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 to  traumatology and  orthopedics. Bone  regeneration. Closed  and open fractures.  Modern methods of  fracture treatment | Master the basic knowledge of Transport  Immobilization.  Features of treatment of multiple, combined  and combined injuries of the support and  movement system. Transport immobilization.  Basic principles. Devices for transport immobilization.  Definition of "fracture". Classification of  fractures, clinic, diagnosis, treatment. Complications that occur in the treatment of  fractures: delayed fusion, false joints,  improper fusion. The causes of these  complications, their prevention and  treatment. | 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 of  damage. Features of fragment displacement.  Clinic, diagnosis. Indications for conservative and  operative methods of treatment. Fractures of the distal end of the radial bone and  their types. Mechanogenesis of damage. Clinic,  diagnosis, treatment Fractures of the bones of the hand. Fractures of the wrist and metacarpal  bones. Typical mechanisms of injury. Clinic,  diagnosis, treatment. Damage to the tendons of the  fingers. Clinic, diagnosis, treatment. Classification of bleeding in injuries and damage to blood  vessels. Clinic of acute blood loss.  Ways to temporarly stop bleeding on the  battlefield and stages of medical  evacuation. Clinic and treatment of nerve damage. | 5 |
| 3 | Lower limb trauma | Master the basic knowledge of the classification of  fractures of the proximal femur. Mechanism of  damage. Clinic, diagnostics. Providing medical  care at the prehospital stage.Methods of treatment, their indications and features depending on the location of fractures and their types. Fractures of  the 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 conservative  methods of treatment. Fractures of the patella. Clinic, diagnosis. Methods of treatment  depending on the type of fracture. Knee ligament  damage. Mechanism of injury, clinic, diagnosis. Methods of their conservative and operative  treatment. Damage to the menisci. Mechanism of  injury, clinic, diagnosis, treatment. Damage to the soft tissues of the lower leg (muscles, heel  tendon, small tibial and tibial nerves, blood vessels). Clinic, diagnosis and treatment. Fractures  of 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. The  mechanism of their damage. Clinic, diagnosis, treatment. Fractures of the metatarsals and  phalanges 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. Open  fractures, features of  treatment. Traumatic  osteomyelitis | Master basic knowledge about spinal injuries,  mechanogenesis, clinic, diagnosis.  Treatment. Features of modern  approaches to the treatment of open  fractures,  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 infections  Inflammatory,  tumorous and  tumorous diseases of  the musculoskeletal  system. Clinic,  diagnosis, treatment. | Master basic  knowledge about  tumor and tumorlike  diseases of the  musculoskeletal  system. | 4 |
|  |  |  |  |
| 9 | Osteoporosis and rickets | Master the basic principles of detection and  diagnosis, laboratory diagnostics.  Instrumental diagnostics. Basic principles of  treatment of osteopenia and osteoporosis. | 2 |
| 10 | Amputation  Limb amputations.  Rehabilitation and  prosthetics for the  disabled with limb  defects. Treatment of  traumatological and  orthopedic patients in  an outpatient setting. | Master the basic knowledge of indications for limb  amputation. Methods and methods of limb  amputation. Features of treatment of patients with defects of extremities The purpose and  objectives 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 of  outpatient care for patients with injuries and orthopedic diseases. | 1 |
| 11 | Osteoarthritis | Master basic knowledge of  Clinical manifestations of osteochondrosis and  osteoarthritis,  modern methods of diagnosis and  treatment of degenerative - dystrophic diseases  of 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/ward  hour/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 disease  The role of investigation in planning surgery  The management of coronary heart disease  The role of surgery in valvular heart disease  The special role of surgery in congenital heart disease  The management of aortic vascular and pericardial  disease |  |
| **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 ,indications  classification of skin graft  defintion of flap  difference between graft and flap  classifications of flaps  What’s skin graft  Types :autogenous ,isograft ,allograft,xenograft.  Classifications: split thickness(sheet ,mesh), full thickness  Skin graft revasularization phases  Serum imbibition  Lasts 24 – 48 hr  Fibrin layer forms (adhere the graft tothe bed.  Nutrient absorption into the graft (fromthe bed by capillary action)  Inosculation  Recipient & donor end capillaries aligned.  Kissing capillaries  Graft revascularized through kissing capillaries  How to optimize TAKE  Flap  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 location  Classifications of flaps:  Tissue to be transferred  Location of donor site  Blood supply | 1 |
| 2 | Cleft lip and palate | Incidence ,types,causes  Classification  Nasal deformity  Management timing and planning for surgery  Secondary management of cleft palate  Complications of cleft palate surgery | 1 |
| 3 | Hand surgery | Hand trauma assessment  History  Examination  Investigations  Basic principles of hand management  Compartment syndrome  Flexor and extensor tendons injuries  Finger tip injury  Hand incisions  Hand infection  Carpal 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 management  Premalignant lesions:   * Actinic keratosis, Squamous cell carcinoma in situ   Malignant skin lesions:  Basal cell carcinoma :types and surgical management  Squamous cell carcinoma management  Difference between basal and squamous cell carcinoma  Melanoma 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 problems  Facial injuries classified into:  1.Soft tissue injury.  2.Skeleton injury.  3.Both are affected  Evaluation and initial management  History  Clinical examination  investigations  emergency management:maintenance airway ,control hemorrhage,aspiration ,shock,identifecation of injuries  soft tissue injury  types of soft tissue injury  special region consideration:ckeeck ,eyebrow,eyelid ,lip,nose  skeletal inury :  mandibular fracture  zygomatic fracture  nasal 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  Types  Advantages & disadvantages of each type  Indications & contraindications  Complications & their management | 1 |
| 2 | Preoperative assessment | How to prepare the patient preoperatively:  History  Physical examination  Investigations  Premedications  Advices | 1 |
| 3 | Regional anesthesia | Types  Indications & contraindications  Types of local anesthetic agents, their classifications & dosage  Toxicity of local anesthetic drugs, diagnosis & management | 1 |
| 4 | Inravenous fluid management | Types of intravenous fluids, their consistency, indications & distribution  Calculation of intravenous fluid recommended for each situation | 2 |
| 5 | Cardiopulmonary resuscitation (CPR) | Diagnosis & management of cardiac standstill  Clinical 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 .
4. Clinical examination to medical students attendance in managing clinical cases in apprehensive way .
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

Very good > 80

Good > 70

Fair > 60

\* Recommended readings & books for students :

1- Aitkenhead for Anesthesia

2- Morgan for Anesthesia