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M.B.B.CH. CREDIT HOURS
 $(5 + 2)$
MODULE SPECIFICATION
LEVEL IV



THE
SPECIAL
PROGRAM



LEVEL IV

| | | | |
|---|--|-------------------------------------|---|
| أ.د/ محمد فهمي النعmani أ.د/ أميرة فتحى عبد العاطى | مديرة وحدة ضمان الجودة أ.د/ أميرة فتحى عبد العاطى | منسق أ.د زينب عبدالعزيز قاسمى | لجنة المعايير الأكademie و التصنيف بالبرنامج د. أحمد حمدان |
|---|--|-------------------------------------|---|

Amira



مديرة البرنامج المتميز
أ.د. زينب قاسى





University: Menoufia



Faculty: Medicine

Semester VII

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Endocrinology and Breast Module

University: Menoufia

Faculty: Medicine

A-Administrative information

Module Title: Endocrinology and Breast

Code No: ENDO/BR 4102

Department offering the Module : General Surgery, Internal Medicine and Pediatrics departments

Program on which the Module is given: Menoufia M.B.B. Ch Credit- Hour Program (5+2)

Academic year: 4th Year

Semester: Seventh semester

Date of specification: 2020

Date of approval by Departments Council: 2020

Date of approval by Faculty Council: 2020

Credit hours: 5 credit hours/ 4 weeks

| | Teaching hours | | |
|--------------------------|----------------|-----------|------------|
| | Lectures | Practical | Activities |
| Surgery | 12 | 18 | 36 |
| Internal medicine | 9 | 13.5 | 27 |
| Pediatrics | 6 | 9 | 18 |
| Total | 27 | 40.5 | 81 |

- Professional Information

1 – Aim of the Module

To provide the students with knowledge and clinical skills regarding different endocrine and breast disorders regarding their underlying pathology, presentation, and differential diagnosis to develop management plan for the “whole patient” including health promotion, disease prevention and long-term management for both adults and pediatric age groups.

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II- Learning Outcomes of the Module:

Competency Area 1: The graduate as a health care provider.

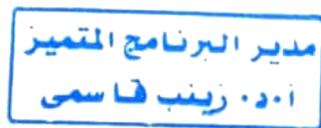
| Key competency | Module ILOs |
|--|---|
| 1.1 Take and record a structured, patient-centered history. | <ul style="list-style-type: none">1.1.1. Conduct thorough history taking and clinical examination of different thyroid diseases including simple nodular goiter, thyroid hypofunction and hyperfunction and thyroid neoplasms.1.1.2. Conduct thorough history taking for a case of diabetes mellitus.1.1.3. Practice assessment of functional, psychological and cognitive functions of children during puberty1.1.4. Conduct thorough history taking for a case benign lesion of the breast.1.1.5. Conduct thorough history taking for a case malignant tumor of the breast.1.1.6. Interpret the clinical symptoms of different breast and endocrinological cases1.1.7. Communicate with patients regardless of their social, cultural backgrounds or their disabilities.1.1.8. Apply the ethics of medical practice when dealing with patients and colleagues.1.1.9. Perform effective eye contact, active listening, and appropriate body language.1.1.10. Record clinical data in a complete, accurate and retrievable manner.1.1.11. Present information clearly in written, electronic, and verbal forms. |
| 1.2 Adopt an empathic and holistic approach to the patients and their problems. | <ul style="list-style-type: none">1.2.1. Demonstrate empathy in patient consultation1.2.2. Communicate effectively with patients regardless of their social, cultural backgrounds or their disabilities.1.2.3. Apply the ethics of medical practice when dealing with patients and colleagues.1.2.4. Practice patient education during an interview with the patient.1.2.5. Show a professional image in manner, dress, speech and interpersonal relationships that is consistent with the medical professions accepted contemporary standards in the community.1.2.6. Identify the approach for management of difficult communication including breaking bad news. |



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|------------|---|--|
| 1.4 | Perform appropriately timed full physical examination of patients, appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive. | 1.4.1. Conduct thorough clinical examination of different thyroid diseases including simple nodular goiter, thyroid hypofunction and hyperfunction and thyroid neoplasms. 1.4.2. Differentiate clinically between the midline and lateral swellings of the neck. 1.4.3. Evaluate short child and design their health services. 1.4.4. Calculate and interpret midparenteral height value. 1.4.5. Assess nutritional status in children 1.4.6. Conduct thorough clinical examination for a case of diabetes mellitus. 1.4.7. Conduct thorough clinical examination for a case benign lesion of the breast. 1.4.8. Conduct thorough clinical examination for a case malignant tumor of the breast. 1.4.9. Demonstrate clinical findings in cases of pituitary dysfunction. 1.4.10. Demonstrate clinical findings in cases of adrenal dysfunction. 1.4.11. Demonstrate professional interpersonal communications with patients, colleagues and other medical staff at the training hospitals 1.4.12. Interpret the clinical signs of different breast and endocrinological cases. 1.4.13. Apply the ethics of medical practice when examining patients. 1.4.14. Apply proper infection control when dealing with patients. |
| 1.5 | Prioritize issues to be addressed in a patient encounter. | 1.5.1. Apply priority setting while formulating a differential diagnosis for different breast and endocrinological cases 1.5.2. Formulate a management plan for different breast and endocrinological disorders with priority for emergent situations. |
| 1.6 | Select the appropriate investigations and interpret their results taking into consideration cost/ effectiveness factors. | 1.6.1. Follow the guidelines in choosing the proper investigations while taking into consideration cost-effectiveness. 1.6.2. Interpret different the findings of different imaging and laboratory investigations for diagnosis of endocrine and breast disorders |





| | | |
|------------|---|---|
| 1.7 | Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice. | 1.7.1. Work with other healthcare professions in management of undiagnosed cases. 1.7.2. Apply the rules of consultation for urgent and undiagnosed cases. |
| 1.8 | Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand. | 1.8.1. Illustrate anatomical basics of endocrine system and breast 1.8.2. Recognize physiology of endocrine system, and pharmacology related to endocrine and metabolic diseases and breast 1.8.3. Describe the pathogenesis, clinical manifestations, diagnosis of and treatment of panhypopituitarism and diabetes insipidus 1.8.4. Describe the pathogenesis, clinical manifestations, diagnosis of and treatment of acromegaly and hyperprolactinemia 1.8.5. Differentiate between different causes of short stature regarding pathogenesis, clinical manifestations, diagnosis of and treatment 1.8.6. Describe the pathogenesis, clinical manifestations, diagnosis of and treatment of simple nodular goiter 1.8.7. Discuss thyroid gland hyperfunction and hypofunction (including congenital) and thyroiditis regarding pathogenesis, clinical manifestations, diagnosis of and treatment 1.8.8. Classify thyroid neoplasms and discuss their pathogenesis, clinical manifestations, diagnosis of and treatment 1.8.9. Discuss adrenal gland hyperfunction including Cushing's syndrome, pheochromocytoma and hyperaldosteronism regarding their pathogenesis, clinical manifestations, diagnosis of and treatment 1.8.10. Discuss congenital adrenal hyperplasia regarding pathogenesis, clinical manifestations, diagnosis of and treatment 1.8.11. Describe ambiguous genitalia regarding etiology, clinical types, diagnosis and treatment 1.8.12. Identify puberty for males and females with their physiological backgrounds 1.8.13. Discuss adrenal gland hypofunction regarding pathogenesis, clinical manifestations, diagnosis of and treatment 1.8.14. Identify adrenal incidentaloma and its management 1.8.15. Identify calcium homeostasis, hypercalcemia and hypocalcemia regarding causes, manifestations, |



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and their management.

- 1.8.16. Discuss hyperparathyroidism regarding types, etiological factors, clinical manifestations, diagnosis of and treatment
- 1.8.17. Describe hypoparathyroidism regarding, etiological factors, clinical manifestations, diagnosis of and treatment
- 1.8.18. Recognize the physiology of the endocrine pancreas and classify diabetes mellitus
- 1.8.19. Discuss Type I diabetes mellitus regarding etiology, clinical presentation, diagnosis, complications including diabetic keto acidosis and treatment
- 1.8.20. Discuss Type II diabetes mellitus regarding etiology, clinical presentation, diagnosis, complications and treatment
- 1.8.21. Identify obesity in children and describe its etiology, presentation, diagnosis and treatment
- 1.8.22. Describe tumors of the endocrine pancreas and regarding their clinical presentation, diagnosis and treatment
- 1.8.23. Discuss different nipple disorders regarding their etiology, presentation and treatment
- 1.8.24. Describe traumatic lesions of the breast regarding their clinical presentation, diagnosis and treatment
- 1.8.25. Describe inflammation lesions of the breast regarding their etiology, clinical presentation, diagnosis and treatment.
- 1.8.26. Describe lesions related to aberration of normal development of the breast regarding their etiology, clinical presentation, diagnosis and treatment.
- 1.8.27. Identify benign tumors of the breast and discuss their clinical presentation, diagnosis and treatment
- 1.8.28. Classify malignant tumors of the breast and discuss their risk factors, pathological types, clinical presentation, diagnosis and treatment with emphasis on their screening and prevention.

1.10 Integrate the results of history, physical examination and laboratory test findings into a meaningful diagnostic formulation.

1.10.1. Evaluate clinical presentations of different endocrine and breast disorders to formulate a differential diagnosis

1.11 Perform diagnostic and intervention procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances.

1.11.1 Practice random blood glucose level assessment.

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| <p>1.13 Establish patient-centered management plans in partnership with the patient, his/her family and other health professionals as appropriate, using Evidence Based Medicine in management decisions.</p> <p>1.15 Provide the appropriate care in cases of emergency, including cardio-pulmonary resuscitation, immediate life support measures and basic first aid procedures.</p> <p>1.15 Provide the appropriate care in cases of emergency, including cardio-pulmonary resuscitation, immediate life support measures and basic first aid procedures.</p> | <p>1.13.1. Retrieve information and be able to use the recent evidence-based information and communications technologies</p> <p>1.13.2. Apply continuous medical education and research to keep up to date with the international advancement in medicine and surgery.</p> <p>1.13.3. Use of information technology to improve the quality of patient care through proper.</p> <p>1.13.4. Formulate treatment plans for different endocrine and breast disorders.</p> <p>1.13.5. Construct preventive plan and screening programs for early detection of different endocrine and breast disorders.</p> <p>1.13.6. Predict prognosis for malignant neoplasms of the thyroid, parathyroid, adrenal, endocrine pancreas and breast.</p> <p>1.13.7. Share patients or their caregivers in decision making regarding management plans.</p> <p>1.13.8. Gather and organize material from various sources (including library, electronic and online resources).</p> <p>1.13.9. Apply the principles of using international guidelines and multidisciplinary team MDT.</p> <p>1.13.10. Apply basics of scientific research (collection, analysis and interpretation of data).</p> <p>1.13.11. Apply critical appraisal skills and use of evidence-based guidelines in making decisions about the care of patients</p> <p>1.15.1. Provide first aid measures for different cases of diabetic coma.</p> <p>1.15.2. Evaluate cases of endocrine emergencies including thyrotoxicosis and Addisonian crisis.</p> |
|--|--|

Competency Area 2: The graduate as a health promoter.

| Key Competency | Module LOs |
|--|--|
| 2.9 Adopt suitable measures for infection control. | 2.9.1 Apply infection control measures while dealing with patients |

Competency Area 3: The graduate as a professional.

| Key competency | Module LOs |
|--|--|
| 3.1 Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating | 3.1.1 Demonstrate a professional, respectful attitude while dealing with colleagues, and staff members |



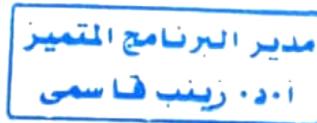
| | | |
|-----|--|--|
| | honesty, integrity, commitment, compassion, and respect. | 3.1.2 Demonstrate commitment and integrity while preparing the coursework and assignments |
| 3.4 | Treat all patients equally, and avoid stigmatizing any category regardless of their social, cultural or ethnic backgrounds, or their disabilities. | 3.4.1 Demonstrate respect to social, culture, and ethnic difference of patients treating them equally. |
| 3.8 | Refer patients to the appropriate health facility at the appropriate stage. | 3.8.1 Identify the rules of referral for complex and undiagnosed cases |

Competency Area 5: The graduate as a member of the health team and part of the health care system.

| Key competency | Module LOs | |
|----------------|---|--|
| 5.2 | Respect colleagues and other health care professionals and work cooperatively with them, negotiating overlapping and shared responsibilities and engaging in shared decision-making for effective patient management. | 5.2.1 Demonstrate respect towards colleagues. 5.2.2 Apply teamwork in educational and professional encounters |

Competency Area 6: The graduate as a lifelong learner and researcher.

| Key competency | Module ILOs | |
|----------------|--|--|
| 6.2 | Develop, implement, monitor, and revise a personal learning plan to enhance professional practice. | 6.2.1 Formulate a learning plan for the module in focus 6.2.2 Apply the learning plan respecting emerging priorities and encounters |
| 6.3 | Identify opportunities and use various resources for learning. | 6.3.1 Use information resources either written or electronic efficiently for the educational process. |
| 6.6 | Effectively manage learning time and resources and set priorities. | 6.6.1 Manage time and learning resources effectively. 6.6.2 Apply priority setting in the learning process |





III- Module Contents:

| Theoretical | | |
|--|----------------|--------------------------|
| Topic | Teaching Hours | Department |
| Applied anatomy of thyroid gland. Classification of thyroid enlargement Simple nodular goiter | 1 | General Surgery |
| Midline and lateral neck swelling | 1 | General Surgery |
| Thyroid tumors | 1 | General Surgery |
| Management of solitary thyroid nodule Surgical management of thyroid diseases | 1 | General Surgery |
| Primary hyperparathyroidism | 1 | General Surgery |
| Anatomy of the breast Nipple disorders Traumatic breast lesions | 1 | General Surgery |
| Inflammatory lesions of the breast | 1 | General Surgery |
| Aberration of normal development and involutions (Fibroadenosis) Benign tumors of the breast | 1 | General Surgery |
| Adrenal tumors Surgery for the adrenal gland | 1 | General Surgery |
| Malignant tumors of the breast I | 1 | General Surgery |
| Malignant tumors of the breast (cont.) II | 1 | General Surgery |
| Tumors of endocrine pancreas | 1 | General Surgery |
| Panhypopituitarism. Diabetes insipidus | 1 | Internal Medicine |
| Acromegaly. Hyperprolactinemia | 1 | Internal Medicine |
| Thyroid hypofunction Thyroiditis | 1 | Internal Medicine |
| Thyroid hyperfunction | 1 | Internal Medicine |
| Physiology of parathyroid gland Calcium homeostasis Hypoparathyroidism Secondary and tertiary hyperparathyroidism | 1 | Internal Medicine |
| Adrenal gland physiology Adrenal gland hyperfunction; Cushing's syndrome, pheochromocytoma, primary hyperaldosteronism | 1 | Internal Medicine |
| Adrenal hypofunction | 1 | Internal Medicine |

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| Physiology of the endocrine pancreas | 1 | Internal Medicine |
|---|----------------|--------------------------|
| Classification of diabetes mellitus | | |
| Type II diabetes mellitus | | |
| Complications of diabetes mellitus | 1 | Internal Medicine |
| Introduction to endocrine system, function, and control. | 1 | Pediatrics |
| Short stature | | |
| Congenital hypothyroidism | 1 | Pediatrics |
| Screening | | |
| Puberty | 1 | Pediatrics |
| Ambiguous genitalia | 1 | Pediatrics |
| Congenital adrenal hyperplasia | | |
| Type I diabetes mellitus | 1 | Pediatrics |
| Diabetic ketoacidosis (DKA) | | |
| Obesity in children | 1 | Pediatrics |
| Total | 27 | |
| Clinical | | |
| Topic | Teaching Hours | Department |
| Neck swelling 1 | 1.5 | General Surgery |
| Neck swelling 2 | 1.5 | General Surgery |
| Thyroid tumors 1 | 1.5 | General Surgery |
| Thyroid tumors 2 | 1.5 | General Surgery |
| Solitary thyroid nodule 1 | 1.5 | General Surgery |
| Solitary thyroid nodule 2 | 1.5 | General Surgery |
| Benign breast lesions 1 | 1.5 | General Surgery |
| Benign breast lesions 2 | 1.5 | General Surgery |
| Breast Cancer 1 / bleeding per nipple | 1.5 | General Surgery |
| Breast cancer 2 | 1.5 | General Surgery |
| Revision 1 | 1.5 | General Surgery |
| Revision 2 | 1.5 | General Surgery |
| Introduction to endocrinology | 1.5 | Internal Medicine |
| Panhypopituitarism and acromegaly | 1.5 | Internal Medicine |
| Thyroid 1 | 1.5 | Internal Medicine |
| Thyroid 2 | 1.5 | Internal Medicine |
| Adrenal gland | 1.5 | Internal Medicine |
| Diabetes 1 | 1.5 | Internal Medicine |
| Diabetes 2 | 1.5 | Internal Medicine |
| Diabetic Complications 1 | 1.5 | Internal Medicine |
| Diabetic Complications 2 | 1.5 | Internal Medicine |
| Short stature 1 | 1.5 | Pediatrics |
| Short stature 2 | 1.5 | Pediatrics |
| Congenital hypothyroidism and neonatal screening | 1.5 | Pediatrics |





| | | |
|---------------------------------------|-------------|-------------------|
| Ambiguous genitalia | 1.5 | Pediatrics |
| Congenital adrenal hyperplasia | 1.5 | Pediatrics |
| Obesity in pediatrics | 1.5 | Pediatrics |
| Total | 40.5 | |

IV– Teaching and Learning Methods:

1. Theoretical Teaching:

a) Interactive lectures: using

- Brainstorming
- Audiovisual aids through animations and diagrams
- Interaction with the students through questions
- Student engagement with discussion

b) Case Based learning

c) Team Based Learning

2. Clinical Teaching:

a) Clinical rounds: using

- Simulated patients
- Web based video and Multimedia applications
- Problem solving

b) Bedside clinical teaching

3. Self-directed Learning

V- Student Assessment:

A. Attendance criteria:

The minimum acceptable attendance is 75%, otherwise students failing to reach that percentage will be prevented from attending the final examination.

B. Types of Assessment:

- **Formative:** This form of assessment is designed to help the students to identify areas for improvement. It includes multiple choice questions, problems-solving exercises and independent learning activities in all subjects. These will be given during tutorial and practical sessions. The Answers are presented and discussed immediately with you after the assessment. The results will be made available to the students.
- **Summative** This type of assessment is used for judgment or decisions to be made about the students' performance. It serves as:
 1. Verification of achievement for the student satisfying requirement
 2. Motivation of the student to maintain or improve performance
 3. Certification of performance
 4. Grades

C- Summative Assessment Methods and Schedule:

| Assessment Method | Percentage | Description | Timing |
|---------------------------|-------------------|---|--------------------------|
| Regular Evaluation | 30% | 10% written at the end of and periodicals including problem solving, multiple choice questions, give reason, matching, extended matching, complete and compare. | At the end of the module |

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أ.د. زينب فاسع





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| | | 20% Participation in the tutorials, TBL, Research. | During the module |
| Final practical exam | 30% | OSCE Exam | At the end of the module |
| Final Written | 40% | It Includes problem-solving, multiple choice questions, give a reason, matching, extended matching, complete and compare. | At the end of the semester |

D- Weighing of Assessment:

| Method of Assessment | Marks | Percentage |
|------------------------------|--------------|-------------|
| Final Written exam. | 45 | 40% |
| Final Practical exam. | 33.75 | 30% |
| Activities | 33.75 | 30% |
| Total | 112.5 | 100% |

E- Grading for by GPA System:

| The Percentage | Symbol | Grade |
|----------------|--------|------------|
| > 85% | A | Excellent. |
| 75-<85 % | B | Very Good |
| 65 - < 75 % | C | Good. |
| 60 - < 65 % | D | Passed. |
| < 60 % | F | Failed. |
| | W | Withdrawn |

VI. List of references and resources:

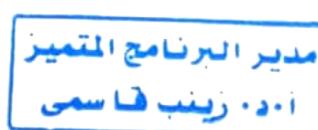
- **Lecture Notes of the Module**
- **Essential Books:**

General Surgery:

- The Washington Manual of Surgery (Lippincott Manual Series), 7th Edition. By: Mary E. Klingsmith LWW;, 2016
- Surgery: A Case Based Clinical Review 1st Edition. By: Christian De Virgilio, Areg Grigorian, Paul N. Frank. Springer Nature, 2015.
- Current Diagnosis and Treatment Surgery 14th edition. By: Gerard Doherty. McGraw Hill / Medical, 2015.
- Essentials of General Surgery 5th Edition. By: Lawrence, Peter F., Bell, Richard M. Dayton, Merril T., Hebert, James C., Mohammed I. Ahmed. Lippincott Williams & Wilkins, 2012.

Pediatrics:

- Nelson Textbook of Pediatrics, 20th Edition. By: Robert M. Kliegman, Bonita M.D. Stanton, Joseph St. Geme, Nina F Schor. W B Saunders Co Ltd, 2015.





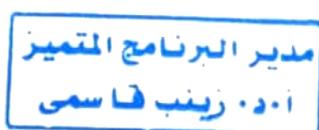
- American Academy of Pediatrics Textbook of Pediatric Care, 2nd Edition. By: Thomas K. McInerny, Henry M. Adam, Deborah E. Campbell, Thomas G. DeWitt, Dr. Jane Meschan Foy, Dr. Deepak M. Kamat. American Academy of Pediatrics, 2016.
- Schwartz's Clinical Handbook of Pediatrics (Point (Lippincott Williams & Wilkins)) 5th Edition. By: Joseph J. Zorc, Elizabeth R. Alpern, Lawrence W. Brown, Kathleen M. Loomes, Bradley S. Marino, Cynthia J. Mollen, Leslie J. Raffini. LWW, 2012.

Internal Medicine:

- The Washington Manual of General Internal Medicine Consult, 3rd Edition. By: Thomas Ciesielski. LWW, 2017.
- CURRENT Medical Diagnosis and Treatment, 56th Edition. By: Maxine A. Papadakis, Stephen J. McPhee, Michael W. Rabow. McGraw-Hill Education / Medical ,2017.
- Harrison's Principles of Internal Medicine 19th Edition and Harrison's Manual of Medicine 19th Edition. By: J. Larry Jameson, Anthony Fauci, Dennis Kasper, Stephen Hauser, Dan Longo, Joseph Loscalzo. McGraw-Hill Education / Medical, 2017.
- Goldman-Cecil Medicine, 25th Edition. By: Lee Goldman, Andrew I. Schafer. Elsevier; 2015.

VII. List of references and resources:

- 1- Faculty Lecture halls
- 2- Faculty library for textbooks & electronic library for web search.
- 3- Audiovisual aids as boards, data show and computers.
- 4- Skill lab and patient simulators
- 5- Clinical round teaching rooms.
- 6- Hospital wards., outpatient clinics, and operative theatres



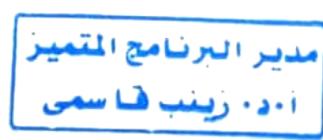


Key Competencies & Module LOs *vs* Teaching and Assessment Methods Matrix

| Key Competencies | Module Learning Outcomes | Teaching Methods | | | | | | Assessment Methods | | | | | | | | |
|------------------|--------------------------|------------------|-------------------|---------------------|---------------------|-----------------|----------------------------|---------------------|-------------|----------------------|----------|---------|------|-------------|---------|---------------|
| | | Recorded Lecture | Inverted Lectures | Case Based Learning | Team based Learning | Clinical Rounds | Bed Side Clinical Teaching | Self-directed study | Theoretical | Formative Assessment | Clinical | Written | OSCE | Assignments | quizzes | participation |
| | | | | | | | | | | | | | | | | |
| 1.1 | 1.1.1 to 1.1.11 | | | | x | x | | | | x | | | x | x | x | |
| 1.2 | 1.2.1 to 1.2.6 | | x | | x | x | | | | x | | | x | | x | |
| 1.4 | 1.4.1 to 1.4.14 | | | | x | x | | | | x | | | x | x | x | |
| 1.5 | 1.5.1, 1.5.2 | x | x | x | x | x | | x | x | x | x | x | x | x | x | |
| 1.6 | 1.6.1, 1.6.2 | x | x | x | x | x | x | x | x | x | x | x | | x | | |
| 1.7 | 1.7.1, 1.7.2 | | x | | x | | | | x | | | x | | | | |
| 1.8 | 1.8.1 to 1.8.28 | x | x | x | x | | | x | x | | x | | x | x | x | |
| 1.10 | 1.10.1 | | | x | x | x | | x | x | x | x | x | | x | x | |
| 1.11 | 1.11.1 | | | | x | x | | | x | | | x | | | x | |
| 1.13 | 1.13.1 to 1.13.11 | | x | | x | | x | x | x | x | x | x | | x | | |
| 1.15 | 1.15.1, 1.15.2 | | x | | x | x | | | x | x | x | x | | x | x | |
| 2.9 | 2.9.1 | | | | x | x | | | | x | | x | | | x | |
| 3.1 | 3.1.1 to 3.1.2 | | | | x | x | | | | x | | x | | | x | |
| 3.4 | 3.4.1 | | | | x | x | | | | x | | x | | | x | |
| 3.8 | 3.8.1 | | | | x | x | | | | x | | x | | | x | |
| 5.2 | 5.2.1, 5.2.2 | x | x | x | | x | | | | | | x | | | x | |
| 5.10 | 5.10.1 to 5.10.3 | | | | x | | | | | x | | x | x | | x | |
| 6.2 | 6.2.1, 6.2.2 | | | | | | x | | x | x | x | x | x | x | x | |
| 6.3 | 6.3.1 | | | | | | x | x | x | x | x | x | x | x | x | |
| 6.6 | 6.6.1, 6.6.2 | | | | | | x | x | x | x | x | x | x | x | x | |

Module Coordinator: Prof. Mahmoud Hagag

Program Coordinator: Prof. Dr. Zeinab Kasemy





Clinical Haematology

University: Menoufia

Faculty: Medicine

A-Administrative information

Module Title: Clinical hematology

Code No: HEMA 4103

Department offering the Module: Internal medicine, Pediatrics, and General surgery

Program (s) on which the Module is given: Menoufia M.B.B.Ch Credit- hour Program (5+2).

Academic year/level: Fourth level

Semester: Semester VII

Date of specification: 2018.

Date of approval by Departmental and Faculty Council: 2018

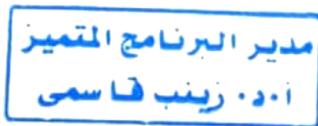
Credit hours: 2.5 credit hours/ 2 weeks

| Teaching hours | | | |
|--------------------------|-----------|-------------|------------|
| | Lectures | Practical | Activities |
| <i>Internal medicine</i> | 6 | 9 | 18 |
| <i>Pediatrics</i> | 6 | 9 | 18 |
| <i>General surgery</i> | 3 | 4.5 | 9 |
| Total | 15 | 22.5 | 45 |

B- Professional Information

I – Aim of the Module:

To provide the students with clinical knowledge and skills regarding clinical hematology in different age groups and from medical and surgical perspectives, preparing them to formulate a management plan for different hematological disorders with emphasis on hematological emergencies.





II –Learning Outcomes of the Module:

Competency Area 1: The graduate as a health care provider.

| Key competency | Module LOs |
|---|--|
| 1.1 Take and record a structured, patient-centered history. | 1.1.1. Take a comprehensive history from different hematological cases 1.1.2. Interpret the clinical symptoms of different hematological cases 1.1.3. Communicate with patients regardless of their social, cultural backgrounds or their disabilities. 1.1.4. Apply the ethics of medical practice when dealing with patients and colleagues. 1.1.5. Perform effective eye contact, active listening, and appropriate body language. 1.1.6. Record clinical data in a complete, accurate and retrievable manner. 1.1.7. Present information clearly in written, electronic, and verbal forms. |
| 1.2 Adopt an empathic and holistic approach to the patients and their problems. | 1.2.1. Demonstrate empathy in patient consultation. 1.2.2. Communicate effectively with patients regardless of their social, cultural backgrounds or their disabilities. 1.2.3. Apply the ethics of medical practice when dealing with patients and colleagues. 1.2.4. Practice patient education during an interview with the patient. 1.2.5. Show a professional image in manner, dress, speech and interpersonal relationships that is consistent with the medical professions accepted contemporary standards in the community. 1.2.6. Identify the approach for management of difficult communication including breaking bad news. |
| 1.4 Perform appropriately timed full physical examination of patients, appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive. | 1.4.1. Apply steps of abdominal and lymph nodes examination including inspection, palpation, percussion and auscultation 1.4.2. Interpret the clinical signs of different haematological cases. 1.4.3. Apply the ethics of medical practice when examining patients. 1.4.4. Apply proper infection control when dealing with patients. |

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| | | |
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| 1.5 | Prioritize issues to be addressed in a patient encounter. | 1.5.1. Apply priority setting while formulating a differential diagnosis for different haematological cases. |
| 1.6 | Select the appropriate investigations and interpret their results taking into consideration cost/ effectiveness factors. | 1.6.1. Choose the proper investigations according to the guidelines while taking cost-effectiveness into consideration. 1.6.2. Interpret common hematologic investigations such as CBC, blood film, bone marrow aspirate, protein electrophoresis, and immunophenotyping. |
| 1.7 | Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice. | 1.7.1. Work with other healthcare professions in management of undiagnosed cases. 1.7.2. Apply the rules of consultation for urgent and undiagnosed cases. |
| 1.8 | Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand. | 1.8.1. Classify nutritional anemias, and their approach for management. 1.8.2. Describe acute hemolysis and bone marrow failure. 1.8.3. Describe chronic hemolytic anemias in pediatrics. 1.8.4. Outline an approach to a child with anemia. 1.8.5. Classify chronic hemolytic anemias, with their clinical picture, and treatment. 1.8.6. Define paroxysmal nocturnal hemoglobinuria with its clinical picture, and treatment, 1.8.7. Define aplastic anemia and bone marrow failure. 1.8.8. Discuss myelodysplastic syndrome with different risk factors and management. 1.8.9. Identify the normal of different parameters of complete blood picture. 1.8.10. Discuss the indications, precautions, and complications of blood transfusion. 1.8.11. Outline the differential diagnosis of thrombocytopenic and non-thrombocytopenic purpura. 1.8.12. Describe Idiopathic Thrombocytopenic Purpura in pediatrics, its clinical picture and approach for treatment. 1.8.13. Discuss hemophilia with its approach of management, 1.8.14. Outline an approach to a child with bleeding tendency. 1.8.15. Identify thrombophilia & thrombosis with their |



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أ.د. زينب فاسى



1.10 Integrate the results of history, physical examination and laboratory test findings into a meaningful diagnostic formulation.

- complications, and treatment.
- 1.8.16. Discuss acute leukemia in pediatrics.
- 1.8.17. Discuss lymphomas in pediatrics.
- 1.8.18. Define Wilms tumor and neuroblastoma with their clinical picture and treatment.
- 1.8.19. Classify chronic leukemia with clinical picture and approach for management.
- 1.8.20. Define multiple myeloma with clinical picture and approach for management.
- 1.8.21. Classify myeloproliferative neoplasms.
- 1.8.22. Identify bone marrow transfusion basics.
- 1.8.23. List causes of huge splenomegaly.
- 1.8.24. Define hypersplenism, describe pathology and management.
- 1.8.25. Differentiate causes of lymphadenopathy describe tuberculous lymphadenitis and identify the role of surgery in lymphoma.
- 1.8.26. Describe splenectomy procedure (indications, preoperative preparation, steps, post operative follow up and complications).
- 1.8.27. Define lymphedema,
- 1.8.28. Describe pathology and management of Filarial Lymphedema.

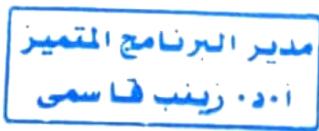
1.11 Perform diagnostic and intervention procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances.

- 1.10.1. Analyse symptoms & signs and results of investigations to construct a differential diagnosis for common presenting complaints.
- 1.10.2. Design an appropriate diagnostic plan for evaluation of presenting complaints which is appropriate in terms of the differential diagnosis, the severity of the clinical situation and the risks, benefits, and costs to the patient.

1.13 Establish patient-centered management plans in partnership with the patient, his/her family and other health professionals as appropriate, using Evidence Based Medicine in management decisions.

- 1.11.1. Demonstrate the steps of bone marrow biopsy

- 1.13.1. Retrieve information and be able to use the recent evidence-based information and communications technologies
- 1.13.2. Apply continuous medical education and research to keep up-to-date with the international advancement in medicine and surgery.
- 1.13.3. Use of information technology to improve the quality of patient care through proper.
- 1.13.4. Formulate a management plan for different hematological emergencies.
- 1.13.5. Share patients or their caregivers in decision making regarding management plans.





- 1.13.6. Gather and organize material from various sources (including library, electronic and online resources).
- 1.13.7. Apply the principles of using international guidelines and multidisciplinary team MDT.
- 1.13.8. Apply basics of scientific research (collection, analysis, and interpretation of data).
- 1.13.9. Apply critical appraisal skills and use of evidence-based guidelines in making decisions about the care of patients.

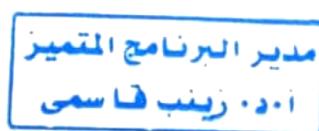
| | |
|---|---|
| 1.15 Provide the appropriate care in cases of emergency, including cardio-pulmonary resuscitation, immediate life support measures and basic first aid procedures. | 1.15.1. Evaluate adequately the patients with hematologic emergencies such as acute thrombosis, hemorrhage, anemia, and thrombocytopenia and need for urgent intervention. |
|---|---|

Competency Area 2: The graduate as a health promoter.

| Key Competency | Module Los |
|---|---|
| 2.9 Adopt suitable measures for infection control. | 2.9.1 Apply infection control measures while dealing with patients |

Competency Area 3: The graduate as a professional.

| Key competency | Module LOs |
|--|---|
| 3.1 Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, commitment, compassion, and respect. | 3.1.1 Demonstrate a professional, respectful attitude while dealing with colleagues, and staff members 3.1.2 Demonstrate commitment and integrity while preparing the coursework and assignments |
| 3.4 Treat all patients equally, and avoid stigmatizing any category regardless of their social, cultural or ethnic backgrounds, or their disabilities. | 3.4.1 Demonstrate respect to social, culture, and ethnic difference of patients treating them equally. |
| 3.8 Refer patients to the appropriate health facility at the appropriate stage. | 3.8.1 Identify the rules of referral for complex and undiagnosed cases |





Competency Area 5: The graduate as a member of the health team and part of the health care system.

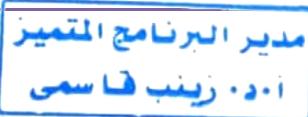
| Key competency | Module LOs |
|--|--|
| 5.2 Respect colleagues and other health care professionals and work cooperatively with them, negotiating overlapping and shared responsibilities and engaging in shared decision-making for effective patient management. | 5.2.1 Demonstrate respect towards colleagues. 5.2.2 Apply teamwork in educational and professional encounters |

Competency Area 6: The graduate as a lifelong learner and researcher.

| Key competency | Module ILOs |
|---|--|
| 6.2 Develop, implement, monitor, and revise a personal learning plan to enhance professional practice. | 6.2.3 Formulate a learning plan for the module in focus 6.2.4 Apply the learning plan respecting emerging priorities and encounters |
| 6.3 Identify opportunities and use various resources for learning. | 6.3.2 Use information resources either written or electronic efficiently for the educational process. |
| 6.6 Effectively manage learning time and resources and set priorities. | 6.6.3 Manage time and learning resources effectively. 6.6.4 Apply priority setting in the learning process |

II. Module Contents:

| Theoretical | Topic | Teaching hours | Department |
|-------------|--|----------------|-------------------|
| | Splenomegaly & hypersplenism | 1 | General Surgery |
| | Splenectomy | 0.5 | General Surgery |
| | Lymphadenopathy | 0.5 | General Surgery |
| | Lymphedema | 1 | General Surgery |
| | Aplastic anemia and bone marrow failure | 0.5 | Internal Medicine |
| | Myelodysplastic syndrome | 0.5 | Internal Medicine |
| | CBC interpretation | 0.5 | Internal Medicine |
| | Blood transfusion | 0.5 | Internal Medicine |
| | Thrombophilia & thrombosis | 1 | Internal Medicine |
| | Wilms tumour and neuroblastoma | 0.5 | Internal Medicine |
| | Chronic leukemia | 0.5 | Internal Medicine |
| | Multiple myeloma | 0.5 | Internal Medicine |
| | Myeloproliferative neoplasms | 1 | Internal Medicine |
| | BMT basics | 0.5 | Internal Medicine |
| | DD of thrombocytopenic and non purpura | 0.5 | Pediatrics |





| Nutritional anemias | 0.5 | Pediatrics |
|--|----------------|-------------------|
| Acute hemolysis and bone marrow failure | 0.5 | Pediatrics |
| Chronic haemolytic anemias in pediatrics | 0.5 | Pediatrics |
| Approach to a child with anaemia | 0.5 | Pediatrics |
| Chronic haemolytic anemias | 0.5 | Pediatrics |
| Paroxysmal nocturnal hemoglobinuria | 0.5 | Pediatrics |
| ITP in pediatrics | 0.5 | Pediatrics |
| Hemophilia | 0.5 | Pediatrics |
| Approach to a child with bleeding tendency | 0.5 | Pediatrics |
| Acute leukemia in paediatrics | 0.5 | Pediatrics |
| Lymphomas in paediatrics | 0.5 | Pediatrics |
| Total | 15 | |
| Clinical | | |
| Topic | Teaching Hours | Department |
| Abdominal examination | 1.5 | General Surgery |
| L.N examination | 1.5 | General Surgery |
| Lymphoma | 1.5 | General Surgery |
| Acute hemolytic anemia | 1.5 | Internal Medicine |
| chronic hemolytic anemia | 1.5 | Internal Medicine |
| Aplastic anemia & neutropenic fever | 1.5 | Internal Medicine |
| Inpatient ward rotation | 1.5 | Internal Medicine |
| Spots | 1.5 | Internal Medicine |
| In patients ward rotation | 1.5 | Internal Medicine |
| Approach to child with chronic anemia 1 | 1.5 | Pediatrics |
| Approach to child with chronic anemia 2 | 1.5 | Pediatrics |
| Approach to bleeding in pediatrics | 1.5 | Pediatrics |
| ITP & hemophilia | 1.5 | Pediatrics |
| LN exam and approach to lymphadenopathy in children | 1.5 | Pediatrics |
| Pediatric oncology | 1.5 | Pediatrics |
| Total | 22.5 | |

IV– Teaching and Learning Methods:

1. --Theoretical Teaching:

a) Interactive lectures: using

- Brainstorming
- Audiovisual aids through animations and diagrams
- Interaction with the students through questions
- Student engagement with discussion

b) Case Based learning

c) Team Based Learning

2. Clinical Teaching:

a) Clinical rounds: using

- Simulated patients
- Web based video and Multimedia applications
- Problem solving

b) Bedside clinical teaching



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أ.د. زينب فاسعى



3. **Field Training**
4. **Self-directed Learning**

V- Student Assessment:

A. Attendance criteria:

The minimum acceptable attendance is 75%, otherwise students failing to reach that percentage will be prevented from attending the final examination.

B. Types of Assessment:

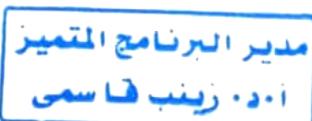
- **Formative:** This form of assessment is designed to help the students to identify areas for improvement. It includes a multiple-choice questions, problems-solving exercises and independent learning activities in all subjects. These will be given during tutorial and practical sessions. The Answers are presented and discussed immediately with you after the assessment. The results will be made available to the students.
- **Summative** This type of assessment is used for judgment or decisions to be made about the students' performance. It serves as:
 1. Verification of achievement for the student satisfying requirement
 2. Motivation of the student to maintain or improve performance
 3. Certification of performance
 4. Grades

C- Summative Assessment methods and schedule:

| Assessment Method | Percentage | Description | Timing |
|-----------------------------|-------------------|---|----------------------------|
| Regular Evaluation | 30% | 10% written at the end of and periodicals including problem-solving, multiple-choice questions, give reason, matching, extended matching, complete and compare. 20% Participation in the tutorials, During the module TBL, Research. | At the end of the module |
| Final practical exam | 30% | OSCE Exam | At the end of the module |
| Final Written | 40% | It Includes problem-solving, multiple choice questions, give a reason, matching, extended matching, complete and compare. | At the end of the semester |

D- Weighing of Assessment:

| Method of Assessment | Marks | Percentag e |
|-------------------------------|--------------|--------------------|
| Final Written exam. | 25 | 40% |
| Final Practical exam. | 18.75 | 30% |
| Activities | 18.75 | 30% |
| Total | 62.5 | 100% |





E- Grading for by GPA System:

| The Percentage | Symbol | Grade |
|-----------------------|---------------|-------------------|
| > 85% | A | Excellent. |
| 75-<85 % | B | Very Good |
| 65 - < 75 % | C | Good. |
| 60 - < 65 % | D | Passed. |
| < 60 % | F | Failed. |
| | W | Withdrawn |

VI. List of references and resources:

- **Module Notes**
- **Essential Books:**

General Surgery:

- The Washington Manual of Surgery (Lippincott Manual Series), 7th Edition. By: Mary E. Klingensmith LWW;, 2016
- Surgery: A Case Based Clinical Review 1st Edition. By: Christian De Virgilio, Areg Grigorian, Paul N. Frank. Springer Nature, 2015.
- Current Diagnosis and Treatment Surgery 14th edition. By: Gerard Doherty. McGraw Hill / Medical, 2015.
- Essentials of General Surgery 5th Edition. By: Lawrence, Peter F., Bell, Richard M. Dayton, Merril T., Hebert, James C., Mohammed I. Ahmed. Lippincott Williams & Wilkins, 2012.

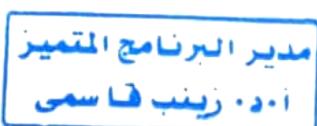
Pediatrics:

- Nelson Textbook of Pediatrics, 20th Edition. By: Robert M. Kliegman, Bonita M.D. Stanton, Joseph St. Geme, Nina F Schor. W B Saunders Co Ltd, 2015.
- American Academy of Pediatrics Textbook of Pediatric Care, 2nd Edition. By: Thomas K. McInerny, Henry M. Adam, Deborah E. Campbell, Thomas G. DeWitt, Dr. Jane Meschan Foy, Dr. Deepak M. Kamat. American Academy of Pediatrics, 2016.
- Schwartz's Clinical Handbook of Pediatrics (Point (Lippincott Williams & Wilkins)) 5th Edition. By: Joseph J. Zorc, Elizabeth R. Alpern, Lawrence W. Brown, Kathleen M. Loomes, Bradley S. Marino, Cynthia J. Mollen, Leslie J. Raffini. LWW, 2012.

Internal Medicine:

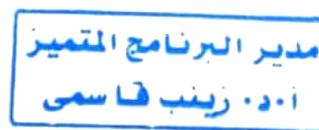
- The Washington Manual of General Internal Medicine Consult, 3rd Edition. By: Thomas Ciesielski. LWW, 2017.
- CURRENT Medical Diagnosis and Treatment, 56th Edition. By: Maxine A. Papadakis, Stephen J. McPhee, Michael W. Rabow. McGraw-Hill Education / Medical ,2017.
- Harrison's Principles of Internal Medicine 19th Edition and Harrison's Manual of Medicine 19th Edition. By: J. Larry Jameson, Anthony Fauci, Dennis Kasper, Stephen Hauser, Dan Longo, Joseph Loscalzo. McGraw-Hill Education / Medical, 2017.
- Goldman-Cecil Medicine, 25th Edition. By: Lee Goldman, Andrew I. Schafer. Elsevier; 2015.

VII- Facilities required for teaching and learning:





- 1- Faculty Lecture halls
- 2- Faculty library for textbooks & electronic library for web search.
- 3- Audiovisual aids as boards, data show and computers.
- 4- Skill lab and patient simulators
- 5- Clinical round teaching rooms.
- 6- Hospital wards., outpatient clinics, and operative theatres



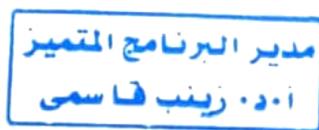


Key Competencies & Module LOs *vs* Teaching and Assessment Methods Matrix

| Key Competencies | Module Learning Outcomes | Teaching Methods | | | | | | | Assessment Methods | | | | | | | |
|------------------|--------------------------|------------------|-------------------|---------------------|---------------------|-----------------|----------------------------|----------------|---------------------|-------------|----------------------|----------|---------|------|-------------|---------|
| | | Recorded Lecture | Inverted Lectures | Case Based Learning | Team based Learning | Clinical Rounds | Bed Side Clinical Teaching | Field training | Self-directed study | Theoretical | Formative Assessment | Clinical | Written | OSCE | Assignments | quizzes |
| 1.1 | 1.1.1 to 1.1.7 | | | | x | x | x | x | | | x | | x | x | x | x |
| 1.2 | 1.2.1 to 1.2.6 | | x | | x | x | x | | | | x | | x | x | x | x |
| 1.4 | 1.4.1 to 1.4.4 | | | | x | x | x | | | | x | | x | x | x | x |
| 1.5 | 1.5.1, 1.5.2 | x | x | x | x | x | | x | x | x | x | x | x | x | x | x |
| 1.6 | 1.6.1, 1.6.2 | x | x | x | x | x | x | x | x | x | x | x | x | x | x | |
| 1.7 | 1.7.1, 1.7.2 | | x | | x | | | | | x | | x | | | | |
| 1.8 | 1.8.1 to 1.8.28 | x | x | x | x | | | x | x | x | | x | x | x | x | x |
| 1.10 | 1.10.1, 1.10.2 | | x | x | x | | | x | x | x | x | x | x | x | x | x |
| 1.11 | 1.11.1 | | | | x | x | | | | x | | x | | | | x |
| 1.13 | 1.13.1 to 1.13.9 | | x | | x | | | x | x | x | x | x | x | x | x | |
| 1.15 | 1.15.1 | | x | | x | x | | | | x | x | x | x | x | x | x |
| 2.9 | 2.9.1 | | | | x | x | | | | x | | x | x | x | x | x |
| 3.1 | 3.1.1 to 3.1.2 | | | | x | x | | | | x | | x | x | x | x | x |
| 3.4 | 3.4.1 | | | | x | x | | | | x | | x | x | x | x | x |
| 3.8 | 3.8.1 | | | | x | x | | | | x | | x | x | x | x | x |
| 5.2 | 5.2.1, 5.2.2 | x | x | x | | x | | | | | | | x | | x | |
| 5.10 | 5.10.1 to 5.10.3 | | | | x | | | | | x | | x | x | x | x | x |
| 6.2 | 6.2.1, 6.2.2 | | | | | | | x | x | x | x | x | x | x | x | x |
| 6.3 | 6.3.1 | | | | | | | x | x | x | x | x | x | x | x | x |
| 6.6 | 6.6.1, 6.6.2 | | | | | | | x | x | x | x | x | x | x | x | x |

Module Coordinator: Dr. Rana Kamal Elden

Program Coordinator: Prof. Dr. Zeinab Kasemy





Cardiovascular and Chest Diseases

University: Menoufia

Faculty: Medicine

A-Administrative information

Module Title: Cardiovascular and Chest Diseases

Code No: CVS/CHEST 4101

Department offering the Module: Chest, Cardiology, Pediatric, Cardiothoracic, and Family medicine

Program (s) on which the Module is given: Menoufia M.B.B.Ch Credit- hour Program (5+2)

Academic year/level: Forth level

Semester: Semester VII

Date of specification: 2018

Date of approval by departments council: 2018

Date of approval by faculty council: 2018

Credit hours: 7 credit hours

| | Teaching hours | | |
|------------------|----------------|-----------|------------|
| | Lectures | Practical | Activities |
| Chest department | 12 | 18 | 36 |
| Cardiology | 12 | 18 | 36 |
| Pediatric | 9 | 13.5 | 27 |
| Cardiothoracic | 6 | 9 | 18 |
| Family medicine | 3 | 4.5 | 9 |
| Total | 42 | 63 | 126 |

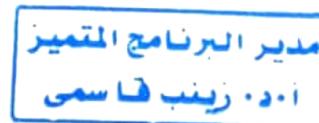
B- Professional Information

I. Aim of the Module:

To provide students with an clinical knowledge and skills covering the common and important cardiology and chest emergencies and diseases in pediatrics and adults including surgically managed diseases and their approach of treatment along with essentials of cardiovascular risk assessment and smoking cessation as examples of anticipatory care.

II. Learning Outcomes of the Module:

Competency Area 1: The graduate as a health care provider.





Key competency

Module LOs

| | | |
|------------|---|---|
| 1.1 | Take and record a structured, patient-centered history. | 1.1.1. Practice comprehensive history taking from an adult or pediatric patient with cardiovascular and chest disease 1.1.2. Interpret symptoms of different cardiovascular and chest diseases to reach the diagnosis 1.1.3. Deal with the patient rather than a lesion or a specimen. 1.1.4. Apply the legal and ethical standards during history taking. |
| 1.2 | Adopt an empathic and holistic approach to the patients and their problems. | 1.2.1. Deal with the patient rather than a lesion or a specimen 1.2.2. Demonstrate empathy in patient counseling. 1.2.3. Communicate effectively with patients regardless of their social, cultural backgrounds or their disabilities. 1.2.4. Apply the ethics of medical practice when dealing with patients and colleagues. 1.2.5. Show a professional image in manner, dress, speech and interpersonal relationships that is consistent with the medical professions accepted contemporary standards in the community. 1.2.6. Identify the approach for management of difficult communication. |
| 1.4 | Perform appropriately timed full physical examination of patients, appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive. | 1.4.1. Perform general examination of chest patients 1.4.2. Perform local examination of chest (inspection, palpation, percussion and auscultation 1.4.3. Diagnose prosthetic valve thrombosis. 1.4.4. Perform clinical examination of different age groups regarding the chest and heart 1.4.5. Practice risk assessment in hypertensive patient 1.4.6. Apply the rules of patient's rights during clinical examination. 1.4.7. Distinguish tension pneumothorax patients in emergencies. 1.4.8. Interpret the most important symptoms and signs of diseases in cardiac patients. 1.4.9. Calculate LDL goal in patient with hyperlipidemia 1.4.10. Analyze of the patient data accurately considering missing pieces. 1.4.11. Interpret results of cardiovascular risk assessment of hypertensive patient. 1.4.12. Apply the standards of patient safety and infection control during dealing with the patients in different clinical situations. |



مدير البرنامج المتميّز
أ.د. زينب فاسى



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| 1.5 | Prioritize issues to be addressed in a patient encounter. | 1.5.1. Apply priority setting while selecting an investigation for different cases, 1.5.2. Prioritize immediate action plans in critical cardiac conditions. |
| 1.6 | Select the appropriate investigations and interpret their results taking into consideration cost/ effectiveness factors. | 1.6.1. Select the appropriate diagnostic investigations for common cardiovascular and chest diseases in adults and pediatrics. 1.6.2. Interpret chest X-ray in common chest diseases. 1.6.3. Relate various radiological and laboratory abnormalities to the diagnosis of different chest diseases 1.6.4. Interpret arterial blood gases 1.6.5. Interpret the finding of radiological signs in different cases of chest trauma. 1.6.6. Interpret ECG findings and their reflection of cardiac diseases. 1.6.7. Recognize the patient's socioeconomic standard during investigation selection. |
| 1.7 | Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice. | 1.7.1. Work with other healthcare professionals in management of undiagnosed cases. 1.7.2. Apply the rules of consultation for urgent and undiagnosed cases. 1.7.3. Communicate effectively through feedback to help evaluate his own and others work |
| 1.8 | Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand. | 1.8.1. List physical examination components of adult or pediatric patients with cardiovascular and chest disease 1.8.2. Describe clinical manifestations of bronchial asthma and recognize the different types, etiological factors, pathophysiology of BA. 1.8.3. Define COPD with its risk factors, and clinical manifestations of COPD. 1.8.4. Recognize pneumonia and common organisms causing pneumonia and atypical pneumonia 1.8.5. Identify the types of pleural effusion, its etiology, pathophysiology of pleural effusion. 1.8.6. Define lung abscess, pathogenesis pathogens causing lung abscess and recognize the risk factors for lung abscess. 1.8.7. Identify bronchiectasis and its different types, pathophysiology, etiological factors and complications of bronchiectasis. 1.8.8. Recognize predisposing factors of lung cancer, its different types, pathology, and clinical picture. 1.8.9. Describe ILDS and its predisposing factors, pathophysiology, different types, and clinical picture |



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أ.د. زينب فاسمى



of ILDS

- 1.8.10. Classify PHTN with their pathophysiology, risk factors of PHTN
- 1.8.11. Identify SBD with types, etiology and risk factors of SBD
- 1.8.12. Identify the etiology, pathophysiology, clinical picture of rheumatic fever.
- 1.8.13. Recognize T.B and identify predisposing factors, methods of transmission, microbiology, pathogenesis of tuberculosis.
- 1.8.14. Describe the clinical picture and complications of pulmonary and extrapulmonary T.B.
- 1.8.15. Enumerate etiology of empyema, malignant pleural effusion, and pneumothorax.
- 1.8.16. Discuss the impact of congenital and inherited diseases on children and their families.
- 1.8.17. Identify the different upper respiratory tract disorders, its etiology, presentation and management
- 1.8.18. Recognize cyanotic and acyanotic heart disorders and its management
- 1.8.19. Recognize the heart failure in children
- 1.8.20. Recognize the diagnose of rheumatic fever.
- 1.8.21. Define hyperlipidemia
- 1.8.22. Identify hazards of smoking.
- 1.8.23. Outline the presentation, and etiology of wheezy chest in pediatrics
- 1.8.24. Identify a plan of management for childhood asthma
- 1.8.25. Identify different types of pediatric pneumonia, its etiology, clinical picture, investigations and management
- 1.8.26. Outline causes of thoracic emergencies and how to diagnose each one.
- 1.8.27. Outline management of different cases of chest trauma.
- 1.8.28. Identify different between fracture ribs and flail chest.
- 1.8.29. Recognize the evolution of cardiac surgery
- 1.8.30. Explain the idea of cardiopulmonary bypass machine
- 1.8.31. Differentiate between arterial and venous grafts
- 1.8.32. List conduits options for CABG
- 1.8.33. State the applicability for off pump CABG
- 1.8.34. Recognizes the basic information of valve replacement.
- 1.8.35. Recognize the anticoagulation strategy for different valvular prosthesis
- 1.8.36. List types and agents of pleurodesis.
- 1.8.37. Outline management of different cases of chest trauma.
- 1.8.38. Identify and have a plan of management for



مدير البرنامج المتميز
أ.د. زينب فاسمي



childhood asthma

- 1.8.39. Identify management of pediatric pneumonia
- 1.8.40. Recognize the cyanotic and acyanotic heart disorders and its management
- 1.8.41. recognize the diagnosis and manage rheumatic fever.
- 1.8.42. List lifestyle modifications in hypertension.
- 1.8.43. recognize the follow up in hypertensive patient
- 1.8.44. List lifestyle modifications in hyperlipidemia.
- 1.8.45. Outline management of hyperlipidemia.
- 1.8.46. Outline different strategies to quit smoking

| | | |
|-------------|---|--|
| 1.10 | Integrate the results of history, physical examination and laboratory test findings into a meaningful diagnostic formulation. | <ol style="list-style-type: none">1.10.1. Follow the proper order for the diagnostic steps including history, examination, and investigations in different cardiovascular and chest diseases1.10.2. Integrate the findings of history, clinical examination, and investigations to reach an accurate diagnosis in relation to the patient complaint1.10.3. Asses various risk factors for common cardiac conditions1.10.4. Select appropriate diagnostic strategies in acute and chronic chest diseases.1.10.5. Select clinical decisions regarding the main chest diseases1.10.6. Apply the principles of using international guidelines and MDT1.10.7. Interpret all the available data in the diagnostic process without disregard for minor or apparently irrelevant findings. |
| 1.11 | Perform diagnostic and intervention procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances. | <ol style="list-style-type: none">1.11.1. Perform and interpret ECG findings and their reflection of cardiac diseases |
| 1.13 | Establish patient-centered management plans in partnership with the patient, his/her family and other health professionals as appropriate, using Evidence Based Medicine in management decisions. | <ol style="list-style-type: none">1.13.1. Retrieve information and be able to use the recent evidence-based information and communications technologies1.13.2. Apply continuous medical education and research to keep up to date with the international advancement in medicine and surgery.1.13.3. Use of information technology to improve the quality of patient care through proper.1.13.4. Share patients or their caregivers in decision making regarding management plans.1.13.5. Gather and organize material from various sources (including library, electronic and online resources).1.13.6. Apply the principles of using international |





guidelines and multidisciplinary team MDT.

- 1.13.7. Apply basics of scientific research (collection, analysis and interpretation of data).
- 1.13.8. Apply critical appraisal skills and use of evidence-based guidelines in making decisions about the care of patients.
- 1.13.9. Evaluate risk /benefit of any intervention to tailor the management plan with minimum risk to the patient.
- 1.13.10. Formulate DD of wheezy chest and have a good understanding of the presentation, and etiology of each disease
- 1.13.11. Formulate a strategy for smoking cessation.
- 1.13.12. Select appropriate diagnostic and therapeutic management strategies in acute and chronic chest diseases.
- 1.13.13. Select clinical decisions regarding the main chest diseases
- 1.13.14. Formulate a management plan for different cardiac and chest diseases using the recent guidelines and evidence-based medicine.
- 1.13.15. Formulate an approach for management of malignant pleural effusion.
- 1.13.16. Select patients who are candidates for surgical intervention in pneumothorax.
- 1.13.17. Integrate pharmacological and nonpharmacological management of hypertension
- 1.13.18. Select different treatment of hyperlipidemia according to the patient case
- 1.13.19. Formulate a plan of management for childhood asthma
- 1.13.20. Formulate a plan of management of heart failure in children.
- 1.13.21. Formulate appropriate management plans for individual patients presenting with the most common cardiac disorders.
- 1.13.22. Apply education of patient with hypertension
- 1.13.23. Practice education of asthmatic patient
- 1.13.24. Formulate a strategy for smoking cessation.
- 1.13.25. Conduct smoking cessation session
- 1.13.26. Assess inserted chest tube for removal.

مدير البرنامج المتميز
أ.د. زينب فاسى





1.15 Provide the appropriate care in cases of emergency, including cardio-pulmonary resuscitation, immediate life support measures and basic first aid procedures.

1.15.1. Select appropriate diagnostic and therapeutic management strategies in acute chest and cardiac diseases.

1.15.2. Provide first aid measures for cardiac emergencies.

1.15.3. Perform cardiopulmonary resuscitation and basic life support in an effective manner.

1.15.4. Perform chest tube insertion.

1.15.5. Demonstrate respect to the opinions of seniors and other colleagues in emergent critical situations.

Competency Area 2: The graduate as a health promoter.

| Key Competency | Module LOs |
|---|--|
| 2.9 Adopt suitable measures for infection control. | 2.9.1 Apply infection control measures while dealing with patients |

Competency Area 3: The graduate as a professional.

| Key competency | Module LOs |
|--|---|
| 3.1 Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, commitment, compassion, and respect. | 3.1.1 Demonstrate a professional, respectful attitude while dealing with colleagues, and staff members 3.1.2 Demonstrate commitment and integrity while preparing the coursework and assignments |
| 3.4 Treat all patients equally, and avoid stigmatizing any category regardless of their social, cultural or ethnic backgrounds, or their disabilities. | 3.4.1 Demonstrate respect to social, culture, and ethnic difference of patients treating them equally. |
| 3.8 Refer patients to the appropriate health facility at the appropriate stage. | 3.8.1 Identify the rules of referral for complex and undiagnosed cases |

Competency Area 5: The graduate as a member of the health team and part of the health care system.

| Key competency | Module LOs |
|--|--|
| 5.2 Respect colleagues and other health care professionals and work | 5.2.1 Demonstrate respect towards colleagues. 5.2.2 Apply teamwork in educational and |



cooperatively with them, negotiating overlapping and shared responsibilities and engaging in shared decision-making for effective patient management.

professional encounters

Competency Area 6: The graduate as a lifelong learner and researcher.

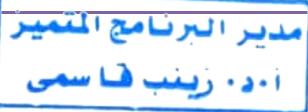
| Key competency | Module ILOs |
|---|--|
| 6.2 Develop, implement, monitor, and revise a personal learning plan to enhance professional practice. | 6.2.1 Formulate a learning plan for the module in focus 6.2.2 Apply the learning plan respecting emerging priorities and encounters |
| 6.3 Identify opportunities and use various resources for learning. | 6.3.1 Use information resources either written or electronic efficiently for the educational process. |
| 6.6 Effectively manage learning time and resources and set priorities. | 6.6.1 Manage time and learning resources effectively. 6.6.2 Apply priority setting in the learning process |

III. Module Contents:

| Theoretical | | |
|--|----------------|-------------------------------|
| Topic | Teaching Hours | Department |
| Heart failure in adults I. | 1 | Cardiology |
| Heart failure in adults II. | 1 | Cardiology |
| Valvular diseases in adults I. | 1 | Cardiology |
| Valvular diseases in adults II. | 1 | Cardiology |
| Infective endocarditis | 1 | Cardiology |
| Pulmonary embolism. | 1 | Cardiology |
| Hypertension. | 1 | Cardiology |
| Arrhythmia I. | 1 | Cardiology |
| Arrhythmia II. | 1 | Cardiology |
| Ischemic heart diseases I. | 1 | Cardiology |
| Ischemic heart diseases II. | 1 | Cardiology |
| Shock | 1 | Cardiology |
| Coronary artery bypass graft. | 1 | Cardiothoracic surgery |
| Cardiothoracic emergencies. | 1 | Cardiothoracic surgery |
| Surgical treatment of valvular heart diseases | 1 | Cardiothoracic surgery |



| | | |
|---|-----------------------|-------------------------------|
| Chest trauma I. | 1 | Cardiothoracic surgery |
| Chest trauma II. | 1 | Cardiothoracic surgery |
| Surgical interventions of pleural diseases. | 1 | Cardiothoracic surgery |
| Adulthood bronchial asthma. | 1 | Chest |
| COPD. | 1 | Chest |
| Obstructive sleep apnea. | 1 | Chest |
| Pneumonia in adults. | 1 | Chest |
| Adulthood tuberculosis. | 1 | Chest |
| Lung abscess. | 1 | Chest |
| Bronchiectasis. | 1 | Chest |
| Pleural effusion. | 1 | Chest |
| Interstitial lung diseases. | 1 | Chest |
| Lung cancer. | 1 | Chest |
| Pulmonary hypertension. | 1 | Chest |
| Respiratory failure. | 1 | Chest |
| Smoking cessation | 1 | Family Medicine |
| Cardiovascular risk assessment in hypertension | 1 | Family medicine |
| Cardiovascular risk assessment in hyperlipidemia | 1 | Family medicine |
| Upper respiratory tract disorders in children. | 1 | Pediatrics |
| Wheezy chest in infants & bronchiolitis. | 1 | Pediatrics |
| Childhood bronchial asthma& pediatric TB. | 1 | Pediatrics |
| Cyanotic congenital heart diseases I. | 1 | Pediatrics |
| Acyanotic congenital heart diseases II. | 1 | Pediatrics |
| Obstructive congenital valvular diseases. | 1 | Pediatrics |
| Heart failure in children | 1 | Pediatrics |
| Pneumonia in children. | 1 | Pediatrics |
| Rheumatic fever. | 1 | Pediatrics |
| Total | 42 | |
| Clinical | | |
| Topic | Teaching Hours | Department |
| Cardiac symptom, | 1.5 | Cardiology |
| Neck veins. | 1.5 | Cardiology |
| Pulse and blood pressure | 1.5 | Cardiology |
| Inspection and palpation | 1.5 | Cardiology |
| Auscultation I | 1.5 | Cardiology |
| Auscultation II | 1.5 | Cardiology |
| Case scenario I | 1.5 | Cardiology |
| Skill lab | 1.5 | Cardiology |
| ECG I | 1.5 | Cardiology |
| ECG II | 1.5 | Cardiology |
| ECG III | 1.5 | Cardiology |
| ECG IV | 1.5 | Cardiology |





| | | |
|---|-----------|-------------------------------|
| Anticoagulation & bridging therapy | 1.5 | Cardiothoracic surgery |
| Surgical radiology | 1.5 | Cardiothoracic surgery |
| Chest tube | 1.5 | Cardiothoracic surgery |
| Pneumothorax | 1.5 | Cardiothoracic surgery |
| Empyema | 1.5 | Cardiothoracic surgery |
| Chest trauma | 1.5 | Cardiothoracic surgery |
| History | 1.5 | Chest |
| General examination | 1.5 | Chest |
| Inspection and palpation | 1.5 | Chest |
| Percussion | 1.5 | Chest |
| Auscultation | 1.5 | Chest |
| Chest X ray | 1.5 | Chest |
| Case examination I. | 1.5 | Chest |
| Case examination II | 1.5 | Chest |
| Case Examination III | 1.5 | Chest |
| Case Examination IV | 1.5 | Chest |
| Case Examination V | 1.5 | Chest |
| Case Examination VI | 1.5 | Chest |
| Smoking cessation | 1.5 | Family Medicine |
| Bronchial asthma (patient education and follow up) | 1.5 | Family Medicine |
| Hypertension (patient education and follow up) | 1.5 | Family Medicine |
| History and General examination | 1.5 | Pediatrics |
| Chest examination | 1.5 | Pediatrics |
| Case examination I | 1.5 | Pediatrics |
| Case examination II | 1.5 | Pediatrics |
| Cardiac examination | 1.5 | Pediatrics |
| Case examination | 1.5 | Pediatrics |
| Case examination III | 1.5 | Pediatrics |
| Case examination IV. | 1.5 | Pediatrics |
| Case Examination V | 1.5 | Pediatrics |
| Total | 68 | |

IV– Teaching and Learning Methods:

1. Theoretical Teaching:

d) Interactive lectures: using

- Brainstorming
- Audiovisual aids through animations and diagrams
- Interaction with the students through questions
- Student engagement with discussion

e) Case Based learning

f) Team Based Learning

2. Clinical Teaching:

c) Clinical rounds: using

- Simulated patients
- Web based video and Multimedia applications



مدير البرنامج التمثيل
د. زينب فاسعى



- Problem solving
- d) **Bedside clinical teaching**
- e) **Skill lab**

3. **Field Training**

4. **Self-directed Learning**

V- Student Assessment:

A. Attendance criteria:

The minimum acceptable attendance is 75%, otherwise students failing to reach that percentage will be prevented from attending the final examination.

B. Types of Assessment:

- **Formative:** This form of assessment is designed to help the students to identify areas for improvement. It includes a multiple-choice questions, problems-solving exercises and independent learning activities in all subjects. These will be given during tutorial and practical sessions. The Answers are presented and discussed immediately with you after the assessment. The results will be made available to the students.
- **Summative** This type of assessment is used for judgment or decisions to be made about the students' performance. It serves as:
 1. Verification of achievement for the student satisfying requirement
 2. Motivation of the student to maintain or improve performance
 3. Certification of performance
 4. Grades

C- Summative Assessment Methods and Schedule:

| Assessment Method | Percentage | Description | Timing |
|-----------------------------|------------|---|----------------------------|
| Regular Evaluation | 30% | 10% written at the end of and periodicals including problem solving, multiple choice questions, give reason, matching, extended matching, complete and compare. 20% Participation in the tutorials, During the module TBL, Research. | At the end of the module |
| Final practical exam | 30% | OSCE Exam | At the end of the module |
| Final Written | 40% | It Includes problem-solving, multiple choice questions, give a reason, matching, extended matching, complete and compare. | At the end of the semester |

D- Weighing of Assessment:

| Method of Assessment | Marks | Percentag e |
|------------------------------|-------------|-------------|
| Final Written exam. | 70 | 40% |
| Final Practical exam. | 52.5 | 30% |
| Activities | 52.5 | 30% |





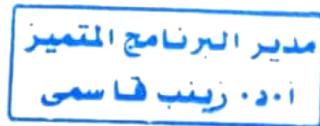
| | | |
|--------------|--------------|-------------|
| Total | 137.5 | 100% |
|--------------|--------------|-------------|

E- Grading for by GPA System:

| The Percentage | Symbol | Grade |
|-----------------------|---------------|-------------------|
| > 85% | A | Excellent. |
| 75-<85 % | B | Very Good |
| 65 - < 75 % | C | Good. |
| 60 - < 65 % | D | Passed. |
| < 60 % | F | Failed. |
| | W | Withdrawn |

VI. List of references and resources:

- **Module Notes**
- **Essential Books:**



Pediatrics:

- Nelson Textbook of Pediatrics, 20th Edition. By: Robert M. Kliegman, Bonita M.D. Stanton, Joseph St. Geme, Nina F Schor. W B Saunders Co Ltd, 2015.
- American Academy of Pediatrics Textbook of Pediatric Care, 2nd Edition. By: Thomas K. McInerny, Henry M. Adam, Deborah E. Campbell, Thomas G. DeWitt, Dr. Jane Meschan Foy, Dr. Deepak M. Kamat. American Academy of Pediatrics, 2016.
- Schwartz's Clinical Handbook of Pediatrics (Point (Lippincott Williams & Wilkins)) 5th Edition. By: Joseph J. Zorc, Elizabeth R. Alpern, Lawrence W. Brown, Kathleen M. Loomes, Bradley S. Marino, Cynthia J. Mollen, Leslie J. Raffini. LWW, 2012.

Cardiology:

- Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 2-Volume Set 11th Edition. By: Douglas P. Zipes, Peter Libby, Robert O. Bonow, Douglas L. Mann, Gordon F. Tomaselli. Elsevier, 2018.
- Textbook of Cardiovascular Medicine (Topol,Textbook of Cardiovascular Medicine) 3rd Edition. By: Eric J. Topol, Robert M. Califf, Eric N. Prystowsky, James D Thomas, Paul D. Thompson. Lippincott Williams & Wilkins, 2006)

Chest:

- Crofton & Dougloss Respiratory Diseases 5th Edition. By: Seaton, Wiley, 2008
- Fishman's Pulmonary Diseases And Disorders, 5th Edition. By: Michael A. Grippi, Jack A. Elias, Jay A. Fishman, Allan I. Pack, Robert M. Senior, Robert Kotloff . Mc Graw Hill Education, 2015.

Cardiothoracic surgery:

- Sabiston and Spencer Surgery of the Chest, 9th Edition. By: Frank W. Sellke, Pedro J. del Nidouther, Scott J. Swanson. Elsevier, 2015.



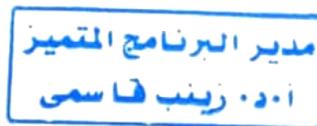
- Johns Hopkins Textbook of Cardiothoracic Surgery, Second Edition 2nd Edition. By: David Yuh, Luca Vricella, Stephen Yang, John Doty. McGraw-Hill Education / Medical, 2014).

Family Medicine:

- Oxford Textbook of Primary Medical Care. By: Roger Jones. Oxford University Press, 2004.
- Textbook of Family Medicine 9th Edition. By: Rakel, Robert E. Saunders; 2015.
- Swanson's Family Medicine Review 8th Edition. By: Alfred F. Tallia, Joseph E. Scherger, Nancy W. Dickey. Elsevier, 2016.
- CURRENT Diagnosis & Treatment in Family Medicine, 4th Edition 4th Edition. By: Jeannette South-Paul, Samuel Matheny, Evelyn Lewis. McGraw Hill / Medical, 2015.

VII- Facilities required for teaching and learning:

- 1- Faculty Lecture halls
- 2- Faculty library for textbooks & electronic library for web search.
- 3- Audiovisual aids as boards, data show and computers.
- 4- Skill lab and patient simulators
- 5- Clinical round teaching rooms.
- 6- Hospital wards., outpatient clinics, and operative theatres.



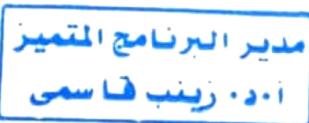


Key Competencies & Module LOs vs Teaching and Assessment Methods Matrix

| Key Competencies | Module Learning Outcomes | Teaching Methods | | | | | | | Assessment Methods | | | | | | | |
|------------------|--------------------------|-------------------|------------------|---------------------|---------------------|-----------------|----------------------------|-----------|---------------------|-------------|----------|----------------------|---------|------|-------------|---------|
| | | Recorded Lectures | Inverted Lecture | Case Based Learning | Team based Learning | Clinical Rounds | Bed Side Clinical Teaching | Skill Lab | Self-directed study | Theoretical | Clinical | Formative Assessment | Written | OSCE | Assignments | quizzes |
| 1.1 | 1.1.1 to 1.1.4 | | | | x | x | | | | x | | | x | x | | x |
| 1.2 | 1.2.1 to 1.2.6 | | x | | x | x | | | | x | | | x | x | | x |
| 1.4 | 1.4.1 to 1.4.12 | | | | x | x | x | | | x | | x | x | x | | x |
| 1.5 | 1.5.1, 1.5.2 | x | x | x | x | x | | | x | x | x | x | x | x | x | x |
| 1.6 | 1.6.1 to 1.6.7 | x | x | x | x | x | x | | x | x | x | x | x | x | | x |
| 1.7 | 1.7.1 to 1.7.3 | | | x | | x | | | | x | | | x | | | |
| 1.8 | 1.8.1 to 1.8.46 | x | x | x | x | | | | x | x | | x | | x | x | x |
| 1.10 | 1.10.1 to 1.10.7 | | | x | x | x | | | x | x | x | x | x | | x | x |
| 1.11 | 1.11.1 | | | | | x | x | | | x | | x | x | | | x |
| 1.13 | 1.13.1 to 1.13.26 | | x | | x | | | x | x | x | x | x | x | | x | |
| 1.15 | 1.15.1-1.15.5 | | x | | x | x | | | x | x | x | x | x | | x | x |
| 2.9 | 2.9.1 | | | | | x | x | | | x | | x | x | | | x |
| 3.1 | 3.1.1 to 3.1.2 | | | | | x | x | | | x | | x | x | | | x |
| 3.4 | 3.4.1 | | | | | x | x | | | x | | x | x | | | x |
| 3.8 | 3.8.1 | | | | | x | x | | | x | | x | x | | | x |
| 5.2 | 5.2.1, 5.2.2 | x | x | x | | x | | | | | | | x | | | x |
| 5.10 | 5.10.1 to 5.10.3 | | | | | x | | | | x | | x | x | x | | x |
| 6.2 | 6.2.1, 6.2.2 | | | | | | | x | x | x | x | x | x | x | x | x |
| 6.3 | 6.3.1 | | | | | | | x | x | x | x | x | x | x | x | x |
| 6.6 | 6.6.1, 6.6.2 | | | | | | | x | x | x | x | x | x | x | x | x |

Module Coordinator: Dr. Morad Beshay

Program Coordinator: Prof. Dr. Zeinab Kasemy





Gynecology

University: Menoufia

Faculty: Medicine

A-Administrative information

Module Title: Gynecology

Code No: GYN 4104

Department offering the Module : Obstetrics & Gynecology Department

Program on which the Module is given: Menoufia M.B.B.Ch Credit- hour Program (5+2)

Academic year/level: Fourth level

Semester: Semester VII

Date of specification: 2018.

Date of approval by Department Council: 2018

Date of approval by Faculty Council: 2018

Credit hours: 5 credit hours / 5 weeks

| Teaching hours | | | |
|---|-----------|-----------|------------|
| | Lectures | Practical | Activities |
| Obstetrics & Gynecology Department | 30 | 45 | 90 |

B- Professional Information

I. Aim of the Module:

This module aims to provide the student with essential clinical knowledge and clinical skills regarding common gynecological disorders, developing his/her role as a health advisor for good women health via well planned approach and management with emphasis on gynecologic problems prevention and health promotion and cost-effectiveness while selecting treatment strategy.



II- Learning outcomes of the module:

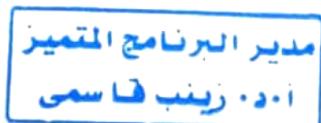
Competency Area 1: The graduate as a health care provider.

| Key competency | Module LOs |
|----------------|------------|
|----------------|------------|

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أ.د. زينب فاسى

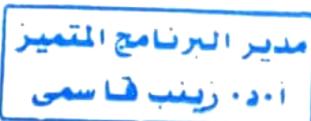


| | | |
|-------------|---|---|
| -1.1 | Take and record a structured, patient-centered history. | 1.1.1. Perform structured history taking including obstetric and menstrual history. |
| | | 1.1.2. Interpret the clinical symptoms of different gynecological cases. |
| | | 1.1.3. Communicate with patients regardless of their social, cultural backgrounds or their disabilities. |
| | | 1.1.4. Apply the ethics of medical practice when dealing with patients and colleagues. |
| | | 1.1.5. Perform effective eye contact, active listening, and appropriate body language. |
| | | 1.1.6. Record clinical data in a complete, accurate and retrievable manner. |
| | | 1.1.7. Present information clearly in written, electronic, and verbal forms. |
| 1.2 | Adopt an empathic and holistic approach to the patients and their problems. | 1.2.1. Demonstrate empathy in patient consultation |
| | | 1.2.2. Communicate effectively with patients regardless of their social, cultural backgrounds or their disabilities. |
| | | 1.2.3. Apply the ethics of medical practice when dealing with patients and colleagues. |
| | | 1.2.4. Apply recommended gynaecological related prevention strategies to women throughout the life span. |
| | | 1.2.5. Practice patient education during an interview with the patient. |
| | | 1.2.6. Show a professional image in manner, dress, speech and interpersonal relationships that is consistent with the medical professions accepted contemporary standards in the community. |
| | | 1.2.7. Identify the approach for management of difficult communication including breaking bad news. |
| 1.4 | Perform appropriately timed full physical examination of patients, appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive. | 1.4.1. Perform physical examination for females with gynecological problems including abdominal and pelvic examination. |
| | | 1.4.2. Interpret the clinical signs of different gynecological cases. |
| | | 1.4.3. Apply the ethics of medical practice when examining patients. |
| | | 1.4.4. Apply proper infection control when dealing with patients. |





| | | |
|-----|--|---|
| 1.5 | Prioritize issues to be addressed in a patient encounter. | 1.5.1. Apply priority setting while formulating a differential diagnosis for different gynecological cases. |
| 1.6 | Select the appropriate investigations and interpret their results taking into consideration cost/ effectiveness factors. | 1.6.1. Select the proper investigations for different gynecology cases. 1.6.2. Interpret the findings of basic investigations of gynecology cases. 1.6.3. Follow the guidelines in choosing the proper investigations while taking into consideration cost-effectiveness. |
| 1.7 | Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice. | 1.7.1. Work with other healthcare professions in management of undiagnosed cases. 1.7.2. Apply the rules of consultation for urgent and undiagnosed cases. 1.7.3. Communicate effectively through feedback to help evaluate his own and others work. |
| 1.8 | Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand. | 1.8.1. Explain the physiology of menstruation, genital changes and factors controlling. 1.8.2. Identify the types, causes, proper investigation, and management of abnormal bleeding. 1.8.3. Outline the magnitude of the infertility problem and its different etiologies, emphasizing preventable and avoidable causes and anovulation. 1.8.4. Recognize causes, types, and methods of diagnosis and management of STIs. 1.8.5. Outline the magnitude of, causes (preventable and avoidable) and management of pruritus vulvae, genital prolapse, RVF, SI complete perineal tear and rectovaginal fistulas problems 1.8.6. Discuss the magnitude of, causes (preventable and avoidable) and management of uterine fibroid. 1.8.7. Recognize the methods of diagnosis, early detection and describe DD of Genital tract malignancies. 1.8.8. Describe the importance of screening for cervical cancer, its current screening programs, management and importance and management of other genital tract tumors with the results of outlined appropriate investigations for these tumors and their follow up. 1.8.9. Enumerate the different contraceptive methods: their uses, types, advantages, disadvantages, and complications, EBM opinions in Hormonal methods. |





| | |
|---|--|
| 1.10 Integrate the results of history, physical examination and laboratory test findings into a meaningful diagnostic formulation. | <ul style="list-style-type: none">1.10.1. Formulate the collected data during history taking and clinical examination to reach the patients psychiatric and neurological diagnosis and differential diagnosis.1.10.2. Integrate the basic bio-psychosocial and behavioral model in psychiatric practice.1.10.3. Formulate a differential diagnosis for a case of convulsions with fever.1.10.4. Construct differential diagnoses of patients with common gynecological conditions.1.10.5. Demonstrate an investigatory and analytic thinking approach to different gynecological clinical situations such as abnormal uterine bleeding, infertility, chronic pelvic pain, adnexal mass, urinary incontinence, delayed puberty and vaginal discharge. |
| 1.11 Perform diagnostic and intervention procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances. | <ul style="list-style-type: none">1.11.1. Perform gynecological procedures like IUD insertion and Pap smear. |
| 1.13 Establish patient-centered management plans in partnership with the patient, his/her family and other health professionals as appropriate, using Evidence Based Medicine in management decisions. | <ul style="list-style-type: none">1.13.1. Retrieve information and be able to use the recent evidence-based information and communications technologies1.13.2. Apply continuous medical education and research to keep up to date with the international advancement in medicine and surgery.1.13.3. Use of information technology to improve the quality of patient care through proper.1.13.4. Share patients or their caregivers in decision making regarding management plans.1.13.5. Gather and organize material from various sources (including library, electronic and online resources).1.13.6. Apply the principles of using international guidelines and multidisciplinary team MDT.1.13.7. Apply basics of scientific research (collection, analysis and interpretation of data).1.13.8. Relate knowledge of contraception, and sterilization in shared decision making with patients in clinical scenarios |
| 1.15 Provide the appropriate care in cases of emergency, including cardio-pulmonary resuscitation, immediate life support measures and basic first aid procedures. | <ul style="list-style-type: none">1.15.1. Conduct first aid measures for gynecologic emergency. |

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أ.د. زينب فاسى





Competency Area 2: The graduate as a health promoter.

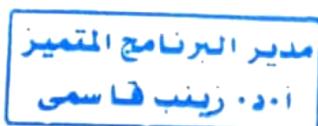
| Key Competency | Module LOs |
|--|--|
| 2.9 Adopt suitable measures for infection control. | 2.9.1 Apply infection control measures while dealing with patients |

Competency Area 3: The graduate as a professional.

| Key competency | Module LOs |
|---|---|
| 3.1 Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, commitment, compassion, and respect. | 3.1.1 Demonstrate a professional, respectful attitude while dealing with colleagues, and staff members 3.1.2 Demonstrate commitment and integrity while preparing the coursework and assignments |
| 3.4 Treat all patients equally, and avoid stigmatizing any category regardless of their social, cultural or ethnic backgrounds, or their disabilities. | 3.4.1 Demonstrate respect to social, culture, and ethnic difference of patients treating them equally. |
| 3.8 Refer patients to the appropriate health facility at the appropriate stage. | 3.8.2 Identify the rules of referral for complex and undiagnosed cases |

Competency Area 5: The graduate as a member of the health team and part of the health care system.

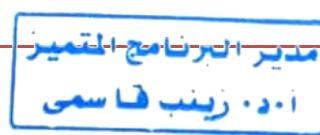
| Key competency | Module LOs |
|---|--|
| 5.2 Respect colleagues and other health care professionals and work cooperatively with them, negotiating overlapping and shared responsibilities and engaging in shared decision-making for effective patient management. | 5.2.1 Demonstrate respect towards colleagues. 5.2.2 Apply teamwork in educational and professional encounters |





Competency Area 6: The graduate as a lifelong learner and researcher.

| Key competency | Module LOs |
|---|--|
| 6.2 Develop, implement, monitor, and revise a personal learning plan to enhance professional practice. | 6.2.1 Formulate a learning plan for the module in focus 6.2.2 Apply the learning plan respecting emerging priorities and encounters |
| 6.3 Identify opportunities and use various resources for learning. | 6.3.1 Use information resources either written or electronic efficiently for the educational process. |
| 6.6 Effectively manage learning time and resources and set priorities. | 6.6.1 Manage time and learning resources effectively. 6.6.2 Apply priority setting in the learning process |



II- Module Contents:

| Theoretical | Teaching Hours |
|---|-----------------------|
| Topic | |
| Physiology of menstruation, hormone receptors and sex hormones | 0.5 |
| Anatomy of female genital tract | 1 |
| Development& congenital anomalies of female genital tract | 1 |
| Menopause- climactic & menopause | 1.5 |
| Dysmenorrhea & premenstrual syndrome- amenorrhea | 2 |
| Genital infection& PID – Sexually transmitted diseases | 1.5 |
| PCOs & hirsutism | 2 |
| Puberty (normal and abnormal)- Intersex | 1.5 |
| Abnormal uterine bleeding | 2 |
| Hyperprolactinemia | 1 |
| Contraception | 2 |
| Infertility | 2 |
| Old perineal tear, genitoperineal fistula and rectovaginal fistula | 1 |
| Genital prolapse & urinary incontinence | 1.5 |
| Fibroid uterus | 1 |
| Ovarian tumors – tumor markers | 2 |
| Neoplasms of the vulva and vagina | 0.5 |
| Endometriosis | 1.5 |
| CIN & cervical cancer | 2 |
| Endometrial hyperplasia and endometrial carcinoma | 1 |
| Operative gynecology | 1.5 |
| Total | 30 |
| Clinical | |
| Topic | Teaching Hours |
| History taking and gynecological examination (general, abdominal and vaginal | 3 |



| | |
|--|------------|
| examination) | |
| Skill lab clinical activity session (abdominal- breast –pelvic examination) | 3 |
| An approach and investigation of a patient with AUB (through a real case of AUB) | 3 |
| Departmental ward clinical activity session: (Evaluation of a gynecological patient in the ward- interpretation of gynecological investigations- Preoperative preparation of a gynecological patient in the ward) | 3 |
| An approach and investigation of a patient with subfertility (through a real case of subfertility) | 3 |
| Departmental operative ward clinical activity session: (patient preparation in the operative theater- abdominal hysterectomy- laparoscopy) | 3 |
| An approach and investigations of a woman with genital prolapse ± urinary incontinence (through a real case with genital prolapse) | 3 |
| Departmental outpatient clinic clinical activity session:(Patient interview and data recording- common gynecological clinical problems in the clinic & its presentation- gynecological services in the clinic e.g.Pap smear-IUCD insertion- US- Cervical cautery- Colposcopy-Office hysteroscopy) | 3 |
| An approach and investigations of a woman with adnexal mass (through a real case with adnexal mass) | 3 |
| Skill lab clinical activity session:(How to do pap smear- Insertion of IUCD) | 3 |
| An approach and investigations of a woman with a pelvic pain (through a real case with pelvic pain) | 3 |
| Departmental inward clinical activity session: (postoperative care of a gynecological patient- Discharge of postoperative patient and plan for follow up) | 3 |
| An approach and investigation of a woman with a pelvic or pelviabdominal mass (through a real case with pelviabdominal mass) | 3 |
| Departmental operative ward clinical activity session: (Hysteroscopy- Vaginal surgeries (marsupialization of Bartholin abscess-vulvar biopsy-cervical conization-anterior colporrhaphy-posterior colpoperineorrhaphy- vaginal hysterectomy). | 3 |
| An approach to a woman with vulvar ulcer (through a real case with vulvar ulcer) | 1.5 |
| Departmental outpatient clinic clinical activity session: (Ultrasound features of normal and abnormal female genital tract parts) | 1.5 |
| Total | 45 |

IV- Teaching and Learning Methods:

1. Theoretical Teaching:

a) Interactive lectures: using

- Brainstorming
- Audiovisual aids through animations and diagrams
- Interaction with the students through questions
- Student engagement with discussion

b) Case Based learning

c) Team Based Learning

2. Clinical Teaching:

a) Clinical rounds: using

- Simulated patients
- Web based video and Multimedia applications
- Problem solving



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أ.د. زينب قاسمي



b) Bedside clinical teaching
c) Skill lab

3. Self-directed Learning

V- Student Assessment:

A. Attendance criteria:

The minimum acceptable attendance is 75%, otherwise students failing to reach that percentage will be prevented from attending the final examination.

B. Types of Assessment:

- **Formative:** This form of assessment is designed to help the students to identify areas for improvement. It includes a multiple-choice questions, problems-solving exercises and independent learning activities in all subjects. These will be given during tutorial and practical sessions. The Answers are presented and discussed immediately with you after the assessment. The results will be made available to the students.
- **Summative** This type of assessment is used for judgment or decisions to be made about the students' performance. It serves as:
 1. Verification of achievement for the student satisfying requirement
 2. Motivation of the student to maintain or improve performance
 3. Certification of performance
 4. Grades

C- Summative Assessment Methods and Schedule:

| Assessment Method | Percentage | Description | Timing |
|------------------------------|------------|---|----------------------------|
| Regular Evaluation | 30% | 10% written at the end of and periodicals including problem solving, multiple choice questions, give reason, matching, extended matching, complete and compare. 20% Participation in the tutorials, TBL, Research. | At the end of the module |
| *Final practical exam | 30% | OSCE Exam | At the end of the module |
| Final Written | 40% | It Includes problem-solving, multiple choice questions, give a reason, matching, extended matching, complete and compare. | At the end of the semester |

D- Weighing of Assessment:

| Method of Assessment | Marks | Percentage |
|------------------------------|------------|-------------|
| Final Written exam. | 50 | 40% |
| Final Practical exam. | 37.5 | 30% |
| Activities | 37.5 | 30% |
| Total | 125 | 100% |



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E- Grading for by GPA System:

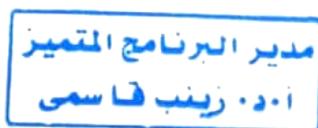
| The Percentage | Symbol | Grade |
|----------------|--------|------------|
| > 85% | A | Excellent. |
| 75-<85 % | B | Very Good |
| 65 - < 75 % | C | Good. |
| 60 - < 65 % | D | Passed. |
| < 60 % | F | Failed. |
| | W | Withdrawn |

VI. List of references and resources:

- **Department Textbook.**
- **Essential Books:**
 - Comprehensive Gynecology 7th Edition. By: Rogerio A. Lobo, David M. Gershenson, Gretchen M Lentz. Elsevier, 2016
 - Williams Gynecology, Third Edition. By: John Schorge Barbara Hoffman. McGraw-Hill, 2016
 - Jeffcoate's Principles of Gynaecology International Edition. By Narenda Malhotra, Jaideep Malhotra, Richa Saxena, Neharika Malhotra Bora. Jaypee Brothers Medical Pub, 2018.

VII- Facilities required for teaching and learning:

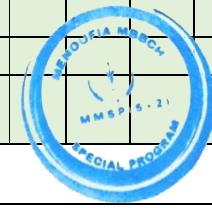
- 1- Faculty Lecture halls
- 2- Faculty library for textbooks & electronic library for web search.
- 3- Audiovisual aids as boards, data show and computers.
- 4- Skill lab and patient simulators
- 5- Clinical round teaching rooms.
- 6- Hospital wards., outpatient clinics, and operative theatres





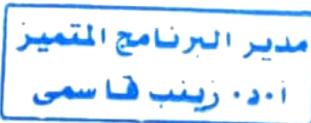
Key Competencies & Module LOs *vs* Teaching and Assessment Methods Matrix

| Key Competencies | Module Learning Outcomes | Teaching Methods | | | | | | | | | | Assessment Methods | | | | | |
|------------------|--------------------------|------------------|-------------------|---------------------|---------------------|-----------------|----------------------------|-----------|---------------------|-------------|----------|--------------------|------|-------------|---------|---------------|--|
| | | Recorded Lecture | Inverted Lectures | Case Based Learning | Team based Learning | Clinical Rounds | Bed Side Clinical Teaching | Skill Lab | Self-directed study | Theoretical | Clinical | Written | OSCE | Assignments | quizzes | participation | |
| 1.1 | 1.1.1 to 1.1.7 | | | | x | x | | | | x | | x | x | x | | x | |
| 1.2 | 1.2.1 to 1.2.7 | | x | | x | x | | | | x | | x | x | | | x | |
| 1.4 | 1.4.1 to 1.4.4 | | | | x | x | x | | | x | | x | x | x | | x | |
| 1.5 | 1.5.1 to 1.5.3 | x | x | x | x | x | | | x | x | x | x | x | | x | x | |
| 1.6 | 1.6.1 to 1.6.3 | x | x | x | x | x | x | | x | x | x | x | x | | x | | |
| 1.7 | 1.7.1 to 1.7.3 | | x | | | x | | | | x | | x | | | | | |
| 1.8 | 1.8.1 to 1.8.9 | x | x | x | x | | | | x | x | | x | | x | x | x | |
| 1.10 | 1.10.1 to 1.10.5 | | x | x | x | | | | x | x | x | x | x | | x | x | |
| 1.11 | 1.11.1 | | | | x | x | | | | x | | x | x | | | x | |
| 1.13 | 1.13.1 to 1.13.8 | | x | | x | | | | x | x | x | x | | | x | | |
| 1.15 | 1.15.1 | | x | | x | x | | | | x | x | x | x | | x | x | |
| 2.9 | 2.9.1 | | | | x | x | | | | x | | x | x | | | x | |
| 3.1 | 3.1.1 to 3.1.2 | | | | x | x | | | | x | | x | | | | x | |
| 3.4 | 3.4.1 | | | | x | x | | | | x | | x | | | | x | |
| 3.8 | 3.8.1 | | | | x | x | | | | x | | x | | | | x | |
| 5.2 | 5.2.1, 5.2.2 | x | x | x | | x | | | | | | | x | | | x | |
| 5.10 | 5.10.1 to 5.10.3 | | | | x | | | | | x | | x | x | | | x | |
| 6.2 | 6.2.1, 6.2.2 | | | | | | | | x | x | x | x | x | x | x | x | |
| 6.3 | 6.3.1 | | | | | | | | x | x | x | x | x | x | x | x | |
| 6.6 | 6.6.1, 6.6.2 | | | | | | | | x | x | x | x | x | x | x | x | |



Module Coordinator: Dr. Nehad Hosny

Program Coordinator: Prof. Dr. Zeinab Kasen





Patient safety

University: Menoufia

Faculty: Medicine

A-Administrative information

Module Title: Patient safety

Code: PS/IC 4105

Department offering the Module Public health and community medicine

Program(s) on which the Module is given: Menoufia M.B.B.Ch Credit- hour Program (5+2)

Academic year: Fourth year

Semester: VII

Date of specification: 2018

Date of approval by department's council: 2018

Date of approval by faculty council: 2018

Credit hours: 1 credit hour

Teaching hours: 15 hours / Lectures

B-Professional information

I, Aim of the Module:

To provide the students with competencies regarding infection control strategies and measures that promotes patient safety.

II. Learning outcomes of the Module

Competency Area 1: The graduate as a health care provider.

| Key competency | Module LOs |
|---|--|
| <p>1.12 Adopt strategies and apply measures that promote patient safety.</p> <p>مدير البرنامج المتميّز أ.د. زينب فاسمي</p> | <p>1.12.1. Define health care associated infections and, its types, predisposing factors and how to prevent.</p> <p>1.12.2. Define surveillance, its components and describe different types of surveillance.</p> <p>1.12.3. Define outbreak and describe its investigations.</p> <p>1.12.4. Apply the skills to investigate a case of outbreak</p> <p>1.12.5. Apply the skills for hospital waste management, safe injection and environmental cleaning</p> <p>1.12.6. Formulate a management plan for public health problems.</p> <p>1.12.7. Effectively manage time and resources and set</p> |



priority

1.12.8. Analyze a changing work environment.

Competency Area 2: The graduate as a health promoter.

| Key Competency | Module LOs |
|---|---|
| 2.9 Adopt suitable measures for infection control. | 2.9.1. Identify infection control process and 10 requirements of standard precautions. 2.9.2. Identify protocol for immunization of health care workers 2.9.3. Apply the skills for hand hygiene, PPE and aseptic technique. 2.9.3. Interact and communicate sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, and professional backgrounds, and with persons of all ages and lifestyle preferences. 2.9.4. Collaborate with his colleagues in a teamwork during field visits, class discussion, as well as solving problems |

III. Module Contents:

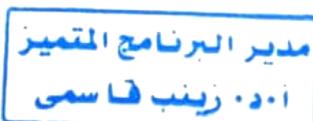
| Topic | Teaching hours |
|--|----------------|
| Introduction | 1 |
| Surveillance of healthcare associated infections (part 1) | 1 |
| Surveillance of healthcare associated infections (part 2) | 1 |
| Hospital outbreak management (part 1) | 1 |
| Hospital outbreak management (part 2) | 1 |
| Infection control (standard precaution) | 1 |
| Infection control (hand hygiene) | 1 |
| Infection control (personal protective equipment's) | 1 |
| Aseptic technique\respiratory hygiene\cough etiquette | 1 |
| Cleaning, disinfection and sterilization | 1 |
| Biomedical waste managements (part 1) | 1 |
| Biomedical waste managements (part 1) | 1 |
| Occupational health, safe injection | 1 |
| Post exposure prophylaxis | 1 |
| Revision | 1 |
| Total | 15 |

IV– Teaching and learning methods

The following teaching / learning methods are used to promote better understanding:

- **Interactive Lectures**
- **Self-directed learning**

➤ **Interactive lectures:** In large group, the lecturer introduces a topic or common clinical conditions and explains the underlying topic through questions, pictures, videos of patients' interviews, exercises, etc. Students are actively involved in the learning process.





➤ **Self-directed learning:** Students assume responsibilities of their own learning through individual study, sharing and discussing with peers, seeking information from Learning Resource Center, teachers and resource persons within and outside the college. Students can utilize the time within the college scheduled hours of self-study.

V- Student Assessment:

A. Attendance criteria:

The minimum acceptable attendance is 75%; otherwise, students failing to reach that percentage will be prevented from attending the final examination.

B- Assessment methods

- Formative assessment: Through predesigned checklist and assignment with assessment of student participation in the lecture
- Summative Written: MCQ, EMQs, complete, true false and problemsolving

C- Assessment schedule

Final examination: Final-term assessment at the end of the semester bywritten examination.

D- Weighting of assessments:

- Final-term examination: 100% (12.5 marks)

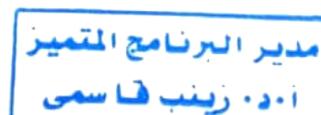
E- Grading for by GPA System:

| The Percentage | Symbol | Grade |
|-----------------------|---------------|-------------------|
| > 85% | A | Excellent. |
| 75-<85 % | B | Very Good |
| 65 - < 75 % | C | Good. |
| 60 - < 65 % | D | Passed. |
| < 60 % | F | Failed. |
| | W | Withdrawn |



VI. List of references and resources:

1- Module notes.



2- Essential Books:

- Patient Safety 2nd Edition. By: Charles Vincent. BMJ Books, 2010.
- Patient Safety: A Case-Based Comprehensive Guide. By: Abha Agrawal. Springer; 2014.

VII- Facilities required for teaching and learning:

- Faculty Lecture halls
- Faculty library for textbooks & electronic library for web search.
- Audiovisual aids as boards, data show and computers.
- Hospital wards, Outpatient clinics, and Operative theatres

| | |
|--|--|
| Module Coordinator: Dr. Shaimaa Yehia | Program Coordinator: Prof. Dr. Zeinab Kasen |
|--|--|



Vertical Integration Module (7)

University: Menoufia

Faculty: Medicine

A-Administrative information

Module Title: Vertical Integration Module (7)

Department offering the Module: Internal Medicine

Program (s) on which the Module is given: Menoufia M.B.B.Ch Credit- hour Program (5+2).

Academic year/level: Fourth level

Semester: Semester VII

Date of specification: 2018

Date of approval by departments council: 2018

Date of approval by faculty council: 2018

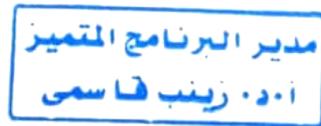
Credit hour: 0.5 credit hour

Teaching Hours: 7.5 hours/ Lectures

B- Professional Information

I. Aim of the Module:

To provide the students with the clinical skills of history taking of different symptomatology, interpreting the examination of the patient, and a final diagnosis of the patient while adopting effective communication skills.





II. Learning Outcomes of the Module

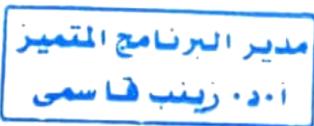
Competency Area 1: The graduate as a health care provider.

| Key competency | Module LOs |
|--|--|
| 1.1m Take and record a structured, patient-centered history. | 1.1.1. Describe the different items in history taking. 1.1.2. Identify the important questions to ask for the patient with hemoptysis 1.1.3. Identify the important questions to ask for the patient with menorrhagia 1.1.4. Identify the important questions to ask for the patient with bronchogenic carcinoma. 1.1.5. Identify the important questions to ask for the patient with anemia 1.1.6. Identify the important questions to ask for the patient with hemochromatosis |
| 1.2 Adopt an empathic and holistic approach to the patients and their problems. | 1.2.1. Demonstrate empathy in patient counseling. 1.2.2. Communicate effectively with patients regardless of their social, cultural backgrounds or their disabilities. 1.2.3. Apply the ethics of medical practice when dealing with patients and colleagues. 1.2.4. Show a professional image in manner, dress, speech and interpersonal relationships that is consistent with the medical professions accepted contemporary standards in the community. 1.2.5. Identify the approach for management of difficult communication |
| 1.4 Perform appropriately timed full physical examination of patients, appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive. | 1.4.1. Interpret the examination findings in patients with hemoptysis. 1.4.2. Interpret the examination findings in patients with hemochromatosis. 1.4.3. Analyze different endocrinological manifestations of bronchogenic carcinoma. 1.4.4. Interpret the examination findings in patients with anemia. |
| 1.5 Prioritize issues to be addressed in a patient encounter. | 1.5.1. Apply priority setting while formulating a differential diagnosis for different cases. |
| 1.6 Select the appropriate investigations and interpret their results taking into consideration cost/ effectiveness factors. | 1.6.1. Follow the guidelines in choosing the proper investigations while taking into consideration cost-effectiveness. 1.6.2. Interpret laboratory and radiological investigations of any patient. |





| | | |
|------|---|--|
| 1.7 | Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice. | 1.7.1. Work with other healthcare professionals in management of undiagnosed cases. 1.7.2. Apply the rules of consultation for urgent and undiagnosed cases. 1.7.3. Communicate effectively through feedback to help evaluate his own and others work. |
| 1.8 | Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand. | 1.8.1. List different causes of hemoptysis 1.8.2. Differentiate hemoptysis from hematemesis 1.8.3. Describe and enumerate the endocrinological manifestation of bronchogenic carcinoma 1.8.4. Identify the cardiovascular changes in patient with anemia 1.8.5. Identify the endocrinological causes of menorrhagia and outline its management options. 1.8.6. Describe the cardiovascular changes occurs in anemia 1.8.7. Describe the endocrinological and cardiovascular changes in anemia and how to follow up the patient. |
| 1.10 | Integrate the results of history, physical examination and laboratory test findings into a meaningful diagnostic formulation. | 1.10.1. Integrate the results of history, physical and laboratory tests into a correct diagnosis and create an individualized treatment plan. 1.10.2. Formulate a differential diagnosis for different endocrinological causes of menorrhagia. |
| 1.13 | Establish patient-centered management plans in partnership with the patient, his/her family and other health professionals as appropriate, using Evidence Based Medicine in management decisions. | 1.13.1. Retrieve information and be able to use the recent evidence-based information and communications technologies 1.13.2. Apply continuous medical education and research to keep up to date with the international advancement in medicine and surgery. 1.13.3. Share patients or their caregivers in decision making regarding management plans. 1.13.4. Gather and organize material from various sources (including library, electronic and online resources). 1.13.5. Formulate an approach to manage patients with hemoptysis. |





Competency Area 2: The graduate as a health promoter.

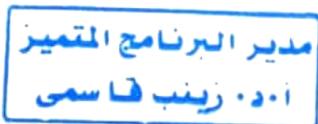
| Key Competency | Module LOs |
|--|--|
| 2.9 Adopt suitable measures for infection control. | 2.9.1 Apply infection control measures while dealing with patients |

Competency Area 3: The graduate as a professional.

| Key competency | Module LOs |
|---|---|
| 3.1 Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, commitment, compassion, and respect. | 3.1.1 Demonstrate a professional, respectful attitude while dealing with colleagues, and staff members 3.1.2 Demonstrate commitment and integrity while preparing the coursework and assignments |
| 3.4 Treat all patients equally, and avoid stigmatizing any category regardless of their social, cultural or ethnic backgrounds, or their disabilities. | 3.4.1 Demonstrate respect to social, culture, and ethnic difference of patients treating them equally. |
| 3.8 Refer patients to the appropriate health facility at the appropriate stage. | 3.8.1 Identify the rules of referral for complex and undiagnosed cases |

Competency Area 5: The graduate as a member of the health team and part of the health care system.

| Key competency | Module LOs |
|---|--|
| 5.2 Respect colleagues and other health care professionals and work cooperatively with them, negotiating overlapping and shared responsibilities and engaging in shared decision-making for effective patient management. | 5.2.1 Demonstrate respect towards colleagues. 5.2.2 Apply teamwork in educational and professional encounters |





-Competency Area 6: The graduate as a lifelong learner and researcher.

| Key competency | Module ILOs |
|---|--|
| 6.2 Develop, implement, monitor, and revise a personal learning plan to enhance professional practice. | 6.2.1 Formulate a learning plan for the module in focus 6.2.2 Apply the learning plan respecting emerging priorities and encounters |
| 6.3 Identify opportunities and use various resources for learning. | 6.3.1 Use information resources either written or electronic efficiently for the educational process. |
| 6.6 Effectively manage learning time and resources and set priorities. | 6.6.1 Manage time and learning resources effectively. 6.6.2 Apply priority setting in the learning process |

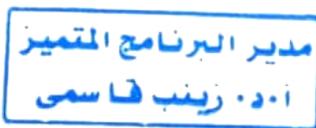
III. Module Contents:

| Topic | Teaching Hours |
|--|----------------|
| Approach to patient with hemoptysis | 2 h |
| Endocrinological manifestations of patient with bronchogenic carcinoma | 1.5h |
| Cardiovascular changes in anemia | 1.5h |
| Endocrinological causes of menorrhagia | 1.5 h. |
| Endocrinological and cardiovascular manifestation of hemochromatosis | 1 h |
| Total | 7.5 |

IV– Teaching and learning methods

The following teaching / learning methods are used to promote better understanding:

- **Interactive Lectures/online**
- **Self-directed learning**
- **Interactive lectures:** In large group, the lecturer introduces a topic or common clinical conditions and explains the underlying topic through questions, pictures, videos of patients' interviews, exercises, etc. Students are actively involved in the learning process.
- **Self-directed learning:** Students assume responsibilities of their own learning through individual study, sharing and discussing with peers, seeking information from Learning Resource Center, teachers and resource persons within and outside the college. Students can utilize the time within the college scheduled hours of self-study.





V- Student Assessment:

A. Attendance criteria:

The minimum acceptable attendance is 75%, otherwise students failing to reach that percentage will be prevented from attending the final examination.

B- Assessment methods

- Formative assessment: Through predesigned checklist and assignment with assessment of student participation in the lecture
- Summative Written: MCQ, EMQs, complete, true false and problemsolving

C- Assessment schedule

Final examination: Final-term assessment at the end of the semester bywritten examination.

D- Weighting of assessments:

- Final-term examination: 100% (12.5 marks)

VI. List of references and resources:

- **Module notes.**

- **Essential Books:**

The Washington Manual of General Internal Medicine Consult, 3rd Edition. By: Thomas Ciesielski. LWW, 2017.

Decision Making in Medicine 3rd Edition. By: Stuart B. Mushlin, Harry L. Greene. Mosby, 2009.

VII- Facilities required for teaching and learning:

- 1- Faculty Lecture halls
- 2- Faculty library for textbooks & electronic library for web search.
- 3- Audiovisual aids as boards, data show and computers.

Module Coordinator : Dr. Enas Zahran

Program Coordinator: Prof. Dr. Zeinab Kasemy





Semester VIII

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Gastroenterology, Hepatology and Infectious Diseases

University: Menoufia

Faculty: Medicine

A-Administrative information

Module Title: Gastroenterology, Hepatology and Infectious Diseases

Code No: GIT/HEPT/ID 4203

Department offering the Module and teaching hours:

Program (s) on which the Module is given: Menoufia M.B.B. Ch Credit- hour Program (5+2).

Academic year/level: Fourth level

Semester: Semester VIII

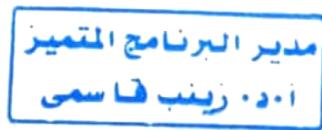
Date of specification: 2018.

Date of approval by Department Council: 2018

Date of approval by faculty council: 2018

Credit hours: 8 credit hours/ 6 weeks

| Teaching hours | | | |
|---|-----------|-------------|------------|
| | Lectures | Practical | Activities |
| General Surgery Department | 12 | 18 | 36 |
| Internal Medicine Department | 12 | 18 | 36 |
| Pediatric Department | 9 | 13.5 | 27 |
| Tropical and Infectious Diseases | 9 | 13.5 | 27 |
| Family Medicine department | 6 | 9 | 18 |
| Total | 48 | 72 | 144 |





B- Professional Information

I – Aim of the Module:

To provide students with an clinical knowledge and skills covering the common and important gastrointestinal system emergencies and diseases in pediatrics and adults including surgically managed diseases and their approach of treatment along with essentials of disease prevention and control.

II- Learning Outcomes of the Module

By the end of the pediatrics Module, the student will be able to:

Competency Area 1: The graduate as a health care provider.

| Key competency | Module LOs |
|---|---|
| 1.1 Take and record a structured, patient-centered history. | <ul style="list-style-type: none">1.1.1. Conduct thorough history taking and clinical examination of different GIT and related organs symptoms as jaundice, abdominal pain, vomiting, etc...1.1.2. Assess a child with GIT symptoms1.1.3. Conduct thorough history taking and clinical examination for a case of GIT bleeding1.1.4. Conduct thorough history taking and clinical examination for a case fever.1.1.5. Conduct thorough history taking and clinical examination for a case GIT malignancy.1.1.6. Interpret different GIT symptoms.1.1.7. Communicate with patients regardless of their social, cultural backgrounds or their disabilities.1.1.8. Apply the ethics of medical practice when dealing with patients and colleagues.1.1.9. Perform effective eye contact, active listening, and appropriate body language.1.1.10. Record clinical data in a complete, accurate and retrievable manner.1.1.11. Present information clearly in written, electronic, and verbal forms. |
| 1.2 Adopt an empathic and holistic approach to the patients and their problems. | <ul style="list-style-type: none">1.2.1. Demonstrate empathy in patient consultation1.2.2. Communicate effectively with patients regardless of their social, cultural backgrounds or their disabilities.1.2.3. Apply the ethics of medical practice when dealing with patients and colleagues.1.2.4. Practice patient education during an interview with the patient. |



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| | | <ul style="list-style-type: none">1.2.5. Show a professional image in manner, dress, speech and interpersonal relationships that is consistent with the medical professions accepted contemporary standards in the community.1.2.6. Identify the approach for management of difficult communication including breaking bad news. |
| 1.4 | Perform appropriately timed full physical examination of patients, appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive. | <ul style="list-style-type: none">1.4.1. Perform general examination for GIT cases1.4.2. Conduct detailed abdominal examination1.4.3. Integrate anatomy with clinical presentation of GI diseases.1.4.4. Assess nutritional status in his patients1.4.5. Evaluate clinical presentations of different GIT and related organs disorders to formulate a differential diagnosis.1.4.6. Demonstrate clinical findings in cases of hepatic dysfunction.1.4.7. Differentiate clinically between different causes of abdominal swelling.1.4.8. Apply the ethics of medical practice when examining patients.1.4.9. Apply proper infection control when dealing with patients. |
| 1.5 | Prioritize issues to be addressed in a patient encounter. | <ul style="list-style-type: none">1.5.1. Apply priority setting while formulating a differential diagnosis for different GIT cases1.5.2. Formulate a management plan for different GIT disorders with priority for emergent situations. |
| 1.6 | Select the appropriate investigations and interpret their results taking into consideration cost/ effectiveness factors. | <ul style="list-style-type: none">1.6.1. Follow the guidelines in choosing the proper investigations while taking into consideration cost-effectiveness.1.6.2. Interpret different imaging of the GIT and identify normal studies and ximaging findings of GIT disorders.1.6.3. Interpret findings of laboratory investigations of GIT practice. |
| 1.7 | Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice. | <ul style="list-style-type: none">1.7.1. Work with other healthcare professions in management of undiagnosed cases.1.7.2. Apply the rules of consultation for urgent and undiagnosed cases.1.7.3. Communicate effectively through feedback to help evaluate his own and others work. |
| 1.8 | Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand. | <ul style="list-style-type: none">1.8.1. Describe the etiology and pathophysiology of the major disorders of the gastrointestinal system and related organs.1.8.2. Identify the normal structure and function of the |



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| | <p>gastrointestinal system.</p> <p>1.8.3. Describe the etiology and pathophysiology of the major disorders of the gastrointestinal system and related organs.</p> <p>1.8.4. Explain the pathology of major GI diseases and related organs.</p> <p>1.8.5. Discuss the Epidemiology of diseases of the GI system, their prevention and control.</p> <p>1.8.6. Identify causes of upper GIT symptomatology as dysphagia, heartburn, and hematemesis</p> <p>1.8.7. Identify causes of lower GIT symptomatology as constipation, diarrhea and bleeding per rectum,</p> <p>1.8.8. Describe oral cavity diseases as ulcers, neoplasm salivary gland diseases</p> <p>1.8.9. Describe GERD/ esophageal diseases and motility disorders and their treatment</p> <p>1.8.10. Identify causes Abdominal pain, Nausea and vomiting</p> <p>1.8.11. Discuss Peptic Ulcer Disease and its complications</p> <p>1.8.12. Identify causes of liver cirrhosis, how to diagnose and treat</p> <p>1.8.13. Outline manifestations of liver failure</p> <p>1.8.14. Identify causes of liver neoplasms and their diagnosis and management</p> <p>1.8.15. Describe Cholelithiasis/Cholecystitis and their diagnosis and treatment</p> <p>1.8.16. Identify different types of Jaundice, Abnormal liver enzymes</p> <p>1.8.17. Describe pancreatitis, complications and management</p> <p>1.8.18. Outline constipation, diarrhea, hematochezia, celiac sprue, lactose intolerance</p> <p>1.8.19. Outline abdominal swellings, GI infections, IBD, IBS</p> <p>1.8.20. Describe diverticulosis, hemorrhoids, and anal fissures</p> |
| 1.10 | <p>Integrate the results of history, physical examination and laboratory test findings into a meaningful diagnostic formulation.</p> <p>1.10.1. Integrate information from history, examination and investigations to reach an appropriate diagnosis of a GIT disorder and determine its etiology.</p> <p>1.10.2. Evaluate clinical presentations of different GIT and related organs disorders to formulate a differential diagnosis.</p> <p>1.10.3. Formulate a differential diagnosis for common</p> |

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| | | <p>GI complaints.</p> <p>1.10.4. Formulate a comprehensive approach to patients with signs and symptoms of gastrointestinal disease.</p> <p>1.10.5. Predict prognosis for malignant neoplasms of GIT and related organs.</p> <p>1.10.6. Predict effects of gastrointestinal disorders on general health.</p> |
| 1.11 | Perform diagnostic and intervention procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances. | <p>1.11.1. Apply Osteopathic Manipulative Medicine to GI diseases.</p> <p>1.11.2. Perform nasogastric tube insertion.</p> |
| 1.13 | Establish patient-centered management plans in partnership with the patient, his/her family and other health professionals as appropriate, using Evidence Based Medicine in management decisions. | <p>1.13.1. Construct preventive plan and screening programs for early detection of for different GIT and related organs disorders.</p> <p>1.13.2. Retrieve information and be able to use the recent evidence-based information and communications technologies</p> <p>1.13.3. Apply continuous medical education and research to keep up to date with the international advancement in medicine and surgery.</p> <p>1.13.4. Use of information technology to improve the quality of patient care through proper.</p> <p>1.13.5. Propose a management plan for patients with GIT disorders based on clinical data.</p> <p>1.13.6. Formulate management plans depending on different clinical scenarios of GIT infections.</p> <p>1.13.7. Share patients or their caregivers in decision making regarding management plans.</p> <p>1.13.8. Gather and organize material from various sources (including library, electronic and online resources).</p> <p>1.13.9. Apply the principles of using international guidelines and multidisciplinary team MDT.</p> <p>1.13.10. Apply basics of scientific research (collection, analysis and interpretation of data).</p> |



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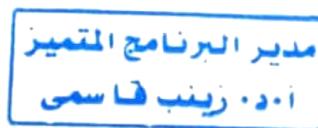
| | | |
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| | | 1.13.11. Apply critical appraisal skills and use of evidence-based guidelines in making decisions about the care of patients. |
| 1.15 | Provide the appropriate care in cases of emergency, including cardio-pulmonary resuscitation, immediate life support measures and basic first aid procedures. | 1.15.1. Summarize basic treatment options for GI GIT emergencies including hematemesis, melena, and bleeding per rectum. 1.15.2. Formulate a treatment plan for a case of dehydration in children |

Competency Area 2: The graduate as a health promoter.

| Key Competency | Module LOs |
|--|--|
| 2.9 Adopt suitable measures for infection control. | 2.9.1 Apply infection control measures while dealing with patients |

Competency Area 3: The graduate as a professional.

| Key competency | Module LOs |
|---|---|
| 3.1 Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, commitment, compassion, and respect. | 3.1.1 Demonstrate a professional, respectful attitude while dealing with colleagues, and staff members 3.1.2 Demonstrate commitment and integrity while preparing the coursework and assignments |
| 3.4 Treat all patients equally, and avoid stigmatizing any category regardless of their social, cultural or ethnic backgrounds, or their disabilities. | 3.4.1 Demonstrate respect to social, culture, and ethnic difference of patients treating them equally. |
| 3.8 Refer patients to the appropriate health facility at the appropriate stage. | 3.8.1 Identify the rules of referral for complex and undiagnosed cases |





Competency Area 5: The graduate as a member of the health team and part of the health care system.

| Key competency | Module LOs |
|--|--|
| 5.2 Respect colleagues and other health care professionals and work cooperatively with them, negotiating overlapping and shared responsibilities and engaging in shared decision-making for effective patient management. | 5.2.1 Demonstrate respect towards colleagues. 5.2.2 Apply teamwork in educational and professional encounters |

Competency Area 6: The graduate as a lifelong learner and researcher.

| Key competency | Module ILOs |
|---|--|
| 6.2 Develop, implement, monitor, and revise a personal learning plan to enhance professional practice. | 6.2.1 Formulate a learning plan for the module in focus 6.2.2 Apply the learning plan respecting emerging priorities and encounters |
| 6.3 Identify opportunities and use various resources for learning. | 6.3.1 Use information resources either written or electronic efficiently for the educational process. |
| 6.6 Effectively manage learning time and resources and set priorities. | 6.6.1 Manage time and learning resources effectively. 6.6.2 Apply priority setting in the learning process |

III. Module Contents:

| Theoretical | Topic | Teaching Hours | Department |
|-------------|---|----------------|--------------------------|
| | Functional dyspepsia | 1.5 | Family Medicine |
| | weight loss | 1.5 | Family Medicine |
| | Constipation | 1.5 | Family medicine |
| | Screening for CRC | 1.5 | Family Medicine |
| | GERD and motility disorders (not including surgical treatment) | 1.5 | Internal Medicine |
| | Gastritis, Peptic Ulcer Disease (except complications), Miscellaneous Gastropathy, Gastrointestinal Complications of NSAIDs, Motility disorders list and Gastroparesis | 1.5 | Internal Medicine |
| | Upper gastro-intestinal bleeding | 1.5 | Internal Medicine |





| | | |
|---|-----|--------------------------|
| Non-viral hepatitis: (NASH, Drugs, Alcoholic, Metabolic and Autoimmune, Other: Right heart failure) | 1.5 | Internal Medicine |
| Vascular complications of liver disease | 1.5 | Internal Medicine |
| Liver transplant (indications and complications) | 1.5 | Internal Medicine |
| Acute Pancreatitis (not including surgical treatment of complications), Chronic Pancreatitis, Autoimmune Pancreatitis and IgG4 Disease | 1.5 | Internal Medicine |
| Cholecystitis and gall stones | 1.5 | Internal Medicine |
| Chronic liver diseases | 1 | Internal Medicine |
| Non-infectious diarrhea, irritable bowel syndrome | 1 | Internal Medicine |
| Crohn's disease and ulcerative colitis | 1 | Internal Medicine |
| Lower gastro-intestinal bleeding | 1 | Internal Medicine |
| constipation | 1 | Pediatrics |
| Abdominal Pain | 1 | Pediatrics |
| Gastro-enteritis | 1 | Pediatrics |
| Viral and parasitic infection | 1 | Pediatrics |
| Bacterial infection | 1 | Pediatrics |
| Hepatitis in children | 1 | Pediatrics |
| hepato-splenomegaly | 1 | Pediatrics |
| Salivary, oral cavity neoplasm | 1 | General Surgery |
| Motility disorders (surgical treatment), Anti-reflux surgery, esophageal neoplasm | 1 | General Surgery |
| Hernia | 1 | General Surgery |
| Peptic Ulcer Disease complications: perforation, obstruction, and malignant transformation), Surgical treatment of obesity, gastric neoplasm | 1 | General Surgery |
| Liver infection and neoplasm | 1 | General Surgery |
| Surgical treatment of pancreatitis and its complication, Pancreatic neoplasm | 1 | General Surgery |
| Obstructive jaundice | 1 | General Surgery |
| Intestinal obstruction, peritoneum, mesentery | 1 | General Surgery |
| large bowel neoplasm | 1 | General Surgery |
| The appendix | 1 | General Surgery |
| GIT diverticular diseases | 1 | General Surgery |
| Anal Diseases | 1 | General Surgery |
| Sialadenitis, DD of tongue ulcer | 1 | Tropical |
| Viral Hepatitis (acute and chronic) | 1 | Tropical |
| Cellular decompensation of liver | 2 | Tropical |
| Infectious diarrhea (giardiasis, helminths, TB, bacterial overgrowth, tropical sprue, Whipple's disease) | 2 | Tropical |
| Bilharziasis | 1 | Tropical |
| Enteric fever and brucellosis | 1 | Tropical |
| Malaria and toxoplasmosis | 1 | Tropical |
| Approach to a case of fever | 1 | Tropical |



| Total | 48 | |
|---|----------------|--------------------------|
| Clinical | | |
| Topic | Teaching Hours | Department |
| Clinical examination of salivary and oral cavity lesions | 3 | General surgery |
| Clinical examination of hernia | 4 | General surgery |
| Clinical examination of abdominal mass | 4 | General surgery |
| Clinical approach to jaundice | 3 | General surgery |
| Interpretation of Abdominal imaging (X-ray) | 4 | General surgery |
| Symptomatology of GIT | 3 | Internal Medicine |
| General examination (head and neck) | 3 | Internal Medicine |
| General examination (limbs and chest) | 3.5 | Internal Medicine |
| Abdominal examination (inspection-palpation) | 3.5 | Internal Medicine |
| Abdominal examination (auscultation,percussion) | 3.5 | Internal Medicine |
| Clinical interpretation and provisional diagnosis3 | 3.5 | Internal Medicine |
| Symptomatology of GIT | 3.5 | Tropical Medicine |
| General examination | 3.5 | Tropical Medicine |
| Local abdominal examination | 3.5 | Tropical Medicine |
| provisional diagnosis and revision | 3.5 | Tropical Medicine |
| History taking | 6 | Family Medicine |
| General examination | 3.5 | Family Medicine |
| Spots on GIT and hepatology, hepatosplenomegaly | 3.5 | Family Medicine |
| Abdominal examination, gastroenteritis | 3.5 | Family Medicine |
| Infection spots, revision | 3.5 | Family Medicine |
| Total | 72 | |

IV– Teaching and Learning Methods:

1. Theoretical Teaching:

a) Interactive lectures: using

- Brainstorming
- Audiovisual aids through animations and diagrams
- Interaction with the students through questions
- Student engagement with discussion

b) Case Based learning

c) Team Based Learning

2. Clinical Teaching:

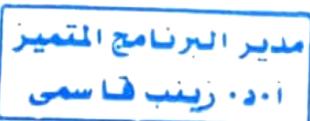
a) Clinical rounds: using

- Simulated patients
- Web based video and Multimedia applications
- Problem solving

b) Bedside clinical teaching

c) Skill lab

3. Self-directed Learning





V- Student Assessment:

A. Attendance criteria:

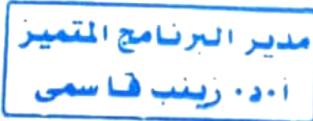
The minimum acceptable attendance is 75%, otherwise students failing to reach that percentage will be prevented from attending the final examination.

B. Types of Assessment:

- **Formative:** This form of assessment is designed to help the students to identify areas for improvement. It includes a multiple-choice questions, problems-solving exercises and independent learning activities in all subjects. These will be given during tutorial and practical sessions. The Answers are presented and discussed immediately with you after the assessment. The results will be made available to the students.
- **Summative** This type of assessment is used for judgment or decisions to be made about the students' performance. It serves as:
 1. Verification of achievement for the student satisfying requirement
 2. Motivation of the student to maintain or improve performance
 3. Certification of performance
 4. Grades

C- Summative Assessment Methods and Schedule:

| Assessment Method | Perc entage | Description | Timing |
|-----------------------------|-------------|---|----------------------------|
| Regular Evaluation | 30% | 10% written at the end of and periodicals including problem solving, multiple choice questions, give reason, matching, extended matching, complete and compare. 20% Participation in the tutorials, TBL, Research. | At the end of the module |
| Final practical exam | 30% | OSCE Exam | At the end of the module |
| Final Written | 40% | It Includes problem-solving, multiple choice questions, give reason, matching, extended matching, complete and compare. | At the end of the semester |





D- Weighing of Assessment:

| Method of Assessment | Marks | Percentag e |
|------------------------------|------------|-------------|
| Final Written exam. | 80 | 40% |
| Final Practical exam. | 60 | 30% |
| Activities | 60 | 30% |
| Total | 200 | 100% |

E- Grading for by GPA System:

| The Percentage | Symbol | Grade |
|----------------|--------|------------|
| > 85% | A | Excellent. |
| 75-<85 % | B | Very Good |
| 65 - < 75 % | C | Good. |
| 60 - < 65 % | D | Passed. |
| < 60 % | F | Failed. |
| | W | Withdrawn |

Vi. List of References and Resources:

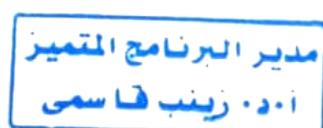
- **Module Notes.**
- **Essential Books:**

Tropical Medicine:

- Hunter's Tropical Medicine and Emerging Infectious Disease: Expert Consult. 9th Edition. By: Alan J. Magill, Edward T Ryan, Tom Solomon, David R Hill. Saunders, 2012.
- Tropical Medicine: A Clinical Text, 8th Edition, Revised and Expanded (International Humanitarian Affairs) 8th Edition. By: Kevin M. Cahill. Fordham University Press; 8th edition, 2011.
- Manson's Tropical Diseases: Expert Consult - Online and Print 23rd Edition. By: Jeremy Farrar, Peter J Hotez, Thomas Junghanss, Gagandeep Kang, David Lalloo, Nicholas J. White. Saunders Ltd, 2013

General Surgery:

- The Washington Manual of Surgery (Lippincott Manual Series), 7th Edition. By: Mary E. Klingensmith LWW; 2016
- Surgery: A Case Based Clinical Review 1st Edition. By: Christian De Virgilio, Areg Grigorian, Paul N. Frank. Springer Nature, 2015.
- Current Diagnosis and Treatment Surgery 14th edition. By: Gerard Doherty. McGraw Hill / Medical, 2015.
- Essentials of General Surgery 5th Edition. By: Lawrence, Peter F., Bell, Richard M. Dayton, Merril T., Hebert, James C., Mohammed I. Ahmed. Lippincott Williams & Wilkins, 2012.





Pediatrics:

- Nelson Textbook of Pediatrics, 20th Edition. By: Robert M. Kliegman, Bonita M.D. Stanton, Joseph St. Geme, Nina F Schor. W B Saunders Co Ltd, 2015.
- American Academy of Pediatrics Textbook of Pediatric Care, 2nd Edition. By: Thomas K. McInerny, Henry M. Adam, Deborah E. Campbell, Thomas G. DeWitt, Dr. Jane Meschan Foy, Dr. Deepak M. Kamat. American Academy of Pediatrics, 2016.
- Schwartz's Clinical Handbook of Pediatrics (Point (Lippincott Williams & Wilkins)) 5th Edition. By: Joseph J. Zorc, Elizabeth R. Alpern, Lawrence W. Brown, Kathleen M. Loomes, Bradley S. Marino, Cynthia J. Mollen, Leslie J. Raffini. LWW, 2012.

Internal Medicine:

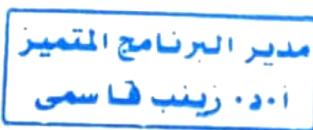
- The Washington Manual of General Internal Medicine Consult, 3rd Edition. By: Thomas Ciesielski. LWW, 2017.
- CURRENT Medical Diagnosis and Treatment, 56th Edition. By: Maxine A. Papadakis, Stephen J. McPhee, Michael W. Rabow. McGraw-Hill Education / Medical ,2017.
- Harrison's Principles of Internal Medicine 19th Edition and Harrison's Manual of Medicine 19th Edition. By: J. Larry Jameson, Anthony Fauci, Dennis Kasper, Stephen Hauser, Dan Longo, Joseph Loscalzo. McGraw-Hill Education / Medical, 2017.
- Goldman-Cecil Medicine, 25th Edition. By: Lee Goldman, Andrew I. Schafer. Elsevier; 2015.

Family Medicine:

- Oxford Textbook of Primary Medical Care. By: Roger Jones. Oxford University Press,2004.
- Textbook of Family Medicine 9th Edition. By: Rakel, Robert E. Saunders; 2015.
- Swanson's Family Medicine Review 8th Edition. By: Alfred F. Tallia, Joseph E. Scherger, Nancy W. Dickey. Elsevier, 2016.
- CURRENT Diagnosis & Treatment in Family Medicine, 4th Edition 4th Edition. By: Jeannette South-Paul, Samuel Matheny, Evelyn Lewis. McGraw Hill / Medical, 2015.

VII- Facilities required for teaching and learning:

- 1- Faculty Lecture halls
- 2- Faculty library for textbooks & electronic library for web search.
- 3- Audiovisual aids as boards, data show and computers.
- 4- Skill lab and patient simulators
- 5- Clinical round teaching rooms.
- 6- Hospital wards., outpatient clinics, and operative theatres





Key Competencies & Module LOs *vs* Teaching and Assessment Methods Matrix

| Key Competencies | Module Learning Outcomes | Teaching Methods | | | | | | Assessment Methods | | | | | | | | |
|------------------|--------------------------|------------------|-------------------|---------------------|---------------------|-----------------|----------------------------|---------------------|-------------|----------------------|----------|---------|------|-------------|---------|---------------|
| | | Recorded Lecture | Inverted Lectures | Case Based Learning | Team based Learning | Clinical Rounds | Bed Side Clinical Teaching | Self-directed study | Theoretical | Formative Assessment | Clinical | Written | OSCE | Assignments | quizzes | participation |
| | | | | | | | | | | | | | | | | |
| 1.1 | 1.1.1 to 1.1.11 | | | | | x | x | | | x | | x | x | | x | |
| 1.2 | 1.2.1 to 1.2.6 | | | x | | x | x | | | x | | x | x | | x | |
| 1.4 | 1.4.1 to 1.4.9 | | | | | x | x | | | x | | x | x | | x | |
| 1.5 | 1.5.1, 1.5.2 | x | x | x | x | x | | x | x | x | x | x | | x | x | |
| 1.6 | 1.6.1 to 1.6.3 | x | x | x | x | x | x | x | x | x | x | x | | | x | |
| 1.7 | 1.7.1, 1.7.3 | | | x | | x | | | x | | x | x | | | | |
| 1.8 | 1.8.1 to 1.8.20 | x | x | x | x | | | x | x | | x | | x | x | x | |
| 1.10 | 1.10.1 to 1.10.6 | | | x | x | x | | x | x | x | x | x | | x | x | |
| 1.11 | 1.11.1, 1.11.2 | | | | | x | x | | | x | | x | | | x | |
| 1.13 | 1.13.1 to 1.13.11 | | | x | | x | | x | x | x | x | x | | x | | |
| 1.15 | 1.15.1, 1.15.2 | | | x | | x | x | | x | x | x | x | | x | x | |
| 2.9 | 2.9.1 | | | | | x | x | | | x | | x | | | x | |
| 3.1 | 3.1.1 to 3.1.2 | | | | | x | x | | | x | | x | | | x | |
| 3.4 | 3.4.1 | | | | | x | x | | | x | | x | | | x | |
| 3.8 | 3.8.1 | | | | | x | x | | | x | | x | | | x | |
| 5.2 | 5.2.1, 5.2.2 | x | x | x | | x | | | | | | x | | | x | |
| 5.10 | 5.10.1 to 5.10.3 | | | | | x | | | | x | | x | x | | x | |
| 6.2 | 6.2.1, 6.2.2 | | | | | | | x | x | x | x | x | x | x | x | |
| 6.3 | 6.3.1 | | | | | | | x | x | x | x | x | x | x | x | |
| 6.6 | 6.6.1, 6.6.2 | | | | | | | x | x | x | x | x | x | x | x | |

| <u>Module Coordinator:</u> | <u>Program Coordinator:</u> |
|--------------------------------------|---|
| Name: Dr. Ashraf Ghareeb | Name: Prof. Dr. Zeinab Kasemy |
| Signature: Dr. Ashraf Ghareeb | Signature: Prof. Dr. Zeinab Kasemy |





Renal and Urinary Diseases and Andrology

University: Menoufia

Faculty: Medicine

A-Administrative information

Module Title: Renal and Urinary Diseases and Andrology

Code No: GE/URIN 4201

Department offering the Module:

Program (s) on which the Module is given: Menoufia M.B.B.Ch Credit- hour Program (5+2)

Academic year/level: Fourth level

Semester: Semester VIII

Date of specification: 2018

Date Of Approval by Departments Council: 2018

Date Of Approval by Faculty Council: 2018

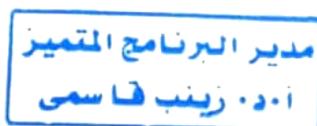
Credit hours: 5.5 credit hours/ 5 weeks

| Teaching hours | | | |
|--------------------------------------|-----------|-------------|------------|
| | Lectures | Practical | Activities |
| Urology Department. | 18 | 27 | 54 |
| Pediatrics department. | 6 | 9 | 18 |
| Internal medicine department. | 9 | 13.5 | 27 |
| Total | 33 | 49.5 | 99 |

B- Professional Information

I- Aim of the Module

To provide students with essential clinical knowledge and skills covering the common and important renal and urinary tract emergencies and diseases in pediatrics and adults including surgically managed diseases and their approach of treatment along with essentials of disease prevention and control.

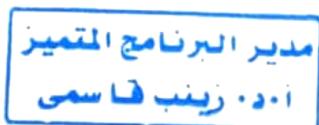




II- Intended Learning Outcomes of the Module:

Competency Area 1: The graduate as a health care provider.

| Key competency | Module LOs |
|---|---|
| <p>1.1 Take and record a structured, patient-centered history.</p> | <p>1.1.1. Conduct thorough history taking for different urological diseases including urinary stone disease, acute pyelonephritis, benign prostatic hyperplasia, prostate cancer, bladder cancer, and upper tract malignancies.</p> <p>1.1.2. Conduct thorough history taking for a case of lower urinary tract symptoms.</p> <p>1.1.3. Conduct thorough history taking for a case of inguinoscrotal swelling.</p> <p>1.1.4. Conduct thorough history taking for a case of pure scrotal swelling.</p> <p>1.1.5. Take a thorough history from different adult renal cases of appropriate depth and detail, relative to the clinical context.</p> <p>1.1.6. Take good history about different pediatric renal cases according to their age group.</p> <p>1.1.7. Interpret the clinical symptoms of different urological and renal cases</p> <p>1.1.8. Communicate with patients regardless of their social, cultural backgrounds or their disabilities.</p> <p>1.1.9. Apply the ethics of medical practice when dealing with patients and colleagues.</p> <p>1.1.10. Perform effective eye contact, active listening, and appropriate body language.</p> <p>1.1.11. Record clinical data in a complete, accurate and retrievable manner.</p> <p>1.1.12. Present information clearly in written, electronic, and verbal forms.</p> |
| <p>1.2 Adopt an empathic and holistic approach to the patients and their problems.</p> | <p>1.2.1. Demonstrate empathy in patient consultation</p> <p>1.2.2. Communicate effectively with patients regardless of their social, cultural backgrounds or their disabilities.</p> <p>1.2.3. Apply the ethics of medical practice when dealing with patients and colleagues.</p> <p>1.2.4. Conduct a psychiatric interview while showing empathy, with appropriate non-verbal communication, active listening, respect toward cultural variation, and proper initiation and closure of the interview.</p> |





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| | | <ul style="list-style-type: none">1.2.5. Practice patient education during an interview with the patient.1.2.6. Show a professional image in manner, dress, speech and interpersonal relationships that is consistent with the medical professions accepted contemporary standards in the community.1.2.7. Identify the approach for management of difficult communication including breaking bad news. |
| 1.4 | Perform appropriately timed full physical examination of patients, appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive. | <ul style="list-style-type: none">1.4.1. Conduct a clinical examination for a case of inguinoscrotal swelling.1.4.2. Conduct a clinical examination for a case of pure scrotal swelling.1.4.3. Detect clinical findings in cases of urological emergencies.1.4.4. Detect clinical findings in cases of urological trauma.1.4.5. Detect clinical findings in cases of mal-descended testis.1.4.6. Perform a complete general examination for the patient including state consciousness, vital signs, vital colors and regional examination.1.4.7. Perform problem-focused physical examination for renal cases.1.4.8. Assess different pediatric vital signs.1.4.9. Perform correct clinical assessment of the child general look and recognize its abnormalities.1.4.10. Perform correct general examination including head, face, neck, extremities, skin, lymph node examination and lower limb.1.4.11. Perform correct abdominal examination and recognize its abnormalities.1.4.12. Perform correct clinical examination for children with nephrotic syndrome.1.4.13. Perform correct clinical for children with nephritic syndrome.1.4.14. Perform correct clinical examination for children with chronic kidney disease.1.4.15. Interpret early warning signs of urological malignancies1.4.16. Interpret the clinical signs of different renal and urological cases.1.4.17. Apply the ethics of medical practice when examining patients.1.4.18. Apply proper infection control when dealing with patients. |





| | | |
|-----|--|--|
| 1.5 | Prioritize issues to be addressed in a patient encounter. | 1.5.1. Apply priority setting while formulating a differential diagnosis for different renal and urological cases |
| 1.6 | Select the appropriate investigations and interpret their results taking into consideration cost/ effectiveness factors. | 1.6.1. Follow the guidelines in choosing the proper investigations while taking into consideration cost-effectiveness. 1.6.2. Interpret different x-ray images of the urinary tract and identify normal studies and x-ray findings of urological disorders. 1.6.3. Interpret findings of urine analysis and different blood biochemistry results relevant to urology practice such as PSA and creatinine level in blood. 1.6.4. Interpret diagnostic workup of male factor infertility to reach the proper diagnosis in cases with failure of conception. 1.6.5. Interpret the results of basic laboratory and radiological investigations including arterial blood gases data, kidney function tests. 1.6.6. Interpret different investigations for proteinuria 1.6.7. Construct diagnostic workup for men presenting with symptoms of bladder outlet obstruction. 1.6.8. Formulate diagnostic workup including laboratory tests and imaging studies tailored on different clinical scenarios of urological patients including urinary stone. 1.6.9. Formulate the appropriate workup plan for early detection of urological cancers. |
| 1.7 | Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice. | 1.7.1. Work with other healthcare professions in management of undiagnosed cases. 1.7.2. Apply the rules of consultation for urgent and undiagnosed cases. 1.7.3. Communicate effectively through feedback to help evaluate his own and others work. |
| 1.8 | Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand. | 1.8.1. Illustrate relevant clinical anatomy of the urinary tract and male genital system. 1.8.2. Recognize common congenital anomalies of the urinary tract and male genital system with their clinical presentations, differential diagnoses. 1.8.3. Recognize different types of urinary incontinence with description of its causes, |





presentation, workup, and management.

- 1.8.4. Describe different laboratory and imaging investigations in common use for diagnosis of urological disorders.
- 1.8.5. Recognize risk factors, pathophysiology, etiology, and different types of urinary tract stones and its clinical presentation.
- 1.8.6. Discuss workup, and medical and surgical management plans for urinary stone disease with highlights on preventive measures.
- 1.8.7. Discuss urological causes of acute kidney injury and chronic kidney disease with highlights on renal transplantation.
- 1.8.8. Recognize risk factors, causes, clinical presentation, workup, and management plans for upper and lower urinary tract infections as well as infections of the male genital organs.
- 1.8.9. Describe pathophysiology, clinical presentation, complications, workup, and management of benign prostatic hyperplasia.
- 1.8.10. Discuss risk factors, pathology, screening, and clinical presentation of prostate cancer as well as the role of the urologist in its diagnosis and treatment.
- 1.8.11. Recognize risk factors, pathology, and staging and classification of bladder cancer and its clinical presentation, diagnosis, and management.
- 1.8.12. Discuss pathology, staging, clinical presentation, workup, and management of upper urinary tract urothelial carcinoma.
- 1.8.13. Discuss pathology, staging, clinical presentation, differential diagnosis, workup, and management of renal cell carcinoma.
- 1.8.14. Recognize classification, pathology and staging of testicular tumors and the role of the urologist in its diagnosis and management.
- 1.8.15. Discuss different urological emergencies with emphases on timely accurate diagnosis and management.
- 1.8.16. Describe causes, presentation, emergency management, and general lines of treatment of urinary male genital tracts trauma.
- 1.8.17. Discuss etiology, pathophysiology, workup, and lines of management of male factor infertility.
- 1.8.18. Identify different types of glomerulonephritis whether acute or chronic including Lupus nephritis and tubulointerstitial nephritis with their presentation and management
- 1.8.19. Outline pathophysiology of chronic kidney



مدير البرنامج المتميز
أ.د. زينب فاسى



disease and diabetic nephropathy with its relation to hypertension and approach for management.

- 1.8.20. Define the basics of acid base balance and causes and treatment of electrolyte imbalance.
- 1.8.21. Explain the principles of renal replacement therapy and its indications.
- 1.8.22. Describe the pathophysiology of polycystic kidney disease and its presentation and management
- 1.8.23. Outline the etiology and presentation of acute kidney injury with effect of drugs on the kidney.
- 1.8.24. Define the etiology, presentation and management of nephrotic syndrome.
- 1.8.25. Recognize different causes of Hematuria in pediatrics.
- 1.8.26. Identify pathophysiology, Clinical picture of acute post streptococcal glomerulonephritis.
- 1.8.27. Describe definition, pathophysiology and clinical presentation of Hemolytic uremic syndrome.
- 1.8.28. Outline classifications of different types of proteinuria in pediatrics.
- 1.8.29. Determine definition, pathophysiology, differential diagnosis, clinical presentation and complications of idiopathic nephrotic syndrome.
- 1.8.30. Describe definition, pathophysiology, differential diagnosis, clinical presentation and complications of chronic kidney disease.
- 1.8.31. Outline etiology, stages, pathophysiology, pathology, risk factors and clinical picture of chronic kidney disease.
- 1.8.32. Describe definition, pathophysiology, differential diagnosis, clinical presentation and complications of acute kidney injury.
- 1.8.33. Outline etiology, grades, pathophysiology, pathology, risk factors and clinical picture of acute kidney injury.
- 1.8.34. Outline different types, causes, clinical presentations and treatment of urinary tract infections.

مدير البرنامج المتميز
أ.د. رينب قاسمي





1.10 Integrate the results of history, physical examination and laboratory test findings into a meaningful diagnostic formulation.

1.10.1 Formulate a diagnostic approach and treatment plan for children with nephrotic syndrome.

1.10.2 Formulate a diagnostic approach and treatment plan for children with nephritic syndrome.

1.10.3 Formulate a diagnostic approach and treatment plan for children with chronic kidney disease.

1.10.4 Formulate differential diagnosis of dark urine in pediatrics.

1.10.5 Analyze differential diagnosis of Hematuria.

1.10.6 Formulate a diagnostic approach and a management plan appropriate for idiopathic nephrotic syndrome in pediatrics.

1.10.7 Integrate information from history, examination and investigations to reach an appropriate diagnosis of acute kidney injury and determine its etiology.

1.10.8 Formulate an approach for diagnosis and treatment of chronic kidney disease in pediatrics.

1.10.9 Construct a differential diagnosis for obstructive uropathy in pediatrics.

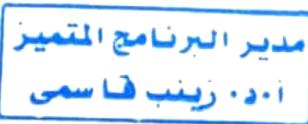
1.10.10 Relate the clinical symptoms and signs of urological disorders based with the anatomical factors and disease pathophysiology.

1.10.11 Relate the surgical anatomy of urological cancers and their routes of spread and surgical management.

1.10.12 Evaluate clinical presentation and complications of urological congenital anomalies based on possible pathophysiology.

1.10.13 Evaluate clinical presentation of urinary incontinence and lower urinary tract disorders.

1.10.14 Relate between different social, dietary, anatomical, and genetic factors and urinary stone disease





1.11 Perform diagnostic and intervention procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances.

- 1.10.15 Formulate a diagnostic approach and propose a management plan for patients with urinary stone disease based on clinical data.
- 1.10.16 Formulate a differential diagnosis for decreased urine output based on clinical data and differentiate between prerenal, renal, and postrenal causes of oligo-anuria.
- 1.10.17 Formulate a diagnostic approach for different types of infections.
- 1.10.18 Analyze efficiently nephrology case scenarios and refer to the most appropriate diagnosis and possible differential diagnosis.
- 1.10.19 Evaluate patients with essential hematuria and their health services.

1.13 Establish patient-centered management plans in partnership with the patient, his/her family and other health professionals as appropriate, using Evidence Based Medicine in management decisions.

- 1.11.1. Demonstrate uses of different catheters used in urology practice and apply the precautions of urethral catheterization.
- 1.11.2. Demonstrate uses of specific surgical instruments used in urologic surgeries.
- 1.13.1. Retrieve information and be able to use the recent evidence-based information and communications technologies
- 1.13.2. Apply continuous medical education and research to keep up to date with the international advancement in medicine and surgery.
- 1.13.3. Use of information technology to improve the quality of patient care through proper.
- 1.13.4. Propose a management plan for patients with urinary stone disease based on clinical data.
- 1.13.5. Formulate a management plan for different types of infections.
- 1.13.6. Formulate management plans depending on different clinical scenarios of male genital tract infections.
- 1.13.7. Share patients or their caregivers in decision making regarding management plans.
- 1.13.8. Gather and organize material from various sources (including library, electronic and online resources).
- 1.13.9. Apply the principles of using international guidelines and multidisciplinary team MDT.
- 1.13.10. Apply basics of scientific research (collection, analysis and interpretation of data).
- 1.13.11. Apply critical appraisal skills and use of evidence-based guidelines in making decisions about the care of patients



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أ.د. ريف قاسمي



1.15 Provide the appropriate care in cases of emergency, including cardio-pulmonary resuscitation, immediate life support measures and basic first aid procedures.

1.15.1. Judge the patient whether is emergent to perform procedure by examination the GCS and the pupils.

1.15.2. Diagnose urgent life-threatening conditions, that need appropriate initial management.

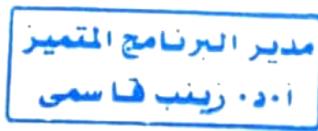
1.15.3. Evaluate clinical presentation of cases of urological emergencies and trauma and construct timely management plans.

Competency Area 2: The graduate as a health promoter.

| Key Competency | Module LOs |
|---|--|
| 2.9 Adopt suitable measures for infection control. | 2.9.1 Apply infection control measures while dealing with patients |

Competency Area 3: The graduate as a professional.

| Key competency | Module LOs |
|--|---|
| 3.1 Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, commitment, compassion, and respect. | 3.1.1 Demonstrate a professional, respectful attitude while dealing with colleagues, and staff members 3.1.2 Demonstrate commitment and integrity while preparing the coursework and assignments |
| 3.4 Treat all patients equally, and avoid stigmatizing any category regardless of their social, cultural or ethnic backgrounds, or their disabilities. | 3.4.1 Demonstrate respect to social, culture, and ethnic difference of patients treating them equally. |
| 3.8 Refer patients to the appropriate health facility at the appropriate stage. | 3.8.1 Identify the rules of referral for complex and undiagnosed cases |





Competency Area 5: The graduate as a member of the health team and part of the health care system.

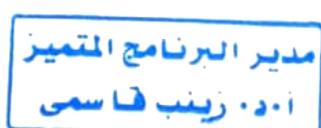
| Key competency | Module LOs |
|---|--|
| 5.2 Respect colleagues and other health care professionals and work cooperatively with them, negotiating overlapping and shared responsibilities and engaging in shared decision-making for effective patient management. | 5.2.1 Demonstrate respect towards colleagues. 5.2.2 Apply teamwork in educational and professional encounters |

Competency Area 6: The graduate as a lifelong learner and researcher.

| Key competency | Module ILOs |
|----------------|--|
| 6.2 | Develop, implement, monitor, and revise a personal learning plan to enhance professional practice. 6.2.1 Formulate a learning plan for the module in focus 6.2.2 Apply the learning plan respecting emerging priorities and encounters |
| 6.3 | Identify opportunities and use various resources for learning. 6.3.1 Use information resources either written or electronic efficiently for the educational process. |
| 6.6 | Effectively manage learning time and resources and set priorities. 6.6.1 Manage time and learning resources effectively. 6.6.2 Apply priority setting in the learning process |

III. Module Contents:

| Topic | Duration | Department |
|---|----------|-------------------|
| Acute Kidney Injury | 1 | Internal Medicine |
| Acute kidney Injury in special situations | 1 | Internal Medicine |
| Chronic Kidney Disease | 1 | Internal Medicine |
| Renal replacement therapy | 1 | Internal Medicine |
| Kidney and systemic diseases | 1 | Internal Medicine |
| Cystic disease of the kidney | 1 | Internal Medicine |
| Glomerulopathy | 1 | Internal Medicine |
| Water and electrolyte balance | 1 | Internal Medicine |
| Acid base balance | 1 | Internal Medicine |
| Acute Kidney Injury in children | 1 | Pediatrics |
| Urinary Tract Infections in Children | 1 | Pediatrics |
| Chronic Kidney Disease in Children | 1 | Pediatrics |





| | | |
|---|-----------------|--------------------------|
| Approach to a case of dark urine | 1 | Pediatrics |
| Poststreptococcal glomerulonephritis | 1 | Pediatrics |
| Nephrotic syndrome in children | 1 | Pediatrics |
| Anatomy and embryology | 1 | Urology |
| Congenital anomalies | 1 | Urology |
| Symptomatology and incontinence | 1 | Urology |
| Urological investigations | 1 | Urology |
| Stone disease (Etiology and clinical picture) | 1 | Urology |
| Stone Disease (Management) | 1 | Urology |
| Chronic Kidney Disease and Transplantation | 1 | Urology |
| Urinary Tract Infections | 1 | Urology |
| Benign prostatic hyperplasia | 1 | Urology |
| Prostate cancer | 1 | Urology |
| Bladder cancer | 1 | Urology |
| Upper tract urothelial carcinoma | 1 | Urology |
| Renal tumors | 1 | Urology |
| Testicular tumors | 1 | Urology |
| Urological trauma | 1 | Urology |
| Male infertility | 1 | Urology |
| Revision | 1 | Urology |
| Revision | 1 | Urology |
| Total | 33 | |
| Clinical | | |
| Topic | Duration | Department |
| Nephrology sheet | 1.5 | Internal Medicine |
| Nephrology examination | 1.5 | Internal Medicine |
| Interpretation of renal investigation | 1.5 | Internal Medicine |
| A case of AKI | 1.5 | Internal Medicine |
| A case of CKD | 1.5 | Internal Medicine |
| Different modalities of dialysis | 1.5 | Internal Medicine |
| A case of glomerulopathy | 1.5 | Internal Medicine |
| A case of cystic kidney disease | 1.5 | Internal Medicine |
| ABG interpretation | 1.5 | Internal Medicine |
| General examination | 1.5 | Pediatrics |
| Abdominal examination | 1.5 | Pediatrics |
| A case of CKD | 1.5 | Pediatrics |
| A case of glomerulonephritis | 1.5 | Pediatrics |
| Nephrotic syndrome | 1.5 | Pediatrics |
| Spots | 1.5 | Pediatrics |
| Symptomatology and examination: Upper tract. | 1.5 | Urology |
| Symptomatology and examination: Lower tract and genitalia. | 1.5 | Urology |
| Investigations: Laboratory. | 1.5 | Urology |
| Investigations: Imaging | 1.5 | Urology |
| Haematuria: Etiology and types. | 1.5 | Urology |





| | | |
|--|-------------|----------------|
| Haematuria: Evaluation and management. | 1.5 | Urology |
| Lower urinary tract symptoms: Definitions, classification and patient evaluation. | 1.5 | Urology |
| Lower urinary tract symptoms: Management. | 1.5 | Urology |
| Catheters. | 1.5 | Urology |
| Instruments | 1.5 | Urology |
| Inguinoscrotal swellings. | 1.5 | Urology |
| Pure scrotal swellings. | 1.5 | Urology |
| Urological emergencies: Urinary retention, obstructive anuria, and obstructed pyelonephritis. | 1.5 | Urology |
| Genito-urinary trauma. | 1.5 | Urology |
| Congenital anomalies of the upper urinary tract. | 1.5 | Urology |
| Congenital anomalies of the lower urinary tract. | 1.5 | Urology |
| Revision | 1.5 | Urology |
| Revision | 1.5 | Urology |
| Total | 49.5 | |

IV– Teaching and Learning Methods:

1. Theoretical Teaching:

a) Interactive lectures: using

- Brainstorming
- Audiovisual aids through animations and diagrams
- Interaction with the students through questions
- Student engagement with discussion

b) Case Based learning

c) Team Based Learning

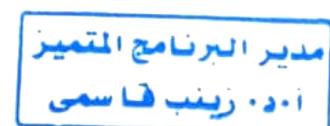
2. Clinical Teaching:

a) Clinical rounds: using

- Simulated patients
- Web based video and Multimedia applications
- Problem solving

b) Bedside clinical teaching

3. Self-directed Learning



V- Student Assessment:

A. Attendance criteria:

The minimum acceptable attendance is 75%, otherwise students failing to reach that percentage will be prevented from attending the final examination.

B. Types of Assessment:

- **Formative:** This form of assessment is designed to help the students to identify areas for improvement. It includes a multiple-choice questions, problems-solving exercises and independent learning activities in all subjects. These will be given during tutorial and practical sessions. The Answers are presented and discussed immediately with you after the assessment. The results will be made available to the students.
- **Summative** This type of assessment is used for judgment or decisions to be made about the students' performance. It serves as:
 1. Verification of achievement for the student satisfying requirement



2. Motivation of the student to maintain or improve performance
3. Certification of performance
4. Grades

C- Summative Assessment Methods and Schedule:

| Assessment Method | Percentage | Description | Timing |
|-----------------------------|------------|---|----------------------------|
| Regular Evaluation | 30% | 10% written at the end of periodicals including problem-solving, multiple-choice questions, give a reason, matching, extended matching, complete and compare. 20% Participation in the tutorials, TBL, and Research. | At the end of the module |
| Final practical exam | 30% | OSCE Exam | At the end of the module |
| Final Written | 40% | It Includes problem-solving, multiple-choice questions, giving a reason, matching, extended matching, completing and comparing. | At the end of the semester |

D- Weighing of Assessment:

| Method of Assessment | Marks | Percentag e |
|------------------------------|--------------|-------------|
| Final Written exam. | 55 | 40% |
| Final Practical exam. | 41.25 | 30% |
| Activities | 41.25 | 30% |
| Total | 137.5 | 100% |

مدير البرنامج التمثيل
أ.د. زينب فاسعى





E- Grading for by GPA System:

| The Percentage | Symbol | Grade |
|----------------|--------|------------|
| > 85% | A | Excellent. |
| 75-<85 % | B | Very Good |
| 65 - < 75 % | C | Good. |
| 60 - < 65 % | D | Passed. |
| < 60 % | F | Failed. |
| | W | Withdrawn |

VI. List of references and resources:

1- Module handout.

2- Essential Books:

Urology:

- Campbell-Walsh Urology: 4-Volume Set 11th Edition. By: Alan J. Wein, Louis R. Kavoussi, Alan W. Partin, Craig A. Peters. Elsevier, 2015.
- Smith and Tanagho's General Urology, 18th Edition. By: Jack W. McAninch, Tom F. Lue. McGraw Hill / Medical, 2012.
- Oxford Handbook of Urology (Oxford Medical Handbooks) 3rd Edition. By John Reynard, Simon Brewster, Suzanne Biers. Oxford University Press, 2013.

Pediatrics:

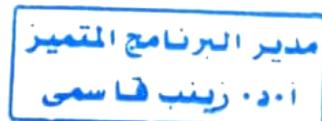
- Nelson Textbook of Pediatrics, 20th Edition. By: Robert M. Kliegman, Bonita M.D. Stanton, Joseph St. Geme, Nina F Schor. W B Saunders Co Ltd, 2015.
- American Academy of Pediatrics Textbook of Pediatric Care, 2nd Edition. By: Thomas K. McInerny, Henry M. Adam, Deborah E. Campbell, Thomas G. DeWitt, Dr. Jane Meschan Foy, Dr. Deepak M. Kamat. American Academy of Pediatrics, 2016.
- Schwartz's Clinical Handbook of Pediatrics (Point (Lippincott Williams & Wilkins)) 5th Edition. By: Joseph J. Zorc, Elizabeth R. Alpern, Lawrence W. Brown, Kathleen M. Loomes, Bradley S. Marino, Cynthia J. Mollen, Leslie J. Raffini. LWW, 2012.

Internal Medicine:

- The Washington Manual of General Internal Medicine Consult, 3rd Edition. By: Thomas Ciesielski. LWW, 2017.
- CURRENT Medical Diagnosis and Treatment, 56th Edition. By: Maxine A. Papadakis, Stephen J. McPhee, Michael W. Rabow. McGraw-Hill Education / Medical ,2017.
- Harrison's Principles of Internal Medicine 19th Edition and Harrison's Manual of Medicine 19th Edition. By: J. Larry Jameson, Anthony Fauci, Dennis Kasper, Stephen Hauser, Dan Longo, Joseph Loscalzo. McGraw-Hill Education / Medical, 2017.
- Goldman-Cecil Medicine, 25th Edition. By: Lee Goldman, Andrew I. Schafer. Elsevier; 2015.

VII- Facilities required for teaching and learning:

- 1- Faculty Lecture halls
- 2- Faculty library for textbooks & electronic library for web search.





- 3- Audiovisual aids as boards, data show and computers.
- 4- Skill lab and patient simulators
- 5- Clinical round teaching rooms.
- 6- Hospital wards., outpatient clinics, and operative theatres

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Key Competencies & Module LOs *vs* Teaching and Assessment Methods Matrix

| Key Competencies | Module Learning Outcomes | Teaching Methods | | | | | | Assessment Methods | | | | | | | |
|------------------|--------------------------|------------------|-------------------|---------------------|---------------------|-----------------|----------------------------|---------------------|-------------|----------|----------------------|---------|------|-------------|---------|
| | | Recorded Lecture | Inverted Lectures | Case Based Learning | Team based Learning | Clinical Rounds | Bed Side Clinical Teaching | Self-directed study | Theoretical | Clinical | Formative Assessment | Written | OSCE | Assignments | quizzes |
| 1.1 | 1.1.1 to 1.1.12 | | | | x | x | | | | x | | x | x | | x |
| 1.2 | 1.2.1 to 1.2.7 | | x | | x | x | | | | x | | x | x | | x |
| 1.4 | 1.4.1 to 1.4.8 | | | | x | x | | | | x | | x | x | | x |
| 1.5 | 1.5.1, 1.5.2 | x | x | x | x | x | | x | x | x | x | x | | x | x |
| 1.6 | 1.6.1 to 1.6.9 | x | x | x | x | x | x | x | x | x | x | x | | x | |
| 1.7 | 1.7.1 to 1.7.3 | | x | | x | | | | x | | x | x | | | |
| 1.8 | 1.8.1 to 1.8.34 | x | x | x | x | | | x | x | | x | | x | x | x |
| 1.10 | 1.10.1 to 1.10.20 | | x | x | x | | x | | x | x | x | x | | x | x |
| 1.11 | 1.11.1, 1.11.2 | | | | x | x | | | | x | | x | | | x |
| 1.13 | 1.13.1 to 1.13.11 | | x | | x | | x | | x | x | x | x | | x | |
| 1.15 | 1.15.1 to 1.15.3 | | x | | x | x | | | x | x | x | x | | x | x |
| 2.9 | 2.9.1 | | | | x | x | | | | x | | x | | | x |
| 3.1 | 3.1.1 to 3.1.2 | | | | x | x | | | | x | | x | | | x |
| 3.4 | 3.4.1 | | | | x | x | | | | x | | x | | | x |
| 3.8 | 3.8.1 | | | | x | x | | | | x | | x | | | x |
| 5.2 | 5.2.1, 5.2.2 | x | x | x | | x | | | | | | x | | | x |
| 5.10 | 5.10.1 to 5.10.3 | | | | x | | | | | x | | x | x | | x |
| 6.2 | 6.2.1, 6.2.2 | | | | | | x | | x | x | x | x | x | x | x |
| 6.3 | 6.3.1 | | | | | | x | | x | x | x | x | x | x | x |
| 6.6 | 6.6.1, 6.6.2 | | | | | | x | | x | x | x | x | x | x | x |

Module Coordinator:

Program Coordinator:

Name: Dr. Mohamed Ibrahim Abouzeid

Name: Prof. Dr. Zeinab Kasemy

Signature: Dr. Mohamed Ibrahim
Abouzeid

Signature: Prof. Dr. Zeinab Kasemy

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Obstetrics and Family Medicine

University: Menoufia

Faculty: Medicine

A-Administrative information

Module Title: Obstetrics and family medicine

Code No: OBS/FAML 4202

Department offering the Module : Obstetrics & Gynecology Department , Family Medicine.

Program on which the Module is given: Menoufia M.B.B.Ch Credit- hour Program (5+2)

Academic year/level: Fourth level

Semester: Semester VIII

Date of specification: 2018.

Date of approval by Departmental Council: 2018

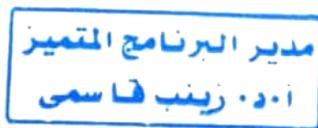
Date of approval by faculty council: 2018

Total hours: 6 . 5 credit hours/ 5 weeks

| Teaching hours | | | |
|-------------------------------------|-----------|-------------|------------|
| | Lectures | Practical | Activities |
| Obstetrics & Gynaecology | 30 | 45 | 90 |
| Family Medicine | 9 | 13.5 | 27 |
| Total | 39 | 58.5 | 117 |

I. Aim of the Module

This module aims to provide the student with essential clinical knowledge and clinical skills regarding common obstetric problems, providing care for the pregnant woman during pregnancy, labor, and postpartum period developing his/her role as a health advisor for good women health via well planned approach and management with emphasis on obstetric problems prevention and health promotion and proper planning of management protocols.

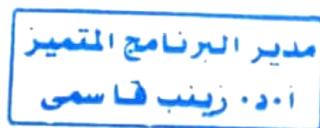




II- Learning outcomes of the module:

Competency Area 1: The graduate as a health care provider.

| Key competency | Module LOs |
|--|---|
| 1.1 Take and record a structured, patient-centered history. | <ul style="list-style-type: none">1.1.1. Perform structured history taking including obstetric and menstrual history.1.1.2. Interpret the clinical symptoms of different obstetric cases.1.1.3. Communicate with patients regardless of their social, cultural backgrounds or their disabilities.1.1.4. Apply the ethics of medical practice when dealing with patients and colleagues.1.1.5. Perform effective eye contact, active listening, and appropriate body language.1.1.6. Record clinical data in a complete, accurate and retrievable manner.1.1.7. Present information clearly in written, electronic, and verbal forms. |
| 1.2 Adopt an empathic and holistic approach to the patients and their problems. | <ul style="list-style-type: none">1.2.1. Demonstrate empathy in patient consultation1.2.2. Communicate effectively with patients regardless of their social, cultural backgrounds or their disabilities.1.2.3. Apply the ethics of medical practice when dealing with patients and colleagues.1.2.4. Apply recommended obstetrics related prevention strategies to women throughout the life span.1.2.5. Practice patient education during an interview with the patient.1.2.6. Show a professional image in manner, dress, speech and interpersonal relationships that is consistent with the medical professions accepted contemporary standards in the community.1.2.7. Identify the approach for management of difficult communication including breaking bad news. |





| | | |
|------------|---|---|
| 1.4 | Perform appropriately timed full physical examination of patients, appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive. | 1.4.1. Perform physical examination of pregnant women including abdominal and pelvic examination. 1.4.2. Interpret the clinical signs of different obstetric cases. 1.4.3. Apply the ethics of medical practice when examining patients. 1.4.4. Apply proper infection control when dealing with patients. |
| 1.5 | Prioritize issues to be addressed in a patient encounter. | 1.5.1. Apply priority setting while formulating a differential diagnosis for different obstetric cases. 1.5.2. Formulate a management plan for different obstetric cases with priority for emergent situations. 1.5.3. Discriminate methods of community health Promotion and construct plan for dealing with high-risk conditions. |
| 1.6 | Select the appropriate investigations and interpret their results taking into consideration cost/ effectiveness factors. | 1.6.1. Select the proper investigations for different obstetric cases. 1.6.2. Interpret the findings of basic investigations of obstetric cases. 1.6.3. Follow the guidelines in choosing the proper investigations while taking into consideration cost-effectiveness. |
| 1.7 | Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice. | 1.7.1. Work with other healthcare professions in management of undiagnosed cases. 1.7.2. Apply the rules of consultation for urgent and undiagnosed cases. 1.7.3. Communicate effectively through feedback to help evaluate his own and others work. |
| 1.8 | Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand. | 1.8.1. Describe the basic physiological background of fertilization, implantation, and early development of the fetus, placenta, and cord 1.8.2. Enumerate physiological changes with pregnancy. 1.8.3. Define complications and lines of management of abortion, ectopic pregnancy, vesicular mole, antepartum hemorrhage and shock. 1.8.4. Outline definition, indications and safety of ultrasound in obstetrics and findings in different conditions 1.8.5. Explain the physiology, mechanism, and management of normal labor. 1.8.6. Define causes, diagnosis, and management of different fetal presentations and multiple |





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| | | |
|---------|---------|---|
| | | pregnancies |
| 1.8.7. | 1.8.7. | Enumerate all the causes, diagnosis and competently rank in order the lines of management of complications of third stage of labor, especially stressing on postpartum hemorrhage |
| 1.8.8. | 1.8.8. | Recognize physiological changes during puerperium with stress on causes, pathology, diagnosis, differential diagnosis, and management of puerperal pyrexia, especially puerperal sepsis |
| 1.8.9. | 1.8.9. | Define the indications and complications of cesarean section |
| 1.8.10. | 1.8.10. | Identify components of antenatal care and importance of nutritional and psychological care during pregnancy/lactation and post-natal period |
| 1.8.11. | 1.8.11. | Identify the importance of counselling sessions and health education for females in reproductive period of life. |
| 1.10 | 1.10.1. | Integrate the results of history, physical examination and laboratory test findings into a meaningful diagnostic formulation. |
| | 1.10.1. | Formulate the collected data during history taking and clinical examination to reach the patients psychiatric and neurological diagnosis and differential diagnosis. |
| | 1.10.2. | Integrate the basic bio-psychosocial and behavioral model in psychiatric practice. |
| | 1.10.3. | Formulate a differential diagnosis for a case of convulsions with fever. |
| | 1.10.4. | Construct differential diagnoses of patients with common obstetrics conditions. |
| | 1.10.5. | Demonstrate an analytic approach to different obstetrics clinical situations such as bleeding in early pregnancy, medical disorders with pregnancy antepartum and postpartum hemorrhage. |
| 1.11 | 1.11.1. | Perform diagnostic and intervention procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances. |
| | 1.11.1. | Perform obstetrics procedures such as normal labor, and partogram. |
| 1.13 | 1.13.1. | Establish patient-centered management plans in partnership with the patient, his/her family and other health professionals as appropriate, using Evidence Based Medicine in management decisions. |
| | 1.13.1. | Retrieve information and be able to use the recent evidence-based information and communications technologies |
| | 1.13.2. | Apply continuous medical education and research to keep up to date with the international advancement in medicine and |

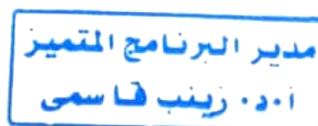


surgery.

- 1.13.3. Use of information technology to improve the quality of patient care through proper.
- 1.13.4. Share patients or their caregivers in decision making regarding management plans.
- 1.13.5. Gather and organize material from various sources (including library, electronic and online resources).
- 1.13.6. Apply the principles of using international guidelines and multidisciplinary team MDT.
- 1.13.7. Apply basics of scientific research (collection, analysis and interpretation of data).
- 1.13.8. Apply appropriate management plan to provide culturally competent obstetrics health care.
- 1.13.9. Conduct proper health care for females during pregnancy and postnatal period according to guidelines addressed in national Basic Benefit Package provided by MOHP.
- 1.13.10. Relate knowledge of contraception, and sterilization in shared decision making with patients in clinical scenarios

1.15 Provide the appropriate care in cases of emergency, including cardio-pulmonary resuscitation, immediate life support measures and basic first aid procedures.

1.15.1. Conduct first aid measures for obstetrics emergency





Competency Area 2: The graduate as a health promoter.

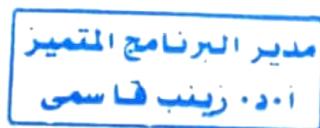
| Key Competency | Module LOs |
|---|--|
| 2.9 Adopt suitable measures for infection control. | 2.9.1 Apply infection control measures while dealing with patients |

Competency Area 3: The graduate as a professional.

| Key competency | Module LOs |
|--|---|
| 3.1 Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, commitment, compassion, and respect. | 3.1.1 Demonstrate a professional, respectful attitude while dealing with colleagues, and staff members 3.1.2 Demonstrate commitment and integrity while preparing the coursework and assignments |
| 3.4 Treat all patients equally, and avoid stigmatizing any category regardless of their social, cultural or ethnic backgrounds, or their disabilities. | 3.4.1 Demonstrate respect to social, culture, and ethnic difference of patients treating them equally. |
| 3.8 Refer patients to the appropriate health facility at the appropriate stage. | 3.8.1 Identify the rules of referral for complex and undiagnosed cases |

Competency Area 5: The graduate as a member of the health team and part of the health care system.

| Key competency | Module LOs |
|--|--|
| 5.2 Respect colleagues and other health care professionals and work cooperatively with them, negotiating overlapping and shared responsibilities and engaging in shared decision-making for effective patient management. | 5.2.1 Demonstrate respect towards colleagues. 5.2.2 Apply teamwork in educational and professional encounters |





Competency Area 6: The graduate as a lifelong learner and researcher.

| Key competency | Module ILOs |
|--|--|
| 6.2 Develop, implement, monitor, and revise a personal learning plan to enhance professional practice. | 6.2.1 Formulate a learning plan for the module in focus 6.2.2 Apply the learning plan respecting emerging priorities and encounters |
| 6.3 Identify opportunities and use various resources for learning. | 6.3.1 Use information resources either written or electronic efficiently for the educational process. |
| 6.6 Effectively manage learning time and resources and set priorities. | 6.6.1 Manage time and learning resources effectively. 6.6.2 Apply priority setting in the learning process |

III. Module Contents:

| Topic | Teaching Hours | Department |
|---|----------------|-----------------|
| Premarital care | 1.5 | Family Medicine |
| Antenatal care | 1.5 | Family Medicine |
| Nutrition during pregnancy | 1.5 | Family Medicine |
| Post-partum care | 1.5 | Family Medicine |
| Counselling with women in reproductive period of life (contraception counselling) | 1.5 | Family Medicine |
| Revision | 1.5 | Family Medicine |
| Maternal adaptation to pregnancy, diagnosis of pregnancy | 1 | Obstetrics |
| Bleeding in early pregnancy | 1 | Obstetrics |
| Hypertensive disorder with pregnancy, DIC | 1.5 | Obstetrics |
| Diabetes with pregnancy, UTI in pregnancy | 1.5 | Obstetrics |
| Vomiting with pregnancy, anemia with pregnancy, Heart disease with pregnancy. | 1.5 | Obstetrics |
| Thromboembolism during pregnancy, RH isoimmunization | 1.5 | Obstetrics |
| Assessment of fetal wellbeing | 1 | Obstetrics |
| Infectious disease (TORCH) 2. IUFD | 1 | Obstetrics |
| PROM & preterm labour, post-term pregnancy | 1.5 | Obstetrics |
| Polyhydramnios, oligohydramnios, shoulder dystocia | 1.5 | Obstetrics |
| IUGR & macrosomia, multiple pregnancy | 1.5 | Obstetrics |
| Antepartum Haemorrhage | 1 | Obstetrics |
| Female pelvis, fetus, fetal skull | 1 | Obstetrics |
| Physiology & management of normal labour | 1.5 | Obstetrics |





| Occipito-posterior, face, brow & compound presentation | 1.5 | Obstetrics |
|--|----------------|------------------------|
| Breech, shoulder, cord presentation and prolapse | 1.5 | Obstetrics |
| Contracted pelvis, Obstructed labour | 1.5 | Obstetrics |
| Abnormal uterine action , rupture uterus | 1.5 | Obstetrics |
| Complication of 3rd stage of labour | 1 | Obstetrics |
| Normal and abnormal puerperium, fetal birth injuries, fetal asphyxia | 1.5 | Obstetrics |
| Operative Obstetrics | 1 | Obstetrics |
| Instruments | 1 | Obstetrics |
| Revision | 1.5 | Obstetrics |
| Total | 49 | |
| Clinical | | |
| Topic | Teaching Hours | Department |
| Initial history taking *General , obstetrical abdominal obstetrical pelvic examination ,doing pregnancy test | 3 | Obstetrics |
| Clinical Activities | 3 | Obstetrics |
| Approach to pregnant women with abdominal pain, vaginal bleeding in early pregnancy | 3 | Obstetrics |
| Clinical Activities | 3 | Obstetrics |
| Identification and assessing high risk pregnancy during ANC (DM,Preclampsia,Anemia) | 3 | Obstetrics |
| Identification and assessing high risk pregnancy during ANC (placenta previa, Cardic disease) | 3 | Obstetrics |
| Antenatal care | 3 | Family Medicine |
| Clinical activities. | 3 | Obstetrics |
| An Approach to pregnant women with PROM and preterm labor. | 3 | Obstetrics |
| Clinical activities. | 3 | Obstetrics |
| History taking from a woman in labour, monitoring labour progress by partogram. | 3 | Obstetrics |
| Clinical activities. | 3 | Obstetrics |
| Intrapartum fetal heart rate monitoring, management of 1st,2nd,3rd stage of labour | 3 | Obstetrics |
| An approach to women with postpartum haemorrhage | 3 | Obstetrics |
| Postpartum care, contraception counselling | 3 | Family medicine |
| Clinical activities. | 3 | Obstetrics |
| Revision | 3 | Obstetrics |
| Revision | 3 | Family Medicine |
| Revision | 3 | Family Medicine |
| Revision | 1.5 | Family Medicine |

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| | |
|--------------|-------------|
| Total | 58.5 |
|--------------|-------------|

IV- Teaching and Learning Methods:

1. Theoretical Teaching:

a) Interactive lectures: using

- Brainstorming
- Audiovisual aids through animations and diagrams
- Interaction with the students through questions
- Student engagement with discussion

b) Case Based learning

c) Team Based Learning

2. Clinical Teaching:

a) Clinical rounds: using

- Simulated patients
- Web based video and Multimedia applications
- Problem solving

b) Bedside clinical teaching

c) Skill lab

3. Self-directed Learning

V- Student Assessment:

A. Attendance criteria:

The minimum acceptable attendance is 75%, otherwise students failing to reach that percentage will be prevented from attending the final examination.

B. Types of Assessment:

- **Formative:** This form of assessment is designed to help the students to identify areas for improvement. It includes a multiple-choice questions, problems-solving exercises and independent learning activities in all subjects. These will be given during tutorial and practical sessions. The Answers are presented and discussed immediately with you after the assessment. The results will be made available to the students.
- **Summative** This type of assessment is used for judgment or decisions to be made about the Students performance. It serves as:
 1. Verification of achievement for the student satisfying requirement
 2. Motivation of the student to maintain or improve performance
 3. Certification of performance
 4. Grades





C- Summative Assessment Methods and Schedule:

| Assessment Method | Percentage | Description | Timing |
|-----------------------------|------------|---|----------------------------|
| Regular Evaluation | 30% | 10% written at the end of periodicals including problem-solving, multiple-choice questions, give a reason, matching, extended matching, complete and compare. | At the end of the module |
| | | 20% Participation in the tutorials, TBL, and Research. | During the module |
| Final practical exam | 30% | OSCE Exam | At the end of the module |
| Final Written | 40% | It Includes problem-solving, multiple-choice questions, giving a reason, matching, extended matching, completing and comparing. | At the end of the semester |

D- Weighing of Assessment:

| Method of Assessment | Marks | Percentag e |
|------------------------------|--------------|-------------|
| Final Written exam. | 65 | 40% |
| Final Practical exam. | 48.75 | 30% |
| Activities | 48.75 | 30% |
| Total | 162.5 | 100% |

E- Grading for by GPA System:

| The Percentage | Symbol | Grade |
|----------------|--------|------------|
| > 85% | A | Excellent. |
| 75-<85 % | B | Very Good |
| 65 - < 75 % | C | Good. |
| 60 - < 65 % | D | Passed. |
| < 60 % | F | Failed. |
| | W | Withdrawn |

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VI. List of references and resources:

1. Department Book.

2. Essential Books:

Obstetrics:

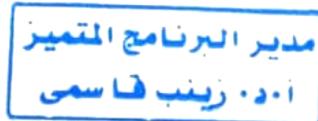
- Williams Obstetrics: 23rd Edition 23rd Edition. By: F. Cunningham, Kenneth Leveno, Steven Bloom, John Hauth, Dwight Rouse, Catherine Spong. McGraw-Hill Professional, 2009.
- Clinical Obstetrics and Gynaecology 3rd Edition. By: Andrew Thomso, Philip Owen, Brian A. Magowan. Saunders Ltd, 2014.
- Lippincott Williams & Wilkins Beckmann and Ling's Obstetrics and Gynecology. By: Dr. Robert Casanova. LWW, 2018.

Family Medicine:

- Oxford Textbook of Primary Medical Care. By: Roger Jones. Oxford University Press, 2004.
- Textbook of Family Medicine 9th Edition. By: Rakel, Robert E. Saunders; 2015.
- Swanson's Family Medicine Review 8th Edition. By: Alfred F. Tallia, Joseph E. Scherger, Nancy W. Dickey. Elsevier, 2016.
- CURRENT Diagnosis & Treatment in Family Medicine, 4th Edition 4th Edition. By: Jeannette South-Paul, Samuel Matheny, Evelyn Lewis. McGraw Hill / Medical, 2015.

VII- Facilities required for teaching and learning:

- 1- Faculty Lecture halls
- 2- Faculty library for textbooks & electronic library for web search.
- 3- Audiovisual aids as boards, data show and computers.
- 4- Skill lab and patient simulators
- 5- Clinical round teaching rooms.
- 6- Hospital wards., outpatient clinics, and operative theatres

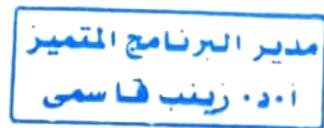




Key Competencies & Module LOs *vs* Teaching and Assessment Methods Matrix

| Key Competencies | Module Learning Outcomes | Teaching Methods | | | | | | | Assessment Methods | | | | | Summative Assessment | | | |
|------------------|--------------------------|------------------|-------------------|---------------------|---------------------|-----------------|----------------------------|-----------|---------------------|-------------|----------|----------------------|---------|----------------------|-------------|---------|---------------|
| | | Recorded Lecture | Inverted Lectures | Case Based Learning | Team based Learning | Clinical Rounds | Bed Side Clinical Teaching | Skill Lab | Self-directed study | Theoretical | Clinical | Formative Assessment | Written | OSCE | Assignments | quizzes | participation |
| 1.1 | 1.1.1 to 1.1.7 | | | | | x | x | | | | | x | | x | x | | x |
| 1.2 | 1.2.1 to 1.2.7 | | | x | | x | x | | | | | x | | x | x | | x |
| 1.4 | 1.4.1 to 1.4.4 | | | | | x | x | x | | | | x | | x | x | | x |
| 1.5 | 1.5.1 to 1.5.3 | x | x | x | x | x | | | | x | x | x | x | x | | x | x |
| 1.6 | 1.6.1 to 1.6.3 | x | x | x | x | x | x | | | x | x | x | x | x | | x | |
| 1.7 | 1.7.1 to 1.7.3 | | | x | | x | | | | x | | x | | x | | | |
| 1.8 | 1.8.1 to 1.8.11 | x | x | x | x | | | | | x | x | | x | x | x | x | x |
| 1.10 | 1.10.1 to 1.10.5 | | | x | x | x | | | | x | x | x | x | x | | x | x |
| 1.11 | 1.11.1 | | | | | x | x | x | | | x | | x | x | | | x |
| 1.13 | 1.13.1 to 1.13.10 | | | x | | x | | | | x | x | x | x | x | | x | |
| 1.15 | 1.15.1 | | | x | | x | x | | | x | x | x | x | x | | x | x |
| 2.9 | 2.9.1 | | | | | x | x | | | | x | | x | | | | x |
| 3.1 | 3.1.1 to 3.1.2 | | | | | x | x | | | | x | | x | | | | x |
| 3.4 | 3.4.1 | | | | | x | x | | | | x | | x | | | | x |
| 3.8 | 3.8.1 | | | | | x | x | | | | x | | x | | | | x |
| 5.2 | 5.2.1, 5.2.2 | x | x | x | | x | | | | | | | | x | | | x |
| 5.10 | 5.10.1 to 5.10.3 | | | | | x | | | | | x | | x | x | x | | x |
| 6.2 | 6.2.1, 6.2.2 | | | | | | | | | x | x | x | x | x | x | x | x |
| 6.3 | 6.3.1 | | | | | | | | | x | x | x | x | x | x | x | x |
| 6.6 | 6.6.1, 6.6.2 | | | | | | | | | x | x | x | x | x | x | x | x |

| Module Coordinator: | Program Coordinator: |
|-----------------------|-------------------------------|
| Name: Dr. Alaa Masood | Name: Prof. Dr. Zeinab Kasemy |





Vertical Integration Module (8)

University: Menoufia

Faculty: Medicine

A-Administrative information

Module Title: Vertical Integration Module (8)

Department offering the Module: Internal Medicine

Program (s) on which the Module is given: Menoufia M.B.B.Ch Credit- hour Program (5+2).

Academic year/level: Fourth level

Semester: Semester VIII

Date of specification: 2018

Date of approval by departments council: 2018

Date of approval by faculty council: 2018

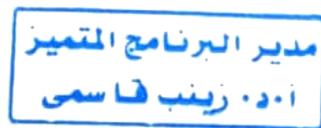
Credit hours: 0.5 credit hours.

Teaching Hours; 7.5 hours/ Lectures

A- Professional Information

I. Aim of the Module:

To provide the students with the clinical skills of history taking of different symptomatology, interpreting the examination of the patient, and a final diagnosis of the patient while using effective communication skills.





II. Learning Outcomes of the Module

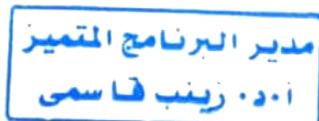
Competency Area 1: The graduate as a health care provider.

| Key competency | Module LOs |
|--|--|
| 1.1 Take and record a structured, patient-centered history. | <ul style="list-style-type: none">1.1.1. Describe the different items in history taking.1.1.2. Identify the important questions to ask for the patient with HCV with renal affection,1.1.3. Identify the important questions to ask for the patient with hepatorenal syndrome,1.1.4. Identify the important questions to ask for the patient with hypertension with pregnancy,1.1.5. Identify the important questions to ask for the patient with pregnancy with kidney affection,1.1.6. Identify the important questions to ask for the patient with HELP Syndrome1.1.7. Analyze the symptoms of patient with HCV with renal affection, hepatorenal syndrome, hypertension with pregnancy, pregnancy with kidney affection, and HELP Syndrome |
| 1.2 Adopt an empathic and holistic approach to the patients and their problems. | <ul style="list-style-type: none">1.2.1. Demonstrate empathy in patient counseling.1.2.2. Communicate effectively with patients regardless of their social, cultural backgrounds or their disabilities.1.2.3. Apply the ethics of medical practice when dealing with patients and colleagues.1.2.4. Show a professional image in manner, dress, speech and interpersonal relationships that is consistent with the medical professions accepted contemporary standards in the community.1.2.5. Identify the approach for management of difficult communication including |
| 1.4 Perform appropriately timed full physical examination of patients, appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive. | <ul style="list-style-type: none">1.4.1. Interpret the examination findings in patients with HCV with renal affection.1.4.2. Interpret the examination findings in patients with hepatorenal syndrome.1.4.3. Interpret the examination findings in patients with hypertension with pregnancy, pregnancy with kidney affection, and HELP Syndrome.1.4.4. Interpret the examination findings in patients with pregnancy with kidney affection,1.4.5. Interpret the examination findings in patients with HELP Syndrome. |





| | |
|---|---|
| 1.5 Prioritize issues to be addressed in a patient encounter. | 1.5.1. Apply priority setting while formulating a differential diagnosis for different cases. |
| 1.6 Select the appropriate investigations and interpret their results taking into consideration cost/ effectiveness factors. | 1.6.1. Follow the guidelines in choosing the proper investigations while taking into consideration cost-effectiveness. 1.6.2. Interpret laboratory and radiological investigations of any patient. |
| 1.7 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice. | 1.7.1. Work with other healthcare professionals in management of undiagnosed cases. 1.7.2. Apply the rules of consultation for urgent and undiagnosed cases. 1.7.3. Communicate effectively through feedback to help evaluate his own and others work. |
| 1.8 Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand. | 1.8.1. Describe the different effects of HCV in kidney. 1.8.2. List different types of hepatorenal syndrome. 1.8.3. Differentiate between the 2 types of hepatorenal syndrome. 1.8.4. Describe the criteria for each type of hepatorenal syndrome. 1.8.5. Outline management of hepatorenal syndrome. 1.8.6. Describe changes to the kidney during pregnancy. 1.8.7. List causes of proteinuria in pregnancy. 1.8.8. List the different causes of hypertension in pregnancy. 1.8.9. Define HELP syndrome. 1.8.10. Differentiate HELP syndrome from other causes of thrombocytopenia in pregnancy |
| 1.10 Integrate the results of history, physical examination and laboratory test findings into a meaningful diagnostic formulation. | 1.10.1. Integrate the results of history, physical and laboratory tests into a correct diagnosis and create an individualized treatment plan. 1.10.2. Formulate a differential diagnosis for kidney affection in HCV. 1.10.3. Formulate a differential diagnosis for kidney affection in pregnancy. 1.10.4. Formulate a differential diagnosis for hypertension in pregnancy. 1.10.5. Formulate a differential diagnosis for HELP syndrome. |





1.13 Establish patient-centered management plans in partnership with the patient, his/her family and other health professionals as appropriate, using Evidence Based Medicine in management decisions.

1.13.1. Retrieve information and be able to use the recent evidence-based information and communications technologies

1.13.2. Apply continuous medical education and research to keep up to date with the international advancement in medicine and surgery.

1.13.3. Share patients or their caregivers in decision making regarding management plans.

1.13.4. Gather and organize material from various sources (including library, electronic and online resources).

1.13.5. Formulate an approach for management of pregnant females with hypertension.

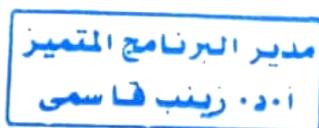
1.13.6. Formulate an approach for management of pregnant females with proteinuria.

Competency Area 2: The graduate as a health promoter.

| Key Competency | Module LOs |
|---|--|
| 2.9 Adopt suitable measures for infection control. | 2.9.1 Apply infection control measures while dealing with patients |

Competency Area 3: The graduate as a professional.

| Key competency | Module LOs |
|--|---|
| 3.1 Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, commitment, compassion, and respect. | 3.1.1 Demonstrate a professional, respectful attitude while dealing with colleagues, and staff members 3.1.2 Demonstrate commitment and integrity while preparing the coursework and assignments |
| 3.4 Treat all patients equally, and avoid stigmatizing any category regardless of their social, cultural or ethnic backgrounds, or their disabilities. | 3.4.1 Demonstrate respect to social, culture, and ethnic difference of patients treating them equally. |
| 3.8 Refer patients to the appropriate health facility at the appropriate stage. | 3.8.1 Identify the rules of referral for complex and undiagnosed cases |





Competency Area 5: The graduate as a member of the health team and part of the health care system.

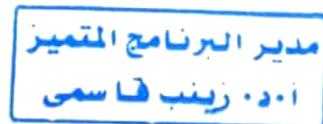
| Key competency | Module LOS |
|--|--|
| 5.2 Respect colleagues and other health care professionals and work cooperatively with them, negotiating overlapping and shared responsibilities and engaging in shared decision-making for effective patient management. | 5.2.1 Demonstrate respect towards colleagues. 5.2.2 Apply teamwork in educational and professional encounters |

Competency Area 6: The graduate as a lifelong learner and researcher.

| Key competency | Module ILOs |
|---|--|
| 6.2 Develop, implement, monitor, and revise a personal learning plan to enhance professional practice. | 6.2.1 Formulate a learning plan for the module in focus 6.2.2 Apply the learning plan respecting emerging priorities and encounters |
| 6.3 Identify opportunities and use various resources for learning. | 6.3.1 Use information resources either written or electronic efficiently for the educational process. |
| 6.6 Effectively manage learning time and resources and set priorities. | 6.6.1 Manage time and learning resources effectively. 6.6.2 Apply priority setting in the learning process |

III. Module Contents:

| Topic | Teaching Hours |
|----------------------------------|----------------|
| HCV and kidney | 2 |
| Hepatorenal syndrome | 1.5 |
| Hypertension in pregnancy | 1.5 |
| Pregnancy and kidney | 1.5. |
| HELP syndrome | 1 |
| Total | 7.5 |





IV- Teaching and learning methods

The following teaching / learning methods are used to promote better understanding:

- **Interactive Lectures/online**
- **Self-directed learning**

➤ **Interactive lectures:** In large group, the lecturer introduces a topic or common clinical conditions and explains the underlying topic through questions, pictures, videos of patients' interviews, exercises, etc. Students are actively involved in the learning process.

➤ **Self-directed learning:** Students assume responsibilities of their own learning through individual study, sharing and discussing with peers, seeking information from Learning Resource Center, teachers and resource persons within and outside the college. Students can utilize the time within the college scheduled hours of self-study.

V- Student Assessment:

A. Attendance criteria:

The minimum acceptable attendance is 75%, otherwise students failing to reach that percentage will be prevented from attending the final examination.

B- Assessment methods

- Formative assessment: Through predesigned checklist and assignment with assessment of student participation in the lectures
- Summative Written: MCQ, EMQs, complete, true false and problemsolving

C- Assessment schedule

Final examination: Final-term assessment at the end of the semester by written examination.

D- Weighting of assessments: Final-term examination: 100 % (12.5 marks)

VI. List of references and resources:

- **Module notes.**
- **Essential Books:**

The Washington Manual of General Internal Medicine Consult, 3rd Edition. By: Thomas Ciesielski. LWW, 2017.

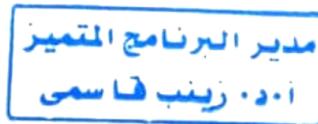
Decision Making in Medicine 3rd Edition. By: Stuart B. Mushlin, Harry L. Greene. Mosby, 2009.

VII- Facilities Required for Teaching and Learning:

- 1- Faculty Lecture halls
- 2- Faculty library for textbooks & electronic library for web search.
- 3- Audiovisual aids as boards, data show and computers.

Module Coordinator: Dr. Enas Zahran

Program Coordinator: Prof. Dr. Zeinab Kasemy





تصنيف موديولات بكالريوس الطب و الجراحة العام (البرنامج المتميز 2+5) ساعات معتمدة

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|--|---|-------------------------------------|---|
| عميد الكلية أ.د/ محمد فهمي النعmani <i>Amira</i> | مدير وحدة ضمان الجودة أ.د/ أميرة فتحى عبد العاطى | منسق أ.د زينب عبدالعزيز قاسمى | لجنة المعايير الأكاديمية و التصنيف بالبرنامج د. أحمد حمدان |
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مدير البرنامج المتميز
أ.د. زينب فاسى

