

**Ministry of Higher Education and Scientific Research
Scientific Supervision and Scientific Evaluation Apparatus
Directorate of Quality Assurance and Academic Accreditation
Department**



Academic Program and Course Description Guide

5th stage Surgery 2025-2026

Academic Program Description Form

University Name: University of Al-Qadisiyah

Faculty/Institute: College of medicine

Scientific Department:

Academic or Professional Program Name: General Medicine and Surgery

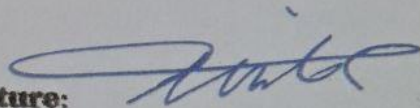
Final Certificate Name: Bachelor's degree in General Medicine and Surgery

Academic System: Annual year / 2 semester

Description Preparation Date: 10/9 /2025

File Completion Date: 16/9/2025

Signature:



Head of Department Name:

Prof Dr. Nael Mohammed

Signature:



Scientific Associate Name:

Prof. Dr. Adel Shater

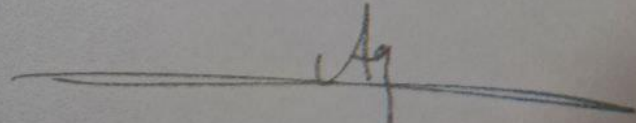
The file is checked by: Prof Dr. Anwar jassib

Department of Quality Assurance and University Performance

Director of the Quality Assurance and University Performance

Department:

Signature:



Approval of the Dean



1. Program Vision

Raise awareness about the importance of surgical health and the effects of medical morbidity on patients

2. Program Mission

To improve student's knowledge and abilities regarding the field of surgery so as to develop the health care services provided by them as future doctors and to implant an empathetic view of surgical ill patients to treat them equally as any other patients in need of care

3. Program Objectives

- 1- Introduce students to the concept of surgical illness, how to diagnose and treat
- 2- Raise awareness about the heavy burden of surgical illness on society
- 3- Correct common misconceptions regarding surgery
- 4- Improve students abilities to interact with different patients

4. Program Accreditation

An application has been made for national accreditation for medical colleges

5. Other external influences

Advances in medical science and technology , requiring regular curriculum updates

6. Program Structure

Program Structure	Number of semester	Credit hours	Percentage	Reviews*
Institution Requirements	2	Total hours 207 h (90 h theory for annual year semester I,II and 117 h for each group clinical session)		Basic
College Requirements	2	Total hours 207 h (90 h theory for annual year semester I,II and 117 h for each group clinical session)		Basic
Department Requirements	2	Total hours 207 h (90 h theory for semester I,II and 117 h for each group clinical session)		Basic
Summer Training	Yes	Summer Training		
Other	No			

* This can include notes whether the course is basic or optional.

1. Program Description

Course Code	Course Name	Credit Hours	
		theoretical	practical
SUR 5202	SURGERY	90 h for each semester I.II	2wks +3d for surgery (39h) +2 wks +3d for surgeryI (39h) +2 wks +3d for orthopedics 2 (39h) total hours =117h for each group clinical session

7. Expected learning outcomes of the program

Knowledge

1-By the end of the course the students should know what do we mean by medical disorders and understand their classification and etiology in addition to the epidemiology, diagnostic criteria and management

Skills

How to take history from medical patients.
 -How to perform medical examination.
 -How to prescribe medical medications.
 -How to use medical therapy in the management of different medical problems.

Ethics

Students should have an idea about the burden of medical health issues on society and be able to sympathize with patients in order to offer the optimum help for them.

8. Teaching and Learning Strategies

Theoretical lectures
Clinical sessions
Tutorials and seminars
EBM

9. Evaluation methods

Theoretical exams
Clinical exams
Logbook

1. Faculty

Faculty Members						
Academic Rank	Specialization		Special Requirements/Skills (if applicable)		Number of the teaching staff	
	General	Special			Staff	Lecturer
8 prof	MBChB	Surgery				
5 Ass.prof	MBChB	Surgery				
4 Lecturer	MBChB	Surgery				

Course Description Form

1. Course Name:
Surgical branches (surgery 2)
2. Course Code:
SUR 5202
3. Semester / Year:
Annual year Semester I , II
4. Description Preparation Date:
10/9/2025
5. Available Attendance Forms:
Attendance sheet
6. Number of Credit Hours (Total 120h) / Number of Units (Total 12)
Total hours 207 h (90 h theory for semester I, II and 117h clinical session) / 10 unit
7. Course administrator's name (mention all, if more than one name)
Name:
Email:

Course Specifications

Course title: branches of Surgery for the 5th year students

Code: SUR 5202

A) Basic Information:

Allocated marks: 100 marks.

Course duration :30 weeks (theory) , 2 weeks and 3d for each group (12 group)

Teaching hours for each group: 90 hours (theory) , and 117 hours outpatient practical sessions

Attendance / Absence

Students are required by university regulations to be present during daytime from 8 a.m. till 11 a.m. for outpatient clinics attendance . Student attendance is compulsory. This means that you are required to attend all:

- Clinical teaching sessions
- Formative assessment and review sessions

Students who fail to attend for any reason is instructed to notify the secretary and give the reason why he/she was unable to attend.

Failure of students to attend (unauthorized absence) for 10% of total weeks is subjected to disciplinary actions (from alarming him till review with MEU committee / head / deputy dean and if absence reached 15% the student is subjected to further disciplinary action. This ranges from a meeting with the year coordinator to (in the worst cases) referral to deanery with a view to expulsion.

1. Course duration: 2 weeks and 3d of teaching for each group of fifth year MBCHB program (12 groups , each group contains = 60 students and each group further subdivided into two subgroups which =30 students) in form of 3 hours daily , for 5 days per a week (from 8:00 AM to 11:00 AM) followed by end term examination .

2. Final courses examination done at the end of clinical course .

3. Total teaching hours 30h.

Professional Information:

Vision: We shall be guiding the region in surgical undergraduate education, community service and research.

Mission: Is to perk up the Iraq health status by graduating knowledgeable skillful and honorable doctors.

Time table for 5th year undergraduate medical student .Total hours 360 hour for 15 weeks course divided into

1. Fractures and orthopedic surgery 144 hour (12 hr /week)
2. Orthopedic surgery 90 hr(8hr /week)
3. Urology 44 hr (4hr/week)
4. Vascular surgery 20hrs
5. Radiology 20hrs
6. Plastic surgery 8hrs
8. Anesthesia 12 hrs
9. Neurosurgery 12 hrs

FRACTURES AND ORTHOPAEDIC COURSE SPECIFICATION

Course duration : 2 term theory and 2wks +3d clinical sessions (group based)

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

Overall 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.

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 .

Specific Information:

Teaching and learning methods:

Methods used:

1. Clinical classes (outpatients clinical presentation and case discussion).
2. TBL (Team based learning)
3. Staff rounds
4. Illustrated lecture
5. Skill laps
6. Tutorials
7. Emergency rounds
8. Seminar
9. PBL
- 10-EBM

Course contents

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 temporarily 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.	5

		<p>Indications for conservative and surgical treatment.</p> <p>Fractures of the condyles of the femur.</p> <p>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.</p> <p>Conservative and operative treatment. Closed reposition technique for typical bone fractures.</p> <p>Fractures of the calcaneus and heel bones. The mechanism of their damage. Clinic, diagnosis, treatment.</p> <p>Fractures of the metatarsals and phalanges of the fingers. Clinic, diagnosis, treatment. Features of treatment of fractures of foot bones.</p>	
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	<p>Tumors Orthopaedic infections</p> <p>Inflammatory, tumorous and tumorous diseases of the musculoskeletal system. Clinic, diagnosis, treatment.</p>	Master basic knowledge about tumor and tumor like 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

1-Clinical cases: as

- **Pediatric supracondylar fracture of humerus**
- **Hip spica for fracture femur**
- **Compound fracture tibia :emergency managements**
- **Hip joint septic arthritis**

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 cast 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.

Clinical course

1st week

Skill	Duration	Methods	Site
Fracture examination	3 hours	Patient	Hospital
x-rays	3 hours	x-rays slides	Hospital
External fixation	3 hours	Tool +patient	Hospital
Pop cast	3 hours	Patient +video	Hospital
Trauma examination	3 hours	Patient	Hospital – emergency wards

2nd week

Skill	Duration	Methods	Site
Trauma tools	3 hours	Tools	Hospital
Spine examination	3 hours	Patient	Hospital
Pelvic fracture	3 hours	x-ray +patient	Hospital
Diabetic ulcer	3 hours	Patient +video	Hospital
Review	3 hours	Patient	Hospital

3rd week

Skill	Duration	Methods	Site
Spin deformity	3 hours	Patient	Hospital
Plain x-ray interpreted	3 hours	x-rays slides	Hospital
review	3 hours	Tool +patient	Hospital
Exam			

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 -11.00am 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
 - a. Behavioral & ethical attendance
 - b. Logbook for clinical cases
 - c. Attendance in outpatient clinic

They whole should be fulfilled .

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

2. Assessment tools
 - a. Written examination : for assessment of general knowledge & understanding .
 - b. Oral examination by two members of teaching staff to assess how fifth year student deal with orthopaedic scenario problems .

- c. Clinical examination to medical students attendance in managing clinical cases in apprehensive way .

*** 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: thoracic surgery 5th year course of M.B.Ch.B program

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-Topics:

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 ,empyema thoracis	1
Disorders of air way, hemoptysis	1
Lung cancer ,	1
Lung METASTASES, benign lung tumor, the mediastinal conditions	1
Bronchiectasis , 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

Clinical course

1st week

Skill	Duration	Methods	Site
Chest examination	3 hours	Patient	Hospital
Chest trauma x-rays	3 hours	x-rays slides	Hospital
Chest tube	3 hours	Drain +patient	Hospital
Chest tube insertion	3 hours	Patient +video	Hospital
Truma examination	3 hours	Patient	Hospital – emergency wards

2nd week

Skill	Duration	Methods	Site
Chest examination	3 hours	Patient	Hospital
Chest tube removal and follow up	3 hours	Patient	Hospital
Pneumothorax management	3 hours	Patient+vedio	Hospital
Flail chest management	3 hours	Patient +video	Hospital
Review and EBM	3 hours	Patient	Hospital – emergency wards

3rd week

Skill	Duration	Methods	Site
Pleural effusion examination	3 hours	Patient	Hospital
Nasogastric tube	3 hours	x-rays slides	Hospital
Review examination	3 hours	Tool +patient	Hospital

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 -11.00am 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. 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

Behavioral & ethical attendance

Logbook for clinical cases

Attendance in outpatient clinic

They whole should be fulfilled .

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

2. Assessment tools

Written examination : for assessment of general knowledge & understanding

Oral examination by two members of teaching staff to assess how fifth year student deal with plastic scenario problems .

Clinical examination to medical students attendance in managing clinical cases in apprehensive way .

*** Recommended readings & books for students :**

1-Baily and love general practice

Pediatric surgery syllabus: course specification

- **Course duration : 1 term theory and 2wks and 3d 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:

NO.	Learning content	Hr
1	Embryology/Developmental <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• Neonatal intestinal obstruction• Neonatal anomalies• CDH• Anorectal malformation• Biliary atresia	
3	Fluids/Nutrition/Growth <ul style="list-style-type: none">• Normal homeostasis• Trauma/Shock• Infantile Hypertrophic Pyloric Stenosis• Gastro esophageal reflux .	
4	Genito-Urinary <ul style="list-style-type: none">• 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 <ul style="list-style-type: none"> • GI bleeding • Gastrointestinal polyps • Abdominal cysts • Rectal Prolapse • Recurrent abdominal pain of childhood 	
6	Neoplasia <ul style="list-style-type: none"> • Nephroblastoma (Wilms tumour) • Gonadal tumours • Lymphoma • Teratoma/ Sacrococcygeal teratoma • Neuroblastoma • EBM 	

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 :

6. Lecture hall in the college contains writing board , overhead & slide projector .
7. 4 rooms at clinical words of 2nd floor at Al Maternity and child teaching hospital.
8. Data show & computer .
9. outpatients clinical rooms .
10. 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

3. Attendance

Behavioral & ethical attendance

Logbook for clinical cases

Attendance in outpatient clinic

They whole should be fulfilled .

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

4. Assessment tools

Written examination : for assessment of general knowledge & understanding

Oral examination by two members of teaching staff to assess how fifth year student deal with the patient problems .

Clinical examination to medical students attendance in managing clinical cases in apprehensive way .

Clinical skills 1st week

Skill	Frequency	Method	Location
History	2 hour	Real patient	Hospital
Chief complain	2 hour	Real patient	Hospital
Pain analysis	2 hour	Real patient	Hospital
System review	2 hour	Real patient	Hospital
Past history	2 hour	Real patient	Hospital

2nd week

Skill	Frequency	Method	Location
History of present illness	2 hour	Real patient	Hospital
Chief complain	2 hour	Real patient	Hospital
Pain analysis	2 hour	Real patient	Hospital
System review	2 hour	Real patient	Hospital
Past history	2 hour	Real patient	Hospital

3rd week

Skill	Duration	Methods	Site
History	3 hours	Patient	Hospital
Chief complain	3 hours	x-rays slides	Hospital
Pain analysis	3 hours	Tool +patient	Hospital
Exam			

PLASTIC AND RECONSTRUCTIVE SURGERY COURSE SPECIFICATION

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

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-Topics:

No.	Topics	Learning content	Hours
1	Skin graft and flaps	<p>Goal :learn the student how can manage skin defect and wound that can not closed primarily.</p> <p>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</p> <p>Types :autogenous ,isograft ,allograft,xenograft.</p> <p>Classifications: split thickness(sheet ,mesh), full thickness</p> <p>Skin graft revascularization phases Serum imbibition Lasts 24 – 48 hr Fibrin layer forms (adhere the graft to the bed. Nutrient absorption into the graft (from the bed by capillary action) Inosculation Recipient & donor end capillaries aligned. Kissing capillaries</p> <p>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</p> <p>Classifications of flaps: Tissue to be transferred Location of donor site Blood supply</p>	1
2	Cleft lip and	Incidence ,types,causes	1

	palate	<p>Classification</p> <p>Nasal deformity</p> <p>Management timing and planning for surgery</p> <p>Secondary management of cleft palate</p> <p>Complications of cleft palate surgery</p>	
3	Hand surgery	<p>Hand trauma assessment</p> <p>History</p> <p>Examination</p> <p>Investigations</p> <p>Basic principles of hand management</p> <p>Compartment syndrome</p> <p>Flexor and extensor tendons injuries</p> <p>Finger tip injury</p> <p>Hand incisions</p> <p>Hand infection</p> <p>Carpal tunnel syndrome</p>	1
4	Premalignant and malignant skin tumors	<p>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</p> <p>Premalignant lesions:</p> <ul style="list-style-type: none"> ■ Actinic keratosis, Squamous cell carcinoma in situ <p>Malignant skin lesions:</p> <p>Basal cell carcinoma :types and surgical management</p> <p>Squamous cell carcinoma management</p> <p>Difference between basal and squamous cell carcinoma</p> <p>Melanoma types and management</p>	1
5	Maxillofacial trauma	<p>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 threatening problems and as aesthetic problems</p> <p>Facial injuries classified into:</p> <ol style="list-style-type: none"> 1.Soft tissue injury. 2.Skeleton injury. 3.Both are affected <p>Evaluation and initial management</p> <p>History</p> <p>Clinical examination</p> <p>investigations</p> <p>emergency management:maintenance airway ,control</p>	1

	hemorrhage, aspiration, shock, identification of injuries soft tissue injury types of soft tissue injury special region consideration: cheek, eyebrow, eyelid, lip, nose skeletal injury: mandibular fracture zygomatic fracture nasal fracture EBM	
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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 minor 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 hour 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 area.

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 :

Lecture hall in the college contains writing board , overhead & slide projector

Rooms at clinical words of 6th floor at Al Diwaniyah teaching hospital

Data show & computer

outpatients clinical rooms .

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**

Attendance

Behavioral & ethical attendance

Logbook for clinical cases

Attendance in outpatient clinic

They whole should be fulfilled .

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

5. Assessment tools

Written examination : for assessment of general knowledge & understanding

Oral examination by two members of teaching staff to assess how fifth year student deal with plastic scenario problems .

Clinical examination to medical students attendance in managing clinical cases in apprehensive way .

* 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-Topics:

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	Intravenous 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. EBM	1
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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 :

11. Lecture hall in the college contains writing board , overhead & slide projector
12. 15 theatre rooms at the 1st & 2nd floor at Al Diwaniyah teaching hospital
13. Data show & computer
14. 10 beds ICU ward .
15. 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**

6. Attendance

Behavioral & ethical attendance

Logbook for clinical cases

Attendance in operation theatres

They whole should be fulfilled .

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

7. Assessment tools

Written examination : for assessment of general knowledge & understanding

.

Oral examination by two members of teaching staff to assess how fifth year student deal with anesthesia & ICU scenario problems .

Clinical examination to medical students attendance in managing clinical cases in apprehensive way .

* **Recommended readings & books for students :**

1- Aitkenhead for Anesthesia

2- Morgan for Anesthesia

Examinations description:

Examination	Description
1-continuous progress test (CPT)	oral examination / spot diagnosis , quizzes , PBL ,Short answered questions, Case report ,homework activity and skills assessment , log book activity , attendance
2- theory exam for each 1 st and 2 nd mid semester	Short answered questions, M.C.Qs. and case presentation with short answer and matching according bloom and blue print
3-Halve year theory exam	Short answered questions, M.C.Qs. and case presentation with short answer and matching according bloom and blue print
4- clinical session exam for final exam	OSCE , long case , short case , physical exam according bloom and blue print
5-final theory exam	M.C.Qs. as case sinario or direct question , according bloom and blue print

The minimum passing grades (Faculty bylaws) is 50 marks.

Re-sit Examinations :- Students who fail in the annual year assessment will be required to re-sit (second sitting) the Final examination (theory and practical exam) .