae Abduqader | 2 |
| 3. | Cell injury, adaptation and deposits-2 | L. Dr. Alae Abduqader | 2 |
| 4. | Inflammation-1 | L. Dr. Alae Abduqader | 2 |
| 5. | Inflammation-2 | L. Dr. Alae Abduqader | 2 |
| 6. | Healing and repair | L.Dr. Alae Abduqader | 2 |
| 7. | Hemodynamic disorders-1 | Assist. Prof. Dr. Arkan obaid | 2 |
| 8. | Hemodynamic disorders-2 | Assist. Prof. Dr. Arkan obaid | 2 |
| 9. | Hemodynamic disorders-3 | Assist. Prof. Dr. Arkan obaid | 2 |
| 10. | Genetics-1 | ASS. LECTURES WAFEA | 2 |

| | | RAWI | |
|-----|-------------------------------|-------------------------------|---|
| 11. | Genetics-2 | ASS. LECTURES WAFEA | 2 |
| | Genetics-2 | RAWI | |
| 12. | Neoplasia-1 | Assist. Prof. Dr. Nafea Sami | 2 |
| 13. | Neoplasia-2 | Assist. Prof. Dr. Nafea Sami | 2 |
| 14. | Neoplsia-3 | Assist. Prof. Dr. Nafea Sami | 2 |
| 15. | Immunopathology-1 | Assist. Prof. Dr.Ali Al Doori | 2 |
| 16. | Immunopathology-2 | Assist. Prof. Dr.Ali Al Doori | 2 |
| 17. | Immunopathology-3 | Assist. Prof. Dr.Ali Al Doori | 2 |
| | Immunopathology-3 | | |
| 18. | Infectious diseases | Assist. Prof. Dr.Ali Al Doori | 2 |
| 19. | Environmental and nutritional | Assist. Prof. Dr.Ali Al Doori | 2 |
| | diseases | | |
| 20. | Environmental and nutritional | Assist. Prof. Dr.Ali Al Doori | 2 |
| | diseases | | |
| 21. | Respiratory diseases-1 | Assist. Prof. Dr. Arkan obaid | 2 |
| 22. | Respiratory diseases-2 | Assist. Prof. Dr. Arkan obaid | 2 |
| 23. | Respiratory diseases-3 | Assist. Prof. Dr. Arkan obaid | 2 |
| 24. | CVS | Assist. Prof. Dr. Nafea Sami | 2 |
| 25. | CVS-2 | Assist. Prof. Dr. Nafea Sami | 2 |
| 26. | CVS-3 | Assist. Prof. Dr. Nafea Sami | 2 |
| 27. | Endocrine diseases 1 | Assist. Prof. Dr. Nafea Sami | 2 |
| 28. | Endocrine diseases 2 | Assist. Prof. Dr. Nafea Sami | 2 |
| 29. | Endocrine diseases 3 | Assist. Prof. Dr. Nafea Sami | 2 |
| 30. | Skin | Assist. Prof. Dr.Ali Al Doori | 2 |

Syllabus of the practical lectures:-

| No. | Name of lecture | Name of lecturer | Durati |
|-----|---------------------------------------|-------------------------------|--------|
| | | | on in |
| | | | hour |
| 1. | Introduction | L.Dr. Alae Abduqader | 1.5 |
| 2. | Cell injury, adaptation and deposits- | L.Dr. Alae Abduqader | 1.5 |
| | 1 | _ | |
| 3. | Cell injury, adaptation and deposits- | L.Dr. Alae Abduqader | 1.5 |
| | 2 | _ | |
| 4. | Acute inflammation | L.Dr. Alae Abduqader | 1.5 |
| 5. | Chronic inflammation | L.Dr. Alae Abduqader | 1.5 |
| 6. | Chronic granulomatous inflammation | L.Dr. Alae Abduqader | 1.5 |
| 7. | Hemodynamic disorders | Assist. Prof. Dr. Arkan obaid | 1.5 |
| 8. | Hemodynamic disorders | Assist. Prof. Dr. Arkan obaid | 15 |
| 9. | Degenerative changes & deposits | Assist. Prof. Dr. Arkan obaid | 1.5 |
| 10. | Degenerative changes & deposits | Assist. Prof. Dr. Arkan obaid | 1.5 |
| 11. | Neoplasia, benign tumors | Assist. Prof. Dr. Nafea Sami | 1.5 |
| 12. | Neoplasia, benign tumors | Assist. Prof. Dr. Nafea Sami | 1.5 |

| | T | T | 1 |
|-----|------------------------------------|-------------------------------|---------------|
| 13. | Neoplasia, malignant tumors | Assist. Prof. Dr. Nafea Sami | 1.5 |
| 14. | Neoplasia, malignant tumors | Assist. Prof. Dr. Nafea Sami | 1.5 |
| 15. | Immune pathology | Assist. Prof. Dr.Ali Al Doori | 1.5 |
| 16. | Infectious diseases | Assist. Prof. Dr.Ali Al Doori | 1.5 |
| 17. | Environmental and nutritional | Assist. Prof. Dr.Ali Al Doori | 1.5 |
| | diseases | | |
| 18. | CVS | Assist. Prof. Dr. Nafea Sami | 1.5 |
| 19. | CVS | Assist. Prof. Dr. Nafea Sami | 1.5 |
| 20. | Respiratory system | Assist. Prof. Dr. Arkan obaid | 1.5 |
| 21. | Respiratory system | Assist. Prof. Dr. Arkan obaid | 1.5 |
| 22. | Upper respiratory system | Assist. Prof. Dr. Arkan obaid | 1.5 |
| 23. | Endomcrine-1 | Assist. Prof. Dr. Nafea Sami | 1.5 |
| 24. | Endocrine-2 | Assist. Prof. Dr. Nafea Sami | 1.5 |
| 25. | Skin diseases | | 1.5 |
| 26. | Surgical pathology, in term of: | Assist. Prof. Dr. Arkan obaid | 1.5 |
| | A-types of biopsy. | | |
| | B-principle of performing biopsy. | | |
| | C-Instruments used in biopsy | | |
| | technique. | | |
| | D-Handling of biopsy. | | |
| 27. | Histology technique, including | Assist. Prof. Dr. Arkan obaid | 1.5 |
| | dissection, fixation, dehydration, | | |
| | clearance, paraffin embedding, | | |
| | microtome sectioning, slide | | |
| | preparation, and staining. | | |
| 28. | Frozen section technique and its | Assist. Prof. Dr. Arkan obaid | 1.5 |
| | indication. | | |
| 29. | Use of EM in surgical pathology. | Assist. Prof. Dr. Arkan obaid | 1.5 |
| 30. | Immunohistochemical stains | Assist. Prof. Dr. Arkan obaid | 1.5 |
| | | | |

Methods of assessment

| No | Exam | Type of assessment | Marks |
|----|---------------|--|-------|
| 1 | First term | Quizzes in the same theoretical lectures | 2 |
| | | End term written exam (60% MCQs & 40% essay | 13 |
| | | questions) | |
| 2 | Second term | Quiz in the same theoretical lectures | 2 |
| | | End term written exam (60% MCQs & 40% essay | 13 |
| | | questions) | |
| 3 | Final | Kodachromes slides (including gross, | 20 |
| | practical | microscopic, special stain, ultrastructural, | |
| | | radiological, clinical slides(. | |
| | | 2. Gross specimen | |
| | | 3. Glass slides | |
| 4 | Final written | MCQs | 30 |
| | | Essay questions | 20 |
| 5 | | Total | 100 |

Suggested Reading List:

- 1. Robbins & Cotran Pathologic Basis of Disease, 9th edition ... Jon C. Aster, Vinay Kumar, Abul K. Abbas.
- 2. Robbins and Cotran Atlas of Pathology, 3e (Robbins Pathology) .
- 3. Curran's Atlas of Histopathology.

Department of Community and Family Medicine

Subject: Community Medicine Academic year: third year

Coordinator: Ass. Prof. Dr Mahasin Altaha

Teaching staff

1. Dr.Ban Nathem

2. Dr. Badeea Thamer

Introduction

Community medicine is introduced in the third year as medical statistics (biostatistics) in the first term, and nutrition in the second term. Biostatistics is the science of summarizing, collecting, presenting and interpreting data in medical practice, and using them to estimate the magnitude of associations and test hypotheses.

Nutrition is the science that interprets the interaction of nutrients and other substances in food in relation to maintenance, growth, reproduction, health and disease of an organism.

Objectives

- 1- To Understand the types of data and variables that are needed for any health and medical research
- 2- To know the way of analysis and presentation of data
- 3- To estimate the normal range for health parameters
- 4- To apply statistical methods for estimating the significance of association
- 5- To know nutritional needs during life cycle and dietary therapy of common diseases

Components, duration and units of the curriculum

| No | Components | Duration in hours | Units |
|----|----------------------|-------------------|-------|
| 1 | Theoretical lectures | 30 | 2 |
| 2 | practical sessions | 30 | 1 |
| 3 | Total | 60 | 3 |

Places of a completion the curriculum:

1. Lecture hall in the college

Materials used to accomplish the curriculum:

None

Syllabus of the theoretical lectures

| No. | Name of the lecture | Name of the instructor | term | Duration in hour/s | objectives |
|-----|--|------------------------------|-------------|--------------------|--|
| 1- | Introduction to medical statistics & definitions | Dr Ban Nathem | 1st term | 1 hour | To understand basis of medical statistics |
| 2- | Summarization and presentation of data | Dr Ban Nathem | 1st term | 1 hour | To be able to construct frequency distribution Tables and graphs |
| 3- | Measurements of central tendencies | Dr Ban Nathem | 1st term | 1 hour | To measure mean, median and mode |
| 4- | Measurements of variability | Dr Ban Nathem | 1st term | 1 hour | To measure standard deviation and other measures of variation |
| 5- | Probability | Dr Ban Nathem | 1st term | 1 hour | To know the relative frequency of an incidence of an event in relation to the total events |
| 6- | Sampling methods | Dr Ban Nathem | 1st term | 1 hour | To know types of sampling: random, systematic, and others |
| 7- | The normal distribution | Dr Ban Nathem | 1st term | 1 hour | To know how to estimate normal range |
| 8- | Confidence intervals and limits | Dr Ban Nathem | 1st term | 1 hour | To calculate 95% and 99% limits |
| 9- | Tests of significance: Z test | Dr Ban Nathem | 1st term | 1 hour | Significance of association for quantitative data number>40 |
| 10- | Student T test | Dr Ban Nathem | 1st term | 1 hour | Significance of association for quantitative data number<40 |
| 11- | Chi squared test | Dr Ban | 1st | 1 hour | Significance of association for qualitative |

| | (X2 test) | Nathem | term | | data |
|-----|--|------------------|-------------|--------|---|
| 12- | Correlation & Regression | Dr Ban Nathem | 1st term | 1 hour | To assess the association between two different variables. |
| 13- | Community diagnosis: Mortality Rates | Dr Ban Nathem | 1st term | 1 hour | To calculate different rates of deaths |
| 14- | Community diagnosis: Mortality Rates | Dr Ban Nathem | 1st term | 1 hour | To calculate rates of disease: incidence & prevalence. |
| 15- | Morbidity Rates, Fertility Rates | Dr Ban Nathem | 1st term | 1 hour | To calculate birth and fertility rates |
| 16- | Introduction to nutrition | Dr Ban Nathem | 2nd term | 1 hour | Definition of nutrition and nutrients |
| 17- | Macro and micronutrients | Dr Ban Nathem | 2nd term | 1 hour | To now main function and deficiency of macro and micronutrients |
| 18- | Nutritional assessment Total energy and requirement | Dr Ban Nathem | 2nd term | 1 hour | To assess anthropometric measurements, clinical, chemical, dietary assessment and total energy requirements |
| 19- | Nutrition during life cycle | Dr Ban Nathem | 2nd term | 1 hour | To know main nutritional needs during childhood, pregnancy, lactation, adulthood and elderly |
| 20- | Nutrition and cancer | Dr Ban Nathem | 2nd term | 1 hour | To know main relationship between nutrition and cancer |
| 21- | Brest and cow milk | Dr Ban Nathem | 2nd term | 1 hour | To know difference between breast and cow milk |
| 22- | Health of adult and elderly | Dr Ban Nathem | 2nd term | 1 hour | To know importance of screening among adulthood and elderly |
| 23- | Diabetes Mellitus | Dr Ban Nathem | 2nd term | 1 hour | To know main dietary treatment of Diabetes |

| | | | | | Mellitus |
|-----|--|------------------|-------------|--------|--|
| 24- | Hypertension and coronary heart diseases | Dr Ban Nathem | 2nd term | 1 hour | To know main dietary treatment of Hypertension and coronary heart diseases |
| 25- | Inborn error of metabolism | Dr Ban Nathem | 2nd term | 1 hour | Diet Therapy of Inborn error of metabolism |
| 26- | Liver Diseases | Dr Ban Nathem | 2nd term | 1 hour | Diet Therapy of Liver Diseases |
| 27- | Renal diseases | Dr Ban Nathem | 2nd term | 1 hour | Diet Therapy of Renal diseases |
| 28- | Anorexia nervosa | Dr Ban Nathem | 2nd term | 1 hour | Diet Therapy of Anorexia nervosa |
| 29- | Malnutrition | Dr Ban Nathem | 2nd term | 1 hour | Diet Therapy of Malnutrition |
| 30- | Obesity | Dr Ban Nathem | 2nd term | 1 hour | Diet Therapy of obesity |

Syllabus of the practical course

| NO | Name of clinical or laboratory session | Name of instructors | term | Durati on in hours | Objectives |
|----|--|---------------------------------------|-------------|--------------------------|--|
| 1- | Summarizing data exercise 1 | Dr Ban Nathem, Dr Badeaa Thamer | 1st term | 1 hour | to summarize raw data into frequency distribution tables |
| 2- | Representing of | Dr Ban Nathem, | 1st | 1 hour | To know how to do |

| | data exercise 2 | Dr Badeaa Thamer | term | | Graphs as histogram, polygon, bar chart, pia char, tables |
|-----|--|---------------------------------------|-------------|--------|---|
| 3- | Data collection exercise3 | Dr Ban Nathem, Dr Badeaa Thamer | 1st term | 1 hour | To know methods of data collection |
| 4- | Measurements of central tendency exercise 4 | Dr Ban Nathem, Dr Badeaa Thamer | 1st term | 1 hour | To know methods of measurements of central tendency |
| 5- | Measurements of variability exercise 5 | Dr Ban Nathem, Dr Badeaa Thamer | 1st term | 1 hour | To assess how to measure variability |
| 6- | Measurements of Probability exercise 6 | Dr Ban Nathem, Dr Badeaa Thamer | 1st term | 1 hour | To assess how to measure the probability as continuous and discrete probability |
| 7- | Normal distribution Sampling exercise 7 | Dr Ban Nathem, Dr Badeaa Thamer | 1st term | 1 hour | To assess how to measure Z score |
| 8- | Confidence intervals and limits exercise 8 | Dr Ban Nathem, Dr Badeaa Thamer | 1st term | 1 hour | To know how to assess confidence intervals and there upper and lower limits |
| 9- | Chi squared test exercise 9 | Dr Ban Nathem, Dr Badeaa Thamer | 1st term | 1 hour | To know how to assess Association for qualitative data |
| 10- | Z test exercise10 | Dr Ban Nathem, Dr Badeaa Thamer | 1st term | 1 hour | To know how to assess association for quantitative data number>40 |
| 11- | T test exercise11 | Dr Ban Nathem, Dr Badeaa Thamer | 1st term | 1 hour | To know how to assess association for quantitative data number<40 |
| 12- | Assessment of Correlation & Regression | Dr Ban Nathem, Dr Badeaa Thamer | 1st term | 1 hour | To know how to assess association and correlation between |

| | exercise12 | | | | different 2 variables |
|-----|--|---------------------------------------|-------------|--------|--|
| 13- | Fertility rate exercise13 | Dr Ban Nathem, Dr Badeaa Thamer | 1st term | 1 hour | To know how to assess fertility during reproductive age women |
| 14- | Mortality Rates exercise14 | Dr Ban Nathem, Dr Badeaa Thamer | 1st term | 1 hour | To know how to assess infant mortality rate, maternal mortality rate |
| 15- | Morbidity Rates exercise15 | Dr Ban Nathem, Dr Badeaa Thamer | 1st term | 1 hour | To know how to assess prevalence rate, incidence rate |
| 16- | Total energy requirement exercise16 | Dr Ban Nathem, Dr Badeaa Thamer | 2nd term | 1 hour | To know how to assess of total energy requirement |
| 17- | anthropometric measurements exercise 17 | Dr Ban Nathem, Dr Badeaa Thamer | 2nd term | 1 hour | To know how to assess anthropometric measurements |
| 18- | Phenyl ketonurea exercise18 | Dr Ban Nathem, Dr Badeaa Thamer | 2nd term | 1 hour | To know how to assess Phenyl ketonurea |
| 19- | Questionnaire for coronary heart diseases in hospital exercise19 | Dr Ban Nathem, Dr Badeaa Thamer | 2nd term | 1 hour | To know how to assess Risks factors of heart disease |
| 20- | Questionnaire for Renal disease in hospital exercise20 | Dr Ban Nathem, Dr Badeaa Thamer | 2nd term | 1 hour | To know how to assess Risks factors of Renal disease |
| 21- | Questionnaire for liver disease in hospital exercise21 | Dr Ban Nathem, Dr Badeaa Thamer | 2nd term | 1 hour | To know how to assess Risks factors of liver disease |
| 22- | Questionnaire for inborn error of metabolism exercise22 | Dr Ban Nathem, Dr Badeaa Thamer | 2nd term | 1 hour | To know how to assess inborn error of metabolism |
| 23- | Ideal body | Dr Ban Nathem, | 2nd | 1 hour | To know how to assess |

| | weight exercise23 | Dr Badeaa Thamer | term | | ideal body weight |
|-----|---|---------------------------------------|-------------|--------|---|
| 24- | Assessment of anorexia nervosa exercise24 | Dr Ban Nathem, Dr Badeaa Thamer | 2nd term | 1 hour | To know how to assess anorexia nervosa |
| 25- | Malnutrition exercise25 | Dr Ban Nathem, Dr Badeaa Thamer | 2nd term | 1 hour | To know how to assess Malnutrition |
| 26- | Questionnaire for Diabetes mellitus exercise 26 | Dr Ban Nathem, Dr Badeaa Thamer | 2nd term | 1 hour | To know how to assess risk factors of Diabetes mellitus |
| 27- | Nutritional programs exercise 27 | Dr Ban Nathem, Dr Badeaa Thamer | 2nd term | 1 hour | To know how to do Nutritional programs |
| 28- | Anthropometric Measurements of exercise 28 | Dr Ban Nathem, Dr Badeaa Thamer | 2nd term | 1 hour | To know how to assess Anthropometric Measurements of |
| 29- | obesity exercise 29 | Dr Ban Nathem, Dr Badeaa Thamer | 2nd term | 1 hour | To know assessment of obesity |
| 30- | Body mass index exercise 30 | Dr Ban Nathem, Dr Badeaa Thamer | 2nd term | 1 hour | To know how to assess Body mass index |

Methods of assessment:

| | Туре | 1 st term | 2 nd term | final | total |
|----|---------------|----------------------|----------------------|-------|-------|
| 1- | Written exams | 12 | 12 | 70 | |
| 2- | Quiz exams | 3 | 3 | | |
| | Total | 15 | 15 | 70 | 100 |

Written exams: 60% MCQs, 40% short assay

Recommended books:

- 1- Biostatistics a foundation for analysis in health sciences (Wayne W. Daniel).
- 2- A short textbook of Medical Statistics (A. Bradford Hill).
- 3- Nutrition and Diet Therapy
- 4- Advanced Nutrition

Department of Internal Medicine

Subject: Internal Medicine Academic year: Third year

Course coordinator: Assistant professor Hameed Ibraheem Head of Department

of Internal medicine and consultant of internal medicine.

Teaching staff:

- 1. Assistant professor Hameed Ibraheem head Department of Internal medicine consultant of internal medicine .
- 2. Assistant professor Sami M. Awad decider of the department consultant of internal medicine .
- 3. Assistant professor Salah Noori Ahmed Dalli ali previous dean of the college for two cycles consultant of internal medicine .
- 4. Assistant professor Khalid A. ALrawi previous head of the department.
- 5. Assistant professor Haitham Noaman consultant of internal medicine.
- 6. Assistant professor Yasin Hamad Majeed consultant of internal medicine & gastroentrologist subspecialty gastroenterology and hepatology.
- 7. Assistant professor Maheer A. Jasim consultant of internal medicine.
- 8. Lecturer Khalid M. Rmaidh specialist of internal medicine.
- 9. Lecturer Hazim Ismael specialist of internal medicine.
- 10. Lecturer Sami Meklef specialist of internal medicine .
- 11. Assistant Lecturer Ahmed Abdul Salam.
- 12. Assistant Lecturer Ahmed Ibraheem.

The Department of internal medicine of Ramadi Teaching hospital seniors whom have Board specialty license of internal medicine and have good experience in the specialty support our department in teaching our students when we need them like Amer jehad, Saleh ALadi ,Amjed Sheet .

Allocated marks: 100 marks.

Course duration: One academic year.

Introduction:

Internal medicine is a clinical-based study that form the skeleton of college of medicine and built of the doctor where the medical students studied it by theoretical lectures and clinically practice it in the hospital medical wards on really ill patients also we use other tools like simulators in the skill lab. An understanding of medicine provides a fundamental framework for the accurate diagnosis and proper treatment of patients with medical problem. The purpose of this curriculum is to provide a basic detailed plan for teaching medicine in our college, unnecessary details and sophisticated clinical data were avoided from the curriculum, regarding this as a first step in updating our medicine curriculum in comparison with other worldwide. The curriculum also describe the subjects and topics in clinical medicine given for medical student.

The internal medicine department in Anbar college of medicine hosts the medical students on training course for 105 hours/year for the 3rdyear.

Objectives: The course is designed to introduce the student to:

- 1. To enable the students to gather the information from the patients or actors.
- 2. To enable the students how they perform the general examination and practice it on real patients or actors.
- 3. To teach the students how they respect the patients.
- 4. To understand the pharmacology in general medicine.
- 5. To teach the student how the correlation between theoretical and clinical practice is beneficial to the patients.
- 6. To enhance the awareness of how medical knowledge may be applied effectively in clinical and scientific context.
- 7. To enable the students how to pursue independent and self-learning and how to work effectively in small groups.
- 8. To teach the students how to work effectively under full observations by their lecturers and doctors in the 3rd year.

Components, duration and units of the curriculum

| No | Components | Duration | Unit |
|----|----------------------|-----------|------|
| 1 | Theoretical lectures | 45 hours | 3 |
| 2 | Clinical course | 60 hours | 2 |
| 3 | Total | 105 hours | 5 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. Skill lab in the college
- 3. Rooms for small teaching group.
- 4. In patient wards in Ramadi Teaching Hospital
- 5. Emergency unit in Ramadi Teaching Hospital
- 6. CCU in Ramadi Teaching Hospital
- 7. Dialysis unit in Ramadi Teaching Hospital
- 8. AL-Humait teaching hospital for infectious diseases.

Material used for completion the curriculum:

- 1. Audiovisual aids.
- 2. Interaction with the students through questions.
- 3. Power point presentation.
- 4. Real patients.
- 5. ECGs ,X-rays study.
- 6. Plastic specimens as simulators.
- 7. Videos teaching tools and movies for real emergency medical conditions . vii. Diagrams and posters .
- 8. Small group and large groups medical discussion conditions.
- 9. pharmacology discussion for medical drugs.

Syllabus:

Teaching Techniques:

Teaching will be conducted using the following techniques:

- 1. Theoretical Sessions:
 - lectures were designed to cover most of topics in medicine. In addition to hints on practical points in medical conditions on the community, clinical physiology, clinical anatomy and pathology, Radiology, clinical statistics and community bases of disease and clinical pharmacology study.
 - The time of the lecture is 60 minutes.

2. Practical Sessions:

- The practical sessions follow the theory lectures in the same week in the teaching hospitals.
- The students are divided into 2 groups (A, B).
- Each group is guided by consultant in medicine and assistant professors minority are expert teachers.
- The time of each session is 2 hours.
- There are 1 session/week

| A) G | <i>A) General Medicine:</i> Theory 45 hours (30 hours in the 1 st term and 15 hours in the 2 nd term), Practical 60 hours | | | | |
|------|---|---|--|--|--|
| week | Topic | Objective | | | |
| 1 | Introduction to medicine | TO STUDY AND UNDERSTAND: a) Ways of history taking from the patient. b) Examination of the patients | | | |
| 2 | Vital signs | TO STUDY & UNDERSTAND: 1. Pulse ,types and usefulness 2. Blood pressure, respiration and oxygen saturation . 3. Temperature examination and how approach a patient with fever . 4. Study hyperthermia , hypothermia and heat strok. | | | |
| 3 | Headache | TO STUDY & UNDERSTAND: a) Headache symptoms. b) Primary and secondary headache, tension headache, cluster headache, migraine and trigeminal neuralgia. c) Recognize serious headache and to approaches the patient with headache. | | | |
| 4 | Introduction to fluid and electrolytes | TO STUDY: a) Electrolytes and fluid balance among | | | |

| | 1 1 1 1 | I | 1 1 | | |
|-----|------------------------|--|--|--|--|
| | balance among body | 1. | body compartments patient. | | |
| | compartments | , | Investigations of body fluid diseases. | | |
| | | c) | 8 8 | | |
| | | | patients. | | |
| | Disorders of sodium in | TO STUDY: | | | |
| | human | a) | Diseases of hypernaetremia and | | |
| 5 | | | hyponaetremia of the patient. | | |
| | | b) | Syndrome of inappropriate (SIADH) | | |
| | | c) | Investigations and management | | |
| | | | sodium disorders of the patients | | |
| | Disorders of potassium | TO STUDY: | | | |
| 6 | in human | | a)Diseases of hyperkalemia and | | |
| 6 | | | hypokalemia of the patient. | | |
| | | | b) Investigations and management | | |
| | | | sodium disorders of the patients | | |
| | Disorders of | TO STUDY: | 1 | | |
| | magnesium | | a)Diseases of hypermagnesemia and | | |
| 7 | | | hypomagnesemia of the patient. | | |
| | | | b) Investigations and management | | |
| | | | magnesium disorders of the patients | | |
| | Disorders of acid base | TO STUDY: | 1 | | |
| | balance | | a)Diseases of metabolic acidosis and | | |
| 8 | | | metabolic alkalosis of the patient. | | |
| | | | b) Investigations and management | | |
| | | | acid base disorders of the patients | | |
| | | | deld buse disorders of the patients | | |
| | Respiratory acidosis | TO STUDY: | | | |
| | and alkalosis | | a) Diseases of respiratory alkalosis | | |
| 9 | and analosis | | and acidosis of the patient. | | |
| | | | b) Investigations and management | | |
| | | | respiratory acidosis and alkalosis | | |
| | | | disorders of the patients | | |
| | | Revision and | r | | |
| | Cardinal symptoms and | | | | |
| | signs in clinical | To guide students how to approach clinically various presenting symptoms and signs in clinical | | | |
| 10 | medicine | medicine | | | |
| | Chest pain and | To study the causes of chest pain and dyspnea and | | | |
| 11 | Dyspnea Dyspnea | | a diagnosis of a specific diseaseand | | |
| 11 | Dyspiica | guide the treat | 1 | | |
| | Cough and | ŭ | causes of Cough and Haemoptysis and | | |
| 12 | Haemoptysis | • | <u> </u> | | |
| 12 | Tracinoptysis | | how to reach a diagnosis of a specific disease and | | |
| | Cyanogia and Edama | guide the treatment To understand the course of these clinical signs and | | | |
| 13 | Cyanosis and Edema | To understand the causes of these clinical signs and | | | |
| | Describe die Descripti | to reach a clinical diagnosis | | | |
| 1.4 | Dysphagia, Dyspepsia, | To understand the causes and clinical approach in | | | |
| 14 | Vomiting and Weight | these presenting symptoms and how to do diagnosis | | | |
| | loss | and managem | | | |
| 15 | Gastrointestinal | To understand the various causes of acute and | | | |
| | bleeding | chronic upper and lower gastrointestinal bleeding | | | |

| | | and how to do management in this amangement | | |
|-----|--------------------------|--|--|--|
| | | and how to do management in this emergency condition | | |
| | Abdominal pain, | To study the causes and clinical approach in these | | |
| 16 | Diarrhea and | presenting problems and how to do diagnosis and | | |
| | Constipation | management | | |
| | | Revision and examination | | |
| | Amoebiasis and | TO STUDY: | | |
| 17 | Giardiasis | a) To understand life cycle of the two | | |
| | | diseases . | | |
| | | b) Management of the infected patients | | |
| | Leishmaniasis | TO STUDY: | | |
| 18 | | a) To understand life cycle of the leishmaniasis . | | |
| | | | | |
| | Malaria | b) Management of the infected patients TO STUDY: | | |
| 19 | Iviaiai ia | a) To understand life cycle of the | | |
| 1) | | diseases . | | |
| | | b) Management of the infected patients | | |
| | Toxoplasmosis | TO STUDY: | | |
| 20 | 10110 p 1401110 010 | a) To understand life cycle of the | | |
| | | diseases . | | |
| | | b) Management of the infected patients | | |
| | Taeniasis | TO STUDY: | | |
| 21 | | a) To understand life cycle of the | | |
| | | diseases . | | |
| | | b) Management of the infected patients | | |
| 22 | Cysticercosis | TO STUDY: | | |
| 22 | | aTo understand life cycle of the diseases | | |
| | | bManagement of the infected patients | | |
| | Hydatid cyst | TO STUDY: | | |
| | Tryddid Cyst | a) To understand life cycle of the | | |
| 23 | | diseases . | | |
| | | b) Management of the infected patients | | |
| | | | | |
| | Schistomiasis | TO STUDY: | | |
| 24 | | a. To understand life cycle of the | | |
| | | diseases . | | |
| | | B) Management of the infected patients | | |
| | Physiology of nutrition | TO STUDY: | | |
| | i nysiology of nutrition | a)Energy balance, | | |
| 2.5 | | Regulation of energy balance, response to under and | | |
| 25 | | over nutrition | | |
| | | b) Macronutrient energy yielding nutrition[carbohydrate, fats, proteins] | | |
| | | | | |
| | investigations of | TO STUDY: | | |
| | nutritional status | Anthropometric measurements | | |
| | | | | |

| | 1 | | |
|----|-----------------------------------|--|--|
| 26 | Disease of altered energy balance | TO STUDY: a)Obesity, definitions, complications, body fat distribution, etiology of obesity, clinical assessment, investigations and management b)Undernutrition in hospital | |
| | | c)Nutritional support | |
| 27 | dietary supplement | TO STUDY: a) Normal diet enteral tube feeding ,parenteral nutrition b) Refeeding syndrome | |
| 28 | Micronutrients Vitamins | TO STUDY: a)minerals and their disease b)fat soluble, water soluble c)Inorganic micronutrient | |
| 29 | The innate immune system | TO STUDY: a)Constitutive barriers to infection b)Phagocytes(NeutrophilsMonocytes and macrophages) Dendritic cells Cytokines Complement Mast cells and basophils Natural killer cells | |
| | The adaptive immune system | TO STUDY: a) Primary Lymphoid organs b)Secondary Lymphoid organs (The thymus ,The spleen ,Lymph nodes and mucosa-associated lymphoid tissue) Lymphatics c)Humoral immunity B lymphocytes Immunoglobulins d)Cellular immunity T lymphocytes | |
| 30 | IMMUNE DEFICIENCY | TO STUDY: a)Presenting problems inimmune deficiencyPrimary phagocyte deficiencies Leucocyte adhesion deficiencies Chronic granulomatous disease Defects in cytokines andcytokine receptorsComplement pathway deficiencies b)Investigations and management c)Primary deficiencies of theadaptive immune system Primary antibody deficiencies Secondary immune deficiencies THE INFLAMMATORY RESPONSE Acute phase proteins | |

Clinical course: 60 hours, 2 hours/week

| No | Item | Duration |
|----|--|----------|
| 1 | General information about history taking- identification of patient | 2 hours |
| 2 | General information about history taking- chief complaints and | 2 hours |
| | duration | |
| 3 | General information about history taking- history of present illness | 2 hours |
| 4 | General information about history taking- systemic review | 2 hours |
| 5 | General information about history taking- past history | 2 hours |
| 6 | General information about history taking- family, drug and social | 2 hours |
| | histories | |
| 7 | Practice of communication skills and presentation in history taking | 18 hours |
| | from patients or actors with various complaints in the field of internal | |
| | medicine | |
| 8 | General information about general physical examination | 4 hours |
| 9 | Way of eliciting conscious level and practice it from all students | 2 hours |
| 10 | Ways of eliciting dyspnea and practice it from all students | 2 hours |
| 11 | Ways of eliciting cyanosis and clubbing and practice it from all | 2 hours |
| | students | |
| 12 | Ways of eliciting pallor and practice it from all students | 2 hours |
| 13 | Way of eliciting color changes of patients and practice it from all | 2 hours |
| | students | |
| 14 | Way of eliciting jaundice and practice it from all students | 2 hours |
| 15 | Ways of eliciting muscle wasting and cachaxia and practice it from | 2 hours |
| | all students | |
| 16 | Way of eliciting mouth physical signs and practice it from all | 4 hours |
| | students | |
| 17 | Way of eliciting hand physical signs and practice it from all students | 4 hours |
| 18 | Way of eliciting pitting oedema and practice it from all students | 2 hours |
| 19 | Way of eliciting the breathing and practice it from all students | 2 hours |
| 20 | Total | 60 hours |

Methods of assessment

| No | Exam | Type of assessment | Marks |
|----|----------------|---|-------|
| 1 | First term | Quizzes in the same theoretical lectures | 2 |
| | | End term written exam (60% MCQs & 40% essay | 13 |
| | | questions) | |
| 2 | Second term | Quiz in the same theoretical lectures | 2 |
| | | End term written exam (60% MCQs & 40% essay | 13 |
| | | questions) | |
| 3 | Final clinical | History taking and presentation | |
| | | General physical exam | |
| 4 | Final written | MCQs | |
| | | Essay questions | |
| 5 | Total | | 100 |

Suggested Reading List:

- Davidson principles and practise, 22nd Edition, By: Stanley Davidson MD.
 Macleod 's clinical examination : S. Macleod

Department of Surgery

Subject: General Surgery Academic year: Third year

Coordinator: Assistant Professor Dr. Waleed Nassar Jaffal.

Teaching staff:

- 1. Assist. Prof. Waleed Nassar
- 2. Assist. Prof. Ziad Hammad
- 3. Assist. Prof. Aamr Fakhry
- 4. Assist. Prof. Saad Mikhlif
- 5. Assist, Prof. Mohammad Tufash
- 6. Assist. Prof. Yahya Hameed
- 7. Instructor Dr. Mohammad Jasim
- 8. Instructor Dr. Tarik Mahdi
- 9. Instructor Dr. Haider Abbas
- 10. Instructor Dr. Omar Tarik
- 11. Instructor Dr. Bassam Maddah.

Introduction:

The Curriculum in Surgery should provide students with a clear and concise overview of the surgical teaching in the clinical phase of their studies. The major advances in medicine, the need to reasonably limit the number of years of formal education, the increasing number and complexity of special fields, and the diversity of interests and talents among students all demand continual examination and evaluation of our educational aims and process.

Objectives:

- 1. To educate students in surgery and to enable them to practice surgery safely.
- 2. To provide medical students with an understanding and appreciation of the art and science of surgery.
- 3. To provide excellence in teaching the students the basic surgical principles.
- 4. To direct and guide students to focus on the prime importance of patient care.

Components, duration and credits of the curriculum

| Components | Duration | Credit |
|----------------------|----------|--------|
| Theoretical lectures | 30 hours | 2 |

Places of completion the curriculum:

1. Studying hall in the college.

Syllabus of the theoretical lectures:

| No | Name of the lecture | Name of the instructor | Term | Duration |
|----|--------------------------------|-------------------------------|-----------------|-----------|
| | | | | in hour/s |
| 1 | Body response to injury | Assist. Prof. Ziad Hammad | 1st | 1 |
| 2 | Body response to injury | Assist. Prof. Ziad Hammad | 1st | 1 |
| 3 | Shock | Assist. Prof. Ziad Hammad | 1st | 1 |
| 4 | Shock | Assist. Prof. Ziad Hammad | 1st | 1 |
| 5 | Hemorrhage | Assist. Prof. Waleed Nassar | 1st | 1 |
| 6 | blood transfusion | Assist. Prof. Waleed Nassar | 1st | 1 |
| 7 | Wound healing and scars | Dr. Mohammad Jasim | 1st | 1 |
| 8 | Wound management | Dr. Mohammad Jasim | 1st | 1 |
| 9 | Fluids & electrolytes | Instructor Dr. Tarik Mahdi | 1st | 1 |
| 10 | Fluids & electrolytes | Instructor Dr. Tarik Mahdi | 1st | 1 |
| 11 | Deep vein thrombosis | Assist. Prof. Saad Mikhlif | 1st | 1 |
| 12 | Varicose veins | Assist. Prof. Saad Mikhlif | 1st | 1 |
| 13 | Acute arterial disease | Assist. Prof. Mohammad Tufash | 1st | 1 |
| 14 | Chronic arterial disease | Assist. Prof. Mohammad Tufash | 1st | 1 |
| 15 | Chronic arterial disease | Assist. Prof. Mohammad Tufash | 1st | 1 |
| 16 | Lymphatic disease | Instructor Dr. Bassam Maddah | 2 nd | 1 |
| 17 | Gangrene and ulcer | Assist. Prof. Aamr Fakhry | 2 nd | 1 |
| 18 | Surgical infections | Assist. Prof. Ziad Hammad | 2 nd | 1 |
| 19 | Surgical infections | Assist. Prof. Ziad Hammad | 2 nd | 1 |
| 20 | Serialization and disinfection | Instructor Dr. Omar Tarik | 2 nd | 1 |
| 21 | Fistula and sinus | Instructor Dr. Omar Tarik | 2 nd | 1 |
| 22 | Tumors and tumor markers | Assist. Prof. Yahya Hameed | 2 nd | 1 |

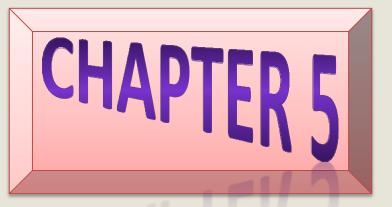
| 23 | Tumors and tumor markers | Assist. Prof. Yahya Hameed | 2 nd | 1 |
|----|-----------------------------|-----------------------------|-----------------|---|
| 24 | Skin tumors | Dr. Mohammad Jasim | 2 nd | 1 |
| 25 | Skin tumors | Dr. Mohammad Jasim | 2 nd | 1 |
| 26 | Surgical drains and sutures | Instructor Dr. Omar Tarik | 2 nd | 1 |
| 27 | Burn | Dr. Mohammad Jasim | 2 nd | 1 |
| 28 | Burn | Dr. Mohammad Jasim | 2 nd | 1 |
| 29 | Total parenteral nutrition | Instructor Dr. Haider Abbas | 2 nd | 1 |
| 30 | Total parenteral nutrition | Instructor Dr. Haider Abbas | 2 nd | 1 |

Methods of assessment

| No | Exam | Type of assessment | Marks |
|----|--|-------------------------------|-------|
| 1 | During the 1 st term(5 marks) | Short quizzes during lectures | 5 |
| | 1 st term exam | MCQs | 6 |
| 2 | (10 marks) | essay questions | 4 |
| 3 | | | |
| | During the 2 nd term(5 marks) | Short quizzes during lectures | 5 |
| 4 | 2 nd term exam | MCQs | 6 |
| | (10 marks) | essay questions | 4 |
| | | MCQs | 42 |
| | | essay questions | 28 |
| 6 | Total mark | • | 100 |

Recommended books:

Baily and Love – Short Practice of Surgery - Russell



Subjects for the annual system of the fourth stage

| No. | Subject |
|-----|--------------------|
| 1 | Pathology |
| 2 | Community Medicine |
| 3 | Medical ethics |
| 4 | Obstetrics |
| 5 | Forensic Medicine |
| 6 | Internal Medicine |
| 7 | General Surgery |

Department of Pathology and Forensic Medicine

Subject: Pathology

Academic year: Fourth year

Course coordinator: Assist. Prof. Dr. Nafea Sami Al-Esawi, Assistant Professor and

Head of pathology and forensic medicine Department

Teaching staff:

1. Three assistant professors.

2. One lecturer.

3. Two assistant lecturers. **Allocated marks:** 100 marks.

Course duration: One academic year.

Introduction:

The primary goal of the pathology course is to initiate the medical student in the study of disease. Without a clear understanding of the etiology (cause), pathogenesis (development), and pathophysiology of disease, clinical medicine would mean little more to the student than memorization of clinical syndromes and the empirical treatments applied to them.

Pathology course is taught during both the third and fourth years of this medical school. The general format is to introduce a topic with a one-hour lecture to the entire class. Following this, the class is divided into 2-3 laboratory groups, for informal, interactive sessions in which gross specimens, kodachromes, virtual microscopic images and case discussions are utilized.

Recently the methodology was designed to improve students' problem-solving and independent study skills.

Pathology is a medical specialty that is concerned with the diagnosis of disease based on the gross, microscopic, chemical, immunologic and molecular examination of organs, tissues, and whole bodies (autopsy).

An understanding of human pathology provides a fundamental framework for the accurate diagnosis and proper treatment of patients with medical problem, a significant population of any medical practice. The purpose of this curriculum is to provide a basic detailed plan for teaching systemic pathology in our college. The curriculum also describes the subjects and topics in systemic pathology given for medical student.

The pathology Department in the College of Medicine, University of Anbar hosts the medical students on training course for 105 hours/yr. Our aim is to enhance the knowledge of our students and let them be aware about the first steps in studying diseases in their clinical life.

To achieve this purpose, hard work and appropriate methods of learning were carried out by our academic staff.

Overall Aims:

The course is designed to introduce the student to:

- 1. Pathologic terms.
- 2. Basic alterations in cells and tissues that eventually lead to disease(s).
- 3. The correlation between pathologic changes and the function of affected organs.
- 4. Follow the course of the disease and its complications.
- 5. Understand the clinical presentation and the outcome of the disease.

6. Encourage the students for self-learning and how to work independently and effectively in small groups.

General Objectives:

At the end of the course students should be able to:

- 1. Recognize the basic concepts of pathology and pathogenesis and to list causes of disease.
- 2. Describe major pathological changes of gastrointestinal disease.
- 3. Define setiatosis, cholestasis and other pathological manifestation of liver disease.
- 4. Describe mechanism of various hematological disorders and lymphoid pathology.
- 5. Define the major gynaecological pathology and their influence on female genital system organs and clinical manifestations including fertility.
- 6. At the end of the course the student should be able to describe major congenital abnormalities, to describe tumors of external genitalia and to be familiar with various types of testicular tumors and prostatic carcinoma.
- 7. Define the benign and malignant breast diseases
- 8. At the end of the course the student should be able to describe CVA, demyelinating diseases and degenerative diseases and to be familiar with CNS tumors..
- 9. At the end of the course the student should be able to describe major congenital and acquired renal disorders.
- 10. At the end of the course the student should be able to describe bone infection and tumors, to describe arthritis and joint tumors and to be familiar with the concept of soft tissue tumors.
- 11. At the end of the course the student should be able to define exfoliative and FNA cytology and to describe advantages, disadvantages, indications and contraindications of FNA.
- 12. At the end of the course the student should be familiar with various hematologic lab

Components, duration and units of the curriculum

| No | Components | Duration | Unit |
|----|----------------------|-----------|------|
| 1 | Theoretical lectures | 60 hours | 4 |
| 2 | Pactical course | 45 hours | 1.5 |
| 3 | Total | 105 hours | 5.5 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. pathological lab in the college

Material used for completion the curriculum:

- 1. Audiovisual aids through animations and diagrams.
- 2. Interaction with the students through questions.
- 3. Power point presentation.

- 4. Diagrams and posters
- 5. Video tapes and movies.
- 6. Kodachromes slides (including gross, microscopic, special stain, ultrastructural, radiological, clinical ... slides).
- 7. Gross specimen
- 8. Glass slides.

Syllabus:

Teaching Techniques:

Teaching will be conducted using the following techniques:

- 1. Theoretical Sessions:
 - lectures were designed to cover most of topics in human anatomy. In addition to hints on surface anatomy, Radiology, clinical applications are given whenever appropriate.
 - The time of the lecture is 50 minutes.
 - There are 2 lecture/week and one discussion lecture/week.
- 2. Practical Sessions:
 - The practical sessions follow the theory lectures in the same week.
 - The students are divided into 2 groups (A, B).
 - Each group is subdivided into 6 subgroups.
 - The time of each session is 2hr.
 - There are 2 session / week.

Syllabus:

| week | Topic | Objective |
|------|--|--|
| 1-4 | Diseases of Esophagus: Congenital Anomalies, Lesions Associated with Motor Dysfunction, Esophageal Varices, Esophagitis and tumors. Diseases of Stomach: Congenital Anomalies, Gastritis, Peptic Ulcer Disease and tumors. Diseases of Small and Large Intestines: Congenital anomalies, Enterocolitis, Malabsorption Syndromes, Idiopathic Inflammatory Bowel Disease, Diverticular Disease and Tumors. Diseases of Appendix | TO STUDY: At the end of the course the student should be able to describe major congenital and acquired disorders of esophagus, somach, intestine, appendix. |
| 5-6 | Patterns of hepatic injury Viral hepatitis Autoimmune hepatitis Drug- and toxin-induced liver disease Intrahepatic biliary tract disease Circulatory disorders Nodules and tumors | TO STUDY: At the end of the course the student should be able to describe major hepatic and biliary tract disorders. |

| | 8. Disorders of the gallbladder9. Disorders of the extrahepatic bile ducts10. Tumors of biliary tract | |
|-----------|--|---|
| 7-9 | Anemia Acute leukemia Chronic leukemia Multiple myeloma Coagulation disorders Blood Transfusion | At the end of the course the student should be able to be familiar with diseases originating from RBC, WBC and platelet disorders, to describe basic concepts of coagulation disorders and to list indications and complications of blood transfusion |
| 10- 12 | Reactive (Inflammatory) Proliferations of White Cells and Lymph Nodes Neoplastic Proliferations of White Cells Hodgkin's lymphoma Non Hodgkin's Lymphoma. | 1 At the end of the course the student should be able to describe reactive lymphoid disorders, Hodgkin's lymphoma and Non Hodgkin's Lymphoma |
| 13- 14 | Infections of the Female Genital Tract Acute and chronic cervicitis Intraepithelial and Invasive Squamous Neoplasia of cervix Functional endometrial disorders (dysfunctional uterine bleeding) Endometriosis and Adenomyosis Endometrial hyperplasia (endometrial intraepithelial neoplasia Malignant Tumors of the Endometrium | At the end of the course the student should be able to describe major disorders of female uterus and cervix |
| 15- 16 | Congenital anomalies Inflammations Tumors of external genitalia Cryptorchidism Testicular tumors Nodular hyperplasia (benign prostatic hyperplasia) Prostatic carcinoma 1. Clinical Manifestations of Renal | At the end of the course the student should be able to describe major congenital abnormalities, to describe tumors of external genitalia and to be familiar with various types of testicular tumors and prostatic carcinoma At the end of the course the |
| 17- 19 | Diseases 2. Congenital Anomalies 3. Urinary tract infection 4. Cystic Diseases of the Kidney 5. Glomerular Diseases | student should be able to describe major congenital and acquired renal disorders |

| | C D' ACC d' TILL 1 | | |
|-----|--|-------------------------------|--|
| | 6. Diseases Affecting Tubules and | | |
| | Interstitium | | |
| | 7. Urinary Tract Obstruction | | |
| | 8. Tumors of the Kidney. | | |
| | Cerebrovascular diseases | Course objectives | |
| | 2. Infections: acute meningitis, acute focal | At the end of the course the | |
| | suppurative infections and chronic | student should be able to | |
| 20- | bacterial meningoencephalitis | describe CVA, | |
| 21 | 3. Demyelinating diseases | demyelinating diseases and | |
| | 4. Degenerative diseases | degenerative diseases and to | |
| | 5. Tumors: Astrocytoma and Memigioma | be familiar with CNS | |
| | | tumors. | |
| | Bones: Infections—Osteomyelitis and | At the end of the course the | |
| | Bone Tumors and Tumor-Like Lesion | student should be able to | |
| 22- | 2. Joints: Arthritis and Tumors and | describe bone infection and | |
| 24 | Tumor-Like Lesions | tumors, to describe arthritis | |
| 24 | 3. Soft Tissue Tumors and Tumor-Like | and joint tumors and to be | |
| | Lesions | familiar with the concept of | |
| | Lesions | soft tissue tumors. | |
| | | Course objectives | |
| | | At the end of the course the | |
| 25- | Cytopathology | student should be familiar | |
| 26 | | with pathological changes at | |
| 20 | | the level of cell and | |
| | | diagnostic features in | |
| | | various diseases. | |
| 27- | Benign and proliferative breast disorders | | |
| 28 | Malignant breast tumors | | |
| | | | |
| 29- | Ear and eye pathology | | |
| 30 | La and eye pathology | | |
| | l . | | |

| | Practical Pathology: 45 hours | | | | | |
|----|--|--|--|--|--|--|
| 1 | Chronic gastritis: causes, pathogenesis, gross and microscopic features and complications. | Course objectives At the end of the course the student should be able to | | | | |
| | 2. Peptic ulcer: causes, pathogenesis, gross and microscopic features and complications. | describe basic histologic changes of chronic gastritis, peptic ulcer and gastric | | | | |
| | 3. Gastric carcinoma: causes, pathogenesis, gross and microscopic features and complications. | carcinoma. | | | | |
| 14 | Crohn's disease: causes, pathogenesis, gross and microscopic features and complications. | Course objectives At the end of the course the student should be able to | | | | |
| | 2. Ulcerative colitis: causes, pathogenesis, gross and microscopic features and | describe basic histologic changes of crohn's disease, | | | | |

| | | complications | Ulcerative colitis and |
|----|----------|--|---|
| | | complications. 3. Colorectal carcinoma: causes, | colorectal carcinoma. |
| | | pathogenesis, gross and microscopic | colorectar caremonia. |
| | | features and complications | |
| 15 | | 1. Liver cirrhosis: causes, pathogenesis, | Course objectives |
| | | gross and microscopic features and | At the end of the course the |
| | | complications. | student should be able to |
| | | 2. Hepatocellular carcinoma: causes, | describe basic histologic |
| | | pathogenesis, gross and microscopic | changes of liver cirrhosis |
| | | features and complications. | and hepatocellular |
| | | 3. Steatosis: causes, pathogenesis, gross | carcinoma. |
| | | and microscopic features and | |
| | | complications. | |
| 16 | 1. | Iron deficiency anemia: causes, | Course objectives |
| | | pathogenesis, gross and microscopic | At the end of the course the |
| | 2 | features. | student should be able to |
| | ۷. | Thalasemia: causes, pathogenesis, gross and microscopic features and complications | describe basic histological features of iron deficiency |
| | 3. | <u> </u> | anemia and thalassemia and |
| | ٥. | pathogenesis, gross and microscopic | features of acute myeloid |
| | | features and complications. | leukemia and acute |
| | 4. | Acute lymphoblastic leukemia: causes, | lympoblastic leukemia. |
| | | pathogenesis, gross and microscopic | 3 1 |
| | | features and complications. | |
| 17 | | 1. Hodgkin's lymphoma: causes, | Course objectives |
| | | pathogenesis, gross and microscopic | At the end of the course the |
| | | features and complications. | student should be able to |
| | | 2. Non-Hodgkin's lymphoma: causes, | describe basic histologic |
| | | pathogenesis, gross and microscopic | features of Hodgkin's and |
| 10 | | features and complications. | Non-Hodgkin's lymphoma. |
| 18 | | 1. Ovarian cysts: causes, pathogenesis, gross and microscopic features and | Course objectives At the end of the course the |
| | | complications. | student should be able to |
| | | Leiomyoma uterus: causes, | describe basic types of |
| | | pathogenesis, gross and microscopic | ovarian cysts and |
| | | features and complications. | leiomyoma. |
| 19 | | 1. Fibroadenoma breast: causes, | Course objectives |
| | | pathogenesis, gross and microscopic | At the end of the course the |
| | | features and complications. | student should be able to |
| | | 2. Carcinoma breast: causes, pathogenesis, | describe basic histological |
| | | gross and microscopic features and | features of fibroadenoma |
| | | complications. | breast and breast |
| 21 | | 1. 5. | carcinoma. |
| 21 | | 1. Benign prostatic hyperplasia: causes, | Course objectives |
| | | pathogenesis, gross and microscopic | At the end of the course the |
| | | features and complications. | student should be able to describe basic histologic |
| | | 2. Carcinoma prostate: causes, pathogenesis, gross and microscopic | features of benign prostatic |
| | | features and complications | hyperplasia and carcinoma |
| | <u> </u> | reacutes and complications | myperphasia and caremonia |

| | | | prostate. |
|-----|------------|--|---|
| 22 | 1. | Chronic pyelonephritis: causes, | Course objectives |
| | 1. | pathogenesis, gross and microscopic | At the end of the course the |
| | | features and complications. | student should be able to |
| | 2. | - | describe basic histological |
| | 2. | gross and microscopic features and | features of chronic |
| | | complications. | pyelonephritis, chronic |
| | 3 | Renal cell carcinoma: causes, | cystitis and renal cell |
| | 3. | pathogenesis, gross and microscopic | carcinoma |
| | | features and complications. | |
| 23 | 1. | CVA: causes, pathogenesis, gross and | Course objectives |
| | | microscopic features and complications. | At the end of the course the |
| | 2. | | student should be able to |
| | | gross and microscopic features and | describe basic histologic |
| | | complications. | features of CVA and brain |
| | 3. | <u> </u> | tumors |
| | | gross and microscopic features and | |
| | | complications. | |
| 24 | 1. | Osteomyelitis: causes, pathogenesis, | Course objectives |
| | | gross and microscopic features and | At the end of the course the |
| | | complications. | student should be able to |
| | 2. | Osteogenic sarcoma: causes, | describe basic histologic |
| | | pathogenesis, gross and microscopic | features of osteomyelitis, |
| | | features and complications. | osteogenic sarcoma and |
| | 3. | Carcinoma skin: causes, pathogenesis, | carcinoma skin. |
| | | gross and microscopic features and | |
| | | complications | |
| 25- | | Definition | Course objectives |
| 27 | 2. | J 25 1 | At the end of the course |
| | _ | examples | the student should be |
| | 3. | Fine Needle Aspiration cytology | able to define |
| | | (FNAc) technique. | exfoliative and FNA |
| | | Indications of FNAc | cytology and to describe |
| | | Limitations of FNAc | advantages, |
| | 6. | Advantages of FNAc | disadvantages, |
| | 7. | | indications and |
| | 8. | Comparison between cytology and | contraindications of |
| | 0 | histopathology | FNA. |
| 20 | 9. | Immunocytochemistry. | |
| 28 | 1. | Disorders of WBC: leucopenia, | Course objectives |
| | 2 | leukocytosis and leukemia Disorders of RBC: anemia | At the end of the course the student should be |
| | 2. | | familiar with various |
| | | Disorders of platelet: thrombocytopenia | |
| | 4. | Interpretation of CBP and Blood film | hematologic lab. Tests that are mention bellow. |
| 29- | 5. | Coagulation disorders: PT, PTT, and | Course objectives |
| 30 | <i>J</i> . | bleeding time | At the end of the course the |
| | 6. | Osmotic fragility test | student should be familiar |
| | 7. | Hemoglobinopathies and hemoglobin | with various hematologic |
| | | 110111051001110putifies und fictilo5100fff | " THE THE TOUS HOUSING |

| electrophoresis 8. Cytogenetic and eukemias | lab. Tests that are mention bellow. |
|---|-------------------------------------|
| | |

Syllabus of the theoretical lectures:-

| No. | Name of lecture | Name of Lecturer | Duration in hour |
|-----|---|---------------------------------|------------------|
| 1. | Oral cavity and salivary glands | Assist. Prof. Dr. Nafea Sami | 2 |
| 2. | Esophagus and stomach pathology | Assist. Prof. Dr. Nafea Sami | 2 |
| 3. | Congenital anomalies and malabsorption | Assist. Prof. Dr. Nafea Sami | 2 |
| 4. | Intestinal obstruction Inflammatory bowel disease Colonic malignancy | Assist. Prof. Dr. Nafea Sami | 2 |
| 5. | Liver injury and hepatitis and tumor | Assist. Prof. Dr. Nafea Sami | 2 |
| 6. | Gall bladder and pancreas pathology | Assist. Prof. Dr. Nafea Sami | 2 |
| 7. | Anemia | Assist. Prof. Dr. Ali Aldori | 2 |
| 8. | Acute leukemia Assist. Prof. Dr. Ali Aldori | | 2 |
| 9. | Chronic leukemia | Assist. Prof. Dr. Ali Aldori | 2 |
| 10. | Coagulation disorders Blood Transfusion | Assist. Prof. Dr. Ali Aldori | 2 |
| 11. | Reactive (Inflammatory) Proliferations of White Cells and Lymph Nodes | Assist. Prof. Dr. Ali Aldori | 2 |
| 12. | Neoplastic Proliferations of White Cells)Hodgkin's lymphoma & Non Hodgkin's Lymphoma(| Assist. Prof. Dr. Ali Aldori | 2 |
| 13. | Infections of the Female Genital Tract Acute and chronic cervicitis Intraepithelial and Invasive Squamous Neoplasia of cervix Functional endometrial disorders (dysfunctional uterine bleeding) | L.Dr. Alae abduqader | 2 |
| 14. | Endometriosis and Adenomyosis Endometrial hyperplasia (endometrial intraepithelial neoplasia Malignant Tumors of the Endometrium | L.Dr. Alae abduqader | 2 |

| 15. | Congenital anomalies | L.Dr. Alae abduqader | 2 |
|-----|--|-------------------------------|---|
| | Inflammations | | |
| | Tumors of external genitalia | | |
| | Cryptorchidism | | |
| 16. | Testicular tumors | L.Dr. Alae abduqader | 2 |
| | Nodular hyperplasia | | |
| | Prostatic carcinoma | | |
| 17. | Cerebrovascular diseases | L.Dr. Alae abduqader | 2 |
| | Infections: acute meningitis, acute focal | | |
| | suppurative infections and chronic bacterial meningoencephalitis | | |
| 18. | Demyelinating diseases | L.Dr. Alae abduqader | 2 |
| 10. | Degenerative diseases | E.Dr. That abadquaer | 2 |
| 19. | Tumors: Astrocytoma and Memigioma | L.Dr. Alae abduqader | 2 |
| 20. | Benign and proliferative breast disorders | Assist. Prof. Dr. Arkan | 2 |
| | Malignant breast tumors | obaid | |
| 21. | Bones: Infections—Osteomyelitis and | Assist. Prof. Dr. Arkan | 2 |
| | Bone Tumors and Tumor-Like Lesion | obaid | |
| 22. | Joints: Arthritis and Tumors and Tumor- | Assist. Prof. Dr. Arkan | 2 |
| 22 | Like Lesions | obaid | 2 |
| 23. | Soft Tissue Tumors and Tumor-Like Lesions | Assist. Prof. Dr. Arkan obaid | 2 |
| 24. | Congenital Anomalies | Assist. Prof. Dr. Arkan | 2 |
| 21. | Urinary tract infection | obaid | 2 |
| | Cystic Diseases of the Kidney | | |
| 25. | Glomerular Diseases | Assist. Prof. Dr. Arkan | 2 |
| 25. | Diseases of Tubules and Interstitium | obaid | 2 |
| | Urinary Tract Obstruction | | |
| 26. | | Assist. Prof. Dr. Arkan | 2 |
| 20. | Tumors of the Kidney | obaid | 2 |
| 27. | D (1 1 | Assist. Prof. Dr. Arkan | 2 |
| | Breast pathology | baid | |
| 28. | Cytopathology | Assist. Prof. Dr. Nafea | 2 |
| 20 | - Cytopunology | Sami | |
| 29. | Eye pathology | Assist. Prof. Dr. Arkan | 2 |
| 30. | | obaid Assist. Prof. Dr. Arkan | 2 |
| 30. | Ear pathology | Assist. Prof. Dr. Arkan obaid | |
| | | | |

Syllabus of the practical lectures:

| No. | Name of practical session | Name of lecturer | Duration in hour |
|-----|---|---------------------------------|------------------|
| 1. | Oral cavity and salivary glands | Assist. Prof. Dr. Nafea Sami | 1.5 |
| 2. | Esophagus and stomach pathology | Assist. Prof. Dr. Nafea Sami | 1.5 |
| 3. | Congenital anomalies and malabsorption | Assist. Prof. Dr. Nafea Sami | 1.5 |
| 4. | Intestinal obstruction Inflammatory bowel disease Colonic malignancy | Assist. Prof. Dr. Nafea Sami | 1.5 |
| 5. | Liver injury and hepatitis and tumor | Assist. Prof. Dr. Nafea Sami | 1.5 |
| 6. | Gall bladder and pancreas pathology | Assist. Prof. Dr. Nafea Sami | 1.5 |
| 7. | Anemia | Assist. Prof. Dr. Ali Aldori | 1.5 |
| 8. | Acute leukemia | Assist. Prof. Dr. Ali Aldori | 1.5 |
| 9. | Chronic leukemia | Assist. Prof. Dr. Ali Aldori | 1.5 |
| 10. | Coagulation disorders Blood Transfusion | Assist. Prof. Dr. Ali Aldori | 1.5 |
| 11. | Reactive (Inflammatory) Proliferations of White Cells and Lymph Nodes | Assist. Prof. Dr. Ali Aldori | 1.5 |
| 12. | Neoplastic Proliferations of White Cells) Hodgkin's lymphoma & Non Hodgkin's Lymphoma(| Assist. Prof. Dr. Ali Aldori | 1.5 |
| 13. | Infections of the Female Genital Tract Acute and chronic cervicitis Intraepithelial and Invasive Squamous Neoplasia of cervix Functional endometrial disorders (dysfunctional uterine bleeding) | L.Dr. Alae abduqader | 1.5 |
| 14. | Endometriosis and Adenomyosis Endometrial hyperplasia (endometrial intraepithelial neoplasia Malignant Tumors of the Endometrium | L.Dr. Alae abduqader | 1.5 |
| 15. | Congenital anomalies Inflammations Tumors of external genitalia Cryptorchidism | L.Dr. Alae abduqader | 1.5 |
| 16. | Testicular tumors | L.Dr. Alae abduqader | 1.5 |

| | Nodular hyperplasia | | |
|-----|---------------------------------------|------------------------------|-----|
| | Prostatic carcinoma | | |
| 17. | Cerebrovascular diseases | L.Dr. Alae abduqader | 1.5 |
| | Infections: acute meningitis, acute | | |
| | focal suppurative infections and | | |
| | chronic bacterial meningoencephalitis | | |
| 18. | Demyelinating diseases | L.Dr. Alae abduqader | 1.5 |
| | Degenerative diseases | | |
| 19. | Tumors: Astrocytoma and | L.Dr. Alae abduqader | 1.5 |
| | Memigioma | | |
| 20. | Benign and proliferative breast | Assist. Prof. Dr. Arkan | 1.5 |
| | disorders Malignant breast tumors | obaid | |
| 21. | Bones: Infections—Osteomyelitis and | Assist. Prof. Dr. Arkan | 1.5 |
| | Bone Tumors and Tumor-Like Lesion | obaid | |
| 22. | Joints: Arthritis and Tumors and | Assist. Prof. Dr. Arkan | 1.5 |
| | Tumor-Like Lesions | obaid | |
| 23. | Soft Tissue Tumors and Tumor-Like | Assist. Prof. Dr. Arkan | 1.5 |
| | Lesions | obaid | |
| 24. | Congenital Anomalies | Assist. Prof. Dr. Arkan | 1.5 |
| | Urinary tract infection | obaid | |
| | Cystic Diseases of the Kidney | | |
| 25. | Glomerular Diseases | Assist. Prof. Dr. Arkan | 1.5 |
| | Diseases of Tubules and Interstitium | obaid | |
| | Urinary Tract Obstruction | | |
| 26. | | Assist. Prof. Dr. Arkan | 1.5 |
| | Tumors of the Kidney | obaid | |
| 27. | Breast pathology | Assist. Prof. Dr. Arkan baid | 1.5 |
| 28. | 1 91 | Assist. Prof. Dr. Nafea | 1.5 |
| | Cytopathology | Sami | |
| 29. | Eva & ear nathology | Assist. Prof. Dr. Arkan | 1.5 |
| | Eye & ear pathology | obaid | |
| 30. | Hematology laboratory pathology | Assist. Prof. Dr. Ali Aldori | 1.5 |
| | Trematology laboratory pathology | | |

Methods of assessment

| No | Exam | Type of assessment | Marks | | |
|----|---------------|--|-------|--|--|
| 1 | First term | Quizzes in the same theoretical lectures | | | |
| | | End term written exam (60% MCQs & 40% essay | 13 | | |
| | | questions) | | | |
| 2 | Second term | Quiz in the same theoretical lectures | 2 | | |
| | | End term written exam (60% MCQs & 40% essay | 13 | | |
| | | questions) | | | |
| 3 | Final | 1. Kodachromes slides (including gross, | 20 | | |
| | practical | microscopic, special stain, ultrastructural, | | | |
| | | radiological, clinical slides(. | | | |
| | | 2. Gross specimen | | | |
| | | 3. Glass slides | | | |
| 4 | Final written | MCQs | 30 | | |
| | | Essay questions | 20 | | |
| 5 | Total | | | | |
| | | | | | |

Suggested Reading List:

- 1. Robbins & Cotran Pathologic Basis of Disease, 9th edition ... Jon C. Aster , Vinay Kumar, Abul K. Abbas.
- 2. Robbins and Cotran Atlas of Pathology, 3e (Robbins Pathology).
- 3. Curran's Atlas of Histopathology.

Department of Community and Family Medicine

Subject: Community Medicine Academic year: Fourth year

Coordinator: Ass. Prof. Dr Mahasin Altaha

Teaching staff

1. Ass. Prof. Dr. Mahasin Altaha

- 2. Instructor Dr. Yaseen Taha,
- 1. Instructor Dr. Ahmed Soofi,
- 2. Instructor Dr. Ban Nathem
- 3. Dr. Badeea Thamer
- 4. Dr. Mustafa Ali

Introduction

Community medicine is a branch of medicine that is concerned with the health of the members of a community. It is the science of preventing diseases, promoting health and prolonging life through the organized efforts of society, it deals with the health of the whole population and looks at the community (population) itself as a patient.

The scope of Community Medicine includes the following fields:

- 1. Medical statistics (Biostatistics)
- 2. Nutritional health and Nutritional disorders
- 3. General epidemiology
- 4. Primary Health Care: Includes:
- Maternal and child health care including family planning.
- Health education.
- Mental health.
- Geriatric Health
- 5. Epidemiology of communicable diseases
- 6. Epidemiology of non-communicable diseases (chronic diseases),
- 7. Occupational Health,
- 8. Environmental Health, and
- 9. Health Care Administration

Objectives

The Department of Community Medicine carries a fundamental message which encompasses efforts to cultivate the concepts, principles and practices of Community Medicine practical and academic domains. Specifically the department works to achieve the following objectives:

- 1. To teach the students the spectrum of problems that occurs in primary care and to understand how to provide, continuous comprehensive care to patients and their families.
- 2. To actively contribute in qualifying doctors who are able to serve the interests of population in promoting health, protecting health, and restoring health.
- 3. To teach students the principles of general epidemiology in addition to epidemiology of communicable and non-communicable diseases.

- 4. To strengthen research capacity both at the level of the department work, the level of College of Medicine and at the level of the health care system.
- 5. To enhance, support and evaluate the adoption of family health model.

Components, duration and units of the curriculum

| No | Components | Duration in | Units |
|----|----------------------|-------------|-------|
| | | hours | |
| 1 | Theoretical lectures | 90 | 6 |
| 2 | practical sessions | 120 | 4 |
| 3 | Total | 210 | 10 |

Places of a completion the curriculum:

- 1. Lecture hall in the college
- 2. Community survey (2nd term)

Materials used to accomplish the curriculum:

None

Syllabus of the theoretical lectures

| No. | Name of the | Name of the | term | Duration | objectives |
|-----|--|-------------|-------|-----------|----------------------|
| | lecture | instructor | | in hour/s | |
| 1- | Introduction to | Yaseen taha | First | 1 hour | Definition of |
| | general | | term | | epidemiology,uses, |
| | epidemiology | | | | collection of data, |
| | T '1 ' 1 ' 1 | 37 4 1 | E' 4 | 1.1 | sources of data |
| 2- | Epidemiological | Yaseen taha | First | 1 hour | Definition and uses, |
| | measurement, rates , ratios , proportion | | term | | applications |
| | , radios , proportion | | | | |
| 3 | Morbidity and | Yaseen taha | First | 2 hours | Definition and |
| | mortality and types | | term | | advantage of |
| | of them. | | | | incidence and |
| | | | | | prevalence, and |
| | 5 | | | 4.1 | mortality, |
| 4 | Descriptive | Yaseen taha | First | 1 hour | Describe of diseases |
| | epidemiology, | | term | | according to person, |
| | relation to person, | | | | place, time |
| 5 | place, time, Epidemiological | Yaseen taha | First | 1 hour | Classification of |
| | design, descriptive | i ascentana | term | 1 HOUI | descriptive study |
| | and analytic, type, | | | | and advantage and |
| | cross section study | | | | disadvantage |
| | and longitudinal. | | | | Ü |
| 6 | Analytic study, | Yaseen taha | First | 2 hours | Advantage and |
| | case control, | | term | | disadvantage of each |
| | cohort study | | | | study design. |

| 7 | Intervention study (clinical trial) | Yaseen taha | First term | 1 hour | Advantage and disadvantage of clinical trial and uses |
|----|---|-----------------------|---------------|---------|---|
| 8 | Concept of cause and causal association | Yaseen taha | First term | 1 hour | Criteria of causal association and, definition of bias, confounder .type of causal association |
| 9 | Measures of association, risk, 2x2 table | Yaseen taha | First term | 1 hour | Definition of risk, relative risk, risk difference, and uses |
| 10 | Screening test | Yaseen taha | First term | 2 hours | Definition . criteria of screening test , application |
| 11 | Investigation of epidemic | Yaseen taha | First term | 1 hour | Criteria of investigation of epidemic of diseases ,and report of frequency of diseases for control and management |
| 12 | Bias and confounder | Yaseen taha | First term | 1 hour | Definition, and type and management of bias and confounder |
| 13 | Introduction of community medicine | Mahasin Ali Altaha | First term | 1 hour | Definition of preventive and community medicine, history of community medicine |
| 14 | Primary health care (PHC) | Mahasin Ali Altaha | First term | 1 hour | Basic definitions, health care and medical care |
| 15 | Characteristics of PHC | Mahasin Ali Altaha | First term | 1 hour | Basic requirements, elements of PHC, five star doctors |
| 16 | PHC in Iraq | Mahasin Ali Altaha | First term | 2 hours | Sources of health care, essential and supportive Programs, and their objectives |
| 17 | Family Health | Mahasin Ali Altaha | First term | 1 hour | Implementing family health model, referral system |
| 18 | Maternal Health Care (MCH) | Mahasin Ali Altaha | First term | 1 hour | Definition, objectives, premarital care |
| 19 | Maternal health care | Mahasin Ali Altaha | First term | 2 hours | Antenatal care, natal and postnatal care |
| 20 | Maternal nutrition | Mahasin | First | 1 hour | Effect of pregnancy |

| | during pregnancy | Ali Altaha | term | | on maternal body, outcomes of under nutrition |
|----|--|-----------------------|---------------|--------|--|
| 21 | Low birth weight and prematurity | Mahasin Ali Altaha | First term | 1 hour | Definition, etiology, effect on fetus |
| 22 | Child Health Care | Mahasin Ali Altaha | First term | 4hours | Definition, growth monitoring Program, CDD Program, ARI Program, EPI Program |
| 23 | Definition of common terms | Ahmed soofi | First term | 1 hour | Terms related to communicable diseases |
| 24 | Infections acquired through gastrointestinal tract: Diarrhoeal diseases: extent of the problem, causes, risk factors and control | Ahmed soofi | First term | 1 hour | Epidemiology, risk factors, and preventive measures |
| 25 | Comparative epidemiology of rotavirus, salmonella, cholera and shigellosis | Ahmed soofi | First term | 1 hour | extent of the problem, causes, risk factors and control measures |
| 26 | Amoebiasis | Ahmed soofi | First term | 1 hour | Epidemiology, risk factors, and preventive measures |
| | Typhoid and paratyphoid | Ahmed soofi | First term | 1 hour | extent of the problem, causes, risk factors and control measures |
| 27 | Diphtheria, | Ahmed soofi | First term | 1 hour | Epidemiology, risk factors, and preventive measures |
| 28 | Tuberculosis | Ahmed soofi | First term | 1 hour | extent of the problem, causes, risk factors and control measures |
| 29 | Bacterial Meningitis | Ahmed soofi | First term | 1 hour | Epidemiology, risk factors, and preventive measures |
| 30 | Brucellosis | Ahmed soofi | First term | 1 hour | Epidemiology, risk factors, and preventive measures |
| 31 | Leishmeniasis | Ahmed soofi | First term | 1 hour | extent of the problem, causes, risk |

| | | | | | factors and control measures |
|----|------------------|-------|-------|--------|----------------------------------|
| 32 | Schistosomiasis | Ahmed | First | 1 hour | Epidemiology, risk |
| | | soofi | term | | factors, and preventive measures |
| 33 | Soil Transmitted | Ahmed | First | 1 hour | Epidemiology, risk |
| | Disease | soofi | term | | factors, and |
| | | | | | preventive measures |
| 34 | Malaria | Ahmed | First | 1 hour | Epidemiology, risk |
| | | soofi | term | | factors, and |
| | | | | | preventive measures |
| 35 | Health Education | Ahmed | First | 1 hour | Healthy life style |
| | | soofi | term | | |
| 36 | Nasocomial | Ahmed | First | 1 hour | Epidemiology, risk |
| | Infection | soofi | term | | factors, and |
| | | | | | preventive measures |

| No. Name of the lecture | Name of instructor | term | Duration in hour/s | Objectives |
|--|--------------------|----------------|--------------------|---|
| 1. Introduction to epidemiology of non-communicable diseases | Yaseen taha | Second term | 1 hour | To know .primary prevention is the best treatment on non-communicable diseases .epidemiological transition and causes |
| 2. Epidemiology of hypertention | yaseen taha | second term | 1 hour | To know the risk factors and prevention |
| 3. Epidemiology of ischemic heart diseases | Yaseen taha | Second term | 1 hour | Type of ischemic heart diseases ,risk factors and prevention |
| 4. Epidemiology of D.M | Yaseen taha | Second term | 1 hour | Type of D.M, risk factors, prevention |
| 5.Epidemiology of cancer | Yaseen taha | Second term | 1 hour | Type of cancer, risk factors and prevention |
| 6.Epidemiology of stroke | Yaseen taha | Second term | 1 hour | Type of stroke, risk factors, and prevention |
| 7.Epidemiology of accidents | Yaseen taha | Second term | 1 hour | Cases of accidents and prevention |
| 8.Epidemiology of mental health | Yaseen taha | Second term | 1 hour | Prevalence of mental diseases and prevention |
| 9.Geriatrics | Yaseen taha | Second term | 1 hour | common diseases and risk factors , and prevention |

| 10.Smoking | Yaseen taha | Second | 1 hour | Effect of smolsing |
|--------------------------------|----------------|--------|----------|---|
| 10.5moking | i aseen tana | term | 1 HOUI | Effect of smoking, and study the |
| | | term | | common diseases, |
| | | | | and prevention. |
| 11.Environmental | Yaseen taha | Second | 1 hour | Definition of health |
| health | 1 ascentana | term | 1 Hour | and disease within |
| neatti | | term | | context of |
| | | | | environmental, basic |
| | | | | activities of |
| | | | | environmental. |
| 12.Air pollution | Yaseen taha | Second | 1 hour | Sources of air |
| 12.An ponution | 1 ascell talla | term | 1 HOUI | pollution, effect of |
| | | term | | pollution on health, |
| | | | | control of pollution |
| 13.Water | Yaseen taha | Second | 2 hour | Sources of water and |
| | i aseen tana | term | 2 nour | |
| pollution, food contamination, | | term | | food pollution, effect on health and diseases |
| food poisoning . | | | | related to pollution. |
| 14.Global | Yaseen taha | Second | 1 hour | |
| warming, | i aseen tana | term | 1 Hour | Effect of global warming on health |
| depletion of | | term | | and increase of |
| ozone layer, , | | | | diseases related to |
| acid rain | | | | |
| aciu raiii | | | | warming and ozone depletion |
| 15.How to | Dr Mahasin Ali | Second | 1 hour | Steps of conducting a |
| conduct a | Altaha | term | 1 HOUI | scientific research |
| scientific | Altalia | term | | Scientific research |
| research | | | | |
| 16.MCH | Dr Mahasin Ali | Second | 2 hours | Causes and |
| indicators | Altaha | term | 2 110013 | prevention of Infant |
| maicators | Titalia | term | | MR, perinatal MR, |
| | | | | maternal MR |
| 17. School Health | Dr Mahasin Ali | Second | 1 hour | Components of |
| 17. School Health | Altaha | term | 1 Hour | School health services |
| | Tituliu | term | | and Program |
| 18. Occupational | Dr Mahasin Ali | Second | 1 hour | Definition, function of |
| Health | Altaha | term | 1 11041 | occupational health |
| Troutin | Tituiu | | | services |
| 19. Occupational | Dr Mahasin Ali | Second | 1 hour | Definition, |
| diseases and | Altaha | term | 1 110 41 | classification, |
| Occupational | | | | occupational hazards. |
| Health Program | | | | Aims o program, |
| | | | | preventing and |
| | | | | controlling hazards |
| 20.Lead | Dr Mahasin Ali | Second | 1 hour | Sources, routs of |
| Poisoning | Altaha | term | | exposure, |
| | | | | management |
| 21. Occupational | Dr Mahasin Ali | Second | 1 hour | Definitions, causes, |
| lung diseases | Altaha | term | | types, prevention |
| | 1 | 1 | 1 | |

| 22.0 .: 1 | D M 1 ' A1' | C 1 | 1.1 | D.C. :: |
|--------------------|-------------------|---------|-----------|-----------------------|
| 22. Occupational | Dr Mahasin Ali | Second | 1 hour | Definitions, causes, |
| skin diseases | Altaha | term | 4.1 | types, prevention |
| 23.Occupational | Dr Mahasin Ali | Second | 1 hour | Types and risk of |
| health hazards of | Altaha | term | | hazards, diseases, |
| health workers | | | | prevention |
| 24.Health Care | Dr Mahasin Ali | Second | 1 hour | Basic definitions, |
| Administration | Altaha | term | | concept of systems |
| 25. Health care | Dr Mahasin Ali | Second | 1 hour | Current structure of |
| system in Iraq | Altaha | term | | health care system in |
| | | | | Iraq |
| 26.Planning | Dr Mahasin Ali | Second | 1 hour | Purpose, stages and |
| function | Altaha | term | 1 110 01 | types of planning |
| 27.Management | Dr Mahasin Ali | Second | 2 hours | Definitions, |
| and evaluation | Altaha | term | 2 110 013 | approaches to |
| functions | Altana | term | | evaluation. |
| | A lama di a a a C | Casand | 1 1 | |
| 28.Bacterial food | Ahmed soofi | Second | 1 hour | Epidemiology, risk |
| poisoning | | term | | factors, and |
| | | | | preventive measures. |
| 29.Poliomyelitis | Ahmed soofi | Second | 1 hour | Epidemiology, risk |
| | | term | | factors, causes and |
| | | | | preventive measures |
| 30.Infectious | Ahmed soofi | Second | 1 hour | Epidemiology, and |
| hepatitis A | | term | | preventive measures |
| 31.Infectious | Ahmed soofi | Second | 1 hour | Epidemiology, risk |
| hepatitis B | | term | | factors, and |
| 1 | | | | preventive measures |
| 32.Mumps, | Ahmed soofi | Second | 1 hour | Epidemiology, age |
| whooping cough | | term | | distribution, and |
| wine opinio co agn | | | | preventive measures |
| 33.Measles &, | Ahmed soofi | Second | 1 hour | Epidemiology, risk |
| German Measles | 7 Hillied Sooii | term | 1 Hour | factors, and |
| German wicasies | | term | | preventive measures |
| 34.Hgic fever 1 | Ahmed soofi | Casand | 1 hour | Epidemiology, risk |
| 34. figic lever 1 | Allilled Sooli | Second | 1 HOUI | 1 0, |
| | | term | | factors, and |
| 25 110 0 | 4.1 1 0" | G 1 | 4.1 | preventive measures |
| 35.AIDS | Ahmed soofi | Second | 1 hour | Epidemiology, risk |
| | | term | | factors, and |
| | | | | preventive measures |
| 36.Glandular | Ahmed soofi | Second | 1 hour | Epidemiology, risk |
| Fever | | term | | factors, and |
| | | | | preventive measures |
| 37.Rabies | Ahmed soofi | Second | 1 hour | Epidemiology, causes, |
| | | term | | and preventive |
| | | | | measures |
| 38.Influenza | Ahmed soofi | Second | 1 hour | Risk factors, |
| | | term | | Epidemiology, and |
| | | | | preventive measures |
| 39.Hydiatd Cyst | Ahmed soofi | Second | 1 hour | Epidemiology, risk |
| 37.11yulatu Cyst | Allinea Soon | Sccolla | 1 HOUI | Lpideimology, risk |

| | | term | | factors, and preventive measures |
|------------------------------|-------------|----------------|--------|---|
| 40.Tetanus | Ahmed soofi | Second term | 1 hour | Epidemiology, risk factors, and preventive measures |
| 41.Hgic fever 2 | Ahmed soofi | Second term | 1 hour | Epidemiology, risk factors, and preventive measures |
| 42.Entroboius Vermcularis | Ahmed soofi | Second term | 1 hour | Epidemiology, risk factors, and preventive measures |

Syllabus of the practical course

| NO | Name of clinical or laboratory session | Name of instructors | term | Duration in hours | Objectives |
|----|--|------------------------------|---------------|-------------------|---|
| 1 | Practical in general epidemiology | Yaseen taha, mahasin ali | First term | 4 hours | Frequency and distribution of disease according to age and sex . |
| 2 | Practical in general epidemiology | Yaseen taha, mahasin ali | First term | 4 hours | Calculation of incidence and prevalence |
| 3 | Practical in general epidemiology | Yaseen taha, mahasin ali | First term | 4 hours | Calculation and study of morbidity , mortality . rate , ratio .proportion |
| 4 | Practical in general epidemiology | Yaseen taha , mahasin ali | First term | 4 hours | Study association between risk factors and exposure by2x2 table ,by relative risk , risk difference |
| 5 | Practical in general epidemiology | Yaseen taha , mahasin ali | First term | 4 hours | How conduct study design and association between risk factors and exposure in case control, cohort .cross section. |
| 6 | Practical in general epidemiology | Yaseen taha , mahasin ali | First term | 4 hours | Study design and association between risk |

| | | | | | factors and |
|-----|--------------------|---------------|--------|---------|---------------------|
| | | | | | exposure in case |
| | | | | | control cohort, |
| | | | | | intervention study |
| | | | | | |
| 7 | Practical in | Yaseen taha | First | 4 hours | calculation of |
| | general | , mahasin ali | term | | screening test, |
| | epidemiology | | | | 8, |
| 8 | Practical in | Yaseen taha | First | 4 hours | Calculation of |
| | general | , mahasin ali | term | | screening test, |
| | epidemiology | , manasm am | | | sensitivity, |
| | epideimology | | | | specificity, |
| | | | | | predictive value. |
| 9 | Practical in | Yaseen taha | First | 4 hours | 1 |
| 9 | | | | 4 Hours | Investigation of |
| | general | , mahasin ali | term | | epidemic |
| | epidemiology | | | | .calculation of |
| | | | | | incubation period |
| | | | | | and trend of |
| | | | | | infectious diseases |
| 1.0 | | | | | |
| 10 | Practical in | Yaseen taha | First | 4 hours | Study type of |
| | general | , mahasin ali | term | | epidemic, |
| | epidemiology | | | | common sources, |
| | | | | | propagated |
| | | | | | epidemic |
| 11 | Revision | Yaseen taha | First | 4 hours | Practicing more |
| | | , mahasin ali | term | | exercises on |
| | | | | | epidemiology |
| 12 | Utilization | Mahasin ali | | 4 hours | Antenatal care |
| | exercise | Badeaa | First | | coverage |
| | | thamer | term | | |
| 13 | Coverage exercise | Mahasin ali | | 4 hours | vaccination |
| | | Badeaa | First | | coverage |
| | | thamer | term | | |
| 14 | Community | Mahasin ali, | | 4 hours | Calculating |
| | diagnosis | yaseen taha | First | | mortality rates |
| | | Badeaa | term | | |
| | | thamer | | | |
| 15 | Community | Mahasin ali, | | 4 hours | Calculating |
| | diagnosis | yaseen taha | First | | morbidity and |
| | | Badeaa | term | | fertility rates |
| | | thamer | | | |
| 16 | Conducting | yaseen taha | Second | 4 hours | To teach students |
| | research (group1): | | term | | how to conduct a |
| | (Perinatal and | | | | scientific research |
| | neonatal mortality | | | | |
| | in Alfaluja | | | | |
| | General hospital) | | | | |
| 17 | Conducting | Mahasin ali, | Second | 4 hours | To teach students |
| | | · / | 1 | 1 | i |

| | T | T | | T | |
|----|--|---|----------------|---------|--|
| | research (goup2): (Prevalence and perception of women about consanguineous marriage in Al-Ramadi City) | badeaa thamer, | term | | how to conduct a scientific research |
| 18 | Conducting research (group 3): (Assessment of graduate's medical practice from patient's perspective) | Mahasin ali, | Second term | 4 hours | To teach students how to conduct a scientific research |
| 19 | Conducting research (group 4): (Intention of Migration among Medical Students in Anbar) | Mustafa ali | Second term | 4 hours | To teach students how to conduct a scientific research |
| 20 | Conducting research (group 5): (assessment of obesity and life style among students of secondary schools in Ramadi City) | Ban nathem, | Second term | 4 hours | To teach students how to conduct a scientific research |
| 21 | Conducting research (group 6): (knowledge and perception to cigarrate smoking among group of male people in Ramadi City) | Ahmed soofi, | Second term | 4 hours | To teach students how to conduct a scientific research |
| 22 | Follow up for tabulation and writing reports | Mahasin ali, yaseen taha, ahmed soofi, ban nathem, badeaa | Second term | 4 hours | Presentation and analysis of data |
| | | thamer, Mustafa ali | | | |

| | | 1 | I | | |
|----|-----------------|--------------|----------|------------|------------------|
| | tabulation and | yaseen taha, | term | | analysis of data |
| | writing reports | ahmed soofi, | | | |
| | | ban nathem, | | | |
| | | badeaa | | | |
| | | thamer, | | | |
| | | Mustafa ali | | | |
| 24 | Follow up for | Mahasin ali, | Second | 4 hours | Presentation and |
| | tabulation and | yaseen taha, | term | | analysis of data |
| | writing reports | ahmed soofi, | | | |
| | | ban nathem, | | | |
| | | badeaa | | | |
| | | thamer, | | | |
| | | Mustafa ali | | | |
| 25 | Presentation of | Mahasin ali, | Second | 4 hours | To provide |
| | research 1 | yaseen taha, | term | | experience and |
| | | ahmed soofi, | | | support for |
| | | ban nathem, | | | students in |
| | | badeaa | | | research |
| | | thamer, | | | presentation |
| | | Mustafa ali | | | |
| 26 | Presentation of | Mahasin ali, | Second | 4 hours | To provide |
| | research 2 | yaseen taha, | term | | experience and |
| | | ahmed soofi, | | | support for |
| | | ban nathem, | | | students in |
| | | badeaa | | | research |
| | | thamer, | | | presentation |
| | | Mustafa ali | | | P |
| 27 | Presentation of | Mahasin ali, | Second | 4 hours | To provide |
| | research 3 | yaseen taha, | term | . 110 0115 | experience and |
| | | ahmed soofi, | | | support for |
| | | ban nathem, | | | students in |
| | | badeaa | | | research |
| | | thamer, | | | presentation |
| | | Mustafa ali | | | presentation |
| 28 | Presentation of | Mahasin ali, | Second | 4 hours | To provide |
| | research 4 | yaseen taha, | term | . 1130115 | experience and |
| | 10001011 | ahmed soofi, | | | support for |
| | | ban nathem, | | | students in |
| | | badeaa | | | research |
| | | thamer, | | | presentation |
| | | Mustafa ali | | | prosentation |
| 29 | Presentation of | Mahasin ali, | Second | 4 hours | To provide |
| | research 5 | yaseen taha, | term | | experience and |
| | | ahmed soofi, | | | support for |
| | | ban nathem, | | | students in |
| | | badeaa | | | research |
| | | thamer, | | | presentation |
| | | Mustafa ali | <u> </u> | | |
| 30 | Presentation of | Mahasin ali, | Second | 4 hours | To provide |

| research 6 | yaseen taha, ahmed soofi, | term | experience and support for |
|------------|------------------------------|------|----------------------------|
| | ban nathem, | | students in |
| | badeaa | | research |
| | thamer, | | presentation |
| | Mustafa ali | | |

Note:

- 1- Each group consist of 5-6 students will conduct a research supervised by a member of teaching staff from the department of community and family medicine in the second term.
- 2- A health survey to a rural area or a camp for the displaced is conducted with all fourth year students for one day during the second term.

Methods of assessment:

| | Type | 1 st term | 2 nd term | final | total |
|----|------------------------|----------------------|----------------------|-------|-------|
| 1- | Written exams | 12 | 10 | 70 | |
| 2- | Quiz exams | 3 | 2 | | |
| 3- | Surveys and researches | | 2 | | |
| 4- | Seminars | | 1 | | |
| | Total | 15 | 15 | 70 | 100 |

Written exams: 60% MCQs, 40% short assay

Research: conducting researches and writing reports

Recommended books:

- 1- Short textbook of public health medicine for the tropics (Lucas & Gillis)
- 2- Introduction to general epidemiology
- 3- Principles of epidemiology. A self-teaching guide
- 4- Textbook of Preventive and Social Medicine (JE Park)
- 5- Control of communicable diseases manual.

Department of Community and Family Medicine

Subject: Medical Ethics

Year of the study: Fourth year

Coordinator: Dr. Ahmed Khalaf Soofi **Teaching staff:** Dr. Ahmed Khalaf Soofi

Introduction

Behavior and ethics of the medical profession an important and vital material for the medical students at Faculty of Medicine and the doctor ,it gives highlight to Medical student as a first stage for the basic rules of respect and proper behavior within the university and college campus and with colleagues and with professors and administrative staff as well as with patients in the hospital as a preliminary stage and before graduating and then in health and educational institutions After graduation as a mature stage conscious of the burden of the stage and responsibility towards all parties that works with him to serve the patient.

Objectives

- 1-Enlightenment of the ethics, ethics and behavior of the doctor starting from being a student at a university that has its sanctity and character and ended up being a resident doctor, practitioner or specialist.
- 2-Examining and studying the most important subjects taught internationally concerning the ethics of the profession, starting with the medical department, dealing with the patient through human and animal cloning, and completing the ethics of .scientific research.
- 3-We hope that this curriculum to learn the students and graduate from this article and they know the limits and duties of students and professional and be as responsible to bear the heavy and important play in their medical profession towards humans and be their ethics and their behavior with the law and with patients and with their colleagues on the basis of scientific educational correct until They are role models for others.

Components, duration and units of the curriculum:

| No | Components | Duration in hours | Units |
|----|---------------------------------------|--------------------------|-------|
| 1 | Theoretical lectures | 30 | 2 |
| 2 | Clinical course or practical sessions | | |

Places of a completion the curriculum:

A. Lecture hall in the college

Syllabus of the theoretical lectures

| No | Name of the | Name of the | Term | Duration | Objectives |
|----|---|-----------------------|-------------------------|-----------|--|
| | lecture | instructor | 1 ct | in hour/s | |
| 1 | Introduction | Dr. Ahmed K. Soofi | 1 st term | 1hour | Definition and introducing the subject to students |
| 2 | History of principles of ethics | Dr. Ahmed K. Soofi | 1 st term | 1 | Knowing the history of the subject items |
| 3 | Addiction in medical staff 1 | Dr. Ahmed K. Soofi | 1 st term | 1 | To prevent students from taking his bad attitude |
| 4 | Addiction in medical and health staff 2 | Dr. Ahmed K. Soofi | 1 st term | 1 | To prevent students from taking this bad attitude |
| 5 | Smoking in health and education institutes | Dr. Ahmed K. Soofi | 1 st term | 1 | To prevent students from taking this bad attitude |
| 6 | Principles of morals towards patients | Dr. Ahmed K. Soofi | 1 st term | 1 | To know how to deal with patients |
| 7 | Principles of morals towards patients | Dr. Ahmed K. Soofi | 1 st term | 1 | To know how to deal with patients |
| 8 | Theories of ethics | Dr. Ahmed K. Soofi | 1 st term | 1 | To know how to deal with patients |
| 9 | Doctor –Patient relationship 1 | Dr. Ahmed K. Soofi | 1 st term | 1 | Doctor patient relationship is the main key for healing and following instructions |
| 10 | Doctor- patient relationship 2 | Dr. Ahmed K. Soofi | 1 st term | 1 | Doctor patient relationship is the main key for healing and following instructions |
| 11 | Doctor Medical Interview 1 | Dr. Ahmed K. Soofi | 1 st term | 1 | Responsibility of doctors |
| 12 | - Doctor Medical Interview 2 | Dr. Ahmed K. Soofi | 1 st term | 1 | Responsibility of doctors |
| 13 | Professional behavior of physicians 1 | Dr. Ahmed K. Soofi | 1 st term | 1 | Doctors' best attitude |
| 14 | Professional | Dr. Ahmed K. | 1 st | 1 | Doctors' best attitude |

| | behavior of physicians 2 | Soofi | term | | |
|----|---|-----------------------|-------------------------|---|--|
| 15 | Cloning 1 | Dr. Ahmed K. Soofi | 2 nd term | 1 | Ethics in cloning |
| 16 | Cloning 2 | Dr. Ahmed K. Soofi | 2 nd term | 1 | Ethics in cloning |
| 17 | Euthanasia | Dr. Ahmed K. Soofi | 2 nd term | 1 | Ethics in ending people's life |
| 18 | Research Ethics | Dr. Ahmed K. Soofi | 2 nd term | 1 | Ethics in research |
| 19 | Research ethics 2 | Dr. Ahmed K. Soofi | 2 nd term | 1 | Ethics in research |
| 20 | Private doctor work 1 | Dr. Ahmed K. Soofi | 2 nd term | 1 | Ethics in private doctor work |
| 21 | Private doctor work 2 | Dr. Ahmed K. Soofi | 2 nd term | 1 | Ethics in private doctor work |
| 22 | Medical responsibilities | Dr. Ahmed K. Soofi | 2 nd term | 1 | Responsibility in treatment and diagnosis and admission |
| 23 | Private clinic | Dr. Ahmed K. Soofi | 2 nd term | 1 | Medical Ethics in private clinic |
| 24 | oath of hippocrates | Dr. Ahmed K. Soofi | 2 nd term | 1 | Introducing the Medical Oath and Oath of Hippocrates |
| 25 | Plagiarism | Dr. Ahmed K. Soofi | 2 nd term | 1 | Plagiarism; a non- scientific approach to researchers |
| 26 | Breaking Bad News for patient with chronic illness1 | Dr. Ahmed K. Soofi | 2 nd term | 1 | Ethics towards terminal illness (BBN) |
| 27 | Breaking Bad News for patient with chronic illness 2 | Dr. Ahmed K. Soofi | 2 nd term | 1 | Ethics towards terminal illness 2 |
| 28 | Illegal abortion | Dr. Ahmed K. Soofi | 2 nd term | 1 | Illegal Abortion and Its legal consideration, religion and application in our society and country! |
| 29 | Medical Report | Dr. Ahmed K. | 2 nd | 1 | Doctor responsibility |

| | | Soofi | term | | and right in |
|----|--------------|--------------|-----------------|---|-----------------------|
| | | | | | application of such |
| | | | | | report |
| 30 | Death Report | Dr. Ahmed K. | 2^{nd} | 1 | Doctor responsibility |
| | _ | Soofi | term | | in diagnosing death |
| | | | | | and involving |
| | | | | | investigators |
| | | | | | authorities |

Methods of assessment:

| | Type | 1 st term | 2 nd term | final | total |
|----|---------------|----------------------|----------------------|-------|-------|
| 1- | Written exams | 12 | 12 | 70 | |
| 2- | Quiz exams | 3 | 3 | | |
| | Total | 15 | 15 | 70 | 100 |

Written exams: 60% MCQs, 40% short assay

Recommended books

- 1- Internet and websites (different English and Arabic medical ethics articles)
- السلاك الطني واداب مهنة الطق 2202 العراق بالناعاون مع منظمة الصحة العالمية -2
- 3- الطثاء العراقية المحانة الطثاء العراقية 3- الطثاء العراقية
- دل الخالق يات الطنبة \جمعية الطثاء العالمية 4-

Department of Obstetrics & Gynecology

Subject: Obstetrics

Academic year: Fourth Year

Coordinator: Instructor Dr. Susan Abed Zaidan

Teaching staff:

Instructor Dr. Susan Abed Zaidan
 Instructor Dr. Dhai Abdul Aziz

3. Instructor Dr. Reshed Zaki

4. Instructor Dr. Refel Mustafa

5. Instructor Dr. Nour Hazim

6. Instructor Dr. Alaa Shelal

Introduction

Obstetrics is a vital subject concerned about woman's health throughout her pregnancy and postnatal period aiming to improve pregnancy outcome and decrease maternal & perinatal mortality. Our goals are enabling medical students of basic knowledge of obstetrics, using the best options in managing patients & improving their skills to have a highly qualified doctor with concentration on ideal patient-doctor relationship.

To achieve these goals, curriculum includes 90 hours clinical sessions over 10 weeks course and 75 hours obstetric lectures. Our objective is to have the following practical & theoretical skills.

Theoretical skills:

- 1. To understand commonly used terms in obstetrics.
- 2. To have knowledge of normal pregnancy, labour & puerperium, their abnormalities and how to manage them.
- 3. To be familiar with the definitions & concepts of obstetric diseases & complications and their managements.
- 4. To have knowledge of medical diseases complicating pregnancy and their managements.

Practical skills:

- 1. To be able of taking comprehensive obstetric history.
- 2. To be able to communicate with patients of different educational levels.
- 3. To have practical skills of obstetric examination.
- 4. To conduct appropriate investigations and proper interpretation of the results.

Components, duration and units of the curriculum:

| No | Components | Duration | Units |
|----|----------------------|----------|-------|
| 1 | Theoretical lectures | 75 hours | 5 |
| 2 | Clinical course | 90 hours | 3 |
| 3 | Total | 165 | 8 |

Places of completion of the curriculum:

- 1. Studying hall in the college.
- 2. Rooms for small teaching groups.
- 3. Obstetric ward at maternity and pediatric teaching hospital at Al-Ramadi city.
- 4. Labour room at maternity and pediatric teaching hospital at Al-Ramadi city.
- 5. Skill lab.

Material used for completion the curriculum:

- 1. Real patients.
- 2. Actors.
- 3. Plastic models.
- 4. Clinical Images and videos.
- 5. Different investigations of the patients with concentration on normal and abnormal partograms and cardiotocography strips.
- 6. Instruments and devices used for examination, fetal monitoring, assisted vaginal delivery and surgical interference.

Syllabus of the theoretical lectures and its objectives:

| Торіс | Duration | Objectives |
|-----------------------------|----------|-------------------------------------|
| Physiology of menstruation | 1 hour | To understand: |
| | | 1.Ovulation. |
| | | 2.Fertilization and implantation. |
| Female reproductive anatomy | 1 hour | To revise: |
| | | 1.Upper genital tract. |
| | | 2.lower genital tract. |
| Placenta & membranes | 1 hour | To know: |
| | | 1. Anatomy of the placenta. |
| | | 2. Function of the placenta. |
| | | 3.Placental barrier. |
| | | 4. Abnormal placentation) |
| Physiological changes in | 2 hours | To know: |
| pregnancy | | 1. Haematological respiratory, |
| | | cardiovascular, gastrointestinal, |
| | | renal, endocrine, metabolism and |
| | | skin changes. |
| | | 2.Normal parameters in pregnancy. |
| Anatomy of fetal head & | 1 hour | To know: |
| maternal pelvis | | 1.Bony pelvis. |
| | | 2. The pelvic floor. |
| | | 3. The fetal skull. |
| Antenatal care | 1 hour | To know: |
| | | 1.Booking visit:history &risk |
| | | assessment. |
| | | 2. Screening investigations. |
| | | 3. Supplements & medications. |
| | | 4. High risk pregnancy. Supplements |
| | | & medications. |

| | | 5.Frequency of antenatal care visits. |
|-------------------------------|----------|--|
| Antepartum haemorrhage: | 1 hour | To know: |
| Placenta previa | | 1. Definition&grades. |
| Theoma provid | | 2. Risk factors. |
| | | 3.Maternal and fetal |
| | | |
| | | complications. 4.Placenta accrete. |
| | | 5.Management of asymptomatic and |
| | | symptomatic placenta previa. |
| Antepartum haemorrhage: | 1 hour | To know: |
| Placental abruption | | 1. Definition. |
| | | 2. Risk factors. |
| | | 3.Maternal and |
| | | fetal complications. |
| | | 4.Management. |
| Hypertensive disorders in | 4 hours | To know: |
| ~ - | 4 110018 | 1.Classification&incidence. |
| pregnancy | | |
| | | 2. Pre-eclampsia ,aetiology, |
| | | screening for pre-eclampsia, |
| | | maternal & fetal assessment, |
| | | 3.Management remote from term. |
| | | 4. Labour management of pre- |
| | | eclampsia. |
| | | 5.Imminent eclampsia & eclampsia |
| | | and its management. |
| Diabetes in pregnancy | 4 hours | To know: |
| r 18 | | 1. physiological changes in |
| | | pregnancy. |
| | | 2. Pre-existing diabetes: |
| | | pathogenesis, preconception |
| | | |
| | | counseling, glycemic control, |
| | | complications of diabetes, fetal |
| | | monitoring, mode & timing of |
| | | delivery. |
| | | 3. Gestational diabetes: risk factors, |
| | | screening, diagnosis, antenatal care, |
| | | glycemic control, timing & mode of |
| | | delivery, future risk. |
| Anaemia & other blood | 3 hours | To know: |
| disorders in pregnancy | | 1. physiological changes of blood. |
| | | 2.Iron deficiency anaemia, |
| | | diagnosis, prevention and treatment. |
| | | 3. Folate deficiency, consequences, |
| | | aetiology, treatment. |
| | | 4. Vitamin B12 deficiency, |
| | | management. |
| | | |
| | | 5.Haemoglobinopathies, |
| | | thrombocytopenia, thalassaemia, |
| N. 1. 1 1 | 2.1 | inherited coagulation disorders. |
| Medical diseases in pregnancy | 3 hours | To know outlines of management of |

| | | epilepsy, cardiac diseases, thyroid |
|---------------------------------|---------|---|
| | | diseases, liver& gastrointestinal |
| | | diseases, asthma,renal diseases and |
| | | dermatological conditions |
| | | during pregnancy. |
| Hyperemesis gravidarum | 1 hour | To know: |
| | | 1. Diagnosis. |
| | | 2.Maternal & fetal complications. |
| | | 3.Lines of treatment. |
| Thrombo-embolic disorders in | 2 hours | To know: |
| pregnancy | | 1. Physiological changes and risk |
| | | factors. |
| | | 2.Diagnosis of acute venous |
| | | thrombo-embolism: deep venous |
| | | thrombosis, pulmonary embolus, |
| | | and their treatment. |
| | | 3. Prevention in pregnancy & |
| | | postpartum period. |
| Amniotic fluid & it's | 2 hours | To know: |
| abnormalities | 2 nours | 1. Function of amniotic fluid. |
| abilormanties | | 2. Assessment of amount of amniotic |
| | | |
| | | fluid, 3.Oligohydramnios: causes, fetal& maternal adverse |
| | | |
| | | effect&treatment. |
| | | 4.Polyhdramnios:causes, fetal & |
| | 0.1 | maternal complictions, treatment. |
| Intrauterine growth restriction | 2 hours | To know: |
| | | 1. definition and types. |
| | | 2.Causes. |
| | | 3. Clinical and ultrasound |
| | | assessment. |
| | | 4. Monitoring of growth restricted |
| | | fetus& possible treatment. |
| Normal labour & it's | 4 hours | To know: |
| management | | 1. Definition. |
| | | 2. mechanism of labour, 3.stages of |
| | | labour. |
| | | 4. fetal monitoring during labour |
| | | 4.Normal progress opf |
| | | labour:partogram. |
| | | 5. management of labour. |
| Obstetric analgesia & | 2 hours | To know: |
| anesthesia | | 1. Non-pharmacological methods. |
| | | 2. Pharmacological methods. |
| | | 3.Inhalational analgesia, 4.Epidural |
| | | analgesia, indications, |
| | | complications of regional analgesia, |
| | | technique. |
| | | 5.Spinal anaesthesia. |
| | | 5.5pmar anacomesia. |

| D | 4.1 | T. 1 |
|-------------------------|----------|--|
| Dystocia | 4 hours | To know: |
| | | 1. Poor progress in the first stage of |
| | | labour:causes and 2.Cephalopelvic |
| | | disproportion. |
| | | 3. Poor progress in the second stage |
| | | of labour:causes and management. |
| Fetal malpresentation & | 3 hours | To Know: |
| malposition | | 1.Breech presentation: aetiology, |
| 1 | | incidence, external cephalic version, |
| | | elective C section versus planned |
| | | vaginal breech delivery at term, |
| | | management of first stage of breech |
| | | _ |
| | | delivery, management of breech. |
| | | 2. Face presentation. |
| | | 3. Brow presentation. |
| | | 4.Occipitoposterior position. |
| Fetal wellbeing during | 4 hours | To know: |
| pregnancy & labour & | | 1.Perinatal mortality. |
| managements of its | | 2.Biophysical profile, 3.Doppler |
| abnormalities | | ultrasound. |
| | | 4. Types of fetal monitoring. |
| | | 5.Fetal blood sampling. |
| Preterm labour | 2 hours | To know: |
| | | 1. Definition. |
| | | 2. Causes and risk factors. |
| | | 3.Management of high risk |
| | | asymptomatic women. |
| | | 4. Treatment. |
| Prelabour rupture of | 1 hour | To know: |
| membranes (PROM) | 1 Hour | 1. Definition and incidence. |
| memoranes (FROW) | | 2. Aetiology. |
| | | 3. Term PROM. |
| | | |
| | | 4. Preterm PROM. |
| | | 5. Clinical assessment& basic bed |
| | | side tests. |
| | | 6. Management. |
| Prolonged pregnancy | 1 hour | To know: |
| | | 1.Definition & incidence. |
| | | 2.Fetal&maternal risks. |
| | | 3.Management. |
| Fetal hydrops | 1 hour | To know: |
| | | 1. Incidence & diagnosis. |
| | | 2.Pathophysiology. |
| | | 3.Causes. |
| | | 4.Immune hydrops. |
| | | 5. Fetal therapy: in-utero blood |
| | | transfusion. |
| Obstetric emergencies: | 4 hours | To know: |
| Costotic emergencies. | 1 110013 | 1. Obstetric haemorrhage. |
| | | 1. Costelle nacmonnage. |

| | | T |
|--------------------------------|---------|--|
| | | 2.Umbilical cord accident. |
| | | 3.Shoulder dystocia. |
| | | 4.Postpartum collapse. |
| | | 5. Amniotic fluid embolis. |
| | | 6.Uterine inversion. |
| | | 7.Rupture of uterus. |
| Peuperium & its complications | 2 hours | To know: |
| reapertain & its complications | 2 nours | 1.Uterine involution. 2.Lochia. |
| | | 3. puerperal pyrexia: definition, |
| | | 1 1 |
| | | incidence, aetiology, gental tract |
| | | infection, breast engorgement, |
| | | mastitis, prophylaxis, general |
| | | management&specific management. |
| Postpartum haemorrhage | 2 hours | To know: |
| | | 1. Definitions and classification. |
| | | 2. Aetiology. |
| | | 3.Resuscitation. |
| | | 4. Specific management strategies. |
| Twin & higher multiple | 3 hours | To know: |
| gestation | | 1. Prevalence&classification. |
| | | 2.Aetiology, maternal & fetal |
| | | complication. |
| | | 3.Dichorionic/monochorionic |
| | | differences,. |
| | | 4. Perinatal mortality in twins, death |
| | | of one fetus in a twin pregnancy, |
| | | |
| | | fetal growth restriction, fetal |
| | | abnormalities. |
| | | 5. Complications of monochorionic |
| | | twinning. |
| | | 6. Intrapartum management, vaginal |
| | | delivery of vertex-vertex, delivery |
| | | of vertex-non- vertex, non-vertex |
| | | first twin. |
| | | 7. Higher multiples. |
| Caesarean section | 1 hour | To know: |
| | | 1. Indications. |
| | | 2. Types according to time of taking |
| | | decision. |
| | | 3. Types of skin incision. |
| | | 4. Ttypes of uterine incision. |
| | | |
| | | 5.Trial of vaginal delivery after C |
| | | section. |
| 7 | 2.1 | 6.Complications of C section. |
| Instrumental delivery | 2 hours | To know: |
| | | 1.Indications of assisted vaginal |
| | | delivery. |
| | | 2. Forceps vaginal delivery, types of |
| | | forceps,technique. |

| | | 1 |
|--------------------------------|---------|---------------------------------------|
| | | 3. Vacuum or ventouse vaginal |
| | | delivery, technique. |
| | | 4. Choice of instrument. |
| | | 5.Prerequisite of instrumental |
| | | delivery. |
| | | 6.Contraindications. |
| | | 7.Analgesia. |
| | | 8.Complications. |
| Episiotomy | 1 hour | To know: |
| Episiotomy | 1 Hour | 1.Indications. |
| | | 2. Types of episiotomy. |
| | | 1 |
| | | 3. Advantages & disadvantages of |
| D 1 | 1 1 | each type. |
| Perineal trauma | 1 hour | To know: |
| | | 1.Grading. |
| | | 2.Risk factors. |
| | | 3.Management. |
| Maternal & perinatal mortality | 1 hour | To know: |
| | | 1. Definition& Incidence worldwide. |
| | | 2. Aetiology:direct causes, indirect |
| | | causes. |
| | | 3. General risk factors and |
| | | prevention. |
| Prenatal diagnosis | 2 hours | To know: |
| | | 1. Biochemical screening. |
| | | 2.First trimester screening, 3.Second |
| | | trimester screening. |
| | | 4. National recommendation for |
| | | Down's syndrome screening. |
| | | 5. ultrasound screening. |
| | | 6.Invasive prenatal diagnosis: |
| | | 1 0 |
| | | amniocentesis, indications, |
| | | complications, chorionic villus |
| | | sampling & placental biopsy, types, |
| | | complications, fetal blood |
| | | sampling. |
| Drugs in pregnancy | 1 hour | To know: |
| | | 1. Preconception counseling. |
| | | 2.Effect of pregnancy on |
| | | pharmacokinetic. |
| | | 3. Drug transfer across the |
| | | placenta&teratogenicity. |
| | | 4. Specific drug consideration in |
| | | pregnancy. |
| Infection in pregnancy | 2 hours | To know: |
| 1 .6 | | 1. Viral infection: herpes simplex |
| | | viral infection, cytomegalovirus, |
| | | parvovirus, rubella, measles, HIV, |
| | | hepatitis viruses. |
| | | repaires viruses. |

| | | 2.Bacterial infection, gonorrhea, listeria, syphilis,tuberculosis. 3.Toxoplasmosis, chlamydia. trichmoiasis & fungal infection, candida) |
|--------------------------|--------|--|
| Resuscitation of newborn | 1 hour | To know: |
| | | 1. Apgar scor. |
| | | 2. Infant of diabetic mother. |

Syllabus of the clinical course and its objectives:

| No. | Item | Objectives |
|------|----------------|---|
| 1st | Obstetric | 1. To be able to communicate with patients of different |
| week | history | educational level with respect and flexibility. |
| | | 2. To take a proper comprehensive obstetric history. |
| | | 3. To evaluate risk factors present in the history. |
| 2nd | | 1. To be able to undertake general examination. |
| week | Examination | 2. To be able to examine vital signs with understanding |
| | | their physiological changes during pregnancy. |
| | | 3. To be able to undertake abdominal examination of |
| | | pregnant woman. |
| | | 4. To be able to undertake pelvic examination. |
| 3rd | Antenatal care | 1.To understand the concept of high risk pregnancy. |
| week | | 2.To know the frequency of antenatal visits in low risk |
| | | and high risk pregnancy. |
| | | 3. To know the investigations of the booking visit and |
| | | when to repeat them |
| | | 4. To understand the concept of dating ultrasound scan, its |
| | | timing and its other benefits. |
| | | 4.To understand the concept of congenital anomalies |
| | | ultrasound scan, its timing and its other benefits. |
| 4th | Normal | 1.To understand how to diagnose labour by history and |
| week | labour | clinical examination. |
| | | 2. To know the stages of labour. |
| | | 3. To be able to assess uterine contractions by abdominal |
| | | examination. |
| | | 4. To understand normal and abnormal partogram. |
| | | 5.To know active management of third stageof labour. |
| 5th | Intrapartum | 1.To know the types of fetal monitoring during labour. |
| week | Fetal | 2.To have the skill of fetal heart assessment by sonic aid. |
| | monitoring | 3.To be able to interpret cadiotocograph results. |
| 6th | Antepartum | 1.To know major causes of antepartum haemorrhage. |
| week | haemrrhage | 2.To know important risk factors by history taking. |
| | | 3. To be able to differentiate between major causes by |
| | | clinical examination. |
| | | 4.To be able to do first lines of management of obstetric |
| 7.1 | TT . | haemorrhage. |
| 7th | Hypertensive | 1. To be able to do proper blood pressure estimation. |
| week | disorders in | 2. To be able to diagnose hypertension in pregnancy. |

| | pregnancy | 3. To undertake physical examination in hypertensive women with ability to identify physical signs of sever preeclampsia.4. To be able to conduct proper investigation and interpretation of the results. |
|--------------|--------------------------|---|
| 8th week | Caesarean section | To know the types of Caesarean section and its indications. To know possible complications. To undertake proper postoperative examination . |
| 9th week | Postpatum haemorrhage | 1. To know possible risk factors.2. To be able to do first line management of this emergency situation.3. To be able to do maneuvers to treat uterine atony. |
| 10th week | Puerperium | To be able perform proper abdominal examination to assess uterine involution. To be able to perform proper breast examination and differentiate clinically between breast engorgement and mastitis. To undertake proper examination for leg deep vein thrombosis. |

Methods of assessment

| No | Exam | Type of assessment | Marks |
|----|----------------|---|-------|
| 1 | First term | Quiz in the same theoretical lecture for each lecture | 5 |
| | | End term written exam (60% MCQs & 40% essay | 10 |
| | | questions) | |
| 2 | Second term | Quiz in the same theoretical lecture for each lecture | 5 |
| | | End term written exam (60% MCQs & 40% essay | 10 |
| | | questions) | |
| 3 | Final clinical | Seniors evaluation) | |
| | | Student behavior | 2 |
| | | Student attendance | 1 |
| | | Student interaction | 2 |
| | | Long case presentation and examination | 15 |
| 4 | Final written | MCQs | 30 |
| | | Short assay, problem solving questions | 20 |
| 5 | | Total | 100 |

Recommended references:

- 1. Obstetrics by Ten Teachers.
- 2. Dewhurt's textbook of obstetrics and gynecology.
- 3. Obstetrics & Gynaecology An Evidence-based Text for the MRCOG.

فزع األيزاض و الطة الكِنانَ

اناً ادج: انطة انكِذا

انسن انذراس ٍح: انسن انزانك ح

ينسك و يذرص ان ادج: و. و. د. ندىل جَ م جيز

ان**ًقذ**يح

ٽطدَث خ ننکِننَهُ ۚ اِ غَذَثِ خَ نِرْزَ ٱكَامُ لَيْهِٰسِ ٓ خِ نَانَ لِّلَاحَ سُکِمِو اَنْ لِمُحْ صُفِينَ اَنْ صُلِّيْنِ َ مِجْصِصِ لَهَ اللَّهِ خَنْثُونَ مِ غَذَثُ خِ نِرْزَ ٱكَامُ لِيْهِٰسِ ٓ خِ نَاكِنْنِهُ . فَاقْرَ

ئىدىنز ئې لەردە، نۈسىدۆد خەنج ئارەنى . گۆشى ئەرشىڭ ئابۇشىڭ ئابۇشىڭ كدر آساء - :دىشىز زېزز ئىتېر ئە غىش كە ئاطخ ئىنىشىڭ أۇ ئالىسچىز، ئۇ ئەرشىخى ئىزە خودە ئەنجىئىر انە كەبىر ئىشخىس ئەرغۇڭ ئۆچچە ئەرۋى ئەرگەر، ئىلەم لىسچىدەت دىلەك ئېسى نەن ئىشلىلىك ئەسى قەن دغىن غېۇز، ئىنخەك دىلىدىغ، ئۆزىشچە ئەرچىز ئىلەخ ئىلىرى ئىسى ئىلىشىڭ ئىلىسى ئىلىدى ئىلىدالىلى ئىلىدى ئىلىدالىلى ئىلىدى ئىلىدالىلىدى ئىلىدى ئ

ِيِّسُ نُونُسُسُکْرِ اُکْعِج فَيْصِرِ نِهِسَهُم رَجِالْسِ اُخِسُ بِسُهِدَطْرَ دَسِجْزَ نُنِهِجْر، يِنْم خَغَ نَالُدِرْز نُهَهَجْدِكْرَ اُگَ صِسَنَّةً ْکِرْ نُرُصَّهِهُ أَ. فَسَصَ كَ مِهْدُكُ نَنْدَشْكَ ثُنَالِكُمْجَدِهِ، عِنْهُ فَيْ شِسُّسُکْرِ نَنْدَنْز، گَارُجَجَ فَكَفَّهُجِسَ نَالُكَذَنُدُ

األهذاف

1. بنس ٚڂ گهکِهٰی تطذ څخ اُن صُفض ج ر ذائع " کُههٔ ک اُن دَ پَجِسعِن اُن کَ اُن لَمْدَ اَن لَهُدَان اَن لَهُدَان اَن الله

2. ئۈنۈڭىف گەڭ كەۋەڭ مىشەڭر ئىدىڭ ئىمىنجىغ ئاخىجىدى ئولغىچى يى خالىل ئىنسى ئېۋەچەڭ ئىلادۇخ ئىنېزىق ئۇچىلى ئىلىلىغىدى ئىمۇرىيىلىدى ئەگىم ئىلادۇخ ئىنېزىق ئالىرى ئىلىلىدى ئىلىلىدى ئىلىلىدى ئۇچىلىدى ئىلىدى ئۇچىلىدى ئىلىدىلىدى ئۇچىلىدى ئۇچىلىدى ئۇچىلىدىدى ئۇچىلىدىلىدى ئۇچىلىدىلىدى ئۇچىلىدى ئۇچى

خالل يغ٥شه٥ تنطذ٥٥

4. دسعج بالعذجح ان ً خابهف رامِنع المندشي ٥٥٥ أَ بَارَكِسُ طُــُ ٓ كَثَالَ مُسجِس ٓ ۗ 4

5. صَكِمُتُ تُنطَجْنَحُ دَجْرَهٰهِجِيشُ للطَّذَيِّ للْكِذَنِ ۚ للللَّهُ كَانِ أَنْهَةٍ ۚ كَانِكُ اللّ

ان حذاخ و انساتاخ انظر و انهام

| انىحذاخ | انساگاخ | ان ً كىن اخ | خ |
|---------|---------|---------------------|---|
| 4 | 66 | ان ً حاظزاخ نظزي | 1 |
| 2 | 66 | انګرص انبه ٥٥ | 2 |
| 6 | 126 | ان ج ُبع | 3 |

ىالىيەڭ ئىڭ غىرخدىر نە سىلاڭك ئىگۇ،جج

والمنافقة كالمنطع المناهة الم

1. أعجةم شكشض 2. تُشِهجنش تُطَدَّزَ تُكِذَنَّزَ مُأَلَّنَّذَزَ

3. نُسِجالس ئُنُخضهن ئَشَ مِلْمَ نَطَذَجِدَز تُرَكِذَنَ رَرَ انفصم انذراس أألول:

1. انطة انكِنن ، يقذيح، نذج نار يح

أضلى أوطخ ئنكنرة نه أوكش أثريجنى 2.
 تطذ خ أرب كبرح أدرس الس تطذ أر أوكن أو المنطذ أرب المنطذ أرب المنطذ أرب المنطذ أرب المنطذ أرب المنطق المنطق

2. انتفزاخ انكِاً إياح الله نطزا كاهى انجثح.

- - الإثارة على الإنهر الكأور (المرابع الله على ا

3. انكالياخ ان أن أخزج نهى فاج.

ئالسصنج، ئنٹجَنِ، ئزففغخ، ئزفوصذن، ئزفرس ك.

4. انجــزوح

- ي مذيز، وص أف لندش أذ، الإواني م الأو ثشر.
 - 2. كَنْشُطْهُ صُ)ئانغسدجس ئانكليجس (.
 - الْأَانَ أَنْ لَلْكَانَ لَهُ اللَّهُ أَنْ لَلْكَانَ اللَّهُ اللّ اللَّهُ اللَّ
 - 4. خشد أوالس أشطر أنشطر أهجهر.
 - 5. خشئذ أنالس أنسجر ومثبننضر

5. جزوح األس،حح الناريح

- يمذيز، أَنَإِنه نألع،سز أَنْ بُنْإِهِمجد.
 - 2. أرصف أركجيز نهدش .2
 - 3. يغجفبس لألغالق أثالصدجي
- لَا وَهُونَ إِن اللَّهُ اللَّ اللَّهُ اللَّا اللَّهُ اللَّلْمُلَّا اللَّهُ الللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ الللَّهُ الل
 - 5. إصجدجس تُنَّضفدشتس.

6. جزوح حادث اننقم

1. إصجدجس ثنغجدهز

2. إصجدجس تنغجةك 3. إصجدجس تنغجةك 3. إصجدجس تُرَّهُ شُكْذجس تُرِيْمُ هُرْ 4.

إصجدجس أزمجغ أسس جيئ أرطجة ششس

7. الصاداخ اناً أِنْم الشَّيْط اناً اللَّهُ الْجسارَ ح

- 1. إصجدجس نشأط، لرشادز، لنصنس كاندط.
 - 8. إصاتاخ انحزارج وانتزودج وانكازتاء
 - يمذيز ئىرص أن الإل صجدجس.
 - 2. أسهام ع أث خفجض ز أله ثلا ثلا .
 - 3. أنصكيك ثاذ

9. إصاناخ انجزارج

- ئنسش ق شُبر ن ثنغهم ز .
- 2. إصجدجس للك الشرعة المناسنة المناسنة

16. الختناق

- 1. يمذيز ڪَرِص ُ ثف
- اللخنائ 2. عذ اللهُ الله عَنْ اللهُ عَادَرُ
- ي ٟ ۚ لنخڊس ج 3. صنهٰؽؑ ڂڵۼػ خجس ڂ ػه ٔ ليڤلاذز. 4. صنهٰؽؓ ظعک خجس ڂ که هٔ ليُصنس ٿائراذط ٍ

11. انغزق

- - 3. أعذجح ثنفجر.

- 1. يمذيز، سُونُف، اللهُذه.
- 2. أَعِنْجَهُ لِأَيْصٍ رَعْجُ لِأَلْحُهُ اللَّهُ عَلَى اللَّهُ اللّ

13. طة كذنى األطنال

- 1. وُفْجِس مُألخُز كُرْدَهُمْ مُهْالدر.
 - 14. يتالسيح ي خ ان ًه ذ
 - 15- يتالسيح انطفم ان يذب

انفصم انذراس انثان :

- 1. انجزائي انجنسٍ ح
- 1. ىمذىز، ئنسجالس ئىنخخ أز جزيرة نهفسص.
- 2. فَغُودَزُ اللَّهِ مُولِشُنْ لِ الْآلِكَ عَجَّ عَلَيْهُ جَعَهُ وَزِ.
 - ألصفجس ألكجيز ألغش أز ألفجس.
 - 4. الكياليجس النغشش ز الفارعجض
 - 2. االغتصاب انجنس

1. شرزر ئندُغ. 2. نُسَّم مُثَالِخ آجض أَنْظُغ

3. انكن وانكنى والثاخ انننىج

4. نصر انحايط انسوي

5. استكازاف أنهيح

- ئەضۇپىڭ ئۆزۈچى ئىللىنىڭ ئىلىنىڭ ئىللىنىڭ ئىللىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىنىڭ ئىلىنىنىڭ ئىلىنىنىڭ ئىلىنىڭ
 - 6. نقذ الكارار
 - 7. الناقغ الذي يَح والاَنعُ ح وانشكِر.
 - 8. انس ًى و انكذن ح
- - 9. انسنو أكهح
 - 1. الحيايط والقياكذ.
 - 16. انس ً مو ان ً م ج ح و ان كبذن ح 11. انس و ان سنشق
 - 12. انكحىل وانغاساخ وان ًستنشناخ اننتزون وح 13. الأحذراخ والأى اد غوز الأخذرج
 - 14. انس َ مو ان لثابت)انتس أى دان فطر وان ه أسين (
 - انفصم انذراس الول ـ انكِاه
 - 1. انطة انكِذن ، يقذيح، ناذج ار يُدِح
- 1. وَظَى الْطِحْ الْمُلْإِنَى اللهُ الْرِكْشُقُ وَالْرَجِينِي 2. ئىطىدە خ ئەگەبىن ئەڭىنىجالس ئىطىدەن ئېدىنەن 3. ئىطىدە خ ئەگەپچىع ئەسسىشىدىن ئېتىر گەسسىس 4. ئندئز، ئۈچآلىيجس ئالزۈرگىن نىفجر.

2. اننفزاخ انكِا الله على الله على المعتم رِيُ أَنَّ مِ مِي ٍ وَصِّلِ ثَانِيرٍ ﴾ السحج، أَالَأَنْ، دشدر نندنز، اللهَسنف الذي، الرصاّم لٰنًە⊂ص(َ(.

3. انكالى اخ ان أن أخزج نهى فاج

) السصنج، نشج َنْ أَنْهُ نَاهُ عَنْ اللهُ الله

4. انجــزوح

يمذي ز، روس ١٥٥٥ نندش ١٤٥٠ نرك ١٥٥٥ الله و المراد

1. نشط ض)ئن غسد جس ئنكنجس (. ئۇيدن أز. 3. خشد نالس ئۇئەنطىز ئەش ئىظر ئىمجغېز 4. خشند ەيالس ئىسجىر ئەنېئىنسر.

چزوح األس، حح الناار تح يمذيز، أورث الماسز كالإنبجد.

- 1. أنصفب أنكجيز نهدشُد. 2. يغجف س الله عُلَق الصادجي
- - 4. إصجدجس ثنِّضفدششس.

6. جزوح حادث اننقم

1. إصجدجس ثنغجدهز

2. إصجدجس ثنغجةك 3. إصجدجس أناً شكذجس أناء مر 4. إصجدجس أنمجغشنس ككناطجةششس

7. االصاناخ ان ً نِن الله الله الله الله النجس وح

1.)إصحدجس نشأط، نشالذر، ننصنس كنزدطو(.

8. إصاناخ انحزارج وانتزودج وانكازتاء

- - أسماهع ثث خفجض زششر ثند.
 - 3. أنصكك ثاذ.

9. إصاناخ انجزارج)تك أهر(.

- 1. ئنس ئ شُبر ن ئانغه ن ن 1.
- 2. إصجدجس لُنك َشُدجء صُّنسشُ فَي لُنك َ مُمْجَة َ زَـ

16. الختناق

- يمذيز ئوص ُ ثَفَ الل خول بي 2. عذ الله عذ الله عن الله عن الله الله عن ا
 - أَلْلَخْهٰ حُقْ) اللَّخْهٰ أَجْق) اللَّهٰ وَاللَّهِ (.
- 4. صغة أَكَ ظَعْتُ خُجِسْ خَ كُهُ أَنْسُلُوٰذِ.

11. انغزق

- 1. ئرغشق دجن ً أَج تُنْكِرْدز ﴿ كَ مُنْهُ جِنْسِرْ ﴿ كَ مِنْ جِنْدَ جِسْ.
- 2. كاليجس الل َ غُجس دجن أجء ت الإيال ي جسُ النص الله عُص ذر.
 - 3. أعذجح ثنفجر.

- 1. يمذيز، سُونُفُ، لألُّ ذَقْ.
 - 2. أُنَّابُس أَنَّفجنب) الكَافِر (.
- 3. أُعِذَجِح لَنُ اَبِ (غَخُ اللهِ اللهِ اللهُ اللهُ أَنْ اللهُ ا

1. أَنْ اللَّهُ مِن أَنْ اللَّهُ عَلَى اللَّهُ اللَّهُ اللَّهِ اللَّهُ اللَّا اللَّهُ اللَّلَّ اللَّهُ اللَّا اللَّاللَّا اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللل

14. طة كذنى األطنال

- 1. أف أجس الخُز أزدانا الإالدر.
 - 15. يتالسيح ي خ ان ًه ذ
 - 1. يىن السايىز ئىلىم ئاگېزى
- انفصم انذراسَ الثان ً ــ انكِأه :

1. انجزائي انجنسٍ ح

- 1. يمذيز، ئنسجالس ئشخخ أز دنهاج نهفسص.
- فغُهدز ئُوسُسُنْ الْكَعجء لَسُ جعاثز.
 - أيض فجس ألهج ألغش أز المخاص المجاهر المحاسب المحاس المحاسب المحاسب
 - 4. ئۈچالىجس ئاغششنز نالفىل عجض

2. االغتصاب انجنسً.

1. شُرز أر ثندُغْ. 2.
 نساًم أثالخ آجض أنظغ

- ان پنرح وان پئون وائٹ اخ ان ٹن ی ج
 نص ح ان ح ایط ان نبوی
 است پزراف ان هی ح
- 1. استكزاف هي اللح إاء واألى اخ.

- 6. نقذ أز الكار
- 7. النقغ الذي يَح والاَنْح وانشكِر
 - 8. انس ًىو انكِنن ٍ ح
- ي مدنوز، غشق اخز اڼ څجرج.
 - 9. انسنو اَكهح
 - 1. نسيط أنسكذ

انطزق األيتحانيح

| أرذسخز | َءٍع اللهِضج ً | ِ نال يونسع * | س |
|----------|------------------------|-----------------------------------|---|
| 5 دسخجس | كِصنْس فَ وَفظ | النصح المألل | 1 |
| | شُجِطُسُسُ | | |
| 11 دسخجس | أعتهز يمجثز لصثشر أ | | |
| | غٟٚڽڒ | | |
| 1 | اِينِسْجُ گُٿَه آ | | |
| 5 دسخجس | كِصيْس فَ وَفظ | الرائض أرائح | 2 |
| | شجطشنس | | |
| 11 دسخجس | أعتهز يمجثز لصثشر أ | | |
| | غؚٚڽڒ | | |
| 1 | اِيِضْعِ ۚ گُەَ | | |
| 15 دسخز | <u>کٍذَٰ اکشٰی ہ</u> س | ىٰالىوغىسج ٞ ئۈپےَ ە ٓ ئۈڭۈچەت | 3 |
| 15 دسخز | أيِضع ُ شَةٍ | | |
| 41 دسخز | أعتهز يمجثز لصثشر أ | ىُالىوضىج ٞ لٰنُ طُشْنُ لُنُ۞ُجَة | 4 |
| | غؚٚۿڒ | | |
| 111 | | لُونسخِر لُنُهُ أَمْعَ أَرْ | 5 |

انكتة انكتذج:

1. أوطخ أَمْ عِجْهَ أَ أَدْتُمُ أُونَ أَنْ لَا ذَوْ لِنَكُونِ فَالْكُولِ الْمُوْنِ الْمُوْنِ الْمُوْنِ الْمُوْنِ الْمُوْنِ اللَّهُ اللَّا اللَّهُ اللَّالِي اللَّا اللَّهُ اللَّاللَّا اللَّا اللَّهُ اللَّا اللَّهُ اللَّهُ ا

Department of Internal Medicine

Subject: Internal Medicine **Academic year:** Four year

Course coordinator: Assistant professor Hameed Ibraheem Head of Department of

Internal medicine and consultant of internal medicine.

Teaching staff:

- 1. Assistant professor Hameed Ibraheem head Department of Internal medicine consultant of internal medicine .
- 2. Assistant professor Sami M. Awad decider of the department consultant of internal medicine.
- 3. Assistant professor Salah Noori Ahmed Dalli ali previous dean of the college for two cycles consultant of internal medicine .
- 4. Assistant professor Khalid A. ALrawi previous head of the department.
- 5. Assistant professor Haitham Noaman consultant of internal medicine .
- 6. Assistant professor Yasin Hamad Majeed consultant of internal medicine & gastroentrologist subspecialty gastroenterology and hepatology.
- 7. Assistant professor Maheer A. Jasim consultant of internal medicine.
- 8. Lecturer Khalid M. Rmaidh specialist of internal medicine.
- 9. Lecturer Hazim Ismael specialist of internal medicine.
- 10. Lecturer Sami Meklef specialist of internal medicine.
- 11. Assistant Lecturer Ahmed Abdul Salam.
- 12. Assistant Lecturer Ahmed Ibraheem.

The Department of internal medicine of Ramadi Teaching hospital seniors whom have Board specialty license of internal medicine and have good experience in the specialty support our department in teaching our students when we need them like Amer jehad, Saleh ALadi ,Amjed Sheet .

Allocated marks: 100 marks.

Course duration: One academic year.

Introduction:

Internal medicine is a clinical-based study that form the skeleton of college of medicine and built of the doctor where the medical students studied it by theoretical lectures and clinically practice it in the hospital medical wards on really ill patients also we use other tools like simulators in the skill lab. An understanding of medicine provides a fundamental framework for the accurate diagnosis and proper treatment of patients with medical problem. The purpose of this curriculum is to provide a basic detailed plan for teaching medicine in our college, unnecessary details and sophisticated clinical data were avoided from the curriculum, regarding this as a first step in updating our medicine curriculum in comparison with other worldwide. The curriculum also describe the subjects and topics in clinical medicine given for medical student.

The internal medicine department in Anbar college of medicine hosts the medical students on training course for 225 hours/year for the 4th year.

Objectives:

The course is designed to introduce the student to:

- 1. To enable the students to gather the information from the patients or actors.
- 2. To enable the students how they perform the general examination and practice it on real patients or actors.
- 3. To enable the students to perform the proper examination of the respiratory, cardiovascular, gastrointestinal, renal and nervous systems
- 4. To teach the students how they respect the patients.
- 5. To understand the pharmacology in general medicine.
- 6. To teach the student how the correlation between theoretical and clinical practice is beneficial to the patients.
- 7. To enhance the awareness of how medical knowledge may be applied effectively in clinical and scientific context.
- 8. To enable the students how to pursue independent and self-learning and how to work effectively in small groups.
- 9. To teach the students how to work effectively under full observations by their lecturers and doctors in the 4th year.

Components, duration and units of the curriculum

| No | Components | Duration | Unit |
|----|----------------------|-----------|------|
| 1 | Theoretical lectures | 135 hours | 9 |
| 2 | Clinical course | 90 hours | 3 |
| 3 | Total | 225 hours | 12 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. Skill lab in the college
- 3. Rooms for small teaching group.
- 4. In patient wards in Ramadi Teaching Hospital
- 5. Emergency unit in Ramadi Teaching Hospital
- 6. CCU in Ramadi Teaching Hospital
- 7. Dialysis unit in Ramadi Teaching Hospital
- 8. GIT center
- 9. AL-Humait teaching hospital for infectious diseases.

Material used for completion the curriculum:

- 1. Audiovisual aids.
- 2. Interaction with the students through questions.

- 3. Power point presentation.
- 4. Real patients.
- 5. ECGs ,X-rays study .
- 6. Plastic specimens as simulators.
- 7. Videos teaching tools and movies for real emergency medical conditions.
- 8. Diagrams and posters.
- 9. Small group and large groups medical discussion conditions .
- 10. pharmacology discussion for medical drugs.

Syllabus:

Teaching Techniques:

Teaching will be conducted using the following techniques:

1. Theoretical Sessions:

- lectures were designed to cover most of topics in medicine. In addition
 to hints on practical points in medical conditions on the community,
 clinical physiology, clinical anatomy and pathology, Radiology,
 clinical statistics and community bases of disease and clinical
 pharmacology study.
- The time of the lecture is 60 minutes.

2. Practical Sessions:

- The practical sessions follow the theory lectures in the same week in the teaching hospitals.
- The students are divided into 2 groups (A, B).
- Each group is guided by consultant in medicine and assistant professors minority are expert teachers.
- The time of each session is 3 hours.
- There are 3 session/week for 10 weeks.

Theoretical lectures: 75 hours for the 1st term and 60 hours for the 2nd term.

| No | Topic | Objectives | Time |
|----|-----------------------------|--|---------|
| • | | | |
| 1 | Basic anatomy and | To understand the structure and function | 2 hours |
| | physiology of the kidney | of the nephron | |
| 2 | Investigation of the kidney | To study the defect in the function and | 2 hours |
| | and renal system | structure of the kidney | |
| 3 | Glomerular diseases | To study the diseases of glomerular | 4 hours |
| | | manifestation pathology | |
| | | Diagnosis and treatment. | |
| 4 | TubuloInterstitiadisease | Understand the disease affecting tubular | 3 hours |
| | | function and their consequence sign and | |
| | | symptom and treatment | |
| 5 | UTIs and Pyelonephritis | To study the causes of UTI, Microbiology | 4 hours |

| | I | T | |
|-----|---------------------------|---|---------|
| | | symptoms and signs | |
| | | Diagnosis and treatment | |
| 6 | Drugs and the kidney | To study the mechanism of drugs that | 2 hours |
| | | injure the kidney | |
| | | Analgesic nephropathy and other drug | |
| | | related renal diseases | |
| | | And drug prescription in patient with renal | |
| | | diseases | |
| 7 | Vascular kidney disease | To understand the effect of systemic | 2 hours |
| | | disease on the kidney | |
| | | Their manifestation diagnosis treatment | |
| | | and prevention | |
| | | | |
| 8 | Acute renal injury (ARF) | To study the causes, manifestation | 4 hours |
| | | diagnosis, treatment and prevention | |
| 9 | Chronic kidney disease | To study the common causes of CRF | 4 hours |
| | | manifestation and the altered renal | |
| | | function in CRF, prevention and | |
| | | management | |
| 10 | Renal replacement therapy | TO understand the basic mechanism and | 4 hours |
| | | type of dialysis | |
| | | Renal transplantation, immunosuppressive | |
| | | drugs and their complication | |
| 11 | Hypertension | Definition, Risk factors, Classification, | 2 hours |
| | | Epidemiology | |
| | | Clinical features, investigation and | |
| | | management and group of drugs for | |
| | | treatment of hypertension complication of | |
| | | HT | |
| | | Hypertension in elderly, pregnancy, | |
| | | diabetes renal failure | |
| 12 | DVT and pulmonary | Anatomy of venous system of lower limb | 2 hours |
| | thromboembolism | Risk factors of DVT, Clinical feature, | |
| | | investigations complications and treatment | |
| | | Pulmonary Thromboembolism , Path | |
| | | physiology | |
| | | Clinical features, investigations and | |
| | | treatment | |
| | | Thrombolytic drugs and anti-coagulant | |
| | | <u>-</u> | |
| 13 | Introduction to | To study and understand the | 2 hours |
| | cardiovascular system | a) Functional anatomy ,physiology | |
| | | and investigations. | |
| | | b) Management of patients with | |
| 1 / | Draganting analysms in | gastroenterology diseases . | 2 hours |
| 14 | Presenting problems in | To study and understand the | 3 hours |

| | cardiovascular | a) Functional anatomy ,physiology | |
|----|------------------------------|---|---------|
| | | and investigations. | |
| | disease(CVD.) | b)Management of patients with CVD. | |
| | | diseases . | |
| 15 | Heart failure | To study and understand the | 3 hours |
| | | a) Definition, pathophysiology and | |
| | | etiology . | |
| | | b) types of heart failure, clinical | |
| | | features and investigations. | |
| | | c) diagnosis of heart failure . | |
| | | d) management of heart failure . | |
| 16 | Pericardial diseases | To study and understand the | 3 hours |
| | | a) Acute pericarditis and pericardial | |
| | | effusion . | |
| | | b) pericardial tampond and | |
| | | constrictive pericarditis . | |
| 17 | Myocardial disease | To study and understand the | 4 hours |
| | | a) cardiomyopathy. | |
| | | b) acute myocarditis and specific | |
| 10 | D1 6 | heart muscle disease > | 2.1 |
| 18 | Rheumatic fever | To study and understand the | 2 hours |
| | | a) causes ,clinical features and | |
| | | investigations of rheumatic fever | |
| | | b) Management of patients with | |
| | | rheumatic fever diseases | |
| 19 | Infective endocarditis | To study and understand the | 2 hours |
| | | a) causes ,clinical features and | |
| | | investigations of disease > | |
| | | b) Management of patients with the | |
| | | diseases . | |
| 20 | Peripheral vascular diseases | To study and understand the | 2 hours |
| | | a) causes ,clinical features and | |
| | | investigations of disease. | |
| | | b) Management of patients with the diseases . | |
| 21 | Congenital heart disease | To study and understand the | 6 hours |
| 41 | Congenital heart disease | a) causes ,clinical features and | o nours |
| | | investigations of disease. | |
| | | b) Management of patients with the | |
| | | diseases . | |
| 22 | Electrocardiography | To study and understand | 2 hours |
| | (ECG) | a) the electrophysiology of the heart, | |
| | | electric waves, how it form and how it | |
| | | propagate, the conducting system in the | |
| | | heart, b) the ECG machine and how to | |
| | | use, the limb leads and the chest leads. | |
| | | C) The ECG deflections and intervals, | |
| | | physiology and terminology of it. | |
| | | physiology and terminology of it. | |

| | | d) Analysis of an ECG, how to measure pulse rate and electrical axis from ECG. | |
|------|---|--|----------|
| 23 | Chamber enlargement Bundle branch block | To study and understand a) How to diagnose atrial and ventricular enlargement by ECG. b) How to diagnose a left or right bundle branch block by ECG and its clinical significance. | 4 hours |
| 24 | Myocardial ischemia and Heart block | To study and understand a) coronary artery anatomy. ischemic changes appear on ECG. ECG changes in angina and acute or old myocardial infarction in details the time effect on changes. B) How to diagnose these diseases by ECG with ECG examples. To understand how to diagnose first, second and third degree heart block with ECG examples. | 7 hours |
| Tota | l hours in first semester | Led champies. | 75 hours |
| 25 | Arrhythmias | To study and understand | 1 hour |
| | | a) by ECG normal sinus rhythm and sinus arrhythmias and its causes. b) study premature ventricular, junctional or atrial premature beats, how to diagnose clinically and by ECG and how to treat. To study and understand paroxysmal supraventricular tachycardia's (SVT) and reentry mechanism, causes of it, clinical findings, how to diagnose by ECG and how to treat. To study and understand atrial fibrillation, causes, clinical findings c) ECG diagnosis and treatment. To study and understand ventricular tachycardia, ventricular fibrillation, how diagnose clinically and by ECG and how to treat | |
| 26 | Valvular heart disease | To understand and study a) review cardiac valves anatomy. b) mitral valve stenosis and regurgitation, etiology, pathological progress, clinical features, how to diagnose and how to treat. | 1 hour |

| 27 | Valvular heart disease | To study and understand a) aortic, pulmonary and tricuspid valve stenosis and regurgitation. b) causes, pathological progress, clinical features, how to diagnose and how to treat. | 1 hour |
|----|---|---|---------|
| 28 | Ischemic heart disease | To study and understand a) atherosclerosis, its etiology and predisposing factors. To review coronary artery anatomy. b) b) angina pectoris, its definition, types, predisposing factors, clinical features of each types, how to diagnose and how to treat. | 1 hour |
| 29 | Ischemic heart disease | To study and understand a) acute and old myocardial infarction, predisposing factors, clinical features, types of it, location of infarction. b) diagnosis of it clinically, by investigation and by ECG, how to manage acute case and chronic cases, its complication and prognosis. | 1 hour |
| 30 | Pregnancy and heart disease | To study and understand a) physiological hemodynamic changes in pregnant woman and its burden in the heart, to study the effect of pregnancy on hypertension, congenital heart disease. b) Valvular heart disease, ischemic heart disease, and arrhythmias. | 1 hour |
| 31 | Respiratory system- introduction | To understand and study a) Functional anatomy ,physiology and investigations b) Presenting problems in respiratory system [cough ,dyspnea ,hemoptesis ,respiratory failure , peripheral chest pain and solitary pulmonary nodule) | 1 hour |
| 32 | Chronic obstructive pulmonary diseases (COPD) | To understand and study a) pathophysiology ,clinical features and investigation . b) management and prevention of the disease . | 2 hours |
| 33 | Asthma and bronchiactesis | To understand and study a) pathophysiology ,clinical features and investigation . b) management and prevention of the disease . | 1 hour |

| 34 | Upper respiratory system | To understand and study | 2 hours |
|----|------------------------------|--|---------|
| | infection and pneumonias | a) pathophysiology ,clinical features and | |
| | r | investigation. | |
| | | b) management and prevention of the | |
| | | disease . | |
| 35 | Pulmonary tuberculosis | To understand and study | 2 hours |
| | , | a) pathophysiology ,clinical features and | |
| | | investigation. | |
| | | b) management and prevention of the | |
| | | disease. | |
| 36 | Tumors of the respiratory | To understand and study | 2 hours |
| | system | a) pathophysiology ,clinical features and | |
| | | investigation. | |
| | | b) management and prevention of the | |
| | | disease. | |
| 37 | Interstitial pulmonary | To understand and study | 1 hour |
| | diseases | a) pathophysiology ,clinical features and | |
| | | investigation. | |
| | | b) management and prevention of the | |
| | | disease. | |
| 38 | Respiratory failure and lung | To understand and study | 2 hours |
| | transplantation | a) pathophysiology ,clinical features and | |
| | | investigation. | |
| | | b) management and prevention of the | |
| | | disease . | |
| 39 | Pleural effusion and pleural | To understand and study | 1 hour |
| | with mediastinal diseases | a) pathophysiology ,clinical features and | |
| | | investigation. | |
| | | b) management and prevention of the | |
| 40 | | disease . | 0.1 |
| 40 | Gastrointestinal system | To understamd and study | 2 hours |
| | system introduction | a) Functional anatomy ,physiology and | |
| | | investigations b) Presenting | |
| | | problems in GIT | |
| | | disease[dyspepsia,dysphagia,GIT | |
| | | bleeding] | |
| | | c) Malabsorption ,pathophysiology ,clinical features and investigations. | |
| 41 | Disease of the esophagus. | To study and understand | 1 hour |
| 41 | Disease of the esophagus. | a) Gastroesophageal reflux disease | 1 11001 |
| | | [pathophysiology ,clinical features, | |
| | | treatment and complications. | |
| | | b) esophagitis | |
| | | c) motility disorders[achalasia and other | |
| | | causes]pathophysiology, clinical features, | |
| | | investigations and treatment. | |
| | | mresusations and treatment. | |

| | T | | |
|----|----------------------------|--|---------|
| | | d) secondary causes of esophageal | |
| | | dysmotility. | |
| | | e) benign esophageal strictures. | |
| | | f) Tumours of the esophagus [clinical | |
| | | features, investigations and management. | |
| 42 | | To study and understand | 2 hours |
| | | | |
| | | a) gastritis[acute, chronic gastritis due to | |
| | Disease of the stomach and | H pylori infection, autoimmune chronic | |
| | duodenum. | gastritis, menetriers disease. | |
| | | b) peptic ulcer | |
| | | disease.pathophysiology,cinical features | |
| | | investigations, complications and | |
| | | treatment. | |
| | | c) Zollinger –Ellison | |
| | | , | |
| | | syndrome[pathophysiology, clinical | |
| | | features, investigations and management. | |
| | | d) functional disorders[functional | |
| | | dyspepsia, Gastroparesis] pathophysiology | |
| | | clinical features, investigations and | |
| | | management. | |
| | | e) Tumours of stomach[carcinoma, | |
| | | lymphoma, other tumors] pathophysiology | |
| | | ,clinical features, investigations | |
| | | ,complications and management. | |
| 43 | Disease of small intestine | To study and understand | 2 hours |
| | | a)Disorders causing malabsorption. | |
| | | Coeliac disease –pathophysiology, clinical | |
| | | features, investigations, complications and | |
| | | treatment, Tropical sprue | |
| | | pathophysiology, clinical features, | |
| | | investigations and treatment | |
| | | Small bowel bacterial overgrowth (blind | |
| | | loop syndrome) | |
| | | b) whipple disease, short bowel syndrome | |
| | | Radiation enteritis | |
| | | | |
| | | c) motility disorders of small intestine | |
| | | [chronic intestinal pseudo | |
| | | obstruction]clinical features investigations | |
| | | and management . | |
| | | e)Protein losing Enteropathy | |
| | | intestinal lymphangectasia, | |
| | | d)ulceration of smallintestine | |
| | | f)Meckel's diverticulum. | |
| | İ | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| | | g)Adverse food reactions [lactose | |

| | | h)Abdominal T B. | |
|-----|----------------------------|---|---------|
| 44 | | | 2 hours |
| | Tumors of small intestine | To study and understand | |
| | | a) [benign, adenocarcinoma, | |
| | | lymphoma, b) | |
| | | b) neuroendocrine tumours, | |
| | | Immunoproliferative small intestinal disease. | |
| 45 | Disease of pancreas | [acute, chronic pancreatitis | 2 hours |
| 7.5 | Discuse of puncteus |]pathophysiology, clinical features, | 2 nours |
| | | investigations and treatment | |
| | | Tumours of pancreas. Clinical features, | |
| | | investigations and management | |
| 46 | Disorders of the colon and | To study and understand | 2 hours |
| 10 | rectum | a) PATHOPHYSIOLOGY,CLINICAL | 2 Hours |
| | 100:0111 | FEATURES, INVESTIGATIONS | |
| | | ,TREATMENT AND COMPLICATIONS | |
| | | b)Microscopic colitis | |
| | | c)Irritable bowel syndrome – | |
| | | pathophysiology, clinical features, | |
| | | diagnosis and management | |
| | | d)Ischemic gut injury. Acute small bowel | |
| | | ischemia, acute colonic e)ischemia, | |
| | | chronic mesenteric ischemia | |
| | | f) Tumors of colon and rectum. Polyps | |
| | | andpolyposis syndrome | |
| | | Familial adenomatosis polyposis | |
| | | Peutz- jegheres syndrome | |
| | | Juvenile polyposis | |
| | | g)Colorectal cancer .pathophysiology, | |
| | | clinical feature, investigations and | |
| | | management | |
| | | h)Prevention and screening of | |
| | | diverticulosis, pathophysiology ,clinical | |
| | | features and management. | |
| 47 | Introduction to liver | To study and understand | 1 hour |
| | | a) Functional anatomy, physiology and | |
| | | blood supply | |
| | | b) investigations of liver disease and | |
| | | hepatobiliary disease | |
| 48 | Presenting problems in | To study and understand | 1 hour |
| | liver disease | a) acute liver failure, abnormal liver | |
| | | function, jaundice, hepatomegaly] | |
| | | b) infections and liver-viral | |
| | | hepatitis[A,B,C,D,E]clinical features | |
| | | investigations and management | |
| | | , m vestigations and management | |

| 40 | A1 1 1' 1' 1' | m , 1 , 1 , 1 | 0.1 |
|----|-------------------------|---|-----------|
| 49 | Alcoholic liver disease | To study and understand | 2 hours |
| | | a) pathophysiology ,clinical features, | |
| | | investigations and management | |
| | | b) Non-alcoholic fatty liver disease- | |
| | | pathophysiology,clinical features | |
| | | investigations and management. | |
| 50 | Autoimmune liver and | To study and understand | 2 hours |
| | biliary disease | a) Autoimmune hepatitis ,primary | |
| | | biliary cirrhosis, overlap | |
| | | syndrome,PSC,IgG4 associated | |
| | | cholangitis] | |
| | | b) Pathophysiology ,clinical features, | |
| | | investigations and management | |
| 51 | Inherited liver disease | To study and understand | 1 hour |
| | | a) hemochromatosis, Wilsons | |
| | | disease, alpha 1antitrypsin deficiency] | |
| | | c) Pathophysiology clinical | |
| | | features, investigations and | |
| | | management | |
| | | c)drugs and the liver-types of liver | |
| | | injuries | |
| 52 | Vascular liver disease | To study and understand | 1 hour |
| | | a) hepatic artery disease,portal vein | |
| | | thrombosis. | |
| | | b) Budd-Chiari syndrome, veno- | |
| | | occlusive disease. | |
| 53 | Liver cirrhosis | To study and understand | 2 hours |
| | | a) pathopysiology, clinical features, | |
| | | management and prognosis ,portal | |
| | | hypertension. | |
| | | b) pathophysiology, clinical features, | |
| | | investigations, management and | |
| | | complications | |
| | | c) hepatic encephalopathy ,ascites - | |
| | | pathophysiology, clinical features, | |
| | | investigations, management and | |
| | | complications, variceal bleeding- | |
| | | clinical features, prevention and | |
| | | management, congestive gastropathy. | |
| 54 | liver tumours and focal | To study and understand | 2 hours |
| 5- | lesions | a) types of liver neoplasm benign and | 2 1100115 |
| | 10310113 | malignant types . | |
| | | b) clinical features and management | |
| | | b) chineal realures and management | |

| | T | T | 1 |
|----|-------------------------------|--|---------|
| | | c)Pregnancy associated liver disease | |
| | | d) Liver transplantation-indications, | |
| | | contraindications and complications. | |
| 55 | Streptococcal and | To study and understand | 2 hours |
| | staphylococcal infection | a) pathobiology ,clinical features | |
| | | investigations. | |
| | | b) treatment and prevention of disease | |
| | | | |
| 56 | Enteric fever and brucellosis | To study and understand | 2 hours |
| | | a) pathobiology ,clinical features | |
| | | investigations. | |
| | | b) treatment and prevention of disease | |
| | | | |
| 57 | Sepsis syndrome and pyrexia | To study and understand | 2 hours |
| | of unknown origin | a) pathobiology ,clinical features | |
| | | investigations. | |
| | | b) treatment and prevention of disease. | |
| 58 | Acute gastroenteritis | To study and understand | 2 hours |
| | | a) pathobiology ,clinical features | |
| | | investigations. | |
| | | b) treatment and prevention of disease | |
| | | | |
| 59 | AIDS AND HIV | To study and understand | 2 hours |
| | | a) pathobiology ,clinical features | |
| | | investigations. | |
| | | b) treatment and prevention of disease | |
| | | | |
| 60 | Influenza and epidemic | To study and understand | 1 hour |
| | viruses with influenza like | a) pathobiology ,clinical features | |
| | viruses | investigations. | |
| | | b) treatment and prevention of disease | |
| | | | |
| 61 | | To study and understand | 2 hours |
| | Hemorrhagic fever and | a) pathobiology ,clinical features | |
| | rickettesial infection | investigations . | |
| | | b) treatment and prevention of disease | |
| | | | |
| 62 | Fungal infection and | To study and understand | 2 hours |
| | antibiotics | a) pathobiology ,clinical features | |
| | | investigations . | |
| | | b) treatment and prevention of disease | |
| | | | |
| | | c) All about drug antibiotic related to mode | |
| | l . | | 1 |

| | | of action doses ,indication, contraindication and side effects with drug interaction | |
|----|--------------------------------|--|----------|
| 63 | Total hours In second semester | | 60 hours |

Clinical course: 90 hours, 3 hours/day for 3 days/week for 10 weeks

| No | System | week | Objectives |
|----|------------------|------|---|
| 1 | Respiratory | 2 | To enable the students the proper communication skills and presentation for |
| 2 | Cardiovascular | 2 | taking history. 2. To learn and practice the proper physical |
| 3 | Gastrointestinal | 2 | examination of these systems |
| 4 | Renal | 2 | |
| 5 | Nervous | 2 | |
| 6 | Total | 10 | |

Methods of assessment

| No | Exam | Type of assessment | Marks |
|----|------------|---|-------|
| 1 | First term | Quizzes in the same theoretical lectures | 2 |
| | | End term written exam (60% MCQs & 40% essay | 13 |
| | | questions) | |
| 2 | Second | Quiz in the same theoretical lectures | 2 |
| | term | End term written exam (60% MCQs & 40% essay | 13 |
| | | questions) | |
| 3 | Final | History taking and presentation | 10 |
| | clinical | Physical exam | 10 |
| 4 | Final | MCQs | 30 |
| | written | Essay questions | 20 |
| 5 | | Total | 100 |

Suggested Reading List:

- Davidson principles and practise, 22nd Edition, By: Stanley Davidson MD.
 Macleod 's clinical examination : S. Macleod

Department of Surgery

Subject: General Surgery Academic year: Fourth year

Coordinator: Instructor Dr. Duraid Taha

Teaching staff:

- 1. Assistant Professor Dr. Aamr Fakhri
- 2. Assistant Professor Dr. Naama Hamad
- 3. Assistant Professor Dr. Ziad hammad
- 4. Assistant Professor Dr. Qais Abdulrahman
- 5. Assistant Professor Dr. Waleed Nassar
- 6. Assistant Professor Dr. Yahya Hameed
- 7. Assistant Professor Dr. Saad mikhlif
- 8. Assistant Professor Dr. Mohammed tafash
- 9. Assistant Professor Dr. Mohammed khudir
- 10. Instructor Dr. Tariq Mahdi
- 11. Instructor Dr. Bassam Maddah
- 12. Instructor Dr. Duraid Taha
- 13. Instructor Dr. Omar Tariq

Introduction

According to the Guide for Accreditation of Medical Colleges, Iraq which was prepared by the National Council for Accreditation of Medical Colleges that the curriculum must be annually revised. We are happy to update our curriculum for general surgery for the 4th year medical students in this year. Our surgical department was teaching the 4th year medical students for the past 25 year. We are updating the curriculum to improve the educational program for our students.

Objectives

- 1. To inculcate the spirit of dedication, concern and empathy among students, by building thoughtful and skillful professional clinicians upon the sound foundation of the basic medical sciences.
- 2. To develop doctors who will have the background, skills, knowledge, understanding and appropriate attitudes to specialize in whatever area of medical science suits their talents.
- 3. To provide excellence in undergraduate teaching.
- 4. To direct and guide students to focus on the prime importance of patient care
- 5. To teach students to become proficient in clinical history taking and physical examination.
- 6. To teach the students to be a provisional in the presentation of a surgical case.
- 7. To instruct the students to use a scheme in dealing with surgical emergencies.
- 8. To instruct the students to formulate a differential diagnosis for common clinical presentations.
- 9. To inform students about the indications for and interpretation of basic laboratory, radiological and other investigations.

- 10. To educate the students about the management of common surgical diseases.
- 11. To inform the students to adopt learning and practice common surgical skills.
- 12. To know the ways of protection of students themselves and accompanying sub-staff.
- 13. To teach the students how they become a strong decision makers.

Components, duration and units of the curriculum:

| No | Components | Duration | Units |
|----|----------------------|-----------|-------|
| 1 | Theoretical lectures | 90 hours | 6 |
| 2 | Clinical course | 90 hours | 3 |
| 3 | Total | 180 hours | 9 |

Places of a completion the curriculum:

- 1. Lecture hall in the college
- 2. Rooms for small teaching group.
- 3. Skill lab.
- 4. Inpatient surgical ward in AL-Ramadi teaching hospital.
- 5. Surgical operative room in AL-Ramadi teaching hospital.

Materials used to accomplish the curriculum:

- 1. Real patients
- 2. Actors
- 3. Anatomical specimens
- 4. Examination and surgical instruments
- 5. Static clinical images
- 6. Teaching Videos
- 7. Investigations of patients including laboratory and radiological investigations.

Theoretical lectures: 90 hours

| No | Name of the lecture | Name of the instructor | Term | Hour/s |
|----|---------------------------|--------------------------------|------|--------|
| 1 | Introduction to Urology, | Assistant Professor Dr. Ziad | 1st | 1 |
| | Definition and clinical | hammad | | |
| | symptoms | | | |
| 2 | Urological Investigation: | Assistant Professor Dr. Ziad | 1st | 1 |
| | Urinalysis, Biochemical | hammad | | |
| | test, Radiology | | | |
| | ,Ultrasound, CT-scan | | | |
| | ,MRI, Isotope study | | | |
| 3 | Embryology of GUT, | Assistant Professor Dr. Waleed | 1st | 1 |
| | Renal Anomalies, Cystic | Nassar | | |
| | disease of the Kidney | | | |
| 4 | PUJ obstruction, | Assistant Professor Dr. Waleed | 1st | 1 |

UNIVERSITY OF ANBAR / COLLEGE OF MEDICINE

| | Anomalies of the Ureter, Uretrocele, VUR | Nassar | | |
|----|---|--|-----------------|---|
| 5 | Definitions of Urinary tract infection | Instructor Dr. Duraid Taha | 1st | 1 |
| 6 | Acute and Chronic Pylonephritis, Renal carbuncle, Pyonephrosis, TB of GUT | Instructor Dr. Duraid Taha | 1st | 2 |
| 7 | Renal and Ureteric Trauma | Assistant Professor Dr. Naama Hamad | 1st | 1 |
| 8 | Urinary Fistulae And Urinary Diversions | Assistant Professor Dr. Naama Hamad | 1st | 1 |
| 9 | Introduction To Urolithiasis | Ass. Prof. Dr. Qais Abdulrahman | 1st | 1 |
| 10 | Renal Stone Diseases | Ass. Prof. Dr. Qais Abdulrahman | 1st | 1 |
| 11 | Ureteric and Vesical Stone | Ass. Prof. Dr. Qais Abdulrahman | 1st | 1 |
| 12 | Renal Tumors | Ass. Prof. Dr. Qais Abdulrahman | 1st | 2 |
| 13 | Hydronephrosis and Obstructive Uropathy | Ass. Prof. Dr. Ziad hammad | 1st | 1 |
| 14 | Diseases of the bladder (Ectopia vesicae and Interstitial cystitis) | Assistant Professor Dr. Waleed Nassar | 1st | 1 |
| 15 | Bladder diseases (Bilharezial and Neurogenic Diseases) and urinary retention | Assistant Professor Dr. Waleed Nassar | 1st | 1 |
| 16 | Bladder tumours and bladder injury | Assistant Professor Dr. Waleed Nassar | 2 nd | 2 |
| 17 | Diseases of the Prostate (BPH) | Assistant Professor Dr. Ziad hammad | 2 nd | 1 |
| 18 | Prostatic Carcinoma and Prostatitis | Assistant Professor Dr. Ziad hammad | 2 nd | 1 |
| 19 | Imperfectly descended Testis, Torsion and acute scrotum | Assistant Professor Dr. Naama Hamad | 2 nd | 1 |
| 20 | Epididimoorchitis (acute ,Chronic and TB),Hydrocele, Varicocele | Assistant Professor Dr. Naama Hamad | 2 nd | 1 |
| 21 | Testicular Tumor, Scrotal Gangrene | Assistant Professor Dr. Naama Hamad | 2 nd | 1 |
| 22 | Hypospadius, Epispadius, PUV ,Phimosis, Meatal stenosis | Instructor Dr. Duraid Taha | 2 nd | 1 |
| 23 | Urethral injury, Stricture, Peyronie's Disease | Instructor Dr. Duraid Taha | 2 nd | 1 |
| 24 | Renal failure | Instructor Dr. Duraid Taha | 2 nd | 1 |
| 25 | Renal Transplant | Instructor Dr. Duraid Taha | 2 nd | 1 |
| 26 | Male infertility | Assistant Professor Dr. Waleed | 2 nd | 2 |

UNIVERSITY OF ANBAR / COLLEGE OF MEDICINE

| | | Nassar | | |
|----|--|--|-----------------|---|
| 27 | Esophagus | Assistant Professor Dr. Saad mikhlif | 1 st | 3 |
| 28 | Stomach and duodenum | Assistant Professor Dr. Yahya Hameed | 1 st | 5 |
| 29 | Hernia | Assistant Professor Dr. Yahya Hameed | 1 st | 3 |
| 30 | Thyroid gland | Instructor Dr. Omar Tariq | 1 st | 3 |
| 31 | Breast diseases | Assistant Professor Dr. Aamr Fakhri | 1 st | 4 |
| 32 | Hydatid disease | Instructor Dr. Omar Tariq | 1 st | 3 |
| 33 | Small and large bowel diseases+ appendix | Instructor Dr. Tariq Mahdi | 1 st | 7 |
| 34 | Intestinal obstruction | Instructor Dr. Omar Tariq | 1 st | 2 |
| 35 | Liver & biliary system | Instructor Dr. Omar Tariq | 2 nd | 4 |
| 36 | Colostomy & ileostomy | Instructor Dr. Tariq Mahdi | 2 nd | 2 |
| 37 | Anorectal surgery | Instructor Dr. Tariq Mahdi | 2 nd | 3 |
| 38 | Portal hypertension&UGI bleeding | Dr. Aala Ahmed | 2 nd | 2 |
| 39 | Pancreas | Assistant Professor Dr. Yahya Hameed | 2 nd | 1 |
| 40 | Principles of laprascopic surgery and MIS | Dr. Majid Hameed | 2 nd | 2 |
| 41 | Peritoneum &intra- abdominal sepsis | Assistant Professor Dr. Aamr Fakhri | 2 nd | 2 |
| 42 | spleen | Assistant Professor Dr. Yahya Hameed | 2 nd | 1 |
| 43 | Cervical lymphadenopathy & swellings in the neck | Ass. Prof. Dr. Mohammed Khether | 2 nd | 1 |
| 44 | Salivary glands & oral cavity | Assistant Professor Dr. | 2 nd | 1 |
| 45 | Diabetic foot | Ass. Prof. Dr. Aamr Fakhri | 2 nd | 2 |
| 46 | Adrenal gland | Ass. Prof. Dr. Aamr Fakhri | 2 nd | 2 |
| 47 | Parathyroid glands | Ass. Prof. Dr. Aamr Fakhri | 2 nd | 2 |
| 48 | Principles of bariatric surgery | Dr. Majid Hameed | 2 nd | 2 |
| 49 | Principles of oncology | Dr. Ayman Delan, Dr. Nabeel Mutheher, Dr. Mohammed Abdulkhader | 2 nd | 3 |

Syllabus of the clinical course: 10 weeks, 3 days per week and 3 hours per day

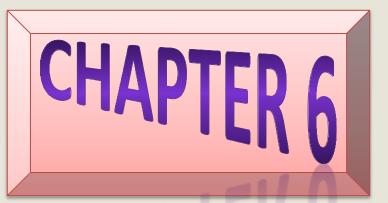
| No. | Subject | Time |
|-----|---|---------|
| | | |
| 1 | History taking | 2 weeks |
| 2 | General physical exam | 1 week |
| 3 | Examination of the Neck and Thyroid gland | 1 week |
| 4 | Examination of the Abdomen and hernia | 2 weeks |
| 5 | Examination of the Breast | 1 week |
| 6 | Exam of lump, ulcer and other specific lesions | 1 week |
| 7 | Revision and exam of variable cases in the ward | 2 weeks |

Methods of assessment

| No | Exam | Type of assessment | Marks |
|----|----------------------|--|-------|
| 1 | First term | Quiz in the same theoretical lecture for each lecture | 5 |
| | (15marks) | End term written exam (60% MCQs & 40% essay | 10 |
| | | questions) | |
| 2 | Second term | Quiz in the same theoretical lecture for each lecture | 5 |
| | (15marks) | End term written exam (60% MCQs & 40% essay questions) | 10 |
| | | Senior evaluation | |
| | | 1. Student behavior | 2 |
| | | 2. Student attendance | 1 |
| | D | 3. Student interaction | 1 |
| 3 | During the clinical | Log book | 2 |
| | course (20 marks) | History taking and presentation | 7 |
| | | Physical exam | 7 |
| 4 | Final written | MCQs | 30 |
| | (50 mark) | Essay questions | 20 |
| 5 | | Total | 100 |

Recommended books:

- 1. Baily and Love Short Practice of Surgery Russell
- 2. An Introduction to the Symptoms and Sign of Surgical Disease Norman L. Browse



Subjects for the annual system of the fifth stage

| No. | Subject | |
|-----|-------------------|--|
| 1 | Psychiatry | |
| 2 | Dermatology | |
| 3 | ENT | |
| 4 | Ophthalmology | |
| 5 | Internal Medicine | |
| 6 | General Surgery | |
| 7 | Radiology | |
| 8 | Gynecology | |
| 9 | Pediatrics | |

Department of Internal Medicine

Subject: Psychiatry

Academic year: Fifth year

Coordinator: Dr. Yousif Abdullah

Teaching staff:

1. Dr. Yousif Abdullah Instructor

Introduction

All doctors must have an adequate level of psychiatric knowledge, skills and attitudes to be able to comprehensively assess and treat their patients. In particular, newly-qualified doctors should be able to competently manage psychiatric emergencies and recognize obvious mental illnesses in their patients; and know when to refer to their seniors/psychiatric specialists. Through a collaborative process, the Department of Internal Medicine has developed this core curriculum, which is relevant for all doctors. It specifies areas that we think should be covered at some stage of the undergraduate medical course. Many areas will be covered on a specific psychiatric clinical placement. The curriculum describes in detail the basic requirements in psychiatry for undergraduate students. Tomorrow's Doctors presents three overarching outcomes for newly qualified doctors: The doctor as a scholar and a scientist; The doctor as a practitioner; The doctor as a professional. This curriculum maps onto these overarching outcomes and specific outcomes relevant to psychiatry.

Objectives

- 1. To provide students with knowledge and understanding of the main psychiatric disorders, the principles underlying modern psychiatric theory and commonly used treatments (The doctor as a scholar and a scientist)
- 2. To assist students to develop the necessary skills to apply this knowledge in clinical situations (The doctor as a practitioner)
- 3. To encourage students to develop the appropriate attitudes necessary to respond empathically to mental illness and psychological distress in all medical and broader settings (The doctor as a professional)

It is essential that psychiatric teaching explicitly covers all age groups (children, adolescents, working age adults and older adults), the perinatal period and people with a learning disability. Students should learn about different presentations and treatments of mental illness in primary care, secondary psychiatric services, and medical/surgical patients.

The Learning Outcomes are:

- A. The **Doctor as a Scholar And a Scientist** On completion of undergraduate training the successful student should be able to:
 - 1. Describe the prevalence and clinical presentation of common psychiatric conditions and how these may differ between patients, particularly with age, developmental stage and culture.

- 2. Explain the biological, psychological and socio-cultural factors which may predispose to, precipitate or maintain psychiatric illness; and describe multifactorial aetiology.
- 3. Understand normal life adjustments and transitions (include between age groups). Recognise the differences between mental illness and the range of normal responses to stress and life events (including bereavement). Recognise the danger of inappropriately medicalising normal distress and grief.
- 4. Describe the current, common psychological, physical and social treatments for psychiatric conditions, including the indications for their use, their method of action and any unwanted effects. Treatment includes lifestyle measures. Treatment includes ECT. Understand that stepped care is often appropriate. Understand that good treatment should lead to improved well-being and growth for an individual, not just reduced symptoms.
- 5. State the doctor's duties and the patient's rights under the appropriate mental health legislation and mental capacity legislation. Understand the importance of confidentiality and when the patient's wish for confidentiality should be over-ridden, including in young people.
- 6. Describe what may constitute risk to self (suicide, self harm and/or neglect, engaging in high risk behaviour) and risk to and from others (including child abuse, domestic violence between adults and protection of vulnerable adults). Understand how such abuse (of adults and children) increases the risk of psychiatric and personality disorders.
- 7. Summarise the major categories of psychiatric disorders, for example using ICD-10.
- 8. Describe the basic range of services and professionals involved in the care of people with mental illness and the role of self help, service user and carer groups in providing support to them. Describe the varied roles of psychiatrists and other mental health professionals. Students should be aware that services differ from each other and change over time (so future services may be different). Students should understand the recovery model. 9. Describe the principles and application of the primary, secondary and tertiary prevention of mental illness.
- B. **The Doctor as a Practitioner** On completion of the course the successful student will be able to:
- 1. Take a full psychiatric history, carry out a mental state examination (including a cognitive assessment) and write up a case (as would be found in medical records). This includes being able to describe symptoms and mental state features, aetiological factors, differential diagnoses, a plan of management and assessment of prognosis.
- 2. Prescribe psychotropic medication (if appropriate) safely, effectively and economically.
- 3. Provide immediate care in psychiatric emergencies, which may occur in psychiatric, general medical or other settings. In particular be able to conduct a

- risk assessment (risk to self and others, including from abuse), act appropriately based on this risk assessment; and to be competent in the management of acute behavioural disturbance.
- 4. Screen empathically for common mental illnesses in non-psychiatric settings and recognise where medically unexplained physical symptoms may have psychological origins.
- 5. Communicate effectively with patients and multi-disciplinary colleagues. Discuss with patients and relatives the nature of their illness, management options and prognosis. Be able to communicate well and empathically with children and with patients who might be frightened, aggressive, unable to communicate or challenging in other ways. Summarise and present a psychiatric case in an organised and coherent way to another professional. Be able to make appropriate referrals to psychiatric services.
- 6. Plan which physical and psychosocial investigations should be carried out when patients present with psychiatric symptoms and when starting psychotropic medication.
- 7. Evaluate information about family relationships and other relevant social factors (including work, education and finances) and their impact on an individual patient, This may involve gaining information from other sources.
- 8. Evaluate the impact of mental illness on the individual, their family and those around them.
- 9. Assess a patient's capacity to make a particular decision in accordance with legal requirements and the GMC's guidance.
- C. The **Doctor as a Professional** On completion of the course the successful student will:
- 1. Behave according to good ethical and legal principles, including, but not limited to, those laid down by the General Medical Council.
- 2. Recognize the importance of the development of a therapeutic relationship with patients, enabling the patient to be actively involved in decisions about their care.
- 3. Act in a safe way towards patients. Understand the potential to do psychological harm to patients, including by providing untrained/unsupervised psychotherapeutic interventions and fostering inappropriate doctor-patient attachments. Recognize the limits of their own competence and know when to ask for help from a more senior/specialist colleague.
- 4. Accept that illnesses of the brain/mind are of equal importance as illnesses of other parts of the body. View psychiatric patients as being as deserving of the same high standard of medical care as patients with purely physical illness. Demonstrate understanding of how patients' opportunities may be affected by stigmatization of mental illness and show sensitivity to the concerns of patients and their families about such stigmatization.

- 5. Recognize the importance of multidisciplinary teamwork in the field of mental illness in psychiatric, community, general medical, primary care and non-medical settings.
- 6. Reflect on how working in health settings may impact upon their own health (including mental health) and that of colleagues. Understand the importance of seeking professional help if they themselves develop mental health problems. Know how/where to access this help.

Components, duration and units of the curriculum

| No | Components | Duration | Units |
|----|----------------------|----------|-------|
| 1 | Theoretical lectures | 45 hours | 3 |
| 2 | Clinical course | 30 hours | 1 |
| 3 | Total | 75 hours | 4 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. Rooms for small teaching group
- 3. Outpatient Psychiatric clinic in AL-Ramadi teaching hospital
- 4. Emergency unit in AL-Ramadi teaching hospital
- 5. Inpatient ward in AL-Ramadi teaching hospital

Material used for completion the curriculum:

- 1. Real patient
- 2. Actors
- 3. ECT
- 4. EEG
- 5. Static clinical images
- 6. Teaching clinical Videos
- 7. Investigations of patients

Theoretical lectures 45 in numbers

| No | item | Term | Hour/s |
|----|---|-----------------|--------|
| 1 | Introduction to psychiatry and psychology | 1^{st} | 1 |
| 2 | History of psychiatry , psychopathology , classification of psychiatric illnesses | 1 st | 6 |
| 3 | Patient- doctor relationship | 1 st | 1 |
| 4 | Personality disorders and psychopathy | 1 st | 3 |
| 5 | Neuroses | 1 st | 1 |

UNIVERSITY OF ANBAR / COLLEGE OF MEDICINE

| 6 | Anxiety state, depression, anorexia nervosa, | 1 st | 7 |
|----|--|-----------------|---|
| | hypochondriasis, obsessive-compulsive neurosis, | | |
| | psychometric disorders ,post-traumatic stress disorder | | |
| 7 | Drug abuse, drug dependence, and alcoholism | 1 st | 2 |
| 8 | Suicide and deliberated self-harm | 1 st | 1 |
| 9 | Psychoses: | 1 st | 6 |
| | Functional psychosis: affective disorders, schizophrenia, | | |
| | and other psychotic disorders | | |
| | Organic psychosis : acute/sub- acute and chronic syndromes | | |
| 10 | Treatment of psychiatric illnesses: physical therapy, non- | 1 st | 2 |
| | physical therapy . psychotherapy , behavior therapy | | |
| 11 | Child psychiatry | 2^{nd} | 2 |
| 12 | Geriatric psychiatry | 2^{nd} | 2 |
| 13 | Mental sub-normality | 2^{nd} | 2 |
| 14 | Eating disorders | 2^{nd} | 1 |
| 15 | Forensic psychiatry | 2^{nd} | 2 |
| 16 | Psychiatry aspects of epilepsy and of general medical problems | 2 nd | 1 |
| 17 | Psychology and behavioral sciences lectures (thinking, learning, memory, motives, intelligence, social psychology) | 2 nd | 5 |

Clinical course: 2 weeks, 5 days/week and 3 hours/day

| No | Item | Duration |
|----|--|----------|
| 1 | General information about history taking | 3 hours |
| 2 | Mental state examination | 2 hours |
| 3 | Neurological examination | 2 hours |
| 4 | Images for normal brain and nerves tissues | 2 hours |
| 5 | Approach for history taking and mental state examination and | 4 hours |
| | medical ethics | |
| 6 | Emergency psychiatric conditions | 4 hours |
| 7 | Interpretation of brain radiological films | 2 hours |
| 8 | Approach for ECT doing | 1 hour |
| 9 | Approach for EEG examination | 1 hour |
| 10 | Common psychiatric conditions | 9 hour |

Methods of assessment

| No | Exam | Type of assessment | Marks |
|----|----------------|---|-------|
| 1 | First term | Quiz in the same theoretical lectures | 5 |
| | | End term written exam (60% MCQs & 40% essay | 10 |
| | | questions) | |
| 2 | Second term | Quiz in the same theoretical lectures | 5 |
| | | End term written exam (60% MCQs & 40% essay | |
| | | questions) | |
| 3 | Final clinical | Oral exam | |
| | | Data show slides exam | 10 |
| 4 | Final written | MCQs | 30 |
| | | Essay questions | 20 |
| 5 | | Total | 100 |

Recommended references

- 1. Clinical psychiatric strategies 2010.
- 2. Synopsis of psychiatry. Kaplan and sadock s. Eleven edition.

Department of Internal Medicine

Subject: Dermatology

Academic year: Fifth year

Coordinator: Assistant Professor Dr. Thamir A. Hameed Kubaisi

Teaching staff:

1. Assistant Professor Dr. Abdulla S. Hassan

2. Assistant Professor Dr. Thamir A. Hameed Kubaisi

3. Instructor Dr. Asmaa I. Ageel

Introduction

A scientific curriculum is a guide line for both university teacher and student in order to accomplish the study in most appropriate manner. Owing to the change of science, a dermatology curriculum is also changed in order to enable the undergraduate students to get update knowledge in the field of Dermatology.

Objectives

- 1. To enhance the ability of the student in understanding the skin anatomical layers and skin appendix.
- 2. To enable the student to familiarize himself with the dermatology common problems.
- 3. To enable the student to be competent to evaluate the symptoms, analyze the findings, diagnose the malady and suggest and implement the treatment modalities to treat the common skin diseases.
- 4. To make the student aware of emergency lifesaving procedures commonly seen in dermatology practice.
- 5. To make the student aware of the minor surgical procedures and have knowledge of methods for it.
- 6. To make learning of the subject of dermatology through evoking the curiosity and generate a habit of self-learning which may be utilized to make the learning habit a dynamic one.
- 7. To enhance the attitude, communication skills, adapt to changing trends in education, learning method and evolve new diagnostic and therapeutic technique in the subject of dermatology.
- 8. To make the student understand the rational use of drugs used in treating skin diseases and have the knowledge of the common side effects and interactions of commonly used therapeutic agents.
- 9. To enable the student the measures of prevention of infectious diseases in daily dermatology clinical practice.

Components, duration and units of the curriculum

| No | Components | Duration | Units |
|----|----------------------|----------|-------|
| 1 | Theoretical lectures | 30 hours | 2 |
| 2 | Clinical course | 30 hours | 1 |
| 3 | total | 60 hours | 3 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. Rooms for small teaching group
- 3. Outpatient Dermatology room (UV cabin) in the collage
- 4. Outpatient Dermatology Clinic in AL-Ramadi Teaching Hospital
- 5. Minor surgery unit in AL-Ramadi teaching hospital
- 6. Inpatient ward in AL-Ramadi teaching hospital

Material used for completion the curriculum:

- 1. Real patients
- 2. Actors
- 3. Anatomical specimens
- 4. Examination and surgical instruments
- 5. Static clinical images
- 6. Teaching clinical Videos
- 7. Investigations of patients

Theoretical lectures: 30 in number

| No | Name of the lecture | No | Name of the lecture |
|----|--------------------------------------|----|-----------------------------------|
| 1 | Structures and functions of the skin | 16 | Skin manifestations of systemic |
| | | | diseases |
| 2 | Terminology and dermatology | 17 | Cutaneuos laser surgery |
| | signs | | |
| 3 | Parasitic skin infections | 18 | Bacterial skin infections |
| 4 | Acne and rosacea | 19 | Viral skin infections(partI) |
| 5 | Papulosequamous diseases | 20 | Sexual transmitted |
| | (Psoriasis) | | disease(infections) |
| 6 | Papulosequamous diseases (LP, PR) | 21 | Hair loss and hirsutism |
| 7 | Disorders of pigmentation (vitiligo | 22 | Bullous diseases (part1) |
| | and albinism) | | |
| 8 | Parasitic skin infections | 23 | Bullous diseases (part2) |
| 9 | Acne and rosacea | 24 | Viral skin infections(partII) |
| 10 | Disorders of pigmentation (| 25 | Drug eruptions |
| | melasma and hperpigmentations) | | |
| 11 | Connective tissue diseases | 26 | Skin tumors(benign) |
| 12 | Urticaria and angioedema | 27 | Skin tumors (malignant) |
| 13 | Physical factors effects on the skin | 28 | Reactive erythemas and vasculitis |
| 14 | Dermatitis & Eczema)- part 1 | 29 | Disorders of keratinizations |
| 15 | Dermatitis & Eczema) part 2 | 30 | The skin and the psyche |

Clinical Course

| No | Item | Duration |
|----|--|----------|
| 1 | General information about history taking | 2 hours |
| 2 | Anatomical specimens | 1 hour |
| 3 | Instruments the way of skin examination | 1 hours |
| 4 | The way of hair examination | 1 hours |
| 5 | Instruments and the way of mouth and genital examination | 2 hours |
| 6 | Injections of pentostam in Baghdad Boil | 1 hour |
| 7 | Wood's light tests | 1 hour |
| 8 | Injections of Botox in wrinkles and hyperhidrosis | 6 hours |
| 9 | Common Dermatological conditions | 6 hours |
| 10 | Interpretation of laboratory tests | 3 hours |
| 11 | Minor surgical skills | 4 hours |
| 12 | Common laser skin operations | 2 hours |

Examples of common Dermatological conditions

- 1. Wart
- 2. Tenia
- 3. Eczema
- 4. Baghdad Boil
- 5. Psoriasis and Lichen planus
- 6. Impetigo
- 7. Acne vulgaris
- 8. Allopecia
- 9. Acute urticaria
- 10. Melasma
- 11. Vitiligo

Examples of surgical skills

- 1. Wart cauterizations
- 2. Removal of foreign body
- 3. Abscess opening and drainage
- 4. Nail avulsion
- 5. Cauterization of bleeding point and pyogenic granuloma

Methods of assessment

| No | Exam | Type of assessment | Marks |
|----|----------------|---|-------|
| 1 | First term | Quiz in the same theoretical lecture for each lecture | 5 |
| | | End term written exam (case study & essay questions) | 10 |
| 2 | Second term | Quiz in the same theoretical lecture for each lecture | 5 |
| | | End term written exam (case study & essay questions) | 10 |
| 3 | Final clinical | Clinical cases + Oral exam | |
| | | Data show slides exam | 10 |
| 4 | Final written | MCQs | 30 |
| | | Essay questions | 20 |
| 5 | | Total | 100 |

References

- 1. ANDREWS DISEASES OF THE SKIN, Clinical Dermatology, 12th edition (2015) by Wlliam D James, Dirk M Elston and Timothy G Berger.
- 2. Atlas and Synopsis of Lever's Histopathology of the skin, second edition(2007), by David E. Elder, Rosalie Elenitsas and Berneet Johnson.
- 3. Theoretical lectures by Thamir A Hameed, Abdula S. Hassan and Asmaa I Ageel.

Department of Surgery

Subject: Otolaryngology **Academic year:** Fifth year

Coordinator: Assistant Professor Dr. Raid M. Suhil

Teaching staff:

Assistant Professor Dr. Raid M. Suhil
 Instructor Dr. Ameer Abduellah Ismail

3. Instructor Dr. Omar Malik Berjis

Introduction

The otolaryngology deals with a wide varieties of diseases affects the ear, nose, and throat which are treated both medically and/or by surgical intervention. The curriculum of otolaryngology for undergraduate students is mainly designed to teach the students the basic of otolaryngology, communication skills, physical examination and interpretation of the investigations to reach the diagnosis and learn the best option of treatment of emergency and common otolaryngological problems. Our surgical department give 60 hours to achieve these goals. We are annually revise and update our curriculum in order to give the medical students the best and updating knowledge in the field of otolaryngology.

Objectives

- 1. To enhance the ability of the student in understanding the ENT anatomical regions.
- 2. To enable the student to familiarize himself with the ENT common problems.
- 3. To enable the student to be competent to evaluate the symptoms, analyze the findings, diagnose the malady and suggest and implement the treatment modalities to treat the common ENT conditions.
- 4. To make the student aware of emergency lifesaving procedures commonly seen in ENT practice.
- 5. To make the student aware of the program on prevention of deafness and have knowledge of methods for screening for early detection of hearing loss.
- 6. To make learning of the subject of ENT through evoking the curiosity and generate a habit of self-learning which may be utilized to make the learning habit a dynamic one.
- 7. To enhance the attitude, communication skills, adapt to changing trends in education, learning method and evolve new diagnostic and therapeutic technique in the subject of ENT.
- 8. To make the student understand the rational use of drugs used in treating ENT diseases and have the knowledge of the common side effects and interactions of commonly used therapeutic agents.
- 9. To enable the student the measures of prevention of infectious diseases in daily ENT clinical practice.

Components, duration and units of the curriculum

| No | Components | Duration | Unit |
|----|----------------------|----------|------|
| 1 | Theoretical lectures | 30 hours | 2 |
| 2 | Clinical course | 30 hours | 1 |
| 3 | Total | 60 hours | 3 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. Rooms for small teaching group
- 3. Skill lab
- 4. Outpatient ENT clinic in AL-Ramadi teaching hospital
- 5. Emergency unit in AL-Ramadi teaching hospital
- 6. Inpatient ward in AL-Ramadi teaching hospital

Material used for completion the curriculum:

- 1. Real patients
- 2. Actors
- 3. Anatomical specimens
- 4. Examination and surgical instruments
- 5. Static clinical images
- 6. Teaching clinical Videos
- 7. Investigations of patients

Theoretical lectures: 30 in number, 1 hour/week

| No | Name of the lecture | No | Name of the lecture |
|----|--|----|--|
| 1 | Anatomy and physiology of the nose and paranasal sinuses | 16 | Complications of otitis media |
| 2 | Acute inflammations of the nose and paranasal sinuses | 17 | Common causes and management of hearing loss |
| 3 | Chronic inflammations of the nose and paranasal sinuses | 18 | Management of tinnitus and vertigo |
| 4 | Nasal polyposis | 19 | Anatomy and physiology of the larynx |
| 5 | Allergic rhinitis and intrinsic rhinitis | 20 | Anatomy and physiology of the pharynx |
| 6 | Nasal trauma | 21 | Acute and chronic inflammations of the larynx |
| 7 | Epistaxis | 22 | Acute and chronic inflammations of the pharynx |
| 8 | Sinonasal tumors | 23 | Diseases of tonsils and adenoids |
| 9 | Anatomy of the ear | 24 | Management of upper airway obstructions |
| 10 | Physiology of the hearing and the equilibrium | 25 | Tracheostomy |
| 11 | Investigations of ear diseases | 26 | Common causes and management of Hoarseness |
| 12 | Diseases of the external ear | 27 | Tumors of nasopharynx |
| 13 | Acute suppurative otitis media (ASOM) | 28 | Tumors of oropharynx |
| 14 | Secretary otitis media (SOM) | 29 | Tumors of hypopharynx |
| 15 | Chronic suppurative otitis media | 30 | Tumors of larynx |

Clinical Course: 2 weeks, 5 days/week and 3 hours/day

| No | Item | Duration |
|----|--|----------|
| 1 | General information about history taking | 2 hours |
| 2 | Anatomical specimens | 1 hour |
| 3 | Instruments and the way of ear examination | 1 hours |
| 4 | Instruments and the way of nose examination | 1 hours |
| 5 | Instruments and the way of mouth, pharynx and larynx examination | 2 hours |
| 6 | Neck examination | 1 hour |
| 7 | Audiological and vestibular tests | 1 hour |
| 8 | Emergency otolaryngological conditions | 6 hours |
| 9 | Common otolaryngological conditions | 6 hours |
| 10 | Interpretation of radiological films | 3 hours |
| 11 | Surgical skills | 4 hours |
| 12 | Common ENT operations | 2 hours |

Examples of emergency otolaryngological conditions

- 1. Auricular haematomas
- 2. Foreign body
- 3. Traumatic ear drum perforation
- 4. Acute mastoiditis
- 5. Epistaxis
- 6. Bilateral choanal atresia
- 7. Boil
- 8. Fracture nasal bone
- 9. Quinsy
- 10. Acute epiglottitis
- 11. Diphtheria
- 12. Post-tonsillectomy bleeding

Examples of common otolaryngological conditions

- 1. Otitis externa
- 2. Acute suppurativ otitis media
- 3. Prespyacusis
- 4. Secretary otitis media
- 5. Septal deviation
- 6. Allergic rhinitis
- 7. Nasal polyposis
- 8. Sinusitis
- 9. Acute tonsllitis
- 10. Adenoids
- 11. Singer's nodule
- 12. Laryngeal tumours

Examples of interpretation of radiological film in otolaryngology

- 1. CT scan of the nose and paranasal sinuses
- 2. Plain X-ray of the nasal bone
- 3. Plain X-ray of the nasopharynx
- 4. Plain X-ray of the neck
- 5. CT scan of the temporal bone
- 6. CT scan of the neck

Examples of surgical skills

- 1. Ear syringe
- 2. Removal of foreign body
- 3. Anterior packing
- 4. Ear wick
- 5. Cauterization of bleeding point
- 6. Care of tracheostomy

Examples of common operations

- 1. Tracheostomy
- 2. Tonsillectomy
- 3. Adenoidectomy
- 4. Aspiration or incision and drainage of quinsy

Methods of assessment

| No | Exam | Type of assessment | Marks |
|----|----------------|---|-------|
| 1 | First term | Quizzes in the same theoretical lectures | 5 |
| | | End term written exam (60% MCQs & 40% essay | 10 |
| | | questions) | |
| 2 | Second term | Quiz in the same theoretical lectures | 5 |
| | | End term written exam (60% MCQs & 40% essay | 10 |
| | | questions) | |
| 3 | Final clinical | Oral exam | |
| | | Data show slides exam | 10 |
| 4 | Final written | MCQs | 30 |
| | | Essay questions | 20 |
| 5 | | Total | 100 |

Recommended books

- 1. DISEASES OF THE EAR, NOSE AND THROAT, Lecture Notes, 11th edition (2014) by Ray Clarke.
- 2. Theoretical lectures by Raid M. Suhil and Ameer Abduelah Ismael.
- 3. Practical notes for students to learn Otolaryngology by Raid M. Suhil.
- 4. 150 MCQs in Otolaryngology With Explanatory Answers by Raid M. Suhil.

Department of Surgery

Subject: Ophthalmology **Academic year:** Fifth year

Coordinator: Instructor Dr. Yousif Farhan Dawood.

Teaching staff:

- 1. Assistant Professor Dr. Thakir M. Mohsin.
- 2. Assistant Professor Dr. Zeina Mohammad
- 3. Assistant Professor Dr. Younis Ismail Khalaf.
- 4. Instructor Dr. Yousif Farhan Dawood.
- 5. Instructor Dr. Mohammed Abdullah Hassan.

Introduction

A scientific curriculum is a guide line for both university teacher and student in order to accomplish the study in most appropriate manner. Owing to the change of science, an ophthalmology curriculum is also changed in order to enable the undergraduate students to get update knowledge in the field of ophthalmology.

Objectives

- 1. To enhance the ability of the student in understanding the eye anatomical regions.
- 2. To enable the student to familiarize himself with the common problems in ophthalmology.
- 3. To enable the student to be competent to evaluate the symptoms, analyze the findings, diagnose the malady and suggest and implement the treatment modalities to treat the common eye conditions.
- 4. To make the student aware of emergency lifesaving procedures commonly seen in ophthalmic practice.
- 5. To make the student aware of the program on prevention of blindness and have knowledge of methods for screening for early detection of the diseases that lead to blindness.
- 6. To make learning of the subject of ophthalmology through evoking the curiosity and generate a habit of self-learning which may be utilized to make the learning habit a dynamic one.
- 7. To enhance the attitude, communication skills, adapt to changing trends in education, learning method and evolve new diagnostic and therapeutic technique in the subject of ophthalmology.
- 8. To make the student understand the rational use of drugs used in treating eye diseases and have the knowledge of the common side effects and interactions of commonly used therapeutic agents.
- 9. To enable the student the measures of prevention of infectious diseases in daily ophthalmic clinical practice.

Components, duration and units of the curriculum

| No | Components | Duration | Units |
|----|----------------------|----------|-------|
| 1 | Theoretical lectures | 30 hours | 2 |
| 2 | Clinical course | 30 hours | 1 |
| 3 | Total | 60 hours | 3 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. Rooms for small teaching group
- 3. Skill lab
- 4. Outpatient ophthalmic clinic in AL-Ramadi teaching hospital
- 5. Emergency unit in AL-Ramadi teaching hospital
- 6. Inpatient ward in AL-Ramadi teaching hospital

Material used for completion the curriculum:

- 1. Real patients
- 2. Actors
- 3. Anatomical specimens
- 4. Examination and surgical instruments
- 5. Static clinical images
- 6. Teaching clinical Videos
- 7. Investigations of patients

Theoretical lectures: 30 in number

| No | Name of the lecture | Name of the | Term | Duration |
|----|------------------------------------|--------------|-----------------|-----------|
| | | instructor | | in hour/s |
| 1 | Anatomy and physiology of eye | Dr. Younis | 1st | 2 |
| 2 | Disorders of eyelids | Dr. Mohammed | 1st | 2 |
| 3 | Disorders of conjunctiva | Dr. Younis | 1st | 2 |
| 4 | Disorders of cornea | Dr. Yousif | 1st | 2 |
| 5 | Disorders of the lens | Dr.Thakir | 1st | 2 |
| 6 | Strabismus | Dr.Thakir | 1st | 2 |
| 7 | Glaucoma | Dr. Younis | 1st | 2 |
| 8 | Disorders of the orbit | Dr. Mohammed | 1st | 2 |
| 9 | Disorders of the lacrimal drainage | Dr. Zeina | 2 nd | 2 |
| | system | | | |
| 10 | Disorders of the retina | Dr. Yousif | 2^{nd} | 2 |
| 11 | Intraocular tumors | Dr. Yousif | 2^{nd} | 2 |
| 12 | Neuro-ophthalmology | Dr.Thakir | 2 nd | 2 |
| 13 | Uveitis | Dr. Mohammed | 2 nd | 2 |
| 14 | Trauma to the eye | Dr. Zeina | 2 nd | 2 |
| 15 | Optics | Dr. Younis | 2 nd | 1 |
| 16 | Use of laser in ophthalmology | Dr. Zeina | 2^{nd} | 1 |

Clinical Course

| No | Item | Duration |
|----|--|----------|
| 1 | General information about history taking | 2 hours |
| 2 | Anatomical specimens | 1 hour |
| 3 | Instruments and the way of eye examination | 5 hours |
| 4 | Ophthalmic tests | 1 hours |
| 5 | Emergency ophthalmic conditions | 6 hours |
| 6 | Common ophthalmic conditions | 6 hours |
| 8 | Interpretation of ophthalmic printout | 3 hours |
| 9 | Surgical skills | 4 hours |
| 10 | Common ophthalmic operations | 2 hours |

Examples of emergency ophthalmic conditions

- 1. Acute glaucoma
- 2. Blunt trauma
- 3. Penetrating trauma
- 4. Post op. endophthalmitis
- 5. Corneal FB
- 6. Chemical injury
- 7. Sudden loss of vision.
- 8. Orbital cellulites

Examples of common ophthalmic conditions

- 1. Chalazion
- 2. Stye
- 3. Blepharitis
- 4. Allergic conjunctivitis
- 5. Infectious conjunctivitis
- 6. Glucoma
- 7. Pterygium
- 8. Keratitis (corneal ulcer)
- 9. Corneal FB.
- 10. Strabismus
- 11. Diabetic retinopathy
- 12. Dry eye

Examples of interpretation of ophthalmic investigation printout.

- 1. Visual acuity and Refractive errors
- 2. Air puff tonometer
- 3. Visual field
- 4. B-scan of the eye
- 5. X- Ray and CT scan of the orbital bones.
- 6. OCT of the macula.

Examples of surgical skills

- 1. Removal of foreign body
- 2. Chalazion removal
- 3. Subconjunctival injection

Examples of common operations

- 1. Pterygium removal
- 2. Extra capsular cataract extraction (ECCE)
- 3. Phacoemulsification
- 4. Strabismus surgery
- 5. Glaucoma surgery

Methods of assessment

| No | Exam | Type of assessment | Marks |
|----|----------------|---|-------|
| 1 | First term | Quiz in the same theoretical lecture for each lecture | 5 |
| | | End term written exam (60% MCQs & 40% essay | 10 |
| | | questions) | |
| 2 | Second term | Quiz in the same theoretical lecture for each lecture | 5 |
| | | End term written exam (60% MCQs & 40% essay | 10 |
| | | questions) | |
| 3 | Final clinical | Oral exam | 10 |
| | | Data show slides exam | 10 |
| 4 | Final written | MCQs | 30 |
| | | Essay questions | 20 |
| 5 | | Total | 100 |

Recommended books:

- 1. Clinical Ophthalmology A systemic approach 7th edition by Jack J Kanski & Brad Bowling.(2014)
- 2. American academy of ophthalmology 2016-2017.

Department of Internal Medicine

Subject: Internal Medicine **Academic year:** Fifth year

Course coordinator: Assistant professor Hameed Ibraheem Head of Department of Internal medicine and consultant of internal medicine.

Teaching staff:

- 1. Assistant professor Hameed Ibraheem head Department of Internal medicine consultant of internal medicine .
- 2. Assistant professor Sami M. Awad decider of the department consultant of internal medicine .
- 3. Assistant professor Salah Noori Ahmed Dalli ali previous dean of the college for two cycles consultant of internal medicine .
- 4. Assistant professor Khalid A. ALrawi previous head of the department.
- 5. Assistant professor Haitham Noaman consultant of internal medicine .
- 6. Assistant professor Yasin Hamad Majeed consultant of internal medicine & gastroentrologist subspecialty gastroenterology and hepatology.
- 7. Assistant professor Maheer A. Jasim consultant of internal medicine.
- 8. Lecturer Khalid M. Rmaidh specialist of internal medicine .
- 9. Lecturer Hazim Ismael specialist of internal medicine.
- 10. Lecturer Sami Meklef specialist of internal medicine .
- 11. Assistant Lecturer Ahmed Abdul Salam.
- 12. Assistant Lecturer Ahmed Ibraheem.

The Department of internal medicine of Ramadi Teaching hospital seniors whom have Board specialty license of internal medicine and have good experience in the specialty support our department in teaching our students when we need them like Amer jehad, Saleh ALadi ,Amjed Sheet .

Allocated marks: 100 marks.

Course duration: One academic year.

Introduction:

Internal medicine is a clinical-based study that form the skeleton of college of medicine and built of the doctor where the medical students studied it by theoretical lectures and clinically practice it in the hospital medical wards on really ill patients also we use other tools like simulators in the skill lab. An understanding of medicine provides a fundamental framework for the accurate diagnosis and proper treatment of patients with medical problem. The purpose of this curriculum is to provide a basic detailed plan for teaching medicine in our college, unnecessary details and sophisticated clinical data were avoided from the curriculum, regarding this as a first step in updating our medicine curriculum in comparison with other worldwide. The curriculum also describe the subjects and topics in clinical medicine given for medical student.

The internal medicine department in Anbar college of medicine hosts the medical students on training course for 180 hours/year for the 5th year.

Objectives: The course is designed to introduce the student to:

- To enable the students to gather and present the information from the patients or actors.
- To enable the students how they perform the proper physical examination belongs to haematology, endocrinology, rheumatology and neurology.
- To teach the students how they respect the patients.
- To understand the pharmacology in general medicine and in haematology, endocrinology, rheumatology and neurology.
- To teach the student how the correlation between theoretical and clinical practice is beneficial to the patients.
- To enhance the awareness of how medical knowledge may be applied effectively in clinical and scientific context.
- To enable the students how to pursue independent and self-learning and how to work effectively in small groups.
- To teach the students how to work effectively under full observations by their lecturers and doctors in the 5th year.

Components, duration and units of the curriculum

| No | Components | Duration | Unit |
|----|----------------------|-----------|------|
| 1 | Theoretical lectures | 90 hours | 6 |
| 2 | Clinical course | 90 hours | 3 |
| 3 | Total | 180 hours | 9 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. Skill lab in the college
- 3. Rooms for small teaching group.
- 4. In patient wards in Ramadi Teaching Hospital
- 5. Emergency unit in Ramadi Teaching Hospital
- 6. CCU in Ramadi Teaching Hospital
- 7. Dialysis unit in Ramadi Teaching Hospital
- 8. AL-Humait teaching hospital for infectious diseases.

Material used for completion the curriculum:

- 1. Audiovisual aids.
- 2. Interaction with the students through questions.
- 3. Power point presentation.
- 4. Real patients.
- 5. ECGs ,X-rays study.
- 6. Plastic specimens as simulators.
- 7. Videos teaching tools and movies for real emergency medical conditions.
- 8. Diagrams and posters.
- 9. Small group and large groups medical discussion conditions.
- 10. pharmacology discussion for medical drugs.

Syllabus:

Teaching Techniques:

Teaching will be conducted using the following techniques:

1. Theoretical Sessions:

- lectures were designed to cover most of topics in medicine. In addition
 to hints on practical points in medical conditions on the community,
 clinical physiology, clinical anatomy and pathology, Radiology,
 clinical statistics and community bases of disease and clinical
 pharmacology study.
- The time of the lecture is 60 minutes.

2. Practical Sessions:

- The practical sessions follow the theory lectures in the same week in the teaching hospitals.
- Each group is guided by consultant in medicine and assistant professors minority are expert teachers.
- There are 3 courses (2 weeks courses) in rheumatology, neurology, haematology.
- The time of each session is 3 hours.
- There are 5 session/week for 2 weeks.

Theoretical lectures: 90 in number, 45 lecture in each term

| No. | Topic | Objectives | Hours |
|-----|---|--|-------|
| 1 | Cerebrovascular diseases | To understand and study | 3 |
| | Anatomy and physiology of cerebral circulation Introduction and investigation of CVD | a) the auto regulation of blood flow of the brain, anatomy of carotid and vertebrobasilar vessels b) Physiology of brain cell, Epidemiology of CVD, risk factor for stroke, Classification of CVD | hours |
| 2 | Cerebal infarction and TIA | To understand and study | 3 |
| | Hypertensive brain disease | a) Mode of clinical presentation and manifestation of cerebral infarction and TIA investigation, diagnosis and management b) Hypertensive encephalopathy, c) Primary and secondary prevention d) Complications of stroke, Prognosis and | hours |

| | | Rehabilitation | |
|---|--|---|----------------|
| 3 | Intracerebral hemorrhage | To understand and study | 3 |
| 4 | Subarachnoid hemorrhage Cerebral sinus diseases Disease of Neuromuscular Junction | a) Classification of cerebral hemorrhage, b) Risk factors, Presentation treatment and complication b) Subarachnoid Hemorrhage, causes, type of aneurysm, Medical and neurological complication of SAH To understand and study | hours 3 hours |
| 5 | Muscle disease | a) Neurophysiology and anatomy of neuromuscular (NMJ) b) Clinical features, investigation and treatment of myasthenia gravis. Myasthenia syndrome (Eaton Lambart disease) | 3 |
| 5 | Muscle disease | To study and understand a) the Congenital and Acquired Myopathy b) Clinical features, investigation and treatment | hours |
| 6 | Functional anatomy | a) Cerebral hemisphere b) The motor system c) The extrapyramidal system, The cerebellum.,The brainstem, The spinal cord, The autonomic system and The somatosensory system. Speech | 3 hours |
| 7 | Neurological investigation and neurological presentation(PRESENTING PROBLEMS) | a) Neuroimaging, Neurophysiological testing(Electroencephalograph y), Lumbar puncture, Routine blood tests b) Abnormal gait, Dizziness, blackouts and 'funny turns, Vertigo, Weakness, Tremor, Ptosis, diplopia, Disturbance of smell | 3 hours |

| 8 | DISORDERS OF THE SPINE AND SPINAL CORD | a)Cervical spondylosis, Cervical radiculopathy (Clinical features ,Investigations and Management b) Cervical myelopathy(Clinical features, Investigations and Management) c) Lumbar spondylosisLumbar disc herniation(Pathophysiology,Clinical features, Investigations and Management) Lumbar canal stenosis(Clinical features , Investigations and Management) d) Spinal cord compression(Clinical features , Investigations and Management | 3 hours |
|---|--|---|------------|
| | | e)Intrinsic diseases of the spinal cord | |
| 9 | DISEASES OF PERIPHERAL NERVES | To understand and study a)Pathophysiology Clinical feature and Investigations Entrapment neuropathy Multifocal neuropathy | 3 hours |
| | | Polyneuropathy | |
| | | Guillain–Barré syndrome(Clinical features Investigations and Management)Brachial plexopathy b)Lumbosacral plexopathy | |
| | Neurological failure (coma | Spinal root lesions causes of coma C)Brain death and minimallyconscious | |
| | | states Glasgow Coma Scale | |

| | | Tests for confirming brain death | |
|----|----------------------------|--|-------|
| | Neurodegenerative diseases | To understand and study | |
| | | a)Pathophysiology Clinical feature and Investigations | |
| | | in diagnosis of neurodegenerative diseases . | |
| | | b)extrapyramida;l disorders like anatomy ,functions and disorders classifications . | |
| | | c)parkison disease its pathology,diagnosis and treatment with prognosis of the disease . | |
| | | d) other extrapyramidal diseases. | |
| | | e) motor neuron disease. | |
| 10 | Neuroinflammatory diseases | To study and understand | 3 |
| | of CN <u>S</u> | a)the pathophysiology,clinical | hours |
| | | presentation, | |
| | | investigation, management and prognosis in Multiple sclerosis, acute | |
| | | disseminated encephalomyelitis, | |
| | | Transverse myelitis and | |
| | | Neuromyelitisoptica. | |
| 11 | Epilepsy and Status | To understand | 3 |
| | epilepticus | a) the pathophysiology, types, | hours |
| | | investigation, first aid and | |
| | | management of epilepsy and to guide | |
| | | students about the definition, first aid | |
| | | and emergency treatment of status | |
| | | epilepticus. | |
| 12 | Vestibular disorders | To study and understand | 3 |
| | | a) the pathophysiology, clinical | hours |
| | | presentation, diagnosis and treatment | |
| | | of Labrynthitis, benign paroxysmal | |
| | | positional vertigo and Menier's | |

| | | disease. | |
|----|---|--|-------------|
| | Brain masses | To understand and study | 3 |
| | | a)brain tumors benign and malignant conditions. | hours |
| | | b) bengn intracranial hypertension. | |
| | | c)hydrocephalus | |
| 13 | Infection of the nervous | To study and understand the | 3 |
| | system | a) Pathobiology ,clinical features and investigations .b) Management and prevention . | hours |
| 15 | Infection of the meninges | To study and understand | 3 |
| | and brain abscess | a) pathophysiology, clinical presentation, diagnosis b) treatment and prevention of the disease . | hours |
| | Total hours of the 1 st semester | | 45 hours |
| 16 | THE THYROID GLAND | To study and understand the | 3 |
| 10 | THE HITKOID GLAND | To study and understand the | hours |
| | THYROTOXICOSIS | a) Functional Clinical assessment, Investigations and Management | nours |
| | AUTOIMMUNE THYROID DISEAS | b) Atrial fibrillation in thyrotoxicosisThyrotoxic crisis ('thyroid storm) | |
| | -GRAVES' DISEASE | c) Pathophysiology ,Management, Antithyroid drugs, Radioactive iodine, | |
| | HASHIMOTO'S | Subtotal thyroidectomy, | |
| | THYROIDITIS | Graves ophthalmopathy, | |
| | TRANSIENTTHYROIDITI | Pretibial myxedema ,Thyrotoxicosis in pregnancy | |
| | S | d) Clinical presentation, | |
| | SIMPLE DIFFUSE GOITREMULTINODULAR GOITRE | investigation and Management e) SUBACUTE (DE QUERVAIN'S) THYROIDITIS, POST- PARTUM THYROIDITIS f) Clinical features, investigations Management | |

| 17 | HYPOTHYROIDISM | To study and understand the a) Clinical features ,investigations and Management | 3 hours |
|----|---|--|------------|
| | | b)Thyroxine replacement in ischaemic heart diseaset, Hypothyroidism in pregnancy | |
| | | c)Myxoedema coma | |
| | ASYMPTOMATIC ABNORMAL THYROID FUNCTION TEST RESULTS | e)Subclinical thyrotoxicosisNon- thyroidal illness ('sick euthyroidis | |
| | | Subclinicalhypothyroidism | |
| | THYROID NEOPLASIA | f)DIFFERENTIATED CARCINOMA(,papillary and follicular carcinoma) | |
| | | Undifferentiated carcinoma | |
| | | MEDULLARY CARCINOMA | |
| 18 | THE PARATHYROID GLANDS | To study and understand the a) HYPERCALCAEMIA clinical features and management | 3 hours |
| | | b)TREATMENT OF SEVERE HYPERCALCAEMIA | |
| | | c)HYPOCALCAEMIA, Clinical assessment and management | |
| 19 | The adrenal glands | To study and understand the a) Glucocorticoids, Mineralocorticoids, Catecholamines | 3 hours |
| | CUSHING'S SYNDROME | b)the Causes of Cushing's syndrome Clinical assessment | |
| | | TESTS FOR CUSHING'S SYNDROME | |
| | | Cushing's disease Management ,Adrenal tumours ,Ectopic | |

| | | ACTH syndrome | |
|----|--------------------------|--|----------|
| | | Te III syndrone | |
| | | CONGENITAL ADRENAL | |
| | | HYPERPLASIA(Clinical | |
| | | assessment and management) | |
| | | c)CAUSES OF | |
| | | MINERALOCORTICOID EXCESS | |
| | | | |
| | | Clinical assessment and management) | |
| 20 | ADRENAL | To study and understand the | 3 |
| | INSUFFICIENCY | a) CAUSES OF | hours |
| | | ADRENOCORTICAL | |
| | | INSUFFICIENCY | |
| | | ,Addison's disease(Clinical assessment | |
| | | and management). | |
| | | and management). | |
| | | | |
| 21 | PHAEOCHROMOCYTOM | To study and understand the | 3 |
| | A | a) Clinical assessment and | hours |
| | | management. | 110 0115 |
| | | | |
| | Mineralocorticoid excess | To study and understand the | |
| | | a) CONGENITAL ADRENAL | |
| | | HYPERPLASIA(Clinical | |
| | | assessment and management) | |
| | | | |
| | | b)CAUSES OF | |
| | | MINERALOCORTICOID EXCESS | |
| 22 | THE HYPOTHALAMUS | To study and understand the | 3 |
| | AND THE PITUITARY | a) Anterior pituitary gland, | hours |
| | GLAND | B)Posterior pituitary and | |
| | | hypothalamus, | |
| | | nypotiaiamus, | |
| | | ANTERIOR PITUITARY | |
| | | HORMONE DEFICIENCY, | |
| | | INSULIN TOLERANCE TEST, | |
| | | c)DIABETES INSIPIDUS, (Clinical | |
| | | assessment and | |

UNIVERSITY OF ANBAR / COLLEGE OF MEDICINE

| 23 | Investigations and | To study and understand | 3 hours |
|----|---------------------------------|---|---------|
| | diagnosis of diabetes mellitus. | a) Urine testing for glucose, ketone and protein. Blood tests for glucose and glycated haemoglbin.clincal features b) Criteria for diagnosis of DM. | |

| | management) | |
|------------------------------------|--|--|
| | HYPERPROLACTINAEMIA,(Clinica l assessment and management) ACROMEGALY(Clinical assessment and management) | |
| Introduction to diabetes mellitus. | To study and understand a)Pancreatic structure and endocrine function, metabolism and the actions of insulin b)Classification ,etiology andpathogenesis of diabetes | |

| | Management of diabetes mellitus. | To study and understand Diet and lifestyle, Weight management, Exercise. | |
|----|---|--|---------|
| | Management of diabetes mellitus. | To study and understand Anti-diabetic drugs and insulin therapy. | |
| | Acute complications of diabetes mellitus | To study and understand a) Diabetic ketoacidosis. b) hyperosmolar non-ketotic hyperosmolar coma, lactic acidosis. | |
| 24 | Chronic complications of diabetes mellitus. | To study and understand Diabetic nephropathy ,diabetic retinopathy, neuropathy. | 3 hours |
| | Chronic complications of diabetes mellitus. | To study and understand macro vascular complications of diabetes mellitus. | |
| | Hypoglycemia. | To study and understand a) Definition, Risc factor, clinical features . b) b) diagnosis and treatment of hypoglycemia. | |
| | Gestational diabetes | To study and understand Risk factor ,diagnosis and management. | |
| | Diabetes and emergencies. | To study and understand Myocardial infarction and DM, Surgery and DM. | |
| 25 | Introduction to rheumatology, rheumatoid arthritis. | To study and understand a) Etiology, pathogenesis, investigations. b) b) clinical features (articular and extra articular) and diagnosis of rheumatoid arthritis. | 3 hours |

| | rheumatoid arthritis. | To study and understand | |
|----|--------------------------------------|---|---------|
| | | Management of rheumatoid arthritis. | |
| | | Management of meanatoid artificis. | |
| | Osteoarthritis (OA) | To study and understand | |
| | | a) Epidemiology, etiology, clinical features. | |
| | | b) investigations and treatment of gout. | |
| 26 | Seronegative | To study and understand | 3 hours |
| | spondyloarthritis | a)Ankylosing spondylitis (AS), Psoriatic | |
| | | arthritis. b) Reactive | |
| | | arthritisand Arthritis associated with | |
| | | inflammatory bowel disease. | |
| | Crystal-associated | To study and understand | |
| | disease-gout | a)Epidemiology,etiology,clinical features. | |
| | | | |
| | | b) investigations and treatment of gout. | |
| | Systemic lupus | To study and understand | |
| | erythematosus (SLE) | a)Pathophysiology, clinical features . | |
| | | b)criteria for diagnosis, investigations and | |
| | | management. | |
| | Systemic sclerosis, | To study and understand | |
| | Sjögren's syndrome, polymyositis and | a)Pathophysiology, Clinical features. | |
| | dermatomyositis. | b) Investigations and Management. | |
| | | | |
| 27 | Systemic vasculitis. | To study and understand | 3 hours |
| | | a) Classification, etiology.b) B)clinical features and management. | |
| | Septic arthritis | To study and understand | |
| | | etiology, clinical features and management. | |
| | Bone | To study and understand | |
| | diseases(osteoporosis, | Etiology, clinical features and management. | |
| | Osteomalacia and | Zuelogy, emiliar reacures and management. | |
| | rickets and Paget's | | |

UNIVERSITY OF ANBAR / COLLEGE OF MEDICINE

| | disease) | | |
|----|--------------------------------------|---|---------|
| 28 | Introduction to hematology system | To study and understand a- Physiology ,investigations. b- Presenting problems . | 3 hours |
| | Anemia | To study and understand a- Acute and chronic types. b- Iron deficiency anemia . c- Autoimmune hemolytic anemia | |
| | Hereditary anemia | To study and understand a- thallasemias. b- Sickle cell anemia . c- G6PD deficiency | |
| | leukemias | To study and understand a- Acute leukemias acute myeloblastic and acute lymphoblastic leukemias. b- Chronic leukemia like chronic myeloid and lymphoid leukemias . | |
| 29 | Myeloid diseases | To study and understand a- Multiple myeloma. b- MUGAS . | 3 hours |
| | Lymphoproliferative diseases | To study and understand a- Hodgkin s and non Hodgkin lymphoma. b- CLL. | |
| | Bleeding tendency | To study and understand a- Hemophilia Type A,B. b- Von-Willebrand disease. c- Platelets dysfunction primary and secondary causes. d- Vascular causes of bleeding. | |
| 30 | Blood and blood products transfusion | To study and understand a- Blood transfusion management . b- Blood products management . | 3 hours |

| Anticoagulants | To study and understand | |
|-------------------------------------|--|-------------|
| | a- Heparin and warfrin management with direct thrombin inhibitors .b- Thrombolytic management . | |
| Total hours in 2 nd seme | ster | 45 hours |

A. Clinical course in rheumatology: 30 hours, 3 hours/day and 5 days / week

| No | Item | Duration |
|----|--|----------|
| 1 | General information about history taking | 2 hours |
| 2 | Anatomical specimens | 1 hour |
| 3 | Communication skill and presentation in history taking | 3 hours |
| 4 | Physical examination- general inspection | 2 hours |
| 5 | Physical examination- neck and spine examination | 2 hours |
| 6 | Physical examination- upper limb | 2 hours |
| 7 | Physical examination-lower limb | 2 hours |
| 8 | Emergency rheumatological conditions | 4 hours |
| 9 | Common rheumatological conditions | 5 hours |
| 10 | Interpretation of radiological films and laboratory investigations | 3 hours |
| 11 | Medical skills | 4 hours |
| 12 | Total | 30 hours |

B. Clinical course in endocrine and diabetes mellitus: 30 hours, 3 hours/day and 5 days/week

| No | Item | Duration |
|----|--|----------|
| 1 | General information about history taking | 2 hours |
| 2 | Anatomical specimens | 1 hour |
| 3 | Communication skill and presentation in history taking | 3 hours |
| 4 | Physical examination- general inspection | 2 hours |
| 5 | Physical examination- endocrine signs | 2 hours |
| 6 | Physical examination- upper limb | 2 hours |
| 7 | Physical examination-lower limb | 2 hours |
| 8 | Emergency endocrine and diabetes mellitus conditions | 4 hours |
| 9 | Common endocrine and diabetes mellitus conditions | 5 hours |
| 10 | Interpretation of radiological films and laboratory investigations | 3 hours |
| 11 | Medical skills | 4 hours |
| 12 | Total | 30 hours |

C. Clinical course in haematology: 30 hours, 3 hours/day and 5 days/week

| No | Item | Duration |
|----|--|----------|
| 1 | General information about history taking | 2 hours |
| 2 | Anatomical specimens | 1 hour |
| 3 | Communication skill and presentation in history taking | 3 hours |
| 4 | Physical examination- general inspection | 2 hours |
| 5 | Physical examination- face, eye and mouth | 2 hours |
| 6 | Physical examination- abdominal | 2 hours |
| 7 | Physical examination-cardiovascular | 2 hours |
| 8 | Emergency haematological conditions | 4 hours |
| 9 | Common haematological conditions | 5 hours |
| 10 | Interpretation of radiological films and laboratory investigations | 3 hours |
| 11 | Medical skills | 4 hours |
| 12 | Total | 30 hours |

Methods of assessment

| No | Exam | Type of assessment | |
|----|----------------|--|----|
| 1 | First term | Quizzes in the same theoretical lectures | 2 |
| | | End term written exam (60% MCQs & 40% essay | 13 |
| | | questions) | |
| 2 | Second term | Quiz in the same theoretical lectures | 2 |
| | | End term written exam (60% MCQs & 40% essay | 13 |
| | | questions) | |
| 3 | Final clinical | 5 mark for each of the 3 courses (short cases, data show | |
| | | exams) | |
| 4 | Final written | MCQs | |
| | | Essay questions | |
| 5 | Total | | |

Suggested Reading List:

- Davidson principles and practise, 22nd Edition, By: Stanley Davidson MD.
 Macleod 's clinical examination : S. Macleod.

Department of Surgery

Subject: General Surgery Academic year: Fifth year

Coordinator: Instructor Dr. Mohammed jasim

Teaching staff:

- 1. Assistant Professor Dr. Saad makhlif
- 1. Assistant Professor Dr.Mohammed tafash
- 2. Assistant Professor Dr. Mohammed khudir
- 3. Instructor Dr. Qahtan Adnan
- 4. Instructor Dr.Bassam Maddah
- 5. Instructor Dr. Mohammed jasim
- 6. Instructor Dr.Luay Asaad
- 7. Instructor Dr.Omer Tariq
- 8. Instructor Dr. Haider Abbas
- 9. Instructor Dr.Omer abdulqader
- 10. Instructor Dr. Atheer Ahmed

Introduction

A scientific curriculum is a guide line for both university teacher and student in order to accomplish the study in most appropriate manner. Owing to the change of science, curriculum of surgery is also changed in order to enable the undergraduate students to get update knowledge in the field of multiple surgical branches.

Objectives

- 1. To enhance the ability of the student in understanding the anatomical regions of human body.
- 2. To enable the student to familiarize himself with the common problems that will face him in orthopedic, cardiothoracic, plastic, anaesthesia, war, pediatric and hand surgery.
- 3. To enable the student to be competent to evaluate the symptoms, analyze the findings, diagnose the malady and suggest and implement the treatment modalities to treat the common surgical conditions.
- 4. To make the student aware of emergency lifesaving procedures.
- 5. To enhance the attitude, communication skills, adapt to changing trends in education, learning method and evolve new diagnostic and therapeutic technique in surgery.

Components, duration and units of the curriculum

| No | Components | Duration | Unit |
|----|----------------------|-----------|------|
| 1 | Theoretical lectures | 90 hours | 6 |
| 2 | Clinical course | 60 hours | 2 |
| 3 | Total | 150 hours | 8 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. Rooms for small teaching group
- 3. Skill lab
- 4. Outpatient orthopedics, plastic, vascular, pediatric and neurosurgery clinic in AL-Ramadi teaching hospital
- 5. Emergency unit in AL-Ramadi teaching hospital
- 6. Inpatient ward in AL-Ramadi teaching hospital
- 7. Operative theater in AL-Ramadi teaching hospital

Material used for completion the curriculum:

- 1. Real patients
- 2. Actors
- 3. Anatomical specimens
- 4. Examination and surgical instruments
- 5. Static clinical images
- 6. Teaching clinical Videos
- 7. Investigations of patients

Theoretical lectures: 90 hours

| No | Name of lecture | Hour/s | No | Name of lecture | Hour /s |
|----|--|--------|----|--|------------|
| 1 | Introduction to Orthopaedic Surgery | 2 | 27 | Update of thoracic surgery, mini-invasive, | 1 |
| 2 | Introduction to Fractures | 4 | 28 | Principle of plastic surgery | 1 |
| 3 | Injuries of The Upper Limb | 5 | 29 | Skin graft and flap | 1 |
| 4 | Disorders of The Upper Limb | 4 | 30 | Cleft lip and palate | 2 |
| 5 | Injuries of The lower Limb | 6 | 31 | Vascular malformation | 1 |
| 6 | Disorders of The Lower Limb | 6 | 32 | Principle of hand surgery and hand infection | 1 |
| 7 | Injuries of The Spine | 1 | 33 | Congenital hand disease | 1 |
| 8 | Disorders of The Spine | 5 | 34 | Hand trauma | 2 |
| 9 | Bone & Joint Infections | 3 | 35 | Common hand disorders | 1 |
| 10 | Bone Tumors | 3 | 36 | Anaesthetic assessment | 1 |
| 11 | Osteonecrosis and Osteochondritis | 1 | 37 | Premedications | 1 |
| 12 | Rheumatoid & Gouty Arthritis | 1 | 38 | Pharmacology of anesthetic drug | 1 |
| 13 | Osteoarthritis | 1 | 39 | Postoperative management | 1 |
| 14 | Disorders Metabolic Bone | 2 | 40 | Local and regional anaesthesia | 1 |
| 15 | Genetic Disorders of the Bone | 1 | 41 | Head injury and raised ICP, brain herniation | 1 |
| 16 | Introduction of cardiac surgery | 1 | 42 | Blood brain barier and Brain edema Impaired consciosness | 1 |
| 17 | Heart surgical disease. congenital | 1 | 43 | Craniosynostosis, | 1 |
| 18 | Heart surgical disease. acquired | 1 | 44 | Intracranial hemorrhage,brain tumor | 1 |
| 19 | Introduction of thoracic surgery | 1 | 45 | Spinal trauma and lumber disc | 1 |
| 20 | Chest wall and pleura | 1 | 46 | Lumber canal stenosis and neural tube defect | 1 |
| 21 | bronchoscopy | 1 | 47 | Maxillofacial trauma | 2 |
| 22 | Pulmonary hydatid cyst | 1 | 48 | War surgery | 3 |
| 23 | Benign lung disease | 1 | 49 | Esophageal atresia, TEF and diaphragmatic hernia | 1 |
| 24 | Malignant lung disease | 1 | 50 | Pyloric stenosis, | 1 |
| 25 | Hirschspring disease, anorectal malformation | 1 | 51 | Intussusceptions and biliary tree anomalies | 1 |
| 26 | Neonatal intestinal obstruction | 1 | 52 | oncology | 4 |

Clinical Course:

a) Orthopedic surgery (30 hours):

| No | Item | Duration |
|--|--|----------|
| 1 | History taking in Orthopaedic | 2 hours |
| 2 Physical examination in Orthopedic 5 hours | | 5 hours |
| 3 | Musculoskeletal radiology | 5 hours |
| 4 | 4 Surgical skills 4 hours | |
| 5 | Short cases in common orthopedic condition 8 hours | |
| 6 | Common orthopedic procedure 6 hours | |

Surgical skills:

- 1. Reduction of fracture
- 2. Reduction of joint dislocation
- 3. Skin and skeletal traction
- 4. Wound dressing
- 5. Fracture immobilization by cast or splint

Short cases in orthopedics:

- 1. Fracture of scaphoid bone
- 2. Supracondylar fracture
- 3. Fracture of radias and ulna
- 4. Fracture of clavicle
- 5. Fracture of femur
- 6. Fracture of tibia
- 7. DDH
- 8. Club foot
- 9. Osteomyelitis
- 10. Diabetic foot
- 11. Osteoarthritis
- 12. Compartment syndrome

Common orthopedic procedures:

- 1. External fixation of fracture
- 2. Internal fixation of fracture
- 3. Wound excision
- 4. Bone graft.
- 5. Fasciotomy

b) Other surgical specialties (30 hours)

| No | Item | Duration |
|----|--|----------|
| 1 | History examination in cardiothoracic surgery | 2 hours |
| 2 | Common cardiothoracic problem. Case presentation | |
| 3 | Common surgical procedure | 3 hours |
| 4 | Hand examination | 2 hours |
| 5 | Common plastic and hand surgery condition | 3 hours |

| 6 | Common plastic and hand surgery procedure | 3 hours |
|----|--|---------|
| 7 | Neurological history and examination | |
| 8 | Brain and spine radiology | 2 hours |
| 9 | Common neurological condition | 2 hours |
| 10 | Anesthetic skill | 4 hours |
| 11 | History and examination in pediatric surgery | 2 hours |
| 12 | Common surgical pediatric problem | 2 hours |

Examples of common cardiothoracic conditions

| No | Item | | |
|----|--|---------|--|
| 1 | History examination in cardiothoracic surgery | 2 hours | |
| 2 | Common cardiothoracic problem. Case presentation | 3 hours | |
| 3 | Common surgical procedure | 3 hours | |
| 4 | Hand examination | 2 hours | |
| 5 | Common plastic and hand surgery condition | 3 hours | |
| 6 | Common plastic and hand surgery procedure | | |
| 7 | Neurological history and examination | | |
| 8 | Brain and spine radiology | | |
| 9 | Common neurological condition | 2 hours | |
| 10 | Anesthetic skill | | |
| 11 | History and examination in pediatric surgery | 2 hours | |
| 12 | Common surgical pediatric problem | 2 hours | |

Examples of common cardiothoracic conditions

- 1. Chest wall mass work up
- 2. Vascular ischemic lower limb
- 3. Deep venous thrombosis
- 4. lymphedema

Common surgical procedure in cardiothoracic

- 1. Chest tube: indication, complication, insertion and removal
- 2. Pleural fluid aspiration
- 3. Bronchoscopy: removal of foreign body or biopsy
- 4. Transthoracic biopsy device in lung disease
- 5. Osophagoscopy.

Common plastic and hand surgery problem:

- 1. Cleft lip and palate
- 2. Pressure sore
- 3. Hand trauma
- 4. Skin malignancy
- 5. Ganglion
- 6. Hemangioma
- 7. Burn
- 8. Scar and contracture

Common plastic and hand surgery procedure:

- 1. Skin graft
- 2. Flap
- 3. Scar revision
- 4. release of contracture
- 5. Flexor tendon repair
- 6. Cleft lip and palate repair

Common neurological condition

- 1. Hydrocephaly
- 2. Neural tube defect
- 3. Brain tumor
- 4. Head and spine injury
- 5. Anesthetic skill
- 6. IV line
- 7. CVL
- 8. Intubation
- 9. Spinal anesthesia
- 10. Patient monitoring

Methods of assessment

| No | Exam | Type of assessment | |
|----|----------------|---|----|
| 1 | First term | Quizzes in the same theoretical lectures | |
| | | End term written exam (60% MCQs & 40% essay | 10 |
| | | questions) | |
| 2 | Second term | Quizzes in the same theoretical lectures | 5 |
| | | End term written exam (60% MCQs & 40% essay | 10 |
| | | questions) | |
| 3 | Final clinical | Oral exam | |
| | | Data show slides exam | 10 |
| 4 | Final written | MCQs | |
| | | Essay questions | 20 |
| 5 | Total | | |

Recommended books:

- 1. Baily and Love's. short practice of surgery: 26th ed.
- 2. Apley's System of Orthopedics & Fractures, Louis M. Solomon
- 3. Outlines of Orthopedics, John S. Adams
- 4. Orthopedics & Fractures, Ronald F. McRee.
- 5. Essential of plastic surgery. Jeffrey E. Janis.
- 6. Grabb and smith. Plastic and reconstructive surgery.
- 7. Coran pediatric surgery. 7th ed. 2012
- 8. Ashcraft pediatric surgery. 6th ed. 2014

Department of Surgery

Subject: Radiology

Academic year: Fifth year

Coordinator: Instructor Dr. Labeeb Qays Abdulrahman

Teaching staff:

1. Instructor Dr. Labeeb Qays Abdulrahman

Introduction

A scientific curriculum is a guide line for both university teacher and student in order to accomplish the study in most appropriate manner. Owing to the change of science, the radiology curriculum is also changed in order to enable the undergraduate students to get update knowledge in the field of diagnostic imaging.

Objectives

- 1. To provide a knowledge base of the principles of radiology, This should comprise some familiarity with the following:
 - Anatomy and physiology as pertaining to clinical radiology
 - Imaging physics and radiation protection
 - The characteristics of imaging techniques
 - The clinical role of imaging techniques, both individually and as part of a coordinated investigation regime
 - The use of appropriate referral criteria and clinical guidelines
 - Appropriate investigation of acute and life-threatening conditions
 - Interpretative skills for emergency investigations.
- 2. To ensure that the students are fully aware of their legal responsibilities with regard to patient care and safety as influenced by radiology.
- 3. To provide an awareness of the importance of resource management in health care and costs and benefits of radiology in relation to clinical management.
- 4. To provide an awareness of developments in radiology that can be anticipated to form part of the clinical practice in their future careers.
- 5. To support student learning across the rest of the clinical curriculum by exploiting the power of images to elucidate normal and pathological anatomy and the nature and behaviour of disease.
- 6. To raise the profile of radiology as a career choice for undergraduates.

Components, duration and units of the curriculum

| No | Components | Duration | Unit |
|----|----------------------|----------|------|
| 1 | Theoretical lectures | 30 hours | 2 |
| 2 | Clinical course | 30 hours | 1 |
| 3 | Total | 60 hours | 3 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. Rooms for small teaching group
- 3. Skill lab
- 4. Department of radiology in AL-Ramadi teaching hospital
- 5. Emergency unit in AL-Ramadi teaching hospital

Material used for completion the curriculum:

- 1. Real patients
- 2. Actors
- 3. Anatomical specimens
- 4. Static clinical images
- 5. Teaching clinical Videos
- 6. Investigations of patients

Theoretical lectures: 30 in number

| NT. | NI | No | NI |
|-----|---|----|---|
| No | Name of the lecture | | Name of the lecture |
| 1 | Introduction to diagnostic radiology | | Radiology of bone trauma |
| 2 | Introduction to diagnostic radiology | 17 | Neuroradiology: Introduction |
| 3 | Cardiovascular radiology: Use of | 18 | Imaging assessment of head trauma |
| | Imaging Modalities and normal radiological anatomy | | |
| 4 | CXR interpretation in cardiac disease | 19 | Stroke and brain tumors imaging |
| 5 | Imaging of valvular heart disease | 20 | Gastrointestinal radiology: Introduction |
| 6 | Radiological approach in congenital and ischemic heart diseases | 21 | Radiology of Esophageal disease |
| 7 | Chest Radiology: Introduction | 22 | Stomach and duodenum |
| 8 | Radiological assessment of pulmonary disease | 23 | Imaging of small bowel disease |
| 9 | Imaging of solitary pulmonary nodule | 24 | Radiology of large bowel disease |
| 10 | Pleural and mediastinal diseases | 25 | Uroradiology: Introduction/ Imaging modalities |
| 11 | Imaging in chest trauma | 26 | Imaging of congenital renal disease and renal infection |
| 12 | Musckuloskeletal radiology: Introduction | 27 | Imaging of Acute flank pain and Painless hematuria |
| 13 | Approach to solitary and multiple bone lesions. | 28 | Principle of radiation oncology |
| 14 | Imaging in osteoporosis and metabolic disease | 29 | Planning and Methods of radiotherapy |
| 15 | Radiology of joint disease | 30 | Emergency paediatric radiology |

Clinical Course

| No | Item | Duration |
|----|--|----------|
| 1 | General concepts and radiation protection | 2 hours |
| 2 | Identification of functioning process in general radiology | 4 hours |
| 3 | Identification of functioning process in Ultrasound | 2 hours |
| 4 | Identification of functioning process in CT Scan | 2 hours |
| 5 | Identification of functioning process in MRI | 2 hours |
| 6 | Emergency radiology skill | 2 hours |
| 7 | Interpretation of films | 14 hour |
| 8 | Referral skills in radiology | 2 hours |

Methods of assessment

| No | Exam | Type of assessment | |
|----|----------------|---|----|
| 1 | First term | Quiz in the same theoretical lecture for each lecture | |
| | | End term written exam (60% MCQs & 40% essay | 10 |
| | | questions) | |
| 2 | Second term | Quiz in the same theoretical lecture for each lecture | 5 |
| | | End term written exam (60% MCQs & 40% essay | 10 |
| | | questions) | |
| 3 | Final clinical | Data show slides exam | |
| | | | |
| 4 | Final written | en MCQs | |
| | | Essay questions | 20 |
| 5 | Total | | |

Recommended books:

- 1. Diagnostic imaging, 6th edition, Peter Armstrong, Martin Wastie, Andrea G. Rockall
- 2. Imaging for students, 4th edition, by David A. Lisle.

Department of Obstetrics & Gynecology

Subject: Gynecology

Academic year: Fifth year

Coordinator: Instructor Dr. Susan Abed Zaidan

Teaching staff:

1. Instructor Dr. Susan Abed Zaidan

2. Instructor Dr. Dhai Abdul Aziz

3. Instructor Dr. Reshed Zaki

4. Instructor Dr. Refel Mustafa

5. Instructor Dr. Nour Hazim

6. Instructor Dr. Alaa Shelal

Introduction

Gynecology is a science concerned about woman's health throughout her life aiming to prevent, early detect and treatment of gynecological diseases. These objectives can be achieved by close cooperation with other specialties such as endocrinology, biochemistry, microbiology, pathology & psychiatry. Our goals that medical student will have strong base in this subject with concentration on legal and ethical side on dealing with patients.

To achieve these goals, fifth curriculum includes 30 hours clinical training over 2 weeks and 60 hours gynecological lectures. Our objectives are to have the following theoretical & practical skills.

Theoretical skills

- 1. To understand gynecological terms.
- 2. To have thorough knowledge of gynecological diseases & their management.

Practical skills

- 1. To be able of proper gynaecological history taking.
- 2. To be able to conduct manual gynaecological examination.
- 3. To have basic knowledge of instruments used for examination, investigations and treatment.

Components, duration and units of the curriculum:

| No | Components | Duration | Units |
|----|----------------------|----------|-------|
| 1 | Theoretical lectures | 60 hours | 4 |
| 2 | Clinical course | 30 hours | 1 |
| 3 | Total | 90 hours | 5 |

Places of completion of the curriculum:

- 1. Studying hall in the college.
- 2. Rooms for small teaching groups.
- 3. Gynaecologic clinic at maternity and pediatric teaching hospital at Al-Ramadi city.
- 4. Skill lab.

Material used for completion the curriculum:

- 1. Real patients.
- 2. Actors.
- 3. Plastic models.
- 4. Clinical Images and videos.
- 5. Instruments and devices used for examination.

Syllabus of the theoretical lectures and its objectives:

| Topics | Duration | Objectives |
|-------------------|----------|---|
| Physiology of | 1 hour | To know: |
| menstruation | | 1.Ovarian cycle. |
| | | 2.Mensrual cycle. |
| Amenorrhea | 2 hours | To know: |
| | | 1. Definition& classification. |
| | | 2.Causes: hypothalamic, pituitary, ovarian, outflow |
| | | tract. |
| | | 3.invstigations. |
| | | 4.Progesterone challenge test& treatment. |
| Puberty & its | 2 hours | To know: |
| disorders | | 1.Physiology. |
| | | 2. Precocious puberty: causes, investigation, |
| | | treatment. |
| | | 3. Delayed puberty: causes, investigation, |
| | | management, hormone replacement therapy. |
| Abnormal uterine | 2 hours | To know: |
| bleeding | | 1.Definitions&classification. |
| | | 2.Pathophysiology. |
| | | 3.age related abnormal uterine bleedin causes. |
| | | 4. Dysfunctional uterine bleeding, investigations. |
| | | 5.Medical treatment. |
| | | 6.Surgical management, endometrial ablation, |
| | | complications. |
| | | |
| Postmenopausal | 1 hour | To know: |
| bleeding | | 1.Causes. |
| | | 2.Investigation. |
| | | 3. Women on tamoxifen. |
| | | 4.Management. |
| Menopause | 2 | To know: |
| | hours | 1. Pathophysiology. |
| | | 2.Menopausal symptoms, osteoporosis, urogenital |
| | | system, cardiovascular system. |
| | | 3. Hormone replacement therapy, oestrogen, side |
| | | effects, breast disease, venous thrombo-embolism, |
| | | contraindications, duration of treatment. |
| | | 4. Alternative treatment. |
| Early pregnancy | 3hours | To know: |
| loss: Miscarriage | | 1. Definition . |

| | Ι | |
|-----------------|---------|---|
| | | 2. Risk factors. |
| | | 3. Clinical types. |
| | | 4. Recurrent miscarriage, 5. Investigations. |
| | | 6.Ultrasound findings. |
| | | 7.Treatment of each type. |
| Early pregnancy | 2 hours | To know: |
| loss: | | 1 Incidence& risk factors. |
| Ectopic | | 2.Clinical presentation. |
| pregnancy | | 3.Diagnosis. |
| | | 4. Expectant management, medical treatment, surgical |
| | | treatment. |
| Gestational | 2 hours | To know: |
| trophoblastic | | 1. Epidemiology. |
| diseases | | 2.Pathological features. |
| | | 3. Molar pregnancy: types, clinical |
| | | features, investigations, treatment, routine follow up, |
| | | contraception. |
| | | 4. Persistent trophoblastic diseases. |
| | | 5. Choice of chemotherapy. |
| | | 6.Choriocarcinoma. |
| | | 7.Role of surgery. |
| Lower genital | 2 hours | To know: |
| tract infection | 2 Hours | |
| tract infection | | 1. Physiological vaginal discharge. |
| | | 2. Vaginal fungal infection: risk factor, clinical |
| | | presentation, recurrent candidiasis, treatment. |
| | | 3.bacterial vaginosis:symptoms, diagnosis, treatment. |
| | | 4.Trichomoniasis: clinical presentation, treatment. |
| D 1 ' | 2.1 | 5. Vaginal discharge in children. |
| Pelvic | 2 hours | To know: |
| inflammatory | | 1. Incidence. |
| disease (PID) | | 2.Aetiology. |
| | | 3.Clinical presentation. |
| | | 3.Investigations of suspected PID. |
| | | 4.Management. |
| | | 5.Role of laparoscopy. |
| | | 6.Complications. |
| Sexually | 4 hours | To know: |
| transmitted | | 1.Gonorrhea: clinical features, complications, |
| diseases(STD) | | diagnosis, treatment, treatment of gonorrhea in |
| | | pregnancy. 2.Chlamydia trachomatis: screening |
| | | program, clinical features, complications, specimen |
| | | collection, treatment, 3.Anogenital warts: clinical |
| | | features, treatment, warts in pregnancy, 4.Syphilis: |
| | | aetiology, epidemiology, classification, clinical |
| | | features, diagnosis, treatment, congenital syphilis. |
| | | 5. HIV infection, HIV in pregnancy. |
| | | 6.Hepatitis. |
| Subfertility | 3 hours | To know: |
| | | 1. Epidemiology. |
| | | • |

| | | 2. Causes: unovulatory infertility, tubal infertility, role of endometriosis, uterine factors, unexplained |
|------------------|---------|--|
| | | infertility. |
| | | 3. Laboratory investigations, imaging investigations, |
| | | endoscopy. |
| | | 3. Ovulation detection, ovarian reserve tests, tubal |
| | | patency tests. |
| | | 4. Management of unovulation infertility. |
| | | 5.Management of tubal infertility. 6.Management of |
| | | unexplained infertility. |
| | | 7.Male infertility:causes, semen analysis, management. |
| Assisted | 1 hour | To know: |
| reproductive | | 1.Modalities of assisted reproduction& indications. |
| techniques | | 2.In vitro fertilization: oocyte maturation, oocyte |
| | | collection, laboratory procedures, embryo transfer, |
| | | luteal phase support, pregnancy confirmation. |
| | | 3. Intrauterine insemination. |
| | | 4. Complications of assisted reproductive techniques,. |
| | | 5.Ovarian hyperstimulation: clinical presentation, |
| | | investigations, grading, treatment. |
| Polycystic ovary | 1 hour | To know: |
| syndrome(PCO) | | 1.prevalence&pathophysiology. |
| | | 2.Diagnostic criteria. |
| | | 3.treatment options. |
| | | 4.Long term health problems. |
| Hirsutism & | 1 hour | To know: |
| virilism | | 1. Definitions. |
| | | 2. Physiology of hair growth. |
| | | 3. Incidence& clinical assessment of hirsutism. |
| | | 4. Investigations. |
| | | 5. Treatment. |
| Abnormal | 1 hour | To know: |
| development of | | 1. Incidence. |
| genital tract | | 2.Classification. |
| | | 3.Clinical presentation. |
| | | 4.Management. |
| Endometriosis & | 2 hours | To know: |
| adenomyosis | | 1. Endometriosis: definition, incidence, risk factors, |
| | | clinical presentation, diagnosis, grading, medical& |
| | | surgical treatment. |
| | | 2. Adenomyosis: definition, epidemiology, |
| Conital puolence | 2 ho | clinicalfeatures, diagnosis, treatment options. |
| Genital prolapse | 2 hours | To know: |
| | | 1. Risk factors. |
| | | 2. Classification & grading of urogenital prolapse. |
| | | 3. Anatomy of pelvic floor& uterine support. |
| | | 4.Clinical presentation. 5.Prevention. |
| | | 6. Physiotherapy, intravaginal devices, surgical |
| | j | 0.1 mysiomerapy, minavaginai uevices, surgicai |

| Urinary incontinence 4 hours incontinence 2 Overactive bladder syndrome. 3 Urinary symptoms. 1 Urinary incontinence, urge incontinence, mixed urinary incontinence. 4 Physical examination. 5 Investigations: frequency- volume chart, pad test, uroflowmetry, methylene blue test, cystometry, videourodynamics, ambulatory urodynamic, urethral pressure profilometry, radiological imaging, cystourethroscopy. 6 Prevalence& risk factors. 7 Conservative management, 8 Pharmacological management. 9 Surgical procedures. 10 Minimally invasive tape procedure. Ovarian tumours 4 hours To know: 1 Classification. 2 Functional ovarian cysts & its management. 4 Malignant ovarian utmours: risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5 Border line tumours. 6 Fertility sparing surgery. 7 Role of chemotherapy. 8 Management of women with positive family history of ovarian tumours. Benign diseases of the uterus Benign diseases of the uterus Demailignant & 2 hours analignant diseases of the uterine body Premalignant & 3 hours analignant diseases of the uterine body Premalignant & 3 hours analignant diseases of the uterine body Premalignant & 3 hours analignant diseases of the uterine body Premalignant & 3 hours analignant diseases of the uterine body Premalignant & 3 hours analignant diseases of the uterine body Premalignant & 3 hours analignant diseases of the uterine body Premalignant & 3 hours analignant diseases of the uterine body Premalignant & 3 hours analignant diseases of the uterine body Premalignant & 3 hours analignant diseases of the uterine body and the prematical propension of | | | mus as dumas |
|--|-----------------|---------|---|
| incontinence 1. Urinary symptoms. 2. Overactive bladder syndrome. 3. Urinary incontinence: stress incontinence, urge incontinence, mixed urinary incontinence. 4.Physical examination. 5. Investigations: frequency- volume chart, pad test, uroflowmetry, methylene blue test, cystometry, videourodynamics, ambulatory urodynamic, urethral pressure profilometry, radiological imaging, cystourethroscopy. 6. Prevalence& risk factors. 7. Conservative management, 8.Pharmacological management. 9. Surgical procedures. 10. Minimally invasive tape procedure. Ovarian tumours 4 hours Ovarian tumours 4 hours 1. Classification. 2. Functional ovarian cysts & its management. 3. Benign ovarian cysts epidemiology, classification, imaging assessment, management. 4. Malignant ovarian tumours:risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. Benign diseases of the uterus Benign diseases of the uterus Premalignant & no know: 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & no know: 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, prognosis. Premalignant 8 a hours malignant 1. Cervical intraepithelial neoplasia: pathogenesis, role | TT • | 4.1 | procedures. |
| 2. Overactive bladder syndrome. 3. Urinary incontinence: stress incontinence, urge incontinence, mixed urinary incontinence. 4. Physical examination. 5. Investigations: frequency- volume chart, pad test, uroflowmetry, methylene blue test, cystometry, videourodynamics, ambulatory urodynamic, urethral pressure profilometry, radiological imaging, cystourethroscopy. 6. Prevalence& risk factors. 7. Conservative management, 8. Pharmacological management. 9. Surgical procedures. 10. Minimally invasive tape procedure. Ovarian tumours 4 hours To know: 1. Classification. 2. Functional ovarian cysts & its management. 4. Malignant ovarian tumours:risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & To know: 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, prognosis. Premalignant & To know: 1. Cervical intraepithelial neoplasia: pathogenesis, role | • | 4 hours | |
| 3. Urinary incontinence: stress incontinence, urge incontinence, mixed urinary incontinence. 4. Physical examination. 5. Investigations: frequency- volume chart, pad test, uroflowmetry, methylene blue test, cystometry, videourodynamics, ambulatory urodynamic, urethral pressure profilometry, radiological imaging, cystourethroscopy. 6. Prevalence& risk factors. 7. Conservative management, 8. Pharmacological management. 9. Surgical procedures. 10. Minimally invasive tape procedure. Ovarian tumours 4 hours To know: 1. Classification. 2. Functional ovarian cysts & its management. 4. Malignant ovarian tumours: risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. Benign diseases of the uterus Benign diseases of the uterus To know: 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy, 3. Asherman syndrome. To know: 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, progesterone therapy, role of chemotheraps, role | incontinence | | |
| incontinence, mixed urinary incontinence. 4.Physical examination. 5. Investigations: frequency- volume chart, pad test, uroflowmetry, methylene blue test, cystometry, videourodynamics, ambulatory urodynamic, urethral pressure profilometry, radiological imaging, cystourethroscopy. 6. Prevalence& risk factors. 7. Conservative management, 8.Pharmacological management. 9. Surgical procedures. 10. Minimally invasive tape procedure. To know: 1. Classification. 2. Functional ovarian cysts & its management. 4. Malignant ovarian tumoursrisk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. Benign diseases of the uterus Benign diseases of the uterus To know: 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & missing in presentation, diagnosis, treatment of early stage disease, role of radiotherapy, prognosis. To know: 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, prognosis. To know: 1. Endometrial hyperplasia: pathogenesis, role | | | ļ |
| 4.Physical examination. 5. Investigations: frequency- volume chart, pad test, uroflowmetry, methylene blue test, cystometry, videourodynamics, ambulatory urodynamic, urethral pressure profilometry, radiological imaging, cystourethroscopy. 6. Prevalence & risk factors. 7. Conservative management, 8.Pharmacological management. 9. Surgical procedures. 10. Minimally invasive tape procedure. Ovarian tumours 4 hours 7 to know: 1. Classification. 2. Functional ovarian cysts & its management. 4. Malignant ovarian tumours: isk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. Benign diseases of the uterus 7 to know: 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & surgical treatment, myomectomy. 3. Asherman syndrome. 7 to know: 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & malignant malignalignant malignalignalignalignalignalignalignalign | | | 1 |
| 5.Investigations: frequency- volume chart, pad test, uroflowmetry, methylene blue test, cystometry, videourodynamics, ambulatory urodynamic, urethral pressure profilometry, radiological imaging, cystourethroscopy. 6. Prevalence& risk factors. 7. Conservative management, 8.Pharmacological management. 9. Surgical procedures. 10. Minimally invasive tape procedure. Ovarian tumours 4 hours To know: 1. Classification. 2. Functional ovarian cysts & its management. 3. Benign ovarian cysts: epidemiology, classification, imaging assessment, management. 4. Malignant ovarian tumours:risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. Benign diseases of the uterus Description of the surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & malignant diseases of the uterine body Premalignant & 3 hours To know: 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, progesterone therapy, role of chemotherapy, progesterone therapy, role of chemotherapy, prognosis. | | | <u>-</u> |
| uroflowmetry, methylene blue test, cystometry, videourodynamics, ambulatory urodynamic, urethral pressure profilometry, radiological imaging, cystourethroscopy. 6. Prevalence& risk factors. 7. Conservative management, 8.Pharmacological management. 9. Surgical procedures. 10. Minimally invasive tape procedure. Ovarian tumours 4 hours To know: 1. Classification. 2. Functional ovarian cysts & its management. 4. Malignant ovarian cysts: epidemiology, classification, imaging assessment, management. 4. Malignant ovarian tumours:risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. Benign diseases of the uterus Benign diseases of the open diseases and the stage of the surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & To know: 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant diseases of the uterine body Premalignant of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant allows: 1. Cervical intraepithelial neoplasia: pathogenesis, role | | | |
| videourodynamics, ambulatory urodynamic, urethral pressure profilometry, radiological imaging, cystourethroscopy. 6. Prevalence& risk factors. 7. Conservative management, 8. Pharmacological management. 9. Surgical procedures. 10. Minimally invasive tape procedure. Ovarian tumours 4 hours 7 to know: 1. Classification. 2. Functional ovarian cysts & its management. 3. Benign ovarian cysts: epidemiology, classification, imaging assessment, management. 4. Malignant ovarian tumours:risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. To know: 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & mounts and the preparation of the uterine body To know: 1. Endometrial polyp:clinical presentation, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progenosis. Premalignant & To know: 1. Cervical intraepithelial neoplasia: pathogenesis, role | | | 5. Investigations: frequency- volume chart, pad test, |
| pressure profilometry, radiological imaging, cystourethroscopy. 6. Prevalence& risk factors. 7. Conservative management, 8. Pharmacological management. 9. Surgical procedures. 10. Minimally invasive tape procedure. Ovarian tumours 4 hours To know: 1. Classification. 2. Functional ovarian cysts & its management. 3. Benign ovarian cysts: epidemiology, classification, imaging assessment, management. 4. Malignant ovarian tumours:risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. Benign diseases of the uterus To know: 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & To know: 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: 1. Cervical intraepithelial neoplasia: pathogenesis, role | | | uroflowmetry, methylene blue test, cystometry, |
| cystourethroscopy. 6. Prevalence& risk factors. 7. Conservative management, 8. Pharmacological management. 9. Surgical procedures. 10. Minimally invasive tape procedure. Ovarian tumours 4 hours To know: 1. Classification. 2. Functional ovarian cysts & its management. 3. Benign ovarian cysts: epidemiology, classification, imaging assessment, management. 4. Malignant ovarian tumours:risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. Benign diseases of the uterus To know: 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & 2 hours malignant diseases of the uterine body Premalignant & 3 hours treatment of early stage disease, role of radiotherapy, progesterone therapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: 1. Cervical intraepithelial neoplasia: pathogenesis, role | | | videourodynamics, ambulatory urodynamic, urethral |
| Ovarian tumours 4 hours 7. Conservative management, 8.Pharmacological management, 9. Surgical procedures. 10. Minimally invasive tape procedure. 7. Conservative management, 8.Pharmacological management, 9. Surgical procedures. 10. Minimally invasive tape procedure. 7. Classification, 2. Functional ovarian cysts & its management, 3. Benign ovarian cysts: epidemiology, classification, imaging assessment, management, 4. Malignant ovarian tumours:risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. 8. Management of women with positive family history of ovarian tumours. 9. Lindometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. 9. Premalignant & To know: 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, progesterone therapy, role of chemotherapy, progenosis. 8. Premalignant & 3 hours 1. Cervical intraepithelial neoplasia: pathogenesis, role | | | pressure profilometry, radiological imaging, |
| 7. Conservative management, 8. Pharmacological management. 9. Surgical procedures. 10. Minimally invasive tape procedure. Ovarian tumours 4 hours To know: 1. Classification. 2. Functional ovarian cysts & its management. 3. Benign ovarian cysts: epidemiology, classification, imaging assessment, management. 4. Malignant ovarian tumours:risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. Benign diseases of the uterus To know: 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & 2 hours malignant diseases of the uterine body Premalignant & 2 hours radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours malignant Cervical intraepithelial neoplasia: pathogenesis, role | | | cystourethroscopy. |
| management. 9.Surgical procedures. 10.Minimally invasive tape procedure. Ovarian tumours 4 hours To know: 1. Classification. 2.Functional ovarian cysts & its management. 3.Benign ovarian cysts: epidemiology, classification, imaging assessment, management. 4.Malignant ovarian tumours:risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5.Border line tumours. 6.Fertility sparing surgery. 7.Role of chemotherapy. 8.Management of women with positive family history of ovarian tumours. Benign diseases of the uterus To know: 1.Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3.Asherman syndrome. Premalignant & 2 hours malignant diseases of the uterine body Premalignant & 3 hours reading fibrous, reading presentation, diagnosis, treatment of early stage disease, role of radiotherapy, prognosis. Premalignant & 3 hours malignant To know: 1.Cervical intraepithelial neoplasia: pathogenesis, role | | | 6. Prevalence& risk factors. |
| management. 9.Surgical procedures. 10.Minimally invasive tape procedure. Ovarian tumours 4 hours To know: 1. Classification. 2.Functional ovarian cysts & its management. 3.Benign ovarian cysts: epidemiology, classification, imaging assessment, management. 4.Malignant ovarian tumours:risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5.Border line tumours. 6.Fertility sparing surgery. 7.Role of chemotherapy. 8.Management of women with positive family history of ovarian tumours. Benign diseases of the uterus To know: 1.Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3.Asherman syndrome. Premalignant & 2 hours malignant diseases of the uterine body Premalignant & 3 hours reading fibrous, reading presentation, diagnosis, treatment of early stage disease, role of radiotherapy, prognosis. Premalignant & 3 hours malignant To know: 1.Cervical intraepithelial neoplasia: pathogenesis, role | | | 7. Conservative management, 8. Pharmacological |
| Ovarian tumours 4 hours 1. Classification. 2. Functional ovarian cysts & its management. 3. Benign ovarian cysts: epidemiology, classification, imaging assessment, management. 4. Malignant ovarian tumours:risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. 6 fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. 2 hours 6 fthe uterus 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. 7 to know: 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant 8 3 hours 7 to know: malignant 1. Cervical intraepithelial neoplasia: pathogenesis, role | | | |
| Ovarian tumours 4 hours To know: 1. Classification. 2. Functional ovarian cysts & its management. 3. Benign ovarian cysts: epidemiology, classification, imaging assessment, management. 4. Malignant ovarian tumours:risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. Benign diseases of the uterus Benign diseases of the uterus To know: 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & 2 hours malignant diseases of the uterine body Premalignant & 2 hours malignant diseases of the uterine body Premalignant & 3 hours malignant of early stage disease, role of radiotherapy, prognosis. Premalignant & 3 hours malignant ovarian cysts & its management. 1. Cervical intraepithelial neoplasia: pathogenesis, role | | | |
| Ovarian tumours 4 hours 1. Classification. 2.Functional ovarian cysts & its management. 3.Benign ovarian cysts: epidemiology, classification, imaging assessment, management. 4. Malignant ovarian tumours:risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6.Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. Benign diseases of the uterus To know: 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & 2 hours follow up. 2. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: 1. Cervical intraepithelial neoplasia: pathogenesis, role | | | 1 |
| 1. Classification. 2. Functional ovarian cysts & its management. 3. Benign ovarian cysts: epidemiology, classification, imaging assessment, management. 4. Malignant ovarian tumours: risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. To know: 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & To know: 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, prognosis. Premalignant & 3 hours To know: 1. Cervical intraepithelial neoplasia: pathogenesis, role | Ovarian tumours | 4 hours | · · · · · · |
| 2.Functional ovarian cysts & its management. 3.Benign ovarian cysts: epidemiology, classification, imaging assessment, management. 4.Malignant ovarian tumours:risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5.Border line tumours. 6.Fertility sparing surgery. 7.Role of chemotherapy. 8.Management of women with positive family history of ovarian tumours. Benign diseases of the uterus Benign diseases of the uterus To know: 1.Endometrial polyp:clinical presentation & management. 2.Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3.Asherman syndrome. Premalignant & 2 hours malignant diseases of the uterine body Premalignant & 2 hours reatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours malignant To know: 1.Cervical intraepithelial neoplasia: pathogenesis, role | Ovarian tamours | inours | |
| 3.Benign ovarian cysts: epidemiology, classification, imaging assessment, management. 4.Malignant ovarian tumours:risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5.Border line tumours. 6.Fertility sparing surgery. 7.Role of chemotherapy. 8.Management of women with positive family history of ovarian tumours. To know: 1.Endometrial polyp:clinical presentation & management. 2.Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3.Asherman syndrome. Premalignant & 2 hours malignant diseases of the uterine body Premalignant & 2.Endometrial hyperplasia: classifications, treatment, follow up. 2.Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: 1.Cervical intraepithelial neoplasia: pathogenesis, role | | | |
| imaging assessment, management. 4. Malignant ovarian tumours:risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. Benign diseases of the uterus Benign diseases of the uterus To know: 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & To know: 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours Malignant ovarian tumours:risk factors, screening, tumours researched. | | | · · · · · · · · · · · · · · · · · · · |
| 4. Malignant ovarian tumours:risk factors, screening, tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. Benign diseases of the uterus 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & To know: 1. Endometrial hyperplasia: classifications, treatment, follow up. uterine body Premalignant & follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours Malignant ovarian tumours: risk factors, screening, tumours. 4. Malignant ovarian tumours. 5. Border line tumours. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management overing surgery. 7. Role of chemotherapy. 9. To know: 1. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. | | | |
| tumour markers, staging, primarysurgical treatment, secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. Benign diseases of the uterus Description of the uterus To know: 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & To know: malignant diseases of the uterine body To know: 2 hours To know: 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: malignant 1. Cervical intraepithelial neoplasia: pathogenesis, role | | | • • |
| secondary cytoreductive surgery. 5. Border line tumours. 6. Fertility sparing surgery. 7. Role of chemotherapy. 8. Management of women with positive family history of ovarian tumours. Benign diseases of the uterus 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & To know: 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: 1. Cervical intraepithelial neoplasia: pathogenesis, role | | | 1 |
| 5.Border line tumours. 6.Fertility sparing surgery. 7.Role of chemotherapy. 8.Management of women with positive family history of ovarian tumours. Benign diseases of the uterus Description of the uterus Senign diseases of the uterus Description of the uterus of the uterine body Description of the uterus of the uterine of the ute | | | |
| Benign diseases of the uterine body Premalignant & alignant diseases of the uterine body Premalignant & alignant diseases of the uterine body Premalignant & alignant & alignant diseases of the uterine body Premalignant & alignant & aligna | | | |
| 7.Role of chemotherapy. 8.Management of women with positive family history of ovarian tumours. Benign diseases of the uterus 2 hours 1.Endometrial polyp:clinical presentation & management. 2.Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3.Asherman syndrome. Premalignant & To know: 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: 1.Cervical intraepithelial neoplasia: pathogenesis, role | | | |
| Benign diseases of the uterus Benign diseases of the uterus 2 hours 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & malignant diseases of the uterine body 2 hours 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: 1. Cervical intraepithelial neoplasia: pathogenesis, role | | | |
| Benign diseases of the uterus 2 hours 1.Endometrial polyp:clinical presentation & management. 2.Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3.Asherman syndrome. Premalignant & malignant diseases of the uterine body Premalignant & auterine body Definition of the overall polyp:clinical presentation & management. 2.Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3.Asherman syndrome. 1. Endometrial hyperplasia: classifications, treatment, follow up. 2.Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & malignant 3 hours To know: 1.Cervical intraepithelial neoplasia: pathogenesis, role | | | <u>*</u> .* |
| Benign diseases of the uterus 2 hours 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & To know: 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & To know: 1. Cervical intraepithelial neoplasia: pathogenesis, role | | | |
| of the uterus 1. Endometrial polyp:clinical presentation & management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & To know: 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, prognosis. Premalignant & 3 hours To know: 1. Cervical intraepithelial neoplasia: pathogenesis, role | D 1 11 | | |
| management. 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & 2 hours To know: 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: 1. Cervical intraepithelial neoplasia: pathogenesis, role | | 2 hours | |
| 2. Uterine fibroids: prevalence, symptoms, clinical signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & To know: 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: 1. Cervical intraepithelial neoplasia: pathogenesis, role | of the uterus | | |
| signs, degeneration, fibroid & subfertility, fibroid & pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & To know: malignant diseases of the uterine body 2. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, prognosis. Premalignant & 3 hours To know: malignant 1. Cervical intraepithelial neoplasia: pathogenesis, role | | | |
| pregnancy, medical & surgical treatment, myomectomy. 3. Asherman syndrome. Premalignant & 2 hours malignant diseases of the uterine body Premalignant & 2. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: 1. Cervical intraepithelial neoplasia: pathogenesis, role | | | |
| myomectomy. 3. Asherman syndrome. Premalignant & 2 hours malignant diseases of the uterine body 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: malignant 1. Cervical intraepithelial neoplasia: pathogenesis, role | | | • • |
| Premalignant & 2 hours To know: malignant diseases of the uterine body Premalignant & 2. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: malignant 1. Cervical intraepithelial neoplasia: pathogenesis, role | | | pregnancy, medical & surgical treatment, |
| Premalignant & 2 hours To know: malignant diseases of the uterine body 2.Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: malignant 1.Cervical intraepithelial neoplasia: pathogenesis, role | | | |
| malignant diseases of the uterine body 1. Endometrial hyperplasia: classifications, treatment, follow up. 2. Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: 1. Cervical intraepithelial neoplasia: pathogenesis, role | | | |
| diseases of the uterine body 2.Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: nalignant 1.Cervical intraepithelial neoplasia: pathogenesis, role | _ | 2 hours | |
| uterine body 2.Endometrial cancer: incidence, risk factors, stages, radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: 1.Cervical intraepithelial neoplasia: pathogenesis, role | | | 1. Endometrial hyperplasia: classifications, treatment, |
| radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: malignant 1.Cervical intraepithelial neoplasia: pathogenesis, role | diseases of the | | follow up. |
| radiological imaging, presentation, diagnosis, treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: malignant 1.Cervical intraepithelial neoplasia: pathogenesis, role | uterine body | | 2.Endometrial cancer: incidence, risk factors, stages, |
| treatment of early stage disease, role of radiotherapy, progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: malignant 1.Cervical intraepithelial neoplasia: pathogenesis, role | | | radiological imaging, presentation, diagnosis, |
| progesterone therapy, role of chemotherapy, prognosis. Premalignant & 3 hours To know: malignant 1.Cervical intraepithelial neoplasia: pathogenesis, role | | | |
| Premalignant & 3 hours malignant and the malignant and the malignant between the malignant | | | 1 |
| Premalignant & 3 hours To know: malignant 1.Cervical intraepithelial neoplasia: pathogenesis, role | | | |
| malignant 1.Cervical intraepithelial neoplasia: pathogenesis, role | Premalignant & | 3 hours | |
| | _ | | |
| | | | |

| cervix | | performance, colposcopy, treatment, HPV vaccine. 2.Cervical cancer: epidemiology, pathology, clinical presentation, staging, treatment, radical radiotherapy. | |
|---------------------------------------|---------|---|--|
| Diseases of the vulva | 2 hours | To know: 1. Lichen sclerosis: definition, incidence, aetiology, prognosis, management, surgery, follow up. 2. Vulval ulcers | |
| Family planning | 4 hours | To know: 1.Fertility awareness methods. 2.Cycle rhythm method. 3.Natural method. 4.Barrier methods. 5.Coitus interruptus. 6.Combined hormonal contraception, mechanism of action, non-contraceptive benefit, major side effects, COCP,contraindications. 7. Progesterone contraception: mode of action, returnof fertility, effectiveness, side effects. 8. Intrauterine contraceptive devices: types, effectiveness, mode of action, insertion prerequisites, complications & its management. 8. Female sterilization: methods. 9. Male sterilization: methods, risks. | |
| Dysmenorrhea & premenstrual syndrome. | 1 hour | To know: 1. Definitions. 2. Dysmenorrhea: types, incidence,aetiology, investigations, management. 3. Chronic pelvic pain, medical treatment, surgical approaches for chronic pelvic pain. 4. Premenstrual symptoms, management. | |
| Gynecological operations | 1 hour | To know: 1.Hysterectomy: types, indications, complications. 2.Dilatation& curettage: indications, complications. | |
| Laparoscopic procedure & hysteroscopy | 1 hour | To know: 1. Laparoscopy: indication, therapeutic procedures, complications. 2. Hysteroscopy: indication, therapeutic procedures, complications. | |

Syllabus of the clinical course:

| Items | Duration | |
|---|----------|--|
| Gynaecological history and examination | 2 hours | |
| Instruments used for examination, investigation and treatment | 3 hours | |
| Demonstration on plastic model how to take a Pap smear. Videos | 3 hours | |
| showing colposcopic examination of the cervix. | | |
| Slides and videos regarding ovarian cyst with concentration on ultrasound assessment and calculation of risk of malignancy index. | 4 hours | |
| | 2 1 | |
| Counseling about family planning: Demonstration of different available options. | 3 hours | |
| Slides and videos showing laparoscopic and hysteroscopic procedures. | 3 hours | |
| | | |
| Hysterosalpingography films interpretation .Videos showing methods of assessment of tubal patency. | 3 hours | |
| Videos and demonstration of intrauterine device insertion: Discussion | 3 | |
| about timing of insertion and possible complications. | hours | |
| Counseling a patient with polycystic ovary syndrome. Ultrasound and | 3 hours | |
| hormonal findings. Possible lines of treatment. | | |
| Fibroid:Videos regarding ultrasound showing different sites and sizes of fibroids, myomectomy and hysterectomy | 3 hours | |

Methods of assessment

| No | Exam | Type of assessment | | |
|----|----------------|---|----|--|
| 1 | First term | Quiz in the same theoretical lecture for each lecture | | |
| | | End term written exam (60% MCQs & 40% essay | 10 | |
| | | questions) | | |
| 2 | Second term | Quiz in the same theoretical lecture for each lecture | 5 | |
| | | End term written exam (60% MCQs & 40% essay | 10 | |
| | | questions) | | |
| 3 | Final clinical | Seniors evaluation | | |
| | | Student behavior | | |
| | | Student attendance | | |
| | | Student interaction | | |
| | | Data show slides | | |
| | | OSCE | 4 | |
| 4 | Final written | MCQs or /and EMQ | | |
| | | Short assay, problem solving questions | 24 | |
| 5 | Total | | | |

Recommended references:

- 1. Obstetrics by Ten Teachers.
- 2. Dewhurt's textbook of obstetrics and gynecology.
- 3. Obstetrics & Gynaecology An Evidence-based Text for the MRCOG.

Department of Pediatrics

Subject: Pediatrics

Academic year: Fifth year

Course coordinator: Ass. Prof. Dr. Mohammed Maher Meshreef

Head of Pediatrics Department

Teaching staff:

1. Prof. Dr. Zaid Rasheed AL-Ani

- 2. Ass. Prof. Dr. Fakhree Jameel AL-Ani
- 3. Ass. Prof. Dr. Mohammed Maher Meshreef
- 4. Instructor Dr. Kais AL-Ani
- 5. Instructor Dr. Rana Fahmee Shattran
- 6. Instructor Dr. Waraka Yassen AL-Ani
- 7. Instructor Dr. Saad Fawaz Alfahadawi

Allocated marks: 100 marks.

Course duration: One academic year.

Introduction:

In 60 hours lectures, we are going to understand the growth and development of pediatrics during health in different age groups and to recognize the most important signs and symptoms of diseases in different pediatric age groups and how to deal with these conditions, how to diagnose, how to investigate, and how to treat these conditions.

Objectives

- 1. Graduation of a qualified efficient medical students with efficient abilities for solving pediatric problems and protecting children from development of these conditions.
- 2. Attaining a maximum level for diagnosis and treatment of pediatric diseases with the least cost and the right drugs.
- 3. Enhancing of different scientific researching on the department, the college and the university levels.
- 4. Enhancement of collaborative actions between the college and the governorate general health administration for reaching a maximum benefits and care for children.
- 5. Graduation of an efficient postgraduate specialties in pediatrics carrying the name of the college were they gained their certificates.

Components, duration and units of the curriculum

| No | Components | Duration | Unit |
|----|----------------------|-----------|------|
| 1 | Theoretical lectures | 60 hours | 4 |
| 2 | Clinical course | 60 hours | 2 |
| 3 | Total | 120 hours | 6 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. Small teaching group
- 3. Skill lab in the college
- 4. Emergency department in AL-Ramadi teaching for maternity and pediatrics hospital
- 5. Pediatrics out-patient clinics in AL-Ramadi teaching for maternity and pediatrics hospital
- 6. Pediatrics inpatient ward in AL-Ramadi teaching for maternity and pediatrics hospital
- 7. Premature unit in AL-Ramadi teaching for maternity and pediatrics hospital

Material used for completion the curriculum:

- 1. Real patient
- 2. Actors.
- 3. Power point presentation.
- 4. Plastic specimens
- 5. Radiological films of patients (Plain X-ray, CT scan and MRI films)
- 6. Diagrams and posters
- 7. Clinical video tapes and movies.
- 8. Laboratory investigations of patients.

Theoretical Syllabus: one hour for each topic

1- Introduction to pediatrics:

- Definition, History taking, & Physical examination.

2- Development & growth:

- Physiology of growth, growth assessment, growth chart, factors affect growth.
- Growth in prematurity,
- -Developmental 4 parts: stages of development: birth till 6 years including gross motor.
- Fine motor, speech, language and social development, development warning signs.

3- Puberty:

- Puberty, key ages in Puberty,-
- Clinical description of puberty female & male.
- Problems of Puberty: delayed & precocious, causes & management.

4- Short stature:

- -Causes, Familial SS, Constitutional SS, Primary hypothyroidism.
- Emotional deprivation and systemic disease. Approach to SS, treatment.
- Indication of Growth hormone, side effects of Growth hormone.

5- Neonatology:

- Neonatal period: definition.
- APGAR score.
- Rapid visual assessment of gestational age.
- Physical examination.
- Prematurity: definition, causes, complications.
- SGA: definition, causes, complications.

6- LGA (large for gestational age):

- predisposing factors.
- Problems of LGA.
- Post term infants: manifestation, prognosis, treatment.
- NEC (neonatal necrotizing enterocolitis): Pathogenesis, risk factors,
- -Manifestations, diagnosis, treatment, prevention.
- Meconium aspiration (MAS): Pathophysiology, manifestations, treatment, prognosis.

7- RDS in newborn:

- Causes.
- Hyaline membrane disease (HMD) RDS1: incidence, etiology, Pathophysiology.
- Vicious cycle, manifestations, diagnosis, D/D, prevention, treatment, complications, prognosis.
- RDS II: risk factors, clinical manifestations,

8- Common metabolic disorders in neonates:

- Hypoglycemia: definition, Pathophysiology, clinical manifestations, treatment.
- Hypocalcaemia: definition, early, late, clinical manifestations, treatment.

- Cold injury, thermal instability in premature.
- Hyperthermia.
- Infant of diabetic mother: Pathophysiology, clinical manifestations, treatment.

9- Neonatal seizures:

- Classification, causes, diagnosis, treatment, prognosis.

10- Birth injury:

- Hypoxic- ischemic injury: etiology.
- -Pathophysiology, clinical manifestations, treatment, prognosis.
- Mechanical birth injury (Birth trauma): sub conjunctival and retinal hemorrhage.
- Caput succedaneum, cephal-hematoma. Peripheral nerve injuries, brachial palsy.
- Erbs palsy, Duchenne paralysis, Klumpke paralysis, Facial palsy.

11- Neonatal hyperbilirubinemia:

- Pathophysiology, etiology, clinical manifestations, physiological jaundice.
- Pathological jaundice, Rh incompatibility, ABO incompatibility, kernicterus, treatment.

12- Hemorrhagic disease of the newborn:

- Definition, classification, treatment.
- Neonatal anemia: definition, delayed cord clamping anemia.
- Approach to Neonatal anemia, treatment.

13- Poisoning:

- Epidemiology, pattern of poisoning, approach to management.
- Aspirin poisoning, lead poisoning, iron poisoning, hydrocarbon poisoning, Digoxin, Aminophylline, Acetaminophen, alkali & acid, lomotil, organophosphates.

14- Genetics:

- Types of Gene Diseases.
- Symbols used in pedigree.
- AD, AR, X linked recessive.
- Non mendelian inheritance.
- Down syndrome, turner syndrome.
- Gene therapy.
- Examples.

15- Immunization:

- -Types (passive, active), cold chain storage, contraindication of vaccination.
- Iraqi program of vaccination,
- BCG, DPT, Oral polio vaccine, Rota virus vaccine, Hep B vaccine, Hib vaccine,
- -Quinary vaccine, Quaternary vaccine.

Other vaccine: Hep A vaccine, Rabies vaccine, Typhoid Cholera, Cholera vaccine, yellow fever

- vaccine, pneumococcal vaccine, meningococcal, and influenza vaccines.
- -Delayed vaccination.

16- Breast feeding:

- Anatomy of the breast, stages of the development of the breast,
- -Physiology of milk secretion and production,
- breast problems interfere with breast feeding, fore milk and hind milk, colostrum,
- technique of breast feeding, breast engorgement, sore nipple, retracted nipple.
- -Weaning, artificial feeding, differences between breast milk and cow milk.
- -Types of artificial feeding. Infant formula

17- Malnutrition:

- definition and types of malnutrition, Assessment and classification of malnutrition,
- Welcome classification, WHO classification of severe malnutrition
- kwashiorkor,
- marasmus.
- -Sequelae of malnutrition,
- treatment of malnutrition.

18- Vitamins:

- -Types of vitamins
- Discussion of every vitamin from the pediatrics point of view.
- water soluble vitamins: Vit C, Thiamin, Niacin, Riboflavin, Pyridoxine, Cyanocobalamin (B12),

and folic acid.

- Lipid soluble vitamins:

Vit A, Vit E, Vit K, Vit D

19- Rickets:

-Types and pathophysiology of rickets, hypophosphatemic and hypocalcemic rickets.

- Nutritional, vitamin dependent rickets, vitamin resistant rickets.

20- Failure to thrive:

- -Types (organic and nonorganic), definition, clinical manifestations,
- investigations, management.

21- Gastroenterology:

- -Diarrhea:
- physiology of diarrhea, dehydration, physiology and types of dehydration.

Isotonic, hypotonic, hypertonic dehydration,

- treatment of types of dehydration
- acute diarrhea,
- persistent diarrhea,
- dysentery,
- chronic diarrhea.
- -Malabsorption syndrome, carbohydrate malabsorption, fat malabsorption, protein malabsorption.
- -Disaccharidase deficiency,
- cow milk intolerance,
- food and cow milk allergy,
- celiac disease.

22- Anemia in childhood:

- Hematopoiesis.
- Hb electrophoresis.
- Causes of anemia.
- Iron deficiency anemia, causes, diagnosis, DDx, treatment.
- Megaloblastic anemia.
- -B12 deficiency, causes, diagnosis, DDx, treatment.
- -Folic acid deficiency anemia causes, diagnosis, DDx, treatment.

23- Pancytopenia:

- Definition, types.
- Congenital aplastic anemia: clinical manifestations, diagnosis, treatment.
- Acquired aplastic anemia: clinical presentation, diagnosis, treatment.
- Thalassemia: types, clinical manifestations diagnosis, management, sequelae.

- Follow up patient with Thalassemia.

24- Sickle cell anemia:

- Types, clinical manifestations, treatment, types of crisis.
- G6PD deficiency (Favism): types, causes of hemolysis in G6PD deficiency, investigations, treatment.
- Hereditary spherocytosis: clinical manifestations and treatment.
- Autoimmune hemolytic anemia : types, clinical presentation.
- Warm type IgG, cold type IgM, treatment.

25- Bleeding tendency:

- Evaluation of Bleeding tendency, history, diagnosis, causes of bleeding.
- Hemostasis.
- Immune thrombocytopenic purpura, types of ITP, investigations, DDx, treatment.
- Chronic ITP.
- Indications of splenectomy, prognosis.
- Wiskott Aldrich syndrome.
- Thrombocytopenia absent radius.
- Gra platelet syndrome.
- Bernard soulier syndrome.
- Glansman thrombosthenia.
- Hemophilia types A,B,C: clinical manifestations, Dx,Rx.
- Factor 7 deficiency.
- Factor 5 deficiency.
- Factor 2 deficiency.
- Factor 1 deficiency.
- Factor 13 deficiency.
- Von Willebrand disease clinical manifestations, Dx, Rx.
- Vit K deficiency, liver disease, Vascular causes of bleeding.

26- Leukemias:

- Causes, clinical manifestations.
- Good prognostic factors.
- Poor prognostic factors.
- Diagnosis, treatment of ALL.

- AML, Clinical Presentation, Dx, Rx.
- Lymphoma: Clinical Presentation, Dx, Rx.
- NHL: Clinical Presentation, Dx, Rx.
- Wilms tumor: Clinical Presentation, Dx, Rx.
- Malignancy in Down syndrome.
- Neuroblastoma: Clinical Presentation, Dx, Rx.
- Presentation of different types of malignancy.

27- CNS infection:

- Septic acute bacterial meningitis, clinical manifestations, diagnosis and treatment.
- Viral meningoencephalitis, Clinical Presentation, Dx, Rx.
- TB meningitis, clinical manifestations, diagnosis and treatment.
- Lumber puncture: normal CSF findings, contraindications of LP.

28- Congenital anomalies of CNS:

- Spina bifida occulta.
- Meningomyelocele.
- Hydrocephalus, causes, types, diagnosis and treatment.
- Microcephaly: causes, diagnosis and treatment.
- Floppy baby syndrome.
- Guillain Barre syndrome Clinical Presentation, Dx, Rx.
- Duchene muscular dystrophy: Clinical Presentation, Dx, Rx.

29- Thyroid disorders:

- Congenital Hypothyroidism: Clinical Presentation, Dx, Rx.
- Acquired Hypothyroidism: Clinical Presentation, Dx, Rx.
- Hypoparathyroidism: causes, Clinical Presentation, Dx, Rx.
- Hyperthyroidism: causes, diagnosis and treatment.

30- Insulin dependent diabetes mellitus:

- Pathophysiology, Clinical Presentation, Rx.
- Diabetic ketoacidosis: classification, management, brain edema, Clinical Presentation, treatment.
- Aim of diabetic control.
- Nutritional management.

31- Types of insulin, site of injection, resistance:

- Signs and symptoms of hypoglycemia, Dx, Rx.
- Somogyi phenomenon, brittle phenomenon,
- Dawn phenomenon.
- Complications of diabetes.
- Muriac syndrome.
- sjoint mobility.
- Syndrome of limited
- Diabetes mellitus of newborn.

32- Adrenal gland disease.

- Adrenocortical insufficiency: causes, types, congenital, acquired, Dx, Rx.
- Addison disease: Clinical Presentation, Dx, Rx.
- Secondary adrenal insufficiency: Clinical Presentation, Dx, Rx.
- Cushing disease: Clinical Presentation, Dx, DDx, Rx.

33- Approach to patient with ambiguous genitalia:

- Causes, diagnosis, treatment.
- Congenital
- Adrenal hyperplasia: causes, investigations, treatment.

34- Hydroxylase deficiency.

- 3 Beta hydroxyl steroid dehydrogenase deficiency.
- Causes, diagnosis, treatment.

35- Respiratory Disorders:

- Introduction.
- Epidemiology.
- Factors affecting the prevalence of respiratory disorders.
- Classification of respiratory tract infection (ARI).

36- Upper respiratory infection:

- Common cold.
- Sore throat.
- Tonsillitis.
- Acute otitis media.
- Mode of presentation of URTI.

- WHO program about ARI.

37- Laryngeal & Tracheal infection:

- Croup.
- Acute epiglottitis.
- Bacterial tracheitis.
- Other causes of upper air way obstruction like F.B.

38- Congenital stridor.

- Presentation.
- Management.

39- Bronchiolitis:

- Epidemiology.
- Pathophysiology.
- Clinical manifestations.
- Diagnosis & D/D.
- Treatment.
- Course & prognosis.
- Prevention.

40- Pneumonias:

- Age related pathogen.
- Clinical features.
- Investigations.
- Management.

41- Asthma:

- Definition & epidemiology.
- Types.
- Causative factors & risk factors.
- Pathophysiology.
- Hyper responsiveness.
- Symptoms & physical signs.
- Assessment of severity.
- Diagnosis & D/D.

- Investigations.
- Management of acute attack.
- Long term & prevention.

42- Nephrology:

- Introduction, Pathophysiology, Investigations.
- Acute post streptococcal glomerulonephritis.
- Acute renal Failure.
- Chronic renal failure.
- UTI.
- Nephrotic syndrome.
- Renal tubular acidosis.

43- Cardiovascular system:

- Introduction.
- Transition from fetal to neonatal life.
- Approach to congenital heart disease.
- Acyanotic CHDs: VSD, ASD, PDA, Co-arctation of aorta.
- Cyanotic CHDs: TOF, TGA, TAPVR.
- Heart failure.
- Infective endocarditis.
- Rheumatic fever.

44- Leishmaniasis:

- Definition, Etiology, Epidemiology.

Visceral leishmaniasis:

- -Pathology, Pathogenesis, Clinical manifestations, Laboratory findings.
- Differential diagnosis, Diagnosis, Treatment, Prevention.

45- Group A streptococcus:

- Definition, Etiology, Epidemiology, Pathogenesis.

46- Scarlet fever:

- Diagnosis, Differential Diagnosis, Treatment, Complications, Prognosis.

47- Parvovirus B19:

- Definition, Etiology, Epidemiology, Pathogenesis, Clinical manifestations.

48- Erythema Infectiosum (Fifth Disease):

- Arthropathy, Transient Aplastic crisis, Immunocompromised Persons.
- -Fetal Infection, Diagnosis, Differential diagnosis, Treatment, Complications, Prevention.

49- Diphtheria (Corynebacterium diphtheriae):

- Definition, Etiology, Epidemiology, Pathogenesis, Clinical manifestations.
- Respiratory tract diphtheria, Cutaneous diphtheria. Toxic cardiomyopathy.
- Toxic neuropathy.
- Diagnosis, Treatment, Complications, Prognosis, Asymptomatic case contacts.
- Asymptomatic carriers, Vaccine.

50- Epstein-Barr virus:

- Definition, Etiology, Epidemiology, Pathogenesis, Clinical manifestations, Oncogenesis.
- -Diagnosis, Differential diagnosis, Routine laboratory tests, Treatment, Complications,

Prognosis.

51- Pertussis (B. Pertussis and B. Parapertussis):

- Definition, Etiology, Epidemiology, Pathogenesis, Clinical manifestations, Diagnosis, Treatment.
- -Antimicrobial agents, Isolation, Care of contacts, Complications, Prevention, Acellular vaccine.

52- Mumps:

- Definition, Etiology, Epidemiology, Pathogenesis, Clinical manifestations.
- Diagnosis, Differential diagnosis, Treatment, Complications, Prognosis, Prevention.

53- Measles:

- Definition, Epidemiology, Transmission, Pathology, Pathogenesis, Clinical manifestations,
- -Inapparent measles infection, Laboratory findings, Diagnosis, Differential diagnosis,
- -Complications, Treatment, vitamin A, Prognosis, Prevention, Vaccine.

54- Roseola (Human Herpes viruses 6 and 7):

- Definition, Epidemiology, Pathogenesis.

55- Roseola infantum (exanthem subitum):

-Diagnosis, Laboratory findings, Differential diagnosis, Treatment, Prognosis, Prevention.

56- Rubella:

- -Definition, Etiology, Epidemiology, Pathogenesis, clinical manifestations, Postnatal infection,
- -Laboratory findings, Diagnoses, Differential diagnoses, Complications
- Congenital Rubella Syndrome (CRS):- Treatment, Supportive care, Prognosis, Prevention,

Vaccination.

57- Cytomegalovirus:

- -Definition, Etiology, Epidemiology, Pathogenesis, clinical manifestations.
- Immunocompromised Persons, Congenital Infection, Perinatal Infection, Diagnosis.
- Congenital Infection, Treatment, Immunocompromised Persons, Prevention.
- Passive Immunoprophylaxis, Active Immunization.

58- Mycobacterial Infections:

- Principles of Antimycobacterial Therapy.
- Commonly Used Agents Against Mycobacterium Tuberculosis:
- Isoniazid, Rifampicin's, Pyrazinamide, Ethambutol, Aminoglycosides, Ethionamide,
- -Fluoroquinolones, Para-Amino Salicylic Acid.
- Tuberculosis (Mycobacterium tuberculosis):
- Definition, Etiology, Epidemiology.
- Latent tuberculosis infection (LTBI):
- Definition, Treatment.
- -Transmission, Pathogenesis, Pregnancy and the Newborn, Immunity, Tuberculin Skin Testing,
- -Clinical Manifestations and Diagnosis, Primary Pulmonary Disease, Reactivation Tuberculosis,
- -Pleural Effusion, Lymphohematogenous (Disseminated) Disease, Lymph Node Disease.
- Central Nervous System Disease, Disease in HIV- Infected Children, Perinatal Disease,

Treatment:

- Corticosteroids, Supportive Care, Prevention, Bacille Calmette-Gurin Vaccination.

59- Cerebral Palsy:

-Definition, Epidemiology and Etiology, spastic hemiplegia, Spastic diplegia.

- Spastic quadriplegia, Athetoid CP, Diagnosis, Treatment.

60-Seizures in Childhood:

- focal (partial) seizures, generalized seizures, Acute symptomatic seizures.
- Epilepsy, epileptic encephalopathy, Symptomatic epilepsy, Evaluation of the First Seizure.
- Febrile Seizures, Absence seizures, Partial Seizures and Related Epilepsy Syndromes.
- Treatment of Seizures and Epilepsy, Status Epilepticus.

Clinical course: Composed of four weeks: 5 days per week and 3 hours per day.

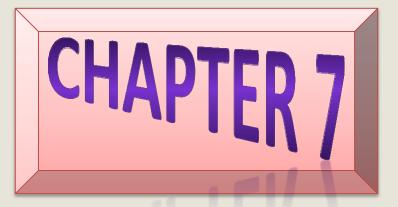
- Day 1: History taking and presentation.
- Day 2: History taking and presentation.
- Day 3: History taking and presentation.
- Day 4: History taking and presentation.
- Day 5: General examination.
- Day 6: General examination.
- Day 7: Respiratory examination.
- Day 8: Respiratory examination.
- Day 9: Abdominal examination.
- Day 10: Abdominal examination.
- Day 11: Cardiovascular examination.
- Day 12: Cardiovascular examination.
- **Day 13: Neonatal Examination**
- **Day 14: Neonatal examination**
- Day 15: CNS examination.
- Day 16: CNS examination.
- Day 17: Nutritional assessment.
- Day 18: Dehydration assessment.
- Day 19: Casualty unit short cases examination.
- Day 20: Clinical examination

Methods of assessment

| No | Exam | Type of assessment | |
|----|----------------|--|----|
| 1 | First term | Quiz in the same theoretical lecture for each lecture | 5 |
| | | End term written exam (60% MCQs & 40% essay questions) | 10 |
| 2 | Second term | Quiz in the same theoretical lecture for each lecture | 5 |
| | | End term written exam (60% MCQs & 40% essay questions) | 10 |
| 3 | Final clinical | Long case exam | |
| | | Short case exam | 10 |
| 4 | Final written | MCQs | 30 |
| | | Essay questions | 20 |
| 5 | Total | | |

Suggested Reading List:

- 1. Nelson Textbook of Pediatrics
- 2. Essentials of pediatrics.
- 3. Various internet related subjects.
- 4. Assigned Readings.



Subjects for the annual system of the sixth stage

| No. | Subject |
|-----|-------------------------|
| | |
| 1 | Internal Medicine |
| 2 | General Surgery |
| 3 | Obstetrics & Gynecology |
| 4 | Pediatrics |

Department of Internal Medicine

Subject: Internal Medicine Academic year: six year

Course coordinator: Assistant professor Hameed Ibraheem Head of Department of Internal medicine and consultant of internal medicine.

Teaching staff:

- 1. Assistant professor Hameed Ibraheem head Department of Internal medicine consultant of internal medicine .
- 2. Assistant professor Sami M. Awad decider of the department consultant of internal medicine .
- 3. Assistant professor Salah Noori Ahmed Dalli ali previous dean of the college for two cycles consultant of internal medicine .
- 4. Assistant professor Khalid A. ALrawi previous head of the department.
- 5. Assistant professor Haitham Noaman consultant of internal medicine .
- 6. Assistant professor Yasin Hamad Majeed consultant of internal medicine & gastroentrologist subspecialty gastroenterology and hepatology.
- 7. Assistant professor Maheer A. Jasim consultant of internal medicine.
- 8. Lecturer Khalid M. Rmaidh specialist of internal medicine .
- 9. Lecturer Hazim Ismael specialist of internal medicine.
- 10. Lecturer Sami Meklef specialist of internal medicine.
- 11. Assistant Lecturer Ahmed Abdul Salam.
- 12. Assistant Lecturer Ahmed Ibraheem.

The Department of internal medicine of Ramadi Teaching hospital seniors whom have Board specialty license of internal medicine and have good experience in the specialty support our department in teaching our students when we need them like Amer jehad, Saleh ALadi ,Amjed Sheet .

Allocated marks: 100 marks.

Course duration: One academic year.

Introduction:

Internal medicine is a clinical-based study that form the skeleton of college of medicine and built of the doctor where the medical students studied it by theoretical lectures and clinically practice it in the hospital medical wards on really ill patients also we use other tools like simulators in the skill lab. An understanding of medicine provides a fundamental framework for the accurate diagnosis and proper treatment of patients with medical problem. The purpose of this curriculum is to provide a basic detailed plan for teaching medicine in our college, unnecessary details and sophisticated clinical data were avoided from the curriculum, regarding this as a first step in updating our medicine curriculum in comparison with other worldwide. The curriculum also describe the subjects and topics in clinical medicine given for medical student.

The internal medicine department in Anbar college of medicine hosts the medical students on training course for 360 hours/year for the 6th year.

Objectives: The course is designed to introduce the student to:

- To enable the students to gather the information from the patients or actors.
- To enable the students how they perform the general examination and practice it on real patients or actors.
- To teach the students how they respect the patients.
- To understand the pharmacology in general medicine and all systems in the body.
- To teach the student how the correlation between theoretical and clinical practice is beneficial to the patients.
- To enhance the awareness of how medical knowledge may be applied effectively in clinical and scientific context.
- To enable the students how to pursue independent and self-learning and how to work effectively in small groups.
- To teach the students how to work effectively under full observations by their lecturers and doctors in the 6th year.

Components, duration and units of the curriculum

| No | Components | Duration | Unit |
|----|-----------------|-----------|------|
| 1 | Clinical course | 360 hours | 12 |

Places of completion the curriculum:

- 1. Lecture hall in the college
- 2. Skill lab in the college
- 3. Rooms for small teaching group.
- 4. In patient wards in Ramadi Teaching Hospital
- 5. Emergency unit in Ramadi Teaching Hospital
- 6. CCU in Ramadi Teaching Hospital
- 7. Dialysis unit in Ramadi Teaching Hospital
- 8. GIT center
- 9. AL-Humait teaching hospital for infectious diseases.

Material used for completion the curriculum:

- 1. Audiovisual aids.
- 2. Interaction with the students through questions.
- 3. Power point presentation.
- 4. Real patients.
- 5. ECGs ,X-rays study.
- 6. Plastic specimens as simulators.
- 7. Videos teaching tools and movies for real emergency medical conditions.
- 8. Diagrams and posters.
- 9. Small group and large groups medical discussion conditions.
- 10. pharmacology discussion for medical drugs.

Syllabus of the clinical course (6 hours per day, 5 days/week for 12 weeks) and its objectives.

| No | Name of the clinical session | Duration in hour/s | Objectives |
|----|------------------------------|--------------------|---|
| 1 | History taking | 60 | |
| 1 | Chest pain | | |
| 2 | palpitation | | 1. The students learn the |
| 3 | Headache and blurred | | communication skills in |
| | vision | | taking a history from a |
| 4 | Hemoptesis | | medical patient. 2. To enhance the ability of |
| 5 | Dyspnea | | the students to pick up |
| 6 | Abdominal pain | | the most important points |
| 7 | Vomiting | | from the patient in order |
| 8 | jaundice | | to reach the provisional |
| 9 | Hematemsis amd melena | | diagnosis in a quick way. |
| 10 | Polyurea and polydepsia | | |
| 11 | cyanosis | | |
| 12 | Weight loss | | |
| 13 | Loss of consciousness | | |
| 14 | Peptic Ulcer | | |
| 15 | , DVT AND pulmonary | | |
| | embolism | | |
| 16 | Ischemic heart disease | | |
| 17 | Joint pain and swelling | | |
| 18 | Psychiatric cases | | |
| 19 | Nerve palsy | | |
| 2 | Physical examination | 60 | |
| 1 | General examination | | 1. To learn the students the |
| 2 | Cardiovascular examination | | proper way of |
| 3 | Respiratory system | | examination for the |
| | examination | | various parts of the body. |
| 4 | Abdominal examination | | 2. To pick up the specific signs for certain |
| 5 | Neurological examination | | conditions. |
| 6 | Locomotor examination | | 3. To enhance the ability of |
| 7 | Vital signs examination | | the students to be too |
| 8 | Communication skills of the | | much gentle with the |
| | students | | patient. |
| 9 | Life support examination | | |
| | and management | | |
| 10 | Behavior in emergency | | |
| | medical conditions | | |
| 11 | Dermatological | | |
| | examination | | |

UNIVERSITY OF ANBAR / COLLEGE OF MEDICINE

| 12 | Psychiatric examination | | |
|----|----------------------------|-----|--|
| 13 | Examination of infectious | | _ |
| 13 | | | |
| | patients | 26 | |
| | Coronary care unit | 36 | T 1 1 1 1 1 |
| 1 | Radiological films for the | | 1. To learn the student the |
| | heart and chest | | basic principles of CCU |
| 2 | ECGs for cardiac cases | | 2. To learn the student how to use ECGs. |
| 3 | Management of cardiac | | 3. To enhance the ability of |
| | emergencies | | the student to manage |
| 4 | Cardiac drugs management | | cardiac cases especially |
| 5 | Complications management | | the emergency |
| | of cardiac cases | | conditions. |
| 6 | Advance life support | | 4. To lean the student the |
| | professional management | | indications and |
| 7 | To learn interventions of | | complications of cardiac |
| | life saving conditions | | cases and how to manage |
| | | | it . |
| | medical skill | 100 | |
| 1 | Self-protection by wearing | | To practice or assisted or observe |
| | gloves, mask, nose, gown | | various medical skills. |
| | and glasses | | _ |
| 2 | Use DC | | |
| 3 | Use Ambu Bag | | |
| 4 | Taking a blood sample | | |
| 5 | Blood transfusion set up | | |
| | and removal | | |
| 6 | J | | |
| 7 | IV injection | | |
| 8 | Insertion of a cannula | | |
| 9 | IV fluid insertion | | |
| 10 | Venous cut down | | |
| 11 | Team management of | | 7 |
| | advance life support | | |
| 12 | Oxymeter exam | | 7 |
| 13 | Use ECG | | 7 |
| 14 | Manual control of a | | |
| | bleeding point | | |
| 15 | Central venous line | | 7 |
| | insertion | | |
| 16 | Nasogastric tube insertion | | 7 |
| | and removal | | |
| 17 | Urinary catheter insertion | | 7 |
| | and removal | | |
| 18 | | | _ |
| 19 | Pleural aspiration and | | _ |
| | aspiration and | | |

UNIVERSITY OF ANBAR / COLLEGE OF MEDICINE

| | biopsy | | |
|-----|--|----|--|
| 20 | Nasopharyngeal airway | | - |
| 20 | insertion | | |
| 21 | Endotracheal intubation | | + |
| | | | - |
| 23 | Peritoneal tap | | _ |
| 23 | Cerebrospinal fluid drainage | | |
| 24 | | | _ |
| | Liver biopsy Rong marrowy conjustion and | | _ |
| 25 | Bone marrow aspiration and | | |
| 26 | Observe enlance contration | | - |
| 26 | Observe splenic aspiration | | - |
| 27 | Upper endoscopy observation | | |
| 20 | | | _ |
| 28 | Lower endoscopy observation | | |
| 20 | | | |
| | Local joint injection | | 4 |
| 30 | 1 7 | | 4 |
| 31 | Double lumen catheter | | |
| 22 | insertion | | 4 |
| - | Use of dialysis machine | | 4 |
| 33 | FNAC, true cut needle | | |
| 2.4 | biopsy | | 4 |
| 34 | Obseve fine needle | | |
| | aspiration ultrasound and | | |
| 25 | CT-scan guid | | - |
| 35 | Oxygenation use and | | |
| 36 | management) Arteriovenous fistula | | _ |
| 5 | | 20 | |
| | Seminars (student oriented) Diabetic ketoacidosis | 20 | To onbongo the shility of the |
| 2 | | | To enhance the ability of the student to prepare and present a |
| 2 | Hypertensive | | student to prepare and present a seminar under one or more |
| 3 | encephalopathy hypoglycomic | | seniors (from basic and clinical |
| | hypoglycemia Hapatic ancaphalopathy | | teaching staff) supervision. |
| 5 | Hepatic encephalopathy HIV and AIDS | | caching starr) supervision. |
| | | | - |
| 6 | Principles of antibiotics in medicine | | |
| 7 | | | - |
| 8 | Upper GIT bleeding Chronic obstructive circust | | - |
| 8 | Chronic obstructive airway diseases | | |
| 9 | | | - |
| | Acute myocardial infarction | | - |
| 10 | Replacement Fluid therapy | | |
| | in acute gastroenteritis | | |
| | including cholera | | |

UNIVERSITY OF ANBAR / COLLEGE OF MEDICINE

| 11 | Blood transfusion | |
|----|-----------------------------|--|
| 11 | management | |
| 12 | Acute confusional state | |
| 13 | | |
| | Malaria | |
| | Enteric fever and | |
| 13 | brucellosis | |
| 16 | | |
| | Peptic ulcer disease | |
| | Malabsorption | |
| - | Cardiac arrythmias | |
| 19 | U | |
| | Adisson disease | |
| | Diabetic nephropathy | |
| | Chronic renal failure | |
| 23 | | |
| | Lymphoprliferative diseases | |
| | Upper GIT bleeding | |
| 26 | Chronic anemia and | |
| | autoimmine hemolytic | |
| | anemia | |
| | Acute renal failure | |
| | Diabetic retinopathy | |
| 29 | Valvular heart diseases | |
| 30 | Ischemia of the heart ad | |
| | atherosclerosis | |
| 31 | pneumonias | |
| | Acute respiratory failure | |
| 33 | poisoning | |
| | Peripheral neuropathy | |
| 35 | Acute meningitis and | |
| | encephalitis | |
| 36 | Myasthenia gravis | |
| 37 | Bleeding tendency | |
| 38 | anticoagulants | |
| 39 | Insulin therapy | |
| 40 | Adrenal diseases | |
| 41 | Transverse myelitis | |
| 42 | Thyrotoxicosis | |
| 43 | hypothyroidism | |
| 44 | Shehan syndrom | |
| | hypogonadism | |
| 46 | Influenza and epidemic | |
| 70 | influenza | |
| 48 | tuberculosis | |
| 40 | tuociculosis | |

| 49 | Staphylococcal and | | |
|----|-----------------------------|----|-----------------------------------|
| | streptococcal infections | | |
| | mangement | | |
| 50 | cardiomyopathy | | |
| 51 | Rheumatoid arthritis | | |
| 52 | Systemic lupus | | |
| | erythmatosis | | |
| 53 | Chemotherapy management | | |
| 54 | Liver function tests in a | | |
| | acute hepatitis patientwith | | |
| | A,B,C and other viruses | | |
| 55 | Heat strok | | |
| 56 | Hemoptesis management | | |
| 57 | Pleural effusion | | |
| | management | | |
| 58 | Thrombolytic therapy | | |
| 59 | Bronchogenic carcinoma | | |
| 60 | parkisonism | | |
| 61 | Multiple sclerosis | | |
| 62 | Rheumatic fever | | |
| 63 | Inflammatory bowel | | |
| | diseases | | |
| 64 | Anaphylactic shock | | |
| 65 | Infective endocarditis | | |
| 66 | Structural heart diseases | | |
| 67 | Heart failure and pulmonary | | |
| | edema | | |
| 68 | scleroderma | | |
| 69 | Aortic Aneurysms | | |
| 70 | Septicemia amangement | | |
| | and pyrexia of unknown | | |
| | origin | | |
| 6 | U | 48 | |
| | General medical ward | | The student learns by |
| | GIT ward | | participating, under close |
| | neurology ward | | supervision, in all phases of the |
| | Coronary care unit | | patient's care from admission to |
| | Hematology ward | | the hospital through final |
| | rheumatology ward | | discharge and follow ups. |
| | Medical emergency ward | | |
| 7 | Clinical conferences | 12 | 1. The student learns through the |
| | | | clinical conferences, the |
| | | | correlation among the clinical- |
| | | | pathological/radiological and |

| | | 1 | 1-1 |
|----|------------------------------|----|----------------------------------|
| | | | laboratory findings in order to |
| | | | reach the diagnosis. |
| | | | 2. The student learns the best |
| | | | option of treatment from various |
| | | | options |
| | Medical skills | 24 | 1. To enable the students to |
| | Advance life support | | be familiar with the |
| 2 | Use of cardiovertor | | environment of medical |
| | defrillator | | ward. 2. To know the various |
| 3 | Endotracheal intubation | | positions of the patients |
| 4 | Ambu bag | | according to the type of |
| 5 | Oxygen management and | | medical conditions . |
| | oxymeter follow up | | 3. To know the types of |
| 6 | Intracardiac CSF needle | | medical manipulations. |
| | injection od adrenalin | | 4. To know the medical |
| | injection | | steps of common medical |
| 7 | Pleural aspiration and | | cases. |
| | pleural fluid analysis study | | |
| 8 | | | 1 |
| 9 | | | 1 |
| 10 | Peritoneal biopsy | | 1 |
| 11 | Peritoneal dialysis in renal | | 1 |
| | failure | | |
| 12 | Double lumen venous | | 1 |
| | catheter for hemodialysis | | |
| 13 | Dialysis machine usage for | | |
| | renal failure | | |
| 14 | Upper endoscopy | | |
| | observation | | |
| 15 | Lower endoscopy | | |
| | observation | | |
| 16 | Liver biopsy maneuver | | |
| 17 | Bone marrow aspirate and | | |
| | biopsy | | |
| 18 | Endoscopic retrograde | | |
| | cholangiography | | |
| | observation | | |
| 19 | Bronchoscopy and | | |
| | bronchial wash | | |
| 20 | Autonomic neuropathy | | |
| | study | | |
| 21 | EMG AND EEG study | | |
| 22 | Cardiac monitor | | |
| 23 | Temporaory pace maker | | |
| | usage | | |
| | | L | |

| 23 | Coronary angiography | |
|----|---------------------------|--|
| | observorship | |
| 24 | Echocardiography | |
| | observation | |
| 25 | Holter study observorship | |
| 26 | Exercise ECG study | |
| 27 | Sleep apnea study lab | |
| 28 | Endocrine investigations | |
| | monitor | |

Methods of assessment

| No | Exam | Type of assessment | Marks | |
|----|----------------------------|---|-------|--|
| | | Seniors evaluation | | |
| | | 1. Student attendance | 1 | |
| | | 2. Student behavior | 2 | |
| 1 | During the clinical course | 3. Student interaction | 1 | |
| | (20 marks) | Preparation and presentation of seminar | 2 | |
| | | Log book | 2 | |
| | | Oral exam | 3 | |
| | | Short case exam | 3 | |
| | | Long case exam | 4 | |
| | | Data show slides exam | 2 | |
| | | MCQs | 24 | |
| 2 | Final written exam | Short essay questions | 6 | |
| | (40 marks) | Long essay question | 10 | |
| | | Oral exam | 10 | |
| 3 | Final clinical exam | Short case exam | 10 | |
| | (40 marks) | Long case exam | 10 | |
| | | Data show slides exam | 10 | |
| 4 | | Total | | |

Suggested Reading List:

- 1. Davidson principles and practise, 22nd Edition, By: Stanley Davidson MD.
- 2. Macleod 's clinical examination : S. Macleod

Department of Surgery

Subject: General Surgery Academic year: Sixth year

Coordinators:

- 1. Assistant Professor Dr. Aamir Fkhree AL- Ubaid
- 2. Assistant Professor Dr. Raid Muhmid Suhil
- 3. Assistant Professor Dr. Waleed Nassar Jaffal

Teaching staff

- 1. Assistant Professor Dr. Aamir Fkhree AL- Ubaidi
- 2. Assistant Professor Dr. Neema Hamad
- 3. Assistant Professor Dr. Raid Muhmid Suhil
- 4. Assistant Professor Dr. Ziad Hammad Abd
- 5. Assistant Professor Dr. Saad Mikhlif Meheedi
- 6. Assistant Professor Dr. Thakir Mohammed Mohsen
- 7. Assistant Professor Dr. Waleed Nassar Jaffal
- 8. Assistant Professor Dr. Mohammed Tufash Dagash
- 9. Assistant Professor Dr. Qais Abdulrahman
- 10. Assistant Professor Dr. Zeina Mohammad
- 11. Assistant Professor Dr. Yahya hameed
- 12. Assistant Professor Dr. Younis Ismael
- 13. Assistant Professor Dr. Mohammad Khuthir
- 14. Instructor Dr. Ameer Abduellah Ismael
- 15. Instructor Dr.Labeeb Qais Abdulrahman
- 16. Instructor Dr. Kahtan Adnan abbood
- 17. Instructor Dr. Duraid Taha
- 18. Instructor Dr. Tariq Mahdi
- 19. Instructor Dr. Loay Assaad Mahmood
- 20. Instructor Dr. Omar Tarik
- 21. Instructor Dr. Bassam Madah Alallosi
- 22. Instructor Dr. Yosif Farhan
- 23. Instructor Dr. Mohammed Abdulla
- 24. Instructor Dr. Atheer Ahmed
- 25. Instructor Dr. Mohammed Jassim Feehan
- 26. Instructor Dr. Haider Abbas
- 27. Instructor Dr. Omar Abdulqadir
- 28. Instructor Dr. Omar Malik Berjis

Introduction

According to the Guide for Accreditation of Medical Colleges, Iraq which was prepared by the National Council for Accreditation of Medical Colleges that the curriculum must be annually revised. We are happy to update our curriculum for general surgery for the sixth year medical students in this year. Our surgical department was teaching the sixth year medical students for the past 23 year. We are updating the curriculum to improve the educational program for our students.

Objectives

- 1. To inculcate the spirit of dedication, concern and empathy among students, by building thoughtful and skillful professional clinicians upon the sound foundation of the basic medical sciences.
- 2. To develop doctors who will have the background, skills, knowledge, understanding and appropriate attitudes to specialize in whatever area of medical science suits their talents.
- 3. To provide excellence in undergraduate teaching.
- 4. To direct and guide students to focus on the prime importance of patient care
- 5. To teach students to become proficient in clinical history taking and physical examination.
- 6. To teach the students to be a professional in the presentation of a surgical case.
- 7. To instruct the students to use a scheme in dealing with surgical emergencies.
- 8. To instruct the students to formulate a differential diagnosis for common clinical presentations.
- 9. To inform students about the indications for and interpretation of basic laboratory, radiological and other investigations.
- 10. To educate the students about the management of common surgical diseases.
- 11. To inform students to attend operative theater to see common surgical operations.
- 12. To inform the students to adopt learning and practice common surgical skills.
- 13. To know the ways of protection of students themselves and accompanying sub-staff.
- 14. To teach the students how they become a strong decision makers.
- 15. To learn the student the basics of postoperative care
- 16. To demonstrate a professional behavior (honesty, responsibility, respect for patients and colleagues and commitment and enthusiasm towards learning).

Components, duration and units of the curriculum as in this table:

| No | Components | Duration in weeks/days/hours | Units |
|----|-----------------|------------------------------|-------|
| 1 | Clinical course | 12/60/360 | 12 |

Places of a completion the curriculum:

- 1. Rooms for small teaching group.
- 1. Skill lab.
- 2. Outpatient surgical clinics (general surgery, urological, orthopedics, nerosurgical, cardiothoracic, breast diseases, tumours, and plastic) in AL-Ramadi teaching hospital.
- 3. Radiological unit in AL-Ramadi teaching hospital.
- 4. Emergency unit in AL-Ramadi teaching hospital.
- 5. Inpatient surgical ward in AL-Ramadi teaching hospital.
- 6. Minor operative room in AL-Ramadi teaching hospital.
- 7. Surgical operative room in AL-Ramadi teaching hospital.
- 8. RCU in AL-Ramadi teaching hospital.
- 9. Endoscopic unit in AL-Ramadi teaching hospital
- 10. AL-Ramadi teaching hospital Lab.
- 11. Blood bank unit in the Anbar Health Directorate.
- 12. Primary health center.

Materials used to accomplish the curriculum:

- 1. Real patients
- 2. Actors
- 1. Anatomical specimens
- 2. Examination and surgical instruments
- 3. Static clinical images
- 4. Teaching Videos
- 5. Investigations of patients including laboratory and radiological investigations.

Syllabus of the clinical course and its objectives.

| No | Name of the clinical session | Duration in hour/s | Objectives |
|----|------------------------------|--------------------|--|
| 1 | History taking | 60 | 1. The students learn the communication skills in |
| 1 | Neck mass | | taking a history from a |
| 2 | Thyroid swelling and status | | surgical patient. 2. To enhance the ability of the |
| 3 | Dysphagia | | students to pick up the most important points from the |
| 4 | Breast lump | | patient in order to reach the |
| 5 | Dyspnea | | provisional diagnosis in a quick way. |
| 6 | Abdominal pain | | |
| 7 | Vomiting | | |
| 8 | Surgical jaundice | | |

| 9 | Upper GIT bleeding | | |
|----|--|----|---|
| 10 | Bleeding per rectum | | |
| 11 | Abdominal mass | | |
| 12 | Groin lump | | |
| 13 | Scrotal swelling | | |
| 14 | Ulcer | | |
| 15 | Varicose vein, DVT AND Lymphedema | | |
| 16 | Ischemia, Diabetic foot | | |
| 17 | Joint pain and swelling | | |
| 18 | Headache | | |
| 19 | Nerve palsy | | |
| 2 | Physical examination | 60 | |
| 1 | General examination | | 1. To learn the students the |
| 2 | Neck examination | | proper way of examination for the various parts of the |
| 3 | Thyroid status | | body. 2. To pick up the specific signs |
| 4 | Breast mass | | for certain conditions. 3. To enhance the ability of the |
| 5 | Acute abdominal pain | | students to be too much |
| 6 | Abdominal mass | | gentle with the patient. |
| 7 | Groin lump | | |
| 8 | Scrotal lump | | |
| 9 | Orthopedic examination | | |
| 10 | Vascular examination | | |
| 11 | Respiratory examination | | |
| 12 | Cardiovascular examination | | |
| 13 | Neurological examination | | |
| 3 | Radiology | 36 | |
| 1 | Radiological films for the head and neck | | To learn the student the basic principles of radiology |

| 2 | Radiological films for the chest | | 2. To learn the student the various radiological films in |
|----|--|-----|---|
| 3 | Radiological films for gastrointestinal diseases | | surgical practice. 3. To enhance the ability of the student to interpret various |
| 4 | Radiological films for limbs Skelton | | radiological films. 4. To lean the student the indications and |
| 5 | Radiological films for vascular diseases and Doppler study | | complications of intervention radiology. |
| 6 | Radiological films for urological diseases | | |
| 7 | Intervention radiology | | |
| 4 | Surgical skill | 100 | |
| 1 | Wearing a surgical gloves | | To practice or assisted or observe |
| 2 | Hand scrubbing | | various minor surgical skills. |
| 3 | Wearing a surgical clothes | | |
| 4 | Taking a blood sample | | |
| 5 | Blood transfusion set up and removal | | |
| 6 | IM injection | | |
| 7 | IV injection | | |
| 8 | Insertion of a cannula | | |
| 9 | IV fluid insertion | | |
| 10 | Venous cut down | | |
| 11 | Suturing of the wound | | |
| 12 | Removal of stitches | | |
| 13 | Wound dressing application and removal | | |
| 14 | Manual control of a bleeding point | | |
| 15 | Central venous line insertion | | |
| 16 | Nasogastric tube insertion | | |

| | and removal | | |
|----|---|----|--|
| 17 | Urinary catheter insertion and removal | | |
| 18 | Suprapubic urinary catheter insertion | | |
| 19 | Oropharyngeal airway insertion | | |
| 20 | Nasopharyngeal airway insertion | | |
| 21 | Endotracheal intubation | | |
| 22 | Chest tube insertion | | |
| 23 | Burr hole | | |
| 24 | Cricothyroidotomy | | |
| 25 | Tracheostomy | | |
| 26 | Back slap | | |
| 27 | Complete slap | | |
| 28 | Skin traction | | |
| 29 | Skeletal traction | | |
| 30 | Use of tourniquet in controlling the bleeding | | |
| 31 | Double lumen catheter insertion | | |
| 32 | Wound debridement/ excision | | |
| 33 | FNAC, true cut needle biopsy | | |
| 34 | Incisional and excisional biopsy | | |
| 35 | Oxygenation (mask, Ambu bag) | | |
| 36 | Arteriovenous fistula | | |
| 5 | Seminars (student oriented) | 20 | |

| 1 | Postoperative fever | |
|----|---|--|
| 2 | Surgical jaundice | |
| 3 | Head injury | |
| 4 | Facial trauma | |
| 5 | Nutrition in a surgical patient | |
| 6 | Principles of antibiotics in surgery | |
| 7 | Haemorrahgic shock | |
| 8 | Blunt neck injury | |
| 9 | Penetrating neck injury | |
| 10 | Fluid therapy | |
| 11 | Blood transfusion | |
| 12 | Chest trauma | |
| 13 | Blunt abdominal trauma | |
| 14 | Penetrating abdominal trauma | |
| 15 | Varicose vein | |
| 16 | Lower limb ulcers: types and management | |
| 17 | Diagnostic and therapeutic role of radiology | |
| 18 | Complicated fractures by neurovascular injury | |
| 19 | Skin tumours | |
| 20 | Cholilithiasis | |
| 21 | Neck mass | |
| 22 | Dysphagia | |
| 23 | Haematuria | |
| 24 | Burn | |
| 25 | Upper GIT bleeding | |

To enhance the ability of the student to prepare and present a seminar under one or more seniors (from basic and clinical teaching staff) supervision.

| 26 | Bleeding per rectum | |
|----|---|--|
| 27 | Compartment syndrome | |
| 28 | Consent in surgery | |
| 29 | Scrotal swelling | |
| 30 | Surgical ethics | |
| 31 | Day case surgery | |
| 32 | Endoscopes in surgery | |
| 33 | Supracondylar fracture | |
| 34 | Peripheral nerve injuries | |
| 35 | Preoperative assessment | |
| 36 | Burst abdomen | |
| 37 | Fistulae in surgery | |
| 38 | Postoperative care | |
| 39 | Sutures and needles in surgery | |
| 40 | Laparoscopic surgery | |
| 41 | Types of anaesthesia | |
| 42 | Thyroid swelling | |
| 43 | Surgical instruments | |
| 44 | Breast lumps | |
| 45 | Benign surgical skin lesions | |
| 46 | Laser in surgery | |
| 48 | Diathermy | |
| 49 | Assessment of blood loss | |
| 50 | Robotic surgery | |
| 51 | Palliative management of a surgical patient | |
| 52 | Radiotherapy | |
| 53 | Chemotherapy | |

| 54 | Liver function tests in a surgical patient | | |
|----|--|----|--|
| 55 | Various forms of hernias | | |
| 56 | Abdominal mass | | |
| 57 | Urological trauma | | |
| 58 | Peptic ulcer | | |
| 59 | Acute abdomen | | |
| 60 | Diabetic foot | | |
| 61 | Open fractures | | |
| 62 | Skin and skeletal traction | | |
| 63 | Gall stones | | |
| 64 | Surgical infections | | |
| 65 | Hand trauma | | |
| 66 | Spinal cord injury | | |
| 67 | Brain abscesses | | |
| 68 | Urolithiasis | | |
| 69 | Aneurysms | | |
| 70 | Endocrine tumours | | |
| 6 | Teaching ward rounds | 48 | |
| | General surgery ward | | The student learns by participating, |
| | Urological ward | | under close supervision, in all phases of the patient's care from |
| | Orthopedic ward | | admission to the hospital through |
| | Neurosurgical ward | | final discharge and follow ups. |
| | Cardiovascular ward | | |
| | Burn ward | | |
| | Plastic ward | | |
| 7 | Clinical conferences | 12 | 1. The student learns through the clinical conferences, the correlation among the clinical-pathological/radiological and laboratory findings in order to |

| | | | reach the diagnosis. |
|----|---|----|---|
| | | | 2. The student learns the best option |
| | | | of treatment from various options |
| 8 | Surgical Operations | 24 | 1. To enable the students to be familiar with the |
| 1 | Appendicectomy | | environment of theater. |
| 2 | Laparoscopic cholecystectomy | | 2. To know the various positions of the patients according to the type of |
| 3 | Conventional cholecystectomy | | surgery. 3. To know the types of anaesthesia. |
| 4 | Thyroidectomy | | 4. To know the surgical steps of common surgical |
| 5 | Breast surgery | | operations. |
| 6 | Herniorrhaphy | | |
| 7 | Splenectomy | | |
| 8 | Exploratory laparotomy | | |
| 9 | Abscess draining | | |
| 10 | Perianal problems | | |
| 11 | External fixation | | |
| 12 | Internal fixation | | |
| 13 | Wound excision | | |
| 14 | Grafts | | |
| 15 | Flaps | | |
| 16 | Rigid cystoscopy | | |
| 17 | Ureteric stent(D.J) insertion & removal | | |
| 18 | Ureteroscopy & endoscopic lithotripsy | | |
| 19 | TURT and or TURP | | |
| 20 | Optical urethrotomy | | |
| 21 | nephrectomy | | |
| 22 | Herniotomy(children) | | |
| 23 | Open prostatectomy | | |

| 23 | Ventriculoperitoneal shunt | |
|----|---------------------------------|--|
| 24 | Burr hole | |
| 25 | Laminectomy | |
| 26 | thoracotomy | |
| 27 | Arteriovenous fistula | |
| 28 | Arterial and venous anastomosis | |

Methods of assessment

| No | Exam | Type of assessment | Marks |
|----|----------------------------|---|-------|
| | | Seniors evaluation | |
| | | Student attendance | 1 |
| | | 2. Student behavior | 2 |
| 1 | During the clinical course | 3. Student interaction | 1 |
| | (20 marks) | Preparation and presentation of seminar | 2 |
| | | Log book | 2 |
| | | Oral exam | 3 |
| | | Short case exam | 3 |
| | | Long case exam | 4 |
| | | Data show slides exam | 2 |
| | | MCQs | 24 |
| 2 | Final written exam | Short essay questions | 6 |
| | (40 marks) | Long essay question | 10 |
| | | Oral exam | 10 |
| 3 | Final clinical exam | Short case exam | 10 |
| | (40 marks) | Long case exam | 10 |
| | | Data show slides exam | 10 |
| 4 | | Total | 100 |

Recommended books

- **1.** Baily and Love Short Practice of Surgery Russell
- **2.** An Introduction to the Symptoms and Sign of Surgical Disease Norman L. Browse

Department of Obstetrics & Gynecology

Subject: Obstetrics and Gynecology

Academic year: Sixth Year

Coordinator: Instructor Dr. Susan Abed Zaidan

Teaching staff:

1. Instructor Dr. Susan Abed Zaidan

- 2. Instructor Dr. Dhai Abdul Aziz
- 3. Instructor Dr. Reshed Zaki
- 4. Instructor Dr. Refel Mustafa
- 5. Instructor Dr. Nour Hazim
- 6. Instructor Dr. Alaa Shelal

Introduction

After fourth and fifth year theoretical and clinical training, the student in this year should practice how to use and apply his previous knowledge and improve his abilities and skills to be a junior doctor with concentration on continuous self-teaching.

These goals are achieved through 300 hours of clinical training over 10 weeks.

Objectives:

- 1. To revise previous knowledge in obstetrics and gynecology with high level of understanding.
- 2. To be familiar with common terms.
- 3. To master comprehensive history taking.
- 4. To undertake proper physical examination.
- 5. To be familiar with instruments used for examination.
- 6. To be able to reach differential diagnoses.
- 7. To be able to ask for proper investigations.
- 8. To interpret the information collected from history taking, examination& investigation to reach a diagnosis.
- 9. To be able to suggest possible lines of management.
- 10. To be able to deal with obstetric and gynecological emergency in the future as a resident doctor.
- 11. To enable the student to be an efficient doctor.

Places of completion of the curriculum:

- 1. Obstetric & gynaecological wards at maternity and pediatric teaching hospital at Al-Ramadi city.
- 2. Rooms for small teaching groups.
- 3. Labour room at maternity and pediatric teaching hospital at Al-Ramadi city.
- 4. Emergency room at maternity and pediatric teaching hospital at Al-Ramadi city.
- 5. Operation room.
- 6. Infertility clinic.
- 7. Family planning clinic.
- 8. Skill lab.

Material used for completion the curriculum:

- 1. Real patients.
- 2. Actors.
- 3. Plastic models.
- 4. Images and videos.
- 5. Different investigations.
- 6. Instruments and devices used for examination, investigations and treatment.

Syllabus of the clinical course and its objectives: First week

| Day | Items | Objectives |
|-----------|--|---|
| Sunday | 1-Revision of obstetric and gynecological history taking. 2-Cases presentation. | To master history taking & examination of obstetric & gynecological cases |
| Monday | 1-Revision of obstetric and gynaecological examination. 2-Cases presentation. | |
| Tuesday | 1-Cases presentation (including discussion regarding investigations, differential diagnosis and lines of treatment). 2-Mechanism of labour: images, videos and plastic models demonstration. | 1.To understand labour. 2.To know how to perform pelvic examination. |
| Wednesday | 1-Stages of labour: Group discussion about partogram and abnormal progress of labour.2-Labour room attendance with concentration on abdominal and pelvic examination. | To know how to put a Partogram& detect abnormal progress of labour. |
| Thursday | 1-Cases presentation. 2-Intrapartum fetal monitoring: small group discussion and labour room attendance with concentration on sonic aid and cadiotocography interpretation. | To know how to interpret CTG strips |

Second week

| Day | Items | Objectives |
|-----------|--|---|
| Sunday | 1-Cases presentation. 2-Family planning clinic attendance with concentration on hormonal contraception. | To know different types of hormonal contraception available in the clinic |
| Monday | 1-Cases presentation. 2-Images and videos about intrauterine devices. | To be familiar with different intrauterine devices and way of their insertion |
| Tuesday | 1-Cases presentation. 2-Infertility clinic attendance: counseling infertile couple. | To know how to approach infertile couple |
| Wednesday | 1-Cases presentation. | |
| Thursday | 1-Cases presentation. 2-Seminars presentation by the students. | To assess personal attitude and way of thinking |

Third week

| Day | Items | Ojectives |
|-----------|--|---|
| Sunday | 1-Cases presentation.2-First trimester ultrasound: images and videos presentation. | To know how to read an ultrasound report and expected findings at different gestational age |
| Monday | 1-Cases presentation.2- Breech delivery:images, videos and plastic model demonstration. | To know how to manage vaginal breech delivery |
| Tuesday | Infertility clinic attendance: Polycystic ovary syndrome case; counseling, investigations and lines of treatment. | To know how to approach a case of infertility due to PCO syndrome |
| Wednesday | Cases presentation. | |
| Thursday | 1-Cases presentation.2-Seminars presentation by the students. | |

Fourth week

| Day | Items | Objectives |
|-----------|---|---|
| Sunday | 1-Cases presentation. 2-Instrumental delivery: Group discussion with videos and plastic model application. | To now different types and how to apply them |
| Monday | 1-Cases presentation. 2-Antepartum haemorrhage: small group discussion. | To know how to approach a case of APH |
| Tuesday | Infertility clinic: Tests of tubal patency. | To know how to assess tubal patency by hysterosalpingography films |
| Wednesday | Cases presentation | |
| Thursday | 1-Cases presentation.2-Seminars presentation by students. | |

Fifth week

| Day | Items | Objectives |
|-----------|--|---|
| Sunday | 1-Cases presentation. 2-Approach to early pregnancy complications:Small group discussuion ,slides and videos showing. | To know how to reach the diagnosis by clinical finding and interpretation of ultrasound images and other investigations |
| Monday | 1-Cases presentation. 2-Operation room attendance: Caesarean section. | To be familiar with operation theatre and to see lower segment C section |
| Tuesday | Infertility clinic: OvarianHyperstimulation Syndrome. | To know the grading and management of OHSS. |
| Wednesday | Cases presentation | |
| Thursday | 1-Cases presentation.2-Seminars presentation by students. | |

Sixth week

| Day | Items | Objectives |
|-----------|--|--|
| Sunday | 1-Cases presentation. 2-Amniotic fluid abnormalities: small group discussion, slides and videos shoeing. | To know how to assess depth of amniotic fluid by ultrasound |
| Monday | 1-Cases presentation. 2-Epsiotomy: Types and suturing of episiotomy demonstration on plastic model and the on real patients at labour room. | To know types of episiotoy and how to suture it on plastic model |
| Tuesday | Infertility clinic: Assisted reproductive techniques. | To know types available of ART, indications and complications |
| Wednesday | Cases presentation | |
| Thursday | 1-Cases presentation. 2-Seminars presentation by students. | |

Seventh week

| Day | Items | Ojectives |
|-----------|--|---|
| Sunday | 1-Cases presentation. 2-Pap smear and colposcopy: small group discussion, slides and videos showing. | 1-To know how to take a Pap smear. 2-To know how to do colposcopic examination of the cervix. |
| Monday | 1-Cases presentation.2-Operation room attendance: Dilatation and curettage. | To know instrument used in D&C . |
| Tuesday | 1-Cases presentation. 2-Emergency room attendance: General management of obstetric haemorrhage. | To know how to deal with obstetric haemorrhage as emergency case |
| Wednesday | Cases presentation. | |
| Thursday | 1-Cases presentation.2-Seminars presentation by students. | |

Eighth week

| Day | Items | Ojectives |
|-----------|---|---|
| Sunday | 1-Cases presentation. 2-Prenatal diagnosis of congenital anomalies: Small group discussion, slides and videos showing. | To know ultrasound findings of different congenital abnormalities |
| Monday | 1-Cases predentation. 2-Ovarian cyst:Small group discussion, slides and videos showing. | To know how to assess ultrasound showing ovarian cyst to differentiate functional |
| Tuesday | 1-Cases presentation. 2-Ovarian tumours: Small group discussion, slides and videos showing. | from pathological cyst |
| Wednesday | Cases presentation | |
| Thursday | 1-Cases presentation.2-Seminars presentation by students. | |

Ninth week

| Day | Items | Ojectives |
|-----------|--|--|
| Sunday | 1-Cases presentation. 2-Intrauterine growth restriction: Small group discussion, slides and videos showing. | To know ultrasound differences between symmetrical & asymmetrical growth restricted fetus. |
| Monday | 1-Cases presentation. 2-Thromboembolism in pregnancy: Small group discussion, slides and videos showing. | To know how to examine a woman with deep venous thrombosis |
| Tuesday | 1-Cases presentation. 2-Labour room attendance: Active management of third stage of labour. | To know drugs given and how to deliver the placenta |
| Wednesday | Cases presentation. | |
| Thursday | 1-Cases presentation.2-Seminars presentation by students. | |

Tenth week

| Day | Items | Ojectives |
|-----------|---|---|
| Sunday | 1-Cases presentation. 2-Postmenopausal bleeding: Small group discussion, slides and videos showing. | To know how to approach postmenopausal bleeding case, assess endometrial thickness by ultrasound and further management |
| Monday | 1-Cases presentation. 2-Obsteric emergencies: Small group discussion, slides and videos showing. | To know how to deal with different maternal & fetal emergencies |
| Tuesday | 1-Cases presentation. 2-Obstetric emergencies: Small group discussion, slides and videos showing. | |
| Wednesday | Cases presentation. | |
| Thursday | Examination | |

Methods of assessments

| No | Exam | Type of assessment | Marks |
|----|---------------------------------------|---|-------|
| | | Seniors evaluation | |
| | | 1. Students behavior | 1 |
| 1 | During the clinical course (20 marks) | 2. Students attendance | 2 |
| | | 3. Students interaction | 1 |
| | | Preparation and presentation of seminar | 2 |
| | | Log book | 2 |
| | | Case presentation, examination and discussion | 6 |
| | | Data show slides exam | 6 |
| | | MCQs | 24 |
| 2 | Final written exam | Short essay questions | 6 |
| | (40 marks) | Long essay question | 10 |
| | | Oral exam | 10 |
| 3 | Final clinical exam | OSCE | 20 |
| | (40 marks) | Case presentation& discussion | 10 |
| 4 | Total | | 100 |

Recommended references:

- 1. Obstetrics by Ten Teachers.
- 2. Gynaecology by Ten Teachers.
- 3. Dewhurt's textbook of obstetrics and gynecology.
- 4. Obstetrics & Gynaecology An Evidence-based Text for the MRCOG.

Department of Pediatrics

Subject: Pediatrics

Academic year: six year

Course coordinator: Ass. Prof. Dr. Mohammed Maher Meshreef

Head of Pediatrics Department

Teaching staff:

1. Prof. Dr. Zaid Rasheed AL-Ani

- 2. Ass. Prof. Dr. Fakhree Jameel AL-Ani
- 3. Ass. Prof. Dr. Mohammed Maher Meshreef
- 4. Instructor Dr. Kais AL-Ani
- 5. Instructor Dr. Rana Fahmee Shattran
- 6. Instructor Dr. Waraka Yassen AL-Ani
- 7. Instructor Dr. Saad Fawaz Alfahadawi

Allocated marks: 100 marks.

Course duration: One academic year.

Introduction:

In 300 clinical hours, we are going to understand the growth and development of pediatrics during health in different age groups and to recognize the most important signs and symptoms of diseases in different pediatric age groups and how to deal with these conditions, how to diagnose, how to investigate, and how to treat these conditions.

Objectives

- Graduation of a qualified efficient medical students with efficient abilities for solving pediatric problems and protecting children from development of these conditions.
- 2. Attaining a maximum level for diagnosis and treatment of pediatric diseases with the least cost and the right drugs.
- 3. Enhancing of different scientific researching on the department, the college and the university levels.
- 4. Enhancement of collaborative actions between the college and the governorate general health administration for reaching a maximum benefits and care for children.
- 5. Graduation of an efficient postgraduate specialties in pediatrics carrying the name of the college were they gained their certificates.

Components, duration and units of the curriculum teaching hours:

| No | Components | Duration in weeks/days/hours | Units |
|----|-----------------|------------------------------|-------|
| 1 | Clinical course | 10/50/300 | 10 |

Places of completion the curriculum:

- 1. Small teaching group
- 2. Skill lab in the college
- 3. Emergency department in AL-Ramadi maternity and Children Teaching hospital.
- 4. Pediatrics out-patient clinics in AL-Ramadi Maternity and Children teaching hospital.
- 5. Pediatrics inpatient ward in AL-Ramadi Maternity and Children teaching hospital.
- 6. NICU unit in AL-Ramadi Maternity and children teaching hospital.
- 7. Pediatrics surgery wards, hospital's pharmacy & laboratory, and radiology department.
- 8. Respiratory care unit for children

Material used for completion the curriculum:

- 1. Real patient
- 2. Actors.
- 3. Power point presentation.
- 4. Plastic specimens
- 5. Radiological films of patients (Plain X-ray, CT scan and MRI films)
- 6. Diagrams and posters
- 7. Clinical video tapes and movies.
- 8. Laboratory investigations of patients.
- 9. Slide show

Clinical training program:

Through training and qualification of the sixth year students in long case history and physical examination training, short case history and physical examination training, emergency unit training for reception and urgent management of common urgent cases, and visiting important related hospital departments as the hospital laboratory, the RCU unit, the pediatrics surgical unit, the pharmacy, the skill lab ...and to do or see certain important practice requirements of medical management like the case sheet writing, blood pressure measurement, growth chart plotting, body temperature measurement ...etc and during the 10 weeks training course, every student must apply at least five full long case examinations and management including history, physical examination, differential diagnosis, investigation, and treatment.

In addition to the above clinical training requirements, every sixth year undergraduate must prepare a seminar including one of the topics that can't be covered by the 60 hours theory lectures of the fifth year and must be presented by data show for discussion in front of his supervisor instructor and his other colleagues.

$6^{th} \log book$ clinical training requirements

Student's name: Group: Mark (4/20): ()

| No | Requirement | Date | Supervisor | Signature | Ma | ark |
|-----|---|------|------------|-----------|----|-----|
| 1- | Case history and exam 1 | | | | 5 | |
| 2- | Case history and exam 2 | | | | 5 | |
| 3- | Case history and exam 3 | | | | 5 | |
| 4- | Case history and exam 4 | | | | 5 | |
| 5- | Case history and exam 5 | | | | 5 | |
| 6- | Case sheet writing | | | | 3 | |
| 7- | Do blood Pressure measurement | | | | 1 | |
| 8- | Do temperature measurement. | | | | 1 | |
| 9- | Do temperature chart plotting. | | | | 1 | |
| 10- | See cannulation of veins. | | | | 1 | |
| 11- | See IV drug injection | | | | 1 | |
| 12- | See IM drug injection | | | | 1 | |
| 13- | See IVF setting & rate of drops | | | | 1 | |
| 14- | See types of IV fluids. | | | | 1 | |
| 15- | See the Sucker, oxygen application, | | | | 1 | |
| | oximetry, NG tube, gastric lavage, | | | | | |
| 16- | See rapid blood sugar measurement. | | | | 1 | |
| 17- | Training for First aid measures (life | | | | 1 | |
| | saving measures) and see Skill lab | | | | | |
| | demonstration. | | | | | |
| 18- | See convulsion and its management. | | | | 1 | |
| 19- | See RCU unit. | | | | 1 | |
| 20- | Visit radiology department | | | | 1 | |
| 21- | Do Weight and Height measurement and | | | | 1 | |
| | bone age assessment (growth hormone | | | | | |
| | center). | | | | | |
| 22- | Do Wt/age, Ht/age, Wt/Ht plotting on | | | | 1 | |
| | growth charts. | | | | | |
| 23- | See Neonatal resuscitation and | | | | 1 | |
| | endotracheal tubing. | | | | | |
| 24- | Visit Blood bank to see blood donation, | | | | 1 | |
| | blood grouping, cross matching, packed | | | | | |
| | RBC blood, and blood products types | | | | | |
| | (FFP, cryoprecipitate and platelet | | | | | |
| | concentrate). | | | | | |
| 25- | Visit the Lab to see the blood aspiration | | | | 1 | |
| | technique, GUE, GSE, CBP, ESR, Blood | | | | | |
| | film and other tests. | | | | | |
| 26- | Visit the Hospital Pharmacy. | | | | 1 | |

| 27- | Seminar | | 32 | |
|-----|------------|--|----|--|
| | Total Mark | | 80 | |

Elective topics which are presented as seminars

- 1. Limping child
- 2. Renal tubular acidosis
- 3. Polyuria and Polydipsia
- 4. Autism
- 5. Acute & chronic otitis media
- 6. Basic life support
- 7. Heart failure
- 8. Cholestatic jaundice
- 9. Common metabolic diseases
- 10. Recurrent abdominal pain
- 11. Chronic constipation
- 12. Common GIT acute surgical conditions
- 13. Arrhythmias in childhood
- 14. Ambiguous genitalia
- 15. Diabetic ketoacidosis
- 16. Coma in childhood
- 17. Pyrexia of unknown origin
- 18. Approach to a child with bleeding tendency
- 19. Congenital adrenal hyperplasia
- 20. Floppy baby
- 21. Cyanosis, Respiratory failure
- 22. Acid base disorders
- 23. Chronic renal failure
- 24. Respiratory failure

Methods of assessment

| No | Exam | Type of assessment | Marks |
|----|----------------------------|--------------------------------|-------|
| | | Log book training requirements | 4 |
| | | Long case examination | 6 |
| | | Short case examination | 6 |
| 1 | During the clinical course | Oral and slideshow examination | 4 |
| | (20 marks) | | |
| | | MCQs | 24 |
| 2 | Final written exam | Short essay questions | 6 |
| | (40 marks) | Long essay question | 10 |
| | | Oral exam | 10 |
| 3 | Final clinical exam | Short case exam | 10 |
| | (40 marks) | Long case exam | 10 |
| | | Data show slides exam | 10 |
| 4 | Total | | 100 |

Suggested Reading List:

- 1. Nelson Textbook of Pediatrics
- 2. Essentials of pediatrics.
- 3. Various internet related subjects.
- 4. Assigned Readings.