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

2024/2025

وزارة التعليم العالي والبحث العلمي
جهاز الاشراف والتقويم العلمي
دائرة ضمان الجودة والاعتماد الاكاديمي

استمارة وصف البرنامج الاكاديمي للكليات والمعاهد

الجامعة: القادسية
الكلية : الطب
القسم العلمي: الاطفال
تاريخ ملىء الملف: 1 / 9 / 2024

التوقيع:
اسم رئيس الفرع: ا.د اعلان الزاملي
التاريخ:

التوقيع:
اسم المعاون العلمي: ا.د عدنان حمد الحمداني
التاريخ:

دقق الملف من قبل
شعبة ضمان الجودة وتقويم الاداء
ا.د انوار جاسب ثعبان
التاريخ: / / ٢٠٢٤
التوقيع:

مصادقة السيد عميد كلية الطب
ا.د عقيل رحيم البرقعاوي
التوقيع:

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التوقيع:

1. Program Vision

Seeking to make the College of Medicine in Al-Qadisyiah University a distinguished college among the medical colleges in Iraq in the field of medical education. Additionally, to make it has a clear imprint in promoting the health field in the Iraqi community and works to provide distinctive proposals and views for basic and clinical medical sciences to ensure meeting the health needs of the community at the local and national levels.

2. Program Mission

Al Qadisiyah medical college aims at producing medical doctors that are able to participate effectively in the health care delivery system whether in Iraq or any other country
The curriculum is designed to provide students with the necessary knowledge, skills and attitudes in order to function as safe doctors and have the baseline for lifelong learning in the medical field in the future
The teaching methods are guided by learning objectives that ensure delivering basic biomedical, behavioral and social and clinical subjects which help creating an efficient junior doctor who is competent, motivated and professional.
It is a well-established strategy that students are heard and welcomed to provide feedback about different aspects of the learning process and they are considered as an essential part in the decision making in the college used for continuous planning for improvement of the whole institution.

3. Program Objectives

Graduating distinguished doctors and rehabilitating them scientifically, professionally and ethically so that they can provide health and medical care to individuals, families and society on sound scientific bases and in accordance with the noble moral, social and humanitarian values with great interest in primary health care
- Developing curricula, teaching aids and methods to improve quality based on international quality standards and academic accreditation
- Achieving accreditation through the institutional capacity standards of the college. Achieving academic accreditation standards for student and graduate programs offered by the college
Continuous support for distinguished cadres of faculty members through an academic environment that encourages production and creativity
θ Continuous development of the scientific research system to identify and diagnose major health problems in the community, propose appropriate scientific solutions to them, and keep pace with development in basic and clinical medical sciences.

4. Program Accreditation

An application has been made for national accreditation for medical colleges

5. Other external influences

Not found

Course Description Form

1. Course Name:
Pediatrics
2. Course Code:
PED 6204
3. Semester / Year:
4 clinical training courses (medicine , surgery , pediatric , gynecology and obstetrics)
4. Description Preparation Date:
1/9/2024
5. Available Attendance Forms:
Attendance sheet
6. Number of Credit Hours (Total) / Number of Units (Total) = 300 h (10 unit)
10 wks (total 300hours / 10 units)
7. Course administrator's name (mention all, if more than one name)
Name: Email:

UNIVERSITY OF Al-Qadisiyah University
Faculty of Medicine
Department of Pediatrics
Sixth academic year of M.B. B.Ch. program 2024

Course Specifications
Course title: Pediatrics for the 6th year students
Code:
A) Basic Information:
Allocated marks: 100 marks.
Course duration 10 weeks x 3 groups
Teaching hours for each group: 300 hours

Attendance / Absence

Students are required by university regulations to be present during daytime from 8:30 a.m. till 2:30 P.m. 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.

Professional Information:

1. Program Aims

- To provide the students with basic knowledge of normal and abnormal growth and development (physical, physiologic, psychosocial) and its clinical application from brith till adolescence.
- To enable students to provide basic health care for Pediatric age group (neonates, infants, children and adolescents).
- To provide students with appropriate knowledge and skills needed for management of the common and important pediatrics emergencies and diseases.
- To provide the students with appropriate professional attitude and communication and problem solving skills.
- To enable the students to acquire lifelong learning competencies necessary for continuous professional development.

2. Academic Standards

The Intended Learning Outcomes (ILO's) of the present program are developed to satisfy the National Academic Reference Standards (NARS) for Bachelor degree of medicine published by the National Authority for Quality Assurance and Accreditation of Education.

3. Intended Learning Outcome

a. Knowledge and Understanding

1-Describe normal growth and development during infancy, childhood and adolescence.

2-Identify abnormalities of growth and development during infancy and childhood.

3-Describe appropriate management for abnormalities affecting growth and development.

4-Identify common genetic diseases and their impact on children and families.

5-Determine the nutritional requirements and the most common nutritional disorders affecting infants and children.

6-Describe appropriate management of nutritional disorder.

7-Describe the indications, contraindications, administration and precautions of the

immunization necessary for infants and children according to the national schedule and the condition of the child.

8-Recognize the most important behavioral and social issues during during childhood and adolescence.

9-Describe appropriate measures for health promotion as well as prevention of diseases and injury in infants, children and adolescents.

10-Describe the causes, pathogenesis, clinical symptoms, signs, investigations, treatment and prognosis of the most important neonatal and pediatric problems.

11-Set the management priorities for different neonatal and pediatric emergency.

12-Describe the theoretical basis of professional practical skills and evidence based medicine (EBM).

13-Recognize basis of ethics, medico legal aspects of health, problems malpractice and common medical errors.

14-Recognize basics of health and patient, safety and safety procedures during practical and clinical years.

b. Practical and Clinical Skills:

1-take and record a structured patient-centered medical history.

2-check vital signs in neonates, infants, children and adolescents.

3-asses physical and mental development in neonates, infants, children and adolescents according to standard milestones and recognize abnormalities.

4-perform appropriate clinical and anthropometric assessment of the nutritional status of infants and children.

5-perform an adequate clinical examination for a patient in the pediatric age group and identify deviations from normal.

6-construct appropriate management strategies both diagnostic and therapeutic for patients with common acute and chronic pediatric diseases.

7-assess, classify and describe appropriate treatment for sick children below the age of five years according to the principles of Integrated Management of Childhood Illness (IMCI).

8-compose an initial plan of management for stabilization for different neonatal and pediatrics emergencies.

9-work out drug dosage based on patient's criteria and health condition.

10-write safe prescriptions of different types of drugs.

Procedures and technical skills acquired under appropriate supervision during undergraduate:

- perform venipuncture and collect blood sample.
- insert a cannula into peripheral veins.
- practice enteral, parenteral, inhalational and topical methods for drug administration.
- demonstrate competency in cardiopulmonary resuscitation and basic life –support.
- use a nebulizer for administration of inhalation therapy.
- administer basic oxygen therapy.
- insert a nasogastric tube.
- perform bladder catheterization.

C-Attitudes and Behavioral Skills:

1-Adopt an empathic and holistic approach to the patients and their problems taking into consideration beliefs, values, goals and concerns.

2-Rrespect the patients, families right to know and share in decision making as well as dignity, privacy, information confidentiality and autonomy.

3-Understand and respect the different cultural beliefs and values regardless of their disabilities in the community they serve.

4-Recognize the important role played by other health care professions in patients, management regardless of degree or occupation.

5-Council patients suffering from different conditions as well as their families.

6-Recognize one, s own limitations of knowledge and skills referring patients to appropriate health facility at the appropriate stage.

d. Communication Skills:

By the end of the program, the graduate will be able to:

d.1 Communicate clearly, sensitively and effectively with patients and their relatives and colleagues from a variety of health and social care professions.

d.2 Communicate effectively with individuals regardless of their social, cultural, ethnic backgrounds, or their disabilities.

d.3 Cope with situations where communication is difficult including breaking bad news.

d.4 Show compassion to patients and their relatives in situations of stress and grief.

d.5 Honor and respect patients and their relatives, superiors, colleagues and any other member of the health profession.

d.6 Use communication styles to bring about behavioral change.

e. Intellectual Skills

By the end of the program, the graduate will acquire the skills required to:

e 1.Analyze symptoms & signs and construct a differential diagnosis for common presenting complaints.

e.2 Design an appropriate diagnostic plan for evaluation of common presenting complaints which is appropriate in terms of the differential diagnosis, the severity of the clinical situation and the risks, benefits and costs to the patient.

e3. Accurately interpret the results of commonly used diagnostic procedures.

e.4 Combine clinical and investigational data with evidence-based knowledge for clinical problem solving.

e.5 Identify risk factors for disease processes and injury, and institute the appropriate diagnostic, preventive, and therapeutic interventions.

e.6 Determine the different strategies for risk management of disease and injury.

e.7 Identify the indications and logistics of referring patients to higher levels of experience or specialization as a principle for the family doctor (GP).

e.8 Construct treatment plan, incorporating his knowledge, best available evidence, and patient's preferences in a cost effective manner.

e.9 Recognize and cope with uncertainty that is unavoidable in the practice of medicine by accepting and reacting to uncertain situations through proper counseling, consultation and referral.

f. General and Transferable Skills

By the end of the program, the graduate will acquire the skills required to:

f.1 Adopt the principles of lifelong learning needs of the medical profession (continuous professional development; CPD).

f.2 Use computers efficiently in reaching biomedical information to remain current with advances in knowledge and practice.

f.3 Present information clearly in written, electronic and verbal forms

f.4 Communicate ideas and arguments effectively.

f.5 Work effectively within a multidisciplinary team.

f.6 Manage time and resources effectively and set priorities.

f.7 Apply simple statistical methods.

f.8 Apply English language as needed for appropriate learning and communication in relation to medicine.

4**. Program Structure and Contents :-**

a. Course contents:

*neonatal jaundice

*convulsions (seizure)

*cerebral palsy

*fluid therapy

*approach to anemia

*malnutrition

*chronic diarrhea

*DM

*rickets

*PUO

*meningitis

*infectious diseases

*growth and development

*asthma and bronchiolitis

*pneumonia

*RDS, TTN

*hemorrhagic disease of newborn

*birth asphyxia

*neonatal seizure

*kala-azar

*AGE

*vaccination

*thalassemia

*UTI

*HSP

*nephrotic syndrome

*haemophilia

*CHD ,HF

*neonatal sepsis

*acute and chronic renal failure

*TB in children

*drugs in pediatrics

*abdominal pain

*arthritis

*lymphadenopathy

*AFP

*A G N

b. Pediatrics Emergency:

*dehydration

*anaphylaxis

*seizure

*severe asthma

*poisoning

*drowning

*foreign body inhalation

*DKA

*snake bite and scorpion bite

*Dysrhythmia

5- A) The time table of topics of clinical course:

1. **1st week:**

Day	8:30-9:30	9:30-10:30	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	**record a structured patient-centered medical history**	**check vital signs in neonates, infants, children and adolescents**	**patient, safety and safety procedures**	**assessment of the nutritional status of infants and children.**	**fluid therapy and electrolyte .disturbances**	**fluid therapy**
Monday	**Case presentation**	**Case presentation**	**approach to dehydration**	**asses physical and mental development in neonates, infants, children and adolescents according to standard milestones and recognize abnormalities.**	**Failure to thrive and malnutrition**	**growth and development milestone for different age groups**
Tuesday	**Case presentation**	**Case presentation**	**approach to chronic diarrhea**	**perform veinpuncture and collect blood sample**	**chronic diarrhea**	**Gastroenteritis +ORT**
Wednesday	**Case presentation**	**Case presentation**	**abdominal pain**	**perform veinpuncture and collect blood sample**	**Malabsorption**	**EBM**
Thursday	**Case presentation**	**Case presentation**	**Case presentation**	**insert a cannula into peripheral veins**	**Problem solving.**	**EBM**

2. 2ed week:

Day	8:30-9:30	9:30-10:30	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	**record a structured patient-centered medical history**	**check vital signs in neonates, infants, children and adolescents**	**RDS, TTN**	**insert a cannula into peripheral veins**	**approach to RDS**	**approach to RDS**
Monday	**Case presentation**	**Case presentation**	***birth asphyxia**	**insert a cannula into peripheral veins**	**approach to birth asphyxia**	**approach to birth asphyxia**
Tuesday	**Case presentation**	**Case presentation**	**drugs therapy in children.**	**insert a cannula into peripheral veins**	**rickets**	
Wednesday	**Case presentation**	**Case presentation**	**drugs therapy in children.**	**write safe prescriptions of different types of drugs**	**AGE**	**EBM**
Thursday	**Case presentation**	**Case presentation**	**Case presentation**	**Problem solving.**	**Problem solving.**	**EBM**

3.[3rd] week

Day	8:30-9:30	9:30-10:30	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	**record a structured patient-centered medical history**	**check vital signs in neonates, infants, children and adolescents**	**asthma and bronchiolitis**	**administer basic oxygen therapy.**	**severe asthma**	**approach to asthma and bronchiolitis**
Monday	**Case presentation**	**Case presentation**	**Pneumonia**	**administer basic oxygen therapy.**	**T.B.in children.**	**approach to pneumonia and pleural effusion**
Tuesday	**Case presentation**	**Case presentation**	***meningitis Encephalitis**	**use a nabulizar for administration of inhalation therapy**	**Management of meningitis**	***infectious diseases**
Wednesday	**Case presentation**	**Case presentation**	**Case presentation**	**use a nabulizar for administration of inhalation therapy**	***kala-azar**	**EBM**
Thursday	**Case presentation**	**Case presentation**	**Case presentation**		**Problem solving.**	**EBM**

4. 4th week

Day	8:30-9:30	9:30-10:30	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	**record a structured patient-centered medical history**	**check vital signs in neonates, infants, children and adolescents**	**neonatal jaundice**	**practice entral , parentral, inhalational and topical methods for drug administration.**	**treatment neonatal jaundice**	**approach to neonatal jaundice**
Monday	**Case presentation**	**Case presentation**	**convulsions (seizure)**	**practice entral , parentral, inhalational and topical methods for drug administration.**	**Infant feeding**	**approach to neonatal sepsis**
Tuesday	**Case presentation**	**Case presentation**	**cerebral palsy**	**practice entral , parentral, inhalational and topical methods for drug administration.**	**HSP and Large bowel anomalies**	**Congenital hypertrophic pyloric stenosis**
Wednesday	**Case presentation**	**X-ray slides or ECG in common pediatric subject**	**Case presentation**	**write safe prescriptions of different types of drugs**	**Prematurity**	**Down syndrome Turner syndrome**
Thursday	**Case presentation**	**X-ray slides or ECG in common pediatric subject**	**Case presentation**	**write safe prescriptions of different types of drugs**	**Problem solving.**	**EBM**

5. 5th week

Day	8:30-9:30	9:30-10:30	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	**record a structured patient-centered medical history**	**check vital signs in neonates, infants, children and adolescents**	**anemia**	**Blood group Match Lab.**	**approach to anemia**	**approach to anemia**
Monday	**Case presentation**	**Case presentation**	**hemorrhagic disease of newborn**	**Blood transfusion**	**hemorrhagic disease of newborn**	**approach to haemophilia**
Tuesday	**Case presentation**	**Case presentation**	**thalassemia**	**Blood exchange**	**thalassemia**	**approach to thalassemia**
Wednesday	**Case presentation**	**X-ray slides or ECG in common pediatric subject**	**Case presentation**	**insert a naso-gastric tube.**	**Growth hormone deficiency.**	**EBM**
Thursday	**Case presentation**	**X-ray slides or ECG in common pediatric subject**	**Case presentation**	**insert a naso-gastric tube.**	**Problem solving.**	**EBM**

6.6th week

Day	8:30-9:30	9:30-10:30	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	**record a structured patient-centered medical history**	**check vital signs in neonates, infants, children and adolescents**	**DM**	**perform bladder catheterization.**	**DM**	**approach to DM**
Monday	**Case presentation**	**Case presentation**	**DKA**	**perform bladder catheterization.**	**Hypothyroidism**	**approach to DKA**
Tuesday	**Case presentation**	**Case presentation**	**HF**	**perform bladder catheterization.**	**CHD**	**HF**
Wednesday	**Case presentation**	**X-ray slides or ECG in common pediatric subject**	**UTI**	**CSF**	**acute and chronic renal failure**	**Acute glomerulonephritis + Hypertension**
Thursday	**Case presentation**	**X-ray slides or ECG in common pediatric subject**	**Problem solving.**	**CSF**	**nephrotic syndrome**	**EBM**

7.7th week Pediatric Emergency:

Day	8:30-9:30	9:30-10:30	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	Pediatric Emergency	Pediatric Emergency	CPR	demonstrate competency in cardiopulmonary resuscitation and basic life – support	dehydration	Shock
Monday	Pediatric Emergency	Pediatric Emergency	Basic and advanced management of cardiac arrest and chocking	demonstrate competency in cardiopulmonary resuscitation and basic life – support	foreign body inhalation	Basic and advanced management of cardiac arrest and chocking
Tuesday	Pediatric Emergency	Pediatric Emergency	Neonatal resuscitation	demonstrate competency in cardiopulmonary resuscitation and basic life – support	seizure	Neonatal resuscitation
Wednesday	Pediatric Emergency	Pediatric Emergency	IV fluids	demonstrate competency in cardiopulmonary resuscitation and basic life – support	severe asthma	EBM
Thursday	Pediatric Emergency	Pediatric Emergency	IV fluids	Transfusion therapy	*DKA	EBM

8.8th week Pediatric Emergency:

Day	8:30-9:30	9:30-10:30	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	Pediatric Emergency	Pediatric Emergency	Emergency case discussion	Transfusion therapy	anaphylaxis	Airway and breathing management
Monday	Pediatric Emergency	Pediatric Emergency	Emergency case discussion	Transfusion therapy	poisoning	Altered mental status and coma
Tuesday	Pediatric Emergency	Pediatric Emergency	Emergency case discussion	CPR	drowning	Problem solving.
Wednesday	Pediatric Emergency	Pediatric Emergency	Emergency case discussion	CPR	snake bite and scorpion bite	EBM
Thursday	Pediatric Emergency	Pediatric Emergency	Emergency case discussion	CPR	Dysrhythmia	EBM

9. 9th week Primary Health care

Day	8:30-9:30	9:30-10:30	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	Primary Health Care Centers (pHCC),	Primary Health Care Centers (pHCC),	Infection Control	hand hygiene	the prevention and control of infections	Infection Control
Monday	(pHCC),	(pHCC),	prenatal care	sterilization procedures	patient education and long-term care strategies.	prenatal care
Tuesday	(pHCC),	(pHCC),	nutrition for mothers and children.	handling of infectious diseases	Problem solving.	EMB
Wednesday	(pHCC),	(pHCC),	prenatal care	immunization	Problem solving.	EBM
Thursday	(pHCC),	(pHCC),	prenatal care	growth monitoring	Problem solving.	EBM

10. 10thweek Primary Health care

Day	8:30-9:30	9:30-10:30	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	**(pHCC),**	**(pHCC),**	**public health emergencies, such as pandemics**	**Training on vaccine administration**	**immunization schedules**	**EBM**
Monday	**(pHCC),**	**(pHCC),**	**public health emergencies, such as pandemics**	**cold chain management**	**recognizing, reporting, and managing communicable diseases.**	**EBM**
Tuesday	**(pHCC),**	**(pHCC),**	**public health emergencies, such as pandemics**	**immunization schedules**	**Public Health Emergency Preparedness**	**Problem solving.**
Wednesday	**(pHCC),**	**(pHCC),**	**public health emergencies, such as pandemics**	**Training on responding to public health emergencies, such as pandemics**	**skills in effective communication, patient counseling, and health education.**	**Problem solving.**
Thursday	**(pHCC),**	**(pHCC),**	**public health emergencies, such as pandemics**	**MCQ**	**MCQ**	**MCQ**

SEMINARS:

Seminar prepared by group of students (change every week) and after presentation ; discussion started with questions and answers.

1. Acute and chronic renal failure.

2. D.M. in children.

3. Drugs therapy in children.

4. Pediatrics emergency.

5. Arthritis.

6. Fluid therapy and electrolyte disturbances.

7. Chromosomal abnormalities, genetic counseling.

8. T.B.in children.

9. F.T.T.

10. Pediatrics arrthymia.

11. Tetanus

Teaching and learning methods

1. Small group teaching for clinical skills

2. Tutorials

3. Clinical classes

4. Problem solving

5. Seminars

6-EmergencyPediatric training

7. Students are always invited to attend and share in all the pediatrics departmental activities: Conferences (indoors and outdoors), departmental staff rounds, and Grand rounds.

Clinical rounds: 5 days per week, 6 hours per day, clinical /small group teaching, students are divided to small group for training in pediatrics wards and emergency room and neonatal care unit in the Maternity and Children Teaching Hospital , and Thalassemia center. By these small groups the students will learn communication skills ,history taking ,physical exam ,written and verbal presentation ,clinical reasons, and advanced clinical skills .students have a clinical round at the ward and daily patient attachments, there is daily case presentation and PBL and discussion of pediatric subject according to plan of teaching. Also there is seminar once a week (presented by the students followed by discussion). Also there is session once per week for X-ray or slides or ECG in common pediatric subject.

A certain topic is suggested and a group of students share to make a search to cover the topic in an advanced up to date method then they are asked to present their topic in front of their colleagues and supervising professor to run out a group discussion.

Assessment methods:

A) Assessment criteria:

According to the undergraduate Faculty bylaws the students should attend 75% of the total hrs as a prerequisite to attend any of the allocated exams.

B) Assessment TOOLS:

Tool	Purpose
Written examination	**To assess ILOs related to knowledge, understanding, higher intellectual skills & transferable skills**
Table Viva .Oral & . Practical examination	**To assess ILOs related to knowledge, understanding, higher intellectual skills, communication skills, professional skills and transferable skills**
Clinical examination	**To assess ILOs related to knowledge, understanding , higher intellectual skills, practical skills, technical skills, ethics, professional skills , communication skills & transferable skill**

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

Professional Development
Mentoring new faculty members
One-on-one mentorship with a near-peer mentor. The department chair will assign new faculty a mentor who is in more of a peer position.
Professional development of faculty members
Teaching: Demonstrate an interest and growth in teaching

- Establish and maintain a teaching portfolio
- Classroom observations, student outcomes
- Become an effective advisor
- Other activities, e.g., undergraduate research, implement safe laboratory procedures, support co- or extra-curricular activities or events.

Professional Growth:

- Plan for publication or other significant professional activity, as appropriate for discipline.
- Participate in local or regional conferences or professional organization activities

1. Program Development Plan

1.Focusing mainly on making pathology lectures more interactive by asking the fundamental questions in pathology "how & why "
2. Reliance on clinical tutors; we recruit recent medical graduates for small groups in teaching lab
3. Focusing more on Sample questions: that should be posted weekly based on the learning objectives for the week for the students to study by themselves.

5-D) GRADING SYSTEM:

Summative Assessment:

It is allowed after meeting the requirement of each training course It is important for ranking after graduation.

1-End course assessment

It differs according to the clinical course and may include a long case presentation or short case examination or written examination. It will be given 20% of the final score.

2- **Final comprehensive ministerial theoretical written exam** :

It is achieved through SBA and modified essay questions. It is given 40% of the final score.

3-Clinical Examination:

It is achieved by long case examination, OSCE and slide examination. It is given 40% of the final Score. As showed in table below

Examinations description:

Marks allocated	examination	parameters
20 degree	**End of the course/Clinical exam**	**OSCE, short cases، Slides, oral, Logbook**
40 degree	**Final comprehensive ministerial theoretical written exam**	**MCQ in the form of pediatric cases and most appropriate**
40 degree	**Final clinical exam**	**Long case ,OSCE, slides ,short cases**

Re-sit Examinations

Students who fail in a in the course will be required to re-sit (second sitting) the entire examination after 6 months , in the same format and duration as the original or in an equivalent format as deemed appropriate by the examiners. Students, who fail at the second-sitting examination, will be allowed to re-sit the year with full attendance.

6- Learning resources:

1- Nelson-Essential of pediatrics

2- Illustrated pediatrics

3-Nelson text book of pediatrics

				Required program Learning outcomes											
Year/Level	**Course Code**	**Course Name**	**Basic or optional**	**Knowledge**				**Skills**				**Ethics**			
				A1	**A2**	**A3**	**A4**	**B1**	**B2**	**B3**	**B4**	**C1**	**C2**	**C3**	**C4**
6th stage	PED6204	Pediatric	Basic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

- **Please tick the boxes corresponding to the individual program learning outcomes under evaluation.**

Course coordinators:
Prof. Dr. Nasma Al-Hajiya