



*Curriculum of
College of Medicine
University of Al-
Ameed
six year*



Sixth year					
Code	Subject	WEEKS	Hours	Hours	Units
MEDI 601	Internal medicine	12	Six hours per day for Sixday per week	432	12
SURG 602	Surgery	12	Six hours per day for Sixday per week	432	12
OBGY 603	Obstetrics and Gynecology andFamily Medicine part one	12	Six hours per day for Sixday per week	432	12
PAED 604	Pediatrics and family medicine part two	12	Six hours per day for Sixday per week	432	12
Total		48		1728	48



Internal medicine



Six grade



Academic Program Description

This academic program description summarizes the course's most essential qualities and the learning objectives that the student is expected to attain, indicating whether he or she made advantage of all of the resources that are accessible. It includes a description of each course in the program of study.

1) Educational Establishment	University of AL-Ameed
2) Scientific Department	College of medicine
3) Name of the Professional Academic Program.	Modified Traditional Curriculum
4) Final Graduation Certificate	M.B.Ch/B
5) Educational system: Annual/courses/other	Annual
6) Approved accreditation program	Iraqi National Guideline on Standards for Established and Accrediting Medical School
7) Other external factors	• Availability of relevant scientific research in the field of specialization • Access to global electronic networks • Access to traditional and digital libraries



	• Teaching aids such as data show and PowerPoint presentations • Availability of equipped classrooms • Use of free online communication platforms (e.g., Free Conference Call)
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8) Date the description was written

15\9\2024

9) Objective of Academic Program:

1. Provide students with advanced knowledge of internal medicine, covering common and life-threatening diseases affecting various body systems.
2. Enable students to perform comprehensive medical history taking and physical examination for adult patients.
3. Train students to diagnose and manage a wide spectrum of medical conditions based on clinical reasoning and evidence-based guidelines.
4. Develop students' ability to interpret laboratory tests, imaging studies, and other diagnostic tools in internal medicine practice.
5. Prepare students to provide immediate care in medical emergencies and acute situations commonly encountered in internal medicine.
6. Promote ethical and professional behavior in patient care, respecting confidentiality, and applying patient-centered care principles.
7. Integrate basic medical sciences with clinical knowledge to support effective diagnosis and management of diseases.

10)Key Information Sources About the Program

1. Internal Medicine Course Syllabus (6th Year) – College of Medicine,



University of Al-Ameed.

2. Moodle Learning Management System for accessing lectures, case studies, and announcements.

3. Recommended textbooks (e.g., Davidson's Principles and Practice of Medicine, Harrison's Internal Medicine).

4. MacLeod's Clinical Examination , MacLeod's Clinical Diagnosis



MEDICINE \ Grade 6

Code: MEDI 601

12 Credits

TIME	8-10 Am	10-11:30 Am	11:30-12 Am	12-2 Am
DAYS				
Saturday	Round with consultant	Bedside Teaching	Rest	Seminar
Sunday	Round with consultant	ICU ECG	Rest	ICU ECG
Monday	Round with consultant	Bedside Teaching	Rest	Seminar
Tuesday	Round with consultant	Bedside Teaching	Rest	Problem solving
Wednesday	Round with consultant	Bedside Teaching	Rest	Queze/case presentation
Thursday	Round with consultant	Bedside Teaching	Rest	EM



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
(History Taking) and principle of medical ethics				
DAY 1	1-Students will be able to identify and recall the key components of a comprehensive medical history, including chief complaint, history of present illness, past medical history, medications, allergies, family, and social history 2-Students will be able to perform an accurate and structured medical history from real patients in clinical settings, applying appropriate communication skills tailored to the patient's age, gender, and clinical condition. 3-Students will be able to analyse the collected historical data to distinguish between relevant and irrelevant information, and prioritize findings that guide clinical reasoning toward a differential diagnosis. 4-Students will be able to critically evaluate their own history-taking performance through self-reflection and feedback, recognizing gaps or errors, and developing strategies for continuous improvement. 5- applied the four pillars of medical ethics in history taking Especially in sensitive situation Perform a complete and respectful patient history in a simulated setting, demonstrating informed consent and confidentiality.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
General Examination and principle of medical ethics				
DAY 2	1-Students will be able to describe the key steps and purpose of general physical examination, including vital signs and general appearance assessment. 2-Students will be able to conduct a complete general examination on real patients, using correct technique and professional bedside manners. 3-Students will be able to distinguish between normal and abnormal general examination findings and relate them to potential underlying systemic diseases. 4-Students will be able to assess the reliability and clinical significance of general signs (e.g., pallor, cyanosis, jaundice) in forming an initial diagnosis. 5.Obtain Informed Consent Introduce yourself and explain the examination clearly. Ask for the patient's permission before starting. 6.Respect Privacy and Dignity Use curtains or close the door for privacy. Only expose the area being examined; keep the rest covered. 7.Communicate Clearly and Kindly Use simple, non-technical language. Reassure the patient throughout the exam.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	8.Do No Harm (Non-maleficence) Be gentle during the examination. Stop immediately if the patient feels pain or distress. 9.Ensure Fairness (Justice) Treat all patients equally, without discrimination. Provide the same respect and care to everyone. 10.Maintain Confidentiality Do not discuss the patient's case in public areas. Keep all patient information private and secure. 11.Offer a Chaperone Always offer a chaperone during intimate or sensitive exams. Respect the patient's choice to accept or decline. 12. Student Involvement Ethics Clearly state that you are a medical student. Ask for explicit permission to examine the patient. • Respect the patient's decision if they decline.			
Chest pain				
DAY 3	1- Students will be able to list the common and life-threatening causes of chest pain, differentiating cardiac, pulmonary, gastrointestinal, and musculoskeletal origins. 2-Students will be able to obtain a focused and structured history from	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	patients with chest pain, identifying red flags that require urgent intervention. 3-Students will be able to analyze clinical features of chest pain, such as onset, character, location, radiation, and associated symptoms, to narrow down differential diagnoses.			- VIVA
Chest pain				
DAY 4	1- Students will be able to perform a targeted physical examination for patients with chest pain, focusing on cardiovascular, respiratory, and chest wall evaluation. 2-Students will be able to interpret basic investigations (ECG, chest X-ray, cardiac enzymes) in the context of chest pain to assist in clinical decision-making. 3-Students will be able to differentiate between stable and unstable chest pain presentations and appropriately escalate care when needed.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Cardiomyopathy				
DAY 5	1- Students will be able to describe the classification, etiology, and pathophysiology of cardiomyopathy, including dilated, hypertrophic, and restrictive types. 2- Students will be able to obtain a focused history and perform a relevant physical examination for patients suspected of having cardiomyopathy.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	3- Students will be able to analyze clinical findings, ECG changes, and echocardiographic data to differentiate types of cardiomyopathy. 4- Students will be able to evaluate the severity and complications of cardiomyopathy, including heart failure symptoms, arrhythmias, and risk of sudden death			
Emergency Medicine Poisoning				
DAY 6	1- Students will be able to define poisoning and describe common toxic agents (organophosphates, acetaminophen, opioids, alcohols, heavy metals) and their mechanisms of toxicity. 2- Students will be able to obtain a rapid history (substance, dose, time of exposure) and perform a focused physical exam including toxidrome recognition (e.g., cholinergic, anticholinergic, opioid). 3- Students will be able to analyze vital signs, consciousness level, pupil size, skin findings, and lab results to narrow down the suspected poison. 4- Students will be able to formulate an emergency management plan including airway support, antidote administration, monitoring, and coordination with poison control centres.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Chest pain				
DAY 7	1Students will be able to formulate an initial diagnostic and management plan for chest pain,		Small Group Lecture	-MCQ



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	integrating history, physical examination, and preliminary investigations. 2- Students will be able to evaluate risk factors and clinical findings to stratify patients presenting with chest pain into low, intermediate, or high-risk categories. 3- - Students will be able to develop patient education strategies on chest pain prevention, lifestyle modification, and medication adherence in common chronic conditions...	k/S/A		-Short answer question - OSCE - CIVA - VIVA
medical mistakes				
DAY 8	1- Students will be able to define common types of medical errors in emergency care, including diagnostic delays, medication errors, and communication failures. 2Students will be able to apply safety protocols such as checklists, timeouts, and closed-loop communication to minimize errors during emergency procedures. 3- Students will be able to recognize potential sources of error during triage, resuscitation, and high-pressure decision-making, and take corrective action in real time. 4- Students will be able to evaluate adverse outcomes through case reviews or simulations, identifying what went wrong and how similar errors can be prevented..	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
Hypertension)				
DAY 9	1- Students will be able to define hypertension, classify its stages, and describe its common causes, risk factors, and complications. 2- Students will be able to perform accurate blood pressure measurement using correct techniques in both outpatient and inpatient settings. 3- Students will be able to analyze clinical history, physical findings, and investigations to differentiate between primary and secondary hypertension. 4- Students will be able to evaluate hypertensive patients for end-organ damage, including cardiovascular, renal, neurological, and retinal complications.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
(Rhumatic fever & valvuer disease)				
DAY 10	1- Students will be able to describe the pathophysiology, diagnostic criteria (Jones criteria), and complications of rheumatic fever and valvular heart disease. 2- Students will be able to obtain a focused history and perform a cardiovascular examination to detect murmurs and signs of valvular heart disease. 3- Students will be able to interpret clinical findings and investigations (ECG, echocardiography, laboratory tests) to diagnose rheumatic fever and identify affected valves. 4- Students will be able to evaluate disease severity, complications	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	(heart failure, arrhythmias), and indications for medical or surgical intervention.			
Heart failure				
DAY 11	1- Students will be able to explain the types, stages, and risk factors of heart failure, and recognize its common clinical presentations.. 2- Students will be able to perform focused cardiovascular examination to detect signs of volume overload, pulmonary congestion, and low cardiac output. 3- Students will be able to analyze the role of investigations such as echocardiography, laboratory markers, and imaging in the diagnosis and monitoring of heart failure. 4- Students will be able to evaluate heart failure patients for acute decompensation, treatment response, and complications such as renal impairment or arrhythmias.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Emergency Medicine Electrolyte Imbalances				
DAY 12	1-Students will be able to describe the normal ranges and physiological roles of key electrolytes: sodium, potassium, calcium, magnesium, and chloride. 2-Students will be able to obtain clinical history and recognize symptoms and signs of electrolyte imbalances (e.g., muscle cramps, arrhythmias, confusion, seizures). 3-Students will be able to interpret lab values (serum electrolytes, ECG changes) and correlate them with	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	potential causes such as dehydration, renal failure, medications, or endocrine disorders. 4-Students will be able to assess the severity of electrolyte disturbances and identify red flags requiring urgent correction (e.g., hyperkalemia with ECG changes).			
History of Respiratory system + physical examination				
DAY 13	1- Students will be able to describe key symptoms of respiratory diseases including cough, dyspnea, chest pain, sputum, and hemoptysis, and their clinical relevance.. 2- Students will be able to obtain a focused and structured history from patients presenting with respiratory symptoms, adapting to acute or chronic conditions. 3- Students will be able to analyze patient history and correlate findings to likely anatomical, pathological, or systemic respiratory conditions. 4- Students will be able to evaluate physical signs such as percussion dullness, crackles, wheezes, and breath sounds, and relate them to potential diagnoses.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Cough & haemoptysis				
DAY 14	1- Students will be able to define acute and chronic cough, classify hemoptysis by severity, and list common and life-threatening underlying causes. 2- Students will be able to obtain a detailed and focused history of	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	cough and hemoptysis, including duration, sputum characteristics, and associated red flags. 3- Students will be able to analyze symptom patterns, history, and risk factors to differentiate between infectious, neoplastic, vascular, and inflammatory causes. 4- Students will be able to evaluate patients presenting with hemoptysis for signs of respiratory compromise and determine the need for urgent intervention.			- VIVA
Pleural effusion				
DAY 15	1- Students will be able to define pleural effusion, classify its types (transudate vs. exudate), and list common causes.. 2- Students will be able to perform a focused respiratory examination to identify clinical signs of pleural effusion, such as reduced breath sounds and dullness to percussion. 3 Students will be able to interpret chest X-rays, ultrasound, and pleural fluid analysis to distinguish between causes and guide management.. 4- Students will be able to assess the urgency, size, and hemodynamic impact of pleural effusion and determine the need for thoracentesis or referral.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Pneumonia (Specific pneumonias)				
DAY 16	1- Students will be able to classify pneumonia into community-acquired, hospital-acquired, aspiration, atypical, and	k/S/A	Small Group Lecture	-MCQ



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	immunocompromised-related types.. 2- Students will be able to obtain a focused history and perform a physical examination to differentiate between typical and atypical presentations of pneumonia.. 3- Students will be able to interpret clinical features, radiological findings, and laboratory results to identify the specific type and etiology of pneumonia. 4- Students will be able to assess pneumonia severity using clinical scoring systems (e.g., CURB-65) and evaluate the need for hospitalization or ICU care.			-Short answer question - OSCE - CIVA - VIVA
difference in history of Asthma & COPD and line of Management				
DAY 17	1- Students will be able to describe the pathophysiological differences between asthma and COPD, and recognize their typical clinical presentations.. 2- Students will be able to obtain a focused history that distinguishes asthma from COPD based on age of onset, symptom variability, and risk factors. 3- Students will be able to analyze key historical and physical findings to differentiate between reversible airway disease (asthma) and fixed airflow limitation (COPD). 4- Students will be able to evaluate the severity and progression of both	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	diseases using clinical criteria and spirometry results.			
Workshop " How to Read an ECG				
DAY 18	1- Students will be able to identify the standard components of a 12-lead ECG and describe normal values for rate, rhythm, intervals, and axis.. 2 Students will be able to systematically interpret ECGs using a step-by-step approach: rate, rhythm, axis, intervals, waves, and segments. 3- Students will be able to recognize abnormal ECG findings such as arrhythmias, ischemic changes, hypertrophy, and electrolyte disturbances. 4- Students will be able to evaluate ECG patterns in the context of clinical presentation to support or refute urgent diagnoses like MI, PE, or hyperkalemia.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Cor pulmonale, pulmonary hypertension				
DAY 19	1- Students will be able to define cor pulmonale and pulmonary hypertension, and describe their pathophysiology, classification, and common causes. 2- Students will be able to obtain a focused history and perform physical examination to identify symptoms and signs of right heart failure and pulmonary hypertension. 3- Students will be able to analyze ECG, chest X-ray, echocardiography, and right heart	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	catheterization findings for the diagnosis of cor pulmonale and pulmonary hypertension. 4- Students will be able to evaluate disease severity, functional status, and prognosis using clinical findings and international classification systems (e.g., WHO groups)..			
Obstructive sleep apnea				
DAY 20	1- Students will be able to define obstructive sleep apnea and explain its pathophysiology, risk factors, and associated complications. 2- Students will be able to obtain a detailed sleep history and recognize clinical features suggestive of OSA, including snoring, daytime sleepiness, and witnessed apneas.. 3- Students will be able to identify high-risk patients and interpret basic diagnostic tools such as STOP-BANG questionnaire and polysomnography reports.. 4- Students will be able to evaluate the severity of OSA and its impact on comorbidities such as hypertension, heart failure, and metabolic syndrome..	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Abdominal pain				
DAY 21	1- Students will be able to describe the anatomical regions of the abdomen and classify abdominal pain by type (visceral, parietal, referred) and location. 2- Students will be able to obtain a comprehensive history of abdominal pain, including onset, site,	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	character, radiation, and aggravating or relieving factors. 3- Students will be able to analyze clinical features to differentiate between surgical, medical, gastrointestinal, urological, and gynecological causes of abdominal pain.. 4- Students will be able to evaluate the need for urgent investigations (laboratory tests, imaging) based on red flags such as guarding, rebound tenderness, or hypotension.			
Chronic liver disease				
DAY 22	1- Students will be able to define chronic liver disease and describe its common causes, such as viral hepatitis, alcohol, NAFLD, and autoimmune conditions.. 2- Students will be able to take a detailed history and perform a focused physical examination to identify signs of chronic liver dysfunction and portal hypertension.. 3- Students will be able to interpret liver function tests, imaging, and serologic markers to diagnose and assess the severity of chronic liver disease. 4- Students will be able to evaluate patients for complications including ascites, hepatic encephalopathy, variceal bleeding, and hepatocellular carcinoma.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Liver failure				



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
DAY 23	1- Students will be able to define acute and chronic liver failure, and describe the common etiologies such as viral hepatitis, drug toxicity, and cirrhosis decompensation.. 2- Students will be able to obtain a focused history and identify key clinical signs such as jaundice, altered mental status, and bleeding tendency. 3- Students will be able to interpret liver function tests, INR, ammonia levels, and imaging to confirm liver failure and assess its severity. 4- Students will be able to evaluate complications such as hepatic encephalopathy, coagulopathy, hepatorenal syndrome, and determine the need for ICU admission.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Emergency Drug Administration				
DAY 24	1-Students will be able to list commonly used emergency drugs (e.g., adrenaline, atropine, naloxone, amiodarone, glucose, calcium gluconate) and describe their mechanisms of action. 2-Students will be able to identify clinical situations where emergency drugs are indicated, such as cardiac arrest, bradycardia, anaphylaxis, or hypoglycemia. 3-Students will be able to calculate appropriate doses and routes of administration for emergency medications, considering patient age, weight, and urgency. 4-Students will be able to implement emergency drug	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	protocols (e.g., ACLS algorithms), coordinate with team members, and document administration accurately in emergencies.			
Inflammatory bowel disease				
DAY 25	1- Students will be able to describe the pathophysiology, clinical features, and key differences between Crohn's disease and ulcerative colitis. 2- Students will be able to take a detailed history and perform a relevant examination to identify symptoms suggestive of IBD, including extraintestinal manifestations.. 3- Students will be able to analyze laboratory tests, stool studies, endoscopy findings, and imaging to support the diagnosis and classification of IBD. 4- Students will be able to assess disease severity, monitor response to therapy, and identify complications such as strictures, fistulas, and dysplasia.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Pancreatitis				
DAY 26	1- Students will be able to define acute pancreatitis, describe its common causes (gallstones, alcohol, drugs), and explain its pathophysiology.. 2- Students will be able to obtain a focused history and perform physical examination to identify symptoms such as epigastric pain	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	radiating to the back, nausea, and vomiting.. 3- Students will be able to interpret diagnostic tests including serum amylase/lipase, abdominal ultrasound, and CT scan to confirm the diagnosis and assess severity. 4- Students will be able to evaluate disease severity using scoring systems (Ranson's, BISAP), monitor for complications, and determine need for ICU admission.			
Fluid Management in Emergency				
DAY 27	1- Students will be able to list types of IV fluids (crystalloids, colloids) and describe their indications, composition, and distribution in body compartments. 2- Students will be able to assess fluid status using clinical signs (e.g., BP, pulse, capillary refill, skin turgor, urine output) and select appropriate fluids based on the clinical scenario. 3- Students will be able to differentiate between hypovolemic, distributive, and cardiogenic shock and choose tailored fluid strategies accordingly.. 4- Students will be able to evaluate response to fluid resuscitation using vital signs, urine output, CVP (if available), and avoid complications like fluid overload or electrolyte imbalance.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Gallbladder diseases				



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
DAY 28	1- Students will be able to define and differentiate gallbladder diseases including cholelithiasis, acute cholecystitis, choledocholithiasis, and gallstone pancreatitis. 2- Students will be able to take a focused history and perform abdominal examination to identify right upper quadrant pain, Murphy's sign, fever, and jaundice. 3- Students will be able to interpret laboratory tests (LFTs, WBCs, amylase/lipase) and imaging findings (ultrasound, MRCP, CT) for diagnosing gallbladder pathology. 4- Students will be able to assess disease severity, identify complications such as gallbladder perforation or cholangitis, and determine need for hospitalization or surgery.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Approach to patient with diarrhoea				
DAY 29	1- Students will be able to classify diarrhea based on duration (acute vs chronic) and mechanism (secretory, osmotic, inflammatory, or malabsorptive).. 2- Students will be able to take a focused history of diarrhea, addressing onset, frequency, stool characteristics, associated symptoms, and risk factors. 3- Students will be able to analyze clinical features and differentiate between infectious, inflammatory,	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	drug-induced, and functional causes of diarrhea.. 4- Students will be able to evaluate patients for signs of dehydration, electrolyte imbalance, and systemic involvement requiring urgent intervention..			
emergencies related to RES & CVS				
DAY 30	1- Students will be able to list common emergencies of the respiratory (e.g., asthma, pneumothorax, PE, ARDS) and cardiovascular systems (e.g., ACS, arrhythmias, cardiac tamponade). 2- Students will be able to assess airway, breathing, and circulation rapidly in an emergency using the ABC approach and recognize signs of respiratory or cardiac compromise. 3- Students will be able to interpret vital signs, ECGs, ABGs, chest X-rays, and bedside ultrasound to identify and differentiate between major RES/ CVS emergencies.. 4- Students will be able to evaluate the urgency and severity of conditions such as MI, tension pneumothorax, or heart failure and determine the need for ICU or advanced interventions.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Approach to patient with constipation and IBS				
DAY 31	1- Students will be able to define constipation and IBS, describe their pathophysiology, subtypes, and	k/S/A	Small Group Lecture	-MCQ -Short answer question



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	distinguish functional from organic causes.. 2- Students will be able to obtain a detailed history of bowel habits, red flag symptoms, dietary factors, and stress-related triggers in patients with constipation or IBS.. 3- Students will be able to differentiate IBS from other causes of altered bowel habits using Rome IV criteria, and identify alarm features suggesting organic disease. 4- Students will be able to evaluate the need for investigations such as stool tests, colonoscopy, or imaging in patients with chronic constipation or IBS symptoms..			- OSCE - CIVA - VIVA
Malabsorption				
DAY 32	1- Students will be able to define malabsorption syndrome, describe its pathophysiology, and list common causes such as celiac disease, pancreatic insufficiency, and bile salt deficiency.. 2- Students will be able to obtain a detailed history focusing on diarrhea, weight loss, nutritional deficiencies, and risk factors for malabsorption.. 3- Students will be able to interpret laboratory tests, stool studies, imaging, and endoscopy findings to diagnose malabsorption and identify its underlying cause. 4- Students will be able to assess the severity of malabsorption by evaluating clinical signs of vitamin	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	and mineral deficiencies (anemia, edema, bone disease)..			
Emergencies involving ENDO & CNS				
DAY 33	1- Students will be able to list major ENDO emergencies (DKA, HHS, myxedema coma, adrenal crisis) and CNS emergencies (status epilepticus, stroke, meningitis, raised ICP). 2- Students will be able to assess vital signs, consciousness level (GCS), pupillary response, and signs of metabolic/endocrine instability in emergency settings. 3- Students will be able to differentiate between CNS and ENDO causes of altered mental status using history, labs (e.g. glucose, cortisol, TSH), and neuroimaging. 4- Students will be able to evaluate severity using tools like NIH Stroke Scale, GCS, and biochemical markers; and identify red flags such as hypotension, seizures, or coma.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
UTI, Pyelonephritis, renal stones				
DAY 34	1- Students will be able to describe the pathophysiology, risk factors, and common causative organisms of UTI, pyelonephritis, and renal stones. 2- Students will be able to obtain a focused history and perform physical examination to differentiate between lower UTI,	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	upper UTI (pyelonephritis), and renal colic.. 3- Students will be able to interpret urine analysis, culture, imaging (ultrasound, CT KUB), and laboratory tests to support diagnosis and guide management. 4- Students will be able to assess the severity of infection or obstruction and evaluate the need for hospitalization, antibiotics, or urological intervention..			
Chronic Kidney diseases				
DAY 35	1- Students will be able to define chronic kidney disease, explain its staging based on eGFR, and list common causes such as diabetes and hypertension. 2- Students will be able to obtain a focused history and perform physical examination to identify symptoms and signs of CKD and its complications. 3- Students will be able to interpret laboratory tests (eGFR, creatinine, electrolytes, urinalysis) and imaging to diagnose and monitor CKD progression.. 4- Students will be able to assess patients for complications of CKD including anemia, mineral bone disease, electrolyte imbalance, and cardiovascular risk.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
neck lump (thyroid diseases)				
DAY 36	1- Students will be able to classify neck lumps based on anatomical location and list common causes	k/S/A	Small Group Lecture	-MCQ



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	such as lymphadenopathy, thyroid swelling, cysts, and tumors. 2- Students will be able to obtain a focused history of neck lump including duration, progression, pain, systemic symptoms, and risk factors for malignancy. 3- Students will be able to perform a systematic neck examination assessing site, size, consistency, mobility, tenderness, and relation to surrounding structures. 4- Students will be able to evaluate the need for investigations including blood tests, ultrasound, FNAC (Fine Needle Aspiration Cytology), or biopsy.			-Short answer question - OSCE - CIVA - VIVA
Cushing syndrome				
DAY 37	1- Students will be able to define Cushing syndrome, describe its pathophysiology, and list common causes such as exogenous steroids, adrenal tumors, and pituitary adenomas.. 2- Students will be able to obtain a detailed history and perform a focused examination to identify clinical features such as moon face, central obesity, striae, and proximal muscle weakness. 3- Students will be able to interpret screening tests (overnight dexamethasone suppression, 24-hour urinary cortisol, late-night salivary cortisol) to confirm hypercortisolism..	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	4- Students will be able to differentiate between ACTH-dependent and ACTH-independent causes of Cushing syndrome using laboratory and imaging studies.			
DM				
DAY 38	1- Students will be able to define type 1 and type 2 diabetes, describe insulin physiology, and list risk factors, symptoms, and diagnostic criteria. 2- Students will be able to obtain a complete history and perform a physical exam to identify symptoms, complications, and lifestyle factors in diabetic patients.. 3 Students will be able to interpret blood glucose levels, HbA1c, and other diagnostic tests to confirm diabetes and assess glycemic control. 4- Students will be able to evaluate patients for chronic complications including neuropathy, nephropathy, retinopathy, and macrovascular disease. .	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Hypopituitarism, pituitary adenoma and acromegaly				
DAY 39	1- Students will be able to describe the anatomy and function of the pituitary gland and list common causes of hypopituitarism and pituitary tumors. 2- Students will be able to obtain a focused history and perform physical examination to detect	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	symptoms of hormone deficiency or excess (e.g., acromegaly features). 3- Students will be able to interpret hormonal assays (TSH, ACTH, GH, prolactin, cortisol) and imaging (MRI) for the diagnosis of pituitary disorders. 4- Students will be able to evaluate the type of pituitary adenoma (functioning vs non-functioning) and assess for mass effect symptoms like visual field defects.			
approach to anemia (IDA, megaloblastic, anemia of chronic disease)				
DAY 40	1- Students will be able to define anemia, classify it based on mean corpuscular volume (MCV), and describe its common causes (iron deficiency, chronic disease, hemolysis, megaloblastic). 2- Students will be able to obtain a focused history and perform physical examination to identify symptoms and signs suggestive of anemia and its possible cause. 3- Students will be able to interpret complete blood count (CBC), peripheral blood smear, iron studies, vitamin B12, folate levels, and hemolysis markers for anemia evaluation. 4 Students will be able to differentiate between microcytic, normocytic, and macrocytic anemia, and assess the severity and urgency of treatment.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
adrenal insufficiency				



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
DAY 41	1- Students will be able to define adrenal insufficiency, distinguish between primary (Addison's disease) and secondary causes, and explain basic adrenal hormone physiology. 2- Students will be able to take a focused history and perform physical examination to identify symptoms like fatigue, hypotension, hyperpigmentation, and salt craving. 3- Students will be able to interpret diagnostic tests such as serum cortisol, ACTH, electrolytes, and perform ACTH stimulation testing for confirmation.. 4- Students will be able to assess the severity of adrenal insufficiency and recognize adrenal crisis, including precipitating factors and life-threatening complications..	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Nephrology AKI				
DAY 42	1- Students will be able to define AKI, describe its stages based on KDIGO criteria, and classify its causes into pre-renal, intrinsic, and post-renal categories.. 2- Students will be able to obtain a focused history and perform physical examination to identify risk factors and clinical signs of AKI such as oliguria or fluid overload.. 3- Students will be able to interpret laboratory tests (creatinine, urea, electrolytes), urinalysis, and imaging (renal ultrasound) to	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	identify the cause and severity of AKI.. 4- Students will be able to assess the need for urgent intervention such as fluid resuscitation, electrolyte correction, avoiding nephrotoxic drugs, or relieving obstruction.			
Comparison between DKA & HONK				
DAY 43	1- Students will be able to define DKA and HHS, describe their pathophysiology, and list their precipitating factors and diagnostic criteria. 2- Students will be able to obtain a focused history and perform clinical examination to differentiate between DKA and HHS based on symptoms and signs. 3- Students will be able to interpret laboratory investigations including blood glucose, ketones, blood gas analysis, serum osmolarity, and electrolyte levels. 4- Students will be able to assess the severity of dehydration, electrolyte imbalance, and acidosis in patients with DKA or HHS and recognize complications.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
" Using ABG analysis, CXR and pulmonary function tests				
DAY 44	1- Students will be able to describe the principles of ABG interpretation, chest X-ray views, and pulmonary function test	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	parameters (FEV1, FVC, FEV1/FVC ratio).. 2- Students will be able to apply a stepwise approach to interpret ABG results including pH, PaCO₂, HCO₃, oxygenation status, and acid-base disorders. 3- Students will be able to analyze chest X-ray findings to differentiate between normal, consolidation, pleural effusion, pneumothorax, and cardiomegaly. 4- Students will be able to evaluate pulmonary function test results to differentiate between obstructive, restrictive, and mixed lung diseases.			- CIVA - VIVA
Gastrointestinal Emergencies				
DAY 45	1-Students will be able to list major GI emergencies such as upper/lower GI bleeding, perforated ulcer, acute pancreatitis, bowel obstruction, and peritonitis. 2-Students will be able to perform a focused history and abdominal exam to identify red flags including hematemesis, melena, abdominal rigidity, distension, and absent bowel sounds. 3-Students will be able to interpret laboratory tests (CBC, amylase/lipase, LFTs) and imaging (X-ray, USG, CT) to localize and classify the GI emergency. 4-Students will be able to develop an initial management plan including NPO status, IV fluids, blood transfusion, analgesia, PPIs, antibiotics, and urgent referral for endoscopy or surgery.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
Cranial nerves				
DAY 46	1- Students will be able to identify all 12 cranial nerves, describe their anatomical course, and summarize their motor, sensory, and parasympathetic functions. 2- Students will be able to perform a systematic cranial nerve examination, including tests for smell, vision, facial symmetry, tongue movement, and gag reflex. 3- Students will be able to analyze abnormal cranial nerve findings to localize neurological lesions (e.g., brainstem vs peripheral nerve pathology). 4- Students will be able to evaluate cranial nerve deficits in the context of conditions such as stroke, tumors, infections, and increased intracranial pressure..	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Dysphasia, Dysarthria, bulber & pseudobulber				
DAY 47	1- Students will be able to define dysphasia, dysarthria, bulbar palsy, and pseudobulbar palsy, and describe their anatomical localization and main causes. 2- Students will be able to perform a detailed neurological examination to assess speech, articulation, swallowing, gag reflex, and tongue movements. 3- Students will be able to differentiate between dysphasia (language problem) and dysarthria (motor speech problem) based on history and examination findings..	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	4- Students will be able to evaluate clinical features that differentiate bulbar palsy (LMN lesion) from pseudobulbar palsy (UMN lesion), including emotional lability and tongue findings..			
epilepsy + meningeal irritation				
DAY 48	1- Students will be able to define epilepsy and list types of seizures, and describe the pathophysiology and common causes of meningeal irritation. 2- Students will be able to obtain a detailed history for seizure events and assess for meningeal signs such as neck stiffness, Kernig's, and Brudzinski's signs. 3- Students will be able to differentiate between seizure types (focal vs generalized) and between epilepsy and other causes of altered consciousness.. 4- Students will be able to evaluate investigations including EEG, neuroimaging, lumbar puncture, and CSF analysis for diagnosing epilepsy or meningitis.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
stroke +facial weakness +paraplegia & hemiplegia				
DAY 49	1- Students will be able to define stroke, paraplegia, hemiplegia, and facial palsy, and describe their underlying neuroanatomical and vascular basis. 2- Students will be able to perform a focused neurological exam to assess motor power, tone, reflexes, facial asymmetry, and localize upper vs lower motor neuron lesions.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	3- Students will be able to distinguish between UMN facial palsy (spares forehead) and LMN palsy (e.g. Bell's palsy), and differentiate stroke from mimics. 4- Students will be able to interpret neuroimaging (CT/MRI) and clinical patterns to localize stroke (anterior vs posterior circulation) and assess its severity.			
Communication Skills				
DAY 50	1-Students will be able to describe the key elements of effective communication including active listening, open-ended questioning, empathy, and appropriate body language. 2-Students will be able to conduct clear, patient-centered conversations during history taking, informed consent, delivering bad news, and shared decision-making. 3-Students will be able to identify communication barriers (e.g., language, emotions, cultural factors) and modify their approach to ensure patient understanding and comfort. 4-Students will be able to evaluate their own communication skills through feedback and reflection, and recognize ineffective or unprofessional interactions in clinical scenarios.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Findings of Upper Motor Neurone Lesion				
DAY 51	1- Students will be able to define upper motor neuron lesion and describe its anatomical pathway from the motor cortex to the spinal cord.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	2- Students will be able to perform a detailed neurological examination to assess muscle tone, power, reflexes, and identify signs of UMN lesion.. 3- Students will be able to differentiate UMNL from lower motor neuron lesion (LMNL) based on clinical features such as spasticity, hyperreflexia, and Babinski sign.. 4- Students will be able to localize the UMN lesion site (cortical, brainstem, spinal cord) using clinical findings and correlate with imaging studies.			- CIVA - VIVA
Neurology review				
DAY 52	1- Students will be able to classify stroke types (ischemic vs hemorrhagic), perform neurological examination, interpret CT/MRI, and develop acute and long-term management plans.. 2- Students will be able to differentiate between upper motor neuron and lower motor neuron facial palsy, perform relevant examination, and list common causes (Bell's palsy, stroke, tumor). 3- Students will be able to compare clinical features of UMNL (spasticity, hyperreflexia, Babinski) vs LMNL (hypotonia, atrophy, fasciculations) and localize lesions accordingly.. 4- Students will be able to classify seizure types, recognize clinical presentations, interpret EEG	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	findings, and plan initial and long-term management for epilepsy.			
Abnormal Liver Function Tests				
DAY 53	1- Students will be able to list the components of liver function tests (AST, ALT, ALP, GGT, bilirubin, albumin, INR) and describe their normal values. 2- Students will be able to obtain a focused history and perform clinical examination to correlate LFT abnormalities with possible hepatic, biliary, or systemic disease.. 3- Students will be able to interpret abnormal LFT patterns to differentiate between hepatocellular injury (high AST/ALT), cholestasis (high ALP/GGT), and synthetic dysfunction (low albumin, high INR).. 4- Students will be able to assess for common causes of LFT abnormalities including viral hepatitis, alcohol, fatty liver disease, biliary obstruction, and drug-induced liver injury.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Dermatology emergency				
DAY 54	1 Students will be able to list common dermatologic emergencies including SJS/TEN, anaphylaxis with angioedema, necrotizing fasciitis, and meningococemia.. 2- Students will be able to recognize key clinical signs such as widespread blistering, mucosal involvement, non-blanching	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



DAY	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	purpura, and rapidly spreading cellulitis. 3- Students will be able to differentiate between dermatologic emergencies and benign rashes by analyzing lesion morphology, distribution, systemic symptoms, and onset.. 4- Students will be able to assess the severity of dermatologic emergencies, monitor for systemic involvement, and identify when urgent referral to ICU or burn unit is needed.			
Psychiatric Emergencies				
DAY 55	1- Students will be able to list common psychiatric emergencies including suicidal ideation, acute psychosis, violent behavior, panic attacks, and serotonin syndrome. 2- Students will be able to obtain a focused psychiatric history and perform mental status examination to assess suicide risk, psychosis, and danger to self or others. 3- Students will be able to differentiate between medical and psychiatric causes of altered behavior (e.g., delirium vs psychosis) using clinical features and basic investigations.. 4- Students will be able to assess the urgency and severity of psychiatric symptoms and identify patients requiring immediate intervention, observation, or involuntary admission..	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



Seminar

	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Student name
1-Chest pain				
	1- Students will be able to describe the major causes of chest pain including cardiac, pulmonary, gastrointestinal, musculoskeletal, and psychogenic origins. 2- Students will be able to obtain a focused history using the SOCRATES approach (Site, Onset, Character, Radiation, etc.) and perform relevant physical examination. 3- Students will be able to differentiate between life-threatening causes such as myocardial infarction,	k/S/A	Small Group Lecture	



	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Student name
	pulmonary embolism, aortic dissection, and tension pneumothorax. 4- Students will be able to assess ECG, cardiac enzymes, chest X-ray, and D-dimer results to guide clinical decision-making in patients with chest pain.			
SOB				
	1- Students will be able to define dyspnea and list its major causes including cardiac, respiratory, metabolic, neuromuscular, and psychogenic origins. 2- Students will be able to take a focused history and perform respiratory and cardiovascular examination to assess the severity and possible cause of SOB. 3- Students will be able to differentiate between acute and chronic dyspnea, and identify red flags suggesting conditions like pulmonary embolism, heart failure, or pneumothorax.. 4- Students will be able to interpret ABG, chest X-ray, ECG, and oxygen saturation to evaluate the underlying cause and degree of respiratory compromise..	k/S/A	Small Group Lecture	
Cough				
	1- Students will be able to define acute, subacute, and chronic cough, and list the common causes based on	k/S/A	Small Group Lecture	



	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Student name
	duration and associated clinical features. 2- Students will be able to obtain a detailed history of cough focusing on onset, duration, character (dry vs productive), associated symptoms, and triggering factors. 3- Students will be able to differentiate between upper respiratory, lower respiratory, gastrointestinal (GERD), cardiac, and drug-induced causes of cough. 4- Students will be able to assess the need for investigations such as chest X-ray, sputum analysis, CBC, PFT, or ENT referral in patients with persistent cough.			
Hemoptysis				
	1- Students will be able to define hemoptysis, differentiate it from hematemesis and pseudohemoptysis, and list its common causes (e.g., TB, bronchitis, malignancy, PE).. 2- Students will be able to obtain a focused history and perform physical examination to assess the amount, frequency, and associated symptoms of hemoptysis. 3- Students will be able to distinguish between massive and non-massive hemoptysis and analyze clinical findings to identify life-threatening causes. 4- Students will be able to evaluate chest X-ray, CBC, coagulation profile, sputum tests, and CT	k/S/A	Small Group Lecture	



	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Student name
	chest/bronchoscopy results in the diagnostic workup of hemoptysis..			
clubbing				
	1- Students will be able to define digital clubbing and describe its grades, examination techniques (Schamroth's sign), and pathophysiological mechanisms. 2- Students will be able to perform proper physical examination of the fingers and toes to detect and confirm the presence of clubbing. 3- Students will be able to differentiate true clubbing from other nail deformities and correlate it with underlying systemic diseases. 4- Students will be able to evaluate the most common causes of clubbing including pulmonary (bronchiectasis, lung cancer), cardiac (cyanotic heart disease), and gastrointestinal (cirrhosis, IBD).	k/S/A	Small Group Lecture	
Abdominal pain				
	1- Students will be able to describe the classification of abdominal pain (visceral, parietal, referred) and list common causes based on quadrant location.. 2- Students will be able to obtain a detailed history using the SOCRATES approach and perform a thorough abdominal examination to localize the pain. 3- Students will be able to interpret pain patterns and associated symptoms to differentiate between	k/S/A	Small Group Lecture	



	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Student name
	surgical and non-surgical causes of abdominal pain. 4- Students will be able to evaluate the urgency of abdominal pain using red flags (e.g. rebound tenderness, rigidity, hypotension) and appropriate investigations..			
Acute diarrhea				
	1- Students will be able to define acute diarrhea (duration < 14 days) and list its common causes including infectious, inflammatory, drug-induced, and food-related.. 2- Students will be able to obtain a focused history assessing stool characteristics, frequency, travel history, dietary intake, associated symptoms, and dehydration signs. 3- Students will be able to differentiate between non-inflammatory (watery) and inflammatory (bloody/mucoid) diarrhea based on clinical presentation and risk factors. 4- Students will be able to assess the need for investigations including stool examination, culture, CBC, electrolytes, and identify indications for admission or referral.	k/S/A	Small Group Lecture	
Chronic diarrhea				
	1- Students will be able to define chronic diarrhea and describe its pathophysiological classifications: secretory, osmotic, inflammatory, fatty, and functional.. 2- Students will be able to take a detailed history including stool features, dietary habits, medications,	k/S/A	Small Group Lecture	



	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Student name
	travel, and associated symptoms like weight loss or fever. 3- Students will be able to distinguish between functional and organic causes of chronic diarrhea, and identify red flag signs requiring urgent evaluation (e.g., bleeding, anemia, malnutrition). 4- Students will be able to interpret stool studies, CBC, CRP, thyroid function, and endoscopic findings			
GIT Bleeding				
	1- Students will be able to classify GIT bleeding into upper and lower GIT bleeding and list the common causes of each. 2- Students will be able to obtain a focused history (hematemesis, melena, hematochezia) and perform a physical examination to assess bleeding severity and hemodynamic status. 3- Students will be able to differentiate between upper and lower GIT bleeding based on clinical presentation, nasogastric tube findings, and risk factors. 4- Students will be able to evaluate the need for urgent investigations such as CBC, coagulation profile, endoscopy, colonoscopy, and imaging to localize the bleeding source.	k/S/A	Small Group Lecture	
Jaundice				



	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Student name
	1- Students will be able to define jaundice and classify it into pre-hepatic, hepatic, and post-hepatic causes based on bilirubin metabolism. 2- Students will be able to obtain a detailed history (onset, color of urine/stool, itching, medications, risk factors) and perform a focused physical examination. 3- Students will be able to distinguish between conjugated and unconjugated hyperbilirubinemia using clinical and laboratory findings. 4- Students will be able to evaluate LFTs, CBC, ultrasound, and viral markers to identify the underlying cause and severity of jaundice..	k/S/A	Small Group Lecture	
Hematuria				
	1- Students will be able to define hematuria, differentiate between microscopic and macroscopic hematuria, and list its common renal and urological causes. 2- Students will be able to obtain a focused history to assess risk factors (stones, infection, malignancy, trauma) and perform abdominal and urological examination. 3- Students will be able to distinguish glomerular hematuria (associated with proteinuria, casts) from non-glomerular hematuria based on clinical and laboratory findings. 4- Students will be able to interpret urinalysis, urine microscopy, renal	k/S/A	Small Group Lecture	



	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Student name
	function tests, imaging (ultrasound/CT KUB), and cystoscopy when indicated.			
AKI VS CKD				
	1- Students will be able to define AKI and CKD, describe their diagnostic criteria (KDIGO), and identify key differences in onset, duration, and pathophysiology. 2- Students will be able to obtain a detailed history and assess clinical features to differentiate between AKI (sudden) and CKD (progressive, with signs like anemia or bone disease). 3- Students will be able to analyze trends in serum creatinine, eGFR, and urine output, and review previous labs or imaging to identify chronicity or acute insult. 4- Students will be able to interpret findings such as small shrunken kidneys on ultrasound (CKD) or normal-sized kidneys in AKI, and evaluate reversible causes.	k/S/A	Small Group Lecture	
Polyuria				
	1- Students will be able to define polyuria (>3 liters/day) and list its common causes including diabetes mellitus, diabetes insipidus, and osmotic diuresis. 2- Students will be able to obtain a focused history to assess onset, duration, associated symptoms (thirst, weight loss), and possible risk factors.	k/S/A	Small Group Lecture	



	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Student name
	3- Students will be able to differentiate between water diuresis (low urine osmolality) and solute diuresis (high urine osmolality) using clinical and laboratory data. 4- Students will be able to interpret laboratory investigations including blood glucose, electrolytes, serum and urine osmolality, and perform a water deprivation test if indicated.			
Loss of weight				
	1- define unintentional weight loss and list its common causes including malignancy, endocrine disorders, GI diseases, infections, and psychiatric conditions. 2- obtain a detailed history focusing on appetite, dietary intake, systemic symptoms (fever, night sweats), and psychosocial factors. 3- analyze symptom patterns and risk factors to narrow down differentials such as hyperthyroidism, tuberculosis, cancer, or depression.. 4- interpret basic investigations to evaluate the underlying cause and severity. .	k/S/A	Small Group Lecture	
Endocrine emergencies				
	1- Students will be able to list common endocrine emergencies including diabetic ketoacidosis (DKA), hyperosmolar hyperglycemic state (HHS), thyroid storm, myxedema coma, adrenal crisis, and hypoglycemia..	k/S/A	Small Group Lecture	



	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Student name
	2- Students will be able to obtain a focused history and perform physical examination to identify early warning signs of endocrine emergencies (e.g., hypotension, dehydration, altered mental status). 3- Students will be able to interpret relevant laboratory tests (glucose, electrolytes, cortisol, thyroid hormones, ABG) to differentiate between endocrine emergencies.			
Pallor & Pancytopenia				
	1- Students will be able to define pallor and pancytopenia, describe their pathophysiology, and list common causes such as iron deficiency, aplastic anemia, leukemia, and megaloblastic anemia. 2- Students will be able to obtain a focused history (fatigue, bleeding, infections, diet, medications) and perform a complete physical examination to assess for signs of pallor and pancytopenia. 3- Students will be able to differentiate between isolated anemia and pancytopenia using CBC findings and correlate with possible bone marrow suppression or infiltration. 4- Students will be able to interpret CBC, peripheral smear, reticulocyte count, vitamin B12/folate levels, and consider bone marrow biopsy in persistent or unexplained pancytopenia..	k/S/A	Small Group Lecture	
Bleeding tendency				



	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Student name
	1- Students will be able to define bleeding tendency and classify its causes into platelet disorders, coagulation factor deficiencies, vascular causes, and combined disorders.. 2- Students will be able to obtain a focused history including type of bleeding (skin, mucosa, joints), drug history (anticoagulants), family history, and systemic symptoms. 3- Students will be able to differentiate between platelet-type bleeding (petechiae, mucosal) and coagulation-type bleeding (deep tissue, joints) using clinical features and laboratory tests. 4- Students will be able to interpret CBC (platelets), PT, aPTT, bleeding time, clotting factor assays, and evaluate for specific conditions like ITP, hemophilia, or DIC.	k/S/A	Small Group Lecture	
Lymphadenopathy				
	1- Students will be able to define lymphadenopathy and classify it based on size, location, duration, and causes including infectious, malignant, and autoimmune conditions.. 2- Students will be able to take a focused history (duration, associated symptoms, TB exposure, weight loss, night sweats) and perform a systematic lymph node examination. 3- Students will be able to distinguish between localized and generalized	k/S/A	Small Group Lecture	



	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Student name
	lymphadenopathy and correlate clinical findings with likely etiology.. 4- Students will be able to interpret laboratory tests (CBC, ESR, serology), imaging (ultrasound, CT), and indications for lymph node biopsy or FNAC..			
PUO				
	1- Students will be able to define PUO as fever >3 weeks with no diagnosis after initial evaluation, and list its major causes: infections, malignancy, autoimmune, and miscellaneous. 2- Students will be able to obtain a detailed history (travel, TB contact, occupational, systemic symptoms) and perform full systemic examination to guide diagnosis. 3- Students will be able to differentiate between common infectious and non-infectious causes of PUO based on clinical clues and preliminary investigations. 4- Students will be able to interpret laboratory results (CBC, ESR/CRP, cultures, serology) and imaging (USG, CT scan) to localize the source of fever.	k/S/A	Small Group Lecture	
Headache				
	1- Students will be able to classify headache types into primary (migraine, tension, cluster) and secondary (raised ICP, meningitis, SAH) and describe their typical features.. 2- Students will be able to take a focused history assessing onset,	k/S/A	Small Group Lecture	



	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Student name
	duration, character, associated symptoms, and perform a neurological and systemic examination. 3- Students will be able to distinguish between benign and life-threatening headaches using red flag symptoms such as sudden onset, fever, neurological deficits, or age >50. 4- Students will be able to evaluate the need for investigations including fundus exam, CT/MRI brain, lumbar puncture, and blood tests to identify the underlying cause.			
Disturbed consciousness				
	1- Students will be able to define levels of consciousness (confusion, delirium, stupor, coma) and list common causes of altered mental status (metabolic, structural, toxic, infectious). 2- Students will be able to obtain a focused history from family or witnesses and perform an initial rapid neurological and systemic examination.. 3- Students will be able to differentiate between structural causes (stroke, head injury) and metabolic causes (hypoglycemia, electrolyte imbalance, hepatic encephalopathy). 4- Students will be able to interpret investigations including blood glucose, electrolytes, ABG, toxicology screen, CT brain, and lumbar puncture where indicated.	k/S/A	Small Group Lecture	
Hemiplegia				



	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Student name
	1- Students will be able to define hemiplegia and describe its common causes including stroke, brain tumor, trauma, spinal cord lesions, and demyelinating diseases. 2- Students will be able to perform a detailed neurological examination assessing motor power, tone, reflexes, and sensory function to confirm and localize hemiplegia. 3- Students will be able to differentiate upper motor neuron hemiplegia from lower motor neuron weakness using clinical signs such as spasticity, hyperreflexia, and Babinski sign. 4- Students will be able to interpret relevant investigations including CT brain, MRI, vascular studies, and laboratory tests to identify the cause and extent of hemiplegia.	k/S/A	Small Group Lecture	
Vertigo				
	1- Students will be able to define vertigo and differentiate it from dizziness, listing common causes including peripheral (inner ear) and central (brainstem/cerebellar) causes. 2- Students will be able to obtain a focused history assessing onset, duration, triggering factors, associated symptoms (hearing loss, tinnitus, diplopia). 3- Students will be able to differentiate between peripheral vertigo (BPPV, vestibular neuritis, Meniere's disease) and central vertigo	k/S/A	Small Group Lecture	



	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Student name
	(stroke, multiple sclerosis) based on clinical findings. 4- Students will be able to perform relevant examination including Dix-Hallpike maneuver, cerebellar testing, and assess for red flags suggesting central causes.			
Systemic involvement in rheumatology				
	1- Students will be able to list systemic rheumatologic diseases (SLE, RA, systemic sclerosis, vasculitis) and describe the common organ systems they affect. 2- Students will be able to identify patterns of systemic involvement such as skin rash, renal involvement, lung fibrosis, cardiac disease, and hematologic abnormalities. 3- Students will be able to evaluate laboratory markers (ANA, dsDNA, RF, ANCA, complement levels) and imaging findings to assess the extent of systemic involvement. 4- Students will be able to develop a multidisciplinary management plan for systemic rheumatologic diseases, including immunosuppressive therapy, organ-specific treatment, and regular monitoring.	k/S/A	Small Group Lecture	



Emergency Medicine – Clinical Rotation

Stage:

Sixth Year /

Duration:

6 Weeks — Every Tuesday (from 11:00 AM to 2:00 PM)

Location:

Emergency Department – Teaching Hospital

Course Description:

This clinical rotation is designed to provide sixth-year medical students with essential knowledge and practical skills in Emergency Medicine. The course focuses on the initial approach to critically ill patients, resuscitation techniques, and emergency management protocols. Students will be exposed to real-life emergency cases and trained on immediate life-saving interventions under supervision in the Emergency Department.

Topics Covered:

1. Emergency Approach to Critical Patients
2. Basic Life Support (BLS)
3. Advanced Cardiac Life Support (ACLS)
4. Approach to Bradycardia
5. Approach to Tachycardia

Learning Activities:

1. Bedside teaching in the Emergency Department.
2. Supervised clinical exposure to emergency cases.



3. Practical demonstrations of emergency procedures.
4. Interactive discussion of clinical scenarios.

Assessment Method:

1. OSCE (Objective Structured Clinical Examination)
2. Oral Examination

Week1	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
Emergency Approach				
	1- Students will be able to describe the basic emergency assessment approach using the ABCDE framework (Airway, Breathing, Circulation, Disability, Exposure).. 2- Students will be able to perform an immediate primary survey and recognize critical signs of airway obstruction, shock, respiratory failure, or altered consciousness. 3- Students will be able to analyze vital signs, physical findings, and bedside tests (ABG, ECG, glucose, lactate) to prioritize life-threatening diagnoses. 4- Students will be able to evaluate the need for urgent interventions including airway support, IV	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



Week1	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	fluids, oxygen therapy, and escalation to advanced care.			
BLS				
	1- Students will be able to describe the principles of BLS, including early recognition of cardiac arrest, activation of emergency response, and initiation of CPR. 2- Students will be able to perform high-quality chest compressions (depth, rate, recoil), effective rescue breaths, and use of an automated external defibrillator (AED). 3- Students will be able to analyze the cardiac arrest scenario and identify reversible causes (4 H's & 4 T's) like hypoxia, hypovolemia, tension pneumothorax, and toxins.. 4- Students will be able to evaluate the effectiveness of resuscitation efforts by assessing pulse, breathing, chest rise, and monitoring patient response..	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Week 3 , Week 4 , Week 5 ACLS				
	1- Students will be able to describe ACLS protocols for cardiac arrest, including shockable rhythms (VF/VT) and non-shockable rhythms (PEA/asystole). 2- Students will be able to perform high-quality CPR, defibrillation, airway management, and administer emergency drugs (adrenaline, amiodarone) according to ACLS guidelines.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



Week1	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	3- Students will be able to differentiate between cardiac arrest rhythms on ECG (VF, VT, PEA, asystole) and analyze reversible causes (Hs and Ts). 4- Students will be able to evaluate the effectiveness of ACLS interventions and identify when to initiate post-resuscitation care, including targeted temperature management.			
Bradycardia Approach				
	1- Students will be able to define bradycardia (HR <60 bpm) and describe its common causes including sinus bradycardia, heart block, medications, and metabolic disorders. 2- Students will be able to obtain a focused history and perform examination to assess symptoms such as syncope, dizziness, hypotension, chest pain, or altered consciousness. 3- Students will be able to differentiate between stable and unstable bradycardia using vital signs, clinical features, and ECG interpretation (sinus bradycardia vs AV block). 4- Students will be able to evaluate the need for urgent management including oxygen, atropine, transcutaneous pacing, or addressing reversible causes (hypoxia, electrolytes).	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA
Week 7 , week 8 , Tachycardia Approach				



Week1	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	1- Students will be able to define tachycardia (HR >100 bpm) and list its types including sinus tachycardia, supraventricular tachycardia (SVT), atrial fibrillation, and ventricular tachycardia.. 2- Students will be able to obtain a focused history and assess for symptoms of tachycardia such as palpitations, chest pain, dyspnea, hypotension, or syncope.. 3- Students will be able to differentiate between narrow complex and wide complex tachycardia using ECG interpretation and clinical context. 4- Students will be able to assess the stability of the patient and identify when to use vagal maneuvers, adenosine, synchronized cardioversion, or anti-arrhythmic drugs.	k/S/A	Small Group Lecture	-MCQ -Short answer question - OSCE - CIVA - VIVA



Surgery



Six grade



academic program description

This academic program description summarizes the course's most essential qualities and the learning objectives that the student is expected to attain, indicating whether he or she made advantage of all of the resources that are accessible.

Educational Establishmet	University of Al-Ameed
Scientific Department	Surgical department
Name of the Professional Academic Program.	Modified traditional curriculum
Final Graduation Certificate	. بكالوريوس طب وجراحة عامة M.B.Ch.B
Educational system. Annual/courses/other	Annual
Approved accreditation program	Approved accreditation program Iraqi National Guideline on Standards for Established and Accrediting Medical School
Other external factors	1-Availability of relevant scientific research in the field of specialization 2-Access to global electronic networks 3-Access to traditional and digital libraries 4-Teaching aids such as data show and 5-PowerPoint presentations 6-Availability of equipped classrooms



	7-Use of free online communication platforms (e.g., Free Conference Call
Date the description was written	1/4/2025
Academic program objective 1-Graduate doctors with a strong foundation in surgery, enabling them to understand, diagnose, and treat surgical cases in emergency departments, surgical wards, and outpatient clinics. Strengthen students' clinical skills through theoretical and practical discussions, clinical patient examinations in hospitals, and hands-on training in skills laboratories. Additionally, conduct surgical workshops at the college to discuss surgical cases and explore their management. 2-Provide training and skills to practice surgery safely by diagnosing and treating common and urgent surgical cases, as well as managing trauma and emergency situations. 3-Integrate modern educational techniques and advanced technology into teaching methods and surgical programs, while utilizing information and communication technologies to share knowledge, conduct research, and develop surgical curricula. 4-Promote cultural exchange and establish bilateral partnerships with medical schools and professional surgical organizations at the Arab and international levels to expand academic and scientific collaboration in the field of surgery. 5-Strengthen collaboration between the college and the community by organizing seminars, conferences, and workshops that address national surgical and health issues. 6-Support the preparation of future leaders in the field of surgery, empowering them to achieve excellence and leadership in their medical specialties. 7- Understand global health and public health strategies related to surgical care access, safe surgery initiatives, and trauma system development. 8- Discussing the importance of patient education explain the importance of early screening programs and understand the role of lifestyle modification, Identify risk factors Promote trauma prevention	
The most reliable resources for program information are: Bailey and love	



Short practice of surgery

YEAR SIX PRACTICAL

11 WEEKS TRAINING IN HOSPITAL

Day	8:00 – 10:00 AM	10:00 – 12:00 PM	12:00 – 12:30 PM	12:30 – 02:00 PM
Saturday	General Surgery Ward (D1-D6)	General Surgery Ward (D1-D6)	Rest	Seminar: gastric outlet obstructions
Sunday	Orthopedic Surgery (D1-D6) (Ward/OR)	Orthopedic Surgery (D1-D6) (Ward/OR)	Rest	Seminar: hydatid diseases
Monday	Urological Surgery (01-06) (Ward/OR)	Urological Surgery (01-06) (Ward/OR)	Rest	Seminar: preoperative large bowel preparation And preparation of jaundice patient for operation
Tuesday	Skill Lab: Urinary Catheterization (Male & Female)	Skill Lab: Urinary Catheterization (Male & Female)	Rest	
Wednesday	D5: Surgical Ward D4: Surgical Ward D1: Operations (General Surgery) D2: Emergency D3: Operations (General Surgery)	D5: Surgical Ward D4: Surgical Ward D1: Operations (General Surgery) D2: Emergency D3: Operations (General Surgery)	Rest	

WEEK 1



WEEK 2

Day	8:00 – 10:00 AM	10:00 – 12:00 PM	12:00 – 12:30 PM	12:30 – 02:00 PM
Saturday	General Surgery Ward (D1-D6)	General Surgery Ward (D1-D6)	Rest	Seminar: Acute Perianal Pain
Sunday	Orthopedic Surgery (D1-D6) (Ward/OR)	Orthopedic Surgery (D1-D6) (Ward/OR)	Rest	Seminar: Paralytic Ileus
Monday	Urological Surgery (01-06) (Ward/OR)	Urological Surgery (01-06) (Ward/OR)	Rest	Seminar: Post-Thyroidectomy Complications
Tuesday	Skill Lab: NG tube insertion	Skill Lab: NG tube insertion	Rest	
Wednesday	D3: Surgical Ward D2: Surgical Ward D1: Operations (General Surgery) D4: Emergency D5: Operations (General Surgery)	D3: Surgical Ward D2: Surgical Ward D1: Operations (General Surgery) D4: Emergency D5: Operations (General Surgery)	Rest	



WEEK 3

Day	8:00 – 10:00 AM	10:00 – 12:00 PM	12:00 – 12:30 PM	12:30 – 02:00 PM
Saturday	General Surgery Ward (D1-D6)	General Surgery Ward (D1-D6)	Rest	Seminar: triple assessment of the breast disease
Sunday	Orthopedic Surgery (D1-D6) (Ward/OR)	Orthopedic Surgery (D1-D6) (Ward/OR)	Rest	Seminar: Acute abdomen
Monday	Urological Surgery (01-06) (Ward/OR)	Urological Surgery (01-06) (Ward/OR)	Rest	Seminar: rectal cancer
Tuesday	Skill Lab: Vascular access	Skill Lab: Vascular access	Rest	
Wednesday	D3: Surgical Ward D4: Surgical Ward D3: Operations (General Surgery) D5: Emergency D1: Operations (General Surgery)	D3: Surgical Ward D4: Surgical Ward D3: Operations (General Surgery) D5: Emergency D1: Operations (General Surgery)	Rest	

WEEK 4

Day	8:00 – 10:00 AM	10:00 – 12:00 PM	12:00 – 12:30 PM	12:30 – 02:00 PM
Saturday	General Surgery Ward (D1-D6)	General Surgery Ward (D1-D6)	Rest	Seminar: post operative pain management
Sunday	Orthopedic Surgery (D1-D6) (Ward/OR)	Orthopedic Surgery (D1-D6) (Ward/OR)	Rest	Seminar: Supracondylar fracture of the humerus in children
Monday	Urological Surgery (01-06) (Ward/OR)	Urological Surgery (01-06) (Ward/OR)	Rest	Seminar: posterior dislocation of the hip
Tuesday	Skill Lab: Airway assessment	Skill Lab: Airway assessment	Rest	



Wednesday	D5: Surgical Ward D1: Surgical Ward D3: Operations (General Surgery) D4: Emergency D2: Operations (General Surgery)	D5: Surgical Ward D1: Surgical Ward D3: Operations (General Surgery) D4: Emergency D2: Operations (General Surgery)	Rest	
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WEEK 5

Day	8:00 – 10:00 AM	10:00 – 12:00 PM	12:00 – 12:30 PM	12:30 – 02:00 PM
Saturday	General Surgery Ward (D1-D6)	General Surgery Ward (D1-D6)	Rest	Seminar: Tennis elbow
Sunday	Orthopedic Surgery (D1-D6) (Ward/OR)	Orthopedic Surgery (D1-D6) (Ward/OR)	Rest	Seminar: Postrenal acute kidney injury (obstructive uropathy)
Monday	Urological Surgery (01-06) (Ward/OR)	Urological Surgery (01-06) (Ward/OR)	Rest	Seminar: Neurogenic bladder disease
Tuesday	Skill Lab: chest tube	Skill Lab: chest tube	Rest	
Wednesday	D5: outpatient clinic D4: : breast consultations D2: Operations (General Surgery) D1: Emergency D3: Operations (General Surgery)	D5: outpatient clinic D4: breast consultations D2: Operations (General Surgery) D1: Emergency D3: Operations (General Surgery)	Rest	



WEEK 6

Day	8:00 – 10:00 AM	10:00 – 12:00 PM	12:00 – 12:30 PM	12:30 – 02:00 PM
Saturday	General Surgery Ward (D1-D6)	General Surgery Ward (D1-D6)	Rest	Seminar: post operative pain management
Sunday	Orthopedic Surgery (D1-D6) (Ward/OR)	Orthopedic Surgery (D1-D6) (Ward/OR)	Rest	Seminar: Supracondylar fracture of the humerus in children
Monday	Urological Surgery (01-06) (Ward/OR)	Urological Surgery (01-06) (Ward/OR)	Rest	Seminar: posterior dislocation of the hip
Tuesday	Skill Lab:) Suturing and abdominal incision	Skill Lab: Suturing and abdominal incision	Rest	
Wednesday	D5: Surgical Ward D4: Surgical Ward D1: ESWL department D2: breast consultations D3: outpatient clinic	D5: Surgical Ward D4: Surgical Ward D1: ESWL department D2 breast consultations D3: outpatient clinic	Rest	

WEEK 7

Day	8:00 – 10:00 AM	10:00 – 12:00 PM	12:00 – 12:30 PM	12:30 – 02:00 PM
Saturday	General Surgery Ward (D1-D6)	General Surgery Ward (D1-D6)	Rest	Urological activity
Sunday	Orthopedic Surgery (D1-D6)	Orthopedic Surgery (D1-D6)	Rest	General surgery activity



	(Ward/OR)	(Ward/OR)		
Monday	Urological Surgery (01-06) (Ward/OR)	Urological Surgery (01-06) (Ward/OR)	Rest	Urological activity
Tuesday	Skill Lab: Ulcer, mass, abscess & foot examination	Skill Lab: Ulcer, mass, abscess & foot examination	Rest	
Wednesday	D5: outpatient clinic D4: breast consultations D1: Operations (General Surgery) D2: ESWL department D3: Operations (General Surgery)	D5: outpatient clinic D4: breast consultations D1: Operations (General Surgery) D2: ESWL department D3: Operations (General Surgery)	Rest	

WEEK 8

Day	8:00 – 10:00 AM	10:00 – 12:00 PM	12:00 – 12:30 PM	12:30 – 02:00 PM
Saturday	General Surgery Ward (D1-D6)	General Surgery Ward (D1-D6)	Rest	General surgery activity
Sunday	Orthopedic Surgery (D1-D6) (Ward/OR)	Orthopedic Surgery (D1-D6) (Ward/OR)	Rest	Urological activity
Monday	Urological Surgery (01-06) (Ward/OR)	Urological Surgery (01-06) (Ward/OR)	Rest	General surgery activity
Tuesday	Skill Lab: Breast examination	Skill Lab: Breast examination	Rest	
Wednesday	D5: Surgical Ward D4: outpatient clinic D1: Operations (General Surgery) D2: Outpatient clinic	D5: Surgical Ward D4: outpatient clinic D1: Operations (General Surgery) D2: Outpatient clinic	Rest	



	D3: ESWL department	D3: ESWL department		
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WEEK 9

Day	8:00 – 10:00 AM	10:00 – 12:00 PM	12:00 – 12:30 PM	12:30 – 02:00 PM
Saturday	General Surgery Ward (D1-D6)	General Surgery Ward (D1-D6)	Rest	General surgery activity
Sunday	Orthopedic Surgery (D1-D6) (Ward/OR)	Orthopedic Surgery (D1-D6) (Ward/OR)	Rest	General surgery activity
Monday	Urological Surgery (01-06) (Ward/OR)	Urological Surgery (01-06) (Ward/OR)	Rest	Urological activity
Tuesday	Skill Lab: Digital rectal examination	Skill Lab: Digital rectal examination	Rest	
Wednesday	D5: Surgical Ward D4: ESWL department D1: Operations (General Surgery) D2: outpatient clinic D3: Operations (General Surgery)	D5: Surgical Ward D4: ESWL department D1: Operations (General Surgery) D2: outpatient clinic D3: Operations (General Surgery)	Rest	

WEEK 10

Day	8:00 – 10:00 AM	10:00 – 12:00 PM	12:00 – 12:30 PM	12:30 – 02:00 PM
Saturday	General Surgery Ward (D1-D6)	General Surgery Ward (D1-D6)	Rest	Urological activity



Sunday	Orthopedic Surgery (D1-D6) (Ward/OR)	Orthopedic Surgery (D1-D6) (Ward/OR)	Rest	Urological activity
Monday	Urological Surgery (01-06) (Ward/OR)	Urological Surgery (01-06) (Ward/OR)	Rest	General surgery activity
Tuesday	Skill Lab: ATLS (trauma patient)	Skill Lab: ATLS (trauma patient)	Rest	
Wednesday	D5: ESWL department D4: Surgical Ward D1: Operations (General Surgery) D2: Emergency room D3: Operations (General Surgery)	D5: ESWL department D4: Surgical Ward D1: Operations (General Surgery) D2: Emergency room D3: Operations (General Surgery)	Rest	

WEEK 11

Day	8:00 – 10:00 AM
Saturday	Course revision
Sunday	VIVA EXAMINATION (Group D1+D2+D3+D4+D5) Skill labs in medical collage
Monday	Rest
Tuesday	OSCE EXAMINATION (Group D1+D2+D3+D4+D5) Skill labs in medical collage
Wednesday	SHORT ANSWER QUESTION EXAMINATION (D1+D2+D3+D4+D5) Computer department



Surgical description

Two hospitals

HUSSAINI HOSPITALS

AL TURKEY HOSPITALS

- In the **ward** (surgical / urology / orthopedics) bedside teaching

Students will do

History taking

Physical examination

Complete management of the case

Long case discussion

- Emergency room bedside teaching

Short history taking focusing on

Primary and secondary survey ATLS

How to approach (surgical / urological / orthopedics) emergency cases

- Operation room bedside teaching

Taking history

Discussion preoperative and postoperative care

Vital signs

Attending the operation observing and writing the procedure

- surgical / urological / orthopedic

Activities involved

CASE BASED DISCUSSION

LARGE GROUP TEACHING



SURGERY \ Grade 6	
Code: SURG: 602	12 Credits

Number	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
Types of Shock				
SURG1.1	A-Differentiate between hypovolemic, cardiogenic, distributive, and obstructive shock. B-Describe the clinical signs and diagnostic approach to shock.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG1.2	A- Outline the initial resuscitation and management of each shock type. B-Recognize complications and prognosis based on timely intervention	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Types of Analgesia				
SURG2.1	. A. Classify analgesia into local, regional, and systemic types. B- .Explain indications and contraindications for different analgesic techniques.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG2.2	A- .Describe opioid vs. non-opioid pain management strategies in surgical patients .	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP	VIVA CIVA OSCE LOGBOOK



Number	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	B. Recognize complications such as opioid dependence and local anesthetic toxicity		BEDSIDE TEACHING	
Postoperative Complications (Causes of Fever)				
SURG3.1	A. Identify the '5 W's' of postoperative fever (Wind, Water, Wound, Walking, Wonder drugs). B-.Differentiate infectious vs. non-infectious causes of fever in surgical patients.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG3.2	A. Outline diagnostic and management approaches for common postoperative infections. B- . Recognize sepsis criteria and early warning signs of deterioration.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Pre- and Postoperative Management				
SURG4.1	1- A. Describe preoperative risk assessment, including ASA classification. B.- Outline essential preoperative investigations and patient optimization strategies.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG4.2	A.-Explain postoperative monitoring, pain control, and early mobilization principles. B.- Recognize common postoperative complications and their prevention	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
ATLS: Primary and Secondary Survey				
SURG5.1	1-Explain the steps of the primary survey in trauma (ABCDE approach).	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP	VIVA CIVA OSCE LOGBOOK



Number	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	2-Describe indications for emergency interventions in trauma patients.		BEDSIDE TEACHING	
SURG5.2	1- Outline the components of the secondary survey, including imaging and history-taking. 2-Recognize life-threatening injuries requiring immediate surgical intervention	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Upper GIT Bleeding				
SURG6.1	A. Identify common causes of upper GI bleeding (varices, ulcers, malignancy). B. - Describe initial resuscitation and stabilization of a bleeding patient	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG6.2	A -Outline diagnostic modalities, including endoscopy and angiography. B.- Explain medical and surgical management options, including endoscopic hemostasis	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Lower GIT Bleeding				
SURG7.1	1- A . Differentiate between common causes of lower GI bleeding (diverticular, ischemic, neoplastic, hemorrhoidal). B. Describe initial resuscitation and risk stratification in lower GI bleeding.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK



Number	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
SURG7.2	A. Outline diagnostic investigations, including colonoscopy and CTA. B. Explain medical, endoscopic, and surgical management strategies.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Drains and Stomas				
SURG8.1	A.-Outline diagnostic investigations, including colonoscopy and CTA. B.-Explain medical, endoscopic, and surgical management strategies.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG8.2	A.-Outline complications associated with drains and stomas. B.-Recognize early and late complications of stoma formation, including stenosis and prolapse.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Diabetic Foot				
SURG9.1	A.-Explain the pathophysiology of diabetic foot ulcers and neuropathy. B.-Describe wound classification and risk stratification (Wagner & PEDIS scales).	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG9.2	A -Outline medical and surgical management, including debridement and revascularization.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK



Number	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	B.-Recognize signs of critical limb ischemia and indications for amputation.			
Pain Management				
SURG10.1	. A.-Differentiate acute vs. chronic pain in surgical patients. B.-Describe multimodal analgesia and its role in post-operative pain control.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG 10.2	A.-Explain patient-controlled analgesia (PCA) and epidural analgesia. B.-Recognize opioid-related complications and strategies to minimize dependence.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Parenteral Nutrition				
SURG11.1	A.-Describe indications for parenteral nutrition in surgical patients. B.-Explain complications such as infections, metabolic disturbances, and liver dysfunction.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG11.2	A.-Outline monitoring requirements for patients on TPN. B.-Recognize differences between peripheral and central parenteral nutrition	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Clavicle Fracture				



Number	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
SURG12.1	A.-Describe the mechanism of injury and classification of clavicle fractures. B.-Interpret radiographic findings to differentiate midshaft, distal, and proximal fractures.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG12.2	A.-Outline indications for conservative vs. surgical management (ORIF, plating). B.- Recognize complications such as nonunion, malunion, and brachial plexus injury.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Proximal Humerus Fracture				
SURG13.1	A. -Classify proximal humerus fractures using the Neer classification. B.- Identify risk factors such as osteoporosis and trauma.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG13.2	A.-Explain management options, including conservative sling immobilization and surgical fixation. B.- Recognize complications such as avascular necrosis and adhesive capsulitis.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Humeral Shaft Fracture				
SURG14.1	A. Describe the mechanism of injury and classify humeral shaft fractures. B. - Identify the risk of radial nerve palsy and its clinical implications.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK



Number	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
SURG14.2	A.-Compare conservative management (functional brace) with surgical fixation (IM nail, ORIF). B.- Recognize complications such as delayed union and malalignment.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Supracondylar Humerus Fracture				
SURG15.1	A.-Explain the mechanism of injury and classify supracondylar fractures in children. B.- Describe the neurovascular complications, including median nerve injury and compartment syndrome.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG15.2	A-Outline non-surgical (casting) and surgical (pinning) management options. B- Recognize post-treatment complications such as cubitus varus deformity.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Radial Head Fracture				
SURG16.1	A.-Classify radial head fractures using the Mason classification. B.- Identify clinical signs and imaging features of radial head fractures.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG16.2	A.-Explain the treatment approach, including conservative management and radial head excision/replacement. B.- Recognize complications such as elbow stiffness and chronic pain.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK



Number	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
Monteggia Fracture				
SURG17.1	A.-Define Monteggia fractures and describe their anatomical components. B.- Identify the importance of associated radial head dislocation.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG17.2	A.-Compare conservative vs. surgical management strategies. B.-Recognize complications such as missed diagnoses and radial nerve injury.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Galeazzi Fracture				
SURG18.1	A.-Define Galeazzi fractures and their association with distal radioulnar joint (DRUJ) instability. B.- Describe diagnostic criteria and imaging findings.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG18.2	A.-Explain surgical fixation techniques for this unstable fracture. B.- Recognize complications, including nonunion and DRUJ dysfunction.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Colles' Fracture				
SURG19.1	A.-Explain the pathophysiology of diabetic foot ulcers and neuropathy. B.- Describe wound classification and risk stratification (Wagner & PEDIS scales).	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK



Number	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
SURG19.2	A.-Explain indications for surgical fixation (ORIF). B.- Recognize complications such as malunion, median nerve compression, and complex regional pain syndrome.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Smith's Fracture				
SURG20.1	A.-Differentiate Smith's fracture from Colles' fracture based on mechanism and angulation. B.- Describe appropriate imaging techniques and reduction methods.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG20.2	A.-Differentiate Smith's fracture from Colles' fracture based on mechanism and angulation. B.- Describe appropriate imaging techniques and reduction methods.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Scaphoid Fracture				
SURG21.1	A.-Differentiate Smith's fracture from Colles' fracture based on mechanism and angulation. B.- Describe appropriate imaging techniques and reduction methods.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG21.2	A.-Differentiate Smith's fracture from Colles' fracture based on mechanism and angulation. B.- Describe appropriate imaging techniques and reduction methods.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK



Number	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
Femoral Neck Fracture				
SURG22.1	A-Classify femoral neck fractures using the Garden classification. B - Identify risk factors, including osteoporosis and falls	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG22.2	A.-Classify femoral neck fractures using the Garden classification. B.- Identify risk factors, including osteoporosis and falls	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Intertrochanteric Femur Fracture				
SURG23.1	A.-Classify femoral neck fractures using the Garden classification. B.- Identify risk factors, including osteoporosis and falls	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG23.2	A-Classify femoral neck fractures using the Garden classification. B-Identify risk factors, including osteoporosis and falls	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Femoral Shaft Fracture				
SURG24.1	A.-Explain the mechanism of injury, including high-energy trauma. B.- Describe the principles of management, including IM nailing	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK



Number	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
SURG24.2	A.-Explain the mechanism of injury, including high-energy trauma. B.- Describe the principles of management, including IM nailing	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Patellar Fracture				
SURG25.1	A.-Identify the types of patellar fractures based on radiological appearance. B.-Describe conservative (casting) vs. surgical (tension band wiring) management.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG25.2	A.-Identify the types of patellar fractures based on radiological appearance. B.-Describe conservative (casting) vs. surgical (tension band wiring) management.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Tibial Plateau Fracture				
SURG26.1	A.-Identify the types of patellar fractures based on radiological appearance. B.-Describe conservative (casting) vs. surgical (tension band wiring) management.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG26.2	A.-Identify the types of patellar fractures based on radiological appearance. B.-Describe conservative (casting) vs. surgical (tension band wiring) management.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Tibial Shaft Fracture				
SURG27.1	A.-Classify tibial shaft fractures and describe their mechanism of injury.	K/S/A/C	LARGE GROUP TEACHING	VIVA CIVA OSCE



Number	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	B.-Compare conservative (casting) vs. surgical (IM nailing, external fixation) management.		SMALL GROUP BEDSIDE TEACHING	LOGBOOK
SURG27.2	A.-Classify tibial shaft fractures and describe their mechanism of injury. B.-Compare conservative (casting) vs. surgical (IM nailing, external fixation) management.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Fibular Fracture				
SURG28.1	A.-Differentiate isolated fibular fractures from those associated with ankle injuries. B.-Describe conservative management with bracing vs. surgical fixation.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG28.2	A.-Differentiate isolated fibular fractures from those associated with ankle injuries. B.-Describe conservative management with bracing vs. surgical fixation.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Ankle Fractures (Weber A, B, C)				
SURG29.1	-Classify ankle fractures using the Weber classification.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG29.2	-Identify instability markers requiring surgical intervention.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK



Number	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
Calcaneal Fracture				
SURG30.1	A. Describe the mechanism of injury, including axial loading. B. Explain the role of CT imaging in surgical planning.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG30.2	A.-Describe the mechanism of injury, including axial loading. B.-Explain the role of CT imaging in surgical planning.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Renal, Ureter, Bladder, and Testicular Cancer				
SURG31.1	A.-Describe risk factors and epidemiology of common urological cancers. B.-Explain diagnostic approaches, including imaging and biopsy techniques.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG31.2	A.-Outline surgical and non-surgical treatment modalities. B.- Recognize complications and long-term follow-up requirements.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Renal, Ureter, Bladder, and Testicular Trauma				
SURG32.1	A.-Classify urological trauma based on severity and mechanism of injury. B.- Describe the role of imaging in evaluating urological trauma..	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK



Number	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
SURG32.2	A.-Explain conservative vs. surgical management approaches. B.- Recognize complications such as renal artery thrombosis and testicular atrophy.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Testicular Torsion				
SURG33.1	A.-Describe the pathophysiology and urgency of testicular torsion. B.-Explain clinical presentation and differentiating features from epididymitis.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG33.2	A.-Outline the role of Doppler ultrasound in diagnosis. B.-Describe emergency surgical management and orchiopexy..	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Kidney Stones				
SURG34.1	A.-Explain the pathophysiology and risk factors for nephrolithiasis. B.-Describe diagnostic imaging techniques, including CT KUB.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG34.2	A.-Outline conservative management and indications for surgical intervention. B.- Recognize complications such as obstruction, infection, and renal failure.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Prostate Disease and Cancer				
SURG35.1	A.-Differentiate between BPH, prostatitis, and prostate	K/S/A/C	LARGE GROUP TEACHING	VIVA CIVA



Number	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	cancer based on clinical features. B.-Describe diagnostic methods, including PSA testing and biopsy.		SMALL GROUP BEDSIDE TEACHING	OSCE LOGBOOK
SURG35.2	A.-Explain medical and surgical management options for BPH and prostate cancer. B.- Recognize complications of prostatectomy and radiation therapy.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Acute Scrotal Conditions				
SURG36.1	A.-Differentiate testicular torsion, epididymitis, and other acute scrotal pathologies. B.- Describe the role of clinical examination and imaging in diagnosis	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG36.2	A.-Outline emergency vs. elective management strategies. B.- Recognize complications such as infertility and chronic pain.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
Urine Retention				
SURG37.1	A.-Describe causes of acute and chronic urinary retention. B.-Explain diagnostic workup, including bladder scanning and catheterization..	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK
SURG37.2	A.-Outline management, including medical and surgical approaches.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP	VIVA CIVA OSCE LOGBOOK



Number	Learning Objective	Domain K/S/A/C	Teaching Learning Methods	Assessment Methods
	B.- Recognize complications such as urinary tract infections and renal failure.		BEDSIDE TEACHING	
Introduction to Complementary Medicine				
SURG38.1	1- Define complementary, alternative, and integrative medicine. 2- Identify common complementary practices relevant to surgery (e.g., acupuncture, herbal remedies, relaxation). 3- Explain potential benefits and risks of complementary medicine in surgical care. 4- Recognize possible herb–drug interactions in surgical patients. 5- Compare evidence and safety between complementary and conventional surgical approaches. 6- Assess ethical and professional considerations in integrating complementary medicine. 7- Develop a simple patient education plan including safe complementary practices perioperatively.	K/S/A/C	LARGE GROUP TEACHING SMALL GROUP BEDSIDE TEACHING	VIVA CIVA OSCE LOGBOOK



LOG BOOK DETALIS	
7 LONG CASES	
4 GERNERAL SURGERY	1 UROLOGY
LONG CASES DETALIS	1 ORTHOPEDICS
7 OPERATIVE CASES	7 EMERGENCY CASES

Long case Form
1- Patient name:
2- Date of admission:
3- Record number:
4- Ward:
5- Specialist name:
6- Full history (from A to Z).
7- General physical examination.
8- Vital signs.
9- Regional examination (head and neck examination & chest examination & abdominal examination & limbs examination).
10- Differential diagnosis.
11- Investigations (Blood test/ Imaging/Endoscopy...etc. & the results).
12- Provisional Diagnosis.
13- Treatment (medical and surgical in details).
14- Complications (disease complication & operative complications)
15- Prognosis/outcome.
Emergency cases
A: Emergency Case Form (non-traumatic emergency)
Patient name:
Age:
Sex:
Record number:
Ward:
Date & Time of admission:
Blood group:
Chief complaint and duration:
Short important present illness:
Important previous history (medical & surgical & trauma):
General examination:
Vital signs:
Examination:
Differential diagnosis:
Investigations (Blood test/ Imaging / Endoscopy...etc. & the results):
provisional diagnosis:
plan of treatment



Patient discharge (inpatient ward / home)	
Emergency Case Registration (traumatic emergency)	
Management according to ATLS protocol	
Operative cases	
Operative Case Sheet	Preoperative diagnosis:
Patient name:	Position during operation: Prophylactic antibiotic given or not:
Sex: Record number:	Laparoscopic/open procedure.
Ward	Incision:
Date of admission:	Findings Procedures (in details)
Blood group:	Routes & state of hemostasis
Surgeon	Intraoperative Medication (fluid, blood... etc.)
Assistant:	Drains (Types, Number, position):
Anesthetist:	Closure of the wound:
Age:	Duration of the operation.
Anesthetic assistant:	Postoperative vital signs
Type of the Anesthesia:	Postoperative treatment and follow up instruction.
Theater Scrub Nurse:	



Pediatric



Six grade



Academic Program Description

This academic program description summarizes the course's most essential qualities and the learning objectives that the student is expected to attain, indicating whether he or she made advantage of all of the resources that are accessible. It includes a description of each course in the program of study.

Educational institution	Alameed university-collage of medicine
Scientific department/center	Pediatrics
Course name/code	Paediatrics /sixth stage
Available attendance forms	Weekly throughout the year
Course/year	2024-2025/annual
Total number of study hours	300hours
Date of preparation this description	4-4-2025

8-course objectives
.1- Clinical training for students, which includes direct interaction with children
2- Introducing students to primary health care programs within the Iraqi Ministry of Health programs
3- Enabling students to reach the correct diagnosis by extrapolating symptoms and signs to arrive at treatment
4- Emphasizing the art of dialogue and humane interaction with patients and families
5- Distinguishing between emergency and critical cases in children, which are essential for dealing with them as quickly as possible.
Course outcomes, teaching, learning, and assessment methods



A- knowledge objectives

- 1- Obtain basic information about pediatrics
- 2- Introduce students to neonatal diseases and how to deal with them
- 3- Introduce students to common diseases in children, their symptoms, signs, methods of diagnosis, and treatment



1			
History and examination			
Time	8:00--11:00 am		11:30 --2:00 pm
Saturday	Clinical training	Rest	History taking in pediatrics
Sunday	Clinical training	Rest	Respiratory examination
Monday	Clinical training	Rest	Cardiovascular examination
Tuesday	Clinical training	Rest	Abdominal examination
Wednesday	Clinical training	Rest	Systemic review and assessment & Quiz
2			
History and examination			
Time	8:00--11:00 am		11:30 --2:00 pm
Saturday	Clinical training	Rest	Central nervous system examination
Sunday	Clinical training	Rest	Newborn examination
Monday	Clinical training	Rest	Focused history
Tuesday	Clinical training	Rest	Counseling & communication skills
Wednesday	Clinical training	Rest	Systemic review and assessment & Quiz
3			
Hematology			
Time	8:00--11:00 am		11:30 --2:00 pm
Saturday	Clinical training	Rest	Approach to Bleeding tendency (tutorial)
Sunday	Clinical training	Rest	Approach to (pallor) anemia (tutorial)
Monday	Clinical training	Rest	Requesting blood products
Tuesday	Clinical training	Rest	Approach to neonatal jaundice (tutorial)
Wednesday	Clinical training	Rest	Systemic review and assessment & Quiz
4			
Gastroenterology			
Time	8:00--11:00 am		11:30 --2:00 pm
Saturday	Clinical training	Rest	Gastroenteritis (tutorial)
Sunday	Clinical training	Rest	Assessment of dehydration
Monday	Clinical training	Rest	IMCI
Tuesday	Clinical training	Rest	IV fluid
Wednesday	Clinical training	Rest	Systemic review and assessment & Quiz



5 Respiratory			
Time	8:00--11:00 am		11:30 --2:00 pm
Saturday	Clinical training	Rest	Approach to SOB (tutorial)
Sunday	Clinical training	Rest	Status asthmaticus (tutorial)
Monday	Clinical training	Rest	x-ray reading
Tuesday	Clinical training	Rest	Pulmonary function test (spirometer & peak flow meter) Type of inhaler & Type of nebulizer
Wednesday	Clinical training	Rest	Systemic review and assessment & Quiz
6 Cardiology			
Time	8:00--11:00 am		11:30 --2:00 pm
Saturday	Clinical training	Rest	ECG in children
Sunday	Clinical training	Rest	Heart murmurs (tutorial)
Monday	Clinical training	Rest	Cyanotic congenital heart diseases
Tuesday	Clinical training	Rest	Acyanotic congenital heart diseases
Wednesday	Clinical training	Rest	Systemic review and assessment & Quiz
7 Central nervous system			
Time	8:00--11:00 am		11:30 --2:00 pm
Saturday	Clinical training	Rest	Approach to abnormal movement (tutorial)
Sunday	Clinical training	Rest	Status epilepticus (tutorial)
Monday	Clinical training	Rest	Abnormal head size
Tuesday	Clinical training	Rest	Approach to floppy infant (tutorial)
Wednesday	Clinical training	Rest	Systemic review and assessment & Quiz
8 Central nervous system			
Time	8:00--11:00 am		11:30 --2:00 pm
Saturday	Clinical training	Rest	Approach to acute flaccid paralysis (tutorial)
Sunday	Clinical training	Rest	Disorders of consciousness
Monday	Clinical training	Rest	Growth & development
Tuesday	Clinical training	Rest	Common pediatrics emergencies
Wednesday	Clinical training	Rest	Systemic review and assessment & Quiz



9
Endocrinology

Time	8:00--11:00 am	11:30 --2:00 pm
Saturday	Clinical training	Rest
Sunday	Clinical training	Rest
Monday	Clinical training	Rest
Tuesday	Clinical training	Rest
Wednesday	Clinical training	Rest

10
General

Time	8:00--11:00 am	11:30 --2:00 pm
Saturday	Clinical training	Rest
Sunday	Clinical training	Rest
Monday	Clinical training	Rest
Tuesday	Clinical training	Rest
Wednesday	Clinical training	Rest

11
End course assessment

Time	8:00--11:00 am	11:30 --2:00 pm
Saturday	Theory examination	
Sunday	Rest	
Monday	Long case assessment	
Tuesday	Rest	
Wednesday	OSCE examination	



Sixth Year Training At Primary Health Care Center

. Overarching Goals:

- Develop practical skills in administering vaccinations, providing effective health counseling, assessing growth in children, and guiding mothers on infant and child feeding practices within the primary health care setting.
- Understand the Iraqi national guidelines and protocols related to immunization, child development, and nutrition.
- Enhance communication and interpersonal skills necessary for building rapport with patients and their families.
- Appreciate the role of primary health care in promoting child health and preventing childhood diseases.

. Practical Considerations:

- **Familiarize Yourself with Growth Charts:** Obtain and understand the growth charts used in Iraq (e.g., WHO growth standards).
- **Practice Measuring Growth Parameters (under supervision):** If appropriate and with consent, practice taking weight, length/height, and head circumference measurements accurately.
- **Observe Different Counselling Styles:** Pay attention to how different healthcare providers communicate and tailor their advice to individual families.
- **Understand Vaccine Storage and Handling:** Learn about the importance of the cold chain and proper storage of vaccines.
- **Be Prepared for Questions:** Anticipate common questions parents might have about vaccination, growth, and feeding.



1st Week

Day	Time	Topics	Learning Objectives	Domain K/S/A/ *
Saturday	8 AM _ 2 PM	Vaccination	a. Vaccination Clinic Observation: Observe the entire vaccination process, including: • Pre-vaccination assessment (contraindications, allergies). • Preparation and administration of different vaccines (route, site, dose). • Record-keeping (vaccination cards, registers). • Management of immediate post-vaccination reactions. • Counseling parents on potential side effects and follow-up schedule b. Review of the National Immunization Schedule: Thoroughly understand the recommended vaccines, ages for administration, and catch-up schedules according to Iraqi guidelines. c. Case Discussion: Discuss scenarios involving vaccination, such as missed doses, contraindications, and parental concerns.	K/S/A/ C



Sunday	8 AM - 2 PM	Counselling Skills	a. Counselling Observation: Observe various counselling sessions conducted by physicians, focusing on: • Antenatal care advice (nutrition, danger signs). • Postnatal care instructions (hygiene, breastfeeding). • Family planning options. • Importance of vaccination. • Growth monitoring and feeding practices. b. Practice basic counselling techniques on topics like the importance of completing the vaccination schedule or understanding growth charts.	K/S/A/C
Monday	8 AM – 2 PM	Growth Parameters	a. Growth Assessment Observation: Observe how healthcare providers measure and plot growth parameters (weight, length/height, head circumference) on growth charts. Understand the interpretation of these charts and the identification of faltering growth. b. Review of Growth Monitoring Guidelines: Familiarize yourself with the national guidelines for growth assessment, including the use of growth charts and referral criteria for growth faltering.	K/S/A/C
Tuesday	8 AM – 2 PM	Feeding Practices and Counselling	a. Infant and Young Child Feeding Counselling: Observe counselling sessions focused on: • Exclusive breastfeeding for the first six months. • Appropriate complementary feeding practices (timing, consistency, frequency, variety). • Addressing common breastfeeding challenges. • Safe preparation and storage of food. • Nutritional needs of infants and young	K/S/A/C



			children. b. Practical Demonstration: Observe demonstrations on proper breastfeeding techniques or preparation of complementary foods. c. Case Discussion: Discuss cases involving feeding difficulties, malnutrition, or parental concerns about infant feeding.	
Wednesday	8 AM – 2 PM	Pediatric Emergencies	a. Observation of Acute Pediatric Cases: Observe children presenting with acute illnesses. Focus on identifying "red flags" and signs of potential emergencies through history taking and initial physical examination (e.g., altered mental status, respiratory distress, dehydration, fever with petechiae). b. Case Scenario Discussion: Discuss hypothetical case scenarios of common pediatric emergencies (e.g., severe dehydration due to diarrhea, acute respiratory distress due to bronchiolitis, high fever with seizures). Focus on identifying the key danger signs and initial management steps. c. Review the components of a rapid and focused pediatric assessment, including the "ABCDE" approach (Airway, Breathing, Circulation, Disability, Exposure) and age-appropriate vital signs.	K/S/A/C

* K=Knowledge S=Skills A=Attitude C=Competency



2nd Week

Day	Time	Topics	Learning Objectives	Domain K/S/A/ *
Saturday	8 AM - 2 PM	Respiratory Emergencies	a. Observation of Children with Respiratory Complaints: Observe children presenting with cough, difficulty breathing, wheezing, or stridor. Pay attention to the assessment of respiratory rate, effort, and oxygen saturation. b. Basic Airway Management Demonstration: If resources and supervision allow, observe or practice basic airway maneuvers (e.g., positioning, suctioning) on mannequins. c. Discuss cases of acute respiratory illnesses, focusing on differentiating between mild and severe presentations and identifying when referral is necessary (e.g., persistent severe distress, cyanosis, poor response to initial treatment).	K/S/A/C
Sunday	8 AM - 2 PM	Dehydration and Gastrointestinal Emergencies	a. Observation of Children with Vomiting and Diarrhea: Observe the assessment of children with gastroenteritis, focusing on signs and symptoms of dehydration (e.g., sunken eyes, dry mucous membranes, decreased urine output, poor skin turgor). b. Oral Rehydration Therapy (ORT) Demonstration and Counseling: Observe or participate in counseling parents on the preparation and administration of ORS. c. Review of Primary Care Management of Gastroenteritis (1 hour): Understand the principles of managing mild to moderate gastroenteritis in primary care and recognizing signs of more serious conditions requiring referral (e.g., severe dehydration, bloody stools,	K/S/A/C



			persistent abdominal pain).	
Monday	8 AM – 2 PM	Common Childhood Illnesses	a. Management of Skin Infections: Observing the diagnosis and basic treatment of common skin conditions in children like impetigo, scabies, and fungal infections. b. Fever Management: Understanding appropriate antipyretic use, identifying red flags associated with fever, and when further investigation or referral is needed. c. Management of Ear Infections (Otitis Media): Observing the diagnosis and basic management of acute otitis media.	K/S/A/C
Tuesday	8 AM – 2 PM	Focusing on Child Health & Development	Developmental Assessment and Screening: Understanding age-appropriate developmental milestones (motor, language, social, cognitive) and learning basic screening methods for developmental delays in infants and young children.	K/S/A/C
Wednesday	8 AM – 2 PM	Nutritional Deficiencies	a. Recognizing signs and symptoms of specific nutritional deficiencies (e.g., vitamin D deficiency, iron deficiency) common in the pediatric population. b. Learning about the importance of screening for anemia in young children and providing basic management or referral.	K/S/A/C

* K=Knowledge S=Skills A=Attitude C=Competency



Assessment methods	
End course clinical exam.	20 marks
Final year exam.: • Practical exam. • Final written exam.	80 marks 40 marks 40 marks
Total marks	100 marks

Research Plan: We try to achieve at least two research by each one of the teaching staff.



Obstetric and gynecology



Six grade



Academic Program Description

This academic program provides a summary of the most important characteristics of the program and the learning outcomes expected of the student to achieve, proving whether he has made the most of the available opportunities. It is accompanied by a description of each course within the program.

1. Educational Establishment:	University of Al-Ameed
2. Scientific Department:	College of Medicine
3. Name of the Professional Academic Program:	Modified Traditional Curriculum
4. Final Graduation Certificate:	M.B.Ch.B
5. Educational system: Annual/courses/other	Annual System
6. Approved accreditation program:	Iraqi National Guideline on Standards for Established and Accrediting Medical School
7. Other external factors:	• Availability of relevant scientific research in the field of specialization. • Access to global electronic networks. • Access to traditional and digital libraries Teaching aids such as data show and PowerPoint presentations Availability of equipped classrooms. • Use of free online communication platforms (e.g., Free Conference Call).
8. Date the description was written:	15/9/2024



9. Academic Program Objectives:

- Enable students to apply advanced knowledge of obstetrics and gynecology in the clinical assessment and management of both normal and complicated cases related to pregnancy and reproductive health.
- Train students to perform essential clinical skills and procedures in obstetrics and gynecology, including labor management, antenatal care, and gynecological examinations, under appropriate supervision.
- Prepare students to recognize and respond to emergencies in obstetrics and gynecology, ensuring patient safety and adherence to clinical protocols.
- Develop students' communication skills for effective interaction with patients, families, and multidisciplinary teams, especially in sensitive reproductive health contexts.
- Promote professional behavior and ethical practice in clinical care, including respect for patient rights, informed consent, and confidentiality in women's health.
- Encourage students to engage in seminars and case-based discussions as a platform to enhance clinical reasoning, presentation skills, and peer learning.
- Integrate evidence-based practice and clinical guidelines into decision-making in obstetrics and gynecology.
- Support the development of leadership, teamwork, and lifelong learning skills necessary for future medical practice.
- Incorporate health promotion strategies into the clinical management of gynecological and obstetric conditions by educating students on the importance of patient-centered care, early detection, preventive measures, and the promotion of psychological and emotional well-being to improve maternal and reproductive health outcomes.



10. Program Outcomes and Methods of Teaching, Learning, and Assessment:

A-Cognitive Objectives:

- Apply knowledge of physiological changes during pregnancy, labor, and the postpartum period, as well as functional reproductive anatomy, in clinical assessment and decision-making.
- Explain the pathophysiology, clinical features, and management principles of common and high-risk obstetric and gynecological conditions.
- Integrate biomedical, psychological, and social sciences in analyzing patient presentations related to women's health.
- Apply principles of population health to maternal and reproductive health care, including family planning and antenatal screening.
- Utilize evidence-based guidelines to make informed clinical decisions in obstetrics and gynecology.
- Interpret diagnostic findings such as ultrasound, CTG, lab tests, and imaging relevant to obstetric and gynecologic care.
- Recognize ethical and legal implications in clinical scenarios related to reproductive rights, informed consent, and maternal-fetal care.
- Demonstrate critical thinking and problem-solving in managing complex clinical cases in both obstetrics and gynecology.

B-Skills Based Objectives:

- Perform full obstetric and gynecological history-taking and conduct targeted physical examinations, including abdominal, pelvic, and speculum exams, with clinical accuracy.
- Manage normal labor and delivery under supervision and assist in recognizing and addressing complications such as postpartum hemorrhage and eclampsia.
- Assist in antenatal, intrapartum, and postnatal care, applying clinical protocols for both low-risk and high-risk pregnancies.
- Participate in the diagnosis and initial management of gynecological conditions such as abnormal uterine bleeding, pelvic inflammatory disease, infertility, and benign tumors.
- Interpret obstetric and gynecological investigations, including obstetric ultrasound, CTG, Pap smears, and hormonal profiles.
- Assist in common procedures such as IUD insertion, cervical screening, and minor surgical interventions in gynecology.
- Communicate effectively with patients regarding diagnosis, treatment options, and reproductive health education, demonstrating empathy and cultural sensitivity.
- Collaborate with the healthcare team during ward rounds, outpatient clinics, and



surgical theaters to deliver integrated patient-centered care.

C-Affective and Ethical Objectives:

- Maintain patient confidentiality and protect personal information.
- Build strong relationships with researchers at international universities.
- Teach students medical ethics and the art of interacting with others (patients' families and healthcare staff).
- Treat patients and their families with humanity and respect.
- Uphold honesty in work and prioritize ethical considerations over financial gain in the medical profession.
- Follow proper safety and infection control measures when handling pregnant women and newborns.

D -Teaching and Learning Methods:

- **Small Group Teaching** – A focused learning approach with discussions, problem-solving, and direct engagement with the subject matter.
- **Practical & Clinical Session** – A hands-on approach where skills and knowledge are applied in real or simulated environments under supervision.
- **Clinical Skill Lab Training** – A simulated setting designed for practicing medical procedures and essential clinical skills before real-world application.
- **Case-Based Learning** – A method where real or simulated cases are analyzed to enhance problem-solving and clinical reasoning. There will be many subjects



to be discussed such as Menorrhagia, Post-menopausal bleeding, Difficult Labour. The teacher will help students improve their clinical approach to many medical problems These will be announced and regulated by the teacher for each session, it aims to active participation by all stimulate the clinical reasoning of students to pick up the clinical approach to certain medical problem to improve clinical skills.

- **Bedside Teaching** – A hospital-based approach where real patient cases are examined, and clinical techniques are demonstrated.
- **Co-Teaching** – A teaching approach where two or more instructors collaborate to deliver content using different perspectives and expertise.



E- Evaluation and Assessment Methods:

- **Comprehensive Multiple-choice Questions (MCQ)** at the end of the year aims to assess the students' knowledge and clinical skills before their graduation and entry into the medical profession.
- **Clinical Image and Video Assessment (CIVA)** is a computer-projected, class-administered test consisting of 40–50 scenario-based electronic stations (slides). These stations present clinical images, radiological scans, pathological slides, or medical videos, followed by short questions that assess the ability to interpret findings, apply clinical reasoning, and make diagnostic decisions based on the described patient scenario
- **Objective Structured Clinical Examination (OSCE).**



- **Seminars:** prepared by students each 2-3 students should prepare and present one Seminar Of these Topics:

A. Communication Skills

- Clinical Seminars Assigned:

1. **Management of Normal Labour**
 2. **Infertility & ART**
 3. **Menopause & HRT**
-

1. Seminar: Management of Normal Labour

Integrated Learning Objectives:

- a. Use effective verbal and non-verbal communication to support women in labour and reduce their anxiety.
 - b. Explain the stages of labour and monitoring procedures in a simple, reassuring way.
 - c. Provide respectful, empowering language when guiding women through pushing and delivery.
 - d. Communicate clearly with family members present in the delivery room, ensuring consent and understanding.
 - e. Reflect on how communication affects maternal experience, satisfaction, and cooperation during childbirth.
-

2. Seminar: Infertility & ART

Integrated Learning Objectives:

- a. Demonstrate sensitivity when discussing infertility causes and treatment options with distressed couples.
- b. Use clear, empathetic language to explain ART procedures and success rates.
- c. Maintain professional boundaries while acknowledging emotional and cultural weight of infertility.
- d. Address misconceptions and fears related to ART using science-based, compassionate communication.
- e. Support shared decision-making and informed consent throughout the infertility



workup.

3. Seminar: Menopause & HRT

Integrated Learning Objectives:

- a. Initiate open, respectful dialogue with women experiencing menopause, considering cultural sensitivities.
 - b. Communicate risks and benefits of HRT in a balanced, understandable way.
 - c. Address psychosocial concerns (mood, sexual health, identity) with empathy and active listening.
 - d. Encourage lifestyle modification and preventive health through motivational communication.
 - e. Empower patients to participate in decisions about symptom management and hormonal therapy.
-

B. Patient Safety

- Clinical Seminars Assigned:

1. **APH & PPH (Antepartum & Postpartum Hemorrhage)**
 2. **PET & Eclampsia**
 3. **DVT & PE in Pregnancy**
-

1. Seminar: APH & PPH

Integrated Learning Objectives:

- a. Recognize life-threatening bleeding early and activate hemorrhage protocols promptly.
- b. Ensure safe administration of uterotonics and blood products through checklist-based practice.
- c. Communicate effectively with the obstetric team to ensure rapid coordination and escalation.
- d. Document vital signs and fluid balance clearly to enhance safety and clinical decisions.



- e. Reflect on common safety failures in obstetric bleeding and strategies to prevent them.

2. Seminar: PET & Eclampsia

Integrated Learning Objectives:

- a. Monitor for warning signs of severe PET using safety checklists and protocols.
 - b. Administer magnesium sulfate safely, ensuring correct dosing and monitoring.
 - c. Educate patients and families about the risks of eclampsia and the importance of follow-up.
 - d. Prevent iatrogenic complications through interprofessional teamwork and clear communication.
 - e. Report and analyze near-miss cases of eclampsia as part of a safety improvement process.
-

3. Seminar: DVT & PE in Pregnancy

Integrated Learning Objectives:

- a. Apply patient safety principles when prescribing and monitoring anticoagulants during pregnancy.
 - b. Educate patients on the signs and symptoms of DVT/PE using accessible language.
 - c. Implement prophylactic protocols for at-risk patients undergoing surgery or prolonged immobility.
 - d. Use clinical decision tools (e.g., Wells score, Doppler) to reduce diagnostic error.
 - e. Promote early mobilization and patient involvement in preventive strategies.
-



C. Professionalism and Leadership

- Clinical Seminars Assigned:

- 1. Preterm Labour & PROM**
- 2. Fertility Control**
- 3. Prenatal Diagnosis**

1. Seminar: Preterm Labour & PROM

Integrated Learning Objectives:

- a. Demonstrate leadership during the acute management of preterm labour cases with uncertain outcomes.
- b. Coordinate care with neonatology and anesthesia to optimize maternal and fetal outcomes.
- c. Guide the team in applying protocols for steroids, tocolytics, and infection prevention.
- d. Communicate options and risks to patients and families professionally and empathetically.
- e. Uphold accountability and transparency when unexpected outcomes occur.

2. Seminar: Fertility Control

Integrated Learning Objectives:

- a. Maintain professionalism while discussing contraception with patients from diverse backgrounds.
- b. Present all contraceptive options without bias, respecting patient autonomy and confidentiality.
- c. Lead value-neutral counseling, especially in cases involving minors or marital conflict.



- d. Collaborate with primary care and public health for comprehensive reproductive planning.
- e. Advocate for evidence-based decision-making while being sensitive to ethical concerns.

3. Seminar: Prenatal Diagnosis

Integrated Learning Objectives:

- a. Demonstrate ethical leadership when discussing prenatal anomalies and decisions about pregnancy continuation.
 - b. Coordinate referrals to genetics and counseling services with professionalism and respect.
 - c. Support patient-centered decision-making in the face of complex or distressing results.
 - d. Lead multidisciplinary discussions about perinatal management with empathy and clinical clarity.
 - e. Uphold patient privacy and dignity while navigating challenging conversations.
-

D. Medical Ethics

- Clinical Seminars Assigned:

- 1. **First & Second Trimester Miscarriage**
 - 2. **Ectopic & Molar Pregnancy**
 - 3. **IUGR & IUD (Intrauterine Growth Restriction & Intrauterine Death)**
-

1. Seminar: 1st & 2nd Trimester Miscarriage

Integrated Learning Objectives:

- a. Apply ethical principles when counseling patients experiencing miscarriage, ensuring sensitivity and clarity.
- b. Support informed decision-making regarding medical vs surgical management of miscarriage.
- c. Respect cultural and personal beliefs around pregnancy loss while maintaining



clinical objectivity.

- d. Maintain confidentiality and provide emotional support in a private, non-judgmental setting.
- e. Document care decisions ethically and transparently, especially regarding retained products or complications.

2. Seminar: Ectopic & Molar Pregnancy

Integrated Learning Objectives:

- a. Navigate ethical dilemmas when discussing loss of pregnancy in ectopic or molar cases.
 - b. Communicate honestly yet compassionately about fertility impact and potential malignancy risk.
 - c. Ensure informed consent for urgent surgical intervention or chemotherapy when applicable.
 - d. Address emotional trauma with respect and culturally sensitive care.
 - e. Advocate for patient dignity and avoid coercion in time-pressured decision-making.
-

3. Seminar: IUGR & IUD

Integrated Learning Objectives:

- a. Deliver difficult news regarding fetal growth restriction or demise with honesty and emotional intelligence.
- b. Discuss ethically complex decisions regarding early delivery or expectant management in IUGR.
- c. Document perinatal loss ethically, respecting both medical standards and parental needs.
- d. Support grieving parents while maintaining professional boundaries and clear communication.
- e. Recognize the moral distress such cases cause in clinicians, and model reflective, ethical practice.



E. Behavioral and Social Sciences

- Clinical Seminars Assigned:

- 1. Amenorrhea**
 - 2. Upper & Lower Genital Tract Infections (GTI)**
 - 3. AUB – Abnormal Uterine Bleeding**
-

1. Seminar: Amenorrhea

Integrated Learning Objectives:

- a. Explore the impact of psychosocial stress, exercise, and eating habits on menstrual health.
 - b. Approach patients with amenorrhea using respectful, culturally sensitive language.
 - c. Assess for underlying social or behavioral contributors (e.g., athletic pressure, body image).
 - d. Educate adolescents and young women on normal menstrual patterns and when to seek help.
 - e. Promote open, non-judgmental dialogue to reduce stigma and encourage disclosure.
-

2. Seminar: Upper & Lower Genital Tract Infections

Integrated Learning Objectives:

- a. Address cultural barriers and stigma when discussing STIs or vaginal symptoms.
- b. Use respectful, gender-sensitive communication when obtaining sexual and gynecologic history.
- c. Educate patients on safe practices and the importance of partner treatment and follow-



- up.
- d. Identify risk factors linked to behavioral and social determinants (e.g., multiple partners, poor access).
 - e. Promote community-level education and destigmatization through public health messaging.

3. Seminar: Abnormal Uterine Bleeding (AUB)

Integrated Learning Objectives:

- a. Recognize how social taboos and misinformation delay AUB diagnosis and treatment.
 - b. Communicate about menstrual health clearly and respectfully across age groups.
 - c. Explore behavioral factors (e.g., stress, sleep, exercise) that may impact menstrual cycles.
 - d. Address patients' concerns empathetically when symptoms affect social, school, or work life.
 - e. Encourage routine gynecologic care and empower patients through health education.
-

F. Analytical and Critical Thinking

- Clinical Seminars Assigned:

- 1. **Prenatal Infection**
 - 2. **Prenatal Diagnosis**
 - 3. **Benign Diseases of the Ovaries**
-

1. Seminar: Prenatal Infection

Integrated Learning Objectives:

- a. Analyze maternal symptoms and history to differentiate between benign and dangerous infections.
- b. Interpret serology and imaging results to guide prenatal infection management.



- c. Use critical thinking to weigh fetal risks vs maternal treatment benefits.
- d. Apply structured clinical reasoning to choose between conservative and active management.
- e. Communicate diagnostic uncertainty clearly while maintaining patient reassurance.

2. Seminar: Prenatal Diagnosis

Integrated Learning Objectives:

- a. Interpret screening and diagnostic test results using structured clinical reasoning.
 - b. Assess the likelihood of genetic or structural abnormalities using risk-based analysis.
 - c. Make evidence-based decisions about further testing or specialist referral.
 - d. Explain complex findings to patients in an accurate yet digestible way.
 - e. Reflect on biases or assumptions that may cloud interpretation of uncertain findings.
-

3. Seminar: Benign Diseases of the Ovaries

Integrated Learning Objectives:

- a. Differentiate benign ovarian masses from malignancy using systematic clinical assessment.
- b. Analyze ultrasound and lab results (e.g., CA-125) to guide management decisions.
- c. Avoid unnecessary surgery by applying evidence-based criteria for observation.
- d. Formulate individualized plans that reflect both clinical data and patient concerns.
- e. Communicate risks, options, and reasoning clearly in a patient-centered discussion.



G. Health Promotion

- Clinical Seminars Assigned:

1. **DM in Pregnancy**
 2. **Fertility Control**
 3. **Menopause & HRT**
-

1. Seminar: DM in Pregnancy

Integrated Learning Objectives:

- a. Promote dietary and lifestyle modifications to reduce gestational diabetes risks.
 - b. Educate patients on glucose monitoring and insulin use during pregnancy.
 - c. Encourage preconception counseling for women with pre-existing diabetes.
 - d. Collaborate with nutritionists and educators to deliver comprehensive diabetes care.
 - e. Empower patients to manage their condition through structured antenatal education.
-

2. Seminar: Fertility Control

Integrated Learning Objectives:



- a. Promote awareness of contraceptive options and dispel myths around fertility control.
 - b. Educate adolescents and couples about reproductive planning and birth spacing.
 - c. Integrate fertility counseling into routine postnatal and gynecologic care.
 - d. Use culturally sensitive language when discussing long-term methods.
 - e. Empower women to make informed choices based on lifestyle and health status.
-

3. Seminar: Menopause & HRT

Integrated Learning Objectives:

- a. Promote understanding of menopause as a normal life transition with available support options.
 - b. Educate women on HRT benefits and risks using evidence-based resources.
 - c. Encourage bone health, cardiovascular screening, and healthy aging practices.
 - d. Address lifestyle interventions (e.g., exercise, smoking cessation) in menopause care.
 - e. Reduce stigma and promote open dialogue around menopausal symptoms.
-

H. Global and Humanitarian Health

- Clinical Seminars Assigned:

- 1. **Prenatal Infection**
 - 2. **DVT & PE in Pregnancy**
 - 3. **IUGR & IUD**
-

1. Seminar: Prenatal Infection



Integrated Learning Objectives:

- a. Identify the global burden of TORCH infections and their impact on maternal and fetal health.
 - b. Analyze how limited access to screening and treatment contributes to poor outcomes.
 - c. Promote antenatal infection screening in underserved communities.
 - d. Advocate for vaccination programs (e.g., rubella) in low-resource settings.
 - e. Collaborate with public health initiatives to reduce congenital infections worldwide.
-

2. Seminar: DVT & PE in Pregnancy

Integrated Learning Objectives:

- a. Discuss how delayed diagnosis and limited access to imaging increase maternal mortality from PE in poor settings.
 - b. Educate healthcare workers in humanitarian zones on early signs of thromboembolism.
 - c. Promote preventive care protocols (hydration, early mobilization) even in austere environments.
 - d. Advocate for inclusion of maternal VTE prevention in global health policy.
 - e. Use low-cost, high-impact strategies to manage and prevent DVT/PE in crisis situations.
-

3. Seminar: IUGR & IUD

Integrated Learning Objectives:

- a. Analyze how poverty, malnutrition, and limited antenatal care contribute to IUGR globally.
- b. Promote global strategies to improve maternal nutrition and fetal monitoring access.
- c. Educate on low-cost interventions that reduce stillbirth rates in resource-limited areas.
- d. Communicate sensitively with families experiencing perinatal loss in humanitarian



contexts.

- e. Advocate for equity in antenatal surveillance and delivery planning worldwide.



Instructions for the seminar:

1. Each student should share in preparation and presentation.
2. The seminar should include enough information about the selected subject
3. Students should discuss the seminar with the supervisors before finalizing it.
4. The presentation should be with the power point presentation and should be within 25 min. then the rest will be left for discussion, so Everyone should prepare for this presentation and should mind the time allocated for the presentation.
5. The seminar should be presented to the supervisor before or at the same day as the presentation because your writing will be scored.
6. The assessment criteria will depend on:
 - a. Scientific context of your writing.
 - b. Appropriate reference, you need at least 5 references to be written in a scientific way.
 - c. Your presentation slides should be clear and concise.
 - d. Knowledge and answering questions of the supervisor and colleagues.



5. Logbook:

Students are required to present all the following cases in notebook.

The notebook should be

of 100 papers

- First 40 papers include 10 clinical cases
- Second 40 papers include 10 operative cases
- Last 20 papers include 3 Labour room cases.

Logbook	Details
10 Clinical Cases	You should include all details of patient seen in the ward for at least 10 Patients : • Patient details • History • Examination • Diagnosis • Differential diagnosis (if any) • Treatment • Others such as outcome and complications
10 Operative Cases	You should attend theatre and record at least 10 operative cases , including: • Patient details • Diagnosis • Type of anesthesia • Type of surgery • Indication of surgery • Name of surgeon • Immediate post-operative care (including vital signs, SpO₂, other parameters) • Other details
3 Labour Cases	You should attend the labour room and attend 1st and 2nd stages of delivery , and the final stage if possible, including: • Patient details • History • Examination findings • Partogram, CTG, other parameter follow-up • Medications used • Decision (such as normal, assisted delivery, or CS) • Any post-delivery complications



11. Personal Development Planning:

a) Professional Vision

- Continuously enhance clinical expertise in obstetrics and gynecology, focusing on patient-centered care, advanced surgical techniques, and evidence-based practices.
- Actively engage in lifelong learning, research, and teaching to contribute to the advancement of women's health.

b) Short-Term Goals (Next 6–12 months)

- Improve hands-on skills in obstetric emergencies (e.g., PPH, eclampsia).
- Assist and perform more laparoscopic procedures under supervision.
- Present a case or topic in a departmental meeting or academic forum.

c) Long-Term Goals (1–3 years)

- Develop expertise in high-risk pregnancy management.
- Complete a clinical research project or publication.
- Take a leadership role in clinical rounds or teaching junior staff.

d) Planned Learning Activities

- Enroll in advanced life support in obstetrics (ALSO) or similar course.
- Attend gynecologic endoscopy or laparoscopy workshops.
- Participate in hospital-based journal clubs and research meetings.

e) Resources & Support Needed

- Supervisory feedback and mentoring.
- Clinical exposure to complex cases.
- Time and institutional support for academic work.

f) Progress Review

- Regular self-assessment and supervisor feedback every 3–6 months.
- Adjust goals and learning activities based on progress and feedback.



12-Admission standard (establishing guidelines for college or institute admission):

Ministerial Central Admission Plan, The college planning for:

- a) **Academic Requirements:** Strong background in Biology, Chemistry, and Physics with minimum required grades.
- b) **Entrance Exam:** Assessment of scientific knowledge and critical thinking
- c) **Interview & Evaluation:** Communication skills, motivation, and ethical awareness.
- d) **English Proficiency:** Required for non-native speakers.
- e) **Health & Fitness:** Medical assessment for academic and clinical readiness.
- f) **Additional Factors:** Extracurricular activities, research, and community service considered.

13- The Most reliable resources for program Information:

- **Ten Teacher Textbook.**



Final Scoring System For Sixth Year

Final clinical exam.	20 marks
Final year exam.: • Practical exam. • Final MCQ exam.	80 marks 40 marks 40 marks
Total marks	100 marks



Sat.	8-9 Round with the consultant	9-11:30 Bed side teaching	11:30-12 Rest and transport	12-1:30 PBL
Sunday	Skill lab.			
Monday	Seminar		Rest and transport	Bed side teaching
Tuesday	Round with the consultant	Bed side teaching	Rest and transport	Seminar
Wednesday	Round with the consultant	Bed side teaching	Rest and transport	Quiz



6th Year Weekly Timetable in Obs. and Gyn		12 Credits	OBST 603
Day	Topic	Objectives	
Day 1	(history taking)	Discussion about history & how to present the cases (the students will present their cases)	
Day 2	Skill lab.	Obstetrical history taking and examination	
Day 3	General examination	a) History Taking b) Bedside Teaching (History presentations + General examination) c) Seminar	
Day 4	General examination	a) History taking & self-study b) Presenting the cases + how to examine patients with gravid uterus and those after delivery. c) seminar	
Day 5	Obstetric emergencies	a) History taking & self-study b) Bedside case presentation + physical examination c) Presenting a case and how to examine shocked patient and ABC measures in cases of obstetric shock	
Day 6	APH and PPH	Bed side teaching	
Day 7	Skill lab.	a) CTG b) Partogram	
Day 8	Normal labour	a) History taking & self-study b) Bedside case presentation + physical examination c) Seminar presentation with discussion about normal and abnormal progress of labor.	
Day 9	Normal labour	a) History taking & self-study b) Bedside case presentation + physical examination highlights the progress of normal labor and causes of abnormal ones.	



		c) Seminar
Day	Topic	Objectives
Day 10	PPH	a) morning tour and history taking b) Bedside Teaching (examining pt. with history of normal vaginal delivery and PPH with emergency measurements and management) c) Quiz
Day 11	Medical problems complicating pregnancy	a) morning tour and history taking - Bedside Teaching b) Gestational HT and PE
Day 12	Skill lab.	Instrumental delivery
Day 13	Medical problems complicating pregnancy	a) morning tour and history taking - Bedside Teaching b) Type 2 DM and gestational DM c) Seminar
Day 14	Medical problems complicating pregnancy	a) morning tour and history taking - Bedside Teaching b) Heart disease and pregnancy c) Seminar
Day 15	Medical problems complicating pregnancy	a) morning tour and history taking - Bedside Teaching b) Anemias in pregnancy
Day 16	Skill lab.	Mechanism of labor



Day 17	APH	a) morning tour and history taking b) Bedside Teaching (examining pt. with history of antepartum hemorrhage caused by placenta previa with all emergency measures and treatments) c) Seminar
Day	Topic	Objectives
Day 18	APH	a) morning tour and history taking b) Bedside Teaching (examining pt. with history of antepartum hemorrhage caused by placental abruption with all emergency measures and treatments) c) Seminar
Day 19	APH	a) morning tour and history taking b) Bedside Teaching (examining pt. with history of antepartum hemorrhage caused by placenta previa accrete with all emergency measures including emergency hysterectomy)
Day 20	IUFD and IUGR	a) morning tour and history taking - Bedside Teaching b) Quiz
Day 21	Gyn. history	Discussion about history taking & how to present the cases (the students will present their cases)
Day 22	Skill lab.	History taking and gynecological pelvic examination
Day 23	Early pregnancy bleeding	a) morning tour and history taking -Bedside Teaching (examining pt. with history of bleeding in early pregnancy with all measures and treatment – ectopic pregnancy-) b) Seminar
Day 24	Early pregnancy bleeding	a) morning tour and history taking b) Bedside Teaching (examining pt. with history of bleeding in early pregnancy with all measures and treatment – miscarriage -)



Day 25	Early pregnancy bleeding	a) morning tour and history taking-Bedside Teaching (examining pt. with history of bleeding in early pregnancy with all measures and treatment – molar pregnancy-) b) seminar
Day 26	Endometrial hyperplasia and CA of endometrium	History Taking- Bedside Teaching (History presentations + General examination
Day	Topic	Objectives
Day 27	Skill lab	Types of contraception and IUCD insertion
Day 28	Ovarian benign and malignant cyst	History taking& examination morning tour with advisor senior - Bedside Teaching (history + clinical examination, causes, presentation of ovarian cyst) + seminar
Day 29	Premalignant and malignant condition of the cervix	a) History taking and ward round to follow the cases Beside history and case presentation. b) Seminar
Day 30	PMS	a) History taking and ward round to follow the cases Beside history and case presentation highlighting different presentation, causes and treatment of PMS b) Quiz
Day 31	Minimal excess surgeries in gyn.	History taking and ward round to follow the cases Beside history and case presentation.
Day 32	Skill lab.	Type of suturing materials and skills of suturing.
Day 33	Dysmenorrhea	a) History taking and ward round to follow the cases Beside history and case presentation highlighting types of dysmenorrhea and treatment b) Seminar



Day 34	Endometriosis	a) history taking - Bedside Teaching to present the cases (highlight important points in the history & physical examination in patient with endometriosis, causes & management) b) seminar
Day 35	HRT	a) History taking and ward round to follow the cases Beside history and case presentation b) Quiz

Sixth Year Training At Primary Health Care Center

Overarching Goals:

- **Gain practical experience** in the routine management of pregnant women, new mothers, and families.
- **Understand the role of primary health care** in delivering preventive and promotive health services.
- **Develop skills in patient counseling**, history taking, and basic physical examination relevant to the objectives.
- **Familiarize themselves with the Iraqi national guidelines** and protocols for maternal and child health, family planning, and vaccination.
- **Appreciate the cultural and social context** influencing health practices.



Practical Considerations:

- **Respect Patient Privacy and Confidentiality:** Always obtain consent before observing consultations and handle patient information with utmost confidentiality.
- **Be Proactive and Ask Questions:** Don't hesitate to ask clarifying questions and seek opportunities to learn.
- **Dress Professionally:** Maintain a professional appearance appropriate for a healthcare setting.
- **Be Culturally Sensitive:** Be mindful of local customs and traditions when interacting with patients and staff.
- **Maintain a Learning Journal:** Document observations, key learnings, and reflections throughout the week.
- **Utilize Available Resources:** Make the most of any available educational materials, guidelines, and the expertise of the healthcare professionals at the center.

Day Time	Topic	Learning Objectives	Domain
1 st Week			
Saturday 8 AM - 2 PM	Antenatal care	a. Introduction to the PHC Center: Meet the staff, understand the center's organization, patient flow, and available resources. Review relevant patient records and data collection methods (with appropriate patient confidentiality). b. Antenatal Clinic Observation: Observe history taking (including obstetric history, risk factors), physical examinations (vitals, abdominal examination, fetal heart sounds), and routine antenatal investigations. Pay attention to patient education on nutrition, hygiene, danger signs, and preparation for delivery. c. Case Discussion: Discuss 2-3 antenatal cases observed, focusing on risk assessment, management plans, and patient counseling strategies. Familiarize themselves with the recommended schedule of visits, essential investigations, and interventions	K/S/A/C

Sunday 8 AM - 2 PM	Postnatal care	a. Postnatal Clinic Observation: Observe postnatal check-ups, including maternal physical examination, assessment of well-being, and counseling on breastfeeding, nutrition, hygiene, and postnatal danger signs. b. Newborn Examination: perform basic newborn physical examinations, including Apgar scoring (if applicable), assessment for jaundice, congenital anomalies, and feeding. c. Case Discussion: Discuss 1-2 postnatal cases and newborn assessments, focusing on identifying potential complications and providing appropriate advice. Postnatal Care and Newborn Screening Guidelines: Understand the recommended postnatal visits, essential advice, and any routine newborn screening programs in place.	K/S/A/C
Day Time	Topic	Learning Objectives	Domain
Monday 8 AM – 2 PM	Contraception and Family Planning	a. Family Planning Counseling Observation: Observe counseling sessions on various contraceptive methods (pills, injectables, implants, IUDs, barrier methods, natural family planning). Pay attention to how providers assess patient needs, explain different options, address concerns and misconceptions, and obtain informed consent. b. Practical Demonstration (if available and appropriate): Observe or assist (under direct supervision) with the administration of certain contraceptive methods (e.g., oral pills, injectables). c. Role-Playing: Practice counseling patients on different contraceptive options, addressing common questions and concerns. d. Review of National Family Planning Guidelines and Available Methods: Understand the national policies on family planning, eligibility criteria for different methods, and referral pathways.	K/S/A/C

Tuesday 8 AM – 2 PM	Vaccinations	d. Vaccination Clinic Observation: Observe the vaccination process for infants, children, and pregnant women. Understand the vaccine schedule, proper storage and administration techniques, record-keeping, and management of adverse events. e. Review of the National Immunization Schedule and Maternal Disease Management Protocols: Familiarize themselves with the recommended vaccines, target populations, contraindications, and basic management guidelines for common maternal diseases at the primary care level.	K/S/A/C
Wednesday 8 AM- 2 PM	Maternal Diseases During Pregnancy	a. Discussion on Common Maternal Diseases: Engage with the healthcare providers to discuss the prevalence, presentation, and management of common maternal diseases encountered in primary care (e.g., gestational diabetes, hypertensive disorders of pregnancy, anemia, infections). b. Case Study Analysis: Analyze case studies of pregnant or postpartum women with common medical conditions, focusing on the role of primary care in early detection, management, and referral.	K/S/A/C
Day Time	Topic	Learning Objectives	Domain
2 nd Week			
Saturday 8 AM – 2 PM	Gynecological Health	a. Menstrual Health Issues: Learning about the assessment and initial management of common menstrual problems like dysmenorrhea (painful periods), menorrhagia (heavy periods), and oligomenorrhea (infrequent periods). Understanding when hormonal management or referral to a specialist is indicated, and interventions b. Polycystic Ovary Syndrome (PCOS) Awareness: Recognizing common symptoms suggestive of PCOS (e.g., irregular periods, hirsutism, acne) and understanding the role of primary care in initial counseling and referral for diagnosis and management. f. Menopause and Perimenopause: Gaining awareness of the symptoms of menopause and perimenopause and understanding the basic advice and support that can be offered at the primary care level.	K/S/A/C

8 AM - 2 PM	Sunday	Reproductive Health	a. infertility Awareness and Initial Counseling: Understanding the common causes of infertility and providing initial counseling and guidance to couples seeking to conceive. b. Preconception Counseling: Learning about the importance of preconception health, including advice on nutrition, lifestyle modifications, and folic acid supplementation for women planning pregnancy. g. Sexually Transmitted Infections (STIs): Understanding the importance of STI screening (if available or through referral), recognizing common STI symptoms, and providing basic counseling on prevention and treatment.	K/S/A/C
8 AM - 2 PM	Monday	Screening	a) Screening Activities Observation: Observe any routine screening activities conducted at the PHC center relevant to maternal and child health (e.g., screening for anemia, gestational diabetes, hypertension, malnutrition, developmental delays). Understand the protocols, referral criteria, and follow-up mechanisms. b) Discussion on Health Promotion and Disease Prevention: Discuss the role of primary care in promoting healthy behaviors and preventing diseases related to maternal and child health. c) Integrated Case Discussion: Discuss complex cases that involve multiple aspects learned during the week (e.g., a pregnant woman with gestational diabetes requiring antenatal care, family planning counseling for after delivery, and ensuring her infant receives timely vaccinations). d) Reflection and Feedback: Reflect on the learning experience, discuss challenges and key takeaways with the supervising physician, and provide feedback on the rotation.	K/S/A/C
Day Time	Topic	Learning Objectives		Domain
8 AM - 2 PM	Tuesday	Urinary Tract Infections (UTIs) in Pregnancy	Diagnosis and management of common UTIs in pregnant women, considering their potential complications.	K/S/A/C

8 AM- 2 PM	Wednesday	Hypertensive Disorders of Pregnancy (Pre-eclampsia, a) Identify the prevalence of HDP in the local context and recognize key risk factors such as primigravida, multiple gestation, pre-existing hypertension, diabetes, obesity, and family history. b) Familiarize with the local protocols for screening, monitoring, and initial management of HDP in primary care settings, including referral criteria.	K/S/A/C
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