Fifth year syllabus

Fifth year syllabus of surgery included branches of surgery, each course is shown in details

**Fractures and Orthopaedic course specification**

**Course title: Fractures 5th year course of M.B.Ch.B program**

**Allocated marks: 100**

**Course duration : 1 term theory and 2wks clinical sessions (group based)**

**Teaching staff:** 4 professors, 1 assisted professor and 2 lecturer

***I-Aim of the course:***

* Provide students with basic knowledge of principal of surgical anatomy and fracture and Orthopaedic problems related to upper and lower limbs and spine and provide background covering the common and important Orthopaedic emergencies and diseases (causes, diagnosis and management).
* Provide appropriate ethical and professional education necessary for establishment of excellent communication with patients and colleagues and using sound ethical principles in clinical decision making .
* Provide lifelong learning competencies necessary for continuous professional development and research studies.

***II-Intended learning outcomes:***

by the end of the course, all students should be able to:

**1-Knowledge and understanding** : principles of fracture management and major guide line about common Orthopaedic emergencies related to upper , lower limb or spine and pelvis whether pediatrics or adults .

**2-Skills:** by the end of the course all students should be able to:

* **Professional skills**: distinguish between different types of fractures and kind of conservative or fixation tools used and the common orthopedic procedure in the emergency department like cast , traction etc…
* **Intellectual skills:** The student should obtain a complete and reliable history in fracture clinic or ward, and will be able to give a good history .
* **Communication and general skills** : Communicate with the patient as a person, not as a disease, and understand that the patient is a person with beliefs, values, goals, and concerns, which must be respected in addition to respecting the patient’s dignity, privacy, information confidentiality and autonomy. Counsel the patient before doing any intervention and in different situations with respect to his or her wish whenever this is possible.

Maintain the atmosphere of cooperation, peer relationships, and mutual respect in the university society.

Advance the knowledge base of fractures by developing and encouraging scientific researches.

**3-Attitudes:**

* The student will be able to apply Back slab , cast and skin tractions.
* The student may observe& share if possible in :fractures and dislocation reduction and joint aspirations and other simple procedure
* The student will have fair knowledge of utilization of uses of x ray as a golden diagnostic tools and application of CT scan and MRI in orthopaedic diagnosis .

***III- Course contents:***

**1-Topies:**

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Topics  | **Learning content** | Hours |
| 1 | Introduction Introduction totraumatology andorthopedics. Boneregeneration. Closedand open fractures.Modern methods offracture treatment | Master the basic knowledge of TransportImmobilization.Features of treatment of multiple, combinedand combined injuries of the support andmovement system. Transport immobilization.Basic principles. Devices for transport immobilization.Definition of "fracture". Classification offractures, clinic, diagnosis, treatment. Complications that occur in the treatment offractures: delayed fusion, false joints,improper fusion. The causes of thesecomplications, their prevention andtreatment. | 3 |
| 2 | Upper limb trauma  | Master the basic knowledge of scapular damage.Classification, diagnosis, treatment. Dislocations and fractures of the clavicle. Diagnosis,conservative and operative treatment. Mechanogenesis of fractures of the proximal humerus. Classification, diagnosis, treatment.Fractures of the diaphysis of the humerus.Mechanogenesis of injury, diagnosis, treatment.Fractures of the distal end of the humerus.Mechanogenesis of injury, classification, diagnosis, treatment. Fractures of the ulnar process.Mechanogenesis of injury, clinic, diagnosis, treatment. Fractures of the radial head.Classification, mechanism of injury. Clinic,diagnosis, treatment. Fractures of the diaphyses of the forearm bones. Classification, mechanism ofdamage. Features of fragment displacement.Clinic, diagnosis. Indications for conservative andoperative methods of treatment. Fractures of the distal end of the radial bone andtheir types. Mechanogenesis of damage. Clinic,diagnosis, treatment Fractures of the bones of the hand. Fractures of the wrist and metacarpalbones. Typical mechanisms of injury. Clinic,diagnosis, treatment. Damage to the tendons of thefingers. Clinic, diagnosis, treatment. Classification of bleeding in injuries and damage to bloodvessels. Clinic of acute blood loss.Ways to temporarly stop bleeding on thebattlefield and stages of medicalevacuation. Clinic and treatment of nerve damage. | 5 |
| 3 | Lower limb trauma  | Master the basic knowledge of the classification offractures of the proximal femur. Mechanism ofdamage. Clinic, diagnostics. Providing medicalcare at the prehospital stage.Methods of treatment, their indications and features depending on the location of fractures and their types. Fractures ofthe femoral shaft. Mechanism of injury, clinic,diagnosis. Features displacement of fragments depending on the location of the fracture.Indications for conservative and surgical treatment.Fractures of the condyles of the femur.Classification, mechanism of injury. Clinic,diagnosis. The main principles of treatment.Indications for operative and conservativemethods of treatment. Fractures of the patella. Clinic, diagnosis. Methods of treatmentdepending on the type of fracture. Knee ligamentdamage. Mechanism of injury, clinic, diagnosis. Methods of their conservative and operativetreatment. Damage to the menisci. Mechanism ofinjury, clinic, diagnosis, treatment. Damage to the soft tissues of the lower leg (muscles, heeltendon, small tibial and tibial nerves, blood vessels). Clinic, diagnosis and treatment. Fracturesof the tibia. Classification. Damage mechanism,clinic, diagnosis. Conservative and operative methods of treatment of shin bone fractures,indications for them. Shin bone fractures. Classification, mechanism of injury, diagnosis.Conservative and operative treatment. Closed reposition technique for typical bone fractures.Fractures of the calcaneus and heel bones. Themechanism of their damage. Clinic, diagnosis, treatment. Fractures of the metatarsals andphalanges of the fingers. Clinic, diagnosis, treatment. Features of treatment of fractures of foot bones. | 5 |
| 4 | Spine trauma and orthopaedic Spine injury.Clinic, diagnosis,treatment. Openfractures, features oftreatment. Traumaticosteomyelitis | Master basic knowledge about spinal injuries,mechanogenesis, clinic, diagnosis.Treatment. Features of modernapproaches to the treatment of openfractures,classification. Methodology of treatment of posttraumatic osteomyelitis. | 5 |
| 5 | Lower limb orthopaedic  | Master the common sport related injuries and common congenital and soft tissue problems related to lower limbs and pelvis in pediatrics and adult | 5 |
| 6 | Upper limb orthopedics  | Master the common sport related injuries and common congenital and soft tissue problems related to upper limbs and shoulder girdle in pediatrics and adult | 5 |
| 7 | Tumors Orthopaedic infectionsInflammatory,tumorous andtumorous diseases ofthe musculoskeletalsystem. Clinic,diagnosis, treatment. | Master basicknowledge abouttumor and tumorlikediseases of themusculoskeletalsystem.  | 4 |
|  |  |  |  |
| 9 | Osteoporosis and rickets  | Master the basic principles of detection anddiagnosis, laboratory diagnostics.Instrumental diagnostics. Basic principles oftreatment of osteopenia and osteoporosis. | 2 |
| 10 | Amputation Limb amputations.Rehabilitation andprosthetics for thedisabled with limbdefects. Treatment oftraumatological andorthopedic patients inan outpatient setting. | Master the basic knowledge of indications for limbamputation. Methods and methods of limbamputation. Features of treatment of patients with defects of extremities The purpose andobjectives of prosthetics.Indications and contraindications to prosthetics. Types of limb prostheses - cosmetic, activecosmetic. Orthopedic devices, their purpose,device. Indications for use orthopedic devices.Orthopedic shoes. Indications for the appointment of orthopedic shoes. Principles of organization ofoutpatient care for patients with injuries and orthopedic diseases. | 1 |
| 11 | Osteoarthritis  | Master basic knowledge ofClinical manifestations of osteochondrosis andosteoarthritis,modern methods of diagnosis andtreatment of degenerative - dystrophic diseasesof the spine and joints. | 1 |
| 12 | Neurologic disorder and nerve injury  | Master basic knowledge of clinical diagnosis of partial and complete nerve injuries and there treatment | 1 |

**2-Clinical cases: as**

* **Pediatric supracondylar fracture of humorous**
* **Hip spica for fracture femur**
* **Compound fracture tibia :emergency managments**
* **Hip joint septic arthritis**

**3- Medical skills A**: further subdivision of the students into small groups with the residents to observe them while managing the outpatient clinic, also they can watch cast room and miner operation room , and interpret different.

**4-Clinical Diagnostic Studies:** The students will be trained adequately on self-learning methods and procedures. So, they can continuously update their knowledge and skills. The role of teachers in these activities is to supervise and guide the student’s effort.

***IV. TEACHING METHODS:***

**Methods used:**

**1-lectures:** Three hours per week (Monday )from 1.00pm till 2:00pm & (Tuesday )from 11:00 am till 1:00pm (general topics)to cover the basic minimal knowledge required for all physicians &to utilize the available time in presenting the knowledge as simple , updated, well-illustrated, and easily understood as possible. Rare topics, and those irrelevant to our community should be omitted or given less importance and time. Lectures are delivered whenever possible by the senior academic staff. Lectures given as clinical presentation to cover each areas.

**2-clinical attachments::** students are divided into 5-6 groups , students will have a clinical round in the morning from 8:00am -9.00am discussing a clinical case from outpatients then they are subdivided to small groups to examine the patients& in the outpatient clinic.

**3-problem based learning: if** there is no patients with particular problem in the ward, teacher has to be a "role player" and make the students take history followed by diagnosis, investigation and management:

***Teaching & learning facilities***

The facilities available used for teaching in this fifth year course include :

1. Lecture hall in the college contains writing board , overhead & slide projector
2. 12 rooms at clinical words of 2nd floor at Al Diwaniyah teaching hospital
3. Data show & computer
4. outpatients clinical rooms .
5. Multiple learning skill labs.

**\*Clinical facilities**

* At least 25 patients in each day available in inpatient units ( words ) in the hospital .
* Out patients clinic
* Emergency room
* Operating rooms : 3 rooms for fracture and orthopaedic operations

***\*Students assessment***

1. Attendance
2. Behavioral & ethical attendance
3. Logbook for clinical cases
4. Attendance in outpatient clinic

They whole should be fulfilled .

 The minimum accepted attendance is 70 % at the end of term examination.

1. Assessment tools
2. Written examination : for assessment of general knowledge & understanding .
3. Oral examination by two members of teaching staff to assess how fifth year student deal with orthopaedic scenario problems .
4. Clinical examination to medical students attendance in managing clinical cases in apprehensive way .
5. Assessment schedules : fifth year MBCHB program assessment schedules include :

|  |  |  |  |
| --- | --- | --- | --- |
| **Marks allocated** | **Examination** | **Marks** | **Parameters** |
| **10% M** | **Term exam held at the end of 14 days of clinical attachment** | **2****8** | **Attendance****oral examination** |
| **30 %M****60%M** |  **Mid Term** **End course** | **30****60** | **MCQ , most appropriate answers , matching**  **short assay ( 2 hours )****60% cases MCQ , most appropriate answers , matching** **40% short assay( 3 hours )** |

\* **The minimum passing score is 50 marks , the passing grades :**

Excellent > 90

Very good > 80

Good > 70

Fair > 60

\* Recommended readings & books for students :

1-Apley's System of Orthopaedics and Fractures, 9th Edition

2-Campbell's Operative Orthopaedics, 4-Volume Set - 14th Edition

**Cardiothoracic surgery course specification**

**Course title: plastic surgery 5th year course of M.B.Ch.B program**

**Allocated marks: 100**

**Course duration : 1 term theory**

**Teaching staff:** 1 professor

***I-Aim of the course:***

* Provide students with basic knowledge of principal of surgical anatomy and cardiothoracic surgical problems and provide background covering the common and important cardiothoracic surgical emergencies and diseases (causes, diagnosis and management).
* Provide appropriate ethical and professional education necessary for establishment of excellent communication with patients and colleagues and using sound ethical principles in clinical decision making .
* Provide lifelong learning competencies necessary for continuous professional development and research studies.

***II-Intended learning outcomes:***

by the end of the course, all students should be able to:

**1-Knowledge and understanding** : principles of management of thoracic trauma, types and management of pneumothorax, empyema, lung cysts and pulmonary neoplasms principles of cardiopulmonary bypass and other common cardiac conditions of surgical importance .

**2-Skills:** by the end of the course all students should be able to:

* **Professional skills**:the student should be able to diagnose and differentiate types of pneumothorax, haemothorax, and flial chest.
* should be able to insert thoracostomy tube (simulator teaching)
* should be able to insert central venous line ( simulator )
* perform cardiopulmonary resuscitation
* **Intellectual skills:** The student should obtain a complete and reliable history and will be able to give a good history .
* **Communication and general skills** : Communicate with the patient as a person, not as a disease, and understand that the patient is a person with beliefs, values, goals, and concerns, which must be respected in addition to respecting the patient’s dignity, privacy, information confidentiality and autonomy. Counsel the patient before doing any intervention and in different situations with respect to his or her wish whenever this is possible.

Maintain the atmosphere of cooperation, peer relationships, and mutual respect in the university society.

Advance the knowledge base of fractures by developing and encouraging scientific researches.

**3-Attitudes:**

* The student will be able to do wound dressing of skin graft .
* The student may observe dealing with trauma like how to stop bleeding
* The student will have fair knowledge of determining what is the most important steps in management of thoracic trauma .

***III- Course contents:***

**1-Topies:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  subject | responsible department | theory hour/year | practical/wardhour/year | total units  |
| surgery  |  surgery |  15 |  20 |  13 |

|  |  |
| --- | --- |
| subjects  | Hours  |
| Thorax  |  |
| **Learning objectives****To understand:**•• The anatomy and physiology of the thorax•• Investigation of chest pathology•• The role of surgery in pleural disease•• The assessment of patients requiring lung surgery•• Surgical oncology as applied to chest surgery |  |
| **Anatomy and physiology, risk assessment , investigations of respiratory diseases** | 1 |
| **Disorders of the pleura, pneumothorax, insertion and management of chest tube, surgical management of pneumothorax** | 1 |
| **Pleural effusion ,empyma thoracis** | 1 |
| **Disorders of air way, hemoptysis** | 1 |
| **Lung cancer ,**  | 1 |
| **Lung METASTASES, benign lung tumor, the mediastinal conditions**  | 1 |
| **Bronchectasis , lung abscess, lung cyst** | 1 |
| **Chest trauma** | 1 |
| **Chest trauma** | 1 |
| **Chest trauma** | 1 |
| **Chest trauma** | 1 |
| **Conditions of the diaphragm , disorders of chest wall** | 1 |
| **Cardiac surgery**  |  |
| **Learning objectives****To understand:**The important role of surgery in cardiac diseaseThe role of investigation in planning surgeryThe management of coronary heart diseaseThe role of surgery in valvular heart diseaseThe special role of surgery in congenital heart diseaseThe management of aortic vascular and pericardialdisease |  |
| **CARDIOPULMONARY BYPASS** | 1 |
| **CORONARY ARTERY BYPASS****SURGERY** | 1 |
| **VALVULAR HEART DISEASE** | 1 |

***IV. TEACHING METHODS:***

**Methods used:**

**1-lectures:** one hours per week (Monday )from 12 pm till 1:00pm to cover the basic minimal knowledge required for all physicians &to utilize the available time in presenting the knowledge as simple , updated, well-illustrated, and easily understood as possible. Rare topics, and those irrelevant to our community should be omitted or given less importance and time. Lectures are delivered whenever possible by the senior academic staff. Lectures given as clinical presentation to cover each areas.

**2-clinical attachments::** students are divided into 5-6 groups , students will have a clinical round in the morning from 8:00am -9.00am discussing a clinical case from outpatients then they are subdivided to small groups to examine the patients& in the outpatient clinic.

**3-problem based learning: if** there is no patients with particular problem in the ward, teacher has to be a "role player" and make the students take history followed by diagnosis, investigation and management:

***Teaching & learning facilities***

The facilities available used for teaching in this fifth year course include :

1. Lecture hall in the college contains writing board , overhead & slide projector
2. 12 rooms at clinical words of 6th floor at Al Diwaniyah teaching hospital
3. Data show & computer
4. outpatients clinical rooms .
5. Multiple learning skill labs.

**\*Clinical facilities**

* At least 25 patients in each day available in inpatient units ( words ) in the hospital .
* Out patients clinic
* Emergency room
* Operating rooms : 3 rooms for fracture and orthopaedic operations

***\*Students assessment***

1. Attendance
2. Behavioral & ethical attendance
3. Logbook for clinical cases
4. Attendance in outpatient clinic

They whole should be fulfilled .

 The minimum accepted attendance is 50 % at the end of term examination.

1. Assessment tools
2. Written examination : for assessment of general knowledge & understanding .
3. Oral examination by two members of teaching staff to assess how fifth year student deal with plastic scenario problems .
4. Clinical examination to medical students attendance in managing clinical cases in apprehensive way .
5. Assessment schedules : fifth year MBCHB program assessment schedules include :

|  |  |  |  |
| --- | --- | --- | --- |
| **Marks allocated** | **Examination** | **Marks** | **Parameters** |
| **10% M** | **Term exam held at the end of 14 days of clinical attachment** | **2****8** | **Attendance****oral examination** |
| **30 %M****60%M** |  **Mid Term** **End course** | **30****60** | **MCQ , most appropriate answers , matching**  **short assay ( 2 hours )****60% cases MCQ , most appropriate answers , matching** **40% short assay( 3 hours )** |

\* **The minimum passing score is 50 marks , the passing grades :**

Excellent > 90

Very good > 80

Good > 70

Fair > 60

\* Recommended readings & books for students :

1-Baily and love general practice

**Pediatric surgery syllabus : course specification**

* **Course title: pediatric surgery 5th year course of M.B.Ch.B program**
* **Allocated marks: 100**
* **Course duration : 1 term theory and 2wks clinical sessions (group based)**
* **Teaching staff:** **1 lecturer** .

**I-Aim of the course:**

* Provide the students with basic knowledge and principals of pediatric surgical diseases and problems and provide the background covering the common important pediatric surgical emergencies , congenital anomalies and diseases (causes, diagnosis and management).
* Provide appropriate ethical and professional education necessary for establishment of excellent communication with patients and colleagues and using sound ethical principles in clinical decision making .
* Provide lifelong learning competencies necessary for continuous professional development and research studies.

**II-Intended learning outcomes:**

by the end of the course, all students should be able to:

**1-Knowledge and understanding** : principles of pediatric surgical patient management and major guide line about common congenital anomalies and emergencies related to the pediatric patient .

**2-Skills:** by the end of the course all students should be able to distinguish between the medical and surgical case , the elective and emergency case , inpatient and outpatient etc.

**3-Attitudes:**

* The student will be able how to read the formal pediatric Chest Xray , Abdominal Xray , the routine pediatric surgical examination .
* The student may observe common surgical intervention like surgical dressing , chest tube insertion , central IV line insertion etc.
* The student will have the opportunity to attend the pediatric surgical operative room and visualize the common surgical operations (if possible)

**III- Course contents:**

**1-Topics:**

|  |  |  |
| --- | --- | --- |
| N  | **Learning content** | Hr |
| 1 |  Embryology/Developmental * Branchial apparatus remnants
* Thyroglossal remnants
* Dermoid cyst head and neck
* Pre-auricular sinuses and cysts
* **Body wall:** - Development - abnormalities
* **Abdominal Wall -** embryology and anatomy of the abdominal cavity. - gastroschisis and exomphalos - (Prune Belly) Syndrome
* **Chest wall:** Explain the different types of chest wall deformity
* **Umbilicus :** umbilical hernia , umbilical discharge ,
* **Spine :** neural tube development and defects
* **Diaphragm (CDH):** development and defects
* **Esophagus :** embryology of foregut formation, the types of esophageal atresia with or without tracheo-oesophageal fistula.
* **Bowel :** the types of atresia , process of normal intestinal rotation .
* **Vascular anomalies**
 |   |
| 2 |  Neonatal * Neonatal intestinal obstruction
* Neonatal anomalies
* CDH
* Anorectal malformation
* Biliary atresia
 |   |
| 3 |  Fluids/Nutrition/Growth* Normal homeostasis
* Trauma/Shock
* Infantile Hypertrophic Pyloric Stenosis
* Gastro esophageal reflux .
 |   |
| 4 |  .  Genito-Urinary* **Inguino-scrotal swelling :** the embryology of the inguinoscrotal region and why hernias and hydroceles may occur.
* **Congenital renal anomalies** Posterior urethral valves , Hypospadias ,

Vesicoureteric reflux and UTI |   |
| 5 |  Other Acquired abdominal disorders* GI bleeding
* Gastrointestinal polyps
* Abdominal cysts
* Rectal Prolapse
* Recurrent abdominal pain of childhood
 |   |
| 6 |  Neoplasia* Nephroblastoma (Wilms tumour)
* Gonadal tumours
* Lymphoma
* Teratoma/ Sacrococcygeal teratoma
* Neuroblastoma
 |   |

**2- Medical skills A**: further subdivision of the students into small groups with the residents to observe them while managing the outpatient clinic, also they can watch surgical operative room and minor operation room , and interpret different.

**3-Clinical Diagnostic Studies:** The students will be trained adequately on self-learning methods and procedures. So, they can continuously update their knowledge and skills. The role of teachers in these activities is to supervise and guide the student’s effort.

**IV. TEACHING METHODS:**

**Methods used:**

**1-lectures:** Three hours per week from 8.00 am till 11:00 am ( outpatient clinic) & from 12:00 am till 1:00pm (general topics)to cover the basic minimal knowledge required for all physicians &to utilize the available time in presenting the knowledge as simple , updated, well-illustrated, and easily understood as possible

**2-clinical attachments::** students are divided into 5-6 groups , students will have a clinical round in the morning from 8:00am -9.00am discussing a clinical case from outpatients then they are subdivided to small groups to examine the patients& in the outpatient clinic.

**3-problem based learning:** if there is no patients with particular problem in the ward, teacher has to be a "role player" and make the students take history followed by diagnosis, investigation and management:

**Teaching & learning facilities**

The facilities available used for teaching in this fifth year course include :

1. Lecture hall in the college contains writing board , overhead & slide projector .
2. 4 rooms at clinical words of 2nd floor at Al Maternity and child teaching hospital.
3. Data show & computer .
4. outpatients clinical rooms .
5. Multiple learning skill labs.

**\*Clinical facilities**

* At least 8-10 patients in each day available in inpatient units ( wards ) in the hospital .
* Out patients clinic
* Emergency room
* Operating rooms : 2 rooms for pediatric surgery operations .

***\*Students assessment***

1. Attendance
2. Behavioral & ethical attendance
3. Logbook for clinical cases
4. Attendance in outpatient clinic

They whole should be fulfilled .

 The minimum accepted attendance is 70 % at the end of term examination.

1. Assessment tools
2. Written examination : for assessment of general knowledge & understanding .
3. Oral examination by two members of teaching staff to assess how fifth year student deal with the patient problems .
4. Clinical examination to medical students attendance in managing clinical cases in apprehensive way .
5. Assessment schedules : fifth year MBCHB program assessment schedules include :

|  |  |  |  |
| --- | --- | --- | --- |
| **Marks allocated** | **Examination** | **Marks** | **Parameters** |
| **10% M** | **Term exam held at the end of 14 days of clinical attachment** |  | **Attendance****oral examination** |
| **30 %M****60%M** |  **Mid Term** **End course** |  | **MCQ , most appropriate answers , matching**  **short assay ( 2 hours )****60% cases MCQ , most appropriate answers , matching** **40% short assay( 3 hours )** |

**Plastic and reconstructive surgery course specification**

**Course title: plastic surgery 5th year course of M.B.Ch.B program**

**Allocated marks: 100**

**Course duration : 1 term theory**

**Teaching staff:** 1 assisted professor and 1 lecturer

***I-Aim of the course:***

* Provide students with basic knowledge of principal of surgical anatomy and reconstructive surgery problems and provide background covering the common and important plastic surgery emergencies and diseases (causes, diagnosis and management).
* Provide appropriate ethical and professional education necessary for establishment of excellent communication with patients and colleagues and using sound ethical principles in clinical decision making .
* Provide lifelong learning competencies necessary for continuous professional development and research studies.

***II-Intended learning outcomes:***

by the end of the course, all students should be able to:

**1-Knowledge and understanding** : principles of skin loss management by using skin graft and flaps , head and neck congenital anomalies like cleft lip and palate , hand surgery , skin tumors and maxillofacial trauma .

**2-Skills:** by the end of the course all students should be able to:

* **Professional skills**: distinguish between types of wound closure and indications of use each type , how dealing with neonate with cleft lip and palate and know the time of surgery, management of hand trauma in emergency and how receive and manage patient with facial trauma in emergency room etc…
* **Intellectual skills:** The student should obtain a complete and reliable history and will be able to give a good history .
* **Communication and general skills** : Communicate with the patient as a person, not as a disease, and understand that the patient is a person with beliefs, values, goals, and concerns, which must be respected in addition to respecting the patient’s dignity, privacy, information confidentiality and autonomy. Counsel the patient before doing any intervention and in different situations with respect to his or her wish whenever this is possible.

Maintain the atmosphere of cooperation, peer relationships, and mutual respect in the university society.

Advance the knowledge base of fractures by developing and encouraging scientific researches.

**3-Attitudes:**

* The student will be able to do wound dressing of skin graft .
* The student may observe dealing with hand trauma like how to stop bleeding
* The student will have fair knowledge of determining what is the most important steps in management of facial trauma and principles of facial wound repair

***III- Course contents:***

**1-Topies:**

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Topics  | **Learning content** | Hours |
| 1 | Skin graft and flaps | **Goal :learn the student how can manage skin defect and wound that can not closed primarly.**defintion and types of skin graft ,indicationsclassification of skin graftdefintion of flap difference between graft and flapclassifications of flapsWhat’s skin graftTypes :autogenous ,isograft ,allograft,xenograft.Classifications: split thickness(sheet ,mesh), full thicknessSkin graft revasularization phasesSerum imbibitionLasts 24 – 48 hrFibrin layer forms (adhere the graft tothe bed.Nutrient absorption into the graft (fromthe bed by capillary action)InosculationRecipient & donor end capillaries aligned.Kissing capillariesGraft revascularized through kissing capillariesHow to optimize TAKEFlap Any tissue used for reconstruction or wound closure that retains all or part of its original blood supply after the tissue has been moved to the recipient locationClassifications of flaps:Tissue to be transferredLocation of donor siteBlood supply | 1 |
| 2 | Cleft lip and palate  | Incidence ,types,causesClassificationNasal deformityManagement timing and planning for surgery Secondary management of cleft palate Complications of cleft palate surgery | 1 |
| 3 | Hand surgery | Hand trauma assessment History ExaminationInvestigations Basic principles of hand managementCompartment syndrome Flexor and extensor tendons injuries Finger tip injuryHand incisionsHand infectionCarpal tunnel syndrome | 1 |
| 4 | Premalignant and malignant skin tumors | Goal: the medical students should differentiate between skin cancer and other benign skin lesions and types of these skin cancers and what is the more risky one and their managementPremalignant lesions:* Actinic keratosis, Squamous cell carcinoma in situ

Malignant skin lesions:Basal cell carcinoma :types and surgical managementSquamous cell carcinoma management Difference between basal and squamous cell carcinomaMelanoma types and management   | 1 |
| 5 | Maxillofacial trauma | **Goal:** Facial injuries deserve special attention because of their life and aesthetic significant. So we should know how we do management for facial trauma as a life threating problems and as aesthetic problemsFacial injuries classified into: 1.Soft tissue injury. 2.Skeleton injury. 3.Both are affectedEvaluation and initial managementHistory Clinical examinationinvestigationsemergency management:maintenance airway ,control hemorrhage,aspiration ,shock,identifecation of injuriessoft tissue injurytypes of soft tissue injuryspecial region consideration:ckeeck ,eyebrow,eyelid ,lip,noseskeletal inury :mandibular fracturezygomatic fracturenasal fracture | 1 |

**2-Clinical cases: as**

* **Road traffic accident with fracture tibia and skin loss with bone expose**
* **Child patient with cleft lip and palate**
* Patient with basal cell carcinoma
* **Facial stab wound**

**3- Medical skills A**: further subdivision of the students into small groups with the residents to observe them while managing the outpatient clinic, also they can watch miner operation room , and interpret different.

**4-Clinical Diagnostic Studies:** The students will be trained adequately on self-learning methods and procedures. So, they can continuously update their knowledge and skills. The role of teachers in these activities is to supervise and guide the student’s effort.

***IV. TEACHING METHODS:***

**Methods used:**

**1-lectures:** one hours per week (Monday )from 12 pm till 1:00pm to cover the basic minimal knowledge required for all physicians &to utilize the available time in presenting the knowledge as simple , updated, well-illustrated, and easily understood as possible. Rare topics, and those irrelevant to our community should be omitted or given less importance and time. Lectures are delivered whenever possible by the senior academic staff. Lectures given as clinical presentation to cover each areas.

**2-clinical attachments::** students are divided into 5-6 groups , students will have a clinical round in the morning from 8:00am -9.00am discussing a clinical case from outpatients then they are subdivided to small groups to examine the patients& in the outpatient clinic.

**3-problem based learning: if** there is no patients with particular problem in the ward, teacher has to be a "role player" and make the students take history followed by diagnosis, investigation and management:

***Teaching & learning facilities***

The facilities available used for teaching in this fifth year course include :

1. Lecture hall in the college contains writing board , overhead & slide projector
2. 12 rooms at clinical words of 6th floor at Al Diwaniyah teaching hospital
3. Data show & computer
4. outpatients clinical rooms .
5. Multiple learning skill labs.

**\*Clinical facilities**

* At least 25 patients in each day available in inpatient units ( words ) in the hospital .
* Out patients clinic
* Emergency room
* Operating rooms : 3 rooms for fracture and orthopaedic operations

***\*Students assessment***

1. Attendance
2. Behavioral & ethical attendance
3. Logbook for clinical cases
4. Attendance in outpatient clinic

They whole should be fulfilled .

 The minimum accepted attendance is 50 % at the end of term examination.

1. Assessment tools
2. Written examination : for assessment of general knowledge & understanding .
3. Oral examination by two members of teaching staff to assess how fifth year student deal with plastic scenario problems .
4. Clinical examination to medical students attendance in managing clinical cases in apprehensive way .
5. Assessment schedules : fifth year MBCHB program assessment schedules include :

|  |  |  |  |
| --- | --- | --- | --- |
| **Marks allocated** | **Examination** | **Marks** | **Parameters** |
| **10% M** | **Term exam held at the end of 14 days of clinical attachment** | **2****8** | **Attendance****oral examination** |
| **30 %M****60%M** |  **Mid Term** **End course** | **30****60** | **MCQ , most appropriate answers , matching**  **short assay ( 2 hours )****60% cases MCQ , most appropriate answers , matching** **40% short assay( 3 hours )** |

\* **The minimum passing score is 50 marks , the passing grades :**

Excellent > 90

Very good > 80

Good > 70

Fair > 60

\* Recommended readings & books for students :

1-Baily and love general practice

2-Grab and Smith plastic and reconstructive surgery

**Anesthesiology & ICU course specification**

**Course title: Anesthesiology & ICU 5th year course of M.B.Ch.B program**

**Allocated marks: 100**

**Course duration : 1 term theory**

**Teaching staff:** 1 assisted professor and 1 lecturer

***I-Aim of the course:***

* Provide students with basic knowledge of anesthesiology & ICU principal of anesthetic problems and provide background covering the common and important ICU emergencies and diseases (causes, diagnosis and management).
* Provide appropriate ethical and professional education necessary for establishment of excellent communication with patients and colleagues and using sound ethical principles in clinical decision making .
* Provide lifelong learning competencies necessary for continuous professional development and research studies.

***II-Intended learning outcomes:***

by the end of the course, all students should be able to:

**1-Knowledge and understanding** : principles of general & regional anesthesia & airway management, intravenous fluid management, & critically ill patients management .

**2-Skills:** by the end of the course all students should be able to:

* **Professional skills**: distinguish between types of life threatening conditions, their causes, diagnosis (clinical & instrumental) & management.
* **Intellectual skills:** The student should obtain a complete and reliable history and will be able to give a good history .
* **Communication and general skills** : Communicate with the patient as a person, not as a disease, and understand that the patient is a person with beliefs, values, goals, and concerns, which must be respected in addition to respecting the patient’s dignity, privacy, information confidentiality and autonomy. Counsel the patient before doing any intervention and in different situations with respect to his or her wish whenever this is possible.

Maintain the atmosphere of cooperation, peer relationships, and mutual respect in the university society.

**3-Attitudes:**

* The student will be to do life saving measures .
* The student may be able to prepare the patient preoperatively.
* The student will have fair knowledge of determining what is the best type of anesthesia for each individual case.

***III- Course contents:***

**1-Topies:**

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Topics  | **Learning content** | Hours |
| 1 | Introduction to Anesthesia | **Goal :learn the student the definition & types of anesthesia**Definition TypesAdvantages & disadvantages of each typeIndications & contraindicationsComplications & their management | 1 |
| 2 | Preoperative assessment  | How to prepare the patient preoperatively:HistoryPhysical examinationInvestigationsPremedicationsAdvices | 1 |
| 3 | Regional anesthesia | TypesIndications & contraindicationsTypes of local anesthetic agents, their classifications & dosageToxicity of local anesthetic drugs, diagnosis & management | 1 |
| 4 | Inravenous fluid management | Types of intravenous fluids, their consistency, indications & distributionCalculation of intravenous fluid recommended for each situation   | 2 |
| 5 | Cardiopulmonary resuscitation (CPR) | Diagnosis & management of cardiac standstillClinical evaluation, fast & proper intervention for such life threatening situations.  | 1 |

**2-Clinical cases: as**

* **Myocardial Infarction & cardiac standstill**
* **Upper airway obstruction**
* Multiple trauma injury
* **Shock**

**3- Medical skills A**: further subdivision of the students into small groups with the resident & observe different anesthetic techniques in the theatre rooms.

**4-Clinical Diagnostic Studies:** The students will be trained adequately on self-learning methods and procedures. So, they can continuously update their knowledge and skills. The role of teachers in these activities is to supervise and guide the student’s effort.

***IV. TEACHING METHODS:***

**Methods used:**

**1-lectures:** one hours per week (Tuesday )from 12 pm till 1:00pm to cover the basic minimal knowledge required for all physicians &to utilize the available time in presenting the knowledge as simple , updated, well-illustrated, and easily understood as possible. Rare topics, and those irrelevant to our community should be omitted or given less importance and time. Lectures are delivered whenever possible by the senior academic staff. Lectures given as clinical presentation to cover each areas.

**2-clinical attachments::** students are divided into 5-6 groups , students will have a clinical round in the morning from 8:00am -9.00am discussing a clinical case from operation lists then they are subdivided to small groups to examine the patients& in the waiting room.

**3-problem based learning: if** there is no patients with particular problem in the list, teacher has to be a "role player" and make the students take history followed by diagnosis, investigation and management:

***Teaching & learning facilities***

The facilities available used for teaching in this fifth year course include :

1. Lecture hall in the college contains writing board , overhead & slide projector
2. 15 theatre rooms at the 1st & 2nd floor at Al Diwaniyah teaching hospital
3. Data show & computer
4. 10 beds ICU ward .
5. Multiple learning skill labs.

**\*Clinical facilities**

* At least 25 patients in each day available in the operation lists in the hospital .
* ICU
* Emergency room
* Operating rooms : 15 operating rooms for all specialities

***\*Students assessment***

1. Attendance
2. Behavioral & ethical attendance
3. Logbook for clinical cases
4. Attendance in operation theatres

They whole should be fulfilled .

 The minimum accepted attendance is 50 % at the end of term examination.

1. Assessment tools
2. Written examination : for assessment of general knowledge & understanding .
3. Oral examination by two members of teaching staff to assess how fifth year student deal with anesthesia & ICU scenario problems .
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5. Assessment schedules : fifth year MBCHB program assessment schedules include :

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\* **The minimum passing score is 50 marks , the passing grades :**

Excellent > 90

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\* Recommended readings & books for students :

1- Aitkenhead for Anesthesia

2- Morgan for Anesthesia