

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



THE  
SPECIAL  
PROGRAM



## M.B.B.CH. CREDIT HOURS

(5 + 2)

## MODULE SPECIFICATION

LEVEL V

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University: Menoufia



Faculty: Medicine



# Semester IX

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# Neuropsychiatry

University: Menoufia

Faculty: Medicine

## A - Administrative Information

**Module Title :** Neuropsychiatry

**Code No:** PSYCH/NEUE/NEUS 5101

**Department offering the Module:** Neuropsychiatry, Neurosurgery and Pediatrics department

**Program on which the Module is given:** Menoufia M.B.B.Ch Credit- hour Program

**(5+2) Academic year:** Fifth Year

**Semester:** IX

**Date of specification:** 2018

**Date of approval by departments council:** 2018

**Date of approval by faculty council:** 2018

**Credit hours:** 6 credit hours/ 5 weeks

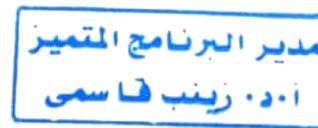
Teaching hours			
	Lectures	Practical	Activities
<b>Neuropsychiatry</b>	<b>24</b>	<b>36</b>	<b>72</b>
<b>Pediatrics</b>	<b>6</b>	<b>9</b>	<b>18</b>
<b>Neurosurgery</b>	<b>6</b>	<b>9</b>	<b>18</b>
<b>Total</b>	<b>36</b>	<b>54</b>	<b>108</b>

## B- Professional Information

### I- Aim of the Module

To improve the students with knowledge, clinical skills and attitudes required to deal with the commonly encountered psychiatric disorders, and neurological disorders including surgically managed neurological disorders with emphasis on primary care management of emergency cases.

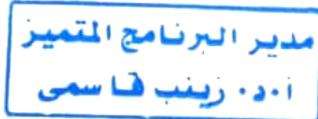
### II- Learning outcomes of the module:





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

Key competency	Module LOs
<b>1.1</b> Take and record a structured, patient-centered history.	1.1.1. Perform structured history taking including psychosocial history, social history, assessment of family support according to age group. 1.1.2. Conduct neurological history taking according to age group. 1.1.3. Interpret the clinical symptoms of different neurological and psychiatric cases 1.1.4. Communicate with patients regardless of their social, cultural backgrounds or their disabilities. 1.1.5. Apply the ethics of medical practice when dealing with patients and colleagues. 1.1.6. Perform effective eye contact, active listening, and appropriate body language. 1.1.7. Record clinical data in a complete, accurate and retrievable manner. 1.1.8. Present information clearly in written, electronic, and verbal forms.
<b>1.2</b> 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. 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. 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.
<b>1.3</b> Assess the mental state of the	1.3.1. Assess the mental state of patients to elicit





patient.

psychiatric symptoms and signs and define different neurological signs and symptoms of the cognitive function according to age group.

1.3.2. Apply proper communication skills with patients through different steps of the interview.

**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 correct neurological examination and recognize its abnormalities according to age group.  
1.4.2. Apply head circumference measure and recognize their abnormalities.  
1.4.3. Perform correct clinical examination for children with convulsion.  
1.4.4. Perform correct clinical examination with Guillain-Barré.  
1.4.5. Interpret the clinical signs of different neurological and psychiatric cases  
1.4.6. Apply the ethics of medical practice when examining patients.  
1.4.7. 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 neurological and psychiatric cases.

**1.5.2.** **Formulate** a management plan for different neurological and psychiatric 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. Select the proper investigations for different neurological cases with emphasis on coma in adults and pediatrics.  
1.6.2. Interpret the findings of basic investigations of neurological.  
1.6.3. Follow the guidelines in choosing the proper investigations while taking into consideration cost-effectiveness.  
1.6.4. Apply an algorithm to define when to order CT brain for a head trauma patient.  
1.6.5. Apply an algorithm to define when to order CT cervical spine for a patient.

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**1.7** Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice.

**1.8** Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand.

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.

1.8.1. Describe the anatomical, biochemical and cellular mechanisms of the nervous system that underlie common psychiatric and neurological disease.

1.8.2. Identify neurophysiology, neuro-biochemistry, neuroanatomy, neuropathology, neuro-pharmacology as an etiological basis of diseases and to utilize in treatment of them

1.8.3. Describe and interpret the common psychiatric and neurologic signs and symptoms in relation to different disorders.

1.8.4. Identify risk factors, diagnosis, treatment and prognosis for stroke, hemiplegia and paraplegia.

1.8.5. Classify different disorders of peripheral and cranial nerves along with their risk factors, management and prognosis.

1.8.6. Describe the etiopathogenesis of epilepsy with its different types and management protocol

1.8.7. Describe the pathology of multiple sclerosis and its diagnostic criteria, complications and treatment

1.8.8. Identify different movement disorders including ataxia including causes, and approach for management

1.8.9. Outline different disorders of muscle and neuromuscular junction with their approach of management.

1.8.10. Classify different anxiety disorders, bipolar and related disorders and-depressive disorders with diagnostic criteria and general lines for treatment.

1.8.11. Identify different sleep disorders, sleep stages, and polysomnography

1.8.12. Discuss the risk factors, types and approach of treatment for addiction.

1.8.13. Describe medically unexplained symptoms, non-organic pain, chronic fatigue syndrome, psychosomatic diseases

1.8.14. Identify different child and adolescent and women psychiatry and their approach of management.

1.8.15. Outline diagnostic criteria for dementia, delirium, and different amnestic disorders and general lines of treatment

1.8.16. Identify the principles of emergency psychiatry



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- 1.8.17. Outline different Investigations in order of importance, to decide the most important of them and to interpret diagnostic tests(ECG, electroencephalogram (EEG), blood tests, radiographs, computed tomography (CT) and magnetic resonance imaging (MRI) scans.
- 1.8.18. Explain the basic mental functions and their relation to behavior and illness.
- 1.8.19. Identify common types of cognitive impairment including delirium and dementia.
- 1.8.20. Describe the nature, mechanism of action, common indications, side effects, and drug interactions of commonly prescribed pharmacological agents in neurological and psychiatric disorders.
- 1.8.21. Define cerebral palsy in pediatrics.
- 1.8.22. Identify causes of cerebral palsy in pediatrics.
- 1.8.23. Outline causes of floppy infant.
- 1.8.24. Identify how to diagnose a child with hypotonia.
- 1.8.25. Describe criteria of poliomyelitis weakness.
- 1.8.26. Define seizures and its causes in children.
- 1.8.27. Describe types and classification of seizures in pediatrics.
- 1.8.28. Define febrile convulsions.
- 1.8.29. Identify different causes, clinical picture and treatment of febrile convulsions.
- 1.8.30. Define status epilepticus in pediatrics.
- 1.8.31. Identify different causes of status epilepticus.
- 1.8.32. Outline definition and clinical picture of cyanotic spells.
- 1.8.33. Identify clinical presentation of Duchene muscle dystrophy.
- 1.8.34. Determine definition, characters and classifications of muscle dystrophies.
- 1.8.35. Describe different types and clinical picture of anterior horn cell disease.
- 1.8.36. Identify causes and clinical presentation of Guillain-Barré syndrome.
- 1.8.37. Outline definition, clinical manifestations and investigations of Guillain-Barré syndrome.
- 1.8.38. Define macrocephaly in pediatrics.
- 1.8.39. Identify different causes and clinical picture of macrocephaly.
- 1.8.40. Describe normal CSF formation and circulation.
- 1.8.41. Define hydrocephalus in pediatrics
- 1.8.42. Describe different types, clinical picture of hydrocephalus in pediatrics.
- 1.8.43. Outline causes and complications of hydrocephalus in pediatrics.



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		<ul style="list-style-type: none"><li>1.8.44. Identify different causes that lead to abnormal head shape in pediatrics.</li><li>1.8.45. Identify different causes, types and clinical picture of microcephaly in pediatrics.</li><li>1.8.46. Identify classification, clinical picture and treatment of craniostenosis.</li><li>1.8.47. Describe the different types of post traumatic cranial hematoma and how to differentiate between each type of it.</li><li>1.8.48. Enumerate the different types of hydrocephalus and outline the management of each type.</li><li>1.8.49. Outline the management of head trauma.</li><li>1.8.50. Enumerate the clinical picture of peripheral nerve injury of the upper limb; Median, ulnar and radial nerves.</li><li>1.8.51. Outline the different types of peripheral nerve injury the management of each type.</li><li>1.8.52. Describe the clinical picture of lumbar disc prolapse and outline the different methods of management.</li><li>1.8.53. Describe the clinical picture of the brain abscess and outline the management.</li><li>1.8.54. Outline the clinical picture of brain tumors and describe the management steps.</li></ul>
<b>1.10</b>	Integrate the results of history, physical examination and laboratory test findings into a meaningful diagnostic formulation.	<ul style="list-style-type: none"><li>1.10.1. Formulate the collected data during history taking and clinical examination to reach the patients psychiatric and neurological diagnosis and differential diagnosis.</li><li>1.10.2. Integrate the basic bio-psychosocial and behavioral model in psychiatric practice.</li><li>1.10.3. Formulate a differential diagnosis for a case of convulsions with fever.</li></ul>
<b>1.11</b>	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"><li>1.11.1. Perform Glasgow coma scale assessment for a patient in coma.</li></ul>
<b>1.13</b>	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"><li>1.13.1. Retrieve information and be able to use the recent evidence-based information and communications technologies</li><li>1.13.2. Apply continuous medical education and research to keep up to date with the international advancement in medicine and surgery.</li><li>1.13.3. Use of information technology to improve the quality of patient care through proper.</li><li>1.13.4. Share patients or their caregivers in decision</li></ul>



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).

<b>1.15</b> Provide the appropriate care in cases of emergency, including cardio-pulmonary resuscitation, immediate life support measures and basic first aid procedures.	<ol style="list-style-type: none"><li>1.15.1. Judge the patient whether is emergent to perform procedure by examination the GCS and the pupils.</li><li>1.15.2. Design a proper management plan for cyanotic spells.</li><li>1.15.3. Formulate a management plan for convulsions in pediatrics.</li><li>1.15.4. Design a proper management plan for status epilepticus</li></ol>
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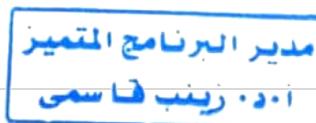
### Competency Area 2: The graduate as a health promoter.

Key Competency	Module LOs
<b>2.9</b> 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
<b>3.1</b> 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
<b>3.4</b> 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.
<b>3.8</b> 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		
TOPICS	Teaching Hours	Department
<b>Cerebrovascular Disorders 1</b>	1	Neurology
<b>Headache</b>	1	Neurology
<b>Coma</b>	1	Neurology
<b>Movement Disorders 1</b>	1	Neurology
<b>Movement Disorders 2</b>	1	Neurology
<b>Ataxias</b>	1	Neurology
<b>Cranial Nerve Disorders</b>	1	Neurology
<b>Peripheral nerves Disorders</b>	1	Neurology
<b>Multiple sclerosis</b>	1	Neurology
<b>Epilepsy</b>	1	Neurology
<b>Spinal Cord Disorders</b>	1	Neurology
<b>Neuromuscular disorders &amp; Muscle Diseases</b>	1	Neurology
<b>Dementia</b>	1	Neurology
<b>Spinal cord disease</b>	1	Neurology
<b>Sleep disorders</b>	1	Psychiatry

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<b>Depression</b>	1	<b>Psychiatry</b>
<b>Addiction, cannabinoid and nicotine addiction</b>	1	<b>Psychiatry</b>
<b>Psychopharmacology</b>	1	<b>Psychiatry</b>
<b>Child psychiatry</b>	1	<b>Psychiatry</b>
<b>Anxiety disorders</b>	1	<b>Psychiatry</b>
<b>Psychotic disorders</b>	1	<b>Psychiatry</b>
<b>Somatisation disorder</b>	1	<b>Psychiatry</b>
<b>Psychiatric emergency and suicide management</b>	2	<b>Psychiatry</b>
<b>Encephalopathies</b>	1.5	<b>Pediatrics</b>
<b>Seizures</b>	1.5	<b>Pediatrics</b>
<b>Muscle diseases</b>	1	<b>Pediatrics</b>
<b>Neuromuscular diseases</b>	1	<b>Pediatrics</b>
<b>Abnormal cranial volume and shape</b>	1	<b>Pediatrics</b>
<b>Low back pain , lumbar disc prolapse</b>	2	<b>Neurosurgery</b>
<b>Brain tumor</b>	2	<b>Neurosurgery</b>
<b>Spinal cord injury</b>	2	<b>Neurosurgery</b>
<b>Total</b>		
<b>Clinical</b>		
	Teaching Hours	Department
<b>History 1</b>	1.5	<b>Neurology</b>
<b>History 2</b>	1.5	<b>Neurology</b>
<b>Cranial Nerve 1</b>	1.5	<b>Neurology</b>
<b>Cranial Nerve 2</b>	1.5	<b>Neurology</b>
<b>Motor Examination 1</b>	1.5	<b>Neurology</b>
<b>Motor Examination 2</b>	1.5	<b>Neurology</b>
<b>Sensory</b>	1.5	<b>Neurology</b>
<b>Ataxia</b>	1.5	<b>Neurology</b>
<b>Speech</b>	1.5	<b>Neurology</b>
<b>Mental state</b>	1.5	<b>Neurology</b>
<b>Symptomatology</b>	3	<b>Psychiatry</b>
<b>Psychotic disorders</b>	3	<b>Psychiatry</b>
<b>Mood disorders and anxiety</b>	1.5	<b>Psychiatry</b>
<b>Substance disorder</b>	1.5	<b>Psychiatry</b>
<b>Child psychiatry</b>	1.5	<b>Psychiatry</b>
<b>Medical unexplained symptoms</b>	1.5	<b>Psychiatry</b>
<b>Insomnias and sleep wake disorders</b>	1.5	<b>Psychiatry</b>

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<b>Suicide and psychotherapy</b>	1.5	<b>Psychiatry</b>
<b>Neurological examination</b>	3	<b>Pediatrics</b>
<b>Cerebral palsy</b>	1.5	<b>Pediatrics</b>
<b>Neuromuscular diseases</b>	3	<b>Pediatrics</b>
<b>Abnormal cranial volume</b>	1.5	<b>Pediatrics</b>
<b>Skull fracture, head trauma</b>	2	<b>Neurosurgery</b>
<b>Epidural hematoma</b>	1	<b>Neurosurgery</b>
<b>Subdural hematoma</b>	1	<b>Neurosurgery</b>
<b>Hydrocephalus</b>	1	<b>Neurosurgery</b>
<b>Congenital anomalies</b>	1	<b>Neurosurgery</b>
<b>Nerve injury</b>	3	<b>Neurosurgery</b>
<b>Total</b>	<b>48</b>	

#### **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**



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#### **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
<b>Regular Evaluation</b>	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
<b>Final practical exam</b>	30%	OSCE Exam	At the end of the module
<b>Final Written</b>	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
<b>Final Written exam.</b>	60	<b>40%</b>
<b>Final Practical exam.</b>	45	<b>30%</b>
<b>Activities</b>	45	<b>30%</b>
<b>Total</b>	<b>150</b>	<b>100%</b>

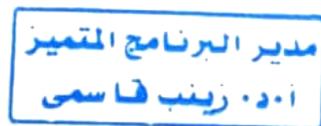
#### E- Grading for by GPA System:

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



#### VI. List of references and resources:

Lectures notes.





## Essential Books:

### Neurology:

- CURRENT Diagnosis & Treatment Neurology, Second Edition (LANGE CURRENT Series) 2nd Edition. By: John Brust. McGraw-Hill Education / Medical, 2011.
- Merritt's Neurology Thirteenth Edition. By: Elan D. Louis, Stephan A. Mayer, Lewis P. Rowland. LWW; Thirteenth edition, 2015.

### Psychiatry:

- Clinical Psychology: Assessment, Treatment, and Research 1st Edition. By: David C.S. Richard, Steven K. Huprich. Academic Press, 2008
- Introduction to Clinical Psychology (8th Edition) 8th Edition. By: Geoffrey P. Kramer, Douglas A. Bernstein, Vicky Phares. Pearson, 2013.

### Pediatrics:

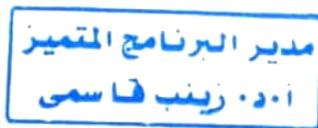
- Nelson Textbook of Pediatrics, 20<sup>th</sup> Edition. By: Robert M. Kliegman, Bonita M.D. Stanton, Joseph St. Geme, Nina F Schor. W B Saunders Co Ltd, 2015.
- American Academy of Pediatrics Textbook of Pediatric Care, 2<sup>nd</sup> Edition. By: Thomas K. McInerny, Henry M. Adam, Deborah E. Campbell, 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)) 5<sup>th</sup> 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.

### Neurosurgery:

- Principles of Neurosurgery, 2 edition. By: Richard G. Ellenbogen, Setti S. Rengachary. Mosby, 2004.
- Neurosurgery Fundamentals 1st Edition. By: Nitin Agarwal. Thieme;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	Interactive Lectures	Case Based Learning	Team based Learning	Clinical Rounds	Bed Side Clinical Teaching	Self-directed study	Theoretical	Formative Assessment	Clinical	Written	OSCE	Assignments	quizzes
1.1	1.1.1 to 1.1.8					x	x			x			x		x
1.2	1.2.1 to 1.2.7		x			x	x			x			x		x
1.3	1.3.1, 1.3.2					x	x			x			x		x
1.4	1.4.1 to 1.4.7					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 1.6.5	x	x	x	x	x	x	x	x	x	x	x			x
1.7	1.7.1, 1.7.3		x		x				x		x				
1.8	1.8.1 to 1.8.54	x	x	x	x			x	x		x		x	x	x
1.10	1.10.1 to 1.10.3		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 1.13.7		x		x			x	x	x	x	x			x
1.15	1.15.1 to 1.15.4		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: Dr. Alaa Masood

Program Coordinator: Prof. Dr. Zeinab Kasemy





# Ophthalmology

**University:** Menoufia

**Faculty:** Medicine

## A-Administrative information

**Module Title:** Ophthalmology

**Code No:** OPHTH 5104

**Department offering the Module:** Ophthalmology

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

**Academic year/level:** Fifth level

**Semester:** Semester IX

**Date of specification:** 2018.

**Date of approval by Departmental Council:** 2018

**Date of approval by faculty council:** 2018

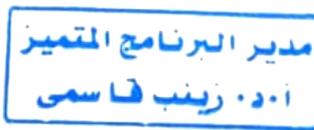
**Total hours:** 5 credit hours.

	Teaching hours		
	Lectures	Practical	Activities
<i>Ophthalmology</i>	<b>30</b>	<b>45</b>	<b>90</b>

## B- Professional Information

### I. Aim of the Module

This module aims to provide the students with clinical knowledge and skills necessary to diagnose common ophthalmology disorders, and deal with emergent ophthalmology cases, considering the concepts of health promotion and cost effectiveness.



### II- Learning Outcomes of the Module:

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



## Key competency

## Module ILOs

<b>1.1</b>	Take and record a structured, patient-centered history.	1.1.1. Take a comprehensive history from patients with different ophthalmology disorders. 1.1.2. Interpret the clinical symptoms of different ophthalmologic 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
<b>1.2</b>	Adopt an empathic and holistic approach to the patients and their problems.	1.2.1. Demonstrate empathy in patient consultation 1.2.2. Communicate 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.
<b>1.4</b>	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 complete ophthalmologic examination, 1.4.2. Practice assessment of vision. 1.4.3. Perform examination of eye motility. 1.4.4. Practice pupil examination and fundus examination. 1.4.5. Apply the ethics of medical practice when dealing with patients and colleagues. 1.4.6. Interpret the clinical signs of different ophthalmology cases. 1.4.7. Apply the ethics of medical practice when examining patients. 1.4.8. Apply proper infection control when dealing with patients.
<b>1.5</b>	Prioritize issues to be addressed in a patient encounter.	<b>1.5.1.</b> <b>Apply priority setting while formulating</b> a differential diagnosis for different ophthalmological cases <b>1.5.2.</b> <b>Formulate</b> a management plan for different ophthalmological disorders with priority for emergent situations.
<b>1.6</b>	Select the appropriate investigations and interpret their results taking into consideration cost/ effectiveness factors.	1.6.1. Select the proper investigations for different ophthalmologic cases 1.6.2. Interpret the findings of basic investigations of ophthalmology including visual assessment tests.
<b>1.7</b>	Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice.	1.7.1. Apply the rules of referral for complex or cases of uncertain diagnosis. 1.7.2. Work in a team with other colleagues and other health care members to achieve best management strategy especially in complicated cases. 1.7.3. Communicate effectively through feedback to help





evaluate his own and others work.

<b>1.8</b>	Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand.	1.8.1. Describe the basic physiological background of vision, and anatomy of the eye. 1.8.2. Outline eyelid anomalies, lash disorders and lacrimal system disorders. 1.8.3. Describe different orbit diseases. 1.8.4. Describe different external ocular (corneal and conjunctival) disorders. 1.8.5. Describe aqueous formation and drainage, angle of anterior chamber and disorders related to their disturbances. 1.8.6. Identify methods of assessment of vision, refractive errors and how to correct them. 1.8.7. Describe lens disorders and how to manage 1.8.8. Outline different medical and surgical retinal disorders. 1.8.9. Describe nerves involved in ophthalmology and diseases affecting them 1.8.10. Describe ocular motility and alignment disorders. 1.8.11. List different systemic diseases affecting eye and their clinical manifestations. 1.8.12. Describe uveitis and its complication.
<b>1.10</b>	Integrate the results of history, physical examination and laboratory test findings into a meaningful diagnostic formulation.	1.10.1 Construct a differential diagnosis for different ophthalmological cases based on history, examination and investigation findings
<b>1.11</b>	Perform diagnostic and intervention procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances.	1.11.1. Perform IOP measurement 1.11.2. Perform visual field testing 1.11.3. Apply the ethics of medical practice when performing diagnostic or intervention procedures.
<b>1.13</b>	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).

<b>1.15</b> Provide the appropriate care in cases of emergency, including cardio-pulmonary resuscitation, immediate life support measures and basic first aid procedures.	1.15.1. Provide first aid measures for a case of eye trauma.
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#### Competency Area 2: The graduate as a health promoter.

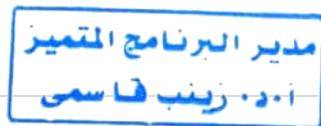
Key Competency	Module LOs
<b>2.9</b> Adopt suitable measures for infection control.	2.9.1 Apply infection control measures while dealing with patients

#### Competency Area 3: The graduate as a professional.

Key competency	Module LOs
<b>3.1</b> 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
<b>3.4</b> 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.
<b>3.8</b> 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
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**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
<b>6.2</b> 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
<b>6.3</b> Identify opportunities and use various resources for learning.	6.3.1 Use information resources either written or electronic efficiently for the educational process.
<b>6.6</b> 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
<b>Introduction to ophthalmology (history and clinical examination)</b>	1.5
<b>Oculoplastic diseases 1 (lid)</b>	2
<b>Oculoplastic diseases 2 (orbit)</b>	2
<b>Oculoplastic diseases 3 (lacrimal)</b>	2
<b>Conjunctival diseases</b>	2
<b>Corneal diseases</b>	2
<b>Errors of refraction</b>	2
<b>Uvea</b>	2
<b>Lens disorders</b>	2.5
<b>Glaucoma</b>	2
<b>Retina</b>	2.5
<b>Squint</b>	2
<b>Neurophthalmology</b>	2
<b>Ocular trauma</b>	2
<b>Revision</b>	1.5
<b>Total</b>	30
Clinical	
Topic	Teaching Hours
<b>History and clinical examination</b>	3
<b>Lid (How to do: evaluation of degree of ptosis, levator function test)</b>	3
<b>Lacrimal- Orbit (How to do: regurgitation test)</b>	3
<b>Conjunctiva</b>	3
<b>Cornea</b>	3





<b>Errors of refraction (How to do: visual acuity testing, identification of lenses: spherical or cylindrical / convex or concave)</b>	3
<b>Uvea</b>	3
<b>Lens (How to do: examination of red reflex, examination of iris shadow)</b>	3
<b>Glaucoma 1 (How to do: Light projection test, Confrontation test)</b>	3
<b>Glaucoma 2</b>	3
<b>Retina 1</b>	3
<b>Retina 2</b>	3
<b>Strabismus (How to do: ocular motility test, Hirschberg test, Cover test)</b>	2.5
<b>Ocular trauma</b>	2.5
<b>Neuro-ophthalmology (How to do: pupillary light reflex)</b>	2
<b>Revision</b>	2
<b>Total</b>	<b>45</b>

#### **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:**

###### **Clinical rounds: using**

- Web based video and Multimedia applications
- Problem solving

##### **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:**

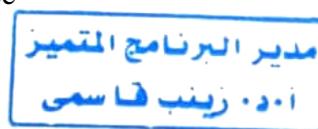
###### **• Formative:**

This form of assessment is designed to help the students to identify areas for improvement. It includes multiple-choice questions, problem-solving exercises and independent learning activities in all subjects. 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
<b>Regular Evaluation</b>	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
		20% Participation in the tutorials, TBL, Research.	During the module
<b>Final practical exam</b>	30%	OSCE Exam	At the end of the module
<b>Final Written</b>	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
<b>Final Written exam.</b>	<b>50</b>	<b>40%</b>
<b>Final Practical exam.</b>	<b>37.5</b>	<b>30%</b>
<b>Activities</b>	<b>37.5</b>	<b>30%</b>
<b>Total</b>	<b>125</b>	<b>100%</b>

### 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. Lectures notes prepared in the form of a book authorized by the department.
2. Online playlist lectures loaded on EKB platform
3. Textbooks:
  - Clinical ophthalmology: A systematic approach. 8th ed. Bowling B. Kanski. W B Saunders; 2015.



- *Oxford Handbook of Ophthalmology*, 3 edition. By: Alastair Denniston, Philip Murray (eds), Oxford Medical Handbooks, 2014.
- The wills eye manual: Office and emergency room diagnosis and treatment of eye disease. 7th ed. By: Bagheri N, Wajda B, Calvo C, Durrani A, editors. Lippincott Williams and Wilkins; 2016

## **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- Clinical round teaching rooms.
- 5- 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	Self-directed study	Theoretical	Formative Assessment	Clinical	Written	OSCE	Assignments	quizzes	participation
<b>1.1</b>	1.1.1 to 1.1.4					X				X		X	X		X
<b>1.2</b>	1.2.1 to 1.2.3		X			X				X		X			X
<b>1.4</b>	1.4.1 to 1.4.8					X				X		X	X		X
<b>1.5</b>	1.5.1, 1.5.2	X	X	X	X	X	X	X	X	X	X	X		X	X
<b>1.6</b>	1.6.1, 1.6.2	X	X	X	X	X	X	X	X	X	X	X		X	
<b>1.7</b>	1.7.1 to 1.7.3		X			X		X			X				
<b>1.8</b>	1.8.1 to 1.8.12	X	X	X	X		X	X			X		X	X	X
<b>1.10</b>	1.10.1			X	X	X	X	X	X	X	X	X		X	X
<b>1.11</b>	1.11.1 to 1.11.3					X				X		X			X
<b>1.13</b>	1.13.1 to 1.13.7		X		X	X	X	X	X	X	X	X		X	
<b>1.15</b>	1.15.1		X		X			X	X	X	X	X		X	X
<b>2.9</b>	2.9.1					tx			X			X			X
<b>3.1</b>	3.1.1 to 3.1.2					X			X			X			X
<b>3.4</b>	3.4.1					X			X			X			X
<b>3.8</b>	3.8.1					X			X			X			X
<b>5.2</b>	5.2.1, 5.2.2	X	X	X		X							X		X
<b>5.10</b>	5.10.1 to 5.10.3					X			X			X	X		X
<b>6.2</b>	6.2.1, 6.2.2						X	X	X	X	X	X	X	X	X

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<b>6.3</b>	6.3.1						X	X	X	X	X	X	X	X
<b>6.6</b>	6.6.1, 6.6.2						X	X	X	X	X	X	X	X

### **Module Coordinator**

**Name: Dr Rana Abou Ashour**

### **Program Coordinator:**

**Name: Prof. Dr. Zeinab Kasemy**

## **Ear, Nose, and Throat**

**University:** Menoufia

**Faculty:** Medicine

### **A-Administrative information**

**Module Title:** Ear, Nose, and Throat

**Code No:** ENT 5102

**Department offering the Module :** Otorhinolaryngology

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

**Academic year/level:** Fifth level

**Semester:** Semester IX

**Date of specification:** 2018.

**Date of approval by Departmental Council:** 2018

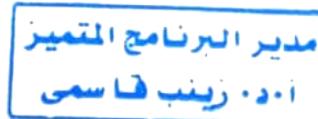
**Date of approval by faculty council:** 2018

**Credit hours:** 4.5 credit hours/ 4 weeks

<b>Teaching hours</b>			
	Lectures	Practical	Activities
<b>Otorhinolaryngology</b>	<b>27</b>	<b>40.5</b>	<b>81</b>

### **B-Professional information**

#### **I- Aim of the Module**





To provide students with an appropriate foundation of knowledge covering ENT emergencies and common diseases in the ear, nose, throat, and head & neck in children and adults enabling them to recognize important clinical ENT lesions and be familiar with recent methods of their diagnosis and proper management.

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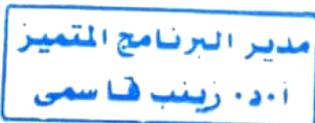




## **II- Learning outcomes of the module:**

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

<b>Key competency</b>	<b>Module LOs</b>
<b>1.1</b> Take and record a structured, patient-centered history.	1.1.1. Take and record comprehensive patient history from an ear case. 1.1.2. Interpret ear complaints according to the type of disease and disease process. 1.1.3. Interpret nasal complaints according to the type of disease and disease process. 1.1.4. Interpret pharyngeal complaints according to the type of disease and disease process. 1.1.5. Interpret laryngeal complaints according to the type of disease and disease process. 1.1.6. Deal with patients in a compassionate and altruistic manner. 1.1.7. Recognize the ethical and legal issues involved in patient –doctor communication.
<b>1.2</b> Adopt an empathic and holistic approach to the patients and their problems.	1.2.1. Demonstrate empathy in patient consultation 1.2.2. Communicate 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.
<b>1.4</b> 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 adequate basic ear examination for common cases. 1.4.2. Perform adequate basic nasal examination. 1.4.3. Perform adequate basic pharyngeal examination. 1.4.4. Perform adequate basic laryngeal examination. 1.4.5. Interpret the clinical signs of different ENT cases. 1.4.6. Apply the ethics of medical practice when examining patients. 1.4.7. Apply proper infection control when dealing with patients.
<b>1.5</b> Prioritize issues to be addressed in a patient encounter.	1.5.1. Apply priority setting while formulating a differential diagnosis for different ophthalmological cases.





<b>1.6</b>	Select the appropriate investigations and interpret their results taking into consideration cost/ effectiveness factors.	1.6.1. Select the proper investigations for different ENT cases. 1.6.2. Interpret the results of basic ear investigations. 1.6.3. Interpret the results of basic nasal investigations. 1.6.4. Interpret the results of basic pharyngeal investigations. 1.6.5. Interpret the results of basic laryngeal investigations.
<b>1.7</b>	Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice.	1.7.1. Apply the rules of referral for complex cases or cases of uncertain diagnosis. 1.7.2. Work in a team with other colleagues and other health care members to achieve best management strategy especially in complicated cases. 1.7.3. Communicate effectively through feedback to help evaluate his own and others work.
<b>1.8</b>	Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand.	1.8.1. Describe basic, applied, and surgical anatomical facts of the ear. 1.8.2. Recognize the etiopathogenesis, and management of common diseases of external ear. 1.8.3. Discuss the etiology, pathology, clinical picture, and treatment of common diseases of the middle ear. 1.8.4. Outline the complications of otitis media and the clinical presentation of each complication. 1.8.5. Identify the pathology, types, clinical picture, investigations, and treatment lines of otosclerosis. 1.8.6. Describe the pathology, etiology, and management of Meniere disease. 1.8.7. Outline the clinical picture and treatment options of acoustic neuroma 1.8.8. Identify the main symptoms of the ear with a differential diagnosis of underlying causes 1.8.9. Describe basic, applied, and surgical anatomical facts of the nose. 1.8.10. Recognize the clinical picture of different disorders of the external nose and their treatment 1.8.11. Discuss different types of inflammatory disorders of the nose and their management. 1.8.12. Outline different disorders of the nasal septum, their clinical presentations, and treatment lines. 1.8.13. Describe the etiology, clinical picture, investigations, and treatment of acute rhinosinusitis. 1.8.14. Differentiate between the types and management of chronic rhinosinusitis. 1.8.15. Outline the complications of sinusitis and their approaches to management. 1.8.16. Identify the pathology, clinical presentation,



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investigations, and treatment of allergic rhinitis.

- 1.8.17. Differentiate between different nasal masses and their management.
- 1.8.18. Identify the etiology, sources, first aid, assessment, and treatment of epistaxis.
- 1.8.19. Describe basic, applied, and surgical anatomical facts of the pharynx.
- 1.8.20. Discuss different disorders of the nasopharynx, their clinical picture, and treatment.
- 1.8.21. Differentiate between different oropharyngeal disorders and their approach to management.
- 1.8.22. Identify different disorders of the hypopharynx, their clinical presentation, and treatment options.
- 1.8.23. Outline the types of sleep apnea with emphasis on the obstructive type with its etiology, diagnosis, and treatment.
- 1.8.24. Discuss different types of pharyngeal suppuration with their etiology, clinical picture, and approaches for treatment.
- 1.8.25. Describe basic, applied, and surgical anatomical facts of the larynx.
- 1.8.26. Identify the most common congenital anomalies of the larynx with their clinical picture and treatment.
- 1.8.27. Recognize different traumatic disorders of the larynx and their treatment.
- 1.8.28. Differentiate between different types of laryngeal inflammations with their etiology, clinical picture, and treatment.
- 1.8.29. Discuss different laryngeal tumors with their risk factors, clinical presentations, prognosis, and treatment.
- 1.8.30. Outline different types of vocal cord paralysis with their etiology, clinical presentation, and treatment.
- 1.8.31. Describe the indications, types, complications, and postoperative care of tracheostomy operation.
- 1.8.32. Identify the main symptoms of the ear with a differential diagnosis of underlying causes.
- 1.8.33. Identify the main symptoms of the nose with a differential diagnosis of underlying causes
- 1.8.34. Identify the main symptoms of the pharynx with a differential diagnosis of underlying causes
- 1.8.35. Identify the main symptoms of the larynx with a differential diagnosis of underlying causes
- 1.8.36. Recognize principles and sequence of management of common ENT emergencies.



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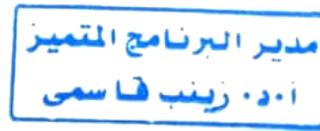


<b>1.10</b>	Integrate the results of history, physical examination and laboratory test findings into a meaningful diagnostic formulation.	1.10.1. Formulate an appropriate management plan for common ear problems 1.10.2. Formulate an appropriate management plan for common nasal problems 1.10.3. Formulate an appropriate management plan for common ENT problems 1.10.4. Formulate an appropriate management plan for common laryngeal problems 1.10.5. Formulate an appropriate management plan for common neck swellings.
<b>1.11</b>	Perform diagnostic and intervention procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances.	1.11.1. Identify the basics of pure tone audiometry 1.11.2. Identify the basics of tympanometry. 1.11.3. Perform diagnostic nasal endoscopy
<b>1.13</b>	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).
<b>1.15</b>	Provide the appropriate care in cases of emergency, including cardio-pulmonary resuscitation, immediate life support measures and basic first aid procedures.	1.15.1. Recognize principles and sequence of management of common ENT emergencies. 1.15.2. Provide first aid measures for some ENT emergencies like epistaxis

### Competency Area 2: The graduate as a health promoter.

Key Competency	Module LOs
<b>2.9</b>	Adopt suitable measures for infection control.

### Competency Area 3: The graduate as a professional.





### Key competency

### Module LOs

<b>3.1</b>	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
<b>3.4</b>	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.
<b>3.8</b>	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

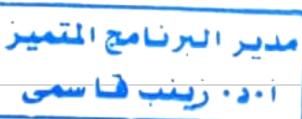
<b>5.2</b>	Respect colleagues and other health care professionals and work cooperatively with them, negotiating overlapping and shared responsibilities and engaging in shared decision-making for effective patient management.	5.2.1 Demonstrate respect towards colleagues. 5.2.2 Apply teamwork in educational and professional encounters
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### Competency Area 6: The graduate as a lifelong learner and researcher.

### Key competency

### Module ILOs

<b>6.2</b>	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
<b>6.3</b>	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:**

<b>Theoretical Topics</b>	<b>Teaching Hours</b>
<b>Anatomy and Physiology of the ear</b>	<b>1</b>
<b>Diseases of the external ear</b>	<b>1</b>
<b>Diseases of the middle ear</b>	<b>1.5</b>
<b>Complications of otitis Media</b>	<b>1.5</b>
<b>Meniere disease, Otosclerosis, and acoustic neuroma</b>	<b>1.5</b>
<b>Facial Nerve disorders</b>	<b>1</b>
<b>Anatomy and physiology of the nose</b>	<b>1</b>
<b>Diseases of the external nose</b>	<b>0.5</b>
<b>Nasal FB</b>	<b>0.5</b>
<b>Septal diseases</b>	<b>0.5</b>
<b>Inflammatory disorders of the nose</b>	<b>1</b>
<b>Acute bacterial rhinosinusitis</b>	<b>1</b>
<b>Chronic rhinosinusitis and complications of sinusitis 1</b>	<b>1</b>
<b>Chronic rhinosinusitis and complications of sinusitis 1</b>	<b>1</b>
<b>Allergic rhinitis</b>	<b>1</b>
<b>Nasal masses</b>	<b>0.5</b>
<b>Epistaxis</b>	<b>0.5</b>
<b>Anatomy and physiology of the pharynx</b>	<b>1</b>
<b>Nasopharyngeal diseases</b>	<b>1</b>
<b>Oropharyngeal diseases 1</b>	<b>1</b>
<b>Oropharyngeal diseases 2</b>	<b>1</b>
<b>Hypopharyngeal diseases</b>	<b>0.5</b>
<b>Obstructive sleep apnea</b>	<b>0.5</b>
<b>Pharyngeal suppurations</b>	<b>1</b>
<b>Anatomy and physiology of the larynx</b>	<b>1</b>
<b>Congenital and traumatic disorders of the larynx</b>	<b>1</b>
<b>Inflammatory disorders of the larynx</b>	<b>1</b>
<b>Laryngeal tumors</b>	<b>1</b>
<b>Vocal cord paralysis and tracheostomy</b>	<b>1</b>
<b>Topic</b>	<b>27</b>
<b>Practical</b>	
<b>Topic</b>	<b>Teaching</b>





	Hours
<b>Basic ear history taking and examination</b>	<b>2.5</b>
<b>Case 1: Auricular hematoma</b>	
<b>Case 2: Diffuse otitis externa</b>	
<b>Case 3: Furunculosis</b>	<b>2.5</b>
<b>Case 4: Ear wax</b>	
<b>Case 5: Traumatic perforation</b>	
<b>Case 6: AOM and SOM</b>	
<b>Case 7: Mastoiditis complicating safe CSOM</b>	<b>2.5</b>
<b>Case 8: Facial nerve palsy Complicating cholesteotoma</b>	
<b>Case 9: Otosclerosis</b>	<b>2.5</b>
<b>Case 10: Meniere's Disease</b>	
<b>Case 11: Bell's palsy</b>	
<b>Basic nasal history taking and examination</b>	<b>2.5</b>
<b>Case 12: Nasal dermoid</b>	
<b>Case 13: Congenital choanal atresia</b>	
<b>Case 14: Fracture nasal bone</b>	<b>2.5</b>
<b>Case 15: Nasal foreign body</b>	
<b>Case 16: Deviated septum and septal perforation</b>	
<b>Case 17: Septal hematoma and abscess</b>	
<b>Case 18: Rhinoscleroma</b>	<b>2.5</b>
<b>Case 19: Orbital cellulitis</b>	
<b>Case 20: Frontal mucocele</b>	
<b>Case 21: Oroantral fistula</b>	
<b>Case 22: Nasal polyposis</b>	<b>2.5</b>
<b>Case 23: Antrochoanal polyp</b>	
<b>Case 24: Malignant Nasal mass</b>	
<b>Basic pharyngeal history taking and examination</b>	<b>2.5</b>
<b>Case 25: Adenoid</b>	
<b>Case 26: Nasopharyngeal Carcinoma</b>	
<b>Case 27: Acute tonsillitis</b>	<b>2.5</b>
<b>Case 28: Postonsillectomy hemorrhage</b>	
<b>Case 29: Unilateral tonsillar enlargement</b>	
<b>Case 30: Aphthous ulcer</b>	<b>2.5</b>
<b>Case 31: Ranula</b>	
<b>Case 32: Lingual thyroid</b>	
<b>Case 33: Quinsy complicated by parapharyngeal abscess</b>	<b>2.5</b>
<b>Case 34: Retropharyngeal abscess</b>	
<b>Case 35: Ludwig's angina</b>	
<b>Basic laryngeal history taking and examination</b>	<b>2.5</b>
<b>Case 36: Laryngomalacia</b>	
<b>Case 37: Laryngeal web</b>	
<b>Case 38: Acute epiglottitis</b>	
<b>Case 39: Acute Laryngotracheobronchitis</b>	
<b>Case 40: Chronic laryngitis and leukoplakia</b>	<b>2.5</b>
<b>Case 41: Vocal cord nodules and polyp</b>	
<b>Case 42: Unilateral RLN paralysis</b>	



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<b>Case 43: Juvenile laryngeal papillomatosis</b>	<b>2.5</b>
<b>Case 44: Cancer larynx</b>	
<b>Case 45: Pharyngeal pouch</b>	
<b>Case 46: Foreign body oesophagus</b>	<b>3</b>
<b>Case 47: Foreign body bronchus</b>	
<b>Case 48: Parotid swelling</b>	
<b>Case 49: Submandibular swelling</b>	
<b>Case 50: Thyroglossal cyst</b>	
<b>Total</b>	<b>40.5</b>

#### **IV– Teaching and Learning Methods:**

##### **1. Theoretical Teaching:**

###### **a) Interactive lectures: using**

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

###### **b) Case Based learning**

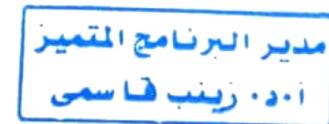
###### **c) Team Based Learning**

##### **2. Clinical Teaching:**

###### **Clinical rounds: using**

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

##### **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:**

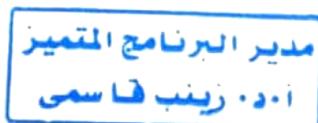
- **Formative:** This form of assessment is designed to help the students to identify areas for improvement. It includes a multiple-choice questions, problems-solving exercises and independent learning activities in all subjects. These will be given during tutorial and practical sessions. The Answers 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:**

<b>Assessment Method</b>	<b>Percentage</b>	<b>Description</b>	<b>Timing</b>



<b>Regular Evaluation</b>	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, During the module Research.	At the end of the module
<b>Final practical exam</b>	30%	OSCE Exam	At the end of the module
<b>Final Written</b>	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
<b>Final Written exam.</b>	<b>65</b>	<b>40%</b>
<b>Final Practical exam.</b>	<b>48.75</b>	<b>30%</b>
<b>Activities</b>	<b>48.75</b>	<b>30%</b>
<b>Total</b>	<b>162.5</b>	<b>100%</b>

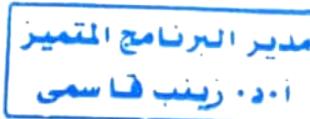
#### E- Grading for by GPA System:

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 book.
- Essential Books:

- Otolaryngology and head and neck surgery (Oxford specialist handbooks in surgery), 1<sup>st</sup> edition. By: Rogan Corbridge, Andrea Thirlwall, Suresh Patel, Giles Warner, Pablo Martinez-Devesa. Oxford University Press, 2009.
- Basic Otorhinolaryngology: A Step-by-Step Learning Guide, 2nd edition. Rudolf Probst, Gerhard Grevers, Heinrich Iro. Thieme, 2017
- Lecture Notes: Diseases of the Ear, Nose and Throat 10th Edition. By: Peter D. Bull, Ray Clarke. Wiley-Blackwell, 2007.



#### 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



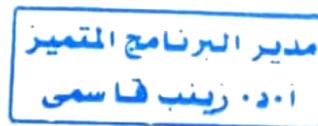
								Summative Assessment						
		Recorded Lecture	Inverted Lectures	Case Based Learning	Team based Learning	Clinical Rounds	Self-directed study	Theoretical	Clinical	Formative Assessment	Written	OSCE	Assignments	quizzes
	1.1.1 to 1.1.7			x				x			x	x		x
<b>1.2</b>	1.2.1 to 1.2.3		x		x			x			x			x
<b>1.4</b>	1.4.1 to 1.4.7				x			x			x	x	x	x
<b>1.5</b>	1.5.1	x	x	x	x	x	x	x	x	x	x		x	x
<b>1.6</b>	1.6.1 to 1.6.5	x	x	x	x	x	x	x	x	x	x			x
<b>1.7</b>	1.7.1, 1.7.3			x		x		x			x			
<b>1.8</b>	1.8.1 to 1.8.36	x	x	x	x		x	x		x		x	x	x
<b>1.10</b>	1.10.1 to 1.10.5			x	x	x	x	x	x	x	x		x	x
<b>1.11</b>	1.11.1 to 1.11.3					x			x		x			x
<b>1.13</b>	1.13.1 to 1.13.7		x		x	x	x	x	x	x	x		x	
<b>1.15</b>	1.15.1, 1.15.2			x		x		x	x	x	x		x	x
<b>2.9</b>	2.9.1					x			x		x			x
<b>3.1</b>	3.1.1 to 3.1.2					x			x		x			x
<b>3.4</b>	3.4.1					x			x		x			x
<b>3.8</b>	3.8.1					x			x		x			x
<b>5.2</b>	5.2.1, 5.2.2	x	x	x		x					x			x
<b>5.10</b>	5.10.1 to 5.10.3					x			x		x	x		x
<b>6.2</b>	6.2.1, 6.2.2						x	x	x	x	x	x	x	x
<b>6.3</b>	6.3.1						x	x	x	x	x	x	x	x
<b>6.6</b>	6.6.1, 6.6.2						x	x	x	x	x	x	x	x

### **Module Coordinator:**

**Name: Prof. Dr. Ahmed Ragab**

### **Program Coordinator:**

**Prof. Dr. Zeinab Kasemy**





# Pediatrics and Plastic surgery

**University:** Menoufia

**Faculty:** Medicine

## A-Administrative information

**Module Title:** Pediatrics and Plastic surgery

**Code No:** PEDIA/PLAST 5103

**Department offering the Module:** General Surgery, Maxillofacial and Plastic

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

**Academic year/level:** Fifth level

**Semester:** Semester IX

**Date of specification:** 2018.

**Date of approval by Departmental Council:** 2018

**Date of approval by faculty council:** 2018

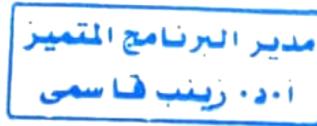
**Credit hours:** 1.5 credit hours/ 2 weeks

Teaching hours			
	Lectures	Practical	Activities
<b>General Surgery</b>	6	9	18
<b>Plastic Surgery</b>	3	4.5	9
<b>Total</b>	9	13.5	27

## A-Professional Information:

### I- Aim of the Module

This module aims to provide the student with essential clinical knowledge and skills to diagnose and manage common pediatric surgery and plastic diseases, and deal with common pediatric surgery and plastic emergencies

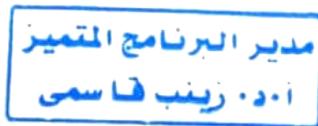




## II- Learning outcomes of the Module:

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

Key competency	Module LOs
<b>1.1</b> Take and record a structured, patient-centered history.	1.1.1. Take comprehensive history from parents of children with pediatric surgical diseases 1.1.2. Interpret the clinical presentation in main pediatric cases 1.1.3. Take comprehensive history from patients with plastic surgical problems. 1.1.4. Interpret the clinical presentation in main plastic cases
<b>1.2</b> Adopt an empathic and holistic approach to the patients and their problems.	1.1.1. Demonstrate empathy in patient consultation 1.1.2. Communicate with patients regardless of their social, cultural backgrounds or their disabilities. 1.1.3. Apply the ethics of medical practice when dealing with patients and colleagues.
<b>1.4</b> 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 a thorough examination for children with surgical problems including examination of abdomen, genitalia and other congenital anomalies 1.4.2. Perform a thorough examination for patients with plastic problems including maxillofacial examination of abdomen, examination of the hand. 1.4.3. Interpret the clinical signs of different pediatric and plastic cases. 1.4.4. Apply the ethics of medical practice when examining patients. 1.4.5. Apply proper infection control when dealing with patients.
<b>1.5</b> Prioritize issues to be addressed in a patient encounter.	1.5.1. Apply priority setting while formulating a differential diagnosis for different pediatric and plastic cases. 1.5.2. Formulate a management plan for different pediatric and plastic disorders with priority for emergent situations.





<b>1.6</b>	Select the appropriate investigations and interpret their results taking into consideration cost/ effectiveness factors.	1.6.1. Select the proper investigations for different pediatric surgical cases. 1.6.2. Order the proper investigations for different pediatric surgical cases 1.6.3. Interpret the findings of basic investigations of pediatric surgical cases. 1.6.4. Relate the findings of imaging of plastic cases to clinical presentation.
<b>1.7</b>	Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice.	1.7.1. Apply the rules of referral for complex or cases of uncertain diagnosis. 1.7.2. Work in a team with other colleagues and other health care members to achieve best management strategy especially in complicated cases.
<b>1.8</b>	Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand.	1.8.1. Define surgical respiratory distress. 1.8.2. Outline the causes and approach for management of neonatal intestinal obstruction. 1.8.3. Describe clinical picture and management of congenital hernia and. 1.8.4. Differentiate between pediatric solid tumors. 1.8.5. Describe the clinical picture, and management of cryptorchidism, thyroglossal cyst and branchial cyst 1.8.6. Outline the approach for management of pediatric abdominal wall defects 1.8.7. Outline the classification and types of burn and its management 1.8.8. List the types and management of malignant skin lesions. 1.8.9. Describe hand anatomy, and management of its injury and infection
<b>1.10</b>	Integrate the results of history, physical examination and laboratory test findings into a meaningful diagnostic formulation.	1.10.1. Construct differential diagnoses of patients with common pediatric surgery conditions. 1.10.2. Construct differential diagnoses of patients with common plastic surgery diseases.
<b>1.11</b>	Perform diagnostic and intervention procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances.	1.11.1. Perform reduction of a congenital inguinoscrotal hernia 1.11.2. Apply the ethics of medical practice when dealing with patients and colleagues.





<p><b>1.13</b> 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></p> <p><b>مدير البرنامج التدريسي</b> <b>أ.د. زينب فاسمي</b></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. Share patients or their caregivers in decision making regarding management plans.</p> <p>1.13.5. Gather and organize material from various sources (including library, electronic and online resources).</p> <p>1.13.6. Apply the principles of using international guidelines and multidisciplinary team MDT.</p> <p>1.13.7. Apply basics of scientific research (collection, analysis and interpretation of data).</p>
<p><b>1.15</b> Provide the appropriate care in cases of emergency, including cardio-pulmonary resuscitation, immediate life support measures and basic first aid procedures.</p>	<p>1.15.1. Judge the patient whether is emergent to perform procedure.</p> <p>1.15.2. Provide first aid measures for a case of neonatal respiratory distress.</p> <p>1.15.3. Provide first aid measures for a case of maxillofacial injury.</p>

### Competency Area 2: The graduate as a health promoter.

Key Competency	Module LOs
<b>2.9</b> Adopt suitable measures for infection control.	<b>2.9.1</b> Apply infection control measures while dealing with patients

### Competency Area 3: The graduate as a professional.

Key competency	Module LOs
<b>3.1</b> Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, commitment, compassion, and respect.	<p>3.1.1 Demonstrate a professional, respectful attitude while dealing with colleagues, and staff members</p> <p>3.1.2 Demonstrate commitment and integrity while preparing the coursework and assignments</p>
<b>3.4</b> Treat all patients equally, and avoid stigmatizing any category regardless of their social, cultural or ethnic	<p>3.4.1 Demonstrate respect to social, culture, and ethnic difference of patients treating them equally.</p>



backgrounds, or their disabilities.

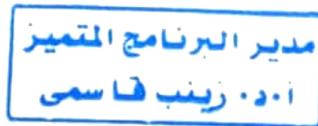
**3.8** Refer patients to the appropriate health facility at the appropriate stage. 3.8.1 Identify the rules of referral for complex and undiagnosed cases

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

Key competency	Module LOs
<b>5.2</b> 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
<b>6.2</b> 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
<b>6.3</b> Identify opportunities and use various resources for learning.	6.3.1 Use information resources either written or electronic efficiently for the educational process.
<b>6.6</b> 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
Abdominal wall defects	1	<b>General Surgery</b>
Inguinal hernia and hydrocele		
Undescended testis		
Head injury		
Hand space and infection		
Hand injuries	1	<b>Plastic Surgery</b>
Hand Spaces and infections	1	<b>Plastic Surgery</b>
Intussusception	1	<b>General Surgery</b>
Meckel's diverticulum		
Thyroglossal cyst		
Branchial cyst		
Hypospadias		
Malignant skin lesions	1	<b>Plastic Surgery</b>
Neonatal intestinal obstruction	1	<b>General Surgery</b>
IHPS		
intestinal atresia		
Malrotation		
Meconium ileus		
Hurshsprung		
Imperforate anus		
Neonatal respiratory distress	1	<b>General Surgery</b>
Congenital diaphragmatic hernia		
Trachea-esophageal fistula		
Pediatric surgery imaging	1	<b>General Surgery</b>
Solid paediatric tumours	1	<b>General Surgery</b>
Neuroblastoma		
Wilm's tumor		
Malignant skin disease		
<b>Total</b>	<b>12</b>	
<b>Clinical</b>		
Topic	Teaching hours	Department
Neonatal respiratory distress	1.5	<b>General Surgery</b>
Neonatal intestinal obstruction	3	<b>General Surgery</b>
Maxillofacial injury	1.5	<b>Plastic Surgery</b>
Burn	1.5	<b>Plastic Surgery</b>
Cleft palate and lip	1.5	<b>Plastic Surgery</b>

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Pediatric surgery examination on 3 miscellaneous topics (hernia , undescended testis ,hydrocele , hypospadias , thyroglossal cyst , branchial cyst)	3	General Surgery
Pediatric surgery revision	1.5	General Surgery
<b>Total</b>	<b>13.5</b>	

#### **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:**

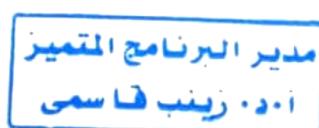
The minimum acceptable attendance is 75%, otherwise students failing to reach that percentage will be prevented from attending the final examination.

##### **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
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<b>Regular Evaluation</b>	30%	10% written at the end of the 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.
<b>Final practical exam</b>	30%	OSCE Exam
<b>Final Written</b>	40%	It Includes problem-solving, multiple choice questions, give a reason, matching, extended matching, complete and compare.

#### D- Weighing of Assessment:

Method of Assessment	Marks	Percentag e
<b>Final Written exam.</b>	<b>15</b>	<b>40%</b>
<b>Final Practical exam.</b>	<b>11.25</b>	<b>30%</b>
<b>Activities</b>	<b>11.25</b>	<b>30%</b>
<b>Total</b>	<b>37.5</b>	<b>100%</b>

#### 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:

#### Pediatric Surgery:

- Pediatric Surgery, 2-Volume Set 7th Edition. By: Arnold G. Coran, N. Scott Adzick, Thomas M. Krummel, Jean-Martin Laberge, Robert Shamberger, Anthony Caldamone. Mosby, 2012.
- Operative Pediatric Surgery 7th Edition. By: Mark Davenport, Lewis Spitz, Arnold Coran. CRC Press, 2013.

#### Plastic Surgery:

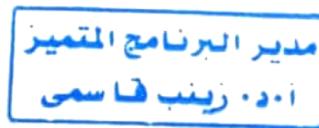




- Grabb and Smith's Plastic Surgery (GRABB'S PLASTIC SURGERY) 7<sup>th</sup> Edition. By: Charles HM Thorne, Geoffrey C. Gurtner, Kevin C Chung, Dr. Arun Gosain, Dr. Babak Mehrara, Dr. Peter Rubin, Scott L. Spear. LWW, 2013.
- Textbook of Plastic and Reconstructive Surgery. By: Deepak M. Kalaskar, Peter E. Butler, Shadi Ghali. UCL Press, 2016

#### **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



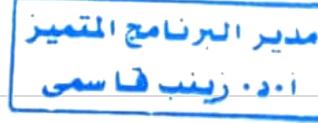


## Key Competencies & Module LOs vs Teaching and Assessment Methods Matrix

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	Self-directed study	Theoretical	Formative Assessment	Clinical	Written	OSCE	Assignments	quizzes	participation
		Summative Assessment														
<b>1.1</b>	1.1.1 to 1.1.4				x	x				x			x	x	x	
<b>1.2</b>	1.2.1 to 1.2.3		x		x	x				x			x		x	
<b>1.4</b>	1.4.1 to 1.4.5				x	x				x			x	x	x	
<b>1.5</b>	1.5.1, 1.5.2	x	x	x	x	x		x	x	x	x	x		x	x	
<b>1.6</b>	1.6.1 to 1.6.4	x	x	x	x	x	x	x	x	x	x	x		x		
<b>1.7</b>	1.7.1, 1.7.2			x		x			x			x				
<b>1.8</b>	1.8.1 to 1.8.9	x	x	x	x			x	x		x		x	x	x	
<b>1.10</b>	1.10.1, 1.10.2			x	x	x		x	x	x	x	x		x	x	
<b>1.11</b>	1.11.1, 1.11.2					x	x			x		x			x	
<b>1.13</b>	1.13.1 to 1.13.7		x		x		x	x	x	x	x	x		x		
<b>1.15</b>	1.15.1 to 1.15.3		x		x	x			x	x	x	x		x	x	
<b>2.9</b>	2.9.1					x	x			x		x			x	
<b>3.1</b>	3.1.1 to 3.1.2					x	x			x		x			x	
<b>3.4</b>	3.4.1					x	x			x		x			x	
<b>3.8</b>	3.8.1					x	x			x		x			x	
<b>5.2</b>	5.2.1, 5.2.2	x	x	x		x						x			x	
<b>5.10</b>	5.10.1 to 5.10.3					x				x		x	x		x	
<b>6.2</b>	6.2.1, 6.2.2						x		x	x	x	x	x	x	x	
<b>6.3</b>	6.3.1						x		x	x	x	x	x	x	x	
<b>6.6</b>	6.6.1, 6.6.2							x	x	x	x	x	x	x	x	

**Module Coordinator:**  
Name: Dr. Tarek Ahmed Hassan

**Program Coordinator:**  
Prof. Dr. Zeinab Kasemy





# Ethical and Legal Issues in Medical Practice

**University:** Menoufia

**Faculty:** Medicine

## A-Administrative information

**Module Title:** Ethical and legal issues in medical practice

**Code No:** ETHICS 5105

**Department offering the module:** Forensic medicine and clinical toxicology

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

**Academic year/level:** Fifth level

**Semester:** Semester IX

**Date of specification:** 2018

**Date of approval by departments 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

This module aims to provide basic knowledge of the most important medical ethics, and different situations of malpractice and how to deal with..

### II. Learning Outcomes of the Module:

**Competency Area 3: The graduate as a professional.**

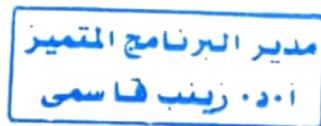
Key competency	Module LOs
<b>3.1</b> Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, commitment, compassion, and respect.	3.1.1 Demonstrate a professional, respectful attitude while dealing with colleagues, and staff members Demonstrate commitment and integrity while preparing the coursework and assignments
<b>3.2</b> Adhere to the professional	3.2.1 Describe basic background of medical ethics



	standards and laws governing the practice, and abide by the national code of ethics issued by the Egyptian Medical Syndicate.	<b>3.2.2</b> Identify the laws governing the medical profession. <b>3.2.3</b> Identify ethics of scientific research. <b>3.2.4</b> Analyze common ethical dilemmas and suggest a proper solution.
<b>3.4</b>	Treat all patients equally, and avoid stigmatizing any category regardless of their social, cultural or ethnic backgrounds, or their disabilities.	Demonstrate respect to social, culture, and ethnic difference of patients treating them equally.
<b>3.5</b>	Ensure confidentiality and privacy of patients' information.	<b>3.5.1</b> Explain methods to disclose patients' secrets and when to disclose them.
<b>3.6</b>	Recognize basics of medico-legal aspects of practice, malpractice and avoid common medical errors.	<b>3.6.1</b> Define various medicolegal aspects of malpractice <b>3.6.2</b> Identify medical consent. <b>3.6.3</b> Identify the patients' rights. <b>3.6.4</b> Outline the duties of the physician towards patients. <b>3.6.5</b> List the types of physician patient relationship. <b>3.6.6</b> Describe different types of consent. <b>3.6.7</b> Identify the medical responsibility. <b>3.6.8</b> Identify the ethics of organ transplantation. <b>3.6.9</b> Analyze different problems of malpractices
<b>3.8</b>	Refer patients to the appropriate health facility at the appropriate stage.	<b>3.8.1</b> 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
<b>5.2</b> 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.	<b>5.2.1</b> Demonstrate respect towards colleagues. <b>5.2.2</b> 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:

Teaching hours	Topic
1	اخلاقيات منه الطب
1	سر المهنة
1	الاخطاط الطبيه
1	المسؤوليه الطبيه
1	الاذن الطبي
1	الضرر الطبي
1	اتعاب الاطباء
1	القوانين المنظمه لم منه الطب
1	المسؤوليه الطبيه
1	ناديب الاطباء
1	حقوق المرضى
1	التقارير الطبيه
1	زراعه الاعضاء
1	أخلاقيات البحث العلمي
1	علاقه الاطباء بالمواد المخدره
15	المجموع

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#### **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**

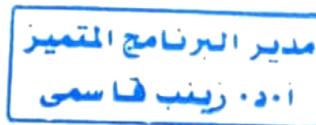
Final examination: Final-term assessment at the end of the semester bywritten examination.

##### **D- Weighting of assessments:**

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

##### **E- Grading for by GPA System:**

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





## **VI. List of references and resources:**

- Course handout.

## **VII- Facilities required for teaching and learning:**

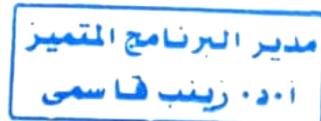
- 1- Faculty Lecture halls
- 2- Faculty library for textbooks & electronic library for web search.
- 3- Audiovisual aids as boards, data show and computers.

### **Module Coordinator:**

**Name: Dr. Haidy Mostafa Abouhatb**

### **Program Coordinator:**

**Prof. Dr. Zeinab Kasemy**





# Vertical Integration Module (9)

**University:** Menoufia

**Faculty:** Medicine

## A-Administrative information

**Module Title:** Vertical Integration Module (9)

**Department offering the course:** Neuropsychiatry

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

**Academic year/level:** Fifth level

**Semester:** Semester IX

**Date of specification:** 2018

**Date of approval by departments council:** 2018

**Date of approval by faculty council:** 2018

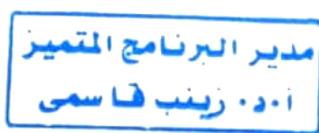
**Credit hours:** 0.5 credit hour/ Longitudinal

**Teaching Hours:** 7.5 hours/ Lectures

## B- Professional Information

### I – Aim of the Module

To help medical students to develop a multidisciplinary approach certain cases neurological diseases with of increased ICT, malignant headache, Myasthenia Gravis, and Multiple sclerosis.





## **II. Learning Outcomes of the Module:**

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

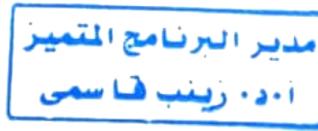
<b>Key competency</b>	<b>Module LOs</b>
<b>1.1</b> Take and record a structured, patient-centered history.	1.1.1. Describe the different items in history taking. 1.1.2. Identify the important questions to ask for the patient with headache 1.1.3. Identify the important questions to ask for the patient with dizziness 1.1.4. Identify the important questions to ask for the patient with vertigo. 1.1.5. Differentiate between lightheadness, dizziness, vertigo. 1.1.6. Differentiate between different cases of headaches associated with visual complaints.
<b>1.2</b> 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 including breaking bad news.
<b>1.4</b> 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 multiple sclerosis. 1.4.2. Interpret the examination findings in patients with increased intracranial tension. 1.4.3. Analyze different manifestations of a case with myasthenia gravis. 1.4.4. Detect patients suspected to have (Increased ICT-Headache) with respect to visual & ocular manifestations. 1.4.5. Practice risk stratification of Female patients taking OCP presented with

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		Headache.
	1.4.6.	Recognize patients presented with ocular or bulbar manifestations (as initial presentation of Myasthenia Gravis) & direction to a neurologist.
	1.4.7.	Recognize patients presented with optic neuritis (as a clinically isolated or first presentation of Multiple sclerosis).
	1.4.8.	Recognize patients presenting with vestibular manifestations (vertigo & dizziness) as initial manifestations of Multiple sclerosis
1.5	Prioritize issues to be addressed in a patient encounter.	1.5.1. <b>Apply priority setting while formulating</b> 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. Specify needed investigational tools helping to identify cause of (Increased ICT-Headache) (with or without visual complaints). 1.6.2. Follow the guidelines in choosing the proper investigations while taking into consideration cost-effectiveness. 1.6.3. 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. 1.7.4. Direct patients presented with (increased ICT-Headache) associated with visual complaint to a neurologist or ophthalmologist.





<b>1.8</b>	Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand.	1.8.1. Identify clinical features of (increased Intracranial tension ICT-Headaches). 1.8.2. Identify 2 major causes of (increased ICT-Headache) in females taking OCPs. 1.8.3. Identify common causes of (increased ICT-Headache). 1.8.4. Identify common causes of headaches associated with visual complaints. 1.8.5. Recognize the importance of fundus examination in patients presented with headache of increased ICT. 1.8.6. Recognize (Myasthenia Gravis Patients) presented with ocular or bulbar manifestations. 1.8.7. Identify investigational tools helping to diagnose (Myasthenia Gravis Patients) presented with ocular or bulbar manifestations. 1.8.8. Recognize Optic Neuritis as a clinical presentation of Multiple sclerosis. 1.8.9. Recognize vestibular manifestations (Dizziness & vertigo) as a clinical presentation of Multiple sclerosis. 1.8.10. Identify Clinical features of (Benign paroxysmal positional vertigo). 1.8.11. Differences between peripheral & central vertigo (causes & clinical features)
<b>1.10</b>	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 headache 1.10.3. Formulate a differential diagnosis for different endocrinological causes of dizziness.
<b>1.13</b>	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).

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1.13.5. Formulate an approach to manage a case of vertigo & dizziness & to differentiate between central & peripheral causes of vertigo.

1.13.6. Formulate a management plan for a case of headache

### Competency Area 2: The graduate as a health promoter.

Key Competency	Module LOs
<b>2.9</b> 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
<b>3.1</b> 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
<b>3.4</b> 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.
<b>3.8</b> Refer patients to the appropriate health facility at the appropriate stage.	3.8.1 Identify the rules of referral for complex and undiagnosed cases

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

Key competency	Module LOs
<b>5.2</b> 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
<b>6.2</b> 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
<b>6.3</b> Identify opportunities and use various resources for learning.	6.3.1 Use information resources either written or electronic efficiently for the educational process.
<b>6.6</b> 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 increased intracranial pressure...with ocular manifestation	1.5h
Approach to patient with Myasthenia Gravis with <u>ocular</u> & <u>bulbar</u> manifestation	1.5h
Approach to patient with Multiple sclerosis (MS) with visual symptoms	1.5h
Approach to patient with Multiple sclerosis (MS) with visual symptoms & vertigo	1 h.
Approach to patient with migraine headache with visual complaint	1 h
Approach to patient with Benign paroxysmal positional vertigo (BPPV)	1
<b>Total</b>	<b>7.5</b>

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#### **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:**

##### **Neurology:**

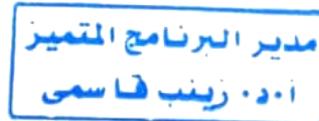
- CURRENT Diagnosis & Treatment Neurology, Second Edition (LANGE CURRENT Series) 2nd Edition. By: John Brust. McGraw-Hill Education / Medical, 2011.
- Merritt's Neurology Thirteenth Edition. By: Elan D. Louis, Stephan A. Mayer, Lewis P. Rowland. LWW; Thirteenth edition, 2015.

#### **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.

**Module Coordinator: Prof. Dr Ibrahim Elahmar**

**Program Coordinator: Prof. Dr. Zeinab Kasef**





# Semester X

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# Orthopedics and Rheumatology Module

**University:** Menoufia

**Faculty:** Medicine

## A-Administrative information

**Module Title:** Orthopedics and Rheumatology Module

**Code No:** ORTH/RHEM 5203

**Department offering the Module :** Orthopedic surgery, internal medicine, Physical Medicine and Rheumatology, and pediatrics departments

**Program on which the Module is given:** Menoufia M.B.B.Ch

Credit-

hour Program (5+2)

**Academic year/level:** Fifth level

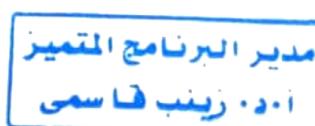
**Semester:** Semester X

**Date of specification:** 2018.

**Date of approval by Departmental Council:** 2018

**Date of approval by faculty council:** 2018

**Total hours:** 5 credit hours/ 4 weeks



## Teaching Hours

	Lectures	Practical	Activities
<b>Orthopedics</b>	<b>15</b>	<b>22.5</b>	<b>45</b>
<b>Internal medicine</b>	<b>6</b>	<b>9</b>	<b>18</b>
<b>Physical Medicine and Rheumatology</b>	<b>6</b>	<b>9</b>	<b>18</b>
<b>Family Medicine</b>	<b>3</b>	<b>4.5</b>	<b>9</b>
<b>Total</b>	<b>30</b>	<b>45</b>	<b>90</b>

## I. Aim of the Module

This module aims to enable students to obtain an accurate, basic history from the patient and perform a rational, thorough physical examination for medical and surgical cases of orthopedics and rheumatology in adults and pediatrics.



## **II- Learning Outcomes of the Module:**

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

Key competency	Module LOs
<b>1.1</b> Take and record a structured, patient-centered history.	<b>1.1.1.</b> Conduct thorough history taking for a case with an orthopedic problem. <b>1.1.2.</b> Conduct thorough history taking for a case with a rheumatologic problem. <b>1.1.3.</b> Conduct thorough history taking for a case with an autoimmune disorder. <b>1.1.4.</b> Interpret the clinical symptoms of different orthopedic, autoimmune, and rheumatologic cases. <b>1.1.5.</b> Communicate with patients regardless of their social, cultural backgrounds or their disabilities. <b>1.1.6.</b> Apply the ethics of medical practice when dealing with patients and colleagues. <b>1.1.7.</b> Perform effective eye contact, active listening, and appropriate body language. <b>1.1.8.</b> Record clinical data in a complete, accurate and retrievable manner. <b>1.1.9.</b> Present information clearly in written, electronic, and verbal forms.
<b>1.2</b> Adopt an empathic and holistic approach to the patients and their problems.	<b>1.2.1.</b> Demonstrate empathy in patient counseling. <b>1.2.2.</b> Communicate effectively with patients regardless of their social, cultural backgrounds or their disabilities. <b>1.2.3.</b> Apply the ethics of medical practice when dealing with patients and colleagues. <b>1.2.4.</b> Practice patient education during an

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		<p>interview with the patient.</p> <p>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.</p> <p>1.2.6. Identify the approach for management of difficult communication including breaking bad news.</p>
1.4	<p>Perform appropriately timed full physical examination of patients, appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive.</p> <p></p> <p> أ.د. زينب فاسمي</p>	<p>1.4.1. Examine peripheral joints in patients with an orthopedic problem.</p> <p>1.4.2. Examine back and lumbosacral spine</p> <p>1.4.3. Write an official medical report of orthopedic disease</p> <p>1.4.4. Examine peripheral joints in patients with rheumatoid arthritis.</p> <p>1.4.5. Write an official medical report of rheumatic disease</p> <p>1.4.6. Examine peripheral joints in patients with autoimmune diseases</p> <p>1.4.7. Perform complete chest and cardiology examination for signs of different autoimmune diseases</p> <p>1.4.8. Perform neurological examination for findings of vasculitis and autoimmune myositis.</p> <p>1.4.9. Detect Dermatological signs of different autoimmune diseases.</p> <p>1.4.10. Interpret child limping.</p> <p>1.4.11. Interpret the clinical signs of different orthopedic and rheumatologic cases.</p> <p>1.4.12. Interpret the clinical signs of different autoimmune diseases</p> <p>1.4.13. Apply the ethics of medical practice when examining patients.</p> <p>1.4.14. Apply proper infection control when dealing with patients.</p>
1.5	<p>Prioritize issues to be addressed in a patient encounter.</p>	<p>1.5.1. Apply priority setting while formulating a differential diagnosis for different orthopedic, rheumatologic, and autoimmune cases.</p> <p>1.5.2. Formulate a management plan for different orthopedic, rheumatologic, and autoimmune disorders with priority for emergent situations.</p> <p>1.5.3. Prioritize problems in orthopedic diseases.</p> <p>1.5.4. Prioritize problems in autoimmune</p>

		and rheumatic diseases.
1.6	Select the appropriate investigations and interpret their results taking into consideration cost/ effectiveness factors.	<ul style="list-style-type: none"> <li>1.6.1. Follow the guidelines in choosing the proper investigations while taking into consideration cost-effectiveness.</li> <li>1.6.2. Interpret x-ray features of different orthopedic cases.</li> <li>1.6.3. Interpret Xray features of OA, rheumatoid arthritis, and gout.</li> <li>1.6.4. Interpret Dexa scan results.</li> <li>1.6.5. Interpret synovial fluid analysis.</li> <li>1.6.6. Interpret different serology for autoimmune diseases</li> </ul>
1.7	Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice.	<ul style="list-style-type: none"> <li>1.7.1. Work with other healthcare professionals in management of undiagnosed cases.</li> <li>1.7.2. Apply the rules of consultation for urgent and undiagnosed cases.</li> <li>1.7.3. Communicate effectively through feedback to help evaluate his own and others work.</li> </ul>
1.8	<p>Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand.</p> <div style="text-align: center;"> <div style="border: 1px solid blue; padding: 5px; display: inline-block;"> <p>مدير البرنامج التقييمى</p> <p>أ.د. زينب فاسى</p> </div> </div>	<ul style="list-style-type: none"> <li>1.8.1. Identify basics of orthopedic diseases.</li> <li>1.8.2. Describe clinical picture, investigation and outline treatment plan of compartmental syndrome.</li> <li>1.8.3. Describe clinical picture, investigation and treatment plan of open fractures.</li> <li>1.8.4. List criteria for diagnosis and treatment for septic arthritis and osteomyelitis.</li> <li>1.8.5. Recognize main pediatric orthopedic diseases.</li> <li>1.8.6. Differentiate between DDH and Perth's disease.</li> <li>1.8.7. Differentiate between osteoporosis and osteomalacia.</li> <li>1.8.8. Differentiate between osteosarcoma and giant cell tumor.</li> <li>1.8.9. Define hand and foot deformities in RA</li> <li>1.8.10. Enumerate differential diagnosis of benign bone tumors.</li> <li>1.8.11. Describe pathogenesis and its relation to x ray finding and bone metabolism in different orthopedic diseases.</li> <li>1.8.12. Identify basics of rheumatic diseases.</li> </ul>



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- 1.8.13. Describe epidemiology, pathogenesis, clinical picture, investigation and outline treatment plan of rheumatoid arthritis.
- 1.8.14. Describe epidemiology, pathogenesis, clinical picture, investigation and treatment plan of seronegative spondyloarthropathy
- 1.8.15. Describe epidemiology, pathogenesis, clinical picture, investigation and treatment plan of osteoarthritis.
- 1.8.16. Describe epidemiology, pathology, clinical picture, investigation and treatment plan of gout
- 1.8.17. Differentiate between inflammatory and mechanical low back pain
- 1.8.18. Differentiate between hand joint affection in RA and OA
- 1.8.19. Differentiate between gelling phenomenon and morning stiffness of RA
- 1.8.20. Define hand and foot deformities in RA
- 1.8.21. Enumerate differential diagnosis of positive rheumatoid factor
- 1.8.22. Describe pathogenesis and its relation to x-ray finding and bone metabolism
- 1.8.23. Recognize main drug side effects in rheumatic diseases
- 1.8.24. List criteria for diagnosis and treatment for rheumatoid arthritis, seronegative spondyloarthropathy and osteoporosis
- 1.8.25. Identify the basics of autoimmune diseases
- 1.8.26. Describe extraarticular manifestations of rheumatoid arthritis and their management.
- 1.8.27. Describe extraarticular manifestations of spondyloarthritides and their diagnostic criteria and management.
- 1.8.28. Describe epidemiology, pathophysiology, clinical manifestations, investigations and treatment of systemic lupus erythematosus.
- 1.8.29. Describe epidemiology, pathophysiology, clinical manifestations, investigations and treatment of antiphospholipid syndrome.
- 1.8.30. Describe epidemiology, pathophysiology, clinical manifestations, investigations and treatment of scleroderma.
- 1.8.31. Describe epidemiology, pathophysiology, clinical manifestations, investigations and treatment of Sjogren syndrome whether

primary or secondary to another autoimmune disease

- 1.8.32. Describe epidemiology, pathophysiology, clinical manifestations, investigations and treatment of sarcoidosis.
- 1.8.33. Describe epidemiology, pathophysiology, clinical manifestations, investigations and treatment of ANCA associated vasculitis
- 1.8.34. Describe epidemiology, pathophysiology, clinical manifestations, investigations and treatment of polyarteritis nodosa
- 1.8.35. Describe epidemiology, pathophysiology, clinical manifestations, investigations and treatment of giant cell arteritis and takayaso arteritis.
- 1.8.36. Describe epidemiology, pathophysiology, clinical manifestations, investigations and treatment of Behcet disease.
- 1.8.37. Describe epidemiology, pathophysiology, clinical manifestations, investigations and treatment of urticarial vasculitis.
- 1.8.38. Describe epidemiology, pathophysiology, clinical manifestations, investigations and treatment of mixed connective tissue disease.
- 1.8.39. Describe epidemiology, pathophysiology, clinical manifestations, investigations and treatment of autoimmune myositis and myositis overlap syndromes.
- 1.8.40. Describe epidemiology, pathophysiology, clinical manifestations, investigations and treatment of immunodeficiency.
- 1.8.41. Differentiate between primary and secondary immunodeficiency.
- 1.8.42. List types and clinical manifestations of periodic fever syndromes.
- 1.8.43. Outline the diagnosis of pediatric SLE and JIA
- 1.8.44. Describe the treatment measures of pediatric SLE and JI

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1.10	Integrate the results of history, physical examination and laboratory test findings into a meaningful diagnostic formulation.	<p><b>1.10.1. Integrate the results of history, physical and laboratory tests into a correct diagnosis and create an individualized treatment plan.</b></p> <p><b>1.10.2. Formulate a diagnostic approach for an orthopedic case.</b></p> <p><b>1.10.3. Formulate a diagnostic approach for an rheumatologic case.</b></p> <p><b>Formulate a diagnostic approach for an autoimmune case.</b></p>
1.11	Perform diagnostic and intervention procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances.	<p><b>1.11.1. Demonstrate uses of different methods of fracture fixation.</b></p>
1.13	<p>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></p> <p></p>	<p><b>1.13.1. Retrieve information and be able to use the recent evidence-based information and communications technologies</b></p> <p><b>1.13.2. Apply continuous medical education and research to keep up to date with the international advancement in medicine and surgery.</b></p> <p><b>1.13.3. Use of information technology to improve the quality of patient care through proper.</b></p> <p><b>1.13.4. Propose a management plan for patients with an orthopedic problem based on clinical data.</b></p> <p><b>1.13.5. Formulate a management plan for rheumatologic disorders.</b></p> <p><b>1.13.6. Formulate a management plan for a case with an autoimmune disorder.</b></p> <p><b>1.13.7. Share patients or their caregivers in decision making regarding management plans.</b></p> <p><b>1.13.8. Gather and organize material from various sources (including library, electronic and online resources).</b></p> <p><b>1.13.9. Apply the principles of using international guidelines and multidisciplinary team MDT.</b></p> <p><b>1.13.10. Apply basics of scientific research (collection, analysis and interpretation of data).</b></p> <p><b>1.13.11. Apply critical appraisal skills and use of evidence-based guidelines in making decisions about the care of patients.</b></p> <p><b>1.13.12. Evaluate risk /benefit of any</b></p>



		intervention of orthopedic disease to tailor the management plan with minimum risk to the patient.
1.15	Provide the appropriate care in cases of emergency, including cardio-pulmonary resuscitation, immediate life support measures and basic first aid procedures.	<p>1.15.1. Diagnose urgent life-threatening conditions, that need appropriate initial management.</p> <p>1.15.2. Evaluate clinical presentation of cases of orthopedic or autoimmune emergencies and construct timely management plans.</p> <p>1.15.3. Provide first aid measures for a case of fracture</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 honesty, integrity, commitment, compassion, and respect.	<p>3.1.1 Demonstrate a professional, respectful attitude while dealing with colleagues, and staff members</p> <p>3.1.2 Demonstrate commitment and integrity while preparing the coursework and assignments</p>
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	<p>5.2.1 Demonstrate respect towards colleagues.</p> <p>5.2.2 Apply teamwork in educational and professional</p>

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

encounters

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

Key competency	Module ILOs
<b>6.2</b> 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
<b>6.3</b> Identify opportunities and use various resources for learning.	6.3.1 Use information resources either written or electronic efficiently for the educational process.
<b>6.6</b> 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
<b>Extraarticular manifestations of RA</b>	0.5	<b>Internal Medicine</b>
<b>Extraarticular manifestations of SPA</b>	0.5	<b>Internal Medicine</b>
<b>SLE</b>	0.5	<b>Internal Medicine</b>
<b>Systemic sclerosis</b>	0.5	<b>Internal Medicine</b>
<b>Antiphospholipid syndrome</b>	0.5	<b>Internal Medicine</b>
<b>Dermatomyositis /polymyositis</b>	0.5	<b>Internal Medicine</b>
<b>MCTD/overlap syndrome</b>	0.25	<b>Internal Medicine</b>
<b>Vasculitis/ behcet</b>	0.5	<b>Internal Medicine</b>
<b>Periodic fever syndromes</b>	0.5	<b>Internal Medicine</b>
<b>Primary sjogren</b>	0.25	<b>Internal Medicine</b>





Allergy	0.5	Internal Medicine
Adult onset stills disease	0.25	Internal Medicine
Immunodeficiency	0.5	Internal Medicine
Sarcoidosis	0.25	Internal Medicine
Articular manifestations of RA	1.5	Physical Medicine and Rheumatology
Articular manifestations of spondyloarthropathy	1.5	Physical Medicine and Rheumatology
Osteoporosis	1	Physical Medicine and Rheumatology
Osteoarthritis	1	Physical Medicine and Rheumatology
Gout	1	Physical Medicine and Rheumatology
Pediatric SLE	1.5	Pediatrics
Pediatric RA	1.5	Pediatrics
Principles of fracture and Orthopedic diagnosis	0.5	Orthopedics
Management of polytrauma patient	1	Orthopedics
Shoulder dislocation, Fractures (Clavicle, proximal, shaft and distal humerus	1	Orthopedics
Elbow dislocation, Forearm fractures (Monteggia, Galeazzi)	1	Orthopedics
Wrist fractures (distal radius, scaphoid)	0.5	Orthopedics
Hand fractures, flexor, extensor tendon injuries	0.5	Orthopedics
Injuries of the spine	0.5	Orthopedics
Fracture Pelvis	0.5	Orthopedics
Hip dislocation, fracture neck femur	0.5	Orthopedics
Peri-trochanteric fractures	1	Orthopedics





<b>Fractures (Femoral shaft, tibial plateau, tibial shaft)</b>	0.5	<b>Orthopedics</b>
<b>Fractures (Ankle, Pilon, Calcaneus, Lisfranc)</b>	0.5	<b>Orthopedics</b>
<b>Shoulder diseases</b>	1	<b>Orthopedics</b>
<b>Elbow diseases</b>	1	<b>Orthopedics</b>
<b>Wrist diseases</b>	1	<b>Orthopedics</b>
<b>Knee sport injuries (Meniscus, Cruciate and Collateral ligaments)</b>	0.5	<b>Orthopedics</b>
<b>Osteonecrosis</b>	0.5	<b>Orthopedics</b>
<b>Peripheral nerve injury</b>	0.5	<b>Orthopedics</b>
<b>Infections</b>	0.5	<b>Orthopedics</b>
<b>Benign and malignant bone tumors</b>	0.5	<b>Orthopedics</b>
<b>Pediatric hip</b>	0.5	<b>Orthopedics</b>
<b>Pediatric foot</b>	0.5	<b>Orthopedics</b>
<b>Pediatric knee</b>	0.5	<b>Orthopedics</b>
<b>Total</b>	30	
<b>Clinical</b>		
Topic	Teaching Hours	Department
<b>Approach to a patient with autoimmune rheumatologic disease</b>	1.5	<b>Internal Medicine</b>
<b>Approach to a patient with immunodeficiency</b>	1.5	<b>Internal Medicine</b>
<b>Approach to a patient with allergy</b>	1	<b>Internal Medicine</b>
<b>RA case</b>	1.5	<b>Internal Medicine</b>
<b>SLE case</b>	1.5	<b>Internal Medicine</b>
<b>BD case</b>	1	<b>Internal Medicine</b>
<b>Systemic sclerosis case</b>	1	<b>Internal Medicine</b>

Complications of fractures and compartmental syndrome	2	Orthopedics
Principles of internal and External fixation	2	Orthopedics
Open fractures	2	Orthopedics
Principles of internal fixation	2	Orthopedics
Principles of External fixation	2	Orthopedics
How to comment on X ray	2	Orthopedics
Upper limb Examination	4	Orthopedics
lower limb Examination	4	Orthopedics
orthopedic implants	2.5	Orthopedics
Hand and elbow examination	2	Physical Medicine and rheumatology
elbow examination	2	Physical Medicine and rheumatology
knee examination	2	Physical Medicine and rheumatology
Back , sacroiliac examination	3	Physical Medicine and rheumatology
Pediatric SLE	2	Pediatrics
Pediatric RA	2.5	Pediatrics
<b>Total</b>	<b>45</b>	

#### **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

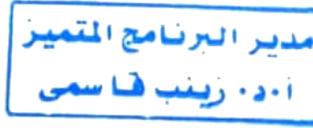
###### **b) Case Based learning**

###### **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:**

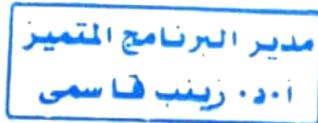
**A. Attendance criteria:** The minimum acceptable attendance is 75%, otherwise students failing to reach that percentage will be prevented from attending the final examination.

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





- 10% written at the end of the module and periodicals including problem-solving, multiple-choice questions, give reason, matching, extended matching, complete and compare.
  - 10% Attendance and behaviour
  - 10% Participation in the tutorials, TBL, Research, and log book checklist

#### **D- Weighing of Assessment:**

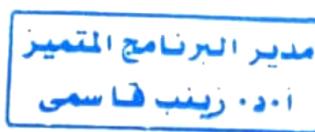
Method of Assessment	Marks	Percentag e
<b>Final Written exam.</b>	<b>50</b>	<b>40%</b>
<b>Final Practical exam.</b>	<b>37.5</b>	<b>30%</b>
<b>Activities</b>	<b>37.5</b>	<b>30%</b>
<b>Total</b>	<b>125</b>	<b>100%</b>

#### **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:**



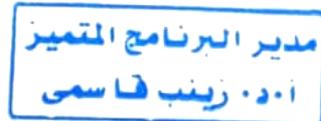
#### **Pediatrics:**

- Nelson Textbook of Pediatrics, 20<sup>th</sup> 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, 2<sup>nd</sup> 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)) 5<sup>th</sup> 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.





### **Orthopedics:**

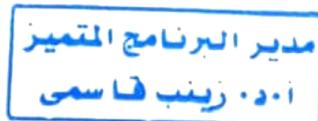
- Textbook of Orthopedics, 5<sup>th</sup> edition. By: John Ebnezar, Jaypee Brothers Medical Publishers Pvt. Ltd. 2016.
- Textbook of Orthopaedics, Trauma and Rheumatology 2nd Edition. By: Raashid Luqmani, James Robb, Daniel Porter, Benjamin Joseph. Mosby Ltd., 2013.

### **Rheumatology:**

- Kelley and Firestein's Textbook of Rheumatology, 10th Edition. By: Gary S. Firestein, Ralph C. Budd, Sherine E Gabriel, Iain B McInnes, James R. O'Dell. Elsevier, 2016.
- Oxford Textbook of Rheumatology, 4th Edition. By: Richard A Watts, Philip Conaghan, Chris Denton, Helen Foster, John Isaacs, Ulf Müller-Ladner, Richard A. Watts, Philip G. Conaghan, Christopher Denton, John Isaacs, Ulf Müller-Ladner. OUP Oxford, 2013.

### **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

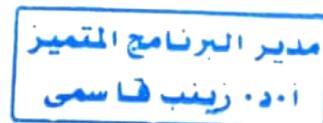
Key Competencies	Module Learning Outcomes	Teaching Methods						Assessment Methods						
		Recorded Lecture	Inverted Lectures	Case Based Learning	Team based Learning	Clinical Rounds	Bed Side Clinical Teaching	Self-directed study	Theoretical	Formative Assessment	Summative Assessment			
											Written	OSCE	Assignments	Quizzes
1.1	1.1.1 to 1.1.9					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 to 1.5.4	X	X	X	X	X		X	X	X	X	X	X	X
1.6	1.6.1 to 1.6.6	X	X	X	X	X	X	X	X	X	X		X	
1.7	1.7.1, 1.7.3			X		X			X		X			
1.8	1.8.1 to 1.8.44	X	X	X	X			X	X		X	X	X	X
1.10	1.10.1 to 1.10.3			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 1.13.12			X		X		X	X	X	X		X	
1.15	1.15.1 to 1.15.3			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
6.3	6.3.1							X	X	X	X	X	X	X
6.6	6.6.1, 6.6.2							X	X	X	X	X	X	X

### Module Coordinator:

Name: Dr. Rash Yosry Saleh

### Program Coordinator:

Prof. Dr. Zeinab Kasemy





# Forensic Medicine and Clinical Toxicology

**University:** Menoufia

**Faculty:** Medicine

## A-Administrative information

**Module Title:** Forensic Medicine and Clinical Toxicology

**Code No:** FORE/TOX 5204

**Department offering the Module:** Forensic Medicine and Clinical Toxicology department

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

**Academic year/level:** Fifth level

**Semester:** Semester X

**Date of specification:** 2018

**Date of approval by departments council:** 2018

**Date of approval by faculty council:** 2018

**Credit hours:** 6 credit hours / 5 weeks

Teaching hours			
	Lectures	Practical	Activities
<b>Forensic Medicine and Clinical Toxicology department</b>	36	54	108

## B- Professional Information

### I. Aim of the Module:

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To provide the students with basic background and skills regarding different forensic aspects of living and dead individuals including body remains, and diagnos and manage intoxicated patients.

### 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 Conduct thorough history taking for a case with a medicolegal problem. 1.1.2 Interpret the clinical symptoms of different vascular 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. 1.1.8 Report the medicolegal data in written, oral or electronic forms.
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 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 Identify living and dead individuals and body remains. 1.4.2 Diagnose death by different clinical and investigatory methods. 1.4.3 Determine time of death through assessment of postmortem changes. 1.4.4 Identify different causes of death and manner of death as well. 1.4.5 Examine different wounds and injuries and write a proper primary wound report 1.4.6 Perform a proper general examination for a toxicological case. 1.4.7 Detect alarming signs for different case of intoxication. 1.4.8 Apply the ethics of medical practice when examining patients. 1.4.9 Apply proper infection control when dealing with patients.



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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 a medicolegal case. 1.5.2 Prioritize problems while managing a case of poisoning.
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 for a medicolegal case 1.6.2 Select the proper investigations for a case of poisoning. 1.6.3 Interpret the laboratory results for different cases of poisoning. 1.6.4 Interpret the findings of imaging for medicolegal cases
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 different medicolegal (ML) aspects of living and dead individuals regarding personal identification, diagnosis of death, causes, manner of death, and postmortem changes, 1.8.2 Differentiate between types of wounds. 1.8.3 Describe ML aspects of different cases of sexual offences. 1.8.4 Define maternal morbidity and mortality from ML point of view. 1.8.5 List different classes of common toxic substances and environmental pollutants 1.8.6 Describe the circumstances of intoxication, toxic doses, toxicokinetic, clinical picture, differential diagnosis of different drugs and toxic substances. 1.8.7 Describe initial appropriate first aid treatment and antidotal measures for different drugs and toxic substances.
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 1.10.2 Formulate a differential diagnosis for a case of poisoning. 1.10.3 Formulate a differential etiology for a case of death. 1.10.4 Analyze case scenario of clinical forensic medicine and recognize their medicolegal aspects. 1.10.5 Analyze case scenario of intoxicated patient and formulate treatment plan.



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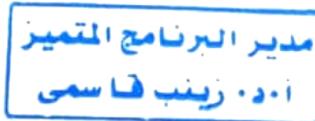
1.11	Perform diagnostic and intervention procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances.	1.11.1 Demonstrate practice of gastric lavage for a case of oral poisoning.
1.13	Establish patient-centered management plans in partnership with the 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 Use of information technology to improve the quality of patient care through proper. 1.13.4 Design a management plan appropriate for a case of poisoning. 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. 1.13.10 Evaluate risk /benefit of any intervention to tailor the management plan with minimum risk to the patient.
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 Provide first aid measures for a case of poisoning, especially organophosphorus poisoning.

### 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





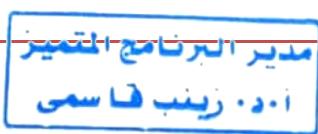
3.1	Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, commitment, compassion, and respect.	3.1.1 Demonstrate a professional, respectful attitude while dealing with colleagues, and staff members 3.1.2 Demonstrate commitment and integrity 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.**

K*ey 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





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### III. Module Contents:

Theoretical		
Topic	Total	Subspeciality
<b>Identification</b>	2.5	Forensic Medicine
<b>Death</b>	2.5	Forensic Medicine
<b>Asphyxia</b>	2.5	Forensic Medicine
<b>Wounds</b>	2.5	Forensic Medicine
<b>Head injury</b>	2	Forensic Medicine
<b>Firearm</b>	2	Forensic Medicine
<b>Physical injury</b>	1	Forensic Medicine
<b>Infanticide</b>	1	Forensic Medicine
<b>Regional</b>	1	Forensic Medicine
<b>Sexual offences</b>	1	Forensic Medicine
<b>Child and elderly abuse</b>	0.5	Forensic Medicine
<b>General</b>	3	Clinical Toxicology
<b>Corrosives</b>	1	Clinical Toxicology
<b>Heavy metals</b>	2	Clinical Toxicology
<b>Insecticides</b>	0.5	Clinical Toxicology
<b>Rodenticide</b>	1	Clinical Toxicology
<b>Alcohols</b>	1.5	Clinical Toxicology
<b>Hydrocarbons</b>	1	Clinical Toxicology
<b>Opioids</b>	1	Clinical Toxicology
<b>CO, Co2</b>	1	Clinical Toxicology
<b>CNS depressant</b>	1	Clinical Toxicology
<b>Animal bite</b>	1	Clinical Toxicology
<b>Food poisoning</b>	0.5	Clinical Toxicology
<b>Addiction</b>	0.5	Clinical Toxicology
<b>Hallucinogens</b>	1	Clinical Toxicology
<b>Cocaine</b>		
<b>Non - addicting drugs</b>	0.5	Clinical Toxicology
<b>Analgesics</b>	1	Clinical Toxicology
<b>Illicit drugs + amphetamine</b>	0.5	Clinical Toxicology
<b>Total</b>	<b>36 h</b>	
Practical		
Topic	Teaching hours	Subspeciality
<b>Identification(age)</b>	3	Forensic Medicine
<b>General wounds</b>	1.5	Forensic Medicine
<b>General wounds</b>	1.5	Forensic Medicine
<b>Firearm injuries</b>	1.5	Forensic Medicine
<b>Firearm injuries</b>	1.5	Forensic Medicine
<b>Sexual offences</b>	1.5	Forensic Medicine
<b>Head injuries</b>	1.5	Forensic Medicine
<b>Head injuries</b>	1.5	Forensic Medicine





<b>Asphyxia</b>	1.5	Forensic Medicine
<b>Asphyxia</b>	1.5	Forensic Medicine
<b>Death &amp;postmortem changes</b>	1.5	Forensic Medicine
<b>Death &amp;postmortem changes</b>	1.5	Forensic Medicine
<b>Physical injuries</b>	3	Forensic Medicine
<b>Pregnancy</b>	1.5	Forensic Medicine
<b>Regional injury</b>	1.5	Forensic Medicine
<b>Pregnancy, delivery and abortion</b>	1.5	Forensic Medicine
<b>RTA</b>	1.5	Forensic Medicine
<b>Genetic markers</b>	1.5	Forensic Medicine
<b>Preliminary tests for blood identification</b>	1.5	Clinical Toxicology
<b>Spectroscope &amp; Blood group</b>	1.5	Clinical Toxicology
<b>Toxic &amp; seeds</b>	1.5	Clinical Toxicology
<b>Projectiles (smooth)</b>	1.5	Clinical Toxicology
<b>Projectiles (Rifled)</b>	1.5	Clinical Toxicology
<b>Toxicological sheet &amp; diagnosis</b>	3	Clinical Toxicology
<b>First aid</b>	3	Clinical Toxicology
<b>Decontamination</b>	1.5	Clinical Toxicology
<b>Colour tests</b>	1.5	Clinical Toxicology
<b>Hair &amp; fibers</b>	1.5	Clinical Toxicology
<b>Reinsch Test</b>	1.5	Clinical Toxicology
<b>Semen</b>	1.5	Clinical Toxicology
<b>Common Poisons</b>	1.5	Clinical Toxicology
<b>Common Poisons</b>	1.5	Clinical Toxicology
<b>Total</b>	<b>54</b>	

#### **IV- Teaching and Learning Methods:**

##### **1. Theoretical Teaching:**

###### **a) Interactive lectures: using**

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

###### **b) Case Based learning**

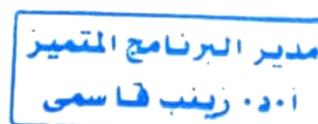
###### **c) Team Based Learning**

##### **2. Clinical Teaching:**

###### **Clinical rounds: using**

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

##### **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:**

<b>Assessment Method</b>	<b>Percentage</b>	<b>Description</b>	<b>Timing</b>
<b>Regular Evaluation</b>	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
		20% Participation in the tutorials, During the module TBL, Research.	
<b>Final practical exam</b>	30%	OSPE Exam	At the end of the module
<b>Final Written</b>	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:**

<b>Method of Assessment  </b>	<b>Marks</b>	<b>Percentag e</b>
<b>Final Written exam.</b>	<b>60</b>	<b>40%</b>
<b>Final Practical exam.</b>	<b>45</b>	<b>30%</b>
<b>Activities</b>	<b>45</b>	<b>30%</b>
<b>Total</b>	<b>150</b>	<b>100%</b>

### **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 Book
- Essential Books:

#### **Forensic Medicine:**

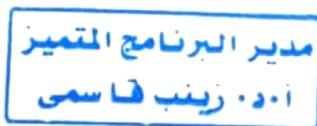
- Forensic Medicine: Fundamentals and Perspectives Softcover reprint of the original 1st ed. 2014 Edition. By: Reinhard B. Dettmeyer, Marcel A. Verhoff, Harald F. Schütz. Springer, 2016.
- Forensic Medicine: Fundamentals and Perspectives 2014th Edition. By: Reinhard B. Dettmeyer, Marcel A. Verhoff, Harald F. Schütz. Springer, 2013.

#### **Clinical Toxicology:**

- Clinical Toxicology: Principles and Mechanisms, Second Edition 2nd Edition. By: Frank A. Barile. CRC Press 2010.
- Casarett & Doull's Essentials of Toxicology, 3rd Edition. By: Curtis Klaassen, John Watkins. 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- Clinical round teaching rooms.
- 5- Hospital wards, outpatient clinics, and operative theatres



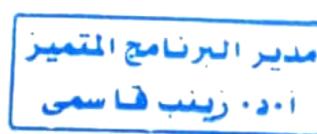


## Key Competencies & Module LOs *vs* Teaching and Assessment Methods Matrix

Key Competencies	Module Learning Outcomes	Teaching Methods					Assessment Methods							
		Recorded Lecture	Inverted Lectures	Case Based Learning	Team based Learning	Clinical Rounds	Self-directed study	Theoretical	Clinical	Written	OSCE	Assignments	quizzes	participation
<b>1.1</b>	1.1.1 to 1.1.8				x			x		x	x	x	x	x
<b>1.2</b>	1.2.1 to 1.2.5		x		x			x		x	x		x	x
<b>1.4</b>	1.4.1 to 1.4.9				x			x		x	x	x		x
<b>1.5</b>	1.5.1, 1.5.2	x	x	x	x	x	x	x	x	x	x	x	x	x
<b>1.6</b>	1.6.1 to 1.6.4	x	x	x	x	x	x	x	x	x	x		x	
<b>1.7</b>	1.7.1 to 1.7.3		x		x			x		x				
<b>1.8</b>	1.8.1 to 1.8.7	x	x	x	x		x	x		x	x	x	x	x
<b>1.10</b>	1.10.1 to 1.10.5		x	x	x	x	x	x	x	x	x		x	x
<b>1.11</b>	1.11.1				x			x		x	x			x
<b>1.13</b>	1.13.1 to 1.13.10		x		x	x	x	x	x	x	x		x	
<b>1.15</b>	1.15.1		x		x		x	x	x	x	x		x	x
<b>2.9</b>	2.9.1				x			x		x	x			x
<b>3.1</b>	3.1.1 to 3.1.2				x			x		x	x			x
<b>3.4</b>	3.4.1				x			x		x	x			x
<b>3.8</b>	3.8.1				x			x		x	x			x
<b>5.2</b>	5.2.1, 5.2.2	x	x	x		x					x			x
<b>5.10</b>	5.10.1 to 5.10.3				x			x		x	x	x		x
<b>6.2</b>	6.2.1, 6.2.2					x	x	x	x	x	x	x	x	x
<b>6.3</b>	6.3.1					x	x	x	x	x	x	x	x	x
<b>6.6</b>	6.6.1, 6.6.2					x	x	x	x	x	x	x	x	x

**Module Coordinator:** Dr. Haidy Abouhat

**Program Coordinator:** Prof. Zeinab Kasemy





# Emergency and critical care Module

**University:** Menoufia

**Faculty:** Medicine

## A-Administrative information

**Module Title:** Emergency and critical care Module

**Code No:** EMERG 5201

**Department offering the Module:** General surgery, Internal medicine, Pediatric & Neonatology, Plastic surgery, Critical care and Family medicine departments

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

**Academic year/level:** Fifth level

**Semester:** Semester X

**Date of specification:** 2018.

**Date of approval by Departmental Council:** 2018

**Date Of Approval by Faculty Council:** 2018

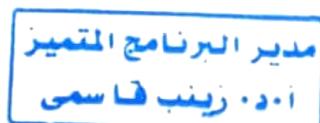
**Total hours:** 7 credit hours/ 6 weeks

	Teaching hours		
	Lectures	Practical	Activities
<b>General surgery</b>	<b>9</b>	<b>13.5</b>	<b>27</b>
<b>Internal medicine</b>	<b>9</b>	<b>13.5</b>	<b>27</b>
<b>Paediatrics &amp; Neonatology</b>	<b>12</b>	<b>18</b>	<b>36</b>
<b>Critical care</b>	<b>6</b>	<b>9</b>	<b>18</b>
<b>Family medicine</b>	<b>3</b>	<b>4.5</b>	<b>9</b>
<b>Plastic surgery</b>	<b>3</b>	<b>4.5</b>	<b>9</b>
<b>Total</b>	<b>42</b>	<b>63</b>	<b>126</b>

## B-Professional information

### I- Aim of the Module:

To provide the students with essential and up-to-date theoretical knowledge and clinical skills regarding emergency medicine and management of critically ill patients from the perspectives of general surgery, internal medicine, critical care medicine, pediatrics and family medicine.





## II - Learning Outcomes of the Module:

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

Key competency	Module LOs
<b>1.1</b> Take and record a structured, patient-centered history.	<ul style="list-style-type: none"><li>1.1.1. Conduct thorough history taking for an emergency case.</li><li>1.1.2. Conduct thorough history taking for a critical care case.</li><li>1.1.3. Interpret the clinical symptoms of different emergency and critical care cases.</li><li>1.1.4. Communicate with patients regardless of their social, cultural backgrounds or their disabilities.</li><li>1.1.5. Apply the ethics of medical practice when dealing with patients and colleagues.</li><li>1.1.6. Perform effective eye contact, active listening, and appropriate body language.</li><li>1.1.7. Record clinical data in a complete, accurate and retrievable manner.</li><li>1.1.8. Present information clearly in written, electronic, and verbal forms.</li><li>1.1.9. Practice fulfilling data of family health record</li><li>1.1.10. Report alarming signs in transfer critical patients.</li></ul>
<b>1.2</b> Adopt an empathic and holistic approach to the patients and their problems.	<ul style="list-style-type: none"><li>1.2.1. Demonstrate empathy in patient counseling.</li><li>1.2.2. Communicate effectively with patients regardless of their social, cultural backgrounds or their disabilities.</li><li>1.2.3. Apply the ethics of medical practice when dealing with patients and colleagues.</li><li>1.2.4. Practice patient education during an interview with the patient.</li><li>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.</li><li>1.2.6. Identify the approach for management of difficult communication including breaking bad news.</li></ul>

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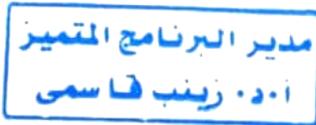
1.4 Perform appropriately timed full physical examination of patients, appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive.	1.4.1. Perform a proper general and local examination for an emergency patient. 1.4.2. Measure vital data for the patient. 1.4.3. Interpret cervical spine injury using Canadian scoring. 1.4.5. Analyze different physical findings in a newborn infant to differentiate between benign and pathological findings. 1.4.6. Interpret persistence and absence of primitive neonatal reflexes beyond a given time frame. 1.4.7. Interpret the findings in the Apgar score and the factors affecting them. 1.4.8. Interpret Clinical sepsis score. 1.4.9. Analyze different conditions of CPR unresponsiveness. 1.4.10. <b>Identify</b> different types of fluids and important medications in ICU and emergency setting. 1.4.11. Interpret the clinical signs of different emergency and critical care cases. 1.4.12. Apply the ethics of medical practice when examining patients. 1.4.13. Apply proper infection control when dealing with patients.
1.5 Prioritize issues to be addressed in a patient encounter.	1.5.1. <b>Apply priority setting while formulating</b> a differential diagnosis for different emergency and critical care cases. 1.5.2. Formulate a management plan for different emergency and critical care cases. 1.5.3. Prioritize problems in an emergency setting. 1.5.4. Prioritize problems in a critical care setting.
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. Select the most needed investigations for a case of coma. 1.6.3. Interpret different ABGs with the most common findings in ED. 1.6.4. Interpret different ECGs in ED. 1.6.5. Interpret different basic X-rays in Emergency department 1.6.6. Interpret investigations of different types of neonatal hyperbilirubinemia. 1.6.7. Select investigations for a hemorrhagic disease of newborns. 1.6.8. Report different investigations of hemolytic disease of newborns. 1.6.9. Interpret investigations for different types of neonatal seizures. 1.6.7. Interpret investigations of neonatal necrotizing enterocolitis.



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	1.6.8. Interpret investigations for neonatal hypoglycemia.
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.	Identify patients at risk using the ABCDE approach.
1.8.2.	Determine the general principles of basic and advanced airway management and list the causes of airway obstruction.
1.8.3.	Outline the definition, pathophysiology, classification, clinical manifestations and general principles for the management of shock.
1.8.4.	List the causes of cardiorespiratory arrest in adults and recognize the ALS algorithm.
1.8.5.	Define Mass casualty and recognize the stages of triaging in ED.
1.8.6.	Identify the correct sequence of priority in assessing multiple trauma patients by outlining the primary and secondary surveys.
1.8.7.	Identify and Explain the approach to the management of multiple trauma patients.
1.8.8.	Describe the assessment protocol for a patient with chest pain in ED.
1.8.9.	Discuss the different surgical causes and pathogenesis of acute abdomen.
1.8.10.	Determine the management and differentiate different causes of DCL.
1.8.11.	List causes of acute liver cell failure.
1.8.12.	Describe the clinical picture of acute liver cell failure.
1.8.13.	Outline the management of acute liver cell failure.
1.8.14.	Define anaphylaxis.
1.8.15.	Describe the clinical presentation of anaphylaxis.
1.8.16.	How to manage a case with anaphylaxis.
1.8.17.	Enumerate medical causes of acute abdominal pain.
1.8.18.	Differentiate types of acute abdominal pain.
1.8.19.	Outline the management of acute abdominal pain.
1.8.20.	List causes of GIT bleeding.
1.8.21.	Describe the clinical picture of GIT bleeding.
1.8.22.	Outline the management of GIT bleeding.





- 1.8.23. Describe transient benign neonatal findings and physical examination of a normal newborn.
- 1.8.24. Recognize different developmental reflexes in the neonatal age group.
- 1.8.25. Determine the accurate gestational age of a neonate.
- 1.8.26. Identify the aetiology, pathogenesis and sequelae of perinatal asphyxia
- 1.8.27. Identify pathophysiology, clinical stages, complications and of hypoxic-ischemic encephalopathy.
- 1.8.28. Determine definition, causes, physiological handicaps, complications and prevention of prematurity in neonates.
- 1.8.29. Explain different causes and sequelae of small for Gestational age newborns.
- 1.8.30. Describe different types, predisposing factors, and clinical pictures of birth injuries that may occur in newborn infants.
- 1.8.31. Define jaundice in newborns.
- 1.8.32. Describe the physiology of bilirubin metabolism.
- 1.8.33. Identify different causes, clinical pictures and complications of neonatal hyperbilirubinemia either physiological or pathological.
- 1.8.34. Outline the definition, predisposing factors, clinical manifestations of kernicterus in newborn infants, and how to prevent kernicterus in newborn infants.
- 1.8.35. Identify normal newborns and routine care in the delivery room.
- 1.8.36. Outline neonatal resuscitation algorithm.
- 1.8.37. Identify the amount and frequency of feeding of the newborn.
- 1.8.38. Identify different types, causes and clinical manifestations of neonatal anaemia.
- 1.8.39. Identify role of family physician in newborn care.
- 1.8.40. Identify types, pathogenesis, clinical manifestations, complications and treatment of hemolytic disease in newborns.
- 1.8.41. Describe hydrops fetalis and its different causes
- 1.8.42. Outline the IMCI case management process steps.
- 1.8.43. Identify the causes and clinical manifestations of neonatal seizures.
- 1.8.44. Explain the origins of neonatal infections.
- 1.8.45. Define neonatal sepsis and its causative



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organisms.

- 1.8.46. Determine risk factors, Path-physiology and different clinical patterns of neonatal sepsis.
- 1.8.47. Describe the clinical picture of neonatal septicemia.
- 1.8.48. Define hyaline membrane disease of the newborn.
- 1.8.49. Outline aetiology, pathophysiology, pathology, risk factors and clinical picture of hyaline membrane disease of the newborn.
- 1.8.50. Outline complications and treatment of hyaline membrane disease of the newborn.
- 1.8.51. Describe the cause and treatment of transient tachypnea in newborns.
- 1.8.52. Outline mechanism and treatment of meconium aspiration syndrome.
- 1.8.53. Identify Pathogenesis, different causes and types of neonatal apnea.
- 1.8.54. Describe the treatment of neonatal apnea.
- 1.8.55. Identify the state of child health today and factor of poor health.
- 1.8.56. Explain the Pathophysiology, pathology, and clinical manifestations of Infants of diabetic mothers.
- 1.8.57. Outline different causes of neonatal hypoglycemia.
- 1.8.58. Describe clinical manifestations of neonatal hypoglycemia.
- 1.8.59. Define cardiopulmonary arrest condition in paediatrics and its diagnosis.
- 1.8.60. Identify how to deal with a case of sudden arrest.
- 1.8.61. Describe when to stop resuscitation efforts.
- 1.8.62. Define a case of respiratory failure and its characters.
- 1.8.63. Recognize different precipitating factors of respiratory failure in the pediatric age group.
- 1.8.64. Determine the definition and causes of shock in paediatrics.
- 1.8.65. Explain different causes and sequelae of multi-organ system failure.
- 1.8.66. Describe different classifications of shock in paediatrics.
- 1.8.67. Define coma and its clinical grades.
- 1.8.68. Identify types, causes and clinical manifestations of coma.
- 1.8.69. Describe the Glasgow coma scale and its different causes.
- 1.8.70. Describe a normal newborn and its physiology.
- 1.8.71. Recognize critical patients.



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

- 1.8.72. Describe the monitoring of the critical patient.
- 1.8.73. Identify different types of fluid.
- 1.8.74. Recognize patients in need of resuscitation.
- 1.8.75. Outline indications of resuscitation.
- 1.8.76. Define ARDS.
- 1.8.77. Describe the management of ARDS.
- 1.8.78. Describe different types of O<sub>2</sub> devices
- 1.8.79. Define shock.
- 1.8.80. Identify different types of shock.
- 1.8.81. Explain the management of shock.
- 1.8.82. Describe the definition of sepsis.
- 1.8.83. Outline causes of sepsis.
- 1.8.84. Define the management of sepsis and septic shock.
- 1.8.85. Explain different causes of disturbed conscious level.
- 1.8.86. Outline the most important causes of DCL in the ICU.
- 1.8.87. Describe different management plans for each cause of DCL.
- 1.8.88. Differentiate between biliary atresia and neonatal hepatitis.

- 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. Analyze differential diagnosis of neonatal anemia.
- 1.10.3. Analyze differential diagnosis of hemolytic disease of the newborn.
- 1.10.4. Analyze differential diagnoses of neonatal seizures. Integrate information from history, examination, and investigations to reach an appropriate diagnosis of congenital TORCH infections.
- 1.10.5. Design a differential diagnosis for respiratory distress in newborns.
- 1.10.6. Analyze differential diagnosis of upper airway obstruction in a newborn infant.
- 1.10.7. Analyze differential diagnosis of neonatal necrotizing enterocolitis.
- 1.10.8. Formulate a differential diagnosis for causes of cardiopulmonary arrest.
- 1.10.9. Analyze different scenarios in patients with multiple traumas.
- 1.10.10. Analyze clinical neonatal problems to reach a diagnosis and a differential diagnosis of perinatal asphyxia.
- 1.10.11. Integrate information from history, examination, and investigations to reach an appropriate diagnosis of neonatal septicemia.



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		1.10.12. Analyze different types of respiratory failure and compare clinical and laboratory levels.
<b>1.11</b>	Perform diagnostic and intervention procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances.	1.11.1. Apply techniques of airway management: open airway, definitive airway management. 1.11.2. Apply clinical skills of basic life support. 1.11.3. Apply the ALS algorithm in different scenarios. 1.11.4. Apply steps of routine care of a normal newborn 1.11.5. Apply a plan for feeding the newborn. 1.11.6. Apply the transport of critical patients. 1.11.7. Apply cervical neck collar.
<b>1.13</b>	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. Formulate a management plan appropriate for hypoxic-ischemic encephalopathy in a neonate. 1.13.5. Formulate a proper management plan for neonatal birth injuries. 1.13.6. Formulate a management plan for different scenarios of neonatal condition during resuscitation. 1.13.7. Design a proper management plan for neonatal anemia. 1.13.8. Design a proper management plan for neonatal seizures. 1.13.9. Design a proper management plan for prematurity in neonates. 1.13.10. Design a proper management plan for neonatal sepsis. 1.13.11. Design a proper management plan for neonatal necrotizing enterocolitis. 1.13.12. Design a proper management plan for the Infant of a diabetic mother. 1.13.13. Formulate a management plan for neonatal hypoglycemia. 1.13.14. Design a management plan for the two types of respiratory failure. 1.13.15. Design a proper management plan for shock in different situations. 1.13.16. Design a proper management plan for coma in pediatrics. 1.13.17. Share patients or their caregivers in



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decision making regarding management plans.

- 1.13.18. Gather and organize material from various sources (including library, electronic and online resources).
- 1.13.19. Apply the principles of using international guidelines and multidisciplinary team MDT.
- 1.13.20. Apply basics of scientific research (collection, analysis and interpretation of data).
- 1.13.21. Apply critical appraisal skills and use of evidence-based guidelines in making decisions about the care of patients.
- 1.13.22. Evaluate risk /benefit of any intervention to tailor the management plan with minimum risk to the patient.

**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. Interpret different algorithms with the ABCDE approach
- 1.15.2. Interpret multiorgan system dysfunction disorders and therapeutic modalities.
- 1.15.3. Analyze critically ill patients.
- 1.15.4. Analyze causes of endocrine emergencies.
- 1.15.5. Identify degrees of burn
- 1.15.6. Outline burn triage.
- 1.15.7. Outline burn resuscitation.

### Competency Area 2: The graduate as a health promoter.

Key Competency	Module LOs
<b>2.9</b> 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
<b>3.1</b> 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
<b>3.4</b> 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.

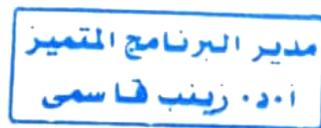
**3.8.1** Identify the rules of referral for complex and undiagnosed cases

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

<b>Key competency</b>	<b>Module LOs</b>
<b>5.2</b> 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.**

<b>Key competency</b>	<b>Module ILOs</b>
<b>6.2</b> 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
<b>6.3</b> Identify opportunities and use various resources for learning.	6.3.1 Use information resources either written or electronic efficiently for the educational process.
<b>6.6</b> 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
	<b>Assessment and monitoring of the critically ill patient.</b>	1	Critical care
	<b>Fluid therapy and resuscitation of critical patients.</b>	1	Critical care
	<b>ARDS and O2 devices in ICU.</b>	1	Critical care
	<b>Circulatory failure in ICU.</b>	1	Critical care
	<b>Sepsis and septic shock.</b>	1	Critical care
	<b>DCL in ICU.</b>	1	Critical care
	<b>Care of newborn</b>	1.5	Family Medicine
	<b>IMCI</b>	1.5	Family Medicine
	<b>ABCD approach</b>	1	General surgery
	<b>Airway Management</b>	1	General surgery
	<b>Shock</b>	1	General surgery
	<b>Advanced life support (ALS) Algorithm</b>	1	General surgery
	<b>Mass casualty and Triage</b>	1	General surgery
	<b>Approach a patient with multiple trauma (Chest trauma - Abdominal &amp; Pelvic trauma – head &amp; spine trauma- musculoskeletal trauma)</b>	1	General surgery
	<b>Approach to a patient with Acute chest pain</b>	1	General surgery
	<b>Approach to a patient with Acute abdomen</b>	1	General surgery
	<b>Approach to a patient with Depressed consciousness and coma</b>	1	General surgery
	<b>Anaphylaxis</b>	2	Internal medicine
	<b>Abdominal Pain</b>	2	Internal medicine
	<b>Acute liver cell failure</b>	2	Internal medicine
	<b>Upper GIT Bleeding</b>	3	Internal medicine
	<b>Hemolytic disease of newborn and neonatal jaundice</b>	1	Pediatrics and neonatology
	<b>Prematurity</b>	1	Pediatrics and neonatology
	<b>Neonatal sepsis</b>	1	Pediatrics and neonatology
	<b>Hypoxic ischemic encephalopathy</b>	0.5	Pediatrics and neonatology
	<b>Birth injuries</b>	0.5	Pediatrics and neonatology
	<b>Neonatal respiratory diseases</b>	1.5	Pediatrics and neonatology
	<b>Hypoglycemia and IDM</b>	1	Pediatrics and neonatology
	<b>Neonatal seizures</b>	0.5	Pediatrics and neonatology
	<b>Transient neonatal findings</b>	0.5	Pediatrics and neonatology
	<b>Shock in pediatrics</b>	1	Pediatrics and neonatology
	<b>CPR in pediatrics</b>	1	Pediatrics and neonatology
	<b>Coma in pediatrics</b>	0.5	Pediatrics and neonatology
	<b>Respiratory failure and poisoning in pediatrics</b>	2	Pediatrics and neonatology
	<b>Burn Management</b>	3	Plastic surgery
	<b>Total</b>	42	
Clinical			

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Topic	Teaching Hours	Department
Fluid therapy and resuscitation of critical patients.	3	Critical care
Medications in ICU	3	Critical care
ARDS and O2 devices in ICU.	3	Critical care
Care of newborn	2.5	Family Medicine
IMCI	2	Family Medicine
ABCD approach	3	General surgery
Airway Management	3	General surgery
Shock	1.5	General surgery
Advanced life support (ALS) Algorithm	3	General surgery
Approach a patient with multiple trauma (Chest trauma - Abdominal & Pelvic trauma – head & spine trauma- musculoskeletal trauma)	3	General surgery
Anaphylaxis	3	Internal medicine
Acute liver cell failure	3.5	Internal medicine
Abdominal Pain	3.5	Internal medicine
Upper GIT Bleeding	3.5	Internal medicine
Fetal circulation and routine care of normal newborn	2	Pediatrics and neonatology
Birth injuries	0.5	Pediatrics and neonatology
Pediatric CPR and Shock	3	Pediatrics and neonatology
Apgar score and Meconium aspiration \$	1.5	Pediatrics and neonatology
CPR in pediatrics	2.5	Pediatrics and neonatology
Transient neonatal findings	0.5	Pediatrics and neonatology
Shock in pediatrics	1.5	Pediatrics and neonatology
Positive pressure ventilation in Newborn	2	Pediatrics and neonatology
Cardiac compression in neonates	1	Pediatrics and neonatology
Neonatal spots	2	Pediatrics and neonatology
Neonatal intubation	1.5	Pediatrics and neonatology
Burn Management	2	Plastic surgery
Burn Management	2.5	Plastic Surgery
<b>Total</b>	<b>63</b>	

#### **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:**



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- 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:**

- 1 **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.
- 2 **Summative** This type of assessment is used for judgment or decisions to be made about the students' performance. It serves as:
  - 2.1. Verification of achievement for the student satisfying requirement
  - 2.2. Motivation of the student to maintain or improve performance
  - 2.3. Certification of performance
  - 2.4. Grades

##### **C- Summative Assessment Methods and Schedule::**

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

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#### D- Weighing of Assessment:

Method of Assessment	Marks	Percentag e
<b>Final Written exam.</b>	<b>70</b>	<b>40%</b>
<b>Final Practical exam.</b>	<b>52.5</b>	<b>30%</b>
<b>Activities</b>	<b>52.5</b>	<b>30%</b>
<b>Total</b>	<b>175</b>	<b>100%</b>

#### 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:

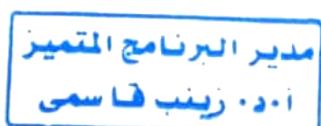
- The Washington Manual of Surgery (Lippincott Manual Series), 7<sup>th</sup> Edition. By: Mary E. Klingensmith LWW;, 2016
- Surgery: A Case Based Clinical Review 1st Edition. By: Christian De Virgilio, Areg Grigorian, Paul N. Frank. Springer Nature, 2015.
- Current Diagnosis and Treatment Surgery 14<sup>th</sup> 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, 20<sup>th</sup> 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, 2<sup>nd</sup> 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)) 5<sup>th</sup> 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.

#### **Plastic:**

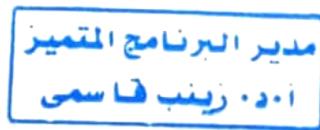
- Grabb and Smith's Plastic Surgery (GRABB'S PLASTIC SURGERY) 7<sup>th</sup> Edition. By: Charles HM Thorne, Geoffrey C. Gurtner, Kevin C Chung, Dr. Arun Gosain, Dr. Babak Mehrara, Dr. Peter Rubin, Scott L. Spear. LWW, 2013.
- Textbook of Plastic and Reconstructive Surgery. By: Deepak M. Kalaskar, Peter E. Butler, Shadi Ghali. UCL Press, 2016.

#### **Critical care:**

- Irwin and Rippe's Intensive Care Medicine 8th Edition. By: Richard S. Irwin, Craig M. Lilly, Paul H. Mayo, James M. Rippe. LWW, 2017.
- Marino's The ICU Book International Edition Fourth, International Edition. By: Paul L. Marino. LWW, 2013.

#### **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



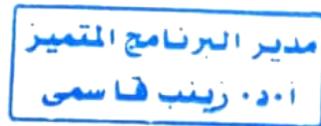


## Key Competencies & Module LOs *vs* Teaching and Assessment Methods Matrix

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	Formative Assessment	Written	OSCE	Assignments	quizzes
<b>1.1</b>	1.1.1 to 1.1.10			x	x					x		x	x	x	x	x
<b>1.2</b>	1.2.1 to 1.2.6		x		x	x				x		x	x	x	x	x
<b>1.4</b>	1.4.1 to 1.4.13			x	x	x				x		x	x	x	x	x
<b>1.5</b>	1.5.1 to 1.5.4	x	x	x	x	x			x	x	x	x	x	x	x	x
<b>1.6</b>	1.6.1 to 1.6.8	x	x	x	x	x	x		x	x	x	x	x	x	x	
<b>1.7</b>	1.7.1 to 1.7.3		x		x				x		x	x	x			
<b>1.8</b>	1.8.1 to 1.8.88	x	x	x	x				x	x		x	x	x	x	x
<b>1.10</b>	1.10.1 to 1.10.12		x	x	x				x	x	x	x	x	x	x	x
<b>1.11</b>	1.11.1 to 1.11.7			x	x	x				x		x	x			x
<b>1.13</b>	1.13.1 to 1.13.22		x		x				x	x	x	x	x		x	
<b>1.15</b>	1.15.1 to 1.15.7		x		x	x			x	x	x	x	x		x	x
<b>2.9</b>	2.9.1				x	x				x		x	x			x
<b>3.1</b>	3.1.1 to 3.1.2				x	x				x		x	x			x
<b>3.4</b>	3.4.1				x	x				x		x	x			x
<b>3.8</b>	3.8.1				x	x				x		x	x			x
<b>5.2</b>	5.2.1, 5.2.2	x	x	x		x							x			x
<b>5.10</b>	5.10.1 to 5.10.3				x					x		x	x	x		x
<b>6.2</b>	6.2.1, 6.2.2								x	x	x	x	x	x	x	x
<b>6.3</b>	6.3.1								x	x	x	x	x	x	x	x
<b>6.6</b>	6.6.1, 6.6.2								x	x	x	x	x	x	x	x

**Module Coordinator**  
Name: Dr Amany Elbanna

**Program Coordinator:**  
Name: Prof. Dr. Zeinab Kasemy





# Vascular Surgery

**University:** Menoufia

**Faculty:** Medicine

## A-Administrative information

**Module Title:** Vascular Surgery

**Code No:** VAS 5202

**Department offering the Module :** General Surgery

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

**Academic year/level:** Fifth level

**Semester:** Semester X

**Date of specification:** 2018.

**Date of approval by Departmental Council:** 2018

**Date of approval by faculty council:** 2018

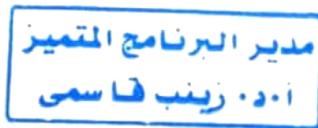
**Total hours:** 1 credit hours.

	Teaching hours		
	Lectures	Practical	Activities
<b>General surgery</b>	<b>6</b>	<b>9</b>	<b>18</b>

## A-Administrative information

### I. Aim of the Module

To provide the student with the knowledge, and skills which enable him/her to identify, analyze, manage and/or refer common and/ or important vascular surgical diseases and emergencies to provide efficient, cost effective and human patient care with emphasis

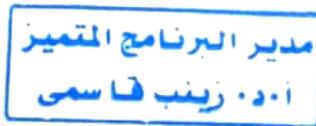




## **II- Learning outcomes of the module:**

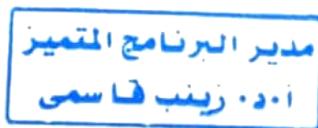
### **Competency Area 1: The graduate as a health care provider.**

<b>Key competency</b>	<b>Module LOs</b>
<b>1.1</b> Take and record a structured, patient-centered history.	1.1.1 Conduct thorough history taking for a case with vascular disorder. 1.1.2 Interpret the clinical symptoms of different vascular 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.
<b>1.2</b> 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 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 Conduct local examination of the peripheral arterial system. 1.4.2 Conduct local examination of the peripheral venous system. 1.4.3 Perform a proper general examination for a vascular case. 1.4.4 Palpate and detect pulsations of different arteries. 1.4.5 Detect the signs of ischemia. 1.4.6 Detect the signs of venous thrombosis. 1.4.7 Interpret the clinical signs of different vascular cases. 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.	1.5.1 <b>Apply priority setting while formulating</b> a differential diagnosis for different vascular cases. 1.5.2 Formulate a management plan for different vascular cases. 1.5.3 Prioritize problems while dealing with vascular 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 ultrasound findings in a vascular case. 1.6.3 Interpret the findings of different angiography techniques.
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 Outline different causes for acute ischemia. 1.8.2 Describe the pathology, and clinical picture of acute ischemia. 1.8.3 Identify different treatment options for acute ischemia and their indications.



	<p><b>1.10</b> Integrate the results of history, physical examination and laboratory test findings into a meaningful diagnostic formulation.</p> <p><b>1.11</b> Perform diagnostic and intervention procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances.</p> <p><b>1.13</b> 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.</p>	<p>1.8.4 Outline different causes for chronic ischemia.</p> <p>1.8.5 Describe the pathology, and clinical picture of chronic ischemia.</p> <p>1.8.6 Identify different treatment options for acute ischemia and their indications.</p> <p>1.8.7 Describe the etiopathogenesis, clinical presentation, and treatment of aneurysm</p> <p>1.8.8 Outline different causes for varicose veins</p> <p>1.8.9 Describe the pathology, and clinical picture of varicose veins.</p> <p>1.8.10 Identify different treatment options for varicose veins and their indications.</p> <p>1.8.11 Outline different types and causes for venous thrombosis.</p> <p>1.8.12 Describe the pathology, and clinical picture of venous thrombosis.</p> <p>1.8.13 Identify different treatment options for venous thrombosis and their indications.</p> <p>1.10.1 Integrate the results of history, physical and laboratory tests into a correct diagnosis and create an individualized treatment plan.</p> <p>1.10.2 Formulate a differential diagnosis for a case of acute ischemia.</p> <p>1.10.3 Formulate a differential diagnosis for a case of chronic ischemia.</p> <p>1.10.4 Formulate a differential diagnosis of a case of venous thrombosis.</p> <p>1.11.1 Apply measures to manage a case of deep venous thrombosis.</p> <p>1.13.1 Apply continuous medical education and research to keep up to date with the international advancement in medicine and surgery.</p> <p>1.13.2 Use of information technology to improve the quality of patient care through proper.</p> <p>1.13.3 Design a management plan appropriate for a case of acute ischemia.</p> <p>1.13.4 Formulate a proper management plan for a case of chronic ischemia.</p> <p>1.13.5 Formulate a management plan for a case of venous thrombosis.</p> <p>1.13.6 Design a management plan for a case of vascular aneurysm.</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</p>
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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.
- 1.13.12 Evaluate risk /benefit of any intervention to tailor the management plan with minimum risk to the patient.

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

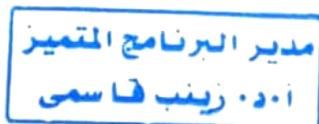
- 1.15.1 Detect the alarming signs of acute ischemia.
- 1.15.2 Detect the alarming signs for deep venous thrombosis.
- 1.15.3 Apply the first aid measures for a case of deep venous thrombosis.

### Competency Area 2: The graduate as a health promoter.

Key Competency	Module LOs
<b>2.9</b> 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
<b>3.1</b> 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
<b>3.4</b> 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.
<b>3.8</b> 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
<b>5.2</b> 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
<b>6.2</b> 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
<b>6.3</b> Identify opportunities and use various resources for learning.	6.3.1 Use information resources either written or electronic efficiently for the educational process.
<b>6.6</b> 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
Acute Ischemia	2
Chronic ischemia and aneurysms.	2
Venous disorders.	2
<b>Total</b>	<b>6</b>
Clinical	
Topic	Teaching Hours
Chronic Ischemia	2
Varicose veins	2
Leg ulcer,	2
<b>Vascular Tools and Imaging.</b>	<b>3</b>
<b>Total</b>	<b>9</b>





#### **IV– Teaching and Learning Methods:**

##### **1. Theoretical Teaching:**

###### **a) Interactive lectures: using**

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

###### **b) Case Based learning**

###### **c) Team Based Learning**

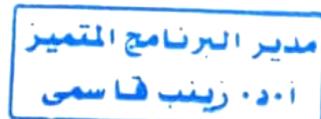
##### **2. Clinical Teaching:**

###### **a) Clinical rounds: using**

- 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
<b>Regular Evaluation</b>	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, During the module Research.	At the end of the module
<b>Final practical exam</b>	30%	OSCE Exam	At the end of the module
<b>Final Written</b>	40%	It Includes problem-solving, multiple-choice questions, give a reason, matching,	At the end of the semester



extended matching, complete and compare.

#### D- Weighing of Assessment:

Method of Assessment	Marks	Percentag e
<b>Final Written exam.</b>	<b>10</b>	<b>40%</b>
<b>Final Practical exam.</b>	<b>7.5</b>	<b>30%</b>
<b>Activities</b>	<b>7.5</b>	<b>30%</b>
<b>Total</b>	<b>25</b>	<b>100%</b>

#### E- Grading for by GPA System:

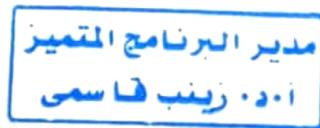
The Percentage	Symbol	Grade
> 85%	A	<b>Excellent.</b>
75-<85 %	B	<b>Very Good</b>
65 - < 75 %	C	<b>Good.</b>
60 - < 65 %	D	<b>Passed.</b>
< 60 %	F	<b>Failed.</b>
	W	<b>Withdrawn</b>

#### VI. List of references and resources:

- Course handout.
- Essential Books:
  - Rutherford's Vascular Surgery, 2-Volume Set, 9<sup>th</sup> edition. By: Anton N Sidawy, Bruce A Perler. Elsevier; 9th edition, 2018
  - Vascular and Endovascular Surgery: A Comprehensive Review Expert Consult. By: Wesley S. Moore. Saunders, 2013.

#### 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

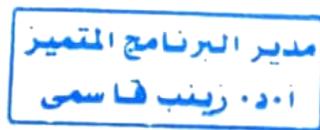
Key Competencies	Module Learning Outcomes	Teaching Methods						Assessment Methods							
		Recorded Lecture	Inverted Lectures	Case Based Learning	Team based Learning	Clinical Rounds	Bed Side Clinical Teaching	Self-directed study	Theoretical	Clinical	Formative Assessment	Written	OSCE	Assignments	quizzes
<b>1.1</b>	1.1.1 to 1.1.7				x	x				x		x	x		x
<b>1.2</b>	1.2.1 to 1.2.5		x	x	x	x				x		x	x		x
<b>1.4</b>	1.4.1 to 1.4.9			x	x					x		x	x		x
<b>1.5</b>	1.5.1 to 1.5.3	x	x	x	x	x		x	x	x	x	x		x	x
<b>1.6</b>	1.6.1 to 1.6.3	x	x	x	x	x	x	x	x	x	x	x		x	
<b>1.7</b>	1.7.1 to 1.7.3		x		x				x		x				
<b>1.8</b>	1.8.1 to 1.8.13	x	x	x	x			x	x		x		x	x	x
<b>1.10</b>	1.10.1 to 1.10.4		x	x	x			x	x	x	x	x		x	x
<b>1.11</b>	1.11.1			x	x					x		x			x
<b>1.13</b>	1.13.1 to 1.13.12		x		x		x	x	x	x	x	x		x	
<b>1.15</b>	1.15.1 to 1.15.3		x		x	x		x	x	x	x	x		x	x
<b>2.9</b>	2.9.1			x	x				x		x		x		x
<b>3.1</b>	3.1.1 to 3.1.2				x	x			x		x				x
<b>3.4</b>	3.4.1				x	x			x		x		x		x
<b>3.8</b>	3.8.1				x	x			x		x				x
<b>5.2</b>	5.2.1, 5.2.2	x	x	x		x						x			x
<b>5.10</b>	5.10.1 to 5.10.3				x				x		x	x			x
<b>6.2</b>	6.2.1, 6.2.2						x	x	x	x	x	x	x	x	x
<b>6.3</b>	6.3.1						x	x	x	x	x	x	x	x	x
<b>6.6</b>	6.6.1, 6.6.2						x	x	x	x	x	x	x	x	x

**Module Coordinator**

Name: Dr Ehab Saied Abdel Azeem

**Program Coordinator:**

Name: Prof. Dr. Zeinab Kasemy





# Vertical Integration Module (10)

**University:** Menoufia

**Faculty:** Medicine

## A-Administrative information

**Module Title:** Vertical Integration Module (10)

**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:** Fifth level

**Semester:** Semester X

**Date of specification:** 2018

**Date of approval by departments council:** 2018

**Date of approval by faculty council:** 2018

**Credit hours:** 0.5 credit hour

**Teaching Hours:** 7.5 hours/ Lectures

## B- Professional Information

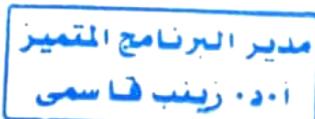
### **I. Aim of the Module:**

To provide the students with clinical knowledge and skills to develop a multidisciplinary approach certain cases neurological diseases with of increased ICT, malignant headache, Myasthenia Gravis, and Multiple sclerosis, .

### **II. Learning Outcomes of the Module**

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

Key competency	Module LOs
<b>1.1</b> 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 vasculitis. 1.1.3 Identify the important questions to ask for the patient with arthritis. 1.1.4 Interpret the symptoms of cases of vasculitis and arthritis





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 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.	1.4.1 Interpret the clinical presentation of different types of vasculitis 1.4.2 Analyze different manifestations of a case with arthritis.
1.5	Prioritize issues to be addressed in a patient encounter.	1.5.1 <b>Apply priority setting while formulating</b> 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 for cases of vasculitis and arthritis 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 causes of joint pain. 1.8.2 List different types of arthritis 1.8.3 Differentiate between causes of arthritis 1.8.4 Outline management of arthritis according to the cause 1.8.5 Describe investigations needed for proper diagnosis of arthritis 1.8.6 List causes of vasculitis 1.8.7 Differentiate between different types of vasculitis 1.8.8 Differentiate between vasculitis and its mimics
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 arthritis 1.10.3 Formulate a differential diagnosis for different endocrinological causes of vasculitis.

مدير البرنامج التدريسي  
أ.د. زينب قاسمي





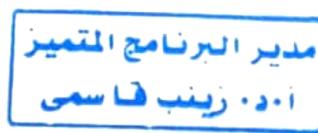
<b>1.13</b> Establish patient-centered management plans in partnership with the patient, his/her family and other health professionals as appropriate, using Evidence Based Medicine in management decisions.	1.13.1 Retrieve information and be able to use the recent evidence-based information and communications 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 a case of arthritis. 1.13.6 Formulate a management plan for a case of vascular affection
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### **Competency Area 2: The graduate as a health promoter.**

<b>Key Competency</b>	<b>Module LOs</b>
<b>2.9</b> 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.**

<b>Key competency</b>	<b>Module LOs</b>
<b>3.1</b> 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
<b>3.4</b> 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.
<b>3.8</b> 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
<b>5.2</b> 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
<b>6.2</b> 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
<b>6.3</b> Identify opportunities and use various resources for learning.	6.3.1 Use information resources either written or electronic efficiently for the educational process.
<b>6.6</b> 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
<b>Approach to a patient with arthritis</b>	4
<b>Approach to a patient with vasculitis</b>	3.5
<b>Total</b>	7.5

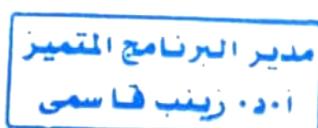
### **IV– Teaching and learning methods**

**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 by written examination.

### **D- Weighting of assessments:**

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

## **VI. List of references and resources:**

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

### **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.

### **Rheumatology:**

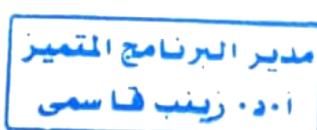
- Kelley and Firestein's Textbook of Rheumatology, 10th Edition. By: Gary S. Firestein, Ralph C. Budd, Sherine E Gabriel, Iain B McInnes, James R. O'Dell. Elsevier, 2016.
- Oxford Textbook of Rheumatology, 4th Edition. By: Richard A Watts, Philip Conaghan, Chris Denton, Helen Foster, John Isaacs, Ulf Müller-Ladner, Richard A. Watts, Philip G. Conaghan, Christopher Denton, John Isaacs, Ulf Müller-Ladner. OUP Oxford, 2013.

## **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

عميد الكلية أ.د/ محمد فهمي النعmani	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
<i>Amira</i>		مدير البرنامج المتميز أ.د. زينب قاسى	





مدير البرنامج المتميز  
أ.د. زينب فاسع

