Medicine is the science by which we learn the various states of the human body in health and when not in health, and the means by which health is likely to be lost and, when lost, is likely to be restored back to health. In other words, it is the art whereby health is conserved and the art whereby it is restored after being lost. While some divide medicine into a theoretical and a practical [applied] science, others may assume that it is only theoretical because they see it as a pure science. But, in truth, every science has both a theoretical and a practical side.

# <u>Avicenna</u>

This core-curriculum introduces a pedagogical foundation and specific learning design to assure achievement of high-level learning outcomes and to help students mature as individuals and professionals ready to assume personal responsibility for their actions and decisions, learning throughout their lives, advocating for all patients, and providing the highest-quality medical care with the highest ethical standards.

#### KMU Curriculum Revision Committee (KMU/CRC), Assigned in 1392 (2013)

- 1. Prof. Mir Azizullah Akhgar, MD- Vice Chancellor of KMU in Academic affairs Chairperson
- 2. Prof. Nader Ahmad Exeer, MD-Head ,Department of Cardiovascular Medicine -Member
- 3. Prof. Hayatullah Jawad ,MD –Department of pathology –Director of EDC Member
- 4. Prof. Najeebullah Amarkhail ,MD-Head , Department of Surgery -Member
- 5. Prof.Mohammad Homayoon Aria,MD -Department of Cardiopulmonary Medicine -Member
- 6. Prof. Mohammad Rafi Rahmani ,MD-Department of Pharmacology -Member
- 7. Assist.Prof.Amena Ghoriani , DMD-Department of Prosthodontics -Member
- 8. Prof. Abdul Walid Nejrabi, DMD-Department of Periodontology Member

#### **Goals for Third Curriculum Revision**

# The curriculum committee developed eight goals that were designed to guide the curriculum development process:

- 1. Assure all graduates demonstrate goals and learning objectives at the end of all courses;
- 2. Provide standard graduate core curriculum outlines to prevent curriculum shortage, overload and duplication;
- 3. Provide standard course contents for MD degree (for all subjects);
- 4. Provide enough highlights to goals, objectives, and learning methodologies for faculties and tutors;
- 5. Provide a student-centered curriculum;
- 6. Provide frequent and developmental opportunities for professional attitude development throughout the curriculum;
- 7. Introduce new essential subjects adapting to the objective requirements of our community and omit unnecessary, overlap or duplicate ones;
- 8. Provide laboratory and clinical clerkship objectives and teaching methodologies for faculties and tutors to assure the expected skills at the end of each courses.

It is expected that this curriculum will serve as present-day guideline for the students and faculty members. In order to further improve, update and make it effective; this curriculum needs constant review and revision with time-to-time updating.

Lastly, we would like to extend our deep and sincere gratitude to all faculty members and head of departments who shared their expertise and insights and worked hard to produce this valuable document.

Curriculum Commitee
Kabul Medical University-October 2015

#### Preamble

Kabul Medical University is located in the historic campus of Aliabad University Hospital, which embraces the Faculty of medicine, Faculty of Dentistry, Faculty of Nursing, Faculty of Public Health, faculty of Medical Allied Sciences and Community College and hosts approximately over 2960 students in above mentioned fields. We have 7-years MD program including three semesters (72 credits-each semester) house-job in faculty of medicine.

Faculty of medicine was the first institution of higher education in all over the country founded in 1932. Throughout the long history of this faculty, we have maintained a strong commitment to teach and practice of medicine in the context of a mission of service to the society. In addition, KMU hospitals are the center of education for medical students and also home of the most rapidly growing residents in many clinical fields.

The curriculum leading to the degree of Professional doctorate of Medicine, is designed to provide a medical education that prepares graduates comprehensively for residency training, provides them the experience on which to base their career selection, and prepares them for professional lives of continuous learning.

Over the last two and half years, the Kabul Medical University/Curriculum Committee, worked diligently to revise and improve the identified weaknesses of the curriculum various courses and clerkships, and modified the curriculum on the basis of new teaching/learning methodologies, includes basic biomedical sciences and clinical subjects. The Kabul Meical /Faculty of medicine curriculum, has been continuously modified to prepare professional graduates that will have the ability to adapt to the over-changing practices of medicine. We are keeping the best of what is proven to work a system-based approach foundation, small group learning, in-depth clinical training, and expanding these elements across all seven years of the program. Our education system according to the newly revised curriculum, encourages interaction and bridging between traditional and modern methodologies, such as simulations and virtual reality which are being used in medical faculties worldwide, to ensure a balanced acquisition of knowledge and skills by the medical students. Hopefully, we continuously and strategically review, update and enhance, the new and proved teaching/learning methodologies. We expect that this curriculum will be ensure the required learning skills, and enable students to master the knowledge and skills of the core curriculum contents.Let me to congratulate the academic staff and medical students, for the third revision and re-designing of curriculum, and thanks a lot from all who were involved in this phenomenal work, especially KMU-Curriculum Committee (KMU-CC) with great appreciation.

With best wishes

Prof. Sherin Aqa Zarif, MD. Chancellor Kabul Medical University Kabul city, Kabul-Afghanistan

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#### Introduction

Faculty of medicine in KMU is providing a discipline-based curriculum that is 7 years (including one and half year internship) in length and culminating in a MD degree (Professional Doctorate of Medicine). This curriculum is based on the public health sector status, facilities of KMU, and socioeconomic condition of the country.

One should realize that there are "formal" and "informal" components in the curriculum. There are the formal activities that are allocated in the timetable of the students and the informal activities that are usually voluntary and outside the working hours like Internet Club, Library, and Gym etc. In addition, one can notice that the distribution of the clinical courses is not based on the actual requirements of the society-the knowledge domain is stressed at the expense of vocational skills, and formal courses on communication skills and attitudes are lacking in some of the curriculum. Ignoring recent developments in new educational tools are not rational; therefore decision has to be made on the use of certain educational strategies to achieve educational learning objectives. Each medical institution can look at these strategies and decide which would be appropriate to adopt.

The assigned curriculum committee agreed that problems exist within the current curriculum; these include overcrowding, over-representation, duplications, lack of clear-cut knowledge and skills objectives, teaching and learning methodologies and the ignorance of some necessary subjects. Immunology, Research methodology & Biostatistics, First aids, Clinical toxicology, Substance related disorders, Nutrition & Health, Behavioral Science, Essential drugs and rational use of drugs are formally introduced in the new revision of the curriculum.

*In integrated curriculum*; integration is made between subjects at different phases of the curriculum, such as the integration between anatomy, pathology and surgery. The integration could be both vertical and horizontal as in the system based approach. The advantages of the integrated approach are reduction of the fragmentation of knowledge, increased student motivation, and promotion of staff collaboration.

**Discipline-based curriculum**; has the advantages of preserving the identity, contents, and fundamentals of each discipline. It also helps encouraging students to choose the basic or applied sciences as his/her profession. Furthermore, teachers feel more comfortable and perform better in a discipline-based system, and it is less costly and less demanding.

Therefore according to the recommendations of curriculum committee and the university trend and economic challenges, at the moment discipline-based curriculum for 5.5 years and 1.5-year (72 credits) internship is a better choice for our institution. At the future we will work to pave the ground for organ based curriculum. The major anticipated challenge is to maintain a viable, enthusiastic team of faculties who periodically update and revise this curriculum continuously for maintenance and enhancement.

Prof .Mir Azizukllah Akhgar, MD. Vice Chancellor in Academic Affairs Kabul Medical University Jamal Meena-University Avenue Kabul city, Kabul-Afghanistan

# The twenty-first century physician

No greater opportunity, responsibility, or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering, [the physician] needs technical

#### **MD CURRICULUM**

Medical education is a life-long process and MD curriculum is a part of the continuum of medical education, proceeding to house job, post-graduation training, continuous medical education and Continuous Professional Development (CME/CPD).

*Curriculum development* is a dynamic process and works best in an environment conducive to learning, and thrives on monitoring, quality assurance and continuous quality improvement. It consists of not only the formal curriculum but also the informal learning that takes place through day-to-day interactions of students with peers, teachers, tutors, colleagues, other health care providers, the patients and their families.

With the information explosion of the last century and scientific discoveries expanding the boundaries and restructuring the concepts of current knowledge, it is essential to work toward identifying a core curriculum. The curricular model should be grounded in educational knowledge and adult learning principles, which will promote learning of Basic Biomedical sciences in the clinical context. Faculty of Medicine should ensure building of analytical and critical thinking, clinical and lifelong learning skills and desired professional behaviors in medical graduates by appropriate multi-modal teaching, learning, and assessment and feedback strategies.

#### Doctorate of Medicine (MD) Program (Professional Doctorate of Medicine)

Kabul Medical University takes an approach to medical education, requiring all students to participate in the Practice of Medicine (POM) courses. These courses span all 5.5 years with 1.5 year internship, allowing students to immediately begin clinical training during the first block of first year and providing the means for students to develop outstanding clinical thinking, interpersonal and technical skills and professionalism while also studying the Basic Biomedical sciences. Every intern is obliged to conduct a clinical research during the 1.5 years of internship program on an assigned issue by the research committee of the KMU and present it at the end of internship program. Only after completion of this seven years program, and presenting the scientific research papers; he/she is granted the MD degree, which has the privileges of a master degree.

Practice of Medicine (POM)

The three main components to the POM course are; Doctor- Patient - Society (DPS). Clinical Apprenticeship Program (CAP), Problem-Based Learning (PBL) and Case Based Learning (CBL) are learning methologies that challenges students with daily and weekly clinical cases that integrate biomedicine, psychosocial issues, the art and science of clinical problem solving, and critical appraisal of the medical literature in small groups, facilitated by faculty tutors. The Practice of Medicine is a course that spans all 5.5 years; provide early patient exposure and the means to develop outstanding clinical thinking, technical skills, and a sense of professionalism. In the first two years, the Practice of Medicine offers a clinical apprenticeship in which students are placed with a practicing primary care clinician; while students meet in small groups with faculty mentors to learn clinical assessment skills and to consider ethical, social, and professional issues. In addition, problem-based learning is conducted through small-group and case-based tutorials.

#### Vision

We are a Faculty of Medicine respected nationally for our values-centered excellence in teaching, research, clinical care, and leadership. We are distinguished for preparing graduates who promote justice and achieve excellence in their chosen fields while demonstrating an extraordinary compassion and commitment to the service of others, and the Faculty of Medicine is to be the golden benchmark for academic excellence in the country.

#### Mission

#### The mission of the KMU-Faculty of Medicine is:

- ☐ To prepare students for meeting and responding to the changing healthcare needs and expectations of the community. This will be achieved in full partnership with other healthcare providers and relevant sectors in the community;
- ☐ Providing innovating educational opportunities for medical students, preparing them to successfully pursue postgraduate training and continuous professional development;
- ☐ Advancing scientific knowledge with important research discoveries;
- ☐ Improving health care in university hospitals and clinics;
- ☐ Emphasizing the coleague social responsibility in providing and promoting effective health care for different sectors of the community.

#### Values

The faculties and staff of the KMU-Faculty of medicine, commits to the Islamic doctrinal and cultural values as guides for our all decisions and behaviours.

#### Years I – II

The balance of the curriculum in Year I and II is devoted to Basic Biomedical sicence. *In year I*, instruction is concentrated on the study of normal human biology and function, with specific courses in review of Organic and unorganic chemistry, Medical physics, Medical Biophysics, Gross and Microscopic Anatomy, Genetics, Molecular Cell Biology, first aids, English language and Information communication technology.

*In year two*; instructions is focused on the study of Gross and Microscopic Anatomy, Physiology, Embryology, Biochemistry, Microbiology and Immunology.

#### Years III – IV-V& VI

During the 3 and half years, the MD program consists of Pathology, Medicine, Surgery Pharmacology, Obstetrics & Gynecology, ENT, Pediatrics, Ophthalmology, Radiology and Imaging, Anesthesia ,Dermatology, Psychiatry ,Neurology ,Substance related disorders, Forensic Medicine, Clinical & Forensic Toxicology ,Orthopedics ,Fundamentals of Researches and Biostatistics ,Nutrition, Social and behavioural science and a series of required clerkships designed to prepare students for graduate training, while at the same time providing them with extensive exposure to a variety of fields sufficient to enable them to make appropriate career decisions.

#### Statement of learning objectives

The all-embracing objective of the M.D program is the graduation of physicians who are competent to the satisfaction of the faculties and the standards of the profession, in the following areas:

	Medical knowledge
	Patient care
	Interpersonal and communication skills
	Practice-based learning and improvement
	Discipline-Based Practice
П	Professionalism

The Program Learning objectives are informed by well-established standards of medical education and designed to reflect the unique strengths and goals of the Kabul Medical University, Faculty of Medicine.

KMU seeks to educate students of medicine who understand domestic and global health issues and who are prepared to participate in health care decision-making. The educational program will build upon the attributes of each student by promoting the acquisition of knowledge and skills in health care policy, community health, medical education, global health and research. By adopting skills for life-long learning, graduate physicians of KMU will be able to continue to grow as professionals throughout the rest of their medical careers. Also through the institution's strong dedication to instruction in clinical skills, our students will be equipped with scientific knowledge and specific skills required to perform successfully during postgraduate training in their chosen specialties.

#### Outline of overall learning objectives

For b	eing as "Seven Star" Medical Doctor, the graduate must be:
	Knowledgeable
	Skillful
	Community Health Promoter
	Critical thinker (Problem Solver)
	Professional
	Researcher
П	Leader & Role Model

#### I. Medical Knowledge

Each graduate student will demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences as well as the application of this knowledge to serve as a physician in health care decisions.

By the	e time of graduation, students are expected to:
	Apply the scientific basis of the normal structure, development, function, and
	relationships among the major organ systems of the body, to concepts of health and
	disease;
	Link biochemical, physiological, neurological, and immunological mechanisms, to
	their role in maintaining body homeostasis;
	Apply principles of pathophysiolgy to diseases and disorders;
	Evaluate the role of immunology and microbiology in health and disease.
	Compare and contrast the genetic processes and environmental influences on health
	and on disease and its treatment;
	Interpret the role of normal human biological, cognitive, psychological, and
	behavioral development across the life span as determinants of health and illness
	Interpret the clinical, laboratory, pathologic, and radiologic manifestations of
	common diseases in patient care;
	Apply pharmacological principles to medical therapeutics;
	Apply principles of nutrition for maintaining optimal health and managing diseases;
	Apply the principles of epidemiology to the practice of medicine for the individuals
	the local and global communities;
	Discuss the scientific methods, clinical, and epidemiological researches as they relate
	to patient care.
	tient Care (Skills)
	graduate will function in an inter-professional health care team to deliver effective and
	assionate patient-centered care.
By the	e time of graduation, students are expected to:
	Elicit a complete and accurate patient history including believes, spiritual and cultural issues and incorporate these into the comprehensive care of a patient;
	Perform an accurate and relevant screening and focused physical and mental status examinations;
	Perform common clinical procedures;
	Select appropriate physical examination techniques, laboratory tests, radiologic, and
	other clinical studies and interpret the results;
	Formulate a plan for the diagnosis and treatment of common medical conditions;

#### III. Interpersonal and Communication Skills

Each graduate will communicate and interact effectively with patients, their families, and members of the inter-professional health care team.

Recognize life-threatening conditions and institute appropriate initial care; Identify opportunities for early intervention, prevention, and health education.

<ul> <li>Demonstrate empathic patient-centered communication;</li> <li>Inform the patient and his/her representatives about the status of the patient's</li> </ul>	
<u>.</u>	
	health
and condition;	
☐ Synthesize and present a coherent description of the patient's clinical condition	based
upon the information obtained from the patient and other resources;	
☐ Demonstrate shared decision-making with patients including discussing the ris	ks and
benefits of medical interventions and obtaining informed consent;	
☐ Demonstrate skills and strategies for engaging patients and their families in di	ifficult
situation (e.g. end-of-life, medical errors, serious diagnosis, etc.);	
Collaborate effectively with other health care professionals in caring for patient	s;
☐ Negotiate conflicts within health care teams;	
Consider the patient's culture, believes and level of health literacy for communi	cating
effectively.	
IV. Practice-Based Learning & System -Based Practice	
A-Practice–Based learning	
Each graduate will demonstrate the ability to continuously evaluate patient care practice	es and
appraise and assimilate scientific evidence, in order to improve the practice of medicin	
ensure the safety and quality of patient care.	
By the time of graduation, students are expected to:	
Evaluate study design, methods, and results as they apply to evidence-based	
medicine;	
☐ Apply reflection and feedback to incorporate lessons learned into future practice	э;
	e;
• • • • • • • • • • • • • • • • • • • •	е;
☐ Utilize electronic and other resources in the practice of life-long learning;	e;
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	Explain how diverse cultures and belief systems impact perception of health and illness and response to symptoms, diseases, and diagnostic and therapeutic
_	interventions;
	Apply the principles of cost-effective health care in patient care;
	Analyze the organization, financing, and delivery of health care;
	Discuss the role of medical laws and conflicts of interest in the health care system.
	edical Ethics &Professionalism
	graduate will demonstrate a commitment to the highest standards of professional assibilities, adherence and believe to ethical principles.
By the	e time of graduation, students are expected to:
	Apply the theories and principles that govern ethical decision making
	Demonstrate ethical behavior and professionalism including:
	- Compassionate treatment of patients;
	- Respect for privacy and dignity;
	- Honesty and integrity;
	- Truthfulness;
	- Patient advocacy;
	- Confidentiality;
	- Accountability;
	- Demonstrate reliability, punctuality, dependability, and integrity in all professional
	activities;
	- Promote ethical and professional behavior of peers;
	- Recognize personal and professional conflicts of interest.
VI I	eader and Role Model
	ical graduates are expected to demonstrate exemplary conduct and leadership
	ical graduates are expected to demonstrate exemplary conduct and teddership itial in:
<i>poter</i>	Advancing patient and health care;
	Enhancing continuous medical education;
	Initiating, participating in and adapting to change, using scientific evidence and approaches;
	Enhancing the trust of public in the medical profession by being exceptional role
	models at work and also when away from work accept leadership if required;
	Provide leadership in issues concerning society.
	esearcher
	ty of medicine graduates are expected to demonstrate constructive criticism, a spirit of
1	ry, creativity and a research oriented attitude.
	raduates should be able to:
	Identify a researchable problem and critically review literature;
	Phrase succinct research questions and formulate hypotheses;
	Identify the appropriate research design in epidemiology and analytical tests in
_	biostatistics to answer the research questions;
	Collect, analyze and evaluate data, and present results where possible;
	Demonstrate ethics in conducting research.

#### **Teaching and Learning Strategies**

Active learning is the strategic approach in faculty of Medicine, That is, learners interact more with the subject matter to construct and "own" knowledge. They are not empty vessels into whom faculty pour knowledge. Active learning activities promote thoughtful engagement, encourage analytical thinking and reasoning, foster the integration and application of knowledge, and are designed around well-defined learning objectives. Students engage in solving problems, sharing ideas, giving feedback, and teaching one another. Active learning requires faculty who facilitate and emphasize the development of students' skills. Active learning requires collaboration in both teaching (e.g., working teams of instructors, instructional designers, educational technology professionals, etc.) and learning (e.g., small groups). Active learning incorporates assessment as part of curriculum and instruction to ensure coherence and consistency, active learning can enhance academic achievement, promote retention and application of knowledge, enhance understanding and mastery of course content, improve critical thinking and problem solving, improve clinical competencies, enhance interpersonal skills, promote teamwork, increase student engagement, promote positive student attitudes, increase course satisfaction, and encourage self-directed lifelong learning.

The following learning methods, taken in part from Prince's (2004) review of active learning research, provides the generally accepted definitions and uses of common active learning terms:

**Active learning** is defined as any instructional method that engages students in the learning process. Active learning requires students to do *meaningful* activities and think about what they are doing. While this definition could include traditional activities such as homework, in practice it refers to activities introduced into the classroom. The core elements of active learning are student activity and engagement in the learning process. Active learning is often contrasted to the traditional lecture where students passively receive information.

**Collaborative learning** can refer to any instructional method in which students work together in small groups toward a common goal. As such, collaborative learning can be viewed as encompassing all group-based instructional methods, including cooperative learning. In contrast, some authors distinguish between collaborative and cooperative learning. In either interpretation, the core element of collaborative learning is the emphasis on *student interactions* rather than on learning as a solitary activity.

**Cooperative learning** can be defined as a structured form of group work where students pursue common goals while being *assessed individually*. A common model of cooperative learning incorporates five specific tenets: individual accountability, mutual interdependence, face-to-face promotive interaction, appropriate practice of interpersonal skills, and regular self-

assessment of team functioning. The core element held in common is a focus on cooperative incentives rather than competition to promote learning.

**Team-based Learning (TBL)** is an instructional method that allows a single instructor to conduct multiple small groups simultaneously in one classroom. TBL stresses the importance of out-of-class learning based on learning objectives, emphasizes the importance of holding learners accountable for attending class prepared to participate, and provides guidelines for designing group learning tasks to maximize participation. Class time is shifted away from learning facts toward application and integration of information. The instructor retains control of content acting as both facilitator and content expert. TBL consists of repeating sequences of three phases: pre-class preparation, readiness assurance, and application of concepts.

**Case-Based Learning (CBL)** is a learner-centered instructional approach where factually based, complex problems are used to *stimulate discussion and collaborative analysis*. CBL involves the interactive exploration of realistic and specific situations for which there is often no single correct solution.

**Problem-based Learning (PBL)** is a type of CBL where problems are introduced at the beginning of the instruction cycle to provide the *context and motivation for learning*. It is always active and usually collaborative or cooperative. PBL typically involves significant amounts of self-directed learning. Some evidence shows that PBL develops enhanced problemsolving skills in medical students and that these skills can be improved further by coupling PBL with explicit instruction in problem solving.

**E-learning:** As the letter "e" in e-learning stands for the word "*electronic*", e-learning would incorporate all educational activities that are carried out by individuals or groups working online or offline, and synchronously or asynchronously via networked or stand alone computers and other electronic devices (Romiszowski; 2004).

#### In brief our teaching - learning methodology fulfill by the following approachs:

Lecture with Audio-Visual Aids;
Laboratory practice;
Small Group Tutorials (Problem Based Learning-PBL, Case Based Learning-CBL etc);
Bedside Learning (Clerkship and Rotations);
Role play (Simulated or Standard patient in the future);
Practice on Manikin and Moulage in Skill-lab;
Self- learning (Learning to Learn);
E-learning;
Conferences.

#### **Credit hours guidelines**

#### Introduction:

Credit hour is the unit by which an institution measures its course work. The number of credit hours assigned to a course quantitatively reflects the outcomes expected, the mode of instruction, the amount of time spent in class, and the amount of outside preparatory work expected for the class.

A semester credit hour is the most commonly used system of measuring course work and is usually based on at least a 14-17 weeks calendar (16 weeks in KMU). Further, a class hour varies from 45 to 60 minutes (50 minutes in KMU) in various institutions. Many of the definitions refer to weekly student class hours (WSCH).

#### Credits Guidelines

One semester credit hour is assigned in the following ratio of component hours per week devoted to the course of study:

#### A-Lectures

Normally, one theory credit hour is associated with a class meeting for 50 minutes per week for an entire semester (16 weeks) or the equivalent 800 semester-minutes, excluding final examinations.

#### **B-laboratory Skills**

One credit hour for laboratory works requires 100 minutes per week and 1600 minutes for entire semester

#### C-Clerkship (Bedside practice in university hospital and clinics)

One credit hour for clerkship minimally requires 150 minutes per week and 2400 minutes over the semester.

#### **Evaluation of the Curriculum**

Ongoing evaluation of all elements of the curriculum is essential to maintain continuous improvement of the curriculum. Evaluation of the curriculum is performed by students, faculty and staff;

The process is coordinated by the staff of the Office of Medical Education and is performed by the Evaluation Committee. The Evaluation Committee (six faculties and two students) is responsible for the assessment of all required courses and clerkships. The Evaluation Committee reports to the Educational Policy Committee-EPC, which has overall responsibility for management of the curriculum. The Evaluation Committee conducts continuous assessment of preclinical courses, Clinical courses and clerkships;

For each course and clerkship students complete an evaluation of the course/clerkship in addition to faculty evaluations for lecturers, small group facilitators, and site preceptors for clinical experiences. These data are provided to course faculty, course/clerkship directors, and department chairs.

The Evaluation Committee meets monthly. The committee determines which courses or clerkships to evaluate and what data are needed, including but not limited to:

Course or clerkship syllabus;
Student evaluations of a course or clerkship;
Evaluation and grading methods;
Student performance in a course or clerkship;

	Interviews	with faculty	and staff	involved	with the	course/clerkship;
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Annual course/clerkship report (The course/clerkship director must submit a response to a series of course assessment questions within 2 months of the end of the course).

The final report is distributed to the course director and to the Educational Policy Committee-EPC at its regular monthly meeting. The Committee accepts the findings and recommendations of the Evaluation Committee or asks for a response from the course/clerkship director. After resolution of all outstanding issues, the amended report is approved by the EPC and send to the course director for implementation of the recommendations.

The Educational Policy Committee monitors the curriculum by examining course, clerkship and component assessments provided by the Evaluation Committee. Clinical skills are measured throughout the yearly components. Clinical skill measurement culminates in a comprehensive assessment at the end of clinical courses.

#### **Assessment of Students**

Assessment is a critical component of instruction; properly used, it can aid in accomplishing key curricular goals. The impact of decisions regarding how and when to evaluate the knowledge and performance of your students cannot be overestimated.

A primary purpose of testing is to communicate what you view as important. Tests are a powerful motivator, and students will learn what they believe you value. Assessment also helps to fill instructional gaps by encouraging students to read broadly on their own and to participate broadly as educational opportunities are available. This outcome of testing is especially important in the clerkships, where the curriculum may vary from student to student, depending on factors such as the clinical setting and the random flow of patients. This outcome may also be important in some basic biomedical science settings (eg, problem based learning), where the educational experiences may vary from student to student.

Because tests have such a powerful influence on student learning, it is important to develop tests that will further your educational goals and objectives.

#### **Examination Regulations**

#### 1. Attendance:

Seventy five percent attendance in a subject for appearing in the examination is compulsory provided he/she has 80% attendance in non-lecture teaching, i.e. seminars, group discussions, tutorials, demonstrations, practicals in health facilities (Primary, Secondary and Tertiary).

1	V-04 0-0-0 01	1 /		
<i>4.</i> ]	niernai	Æ	ssessment	х

	It shall be based on day-to-day assessment, evaluation of student assignment, preparation
	for seminar, clinical case presentation etc;
	Regular periodical examinations shall be conducted throughout the course;
	Day-today records should be given importance during internal assessment;
	Weightage for the internal assessment shall be 20% of the total marks in each subject.
Som	e examples of internal assessment are as follows:
	Preparation of subject for student's seminars;
	Preparation of a clinical case for discussion;
	Clinical case study/problem solving exercise;
	Proficiency in carrying out a practical or a skill in small research project;

<ul> <li>☐ Multiple choice questions (MCQ) test af</li> <li>☐ Each item tested shall be objectively ass</li> <li>☐ Some of the items can be assigned as Ho</li> </ul>	essed and recorded;
short answer type/objective type and marks for B-Practical /Clinicals; will be conducted in the to assess proficiency in skills, conduct of conclusion. Clinical cases should preferably in or rare disorders. Emphasis should be on candicheir interpretation.  C-Viva/Oral; includes evaluation of manage Students skills in interpretation of common specimens, ECG, etc.  The examinations are to be designed with a acquired the necessary for knowledge, minimum fundamentals which are competently. Evaluate Question papers should preferably be of short	the laboratories or hospital wards. Objective will be experiment, interpretation of data and logical acclude common diseases not esoteric syndromes lidate's capability in eliciting physical signs and ement approach and handling of emergencies. In investigative data, x-rays, identification of a view to ascertain whether the candidate has imum skills along with clear concepts of the ion will be carried out on an objective basis.
E-Rare Cases/Obscure Syndromes and long	cases, shall not be put for final examination.
Multiple choice questions (MCQs)	cions (OSCE)
Examination & Marks distribution	
Semester examinations time table:    First Semester final examination start   Second semester final examination start   Distribution of Marks:	
A-Subjects with practical course	
1- Viva voce & Practical exam score total	40 Marks includes:

- Viva voce 20 Marks
2-Semester Final Exam (written paper): 60 Marks
Total End-semester examination score: 100 marks
B-Subjects without practical course
1-Viva voce 20 Marks
2-Semester Final Exam (written paper): 80 Marks
Total End semester final exam Score 100 Marks.

"Medicine is learned by the bedside and not in the classroom ... See and then Research, Compare and Control". Dr. William Osler

# **Kabul Medical University Hospitals**

**Patient first is the KMU-Hospitals motto**. This means that anything that is created, built and organized within the framework of the project always puts the patient first, and is based on the patient's perspective. The goal is **to provide the right care for the right patient at the right time.** Patient safety, privacy and comfort are essential. In order to contribute to the development of the health services, it is important to strengthen collaboration between health care, clinical research, basic research and education.

"Teaching in the clinical environment is defined as teaching and learning focused on and usually directly involving, patients and their problems" (Spencer 2003). The clinical environment consists of hospital inpatients, outpatients and community settings, each with their own distinct challenges. It is in this environment that students learn what it means to be a real doctor. Skills such as history taking, physical examination, patient communication and professionalism are best learned in the clinical setting, medical knowledge is directly applied to patient care. Students begin to be motivated by relevance and self-directed learning takes on a new meaning. Clinical teachers take their role as teachers of future generations of doctors seriously and with enthusiasm.

# Ali-Abad University Hospital (AUH) founded in 1932



- Beds: 250

- Departments: Chest surgery, General surgery, Emergency surgery, Neurosurgery, Urology, Medicine, Neurology & psychiatry& Orthopedics.
- Faculties: 104
- Non-faculty Specialists: 17
- Trainees: 74Pharmacists: 9Nurses: 92
- Technicians: 3
- Physiotherapist:2
- Anesthesiologist:15
- Laboratory technicians:11
- Administratives: 22
- Workers: 126
- Total personal: 381
- Jamal Meena, University Avenue, Kabul city, Kabul –Afghanistan.
- Tel: (020) 202 510 355
- Electronic address (E-mail):
- Website:

# Maiwand University Hospital (MUH) founded in 1932

- Beds: 230
- Departments: Pediatrics, ENT, Dermatology & Venereal diseases, Pediatrics surgery and Reconstructive surgery.
- Faculties: 33
- Non-faculty Specialists: 20
- Trainees: 69Nurses: 84Pharmacists: 5
- laboratoryTechnicians: 8
- Workers: 104Vaccinators:3
- Radiology technicians:6
- Anesthesiologist:6
- Adminstratives:25
- Total personal:330
- Maiwand Avenue, Kabul city, Kabul-Afghanistan.
- Tel: (020) 201 004 47
- Electronic address (E-mail):
- Website:

# Shahr - Ara University Maternity Clinic (SUMC) founded in 1993

- Beds: 20
- Departments: Obstetrics /Gynecology
- Faculties: 9
- Non-faculty specialists: 3
- Trainees: 7Midwife: 10

- Laboratory technicians: 2
- Pharmacists:4
- Admistratives: 3
- Workers: 7
- Shahr Ara Avenue, Kabul City-Kabul-Afghanistan.
- Tel: 0093-744 767 571
- Electronic address (E-mail):
- Website:

## University Eye Hospital (UEH) founded in 2001

- Beds: 20
- Departments: Ophthalmology
- Faculties:8
- Trainees: 6
- Nurses: 6
- Technicians: 1
- Laborants:1
- Admistratives: 5
- Workers: 7
- Shahr Ara Avenue, Kabul City/Kabul/Afghanistan.
- Tel: 0093-744 383 330
- Electronic address (E-mail):
- Website:

## KMU Heart Institute founded in 2013

- Faculties: 2
- Non-faculty doctors: 26
- Nurses: 23
- LaboratoryTechnicians: 4
- Pharmacists:1
- Admistratives: 9
- Workers: 27
- University Avenue, Kabul city-Kabul-Afghanistan.
- Tel: (020) 231 1838 Electronic address (E-mail): Website:

# COURSE TITLE, CODE, CREDIT & DISCIPLINES

			Cl	REDIT	rs -		
Numbers	COURSE TITLES	SEMESTER	Knowledge Credits	Clerkship 'Lab'or Small Group Tutorial	Credits	KIND OF COURSE	COURSE CODE
1	Molecular Cell Biology	1	2	1	6	Basic Biomedical	MED1 001
		2	2	1	U	science	MED2 001
	Information-Communication	1		2		Medical	MED1 002
2	Technology-ICT	2		2	4	Universities Inclusive	MED2 002
3	Medical Genetics	2	1	1	2	Basic	MED3 003
	Inorganic	1	1	1	2	Biomedical sicence	MED1 004
4	Organic Chemistry	2	1		1	sicchec	MED2 004
		1	1				MED1 005
		2	1			U	MED2 005
	Isla	3	1			niver	MED3 005
5	mic S	4	1		8	sities	MED4 005
	Islamic Studies	5 6	1			Universities Inclusive	MED5 005 MED6 005
	<b>e</b> S	7	1			ısive	MED7 005
		8	1				MED8 005

	Ena	lish I angua as	1		5	10	Medical	MED1006
6	Eng	lish Language	2		5	10	Universities Inclusive	MED2 006
7	Med	lical Physics	1	2	1	3	Basic Biomedical	MED1 007
8	Bio	physics	1	1		1	science	MED 1008
			2	3	1			MED2 009
9	Gro	ss Anatomy	3	3	1	12	В	MED3 009
			4	3	1		asic I	MED4 009
10	Mic	roscopic anatomy(Histology)	2	2	1	6	Biom	MED2 010
11	Mod	tical Emburology	3	2	1	3	edica	MED3 010 MED3 011
11	Med	lical Embryology	3	3	1	3	Basic Biomedical Science	MED3 011  MED3 012
12	Med	lical Physiology	4	3	1	12	ence	MED4 012
12	WICC	near i hysiology	5	3	1	12		MED5 012
					-		Basic	WIEDO VIZ
13	Cell	ular & Molecular Immunology	4	1	1	2	Biomedical Science	MED4 013
14	Med	lical Ethics & Professionalism	6	1		1	Behavioral and Social Sciences	MED6 014
			4	3	1		Basic	MED3 015
15	Med	lical Biochemistry	4	3	1	8	Biomedical Science	MED4 015
			4	2	1		Science	MED4 016
16	Med	lical Microbiology	5	2	1	6		MED5 016
17	Med	lical Parasitology	4	1	1	2		MED4 017
			5	3	1			MED5 018
18	Patl	nology	6	2	1	10		MED6 018
			7	2	1		Basic	MED7 018
			6	2	1		Biomedical Science	MED6 019
19	Clin	nical Pharmacology	7	2	1	7		MED7 019
	Chincar i narmacology		8	1				MED8 019
		Basic of Public Health	6	1	1			MED5 020
20	PUBLIC	Public Health Nutrition	6	1		9	Behaviora and social sience	MED6 020
20	LIC	Environmental and Occupational Health	8	1		<b>y</b>	Behavioral and social sience	MED7 020

		Epidemiology	8	1				MED8 020
		Research & Biostatistics	11	1				MED11 020
		Health Management	10	1	1			MED10 020
		Health Policy and Economics	11	1				MED11 020
21	Beh	avioral Science and health education	11	1		1		MED6 021
22	For	ensic Medicine	11	1	1	2		MED11 022
	C	Physical Diagnosis	5	2	2			MED5 023
	M E	RHD & Pulmonary Diseases	6	2	2			MED6 023
	D	Cardiovascular Diseases	7	2	2			MED7 023
23	I C	GIS diseases, Liver diseases &Nephrology	8	2	2	24	Clinical	MED8 023
	I N E	Endocrine disorders & Rheumatic diseases	9	2	2		Science and Skills	MED9 023
	E	Hematology	10	2	2			MED10 023
		First aids	1	1	1			MED1 024
		Surgery <sup>1</sup> (basics of surgery)	5	2	2		Cli	MED5 024
	S	Surgery <sup>2</sup> (Emergency surgery)	6	2	2		nical	MED6 024
	U R	Surgery <sup>3</sup> (Abdominal surgery)	7	2	2		Scie	MED7 024
24	G	Surgery <sup>4</sup> (Abdominal Surgery)	8	2	2	26	nce ;	MED8 024
	E R	Surgery <sup>5</sup> (Thoracic surgery)	9	2	2		Clinical Science and Skills	MED9 024
	Y	Neurosurgery	10	1	1		Kills	MED10 024
		Urology	11	1	1			MED11 024
25	Ort	hopedics	11	2	2	4		MED11 25
26	Infe	ectious diseases	8	2	2	4	Ω	MED8 026
			7	1	1		inica	MED7 027
27	Rac	liology and Imaging	8	1	1	4	Clinical Sciece and Skills	MED8 027
28	Obs	stetrics	7	2	2		ece a	MED7 028
29	Gyr	necology	8	2	2	8	nd S	MED8 029
30	Ane	esthesia	9	1	1	2	kills	MED9 030
31	Der	matology& Venereal diseases	9	2	2	4		MED9 031
32	PR	Essentials of Pediatrics, Gastrointestinal and Endocrine disorders in children.	9	1	1	6	Clinical Science	MED9 032

	Respiratory, Car Renal disorders		logic &	10	1	1		and Skills	MED10 032	
	Infectious Diseas	ses in Childre	n		1	1				
33	Neonatology			9	1	1	2		MED9 033	
34	Pediatric Surgery			10	1	1	2		MED10 034	
35	Otorhinolaryngolog	gy		10	2	2	4		MED10 035	
36	Neurology			10	1	1	2		MED10 036	
37	Ophthalmology			11	2	2	4	Clinical	MED11 037	
38	Psychiatry			11	1	1	2	Science and Skills	MED11 038	
39	Clinical & Forension	Toxicology	7	11	1	1	2		MED11 039	
40	Tuberculosis			9	1	1	2		MED9 040	
41	41 Substace use disorders			11	1	1	2		MED11 041	
	Eleven		Practical				Theory 8	& Practical		
sei	mester total credits	Theory	127	Laboratory 36			6	221		
				Clerkship 58			8			
Res	search thesis cree	dits						4	4	
Int	ernship (House-j	ob)						7	/2	
TO	TOTAL MD DEGREE CREDITS				The	ory		Prac	ctical	
	205	7			12	27		1'	70	
	297				42	%		58	8%	

AC	ADEMIC YEAR I					FIR	ST SEMES	TER		
No.	COURSE TITLE	Code No.			SEMESTER HOURS					
	COCIOL IIILL	5040110.	dit	Knowldge	Clerkship	Lab	Small Group Tutorial	Total		
1	Medical Physics	MED1 007	3	32		16		48		
2	Biophysics	MED1 008	1	16				16		
3	Molecular Cell Biology	MED1 001	3	32		16		48		
4	English language	MED1 006	5			80		80		
5	Information Communication Technology (ICT)	MED1 002	2			32		32		
6	First aids	MED1 024	2	16	16			32		
7	Islamic studies	MED1 005	1	16				16		
8	Inorganic Chemistry	MED1 004	2	16		16		32		
	TOTAL SEMESTER CREDITS AND HO	OURS	19	128	16	160		304		

ACA	ADEMIC YEAR: I				SEC	CONI	) SEMEST	ER	
		0		SEMESTER HOURS					
No.	COURSE TITLE	Code No	Credit	Knowledge	Clerkship	Lab	Small Group Tutorial	Total	
1	Gross Anatomy	MED2 009	4	48		16		64	
2	Molecular cell biology	MED2 001	3	32		16		48	
3	Microscopic anatomy <sup>1</sup> (Histology)	MED2 010	3	32		16		48	
4	English language	MED2 006	5			80		80	
5	Information Communication Technology	MED2 002	2			32		32	
6	Islamic study	MED2 005	1	16				16	
7	Organic chemistry	MED2 004	1	16				16	
	TOTAL SEMESTER CREDITS & HOU	JRS	19	144		160		304	

AC	ADEMIC YEAR II				1	IRS	T SEMEST	TER	
			3		SEMESTER HOURS				
No.	COURSE TITLE	Code No.	Credit(s)	Kaswiedge	Clerkskip	Lab	Small Group Tutorial	Ictal	
71	Gross Anatomy <sup>2</sup>	A(E133 009	4	41		16		64	
i.	Microscopic Anatomy <sup>2</sup>	MIED3 010	3	32		16		48	
3	Medical Physiology <sup>1</sup>	MED3 012	4	48		16		64	
4	Medical Embryology	MIEI3 011	3	32		16		48	
	Medical Biochemistry <sup>1</sup>	MED3 015	*	48		16		64	
6	Medical Genetics	MED3 903	1	16				16	
7	Islamic Studies	MED3 005	1	16				16	
	TOTAL SEMESTER CREDITS AN	D HOURS	20	240		80		320	

		and the same	9	SEMESTER HOURS				
No.	COURSE TITLE	Code No	Credit(s)	Knowledge	Clerkship	Lab	Small Group Tutorial	Total
1	GrossAnatomy <sup>3</sup>	MED1 009	•	45		16		61
1	Medical Physiology <sup>2</sup>	MED4 012	*	45		16		64
3	Medical Biochemistry?	MED4 015	*	48		15		-61
٠	Medical Microbiology <sup>1</sup>	MEDI 016	3	32		15		48
8	Medical Parasitology	MED4 017	1	16		16		32
•	Islamic study	MED4 005	1	16				16
7	Cellular and Molecular Immunology	MEDS 013	2	16		15		32

ACA	DEMIC YEAR: III					FIRST	SEMES	TER
		Code	ç		SEMEST	ER HO	URS	
No.	COURSE TITLE	No.	Credits	Knowledge	Clerkalsip	Lab	Small Group Tutorial	Total
1	Medical Microbiology <sup>2</sup>	MEDS 016	3	32		16		48
2	General Pathology	MED5 018	٠	48		10		64
3	Medical Physiology <sup>3</sup>	MED5 012	٠	48		16		64
٠	Surgery <sup>1</sup> (Basics of Surgery)	MED5 024	(*)	32	32			64
5	Medicine <sup>1</sup>	MED5 023		32	32			64
6	Islamic studies	MED5 005	1	16				16
	TOTAL SEMESTER CREDITS & H	ours	20	208	64	48		320

			9		5			
	COURSE TITLE	Code No	Î	Kansledge	Clertniip	Est	Small Group Tutoriai	Total
ı.	Systemic Pathology	MED6018		32		16		48
1	Clinical Pharmacology	MEDGOIP	3	32		16		.88
,	Surgery'(Eurergency Surgery)	MED6034	4	32	32			61
i.	Medicino <sup>2</sup>	MED6023	4	32	322			41
5	Medical Ethics & Prefessionalism	MEDIOLE		16				186
	Public Health Nutrition	MEDICOLO		16				- 10
	Behavioral Science	MED4 021		16				18
	Bacics of Public Health	MED8 629	2	10	16			-82
	Libraic Study	MEDS DES		16				16

ACADEMIC YEAR: IV FIRST SEMEST									
			Q	SEMESTER HOURS					
No.	COURSE TITLE	Code No.	Credit(s)	Knowledge	Clerkship	Lab	Small Group Tutori al	Total	
1	Clinical Pharmacology <sup>2</sup>	MED7 019	3	32		16		48	
2	Surgery <sup>3</sup> (Abdominal surgery)	MED7 024	4	32	32			64	
3	Systemic Pathology <sup>2</sup>	MED7 018	3	32		16		48	
4	Medicine <sup>3</sup> (Cardiovascular diseases)	MED7 023	4	32	32			64	
5	Obstetrics	MED7 028	4	32	32			64	
6	Radiology &Medical Imaging <sup>1</sup>	MED7 027	2	16	16			32	
7	Islamic studies	MED7 005	1	16				16	
	TOTAL SEMESTER CREDITS & HOURS		21	192	112	32		336	

ACA	DEMIC YEAR: IV				SE	CON	D SEMEST	ER		
					SEMESTER HOURS					
No.	COURSE TITLE	Code No.	Credit(s)	Knowledge	Clerkship	Lab	Small Group Tutorial	Total		
1	Infectious diseases	MED8 026	4	32	32			64		
2	Gynecology	MED8 029	4	32	32			64		
3	Surgery <sup>4</sup>	MED8 024	4	32	32			64		
4	Medicine <sup>4</sup>	MED8 023	4	32	32			64		
	Clinical Pharmacology <sup>3</sup>	MED8 019	1	16				16		
5	Epidemiology	MED8 020	1	16				16		
7	Environmental & Occupational Health	MED8 020	1	16				16		
8	Radiologic and Medical Imaging <sup>2</sup>	MED8 027	2	16	16			32		
9	Islamic studies	MED8 005	1	16				16		
	TOTAL SEMESTER CREDITS & HOURS		22	208	144			352		

ACA	ACADEMIC YEAR : V FIRST SEMESTER						TER		
	COURSE TITLE	Code No.	•		SEMESTER HOURS				
No.			Credit(s)	Knowledge	Clerkship	Lab	Small Group Tutorial	Tota 1	
1	Dermatology & Venereal diseases	MED9 031	*	32	32			64	
2	Surgery <sup>5</sup> (Thoracic surgery)	MED9 024	4	32	32			64	
3	Medicine <sup>5</sup> (Hematology& Endocrinology)	MED9 023	4	32	32			64	
4	Neonatology	MED9 033	2	16	16			32	
5	Pediatrics <sup>1</sup> (Essentials of Pediatrics, GIS and Endocrine diseases)	MED9 032	2	16	16			32	
6	Tuberculosis	MED9 040	2	16	16			32	
7	Anesthesia	MED8 030	2	16	16			32	
	TOTAL SEMESTER CREDITS & HO	ours	20	160	160			320	

AC	ACADEMIC YEAR : V SECOND SEMESTER							
					SEMESTE	R HOU	RS	
No.	COURSE TITLE	Code No.	Credits	Knowledge	Clerkship	Lab	Small Group Tutorial	Total
1	Otorhinolaryngology	MED10 035	4	32	32			64
2	Neurology	MED10 036	2	16	16			32
3	Neurosurgery	MED10 037	2	16	16			32
4	Medicine <sup>6</sup>	MED10 023	4	32	32			64
5	Pediatric surgery	MED10 034	2	16	16			32
6	Pediatric <sup>2</sup> (Respiratory and Heart diseases, Hematology and Nephrology). Pediatrics <sup>3</sup> (Infectious diseases)	MED10 032	4	32	32			64
7	Health Management	MED10 020	2	16	16			32
	TOTAL SEMESTER CREDITS & HO	URS	20	160	160			320

ACA	ACADEMIC YEAR: VI LAST SEMESTER							
			Cı		SEMESTI	ER HOUR	S	
No.	COURSE TITLE	Code No.	Code No.	Knowledge	Clerkship	Lab	Small Group Tutorial	Total
1	Ophthalmology	MED11 037	4	32	32			64
2	Urology	MED11 024	2	16	16			32
3	Psychiatry	MED11 038	2	16	16			32
4	Orthopedics	MED11 025	4	32	32			64
5	Forensic medicine	MED11 022	2	16		16		32
6	Clinical & Forensic Toxicology	MED11 039	2	16		16		32
7	Biostatistics	MED11 020	1	16				16
8	Health Policy and Economics	MED11 020	1	16				16
9	Substance use disorders	2	16	16			32	
	TOTAL SEMESTER CREDITS & I	20	176	112	32		320	

#### COURSE CONTENTS (SYLLABUS) DESCRIPTION

#### Introduction

The MD program courses divided into three phases: Basic Biomedical Sciences, Behavioral & Social Sciences, Clinical science & Skills, and University Inclusives.

**Basic Biomedical Science:** Molecular Cell Biology, Genetics, Medical physics, Biophysics and Chemistry. GrossAnatomy, Microscopic anatomy, Emberyology, Biochemistry and Physiology. Public Health; Forensic Medicine, Toxicology, Pathology, Pharmacology and Microbiology.

**Behavioral and Social Sciences:** Basics of Public Healths, Public Health Nutrition, Environmental and occupational Health, Epidemiology, Biostatistics, Health management, fundamentals of Health Research, Health policy and Economics, Behavioral science.

Clinical Science and Skills: Internal Medicine, Surgery, Otorhinolaryngology, Neonatology, Pediatrics, Psychiatry, Tuberculosis, Infectious diseases, Clinical and forensic toxicology, Pediatrics surgery, neurosurgery, Obstetrics and Gynecology, Radiology and imaging, Urology, Anesthesia, Dermatology and substance related disorders.

**Medical Universities Inclusive:** Islamic studies, English language, and Information-Communication Technology-ICT.

#### I-ISLAMIC STUDIES

# Learning objectives: This course is aimed at: □ To provide basic information about Islamic studies □ To enhance understanding of the students regarding Islamic civilization □ To improve students skill to perform prayers and other worships □ To enhance the skill of the students for understanding of issues related to faith and religious life.

# ISLAMIC STUDIES (Module 1) Discipline Relegious

**Courses:** 

Department					Islamic Studies			
Cours	se Titl	le			Basic concepts of Isla	Basic concepts of Islamic Knowledge		
Pre-r	Pre-requisites				None			
Cours	Course code				MED1 005			
Acade	emic y	ear			1			
Seme	ster			1	Spring			
	•	<u> </u>			Knowledge	1		
Numb	oer of	Crea	its	1	Practical			
	Ho	urs	,			-		
Weeks	Knov	Pra		Toni	cs and Descriptions			
ks	Knowledge	Practical		Topics and Descriptions				
1	1		Basic concept of Culture	Basic concept of Islamic Knowledge: General Information, Information about the Islamic Culture				
2	1			Basic concept of Islamic Knowledge: Importance of Knowledge in Islam, Quranic Verses and Hadith regarding Education.				
3	1				e: Characteristics of Islamic anges in human life.	Law, Quranic Verses and		
4	1		Memorization an	d translation of Su	rah 95 – 114			
5	1		Daily Duaa (pray	ers) accordig to Ha	ndith and Sunnah			
6	1		Daily Duaa (pray	ers) accordig to Ha	ndith and Sunnah			
7	1		Daily Duaa (pray	ers) accordig to Ha	ndith and Sunnah			
8	1		Basic concept of of Islamic Law	Islamic Knowledg	e: Characteristics of Islamic	Law, Aim and Objective		
9	1		Basic concept of	Islamic Knowledg	e: Aim and Objective of Isla	amic Law		
10	1		Basic concept of	Islamic Knowledg	e: Social main deviations			
11	1		Definition, impor	Definition, importance and ruling of Hejab in Islam: General information				
12	1		Definition, impor	tance and ruling of	f Hejab in Islam: Value and	importance.		
13	1		Definition, importance and ruling of Hejab in Islam :Concept of Virtue					
14	1		Definition, impor Hejab.	Definition, importance and ruling of Hejab in Islam: Quranic Verses and Hadith regarding Hejab.				
15	1		Definition, important women outgo	_	f the Hejab in Islam: Islamic	Rules regarding Makeup		
16	1		Definition, impor	tance and ruling or	f the Hejab in Islam: Condit	ions for Hijab.		

#### **ISLAMIC STUDIES (Module 2)**

Discipline					Relegious			
Depar	rtmen	t			Islamic Studies			
Course Title				Faith				
Pre-r	equisi	tes			None			
Cours	se cod	e			MED2 005			
Acad	emic y	ear			1			
Seme	ster			2	Fall			
Numl	C	Cual	<b>:</b> 4~	1	Knowledge	1		
Num	oer oi	Crea	its	1	Practical			
	Ho	urs						
W	<u>K</u>	d						
Weeks	Knowledge	Practical		Topics	and Descriptions			
<b>3</b> 2	edge	ical						
	e							
1	1		Faith: General In	formation regarding	Tawheed			
2	1		Faith: Types of T	awheed, Pillars of Ta	wheed.			
3	1		Faith: Conditions	s of Tawheed, advant	ages of Tawheed.			
4	1		Faith: General int	formation about Sher	k			
5	1		Faith: Types of S	herk				
6	1		Faith: Islamic Ru	les for Sherk and Mu	shrek			
7	1		Faith: Tawasul (T	o solicit)				
8	1		Faith: belief in Qa	aza and Qadar, Allah'	s prophets, books, angels and	day of Judgements.		
9	1		Tajweed					
10	1		Tajweed					
11	1		Tajweed	Tajweed				
12	1		Memorization and	Memorization and translation of Surah 85 – 94				
13	1		Memorization and translation of Surah 85 – 94					
14	1		Memorization and	Memorization and translation of Surah 85 – 94				
15	1		Special Duaa (pra	yers) accordig to Had	dith and Sunnah			
16	1		Special Duaa (pra	yers) accordig to Had	dith and Sunnah	Special Duaa (prayers) accordig to Hadith and Sunnah		

ISLAMIC STUDIES (Module 3)					
Discipline	Relegious				
Department	Islamic Studies				
Course Title	Worships				

Pre-	requi	isites			None		
Cou	rse co	ode			MED3 005		
Aca	Academic year				П		
Sem	ester			3	Spring		
.,		0.0			Knowledge	1	
Nun	aber (	of Cre	edits	1	Practical		
	Но	urs					
Weeks	Knowledge	Practical	Topics And Descriptions				
1	1		Worships: Gener	Worships: General Information regarding worships (Ebadat)			
2	1		Worships:types of worships (Ebadat)				
3	1		Worships: Pillars of worships (Ebadat).				
4	1		Worships: cond	Worships: conditions of worships (Ebadat)			
5	1		Worships:differen	ence between obedie	nce & worship		
6	1		Worships: Targ	Worships: Target of worship.			
7	1		Worships: Wort	hy of Worship			
8	1		Worships: Outco	ome of Worship			
9	1		Worships: The F	actors and Lithurgy	of Worship		
10	1		Worships: Beda	at (Inovation) in wor	ships.		
11	1		Worships: General Information about Philosophy of Worships and Phylosophy of Salah				
12	1		Worships: The preyer in summation (Jamat), Eid and Jenaza preyer				
13	1			<b>Memorization and translation of:</b> Surah 78 – 84			
14			<b>Memorization and translation of:</b> Surah 78 – 84				
15			Special Duaa (pr	rayers):accordig to l	Hadith and Sunnah		
16	1		Special Duaa (pr	rayers):accordig to l	Hadith and Sunnah		

ISLAMIC STUDIES (Module 4)			
Discipline	Relegious		
Department	Islamic studies		
Course Title	Political System In Islam		
Pre-requisites	None		
Course code	MED4 005		
Academic year	II		

Seme	ster			4	Fall		
Numl	ber of	Cred	lits		Knowledge	1	
				1	Practical		
	Но	urs					
Weeks	Knov	Practical		Topics and Descriptions			
SS	Knowledg	tical		Topics and Descriptions			
1	1		Political System i	n Islam			
2	1		Politics & Religio	on			
3	1		Defination of sha	nriat			
4	1		General Informat	General Information Related Politics			
5	1		Individual Poltica	Individual Poltical rights, Counsel in Islam			
6	1		Cherecteristics of	Cherecteristics of Political Leaders, Needs for Slection of the Leader			
7	1		General Informati	ion related Dect	tatorate.		
8	1		Responsibilities of	of Islamci State			
9	1		Charaterstics of Is	slamic Governn	nents		
10	1		Islam and Democ	racy			
11	1		Basics of Internal	Basics of Internal Diplomacy in Islam			
12	1		Basics of Forign Diplomacy in Islams				
13	1		Memorization and translation of Surah 61 – 84				
14	1		Memorization and translation of Surah 78 – 84				
15	1		Special Duaa (pra	Special Duaa (prayers) accordig to Hadith and Sunnah			
16	1		Special Duaa (pra	yers) accordig	to Hadith and Sunnah		

ISLAMIC STUDIES (Module 5)					
Discipline		Relegious			
Department		Islamic Studies			
Course Title		Islam & Medical Practice			
Pre-requisites		None			
Course code		MED5 005			
Academic year		Ш			
Semester	5	Spring			
Number of Credits	1	Knowledge 1			
		Practical			
° ≷ Hours					

	Kno	Pra	Topics and Descriptions		
	Knowledge	Practical			
1	1		Islam & Medical practice		
2	1		General information about Medicines		
3	1		Concept of Health and Medicines in Islamic Studies.		
4	1		Defination of Health and Sickness		
5	1		Importanc of Medicines in Islam		
6	1		Verses and Hadith related health		
7	1		Medicines in Previous Relegions.		
8	1		Hygiene in Islam		
9	1		Rules of Prohibited things in Islams		
10	1		Verses and Hadiths related protective procedures.		
11	1		Individual and social hygiene		
12	1		Harms and prohibation of narcotics and Alcoholic beverages		
13	1		Verses and Hadith related to alcoholic beverage prohibition		
14	1		Narcotic protection		
15	1		Orders of scholers related use of narcotics		
16	1		Health benefits of fasting		

ISLAMIC STUDIES (Module 6)					
Discipline		Relegious			
Department		Islamic Studies			
Course Title		Uloomul quran			
Pre-requisites		None			
Course code		MED6 005			
Academic year		III			
Semester	6	Fall			
		Knowledge	1		
Number of Credits	1	Practical			
° ≷ Hours	° ≤ Hours				

	Knov	Pra	Topics and Descriptions	
	Knowledge	Practical		
1	1		Uloom-ul-Quran: Basic Concept of Quran	
2	1		Uloom-ul-Quran: History of Quran	
3	1		Difference between Quran and Qudsi Hadith	
4	1		Revelation: General Information	
5	1		Quran is Allah's Word	
6	1		Quran is Allah's Word	
7	1		Quran and Science	
8	1		Quran and Science	
9	1		Quran and Scence	
10	1		Gradually Revelation of Quran	
11	1		Deciplines or Manners for Recitation of the Quran	
12	1		Women's Right in Islam	
13	1		Allah's right and Human Rights in Islam	
14	1		Concept of God in other relgion	
15	1		Islam and Comparative Relegion	
16	1		Paradise rewards and Hell's punishments	

ISLAMIC STUDIES (Module 7)					
Discipline		Relegious			
Department		Islamic studies			
Course Title		Versus and Seeratun Nabi(p	ouh)		
Pre-requisites		None			
Course code		MED7 005			
Academic year		IV			
Semester	7	Spring			
		Knowledge	1		
Number of Credits	1	Practical			
° ≷ Hours	° ≼ Hours				

	Kno	Pra	Topics and Descriptions
	Knowledge	Practical	
1	1		Verses of Surah Al-Baqra Related to Faith(Verse No-284-286)
2	1		Verses of Surah Al-Hujrat Related to Adab Al-Nabi(Verse No-1-18)
3	1		Verses of Surah Al-Mumenoon Related to Characteristics of faithful(Verse No-1-11)
4	1		Verses of Surah al-Furqan Related to Social Ethics (Verse No.63-77)
5	1		Verses of Surah Al-Inam Related to Ahkam(Verse No-152-154)
6	1		Life of Muhammad Bin Abdullah SAW( Before Prophethood)
7	1		Life of Holy Prophet (S.A.W) in Makkah
8	1		Important lessons derived from the life of Holy Prophet (PBH) in Makkah
9	1		Life of Holy Prophet (S.A.W) in Madina
10	1		Important events of Life of Holy Prophet (PBH) in Madina
11	1		Important lessons Derived from the life of Holy Prophet in Madina
12	1		Basic Concepts of Hadith
13	1		History of Hadith
14	1		Kinds of Hadith
15	1		Uloom –ul-Hadith
16	1		Ethical values of Islam

ISLAMIC STUDIES (Module 8)					
Discipline		Relegion			
Department		Islamic studies			
Course Title		Islamic Economic System			
Pre-requisites		None			
Course code		MED8 005			
Academic year		IV			
Semester	8	Fall			
		Knowledge	1		
Number of Credits	1	Practical			
° ≷ Hours					

	Knowledge	Practical	Topics and Descriptions		
1	1		Basic concepts of Islamic economic system		
2	1		Means of distribution of wealth in Islamic economics		
3	1		Islamic Concept of Riba		
4	1		Islamic ways of trade &commerce		
5	1		Zakat in Islam: Zakat in Money, Gold and Silver		
6	1		Zakat in Islam: Who is in need for Zakat and How to pay Zakat		
7	1		Zakat in Islam		
8	1		Zakat in Islam		
9	1		Zakat in Islam		
10	1		Basic concepts of social system of Islam		
11	1		Elements of family		
12	1		Memorization and translation of Surah Noor		
13	1		Memorization and translation of Surah Ahzab		
14	1		Memorization and translation of Surah Yasin		
15	1		Memorization and translation of Surah Hujerat		
16	1		Special Duaa (prayers) accordig to Hadith and Sunnah		

## II- MOLECULAR CELL BIOLOGY

#### Goals

The cell biology course provides a basic understanding of the structure and function of cellular organelles and components, and the functional interaction of the cell with its microenvironment. The course stresses a novel approach to the study of the cell within its social context and imparts onto students the concept that the cell is no longer perceived as "the smallest unit of function" but it is rather the cell and its microenvironment, including neighboring cells, the extracellular matrix (ECM) and the soluble mediators. The concept of "dynamic reciprocity" is stressed throughout the course, in brief, imparting on students that the cell regulates the composition of its microenvironment which in turn dictates cell function. Classes are centered on discussion oriented lectures to encourage critical thinking and emphasize the significance of research as a tool to achieve knowledge.

## **Learning objectives**

Unon succ	essful com	nletion o	f this course.	narticinants	will he able	e to
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changes, or alterations of cell function brought about by mutation.

Describe the general principles of gene organization and expression in both prokaryotic and eukaryotic organisms;
 Interpret the outcome of experiments that involve the use of recombinant DNA technology and other common gene analysis techniques;
 Discuss the various macromolecular components of cells and their functions;
 Describe the structure and function of biological membranes including the roles of gradients in energy transduction;
 Explain the basic pathways and mechanisms in biological energy transduction from oxidation of metabolites to synthesis of ATP;
 Explain various levels of gene regulation and protein function including signal transduction and cell cycle control;
 Relate properties of cancerous cells to mutational changes in gene function;
 Students will apply their knowledge of cell biology to selected examples of changes or

losses in cell function. These can include responses to environmental or physiological

### **Course contents**

MOLECULAR CELL BIOLOGY (Module 1)					
Discipline	Basic Biomedical science				
Department	Biology				
Course title	Molecular cell biology				
Pre-requisite	None				
Course code	MED1001				

Aca	Academic year				1 <sup>st</sup>		
Sem	ester			1	Spring		
N	umbo	n of (	'modita	4	Knowledge	2	
1	Number of Credits			4	Practical	1	
Weeks	Ho Knowlge	Laboratory		Topics	Descri	iptions	
	1		Backgro	und	History and Background, Evolutionary Classificatio	n of the cell	
1	1	1	Organization of Cell		The Prokaryotic cell, Morphological Organizati Prokaryotic cells are struc Eukaryotic Structure of th Chemical composition of Multiplication of the cell, the Prokaryotic cell	e plasma-membrane, the plasma-membrane	
2	2	1	Eukaryo	tic Cell Structure	Why the cell is considered Implication of the cell the Structure, Membranes div Compartment	ory, Eukaryotic cell	
3	2	1	The nucleus		Structure of the Nucleus, structure and Function, The Chromosome		
	1		Endoplas	smic Reticulum	Distinguish between Smod Endoplasmic Reticulum, I Endoplasmic Reticulum at membranes, The structure The function of the RER, RER, The structure and fu	Relationship between nd other Internal of RER The Glycosylation in	
4	1	1	Ribosom	e	Function of Ribosome (pro Structure and subunits of I Disorders and Ribosomal Shwachman-Diamond Syn DyskeratosisCongenita, D Anemia, Cartilage Hair H	Ribosome Diseases adrome Diamond-Blackfan	
5	2	1	The Golg	ți apparatuses	Structure, Function, Trace synthesized in RER as the and stored by Golgi comp to specific destinations, Co Membrane Protein Vesicle SNAREs, Target S Disorder and diseases (Mu Alzimer, Inclusion cell), Ir	y Processed, Modified, lex, Transport of proteins omplementary Integral SNAREs acopolysaccharidosis,	
6	1	1	Lysosom	e	Structure and Function of Enzymes ,Primary lysoson Residual Body , Autophag	ne, Digestive Vacuole,	

				Lysosomal Storage disorder, Glycogen type II, Taysachs diseases
	1		Peroxisome	Morphology, Function, Shape and Size Disorders with Peroxisome, Adrenoleukodystrophy
7	2	1	Mitochondria	Morphology and Function of Mitochondria Shape, Size ,Distribution ,Number of Mitochondria Chemical Composition of Mitochondria Outer membrane structure,Inner membrane structure ,Mitochondria and Apoptosis Genome of the mitochondria,Mutation occurs in Mitochondria DNA,Diseases and disorder Neuropathy, Ataxia and Retinitis Pigmentosa The Chloroplast
8	2	1	Cytoskeleton	Eukaryotic Cells Contain Cytoskeleton Microtubule ,Structure, Function,Size & Chemical composition,Microtubule Associated Protein (Kinesin, Dynein &Dynectin)
9	1	1	Cytoskeleton	Cilia & Flagellum, Function, Size, Chemical Composition, Microfilaments, Intermediate Filament Nuclear Envelope and Nuclear Pore Complex. Inclusions. Glycogen. Lipid droplets. Lipofuscin
	1		Glycocalyx	Chemical Composition, Membrane Receptors for Extra Cellular Matrix (Integrin Protein)
10	2	1	Biological Membrane	Lipid Bilayer with Associated Proteins Fluid Mosaic Model of Membrane Structure The Biological Membranes are Two-Dimensional Fluids,Biological Membranes Fuse and form Closed Vesicles, The Membrane Proteins Membrane Proteins include Integral and Peripheral Proteins, Proteins Oriented Asymmetrically Across the Bilayer, Protein function in Transport, Information Transfer, and as Enzyme
11	2	1	Cell Membrane & Selective Permeability	Transport through the cell Membrane Random Motion of Particles Leads to diffusion Osmosis (Diffusion of Water), Dialysis Turgor pressure (Internal Hydrostatic Pressure)
	1		Carrier Mediated Transport	Active and Passive transports, Facillitated Difusion Carrier Mediated Transport, Cotransport Systems
12	1	1	Exocytosis / Endocytosis	Large Particles transport through the Cell membrane, Exocytosis, Endocytosis, Phagocytosis and Pinocytosis, Receptor Mediated Endocytosis
13	2	1	Contacts Between Cells	Cellular Junctions, Anchoring Junction (Epithelial Sheet), Desmosomes, Adhering junction. Tight Junction, Gap Junction, Plasmodesmata

14	2	1		Organic Component of the cell, Carbon atoms for and Enormous Variety of structures, The Isomers (Structural, Geometric & Enantiomers) Carbohydrates, Monosaccharaides, Disaccharides, Polysaccharides
15	2	1	Chemistry of Life	Proteins the most Versatile Cellular Components Protein synthesis. Chain Initiation, Chain Elongation, Chain Termination, Amino Acids, Structure, Classification, Kinds, Biological Buffers Peptide bonds, Important Classes of proteins and Function, Four Levels of Organization (Proteins) Primary, Secondary, Tertiary and Quaternary Structure of Protein
16	2	1		Lipids, Triacylglycerol, Phospholipid, Carotenoids Steroids

MOLECULAR CELL BIOLOGY(Module 2)						
Discip	line				<b>Basic Biomedical Science</b>	
Depart	ment				Molecular Biology and Mo	edical Genetic
Cours	e title	:			Molecular Biology	
Prere	quisit	e			Molecular Biology (Modu	le1)
Cours	e cod	e			MED2 001	
Class					I	
Semes	ter			2	Fall	
					Knowledge	2
Numb	er of	Credit	ts	3	Practical	1
Weeks	Knowledge	Laboratory	Topics		Descriptions	
1 .	1	1	Chemistry of life Nucleic Acids		Non- Organic Component of the cell, The Water, The P <sup>H</sup> scales, Other Non –Organic component of the cell.	
	1				Structure, Function, Kind, DNA, RNA (mRNA, tRNA, rRNA).	
2	2	1	Nucleotides		Structure, Nitrogen base (Adenin, Thymin, Cytosin, Guanin & Uracil), Energy transferring, Cellular function Cyclic AMP.	

3	2	1	Enzyme	Enzyme and Cell metabolism, Method of study, Localization of EnzymesFunction of enzymes, Inhibition of enzyme activity, Reversible Inhibition. Irreversible Inhibition.		
	1	1	Energy	The Bioenergetics,Free energy,Open systems Steady State, Thermodynamic Laws.		
4	1		Non-organic Component of the cell	The Water, The Constant of Equilibrium, The pH scales.		
5	2	1	The genetic Material in Eukaryotic and Prokaryotic cells.	The DNA Structure ( Crick and Watson Model) Replication of DNA, Replication is Semiconservative.		
6	2	1	The genetic Material in Eukaryotic and Prokaryotic cells	Replication in Prokaryotic Cells, Error in replication ,How Gene Works , The function of genes, the genetic code.		
7	2	1		Gene expression, Transcription, Translation. The role of Ribosomal RNA		
8	2	1	The Gene	Prokaryotic Regulation, Structural genes, The trp operon The lac operon.		
9	2	1	Eukaryotic Regulation	Transcriptional control ,posttranscriptional control Translational control, Post-tranlational control		
10	2	1	Genetic Engineering	Historical Background, The Recombinant DNA (rDNA) The rDNA Methods Grew out of Research in Microbial Genetics. The Restriction Enzyme (Molecular Scissors) The method of forming rDNA.		
11	2	1	Biotechnology	Classic Biotechnology, Product of Classic Biotech. Molecular Biotechnology, Red Biotech.Green Biotech. Blue Biotech.		
12	2	1	The product of Biotech.	The E-coli Bactria in Biotech.DNA Cloning Transgenic Bacteria, The Growth Hormone Protein dissolves blood clots in heart therapy, Organs for Transplant.Xenotransplantation.		
13	2	1	The Stem cells	Embryonic Stem Cell, Adult Stem cell, Transcription Factors, Antigens.		
14	2	1	Differentiation of Stem Cells	Differentiation of Hematopoietic Stem Cell Red Blood Cells,B Lymphocytes,T Lymphocytes Natural Killer Cells, Neutrophils, Eosnophils Monocytes, Macrophages.		

15	2	1	Gene ,Gene Therapy	Gene Structure & Function Gene is the basic structural unit of Heredity Genome .The Genetic Code, Genes specify enzymes Genes specify polypeptides, The Sickle Cell Anemia.	
16	2	1	Gene Therapy	The Goal of Gene Therapy, Gene Therapy & Genetic Diseases, Identifying defected Gene and Replacing with normal Gene, Switching on /off genes, How Gene Therapy work, Types of gene therapy, Germ line Gene therapy, Somatic Gene therapy, Vectors in gene therapy virus. naked DNA, risk with gene therapy and other problems.	

#### **Textbooks and reference Books recommended (Last Editions)**

- ☐ Medical Cell Biology, Stevan R, Goodman.
- Molecular Cell Biology, Harvey Lodish, Arnold Berk.
- ☐ The Cell ,A Molecular approach,Geffrey M.Cooper
- ☐ Essential Cell Biology, Bruce Albert, Dennis Brey.

### **III-MEDICAL GENETICS**

#### Goals

Medical genetics is a rapidly advancing field of medicine. It is now recognized that genetic mechanisms play a fundamental role in the pathogenesis and treatment of diseases and in the maintenance of health. This course is designed to provide an overview of human genetic concepts and clinical disorders that have a genetic component. The course seeks to teach the students to apply their knowledge of the principles of human genetics to a variety of clinical problems. It surveys many clinical areas including cytogenetic, molecular genetics, biochemical genetics, population genetics and clinical genetics. The course is organized roughly according to genetic etiology and pathophysiology.

#### Learning objectives

The educational Learning objectives are largely derived from the American College of medical Genetics recommendations about graduate education in medical genetics and the Core Curriculum in Genetics recommended by the Association of Professors of Human and Medical Genetics.

## At the end of course Students should be able to:

- Describe the organization of the genome and regulation of gene expression as it relates to medical genetic disorders and diagnosis.
- Describe the types and extent of genetic variation seen in the human genome and explain how these variations affect disease states and diversity of normal variation.
- Obtain a family history and draw and interpret a pedigree.
- Perform pedigree analysis and apply principles of inheritance in calculating genetic risk for a variety of genetic disorders and patterns of inheritance; and incorporate

- knowledge of population genetics to calculate genetic risk based on carrier frequency within a population.
- Explain and identify non-Mendelian mechanisms such as: reduced penetrance, variable expressivity, uniparental disomy, epigenetics, mosaicism, genomic imprinting and unstable repeat expansion.
- Identify the clinical presentation and etiology of genetic disorders including: single gene disorders, disorders of chromosome abnormalities, inborn errors of metabolism, multifactorial genetic disorders and cancer genetics. Identify the effects of teratogens and in utero infections and identify patterns of dysmorphology.

## **Course Contents**

MEDICAL GENETICS							
Discip	pline				Basic Biomedical Science		
Depa	rtmen	t			Biology		
Cour	se Titl	e			Medical Genetics		
Pre-r	equisi	tes			Molecular cell biology		
Cour	se cod	e			MED3 003		
Acad	emic y	ear			I		
Seme	ster			1	Spring		
				1	Knowledge	1	
Numl	bers of	f Cred	lits	1	Practical		
Weeks	Knowledge	Practical	Topics		Descriptions		
1	1		Backgroun	ıd	Historical Background and role of Genetics in Medicine		
2	1		Definition o terms	f the relative	Homozygous parents, Heterozygous parents Sex determination, The genotypes of parents, gametes and offspring should be shown. Fertilization, Allele, Homozygous and heterozygous, Genotype, Phenotype, Dominance, Recessive, Incomplete dominance.		
3	1		Origin of the	e, Science of	Work of Gregor Mendel leading to the Expression of his findings in two laws.  Law of Segregation, Law of IndependentAssortment		

4	1	Monohybrid, Di-hybrid and poly hybride Cross	Study of the inheritance to the second filial generation (F2) of two unlinked traits using the Punnett square technique. Definition of linkage. Heterozygote crossed with a di-hybrid recessive organism.		
5	1	Drosophila Melanogaster	Attractive and marvelous traits of Drosophila in Genetic Researches.		
6	1	The Origin of Medical Genetics	Single Gene disorders, Chromosomal Disorders Multiple Gene disorders.		
7	1	Cellular and Molecular Base of Genetics	The cell, DNA (the genetic material) Structure, Replication, Structure of Chromosome.		
8	1	The Gene	The Structure of Nucleus genes, Pseudo genes Exteragenic DNA, Junk DNA, Satellite DNA Minisatellite DNA, Hypervariable minisatellite DNA Microsatellite DNA.		
9	1	Mutation	Types of Mutation, Substitution, Insertion, Deletion.		
10	1	Chromosome	Morphology, Types of Chromosome (View point of Location of Centromere/ Length), Sex Chromosomes, Somatic Chromosome		
11	1	Cell division	The Cell cycle, Check points and P53 role CDC and cyclin proteins, Mitosis (Prophase, Metaphase, Anaphase and Telophase)		
12	1	Meiosis	Meiosis 1 and Meiosis 2, Prophase 1, 2 Metaphase 1, 2, Anaphase 1, 2, Telophase 1,2.		
13	1	Twins	Types of twins, Fraternal, Identical, IVF (In Vitro Fertilization)		
14	1	Twins	Conjoined Twins, The result of Multifactorial Traits with twins.		
15	1	Gene reciprocity	Epistatic Gene, Complementary genes, Polymeric gene		
16	1	Gene reciprocity	Multiple Gene Inheritance, The Blood groups Rh factor, Lethal gene, Modifier gene		

# **Textbooks & Reference Books recommended (Last Editions)**

	Medical Genetics, Leyn B, Jorde PhD.
	Medical Genetics,D Young
	Essentials of Medical Genetics for Health professionals, Laura M, Gaunder Mac Clary.
	Thompson & Thompson Genetics in Medicine, RodericK R, McLnnes, PhD.
	Medical Genetics at a Glance, Dorian J Pretchard
П	Emery's Elements of Medical Genetics, Sian Ellard PhD.

## IV-INORGANIC AND ORGANIC CHEMISTRY

## **Course Objective**

Upon completion of Inorganic & Organic chemistry course, the student should understand:

- The basic structures of atoms, ions, and molecules, and ways to quantitatively describe the properties of atoms and molecules.
- The concept of chemical equilibrium, and the energies that drive chemical reactions: an introduction to the field of thermodynamics.
- ☐ To make the students knowledgeable about the fundamentals of carbon chemistry,
- ☐ To make the students Nowledgable about Solution and electrolytes.
- ☐ To understand the concepts of Hydrocabones and Halogen compounds.
- ☐ To make the students nowledgable about Alcohol and Phenol, Ether, Ester and Thiols.
- ☐ To make the student Knowlegable about Carbonyl compounds, Carboxylic acids, and Hydrocyclics.

## **Course contents**

INORGANIC AND ORGANIC CHEMISTRY								
Discipl	ine				Basic Biomedical So	cience		
Depart	ment				Chemistry			
Course	Title				Irganic Chemistry			
Pre-rec	quisite	s			None			
Course	code				MED1 004			
Acader	nic ye	ar			I	I		
Semest	er			1	Spring	Spring		
					Knowledge	1		
Numbe	ers of (	Credit	S	2	Practical	1		
Weeks	H Knowledge	Laboratory		Topics	Descriptions			
1	1	1	Introduction		The chemistry role in the medical, agriculture and industries. Chemistry laws (mass, onservation, difinit, proporations)			

2	1	1		Ideas about structure of atom (electron, protonand		
3	1	1	Atom structure	neotron). Radioactivity (Alpha, Beta and Gama Rays, nuclear.		
4	1	1	Chemical bonding	Valance, bonding energy, configuration electronic of atom, and moleculer structure.		
5	1	1		Mechanism of formation bonding, types of bond Hybridization.		
6	1	1	Clssification of inorganic compounds	oxides,hydroxide, acids and salts		
7	1	1		Type of solution, concentration unit, The effect of pressure of solubility(Henry Law)medicals importence solubility of liguids in liguids		
8	1	1		Colligative properties of solution (Division, Osmosis and osmatic pressure)		
9	1	1		Isotonic, Hypertonic and Hypotonic solution and their importance in medical. Roult's law (Viper pressure of Solution), medical uses		
10	1	1	Solutions	Strong in weak electrolytes solution in Ostwald Law. Their importance in medical acidsbases ,ampholits		
11	1	1		Ionization of water PH, PH (the hydrogen ion concentration) such as active acide in criteria and medical importance.		
12	1	1	Hydrolysis	Medical importance. The (H <sup>+</sup> and OH <sup>-</sup> ) Ion physiological effects the in the Organism		
13	1	1		The first Law of thermodynamic processes-isochoric,isobaric and iso thermic)thermo comical		
14			Basics in chemical thermodynamics & internal energy	Comparisons of standard enthalpy, heat of neutralization, heat of solubility, result Hess' law in uses of the first Law thermodynamic in biological system.		
15	1	1	Biorganic elements ( macro and micro element)	Introduction, Cu, Zn, Mg, Mo, Cr, Co, F <sub>2</sub> , Cl <sub>2</sub> , Br <sub>2</sub> , I <sub>2</sub> , Ni, Va, K, Pb.		
16	1	1	mero ciement)			

ORGANIC CHEMISTRY							
Discipli	ne				Basic Biomedical Sc	rience	
Departi	nent				Chemistry		
Course	Title				Organic Chemistry		
Pre-req	uisites	3			None		
Course	code				MED2 004		
Acaden	ic yea	ır			I		
Semeste	er			1	Fall		
					Knowledge	1	
Number	rs of C	Credits	8	1	Practical		
Weeks	Ho Knowledge	Laboratory	Topics		Descriptions		
1	1		Introductio	n Hydrocarbons	The alkanes (Homologous series, structure, isomerism and nomenclature, introduction, hydrocarbons, conformation of aliphatic compounds, preparation of alkanes, physic-chemical properties of alkanes.		
2	1		Hydrocarbo	ons	Cycloalkanes (nomenclature, isomerism of cis trans, conformation Analysis, movement of rings, physic –camical properties.		
3	1		Introductio	n Hydrocarbons	The alkenes (Homologous, series, Structure isomerism and nomenclature, Cis- Trans Isomerism. Introduction, Hydrocarbons: Preparation of alkenes, physicalproperties, chemical properties of alkenes, Additional reaction, dimerization, substitution reactions alkenes		
4	1		Introduction Hydrocarbons		The alkynes, (Homologous Series structure, isomerism nomenclature. Introduction Hydrocarbons:-preparation of alkynes physical properties, chemicasl properties of alkynes, additional reaction.		
5	1		Introduction dienes		Classification ,nomer properties,chemical r	nclature,physical-chemical eaction	
6	1		Hydrocarbo	ons	The Aromatic hydrocarbons, introduction, Homology and nomenclature, physical and chemical properties, electrophilic & nucleophilic reactions and substitution reactions).		

7	1	Hydrocabons	Preparation of aromatic compound of medical and uses.	
8	1	Condensed- ring aromatic compounds	Naphthalene, anthracene phenanthrene. Homologous series, addition and substitution reacting, medical importence and uses.	
9	1	Nonbenzene aromatic Structure	Importence and uses. Halogene Compounds (aromatic and aliphatic)Displesment and elemenation, reaction, medical uses importence	
10	1	Alcohol and phenol	Classification of hydroxyl compounds, Nomenclature, preparation, side reaction	
11	1	Alcohol and phenol	Physical and comical properties of alcohol and phenols, medical uses importence.	
12	1	Carbonyl compounds	Ethers, Ester and thioles: Difination, nomenclature physical chemical properties.	
13	1	Aldehyde and ketone	Definition nomenclature & properties, additional substation reaction, preparation, medical importance and uses.	
14	1	Carbocyclic acid	Definition, preparation, properties and medical importance uses.	
15	1	Amines	Aminoacids and other compounds.	
16	1	Chemistry of hetrocylics	Nomemclature, biological activity hetrocyclic compounds, classification and their properties.	

## Textbooks & Refernce Books recommended (Last Editions)

Raymond Chang, Jason Overby, The essential concepts in General Chemistry,
Philadelphia, MC DGraw Hill.co.

	Janice	Gorzinsky,	Organic	chemistry,	Philadelphia,	MC Graw Hill.Co.
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- ☐ Alan Johns, Chemistry, an introduction to for medical and health science, New York, Viley.com.
- ☐ Atul Sinhal, The Pearson Guide to inorganic chemistry, New York, Pearson.co. Education.co.
- ☐ Goplan. R, Textbook of Inorganic chemistry, CRC University press, Amazone.co.UK.

## V – GROSS ANATOMY

## Goals

The broad goals of teaching of graduate students in anatomy are to providing comprehensive knowledge of the gross structure of human body to provide a basis for understanding the clinical correlation of organs or structures involved and the anatomical basis for the disease presentations

## Learning objectives

At the end of the course, the student should be able to:

- $\hfill \Box$  Comprehend the normal gross structure and position of all body organs
- Comprehend the connections and relationship between the all parts of the body

# **Course content**

GROSS ANATOMY (Module 1)					odule 1)	
Disc	Discipline				Basic Biomedical Science	
Dep	artme	nt			Human Anatomy	
Cou	rse tit	le			Anatomy (Osteol	ogy, muscles and joints)
Pre-	requis	sites			None	
Cou	rse co	de			MED2 009	
Aca	demic	year			I	
Sem	ester			2	Fall	
Nun	ıber o	f Cre	dits	4	Knowledge	3
					Practical	1
	Ho	urs				
Weeks	Knowledge	laboratory	Т	opics	Descriptions	
1	3	1	General I	nformation	Synovial Sheets, E	
2	3	1	Bones of th lower limbs		Part one- the human osteology Bones of the upper limb: Clavicle, Scapula, Humerus, The Radius, The ulna, The skeleton of the hand BONES OF THE LOWER LIMB: hip bone, The Pelvis as a whole, The Femur, Patella, Tibia, and Fibula, ,The skeleton of the Foot,	
3	3	1	The verteb	ral column	The vertebral column: structure of a typical vertebrae, atypical cervical vertebrae (atlas & axis), The Sacrum & Coccyx.	
4	3	1	The Skull		The Skull: General Review of the skull, The skull as seen from the front, The skull as seen from above, The skull as seen from behind, The skull as seen from the lateral side	
5	3	1	The Skull		Foramina of the sk	From below,The cranial fossae cull,The nasal cavity and paranasal ible and hyoid bones

6	3	1	The back	Cutaneous nerves of the back, Joints between vertebrae in the back, Ligaments, Back musculature: Superficial group of back muscles, Intermediate group of back muscles, Deep group of back muscles Sub-occipital muscles, Nerves of the back
7	3	1	The upper limb	Regions of the upper limb: The Pectoral region The Axilla (axillary artery, vein, and lymph nodes), Lymph nodes of the upper limb,The Brachial plexus and its Branches,The Mammary glands
8	3	1	The Scapular region & The Arm	The Scapular region: muscles & intermuscular spaces Nerves of the scapular region, Arteries of the scapular region, The Free Upper limb: utaneous nerves and veins The Arm, Compartments of the Arm: Contents of the Anterior Compartment of the Arm
9	3	1	The Arm	Contents of the Posterior Compartment of the Arm. The cubital Fossa, The Forearm & Hand. General review of structures in front of the forearm & hand Contents of the anterior compartment of the forearm, Muscles and Fascia of the Wrist & Hand:
10	3	1	The Wrist & Hand	Small Muscles of the hand, Nerves of the forearm & hand, Arteries of the forearm & hand Back of the forearm & hand: General review of structures. Contents of the lateral compartment, Contents of the posterior ompartment, Blood vessels of the posterior compartment.
11	3	1	Nerves & Joints of the Upper Limb	Nerves of the Free Upper Limb: median, ulnar and radial nerves, Joints of the Upper Limb:Sternoclavicular joint, Acromioclavicular joint, the Shoulder joint, The Elbow joint, Distal radio-ulnar joint, Wrist joint, Carpal joints, Carpo-metacarpal joints, Metacarpo-phalangeal joints, and nterphalangeal joints
12	3	1	The lower limbs	Introduction to the Lower Limb:Nerves, Main Arteries, veins and Lymph nodes of the lower limb Regions of the lower limb: The Gluteal Region Muscles of the Gluteal region, Arteries of the Gluteal region,The Front & Medial side of the Thigh: General review,Muscles, Femoral triangle, Adductor Canal, Femoral Sheath.
13	3	1	The Thigh	Contents of the anterior compartment of the Thigh: muscles,Femoral artery, Femoral vein Lymph nodes of the anterior compartment Contents of the medial compartment of the Thigh: muscles,Profunda femoris artery & vein, Obturator artery & vein,The Back of Thigh: General review Contents of the posterior compartment of thigh
14	3	1	Popliteal Fossa & Back of the Leg	Popliteal Fossa, The front and lateral side of the leg: General review, Contents of the anterior compartment the leg: Muscles & Blood vessels, Back of the Leg: General review, Contents of the posterior compartment of the leg, Muscles, Retinacula, Synovial Sheaths and Arteries

15	3	1	The Sole of the Foot	The Sole of the Foot: General review, Muscle Layers of the sole of the foot, Muscles of the sole of the foot.  Arteries of the sole, Nerves of the lower limb: lumbar nerves and lumbar plexus
16	3	1	Lumber & sacral plexus and Joints of the lower limb	Sacral ventral rami & sacral plexus: the superior & inferior Gluteal nerves, nerve to quadratus femoris. Posterior cutaneous nerve of thigh, perforating cutaneous nerve, The sciatic nerve and pudendal nerves. Joints of the lower limb: Joints and ligaments of the pelvis, hip joint, Knee joint, ankle joint, inter tarsal joints, tarso-metatarsal joints, metatarso-phalangeal joints, interphalangeal joints.

GROSS AN					NATOMY (module 2)	
Disc	ipline	)			Basic Biomedical	Science
Dep	artme	ent			Gross anatomy	
Cou	rse T	itle			Anatomy (thorax	, abdomen and pelvis)
Pre-	requi	sites			None	
Cou	rse co	de			MED3 009	
Aca	demio	year	,		II	
Sem	ester			3	Spring	
Nun	Number of Credits			4	Knowledge	3
Itul	Number of Credits 4				Practical	1
weeks	Ho Knowledge	Laboratory	Торі	cs	Descriptions	
1	3	1	The thoracic cav joints of the thor		some elementary facts about walls of the thorax: thoracic cage, thoracic apertures, and intercostal spaces the thoracic cavity:introduction to the trachea, bronchi, lungs and pleura,introduction to the heart & pericardium other structures in the mediastinum joints of the thorax: intervertebral joints,joints of the sternum,joints of ribs with vertebral column,joints between ribs, costal cartilages and sternum.	
2	3	1	Walls of the thorax and blood supply		diaphragm,arteries of the thorax,azygo	x: muscles of the thorax,the s of the thoracic wall,venous drainage os system of veins,lymphatic drainage lls,innervation of the thoracic walls

3	3	1	The mediastinum and lungs	The thoracic cavity:the mediastinum,the pleurae,trachea & principle bronchi,The lungs:the bronchial ,ree,broncho-pulmonary segments,pulmonary arteries & veins,bronchial arteries & veins,innervation & ymphatic drainage of the lungs.
4	3	1	The middle mediastinum and heart	The middle mediastinum: pericardium, the heart: exterior of the heart interior of the heart: cardiac hambers, valves of the heart cardiac skeleton.
5	3	1	Coronary vasculature cardiac innervation	Coronary vasculature, veins of the heart, coronary lymphatics, cardiac conduction system, cardiac innervation, pulmonary trunk & ascending aorta Superior mediastinum: contents.
6	3	1	Superior mediastinum	Nerves of the superior mediastinum,thoracic duct posterior mediastinum:esophagus,thoracic aorta Azygos system of veins, thoracic duct in the posterior mediastinum, sympathetic trunks, anterior mediastinum surface anatomy.
7	3	1	The abdomen	Part six- the abdomen, general description relationship to the other regions, key features: development of the gut skin & muscles of the abdominal walls, vertebral level 11, major arteries & venous shunt in the abdomen, porto- caval anastomoses, prevertebral plexus & viscera supplied by it.
8	3	1	Abdominal wall and groin	regional anatomy: surface topography, abdominal wall: fascia & muscles: flat muscles, transversalis fascia vertical muscles, extraperitoneal fascia & peritoneum innervation, arterial supply & venous drainage lymphatic drainage, groin: inguinal canal, inguinal hernias
9	3	1	Abdominal viscera	abdominal viscera:peritoneum & the peritoneal cavity,organs: abdominal part of esophagus, stomach small intestine,large intestine,liver,gall bladder pancreas,duct system for bile,spleen,arterial supply: anterior branches of abdominal aorta: celiac trunk
10	3	1	Blood supply of the abdomen	superior mesenteric artery,inferior mesenteric artery Venous drainage, lymphatics innervation: sympathetic trunks, parasympathetic innervation enteric system, posterior abdominal region: posterior abdominal wall: bones, muscles.
11	3	1	Posterior abdominal region and kidneys	viscera : kidneys ureters,suprarenal glands vasculature :abdominal aorta, inferior vena cava lymphatic system
12	3	1	The pelvis & perineum	Nervous system in the posterior abdominal region surface anatomy,part seven: the pelvis & perineum general description:functions,component parts relationship to the other regions ,key features
13	3	1	Pelvic cavity and Joints	Pelvis: bones, joints, orientation, true pelvis: pelvic inlet, pelvic wall, pelvic outlet, pelvic floor, perineal body.

14	3	1	Pelvic viscera	Viscera: gastrointestinal system: rectum, anal canal, urinary system: ureters, bladder, urethra, reproductive system: in men: testes, epididymis, ductus deferens, seminal vesicle, prostate, bulbo-urethral glands, in women:ovaries, broad ligament, uterus, uterine tubes, cervix, vagina, fascia, peritoneum
15	3	1	Sacral & coccygeal plexuses	Nerves: somatic plexuses: sacral & coccygeal plexuses: sacral plexus: Sciatic nerve, pudendal nerve, other branches of the sacral plexus, coccygeal plexus visceral plexuses, blood vessels: arteries, veins, lymphatics.
16	3	1	Perineum	Perineum:borders & ceiling,ischio-anal fossae and their anterior recesses,anal triangle,urogenital triangle: structures in the superficial perineal pouch: Erectile tissue: penis, clitoris, greater vestibular glands ,muscles, superficial features of the external genitalia: In men, in women, superficial fascia of the urogenital triangle:somatic nerves, visceral nerves, blood vessels, veins, lymphatics.

	GROSS ANATOMY (Module 3)					
Disci	pline				Basic Biomedical Science	ce
Depa	rtmei	nt			Human Anatomy	
Cour	se Tit	le			Anatomy (Head and ne	eck)
Pre-r	equis	ites			None	
Cour	se coo	le			MED4 009	
Acad	emic	year			II	
Seme	ster			4	Fall	
Num	Numbers of Credits 4			4	Knowledge	3
Nulli	DCI S (	<i>n</i> cre	uits		Practical	1
Weeks	Ho Knowledge	laboratory	1	<b>`opic</b> s	De	scriptions
1	3	1	Skull& Cranial cav	ity and brain	part eight- the head and neck,general description regional anatomy: skull,cranial cavity,meninges Brain & its blood supply: brain, blood supply of the brain, venous drainage, dural venous sinuses cranial nerves, and types of fibers in peripheral nerves.	

2	3	1	Cranial nerves and Face	Cranial nerve nuclei,Olfactory nerve,Optic nerve Occulomotor nerve,Trochlear nerve,Trigeminal nerve,Abducent nerve,Facial nerve,Vestibulo-cochlear nerve,Glossopharyngeal nerve,Vagus nerve,Accessory nerve,Hypoglossal nerve,FACE:Muscles of the face: orbital, nasal & oral groups ,Other facial muscles, Parotid gland,Innervation of the face,Arteries of the face,Veins of the face, Lymphatic drainage of the face
3	3	1	Scalp and orbital cavity	The Scalp: Arteries, veins & lymphatic drainage of the scalp.  The orbits: The eyelids, Lacrimal apparatus, Fissures and foramina in the orbit, Fascial specializations, Muscles of the orbit, Vessels of the orbit, and Nerves of the orbit.  THE EYEBALL: Walls of the eyeball, Anterior & posterior chambers, Lens & vitreous humor, The EAR: External ear & tympanic membrane.
4	3	1	The ear and infra-temporal fossa	Middle ear,Internal ear,Transmission of sound Introduction to the temporal & infratemporal fossae Temporo-mandibular joint, Masseter muscle. Temporal fossa. Infratemporal fossa:Sphenomandibular ligament,Medial & lateral pterygoid ,uscles,Mandibular nerve,Chorda tympani & lesser petrosal nerve,Maxillay artery,Pterygoid plexus of veins. Pterygopalatine fossa: Gateways & Contents of the pterygopalatine fossa.
5	3	1	The neck	the neck:cervical fascia, fascial compartments, superficial venous drainage, anterior triangle of the neck:muscles, vessels, nerves. posterior triangle of the neck:muscles, vessels, nerves.
6	3	1	Pharynx	root of the neck:blood vessels,nerves,lymphatics Lymphatics in the neck, pharynx: skeletal framework, pharyngeal walls. nasopharynx, oropharynx, laryngopharynx
7	3	1	Larynx and the nasal cavities	Larynx: laryngeal cartilages, extrinsic ligaments intrinsic ligaments, laryngeal joints, laryngeal cavity, intrinsic muscles, functions of the larynx vessels & nerves. The nasal cavities: Introduction skeletal framework, external nose, paranasal sinuses, Walls, roof, & floor of the nasal cavity.
8	3	1	The oral cavity	Anterior & posterior nares, blood vessels of the nasal cavities, innervation & lymphatic drainage, the oral cavity: introduction, skeletal framework, walls of the oral cavity: the floor: the tongue, salivary glands.

9	3	1	The oral cavity	Parotid, Submandibular, & sublingual glands Vessels & nerves,Roof palate: soft palate: muscles Vessels & nerves of the palate,The oral fissure & lips,Oropharyngeal isthmus,Teeth & gingivae Blood supply of the teeth,Blood supply of the gingivae,Innervation of the teeth & gingivae Part nine- endocrine glands of the head & neck, carotid sinus & carotid body,Hypophysis cerebri
10	3	1	Endocrine glands of the head & neck and the spinal cord	The pineal gland, Thyroid & parathyroid glands Carotid body & carotid sinus, part ten- the central nervous system, Introduction, Grey & white matters The spinal cord, Spinal nerves & spinal segments Gross anatomy of the brainstem: medulla oblongata
11	3	1	The brain	Gross anatomy of the pons & midbrain, Internal structure of the brainstem, Gross anatomy of the cerebellum, Gross anatomy of the cerebral hemispheres: External view: Supero-lateral surface. Further subdivisions of the supero-lateral surface. Medial surface, Inferior surface
12	3	1	The brain	Some internal structures of a cerebral hemisphere Important functional areas of the cerebral cortex Tracts of the spinal cord & brainstem: Descending tracts, Ascending tracts.
13	3	1	The diencephalon	Connections of the cerebellum, the diencephalon: thalamus, hypothalamus, metathalamus, epithalamus, subthalamic region, basal ganglia, olfactory region & limbic system, white matter of the cerebral hemispheres.
14	3	1	Ventricles of the brain & CSF and blood supply of the brain	Internal capsule, commissures of the brain ventricles of the brain & csf: the lateral ventricles third ventriclefourth ventricle: cavity and floor lateral walls, roof, and the CSF& blood brain barrier blood supply of the brain: arteries supplying the brain & the circle of willis.
15	3	1	Pathways of special senses	Venous drainage of the brain, pathways of special senses: the visual pathway, pathway for smell pathway for hearing, pathway for taste part eleven-the autonomic nervous system: general description.
16	3	1	Autonomic nerves	Sympathetic nervous system, Parasympathetic & enteric nervous systems, Short review of the chapter.

# Skills

	Upper limb: Dissection: Pectoral and scapular, axillary and shoulder region, arm,
	forearm.
	Prosected parts: Joints, Palm and dorsum of hand.
	Thorax dissection: Chest wall, mediastinum, pleura, lungs, heart.
	Abdomen dissection: Anterior abdominal wall and inguinal region, external genitalia.
	Viscera and Posterior Abdominal wall and nerve plexus.
	Pelvis dissection: Pelvic viscera, blood vessels and nerves.
	Prosected parts: Perineum including ischio-rectal fossa.
П	<b>Lower Limb dissection:</b> Gluteal region, front and back of thigh popliteal fossa, front

	back and lateral side of leg and dorsum of foot.
	Prosected parts: Sole of the foot and joints
	Head &Neck dissection: Superficial and deep dissection of face and neck, orbit and
	eye ball.Submandibular region temporal and infratemporal fossa, cranial cavity, naso
	and oropharyngeal regions, Ear, Larynx and pharynx.
a- N	euroanatomy
	Gross specimen of full brain, meninges, spinal cord, prosected specimens to demonstrate
	visual system, auditory and vesibular pathways and major functional areas.
	Stained sections of brain and spinal cord at various levels to demonstrate cranial nerve
	nuclei, ascending and descending tracts, thalamic nuclei and important functional areas.
b-D	emonstrations
	Bones of skull and vertebral column
	Brain and spinal cord
	Cross-sectional anatomy
	Radiological anatomy
c- Ta	ppographic skills
	Demonstrate surface markings of important organs.
	Localize important pulsation and the structures against which pressure can be applied in
	case of bleeding from a particular artery.
	Demonstrate muscle testing and movements at joints.
	Locate sites for: Lumbar puncture, sternal puncture, pericardial tapping, and liver
	biopsy.
	Locate veins for vein puncture.
	Locate the site for emergency tracheostomy.
	Locate the subcutaneous positions of large veins.
	ching and Learning Methodology
	general pattern of teaching methodology followed by all the faculty members and
	ning staff in the department is:
	ctures
	ussing the topic in detail in one hour lecture time.
2-Sk	
	<b>Dissection</b> : is done by students on the cadavers and is being assisted/supervised by a
	team of teachers. Some prosected specimen/dissection are shown on ultrascope which
	is telecasted on TV monitors fitted in dissection Hall.
	<b>Videos</b> of some dissections are also shown on TV after the completion of dissection of
	the part/region to recaptulate the details of the part/region dissected.
	<b>Self-assessment</b> MCQs are given at the end of dissection of each region and discussed
	with teacher in-charge.
Ц	Handouts are given at the end of completion of part/region to the students to
	recapitulate and remember the Gross anatomy and Neuroanatomy.
Ц	<b>In Neuroanatomy</b> , the stained sections at various levels of brain and spinal cord are shown on slides and computers to localize the cranial nerve nuclei and trace the origin,
	course and termination of ascending and descending tracts in order to understand the
	effects produced as a result of lesions.
	<b>Demonstrations:</b> Mainly the bones of the entire body, few dissected specimen are
	Demonstrations. Truming the bones of the onthe body, lew dissected specimen are

taught in small groups.

By a combination of the above teaching-Learning tools and modalities the student is able to understand the development, gross structure of the organ systems and gain an insight into the structure-function correlation. This combined with the knowledge of applied/clinical anatomy provides an understanding of the anatomical basis of health and disease.

Textbooks & Reference Books Red	commended (Last editions)
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- ☐ Gray's Anatomy for Students.
- ☐ Cunningham's Manual of Practical Anatomy.
- ☐ Clinical Anatomy for Medical Student.
- Harper & Row Neuroanatomy.
- ☐ Atlas of Human Anatomy, Frank H Netter MD.

# **VI-MEDICAL HISTOLOGY (MICROANATOMY)**

## Course goals

The goals of the course are; to provide a foundation of the fundamental concepts of the microscopic anatomy of the human body; to develop an understanding how organ integrity and function are maintained by the organization of cells and tissues; and; to promote critical thinking of the clinical consequences of cellular disorders and tissue-related diseases, intracellular pathogens, cancer and diabetes.

#### **Learning (Outcomes) Objectives:**

Upon completion of this course, students will be able to:

	Differentiate	hatrriaan	diagona or	- 4	m 0 mm 01	0.011.0
Ш	Differentiate	Detween	uisease ai	IIU	понна	Cens.

- Describe the pathological processes that create the diseased state at the cellular level.
- ☐ Identify the primary cell types of each organ in the human body at the light and electron microscopic levels
- ☐ Identify the primary stains used in identifying normal and diseased cells and describe the chemistry of the staining process.
- ☐ Identify and describe the function of all major cellular organelles.

#### **Course Content**

MEDICAL HISTOLOGY (Module 1)					
Discipline	Basic Biomedical Science				
Department	Histology				
Course title	General histology				
Pre-requisites	Biology and Anatomy				
Course code	MED2 010				

Academic year					First			
Sem	ester			2	Fall			
Num	hor o	of Cro	dite	3	Knowledge	2		
Null	Number of Credits 3				Practical	1		
Weeks	Ho Knowledge	Laborator	To	ppics	Desc	ription		
1	2	1	Introduction	ı	General information, cytolog histology.	y, General histology, systemic		
2	2	1	Method of st	tudy	Basic principle on histological preparation, section method.s microscopy.	al techniques, Tissue smear method, special methods		
3	2	1	Instruments			be Resolution, magnification, lectron microscope, and phase ng microscope, Examination of		
4	2	1	Cell compon	ents	Organization of the human body cells, tissues, organs, systems, cytoplasm, organelles, inclusions, nucleus, Cell cycle.			
5	2	1	Intercellular and tissue fl		Cell injury. Components and functions, Tissues:-Definition, Histogenesis, Embryologic origin, regeneration, function and Pathological changes			
6	2	1	Epithelial tis	ssues	Definition, histogesis, general characteristics, specialization of the surfaces of epithelia. Classification of epithelia, Simple and stratified, Histophysiologies, pathological changes.			
7	2	1	Glands		Definition, histogenesis, classification. Exocrine and endocrine glands, Histophysiology.			
8	2	1	Connective 1	issues	Cells (fibroblasts, macrophages, mast cells, plasma cells, adipose cells, leukocytes).Intercellular substance (ground substance, fibers collagen, reticular, elastic, Matrix), Histogenesis, Histophysiologies			
9	2	1	Adipose tiss	ue	Unilocular, multilocular adip structure, Histogenesis, Histo			
10	2	1	Cartilage		Histogenesis, perichondrium, cartilage).Growth, regressive Histophysiologies.	Types (hyaline, fibrous, elastic changes, regeneration,		
11	2	1	Bone		Periosteum and Endosteum, Types of bone tissue (Compact and Spongy), (Primary and Secondary), Bone cells (Osteoblasts, Osteo Progenitors, Osteocyctes, Osteoclasts), Bone matrix (Homorganic, Organic matrix). Histogenesis (Intramaembarnous ossification, endochondial ossification), Growth and remodeling of bone, Fracture repair.			

12	2	1	Bone & Joints	Histophysiology of the bone & effects of different factors on the bone, Definition & Kinds of joints (Synarthrosis, amphyarthrosis, Diarthrosis).
13	2	1	Nerve tissue	Neuron (Perikaryon, Dendrites, Axons), Types of Neurons, Histophysiology, Degeneration and Regeneration. Nerve fibers (Schwann cells, Myelin sheath), Neuralgia, Nerve endings (Synapses, Sensory nerve endings, Motor nerve endings)
14	2	1	Muscles	General characteristics, Types: Skeletal muscles (Organization of muscles as an organ, histogenesis, morphology, innervations motor end-plate, Histophysiology. contraction mechanism regeneration), Cardiac muscles (characteristics, intercalated disks, differences between skeletal and cardiac muscles), Smooth muscles
15	2	1	Blood	General consideration, Formed elements of blood: Erythrocytes (Shape, Structure, Histophysiology, Erythron), Leukocytes (Classification, Number, Types, Histophysiology, Neutrophils, Basophiles, Eosinophils, Lymphocytes, Monocytes), Platelets, Plasma
16	2	1	Hematopoiesis	Hematopoietic organs (Intrauterine, Extra uterine), Bone marrow, Monophyletic theory, Maturation of erythrocytes (Normoblastic and Megaloblastic Erythropoietin), Granulocytes.  Hematopoiesis: Lymphocytes, Monocytes, Origin of platelets, Regulation of Hematopoiesis (Microenvironmental factors, Humeral factors)

MEDICAL HISTOLOGY (Module 2)							
Discip	line				Basic Biomedical Science	2	
Depar	tment				Histology		
Course	e title				Systemic histology		
Pre-re	quisites				General histology		
Course	e code				MED3 010		
Acade	mic year	•			First		
Semes	ter			2	Fall		
Numb	er of Cro	ndita		3	Knowledge	2	
Nullib	er or cre	cuits		3	Practical	1	
	Hou						
Weeks	Knowlege	Practical		Topics	Descriptions		

1		1	Introduction	Definition, General information about the structure of the organs, Parenchyma, Stroma, Hollow and solid organs, Moist membranes		
2	2	1	Circulatory system	Heart Layers of the heart, Endocardium, Myocardium, Pericardium, Cardiac skeleton, Cardiac valves, Impulse conducting system, Histophysiologies, Pathological changes, Clinical considerations		
3	2	1	Blood vessels	Arteries: General structure, Tunics, vasa vasorum, Innervations, Large elastic arteries, Muscular or distributing arteries, Arterioles, Histophysiology, Changes in the arteries with age, Clinical considerations, Veins: Veins of large and medium caliber, Vanules, Valves of the veins, Clinical considerations.  Capillaries: Continuous Capillaries, Fenestrated capillaries, Sinusoids, Histophysiologies, Vascular specializations, Clinical considerations. Blood vessels connections: Capillary bed, Portal system, Arteriovenous Anatomists.  Lymphatic Vessels: Lymphatic capillaries, Larger Lymphatic vessels, Lymphatic ducts, Pathological changes, Clinical considerations.		
4	2	1	Respiratory system	Conducting portion, Nasal cavity,Respiratory epithelium, Vestibule, Olfactory, Respiratory region, Para nasal sinuses,Pharynx,Nasopharynx, Oropharynx, Laryngopharynx, Larynx: General structure, Mucous membranes, Cartilages of the larynx, Epiglottis, Vocal cords,Trachea,Layers, Bronchial tree, Bronchi: Extra pulmonary bronchi, Intra pulmonary bronchi, Bronchiole, Histophysiologies of conducting portion. Respiratory portion:-Respiratory bronchioles, Alveolar ducts, Atrium, Alveoli, Alveolar wall, Epithelial lining cells, Surfactant cells, Blood air barrier, Pathological changes, Pleura, Histophysiology, Pathological changes, Clinical considerations.		
5	2	1	Digestive system	Introduction, Histological structure, Oral cavity, Layers, Lips, Histologic structure in different regions. Tongue: Papillae, Taste buds, Teeth and associated structures, General consideration, Enamel, Dentine, Cement, Pulp, Periodontal membrane, Gingiva		
6	2	1	Digestive tube	Basic pattern of the structure of the alimentary canal, Esophagus: Layers (Mucosa, Submucosa, Muscularis, Serous and Adventitia). Glands: Histophysiology, Stomach: Regions, Layers, Glands, Cell types, Protective mechanism, Histophysiology Small intestine: Segments, Plica circularis, Villi, Microvilli, Layers, Cells, Glands, Histophysiology. Large intestine: Segments, Layers, Glands, Cells, Appendix, Rectum and anal canal, Difference		

				between small and large intestine, Histophysiology, Clinical considerations.		
7	2	1	Organs associated with the digestive tract	Salivary glands: Minor salivary glands, Major salivary glands, Basic structure, Serous cells, Mucous cell, Myoepithelial cells, Duct system, Pancreas, Structure, Exocrine Pancerease, Endocrine Pancrease. Liver:General structure, Blood supply, Liver lobules, Cell types, Sinusoid, Portal area, Central vein, Hepatic changes, Histophysiology, Bile ducts, Intrahepatic bile ducts, Extra hepatic bile ducts, Gallbladder, General structure, Histophysiology, Peritoneum and Mesentry, Defination and layers, Clinical considerations.		
8	2	1	Integumentary system	Skin: Basic facts about skin, Structure, Epidermis (layers & cells), Keratinization, Melanin production, Dermis, Subcutaneous tissue Histophysiologies. Cutaneous appendages: Hairs, Nail, Sebaceous glands, Sweat glands, Clinical considerations.		
9	2	1	Defense system	Introduction, Leukocytes, Mononuclear phagocyte system, Immune system, Thymus gland: Histological organization, Cortex, Medulla, Histophysiology, Effects of different factors on Thymus.  Bursa: Defination and functions.Lymph nodes: Histological organization, Capsule and trabecuola, Lymph sinuses and lymphatic vessels, Cortex, Medulla, and Histophysiology. Spleen: General structure, White pulp, Red pulp, Capsule and trabeculae, Blood supply, Histophysiology, Tonsil: General structure and histophysiology, Clinical considerations.		
10	2	1	Endocrine system	Definition.Hypophysis:Defination, Adenohypophysis, Pars distal, Secretary cells, Pars tuberalis, Pars intermediate, Neuro secretary cells, Histophysiology, Clinical considerations.Thyroid:Follicular cells, Para follicular cells, Histophysiology, Clinical considerations. Parathyroid: Cells, Histophysiology, Clinical considerations. Adrenal: Cortex, Medulla, Histophysiology, Clinical considerations. Pineal body: Structure, Histophysiology, Clinical considerations.		
11	2	1	Urinary system	kidney:-Nephrons, Renal corpuscle, Proximal convoluted tubule, Loop of Henley, Distal convoluted tubule, Collecting tubules, Renal interstitial, Blood circulation, Juxtaglomerular apparatus, Histophysiology.Extra renal passage: Ureter, Urinary bladder, Urethra, Clinical Considerations.		
12	2	1	Male reproductive system	Definition and functions of primary sex organs, Secondary sex organs. Testis: Histological structure (Somniferous tubules, Cells representing stages in spermatogenesis, Cells of sertoli), Spermatozoa, Interstitial cells, Blood testis barrier, Excretory genital ducts, Epididymidis, Ductus deferens. Accessory genital glands:-Bulb urethral glands, Prostate, Seminal		

				vessicle.Penis: Histological structures, Errection mechanisms, Clinical Considerations.
13	2	1	Female genital system	Ovarian follicles, Primordial follicles, Growing follicles, Ovulation follicles, Corpus luteum, Corpus albicans, Histophysiology.Oviduct:Gross structure, Histological structure, Histophysiology.Uterus:Gross structure, Histological layers (Myometrium, Endometrium, Perimetrium), Histophysiology.Vagina:Histological structure. External genitalia and pregnancy:-Lips, Clitoris, Vestibular glands,Placenta:Defination, Growth, Histological structure, Placenta barrier, secretions.Breasts:Defination, Histological structure, Breast changes in deferent stage, Clinical Considerations
14	2	1	Sense organs	General information Eye: Layers: External fibrous coat, Sclera, Cornea, Limbos middle vascular coat, Choroids, Ciliary's body, Iris, Internal nervous coat, Retina, Photoreceptors, Histophysiology,Refractive media aqueous humor, Lens, Vitreous body, Optic nerve, Accessory structure, Conjunctive, Eyelid, Lachrymal apparatus, Histological structure in deferent physiologic status and Clinical Considerations.
15	2	1	Gustatory organ olfactory organ	Definition, Taste bude, Olfactory mucosa, Olfactory epithelium, histophysiology and Clinical Considerations.  Ear: External ear:-Auricle, External Auditory meatus, histophysiology.Middle Ear: Walls, Histological structures, Histophysiology.Internal Ear: Osseous Labyrinth, Cochlea, Semicircular Canals, Membranous Labyrinth, Organ of equilibrium, Organ of hear, Histophysiology and Clinical considerations.
16	2	1	Nervous system	peripheral nervous system .nerve ganglia, peripheral nerve, histophysiology.central nervous system ,gray matter and white matter brain, cerebrum, brain stem, cerebellum, spinal cord, mining, durra matter, arachnoids, parameter, choroids plexus, cerebrospinal fluid, clinical considerations.

## Skills

- ☐ Routine and special stained slides of all the tissues and organs of body.
- Slide show to demonstrate filtration barrier of kidney, alveolar septum, tight junctions of capillaries and such relevant areas.

# Textbooks and Reference books Recommended (Last Edition)

- ☐ Human Histology, Alan Steven.
- ☐ Krauses Essential Human Histology for Medical Student, Kraus Williams.
- ☐ Histology A Text and Atlas, Michael H Ross
- ☐ Clinical and Functional Histology for Medical Students, Richard S. Snells.

## VII-MEDICAL EMBRYOLOGY

#### Goals

The Medical embryology course covers embryologic development from ovulation through birth and is organized by organ systems. An introductory overview lecture followed by complete syllabus, lecture notes, CDs with animations of embryologic development, and supplementary textbooks on library reserve.

## Learning objectives

- ☐ To understand the basic principles of embryology including genetic inheritance and stages involved in development of the organs and systems from the time of conception till birth.
- ☐ The student should recognize the critical stages of normal development and the effects of common teratogens, genetic mutations and environmental hazards on it.
- ☐ He/She should be able to explain the developmental basis of the occurrence of major variations, abnormalities and congenital anomalies.

#### **Course Content**

	EMBRYOLOGY 1						
Disc	ipline				Basic Biomedical Science		
Dep	artme	nt			Histology		
Cou	rse tit	le			Medical Embryology (Ger	neral Embryology)	
Pre-	requi	sites			Biology, Anatomy and His	stology.	
Cou	rse co	de			<b>MED</b> 3 011		
Aca	demic	year			First		
Sem	ester			2	Fall		
	_				Knowlegde	1	
Nun	aber o	f Cre	dits	2	Practical	1	
Weeks	Knowledge	E Laboratory	1	Горісѕ	Demon	stration	
1	1	1	Introduction		Definition, History, Parts of Embryology, Location of Embryology.		
2	1	1	Reproductive	esystem	The female Genital system,	The male Genital system.	

3	1	1	Progenesis	Gametes, Gametogenesis, Ovarian cycle, Clinical correlates.		
4	1	1	Development	Prenatal live, Postnatal live.		
5	1	1	First week of development	Cleavage, Development in days 3 <sup>rd</sup> & 4th, Development in days 6 <sup>th</sup> , Development in days 7th, Clinical correlates.		
6	1	1	Second week of development	Development in days 8th, Development in days 9th, Development in days 11th, Development in days 13 <sup>th</sup> , Clinical correlates.		
7	1	1	Third week of development	Gastrulation, The primitive cardiovascular system, Notochord formation, Allantoises, Development of germ disc, Clinical orrelates.Neurolation Development of somites, Development of intraembryionic coelom.Development of trophoblasts.		
8	1	1	Third week of development	Gastrulation, The primitive cardiovascular system, Notochord formation, Allantoises, Development of germ disc, Clinical orrelates.Neurolation Development of somites, Development of intraembryionic coelom. Development of trophoblasts.		
9	1	1	Embryonic period	Organogenesis (Third to Eight weeks), Differentiation of Ectoderm, Differentiation of Mesoderm, Differentiation of Endoderm, Differentiation of Somites, Clinical correlates, Brief organogenesis, Clinical correlates.		
10	1	1	Fetal period	Differentiation of fetus, Clinical correlates, Monthly, change, Time of birth.		
11	1	1	fetal period	Fourth week development of fetal period), Clinical correlates, Premature & post mature babies.		
12	1	1	Extra embryonic membrane formation	Extra Embryonic membrane: Placenta, Amnion, Chorion, Clinical correlates.		
13	1	1	Extraembryonic M. formation	Fetal membrane in twins, Clinical correlates.		
14	1	1	Parturition	Postnatal period, (Feto neonatal circulation).		
15	1	1	Extra normal change in prenatal period	Teratology, Definition, Essential of Teratology, Kinds of Teratogens, Revolution in prenatal, period, Clinical correlates.		
16	1	1	Effect on embryogenesis	Genetics and human Development, Molecular biology of human Development, In vitro fertilization, Prenatal diagnosis.		

	EMBRYOLOGY (2)								
Discipline					Para-clinic	Para-clinic			
Depai	rtment				Histology				
Cours	se title				Medical E	mbryology (Systemic Embryology)			
Co-re	quisite	s			Biology, H	listology & General Embryology.			
Cours	se code				<b>MED</b> 2 01	1			
Acade	emic ye	ar			First class				
Semes	ster				Fall (2 <sup>nd</sup> se	emester)			
Numb	er of C	'redite		2	Lecture	1			
Tullio	ici oi c	reures	,		Practical	1			
	Hou	ırs							
Weeks	Lecture	Practical		Topics		Demonstration			
1	1		Develop	oment	Develop	Development of prenatal life			
2	2		Head &	Neck	Developi Developi Developi intermax	Pharyngeal arches, Pharyngeal pouches, Development of mouth and teeth, Development of salivary glands, Development of face, Development of intermaxillary segment, Development of lip,			
						Development of palate, Development of nasal cavity, Development of nose,			
4	1		Digestive system		Develops Develops of the du- Develops	Introduction of For gut, Med gut & Hind gut, Development of the Esophagus, Development of the stomach, Development of the duodenum, Development of Liver, Development of Gall bladder, Development of the pancreases, Clinical correlates.			
5	1		Genital	system	Developr genital sy	ment of the ystem			
6	1		Urinary	system	_	Development of the urinary system			

7	1	Respiratory system	Development of the respiratory system
8	1	Cardiovascular system	Development of the cardiovascular system
9	1	Nervous system	Development of the Nervous system
10	1	Special sensory organs	Development of the special sensory organs
11	1	Endocrine glands	Development of the endocrine glands
12	1	Mammary gland	Development of the mammary gland
13	1	Abnormalities	Development of the abnormalities of individual organs/systems
14	1	Organs	Histogenesis of various organs
15 16	1	Pathogenesis	pathogenesis of the anomalies

## Skills

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- ☐ Models to demonstrate various stages of early fetus and different organ development.
- ☐ Slides of ovary and testis to show follicles and stages of maturation of spermatozoa
- $\hfill\square$  Early check embryos to understand the development of tissues and organs from conception till term.

# Textbooks & Reference Books recommended (Last Editions)

- ☐ Longmanns Medical Embriology, Thomas W.Sadler
- ☐ The Developing Human, Keith L.More.
- ☐ Larsen's Medical Embryology, Bleyl MD, PhD
- ☐ Embyology for Medical Students, Sant
- ☐ Basic Concepts in Embryology, Lauren Sweeney.

## VIII-MEDICAL PHYSIOLOGY

## Goals

The broad goal of the teaching of graduate students in physiology is providing a comprehensive knowledge of the normal functions of the organ systems of the body and their interactions to facilitate understanding of the physiological basis of health and changes in disease.

## **Learning objectives**

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## At the end, a medical student in physiology should be able to explain:

- ☐ Explain the normal functioning of all the organ systems of the body and their interactions;
- □ Narrate the contribution of each organ system to the maintenance of homeostasis;
- ☐ Elucidate the physiological aspects of normal growth and development;
- ☐ Describe the physiological response and adaptations to environmental stresses;
- ☐ List the physiological principles underlying pathogenesis and treatment of disease.

#### B. Skills

## At the end of the course the student should be able to:

- ☐ Conduct experiments designed for study of physiological phenomena;
- ☐ Interpret experimental / investigative data;
- Distinguish between normal and abnormal data derived as a result of tests which he/she has performed and observed in the laboratory.

#### **Course content**

	MEDICAL PHYSIOLOGY (Module 1)					
Discipline:		Basic Biomedical Science				
Department		Physiology				
Course title		Cell, Blood & Immunity, Respiration & GI Tract				
Pre-requisites		Molecular biology, Gross & Microscopic anatomy				
Course code		MED3 012				
Academic year II		II				
Sem	Semester			3	Spring	
Number of Credits 4			Knowledge	3		
		edits	4	Practical	1	
Weeks	H Knowledge	laboratory		Topics	Descriptions	
1	3	1			Structure of a neuron, classification, membrane potential and action potential.	

2	3	1	Synapse & Nerurotransmitters	Structure and components of a synaps, mechanism of synaptic transmission, neurotransmitters, synaptic
				response and summation.
3	3	1	Muscle Contraction	Brief anatomy and physiology, composition, steps of contraction, energetic event of muscle contraction. Smooth muscles.
4	3	1	Blood Function and Cells	Characteristic of the blood, blood function, blood composition (rbc, wbc & platelets), plasma.
5	3	1	Hemoglobin	Hemoglobin, iron metabolism, destruction of rbc, anemia, effect of anemia on blood circulation.
6	3	1	White Blood Cells	Functional characteristics of WBC, pus formation, eosinophils, basophils.
7	3	1	T & B lymphocytes Antibodies, Immunization and Allergy.	Process of t & b lymphocytes.antibodies, active and passive immunization, allergy.
8	3	1	Type of T-cells, Active and Passive Immunity.	Types of t-cells, lymphokines, aids, immunologic tolerance, active and passive immunity.
9	3	1	Hemostasis, Coagulation and Anticoagulants.	Mechanism of hemostasis, properties of platelets, blood coagulation, anticoagulants, effect of plasmin.
10	3	1	Agglutinations, Rh factors & Blood Tansfusion.	Agglutinogen, agglutinins, agglutination, blood typing, Rh factor, transfusion and transfusion reaction.
11	3	1	Review of Anatomy of Respiratory Tract Organ	Respiratory system organs, function of the respiratory tract.
12	3	1	Pulmonary Function Test, Pulmonary	Pulmonary function test, intra plural pressure, intra alveolar pressure. Pulmonary volume and capacities, O <sub>2</sub> and CO <sub>2</sub> exchanges.
13	3	1	Volume and Capacities. Respiratory Centers	Pulmonary circulation, neural mechanism, respiratory center in the brain stem, unity of respiratory center action, central and peripheral chemoreceptors.
14	3	1	Anatomophysiology of Gastrointestinal Tract (GI).	GI organs and their functions, control of GI activities, autonomic control of GI, GI reflexes, GI hormones, functional movement of the GI. Blood circulation of the GI.
15	3	1	Secretion	Secretion in the GIT, salivary secretion, gastric secretion, pancreatic secretion, small intestine secretion, large intestine secretion, digestion of various food by hydrolysis,.
16	3	1	Absorption in Gastrointestinal Tract	Essential principles of GI absorption. Absorption of carbohydrate, proteins & fat.Different mechanism of absorption.

			MED	OICAL PHYSIO	LOGY(Module 2)		
Discip	line				Basic Biomedical Science		
Depar	tmen	ıt			Physiology		
Cours	se Titl	le			Endocrine, Cardiovascu Reproductive	ılar, Kidney &	
Pre-re	equisi	tes			Molecular biology, Gro anatomy	ss & Microscopic	
Cours	e cod	le			MED4012		
Acade	emic y	year			II		
Semes	ster			4	Fall		
					Knowledge	3	
Numb	er of	Cred	its	4	Practical	1	
Weeks	Ho Knowledge	Hours  Laboratory  Knowledge		Descriptions			
1	3	1	Introduction to endocrinology. The pituitary gland Growth hormone		Synthesis of hormones, Secretion, Control of hormonal secretion, Transport of hormones, anterior and posterior pituitary secretions. Growth hormones and its effect, Mechanism of Action, hyper and hypo secretion of Growth hormones		
2	3	1	The thyroid Gland. Function of the thyroid hormones The adrenocortical hormones.		Thyroid hormones synthed Transport of thyroid hormones, Effect of Thyrotissues. Adrenocortical Hormones Adrenocortical hormones control of Adrenocortical	nones, effect of thyroid roid Hormones on the s, Effect of s on different organs,	
3	3	1	Glucocorticoids, abnormalities of adrenocortical secretion Insulin Glucagons and diabetes mellitus.		Glucocorticoids, secretion of, effect on the tissue regulartion of secretion and effect of Pituitary gland and hypothalamus on Adrenal cortex. Insulin and its metabolic effect on protein, lipids and carbohydrates, Insulin effect on glucose consumption in the brain. Control of insulin secretion, Glucagon and its effect.		
4	3	1	Parathyroid hor calcitonin.	thyroid hormones and Parathyroid hormones and its effect, Calcitonin			
5	3	1	Anatomophysiol organs. Structur Semen.	ogy of male sexual ee of the Sperm,	Anatomophysiology of male sexual organs, spermatogenesis, function of the seminal vesicle, Function of the prostate gland, Structure of the Sperm, Semen		

6	3	1	The Male Sexual Act. Testosterone: Mechanism of its effect.	Male sexual Act, Male Fertility, Neuronal stimulus for performance of the Male sexual Act. Testosterone and other male sex hormones. Function of the testosterone. Mechanism of Action of the Testosterone.
7	3	1	Anatomophysiology of The female sexual organ Follicular Growth Hormonal control of sexual function.	Anatomophysiology of The female sexual organ, Female hormonal system, Monthly ovarian cycle, Follicular Growth, Corpus Luteum, Luteal phase of the ovarian cycle. Hormonal control of sexual function
8	3	1	Physiology of the pregnancy. Parturition Lactation	Physiology of the pregnancy, Function of the placenta, Hormonal Factors in Pregnancy. Parturition, Mechanism of parturition, Labor pains, Lactation, Development of the breast, Milk Composition.
9	3	1	Anatomophysiology of the heart and vessel, Function of different parts of the heart	Brief anatomophysiology of the heart and vessel, Physiology of cardiac muscle, Cardiac contraction and Relaxation Mechanism, Action potential in cardiac muscle. Function of different parts of the heart, Nodal Tissue, pericardium, papillary muscles and chorda tendinea.
10	3	1	Homodynamic of the heart. Heart Sounds. <i>Cardiac Automatism</i>	Homodynamic events of the heart during the cardiac cycle, pressure in the atrium, ventricular pressure during the cardiac cycle, ventricular volume, and regulation of the heart pump. Heart Sounds. <i>Cardiac Automatism</i>
11	3	1	Methods of recording and interpretation of ECG. Physiologic changes of the ECG	Electrocardiogram, Normal waves and normal intervals, leads of the ECG, Methods of recording and interpretation of ECG, Cardiac axis determination. Physiologic changes of the ECG.
12	3	1	Overview of the circulation Blood pressure, Local Circulations Lymphatic system	Overview of the circulation, Blood volume in different part of circulation, Arterial pressure Blood pressure and vessels motilities, Capillary Circulation, Vein circulation, Pulmonary and coronary circulations. Lymphatic system
13	3	1	physiology of the urinary system,Function of the Kidney	Physiology of the urinary system, Nephrone, function of the Kidney Glomerular Filtration Rate, Glomerular filtrate and its difference with plasma. Factors affect glomerular filtration.
14	3	1	Reabsorption in the tubules. Tobular Load, Tm and Threshould for Tm. Plasma Clearance.	Reabsorption in the tubules, Ability of Reabsorption of different parts of the tubules. Mechanism of Reabsorption of different materials in the tubules, Tobular Load, Tubular Transport maximum (Tm) and Threshould for Tm. Plasma Clearance.
15	3	1	Body fluid and osmolality, Role of the kidneys in control of Body Fluids. Excretion by the kidney Control of Hydrogen Level.	Body fluids, Role of the kidneys in control of Body Fluids and osmolarity. Excretion by the kidney, excretion of potassium, control of

				phosphate level, control of magnesium level. Control of Hydrogen Level.
16	3	1	Control of acid-base by the Kidney. Physiology of the other part of the urinary tract Micturation	Excretion of Hydrogen, Buffer system of the tubular fluid, Control of acid-base by the Kidney. Physiology of the other part of the urinary tract, Micturation

			MEDIC	AL PHYSIOI	LOGY (Module 3)		
Disc	ipline				Basic Biomedical Science		
Dep	artme	nt			Physiology		
Cou	rse Tit	tle			Central Nervous System, Special	Sense Organs	
Pre-	requis	ites			Molecular biology, Gross & Micranatomy	oscopic	
Cou	rse co	de			MED5 012		
Aca	demic	year			III		
Sem	ester			5	Spring		
	,	0.0	11,	,	Knowledge	3	
Nun	ibers (	of Cro	edits	4	Practical	1	
	Hou	ırs					
Weeks	Knowledge	Laboratory	Торіс	s	Descriptions		
1	3	1	Physiology of the eye. Optic of the eye, error of refraction, ophthalmoscope.		Brief anatomic/Histological structure of the eye, and brief function of different structure of the eye. Physical principle of optics and optic of the eye, Diopter, convex and convex lenses, effect of closing the objects on the picture. Characteristic of the picture in the retina.		
2	3	1	Receptor and neural retina.	function of the	Error of refraction, Myopia, hypern Astigmatism, cataract, negative and lenses, ophthalmoscope. Receptor a function of the retina, Layers of the and Cone, Mechanism of stimulation and Cones, Color vision.	l positive and neural retina, Rods	
3	3	1	Visual pathways and Perimetery, Eye move their control.		Visual pathways, Optic nerve, chias Optic tract, Optic Radiation, and vis Perimetery, Visual field, Normal bl movement and their control, persuit strabismus, nystagmus.	sual cortex. ind spot, Eye	
4	3	1	Physiology of the Ear Middle and Internal l		physiology of the Ear, Tympanic n Auricle and Auditory canal, Middle ear ossicular system, Austechian tul function. Internal Ear, Cochlea, Au and Auditory Cortex.	Ear, Middle be and its	
5	3	1	Vestibular System Ph	ysiology	Utricle, Saccule, semicircular canals, Receptor of the vestibular system, vestibular pathway and centers in CNS.		
6	3	1	Physiology of the Tas sense	te and smell	Physiology of the Taste and Smell of Receptors, pathways and cortex.	orgns.	

7	3	1	Cells of the nervous system, Glia Cells, The Synapse & Neurotransmitters.	Cells of the nervous system, Cherecteristic, Glia Cells, types of glia, Astrocytes, ligodendrocytes, Schwann cells, Ependymal cells, the Synapse, Mechanism of Transmission of signals.  Neurotransmitters, Myelin.
8	3	1	Nervous sytem classifications, Meninges,	Nervous sytem classifications, CNS (Brain, spinal cord), PNS (Somatic Nervous system, Autonomic nervous system., Gray matter, white matter. Meninges, Duramater, Arachnoid, piamater. CNS parts: Prosencephalone (Diencephalon & Telencephalone), Metencephalone (Pons, Cerebellum), Myelencephalone (Medulla oblongata, Mesencephalone (Midbrain).
9	3	1	Cerebrum Lobes Cortex & corpus callusum Hippocampus, Amygdala, & Basal Ganglia, Thalamus & Hypothalamus, Reticular Formation Midbrain, Pons & Medulla.	Function of the Diencephalon (Thalamus & Hypothalamus), Function of the Reticular Formation of the Brain Stem, Function of the Midbrain, Function of the Pons & Medulla.
10	3	1	Function of the Cranial Nerves Cerebellum Spinal Cord.	Function of the Cranial Nerves, Function of the Cerebellum, The Spinal Cord, Internal structure of Spinal Cord, Function of the Spinal Cord.
11	3	1	Cerebrospinal Fluid, Ventricles of the brain & Brain metabolism	Function of CSF: Quantity: Pressure: Formation of CSF, Flow & Absorption of CSF, Mechanism of Secretion of the CSF, Ventricles of the Brain & their Connections, Regulation of CSF Pressure by the Arachnoidal villi Lymphatic Function of Perivascular Space: Measurement of CSF Pressure High Cerebrospinal Fluid Pressure Causes Edema of the Optic Disc (Papilledema).Brain Metabolism.
12	3	1	The autonomic nervous system	THE AUTONOMIC NERVOUS SYSTEM, Neurons in the ANS: Sympathetic, Parasympathetic & Enteric nervous system. Innervation & Function, Autonomic Effects on Various Organs of the Body, Adrenergic & Cholinergic Receptors.Enteric Nervous System (ENS).
13	3	1	Somatic Senses	Somatic Senses, Mechanoreceptive, Touch, Pressure, Vibration, Position & Awareness of movements, Visceral sensation, Deep sensation, Sensory receptors, Detection of sensory information, Modalities: Labeled line principle:, Adaptation of the Receptors, Classification of the nerve fibers, Strengthen of Stimulation, Receptive Field, Type of Recognition, Transmission and processing of Information, Mechanoreceptive Fibers,

				Somatosensory pathways, Dorsal Column-Medial Laminscal Pathway, Somatosensory cortex, Primary somatosensory area I, Somatosensory association area (Somatosensory II), Brodmann Classifications of the Brain, Layers of the Somatosensory Cortex and Their Function, Effect of Removing the ,omatosensory Association Area, Two-Point Discrimination, Position Senses (Proprioceptive Senses), Position Senses
				Receptors, Processing of Position Sense Information in the Dorsal, Column–Medial Lemniscal Pathway, Anterolateral Pathway.
				Pain & Headache, Types of pain and their qualities, Pain receptors and their stimulation, Dual Pathway for Pain Transmission, Neospinothalamic tract, Paleospinothalamic tract, Adaptation of Pain Receptors:Pain Suppression ("Analgesia") System ,in the Brain and Spinal Cord,, Inhibition of Pain by Tactile Sensory Signals, Referred Pain, Headache, Thermal Sensation.
14	3	1	Motor & Integrative Physiology	Motor function of the spinal Cord, The Cord Reflexes, Cortical and Brain Stem control of Motor Function, Motor cortex and corticospinal tract.
15	3	1	Cerebellum and Basal Ganglia to overall Motor control. Intelectual Function of the brain, Learning and Memory.	Cerebellum and its motor function, Basal Ganglia their motor function, integration of the many parts of the total Motor control system.  Intelectual Function of the brain, Learning and Memory. Function of the specific cortical area, thoughts, consciousness and Memory
16	3	1	The Limbic System and Hypothalamus, States of Brain Activities, Sleep, Brain.	Functional Anatomy of the Limbic System, Activating Driving system of the brain, Hypothalamus a major control headquarters for the Limbic system,, States of Brain Activities, Sleep, Brain, Brain waves.

# Skills

#### a- Human Physiology Use and care of microscope and microscopic examination of blood PCV, ESR, osmotic fragility Hemoglobin estimation and blood indices RBC count WBC count Examination of peripheral blood smear Differential WBC count – normal, abnormal, anemias ABO grouping, Rh typing Bleeding time, clotting time

	Recording of BP – effects of posture and exercise						
	Recording of arterial pulse only						
	Respiratory movements demonstration						
	General examination						
	Examination of Respiratory system						
	Examination of CVS						
	Examination sensory system						
	Examination of Motor system						
	Examination reflexes						
	Examination of cranial nerves						
b- E	Experimental physiology						
	Muscle nerve preparation, effects of different types of stimuli						
	Simple muscle twitch						
	Two successive stimuli, repetitive stimuli and fatigue						
	Genesis of tetanus and Starling's law of muscle (demonstration)						
	Effect of load and afterload on muscle contraction						
	Effects of variations of temperature on muscle contraction						
	Velocity of nerve impulse (demonstration)						
	Normal cardiogram of frog's heart and effects of heat and cold.						
	Effect of temperature on frog's heart						
	Refractory period of frog's heart						
	Properties of cardiac muscle – all or none law, summation of						
	subminimal stimuli (demonstration)						
	Effect of vagal stimulation on frog's heart						
	Perfusion of frog's heart – action of ions, action of drugs						
	Demonstrate simple muscle twitch and normal cardiogram						
Oth	ers can be demonstrated with e- modules / recorded graph						
	Demonstrations (with E- modules / recorded graph/ clinical postings)						
	Heart perfusion (Videos)						
	Intestinal movements (Videos)						
	Electroencephalogram (EEG)						
	Electromyogram (EMG)						
	Electrocardiogram (ECG)						
	Audiometry						
Tor	Spirometry  the also & Defended health Recommended (Lest edition)						
$\overline{}$	tbooks & Reference books Recommended (Last edition)						
	Text book medical physiology – Arthur C. Guyton: W.B. Saunders  Paviov of Medical Physiology – W.F. General Lange Medical Rook ed. 22nd						
	Review of Medical Physiology – W.F. Ganong – Lange Medical Book ed. 22nd. Best and Taylor's physiologic basis of medical practice J B						
	Guyton & Hall Textbook of Medical Physiology, John E.Hall.						
	Medical Physiology, Walter F.Boron.						
Ш	Medical Thysiology, water F. Dolon.						

# IX- CLINICAL PATHOLOGY

# Goals

The broad goals of teaching graduates pathology are to impart the knowledge, skills and attitudes in the student to understand the etiopathogenesis, morphology and pathological concepts related to various common diseases.

# Learning objectives

	At the end	of	course	the	student	would	be	able	to
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Understand the concepts of cell injury and changes produced thereby in different tissues
and organs and the body's capacity for healing;
Understand the normal homeostatic mechanisms, the derangements of these
mechanisms and the effects on human systems;
Understand the etiopathogenesis, the pathological effects and the clinico-pathological correlation of common infectious and non-infectious diseases;
Understand the concept of neoplasia with reference to the etiology, gross and microscopic features, diagnosis and prognosis in different tissues and organs of the
body;
Correlate normal and altered morphology (gross and microscopic) of different organ systems in different diseases to the extent needed for understanding of disease processes and their clinical significance;
Have knowledge of common immunological disorders and their resultant effects on the human body;
Have an understanding of the common hematological disorders and the investigations necessary to diagnose them and determine their prognosis;
Perform and interpret in a proper manner the basic clinico-pathological procedures;
Know the principles of collection, handling and dispatch of clinical samples from

# **Course contents**

patients in a proper manner.

PATHOLOGY (MODULE 1)				
Discipline		Basic Biomedical Science		
Department		Pathology		
Course title		General Pathology		
Pre-requisites		Molecular biology, Gross & Microscopic anatomy and Physiology		
Course code		MED5 018		
Academic year		III		
Semester	5	Spring		

N	Number of Credits 4		Knowledge	3								
Nun				4	Practical	1						
Weeks	Knowledge	Laboratory	Т	opics	Descriptions							
			Cell injury, cel adaptation	l death, and	-Overview of Cellular Respons Noxious StimuliCellular Ada Hypertrophy, Hyperplasia, Atro	ptation to Stress:						
1	3	1	Overview of Co Death	ell Injury and Cell	Causes of Cell Injury and Morp Tissue Injury	phology of Cell and						
1			Mechanisms of	Cell Injury	Depletion of ATP, Mitochondr Calcium, Accumulation of Oxy Radicals, Defects in Membran to DNA and Proteins, Ischemia and Chemical (Toxic) injury	gen-Derived Free e Permeability, Damage						
			Apoptosis		Causes of apoptosis, Mechanise Example of apoptosis	ms of apoptosis,						
2	3	1	Autophagy and Intracellular accumulation		Fatty change (Steatosis), Cholesterol, protein, Glycogen, Pigments							
			Pathologic calc Cellular aging	ification and	-Dystrophic and metastatic calc -Cellular aging	cification						
			Inflammation a	-	-Overview of Inflammation and -Stimuli for acute inflammation -Recognition of microbes, necr substances, and-Vascular change	n, otic cells and foreign						
3	3	1	1	1	1	1	3 1	1	Acute Inflamm	ation	-Cellular events: Leukocytes reactivationLeukocyte-Induced -Defect in leukocyte function - inflammation.	l tissue injury
			Morphologic Patterns of Acute Inflammation		-Serous inflammationFibrinous inflammation, -Suppurative (purulent) inflammation and abscess formation, and -Ulcerative inflammation							
			Chemical Mediators of Inflammation		-Cell-Derived mediators,-Plasma Protein-Derived mediators,-Anti-Inflammatory mechanisms							
4	3	1	Chronic inflam	mation	-Chronic inflammatory cells and mediators -Granulomatous inflammation							
			Systemic effect	s of inflammation	Fever, Elevated of Plasma Leve Proteins, Leukocytosis, Other racute phase response and sepsis	manifestation of the						
			Overview of tis	sue repair		Cell and tissue regeneration,-Scar formation Factrors that influence tissue repair						
5	3	1	Selected clinica repair and fibr	l example of tissue osis	-Healing of skin wound,-Healing-Healing by second intention,-							

			Hemodynamic disorders	-Hyperemia and Congestion,-Edema,-Hemorrhage	
			Hemostasis and thrombosis	-Normal Hemostasis,-Thrombosis,-Disseminated Intravascular Coagulation (DIC)	
6	3	1	Embolism and infarction	-Pulmonary thromboembolism,-Systemic thromboembolism,-Infarction	
			Shock	Pathogenesis of septic shock,Stage of shock	
			diseases of the immune system	Innate and adaptive immunity, Cells and tissues of the immune system, Overview of normal immune responses	
7	3	1	hypersensitivity reactions	Causes of hypersensitivity reactions, Types of hypersensitivity reactionsImmediate (Type 1) hypersensitivity and Antibody mediated diseases (Type II hypersensitivity)	
			hypersensitivity reactions	-Immune complex diseases (Type III hypersensitivity), -T cell-mediated (Type IV) hypersensitivity	
			autoimmune diseases	Immune tolerance,Mechanism of autoimmunity	
8	3	1	systemic immune diseases and rejection of transplants	Systemic lupus erythematosus, Rheumatoid arthritis, Sjögren syndrome, Systemic sclerosis, and Inflammatory myopathies	
			immune deficiency diseases	Primary (Congenital) immune deficiencies	
			immune deficiency diseases	Secondary (Acquired) immune deficiencies Acquired Immunodeficiency Syndrome (AIDS)	
9	3	1	amyloidosis	Pathogenesis, Classification, Morphology, and Clinical courses of amyloidosis	
			Neoplasia	Nomenclature, Characteristics of benign and malignant neoplasms, Epidemiology	
			Carcinogenesis: The molecular basis of cancer	Genetic lesions in cancer, Carcinogenesis: A multistep process, Hallmarks of cancer	
10	3	1	Etiology of cancer: Carcinogenic agents	Chemical carcinogens, Radiation carcinogenesis, Viral, and Microbial Oncogenesis	
			Host defense against tumors: Tumor immunity	Tumor antigens, Antitumor effector mechanisms Tumor surveillance and immune evasion by tumors	
			Clinical aspects of neoplasia	Effects of tumor on host, Grading and Staging of cancer Laboratory diagnosis of cancer	
11	3	1	genetic diseases	Nature of genetic abnormalities contributing to human disease	
	J	1	Mendelian disorders: Diseases caused by single gene defects	Transmission patterns of single-gene disorders Diseases caused by mutations in genes encoding structural, Receptor, and Enzyme proteins, and that regulate growth.	
12	3	1	Complex multigenic disorders,Cytogenetic disorders	Numerical abnormalities, Structural abnormalities Cytogenetic disorders involving autosomes	
		1	Cytogenetic disorders	Cytogenetic disorders involving sex chromosomes	

			Single-gene disorders with atypical patterns of inheritance	Diseases caused by triplet repeat mutations Diseases caused by mutations in mitochondrial genes Diseases associated with alteration of imprinted regions of the genome											
13	3	1	Molecular diagnosis of mendelian and complex disorders	Molecular diagnosis of copy abnormalities Direct detection of DNA mutation by polymerase chain reaction (PCR) analysis,Linkage and genome- wide association studies,Indications for genetic- analysis											
			environmental and nutritonal diseases	Health effects of climate change, Toxicity of chemical and physical agents, Environmental pollution											
			Environmental and nutritional diseases	Effects of tobacco, Effects of alcohol											
			Injury by therapeutic drugs and drugs of abuse	Injury by therapeutic drugs: Adverse drug reactions Injury by nontherapeutic toxic agents (Drug abuse)											
14	3	1	Injury by physical agents	Mechanical trauma, Thermal injury, Electrical injury Injury produced by ionizing radiation											
			Nutritional diseases	Malnutrition, Protein-Energy malnutrition. Anorexia Nervosa and Bulimia.											
			Obesity Diet and systemic diseases,Diet and Cancer	Leptin, Adipose tissue, Clinical consequences of obesity											
15	3	3 1	3 1	1	3 1	1	1	3 1	3 1	3 1	3 1	3 1	1	general pathology of infectious diseases	General principle of microbial pathogenesis Categories of infectious agents.
						General pathology of infectious diseases	Special techniques for identifying infectious agents New and emerging infectious diseases, Agents of bioterrorism.								
		of n	Transmissi of microbs	Transmission and dissemination of microbs	Routes of entry of microbes, Spread and dissemination of microbes within the body, Release from the body and transmission of microbes										
16	3		How microorganisms cause disease	Mechanisms of viral injury,Mechanisms of bacterial injury,Immune evasion by microbes											
			Spectrum of inflammatory responses to infection	Suppurative, Mononuclear/granulomatous, Cytopathic-cytoproliferative, Necrosis, and Chronic inflammation/scarring											

PATHOLOGY (Module 2)						
Discipline	Basic Biomedical Science					
Department	Pathology					
Course Title	Systemic pathology(Module 1)					
Pre-requisites	General pathology					
Course code	MED6 018					
Academic year	Ш					

Semester 6				6	Fall				
Nun	Number of Credits 3			3	Knowledge	2			
Null	Number of Credits 3		Practical	1					
Weeks	Ho Knowledge	Laboratory	Тој	pics	Descriptio	ons			
1	2	1	blood vessels ,Structure and function of blood vessels,Congenital anomalies,Blood pressure regulation, and Hypertensive vascular disease		Vascular organization, Endotheli Vascular smooth muscle cells, Ephypertension, Pathogenesis, Morp	pidemiology of			
			Vascular wall re Arteriosclerosis	_	Atherosclerosis, Mönckeberg me Arteriolosclerosis	dial sclerosis			
2	2	1	Aneurysms and	Dissections	Abdominal Aortic Aneurysm,Th Aneurysm,Aortic Dissection	oracic Aortic			
7		Vasculitis and di blood vessel hyp			Noninfectious vasculitis,Infectious vasculitis Raynaud phenomenon,Myocardial vessel vasospasm				
3	2	1	Veins and Lymp Tumors of blood		Varicose veins, thrombophlebitis Phlebothrombosis, superior and syndromes, and Lymphangitis an Benign and Malignant tumors	Inferior vena cava			
			Heart ,Overview disease, Heart fa		Left-side heart failure,Right-side	e heart failure			
4	2	1	Congenital hear	t disease	Left-to-Right Shunts, Right-to-Le Obstruction lesions	eft Shunts			
Ť			Ischemic heart d	lisease	Angina pectoris, Myocardial infa ischemic heart disease, and sudd				
5	2	1	Hypertensive he Valvular heart d		Systemic (left-side) hypertensive Pulmonary hypertensive heart di Pulmonale).Degenerative valve of Rheumatic valvular disease,Infec	sease (Cor disease			
		1	Cardiomyopathy Myocarditis,Pericardial disease,Cardiac tumors	icardial	Dilated cardiomyopathy, Hypertr cardiomyopathy, Restrictive card Pericarditis, Pericardial effusions neoplasms, Primary neoplasms	liomyopathy			
6	2	1	hematopoietic ar systems,red cells		Anemia of blood loss, Hemolytic anemias				
			Red Cells Disord	lers	Anemia of diminished erythropo	oiesis			
7	2	1	White cell disord	lers	Non-neoplastic disorders of whit Neoplastic proliferations of whit				

			Bleeding disorders	Disseminated Intravascular Coagulation Thrombocytopenia, Coagulation disorders			
8	2	1	Disorders that affect the spleen and thymus	Splenomegaly, Disorders of the thymus			
0		1	Lung	Atelectasis, acute respiratory distress syndrome, obstructive versus restrictive pulmonary diseases			
			Obstructive lung (airway) diseases	Emphysema, Chronic bronchitis, Asthma, and Bronchiectasis			
9	2	1	Chronic interstitial (restrictive, infiltrative) lung diseases	Fibrosing diseases, Granulomatous diseases Pulmonary eosinophilia, Smoking-related interstitial diseases.			
			Pulmonary diseases of vascular origin	Pulmonary embolism, hemorrhage, and infarction Pulmonary hypertension,Diffuse alveolar hemorrhage syndrome			
10	10 2 1	1	Pulmonary infections	Community acquired acute pneumonias Community acquired atypical pneumonias Hospital acquired pneumonias, Aspiration pneumonia and lung abscess, Chronic pneumonia, Fungal infections			
11			Lung tumors,Pleural lesions	Carcinomas and Carcinoid tumors,Pleural effusion and Pleuritis,Pneumothorax, Hemothorax, and Chylothorax			
11	2	1	Lesions of the upper respiratory tract	Acute infections,Nasopharyngeal carcinoma Laryngeal tumors			
12	12 2 1	1	oral cavity and gastrointestinal tract	Oral inflammatory lesions, Proliferative and Neoplastic lesions, Diseases of Salivary glands			
12		1	Esophagus	Obstructive and Vascular diseases Esophagitis, Esophageal tumors			
		П	Stomach	Inflammatory disease of the stomach, Neoplastic disease of the stomach			
13	2	Small and large intestines Appendix		Intestinal obstruction, Vascular disorders of bowel Diarrheal disease, Inflammatory intestinal disease Colonic polyps and Neoplastic disease Acute appendicitis, Tumors of the appendix			
			liver, gallbladder, and biliary tract	Clinical syndromes, Jaundice and Cholestasis Hepatic encephalopathy			
14	2	1	1	1	1	Cirrhosis	Portal hypertension, Ascites, Portosystemic shunt, Splenomegaly, Hepatorenal syndrome, and Hepatopulmonary syndrome
15	2	1	Acute and chronic hepatitis	Viral hepatitis, Autoimmune hepatitis Drug/toxin-mediated injury mimicking hepatitis			
13		1	Tumors and hepatic nodules	Benign tumors, Hepatocellular carcinomas			
16	2	1	Gallbladder and Extrahepatic biliary tract disorders	Gallbladder diseases, Disorders of the extrahepatic bile ducts			
			Pancreas	Congenital anomalies,Pancreatitis,Pancreatic neoplasms			

	PATHOLOGY (Module 3)							
Disc	ipline	;			<b>Basic Biomedical Science</b>			
Depa	artme	ent			Pathology			
Cou	rse Ti	itle			Systemic pathology			
Pre-	requi	sites			Pathology (Module 1&2)			
Cou	rse co	de			MED7 018			
Acad	lemic	year			IV			
Sem	ester			7	Spring			
Num	bers	of Cr	edits	3	Knowledge	2		
11011			cuits		Practical	1		
Weeks	Knowledge	E Laboratory	Topics		Descriptions			
1	2	1	kidney and its collecting system glomerular diseases		Clinical manifestations of renal diseases Mechanisms of glomerular injury and disease The nephritic syndrome			
			Glomerular disea	ises	The nephritic syndrome			
			Diseases affecting interstitium	g tubules and	Tubulointerstitial nephritis, Acute tubular injury			
2	2			lisease	Arterionephrosclerosis, Mal Thrombotic microangiopath Autosomal dominant (adult) disease, and Autosomal rece polycystic kidney diseases	ies.,simple cysts, polycystic kidney		
3	2	1	Urinary outflow obstruction Tumors of the kidney		Renal stones and Hydronephrosis Oncocytoma, Renal cell carcinoma, Clear cell carcinomas, Papillary renal cell carcinoma, Chromophobe renal cell carcinomas, and Wilms tumor			
	_	1	male genital syste urinary tract Penis, Scrotum, T Epididymis		Malformations, Inflammator of the Penis, Cryptorchidism Inflammatory lesions, Vascu Testicular neoplasms	and testicular atrophy,		
4	2	1	Prostate		Prostitis, Benign prostatic hy Carcinoma of the prostate	yperplasia, and		

			Ureter, Bladder, and Urethra	Ureteropelvic junction obstruction and Retroperitoneal fibrosis,Non-neoplastic and Neoplastic conditions of the urinary bladder
5	2	1	Sexually transmitted diseases	Syphilis, Gonorrhea, Nongonococcal urethritis and cervicitis, Lymphogranuloma venereum, Chancroid (soft chancre), Granuloma inguinale, Trichomoniasis, Genital herpes simplex, and Human papillomavirus infection
			female genital system and breast, vulva &vagina	Vulvitis, Non-neoplastic epithelial disorders, and Tumors of the Vulva, Vaginitis and Malignant neoplasms of the Vagina
			Cervix	Cervicitis and Neoplasms of the cervix
6	2	1	Body of uterus	Endometritis, Adenomyosis, Endometriosis, Abnormal uterine bleeding, and Proliferative lesions of the endometrium and myometrium
7	2	1	Fallopian tubes Ovaries	Follicle and Luteal cysts,Polycystic ovarian disease Tumors of the ovary
,			Diseases of pregnancy	Ectopic pregnancy,Gestational trophoblastic disease Preeclampsia/Eclampsia
			Breast	Fibrocystic change,Inflammatory processes
8	2	1	Tumors of the breast	Fibroadenoma, Phyllodes tumor, Intraductal papilloma, and Carcinoma, Lesions of the male breast
			endocrine system Pituitary	Hyperpituitarism and pituitary adenomas Hypopituitarism,Posterior pituitary syndromes
9	9 2 1	1	Thyroid Gland	Hyperthyroidism, Hypothyroidism, Thyroiditis, Graves disease, Diffuse and Multinodular goiter, and Neoplasms of the thyroid
10	2	1	Parathyroid Glands	Hyperparathyroidism, Hypoparathyroidism
10		1	Endocrine pancreas	Diabetes mellitus,Pancreatic neuroendocrine tumors
11			Adrenal cortex	Adrenocortical hyperfunction (Hyperadrenalism), Adrenal insufficiency, and Adrenocortical neoplasms
11	2	1	Adrenal medulla,Multiple endocrine neoplasia syndrome	Tumors of the adrenal medulla, Multiple endocrine neoplasia type 1, Multiple endocrine neoplasia type 2
12	2	1	Bones, joints, and soft tissue tumors,bones	Congenital disorders of bone and cartilage Acquired disease of bone,Osteomyelitis,Bone tumors
			Joints	Arthritis, Joint tumors and Tumor-like lesions
13	13 2 1		Soft tissue tumors	Tumors of adipose tissue,Fibrous tumors and Tumor- like lesions,Fibrohistiocytic tumors,Skeletal muscle tumors,Smooth muscle tumors,Synovial sarcoma
			Peripheral nerves and muscles	Disorders of peripheral nerves, Disorders of neuromuscular junction, Disorders of skeletal muscle
14	2	1	Peripheral nerve sheath tumors	Schwannomas and Neurofibromatosis type 2 Neurofibroma, Malignant peripheral nerve sheath tumors, Neurofibromatosis type 1, Traumatic neuroma

			Central nervous system	Patterns of injury in the nervous system,Edema, Herniation, and Hydrocephalus Cerebrovascular diseases,Congenital malformations and prenatal brain injury
		Neurodegenerative diseases	Alzheimer disease,Parkinson disease	
15	2 1 Tumors of CNS		Tumors of CNS	Neuronal tumors, Embryonal neoplasms, other parenchymal tumors, Meningiomas, and metastatic tumors.
16		1	Skin, acute and chronic inflammatory dermatosis	Urticaria, Acute eczematous dermatitis, Psoriasis, and Infectious dermatosis
16	2	1	Blistering (bullous) disorders skin tumors	Pemphigus, Bullous pemphigoid, and dermatitis herpitiforms, Benign and Malignant tumors

# (C)Skills

Identify and	interpret	the	gross	and/or	microscopic	features	of	common	disorders	as
given above.										

- Perform with accuracy and reliability basic hematological procedures such as hemoglobin estimation, total and differential WBC count and peripheral blood smear staining, examination and report.
- ☐ Calculate the indices and interpret the relevant significance.
- ☐ Perform the basic laboratory hematological tests like bleeding time and clotting time
- ☐ Perform a complete examination of the urine and detect any abnormalities
- ☐ Grouping and cross matching of blood
- ☐ Collect and dispatch clinical samples from patients in a proper manner
- ☐ Interpret abnormal biochemical laboratory values of common diseases.

#### Teaching and learning methodology

#### I-Knowledge

Department stresses on teaching basic fundamentals of the disease process and the applied aspects relevant to the clinical subjects in didactic lectures.

#### A-General Pathology

Taught with the help of didactic lectures on specific topics, followed by skills pertaining to that topic. Besides microscopic examination, fresh specimens obtained at autopsy or surgical operations are shown.

#### B-Systemic Pathology

# The following tools are employed:

- Didactic lectures: discussing a particular topic at length in an one hour lecture Biomedical Science seminars: are conducted by a combined team of pathologist and a clinician who discuss the pathophysiology and clinical aspects of the particular disease entity;
- Case studies: The significant and common diseases are discussed in the form of a representative clinical case in which the clinical features, the course of the disease in those particular patient and relevant laboratory investigations are discussed by a clinical faculty in an interactive manner in small groups;
- This is followed by demonstration of the gross and microscopic features of the disease in

1	that case by the pathologist. This is followed by clinico-pathologic correlation.
II-Sk	
	Deals with demonstration of gross, and/or microscopic features of the disease entities; Clinical case demonstration patients of a particular disease are demonstrated to the students by a clinical faculty in the ward, discussing the clinical features in the patient which provides them a real-life experience of studying a disease as it presents in a
	patient; By a combination of above modalities/tools, student learns applied aspects of the disease process.
	tbooks & Reference Books Recommended (Last edition)
	Robbins and Cotran pathologic Basis of Diaseases, Leonard S.Iilly MD.  Netter Elastrated Human Pathology, Maximillian L.Buja MD.  Rapid Review Pathology, Edward F.Goljan  Robbins Basic Pathology, Vinay Kumar
	V MEDICAL DIOCHEMICTON
	X-MEDICAL BIOCHEMISTRY
Goal	
medi are r mach funda arisir	medical biochemistry course introduces the fundamentals of biochemistry as applied to cine. We explore the basic amino acid building blocks and how differences in structures manifested into a variety of functional states, explores nucleic acids, macromolecular nines and their regulation on a molecular level, intrinsic nature of metabolism, amentals of carbohydrate and amino acid metabolism including a variety of disease states and from genetic and environmental factors, lipid metabolism.
Lear	ning objectives
V	
	wledge:
	the end of the course, the student should be able to demonstrate his knowledge and erstanding on the:  Basic and clinical aspects of enzymology and regulation of enzymatic activity; Digestion and assimilation of nutrients and consequences of malnutrition; Integration of the various aspects of metabolism, and their regulatory pathways; Biochemical basis of inherited disorders and their associated sequel; Mechanisms involved in maintenance of body fluid and pH homeostasis; Biochemical basis of environmental health hazards; and biochemical basis of cancer and carcinogenesis, principles of metabolism, and detoxification; Principles of various conventional and specialized laboratory investigations and instrumentation, analysis and interpretation of a given data; the ability to suggest experiments to support theoretical concepts and clinical diagnosis.
	e end of the course, the student should be able to:
	Make use of conventional techniques/ instruments to perform biochemical analysis

relevant to clinical screening and diagnosis;

☐ Demonstrate the skills of solving clinical problems and decision making.

Course Content

	BIOCHEMISTRY (Module 1)						
Discipline					Basic Biomedical Science		
Depa	artme	ent			Biochemistry		
Cou	rse tit	le			Medical Biochemistry <sup>1</sup>		
Pre-	requi	sites			None		
Cou	rse co	de			MED3 015		
Acad	demic	year			П		
Sem	ester			3	Spring		
Num	ıber o	of Cro	dite	4	Knowledge 3		
14011	inei (	1 CIE	uits	<u> </u>	Practical 1		
	Но	urs					
Weeks	Knowledge	Laboratory	7	Горісѕ	Descriptions		
1	3	1	Biochemistry Medicine,Ca Chemical pr Monosaccha	rbohydrates operties of	Introduction, Relationship Between Biochemistry and Medicine,Introduction,Definition,Classification, Sugar Exhibit Various forms of Isomerism,(D and L Isomerism, Asymmetric carbon, Optical activity,Alpha and beta anomers, pyranose and furanose ring structures, Epimer, Aldose – Ketose Isomerisme),Reaction with Hydrazines to form Osazones, Oxidation to produce sugar acids, Reduction action of sugar in Alkaline solution, Action of acids. Action of bases, Reduction of Sugar to form sugar alcohols, reaction of aldoles with HCN.		
2	3	1	Cyclic struct Carbohydra Monosaccha Disaccharide	tes rides	Cyclic structures, Mutarotation, Anomers and Anomeric carbon, Introduction of the most important monosaccharides, Introduction of Disaccharides, Maltose, Lactose, and Sucrose.		
3	3	1	Polysacchari	ides,Lipids	Introduction, Homo Poly saccharides (Starch, Glycogen ,Inuline , Cellulose , Dextrine ) Hetero Poly saccharides(Hyaluronic acid , Chondroitin sulfate, Heparin) and (Glycoproteins).Introduction, Classification , Derived Lipids : Fatty acid (Definition, Types , Essential fatty acid , Melting point , Eicosanoids ),Glycerol .		

4	3	1	Steroides and Sterols: Simple Lipids Compound lipids Amino Acid and Proteins:	Introduction, Cholesterol, Other Sterols: 7-dehydrocholesterol, Introduction, Neutral fats or Triglycerides, Waxes, Introduction 1- Phospholipides (Diphosphatidyl glycerol, lecithins, cephalins, phosphotidyl serine, phosphotidyl Inositol, lyso phosphatides, plasmalogens, sphingomyeline) 2- Glycolipids (cerebrosides, Gangliosides) Introduction, Classification and structure of Amino acids, Essential Amino acids. Physicochemical Properties.
5	3	1	Properties of Aminoacids: Peptide Bond,Proteins Nucleoprotein	Chemical Properties:Due to Carboxylic Group (Formation of Ester, Formation of Amide, Formation of Amine by Decarboxylation).Due to Amine Group (Salt formation with acids, Acylation, Methylation, Reaction with HNO2, Reaction with CO2, Oxidative Deamination).[Classification, Structure, Reactions of Proteins (Reaction with water, Denaturation, Reaction with Ions].Base purine, pyrimidin, sugar, Nucliotide, Nuclioside Nucleic acid (DNA, RNA).
6	3	1	Vitamins:Vitamin A Vit.D and Vit.E, Vit K	Introduction, Classification of Fat Soluble Vitamins: (Structure, Forms, Dietary Sources, Daily Requirement, Absorption, Storage and Transport, Functions of vit.A Vit.D and vit.E.).
7	3	1	Water Soluble, Vitamins: Vit.C, Vit. B1, Vit. B2	Structure, Forms, Dietary Sources, Daily Requirement, Absorption, Storage and Transport, Functions of Vit.K.Structure, Metabolism, Sources, Metabolic Role, Deficiency of some vitamins, Daily requirement).
8	3	1	Vit. B5, Vit. B6, Vit.PP Vit. H, Vit. B12	Structure, Metabolism, Sources, Metabolic Role, Deficiency of some vitamins, Daily requirement).
9	3	1	Enzymes	Introduction, properties, factors affecting Enzymes activity. Mechanism of Enzyme action, Enzymes Inhibition, Regulation of Enzymes activity. Classification, Role of metals in Enzymes activity, Co Enzymes, Diagnostic value of Enzyme levels.
10	3	1	The biochemistry of the gastrointestinal tract	Introduction, Digestion and absorption in mouth, Digestion and absorption in stomach, Bile and role of it in Digestion. Digestion and absorption of Carbohydrates, Digestion and absorption of Fats and cholesterol, Digestion and absorption of Protein.
11	3	1	Metabolism of Water and Non Organic Substances (Electrolytes, Minerals and Trace Elements	Introduction ,Fluid Compartments of the Body, Determination of Body Fluid Compartments , Gain and Loss of Body Water, Regulation of Water Balance, Effects of a Pure Water Deprivation, Water Excess or Water Intoxication.Metabolism of Non Organic Substances: Introduction, The electrolytes of Body Fluids, Sodium, Potassium, Magnesium, Chloride.

12	3	1	Metabolism of Carbohydrates: Glycolysis,Gluconeogenesis	Metabolism of Minerals and Trace Elements: Introduction, Iron, Manganese, Calcium, Phosphorus, Zinc, Molybdenum, Chromium, Selenium, Iodine, Sulfur, Fluorine, Nickel, Copper, Cobalt. Aluminum (Aluminium) and Silicone.
13	3	1	Citric Acid Cycle	Enzymes and Coenzymes of glycolysis Reversion of Glycolysis. Formation and Fate of Pyruvic acid. Reactions, Regulation.
14	3	1	Electron trans port system and oxidative phosphorylation	Bioenergetics (Calculation of ATP Moles witch Produced in Glycolysis and Citric Acid Cycle from Glucose), Efficiency.Mechanisms of the control of Glucose combustion.
15	3	1	Hexose Mono Phosphate (HMP) Shunt (Pentose Phosphate Pathway): Metabolism of Glycogen Glycogenesis, Glycogenolysis.	Introduction, Regulation, Metabolic Significance. Introduction, Reactions, Regulation.
16	3	1	Metabolism of Galactose: Metabolism of Fructose:	Regulation of Glycogen Metabolism, Inherited Disorders (Glycogen Storage Diseases or GSDs). Introduction, Metabolic Pathway, Biosynthesis of Lactose.Introduction, Metabolic Pathway.

	BIOCHEMISTRY (Module 2)					
Discipli	ne			Basic Biomedical Science		
Departi	ment			Biochemistry		
Subject				Medical Biochemistry		
Course	code			MED4 015		
Class				IV		
Semeste	er		4	Fall		
				Theory 3		
Credits			4	Practical 1		
Weeks	Hours Theory Theory Theory Theory Theory		Descriptions			
1&2	3	1	Metabolism of Lipids Oxidation of Fatty Acids, Formation and Utilization of Ketone Bodies	Introduction, Activation of Fatty Acid, Carnitine and its Role in F.A. Beta Oxidation (Beta Oxidation of Saturated F.Acids. Beta Oxidation of Odd Carbon F. As., Beta Oxidation of Unsaturated F. Acids.) Ketosis or Ketoacidosis.		

	3	1	Calculation of Energy of Fatty Acids Combustion in the body. Biosynthesis of Fatty Acids: Biosynthesis of Triglycerides Biosynthesis of Phospholipids:	Introduction, Biosynthesis of Saturated F. As., Biosynthesis of Unsaturated F. As.  Triacylglycerols  Biosynthesis of Glycerophospholipids (Lecithin, Phosphatidyl Serine, Phosphatidyl Ethanolamine, Cardiolipin, Plasmalogens).
3	3	1	Biosynthesis and Catabolism of Sphingolipids Prostaglandins Prostacyclines and Thromboxanes. Leukotrienes (LTs).	Biosynthesis of Sphingosine, Biosynthesis and Catabolism of (Ceramide and Sphingomyeline Glucocerebroside, Galactocerebrosides, Sulfatide, Ceramide Lactoside, Ceramide Tri Hexoside and Ganglioside). (Introduction, Structure, Metabolism and Functions). Chemistry and Functions.
4	3	1	Control of Fat Metabolism, Plasma Lipoproteins and their Metabolism, Lipotropic	Role of Liver in Lipid Metabolism. Factors, Role of Adipose tissue in Fat Metabolism, Metabolism of Free Fatty Acids.
	3		Metabolism of Cholesterol:	Introduction, Biosynthesis, Regulation. Functions of Cholesterol, Transport of Cholesterol. Factors Affecting Plasma Cholesterol Level and Fate of Cholesterol.
5&6	3	3 1	Metabolism of Proteins and Amino acids: Urea Formation in Krebs'- Henseleit (Urea) Cycle,	Introduction, Nitrogen Balance, Dissimilation of Amino acids or N-Catabolism of Amino acids [Transamination, Deamination (Oxidative and Non Oxidative) Biosynthesis, Regulation of Urea Synthesis, Clinical Significance of Urea, Inherited Disorders Associated with Urea Cycle.
7	3	1	Metabolism of Amino Acids:	Glycine, Creatine and Creatinine, Alanine, Valine, Leucine, Isoleucine, Serine, Methionine, Cysteine, Glutamic acid, Glutamine, Aspartic acid, Asparagin, Arginine, Lysine,
8	3	1	Metabolism of Pieces which have One Carbon.	Ornithine, Citrulline, Histidine ,Tryptophan, Proline, Hydroxy Proline , Phenylalanine, Tyrosine
9	3	1	Metabolism of Pyrimidines and Purines:	Biosynthesis and Catabolism of Pyrimidines. Biosynthesis and Catabolism of Purines. Uric acid Metabolism and clinical Disorders of Purines and Pyrimidines Metabolism.
10	3	1	Biosynthesis of DNA. Biosynthesis of RNA	Structure and synthesis Structure and synthesis (mRNA, tRNA, rRNA).

11	3	1	Synthesis of Proteins and Mutation.	Protein Synthesis Steps:  1. Proteine synthesis initiation, 2. Translation elongation 3. Termination of translation. four common categories of mutations: 1. DNA base substitution, insertion, and deletion 2. unequal crossing-over and related structural modifications of chromosomes 3. partial or complete gene inversion and duplication 4. irregular numbers of chromosomes
12	3	1	The Biochemistry of Endocrine Glands: General Mechanism of Action of Hormones: Pituitary Hormones:	Introduction, Classification, Factors Regulating Hormone Action, General Properties of Hormones. Introduction, Hormones of the Anterior Pituitary [Growth H. (Chemistry, Functions, Regulation of Growth H. Secretion, Clinical Importance).
13	3	1	Pituitary Tropic Hormones Hormone of Middle Lobe of Pituitary (Melanocyte Stimulating Hormones): Hormones of Posterior Pituitary Lobe (Vasopressin, Oxytocin)	Regulation of Secretion and Functions) such as Prolactin, Gonadotropins, FSH and LH, Thyrotropic Hormones (TSH) and Adrenocorticotropic Hormone (ACTH). Functions, Clinical Importance, Regulation of Secretion. Functions and Clinical Importance, Abnormalities of Pituitary Function.
14	3	1	Thyroid Gland Hormones (Thyroxin, Tri-iodo Thyronine): Parathyroid Glands and their Hormones: Parathormone, Calcitonin.	Introduction, Metabolism, Mechanism of Action, Actions, Regulation, Abnormalities. Introduction: (Chemistry, Biosynthesis, Metabolism, Mechanism of Action, Actions, Regulation, Abnormalities of Parathyroid Function).
15	3	1	Pancreas and its Hormones: Insulin, Glucagon Adrenal Glands and their Hormones: Adrenal Cortex and Steroid Hormones Glucorticoids: Mineralo- Corticoids and Cortical Sex Hormones (Androgens and Estrogens):	Introdution: (Chemistry, Biosynthesis, Secretion, Regulation, Transport and Metabolism, Mechanism of Action, Metabolic Role and Functions of Insulin). Introduction: [Classification (Glucocorticoids, Mineralo-Corticoids, Cortical Sex Hormones)]. (Biosynthesis, Secretion and Transport, Mechanism of Action, Actions, Regulation, Abnormalities). Descriptions like Glucocorticoids
16	3	1	Adrenal Medullary Hormones (Epinephrine and Nor epinephrine): Gonadal Hormones [Androgens, Female Sex Hormones (Oestrogens), Gestogens (Progestational H.)	Introduction, Metabolism, Mechanism of Action, Metabolic Effects, Abnormalities or Clinical Aspects. Introduction: Androgens (Male H.), Female Sex H. (Description Like above Hormones). Descriptions Like above Hormones.

	Progestational	Hormones	Chemistry and Action
	Relaxin. Place		Descriptions Like above Hormones
	Gastrointestina		Introduction, Secretin and Gastrin Families.
	ching-Learning Methodology		
			ures to facilitate learning of terminology,
		as and resource	material are suggested to encourage self-
	directed learning.		
			sions, questions-answer sessions, revision
		-	itorial hours. The purpose is to inculcate
		al approaches to	o learning and facilitate understanding of
_	the subject.		
	Laboratory exercises	6 4	
		•	oncepts with experimental evidence
		ertorming basic	e biochemical tests important in clinical
	investigations	44b lain -1-	Hobomotomy in atmy we are the
D		ith biochemica	l laboratory instrumentations techniques.
	Laboratory Instrumentation		
	Laboratory Instrumentation;	tion acres !	of muotoing and against a 11
	Protein fractionation, denatura	-	or proteins and amino acids;
	Color reactions of amino acids		
	<u> </u>	e, total choleste	rol and HDL cholesterol, uric acid,
	electrolytes and Urea;		
	Cerebrospinal fluid analyses;		
	Gastric juice analyses;		
	Urine analyses;		
	Amniotic fluid analyses;	1	1 11 12 1 1 .
	Enzymes: amylase, lactate deh	yarogenase and	ı aıkaııne phosphatase;
	Liver function tests;		
	Renal function tests;	DTA 1=====:	
	Immunodiffusion techniques, l		
	Case-oriented discussions (enz	<u> </u>	•
	Books & Reference Books Rec	·	·
	Medical Biochemistry, John W		
			and Cox. CBS Publishers and distributors.
			Granner, P.A. Mayes and V.W. Rodwell.
	•	tn Clinical Cor	relations. Ed. Thomas M. Devlin, Wiley-
_	Liss Publishers.	C1	<b>.</b>
	Tietz Textbook of Clinical	Chemistry. Ed	. Burtis and Ashwood. W.B. Saunders

Company.

☐ Priciples of Medical Biochemistry, Gerhard Mesenberg PhD.

Marks Basic Medical Biochemistry, Alisa Peed MD, Libernan PhD.

# XI-CELLULAR & MOLECULAR IMMUNOLOGY

# Goals & Objectives

- The fundamentals of immunology course introduce the components of the immune system, their locations in the human body, and their interactions in different clinical contexts. Students learn how the immune system senses and attempts to eliminate pathogens, and how selected pathogens evade it to cause disease;
- First, the genes and molecules that play key roles in the immune system—including antigens, antigen receptors, antibodies, complement, major histocompatibility complex loci, chemokine, and cytokines—are introduced. The interactions between innate and acquired are then discussed;
- ☐ Finally, medically relevant forms of immune deregulation and intervention are explored, including vaccines, immunomodulators, hypersensitivities, immunodeficiency, autoimmunity, graft-versus-host disease, transplantation immunology, and tumor immunology.

#### **Course content**

	CELLULAR & MOLECULAR IMMUNOLOGY					
Disc	ipline	)			<b>Basic Biomedical Science</b>	
Depa	artme	ent			Pathology	, and the second
Cou	rse Ti	itle			Cellular & Molecular Immu	inology
Pre-	requi	sites			Molecular Cell biology	
Cou	rse co	de			MED4 013	
Aca	demic	year			П	
Sem	ester			4	Fall	
					Knowledge	1
Nun	aber (	of Cre	dits	2	Practical	1
Weeks	Ho Knowledge	E Laboratory	Topics		Descri	ptions
1	1	1	Introduction and Overview		Introduction ,Innate and Acqu Passive, and Adoptive Immun	

2	1	1	Immunogens and Antigens	Primary and secondary response ,Antigenicity and antigen-binding site, Major classes of antigen
3	1	1	Antibody structure and function	Structure features and biologic properties of IgG, IgM, IgA, IgD, and IgE
4	1	1	Antigen-antibody interaction and Immune assay	Primary and secondary interaction between antibody and antigen, Immunoassays and Immunofluorescence
5	1	1	Biology and Activation of T and B cells	Early phases of B-cell differentiation. T-cell differentiation in the thymus, Activation of CD4 <sup>+</sup> T cells. Function of CD8 <sup>+</sup> T cells, B-cell activation and function.
6	1	1	Role of Major Histocompatibility in the immune response	Variability of MHC genes and products, Structure and function of MHC molecules, Diversity of MHC molecules.
7	1	1	Control mechanisms in the immune response	Tolerance, Induction of tolerance in mature T and B lymphocyte, Immunologically privileged sites.
8	1	1	Cytokines	General properties of cytokines, Functional categories of cytokines, Role of cytokines and cytokines receptors in disease, Therapy uses of cytokines receptors in disease.
9	1	1	Complement	The activation pathway and their proteins Biological activities of complement, Complement and disease
10	1	1	Hypersensitivity reaction (Type I)	General characteristics of type I hypersensitivity Sensitization, activation, and effector phases, Clinical aspects of type I hypersensitivity The protect role of IgE
11	1	1	Hypersensitivity reaction (Type II and Type III)	Type II cytotoxic reactions, Type III immune complex reactions
12	1	1	Hypersensitivity reaction (Type IV)	General characteristics, Treatment of cell-mediated immunity
13	1	1	Autoimmunity	Autoimmunity and disease, Criteria for autoimmune disease, Etiology of autoimmune disease, Examples of autoimmune disease.
14	1	1	Immunodeficiency	Immunodeficiency syndromes, Primary Immunodeficiency syndromes, Secondary Immunodeficiency syndromes.
15	1	1	Tumor immunology	Tumors antigens, Limitation of the effectiveness of the immune response, Immunodiagnosis Immunotherapy
16	1	1	Resistance and immunization to infectious diseases	Host defense against the various classes of microbial pathogens, Mechanisms by which pathogens evade the immune response, Principles and objective of immunization, Active and passive immunization

# Teaching-Learning Methodology

□ *Didactic lectures:* Interactive classroom lectures to facilitate learning of terminology, principles and concepts. Books and resource material are suggested to encourage self-directed learning.

	<b>Tutorials:</b> Problem based small group discussions, questions-answer sessions, revision and reinforcement of difficult concepts in tutorial hours. The purpose is to inculcate skills of reasoning, meaningful approaches to learning and facilitate understanding of the subject.
Text	Books & reference Recommended (last edition)
	Medical Immunology, Tristram G, Parslaw.
	Immunology for Medical Students Rodeerick Neirn.
	Basic Immunology, Abul K.Abbas.
	VII EODENGIC MEDICINE
	XII-FORENSIC MEDICINE
Goa	
	broad goal of the teaching of graduate students in forensic medicine is to produce a
	sician who is well informed about medico-legal responsibilities in practice of medicine.
	she acquire knowledge of law in relation to medical practice, medical negligence and
	ect for codes of medical ethics.
	rning objectives he end of the course in the forensic medicine, the MD student will be able to:
	Understand the basic concept of the subject and its importance;
	Aware of inquest, legal and court procedures applicable to medico-legal and medical
Ш	practice;
	Able to perform medico-legal postmortem/autopsy findings and results of other
	relevant investigations for logical conclusion and framing the opinion on cause, manner
	and time since death;
	Able to reserve and dispatch relevant various articles, trace evidences including viscera
	in poisoning cases in medico-legal cases/ autopsy examination and handing over the
	same to appropriate agencies;
	Able to identify the medico-legal cases, carryout medical examination in such cases and
	prepare medico-legal report as per the law of the land;
	Aware of code of ethics, duties and rights of medical practitioner, duties towards
	patients and community, punishment on violation of code of ethics, various forms of
	medical negligence, duties towards his professional colleagues;
	Able to diagnose and manage the cases of acute and chronic poisoning and can carry
	out medico-legal duties;
	Aware of general principles of analytical, environmental, occupational toxicolgy
	including toxicovigilance and predictive toxicology;
	Aware of latest advances in Forensic Medicine & Toxicology and their medicolegal
	importance.

**Course content** 

	FORENSIC MEDICINE					
Discipline					Behaviorl and Social Science	
Depar	tmen	t			Forensic Medicine & Medical Ethics	
Subje	ct				Forensic Medicine	
Prere	quisit	e			Basic Biomedical sicence & Pathology	
Cours	e cod	e			MED11 022	
Acade	emic y	ear			VI	
Semes	ster			11	Spring	
NT I		12	4	2	Knowledge 1	
Numb	er oi	crear	ts	2	Practical 1	
Weeks	Knowledge	Practical	7	<b>Fopics</b>	Descriptions	
1	1	1	Principles of Forensic Medicine		Definition, Goals, Relations to other Sciences, Princi Terms, Examinations, Types & forms of forensic Examination, Methods of Forensic Medicine, Terminology, Experts of Forensic Medicine, Rights ar Responsibility of Expert, report's form,	-
2	1	1	Thanatolog	gy	Definition, classification, Definition, Stages & Types Death, Early Modifications of the body (Coldness, Dryness, Algor, Liver mortis & Autolysis).	of
3	1	1	Thanatology		Lat modification of the body, destructive processes of body(Putrefaction, destructive of the body by animals insects and plants) preservation processes of the body - Natural process(Mummification, Saponification & others) - Artificial Processes(refrigerator, conservation, embalmment)	5,
4	1	1	Medicolegal Aspects of Death Investigation		Principles, External examination of the body, Autopsy Expletive examination, Repairing of body, Unknown bodies' examination, Fragmented bodies examination, Skeleton Bodies examination.	
5	1	1	Medicoligal Aspects of the Sudden Death & new born deaths investigation		Definition, Risk factor for sudden death, Examination sudden death body, Determination of (infancy, on time delivery, live delivery, vitality, missed delivery, vitality infants' delivery) Examination of infancy deaths.	ne
6	1	1	Personal Identification		Definition, history, identification Examination, dental Investigation, Dactiloscopy, DNA Investigation.	
7	1	1	Criminal I	nvestigation Site	Definition, Forensic aspect of CIS, Role of Forensic Doctor in CIS,	

8	1	1	Forensic Traumatology	Definition, Traumatism, Classification; Excoriation Echymosis, Wounds, Fracture, Joint Dislocation, Joint anathrosis. Actions in death causing injuries Causes of Death in Mechanical Injuries
9	1	1	Forensic Traumatology	Firearm injuries, Definition, Classification, Fire Factors, Mechanism of bullet effects (Entrance hole, external Canal, shooting distance, forms of death)
10	1	1	Asphyxia	Definition, classification of Hypoxia, stages of Asphyxia, External and Internal sign of Asphyxia, Hanging, Strangulation, Smothering, Compression of chest and abdomen, Airway obstruction, Oral and Nasal Obstruction, Drowning.
11	1	1	Medical Trust Evidence	Definition, classification, Blood Investigation, blood dots investigation,
12	1	1	Medical Trust Evidence	Semen fluid investigation, Hair Investigation
13	1	1	Medicolegal Aspects of Vital Case Investigation  Age Determination, Simulation, Dissimulation, Puberty, virginity (Definition, Kinds), Impotence, Fertility, Infertility, Pregnancy, Delivery, Abortion, and Forensic Psychiatry.	
14	1	1	Medicolegal Aspects of Vital Case Investigation	Sexual Deviations & harassment (Etiology, Definition and kinds) Rape, incest, sadism, masochism, sadomasochism, pedophilia, sophism, sodomy, bestiality, exhibitionism, necrophilia & other kinds)
15	1	1	Electrical Trauma	Principle of Electrical Trauma, Classification, Lightning, Medicolegal aspect
16	1	1	Thermal Trauma	Definition, Classification, Post mortem burnings Medicolegal aspect thermal injures and autopsy finding.

# Textbooks & Reference Books recommended (Last editions)

- ☐ Textbook of forensic Medicine, Nagesh Kumar Rao.
- ☐ Fundamentals of Forensic Science, Max M. Houck.
- ☐ Forensic Medicine, Richard Saferstein.
- ☐ Forensic Medicine, A textbook for Students and Practitioners, Sidney Smith

# XIII-CLINICAL & FORENSIC TOXICOLOGY

# Learning objectives

# A-Clinical toxicology

At the end of course the student should be able to describe the types of Poisons, Clinical signs and Symptoms, Diagnosis, Management and Medicolegal aspects of:

☐ Corrosive poisons – sulphuric acid, phenol, oxalic acid, nitric acid, hydrochloric acid, organic acids and alkalies;

	Irritant non metallic poisons- Phosphorus, Halogens, Organophosphorus, chlorinated hydrocarbons, miscellaneous preparation & mechanical irritatants;
	Agricultural poisons- Organophosphorous, Organochlorine. Classification and description of common insecticides and pesticides used in Afghanistan;
	Metallic poison - arsenic, lead, iron, copper, zinc, thallium;
	Animal poisons – snake bite, scorpion bite, wasp, bee, cantherides & toxic fishes;
	Somniferous poisons – opium & its derivatives, synthetic preparations, pethidine & codeine;
	Deliriant poisons – Dhatura, hemlock, cannabis, LSD, muscaline & cocaine;
	Spinal & peripheral nerve poisons – strychnine, curare & domestic poisons – kerosene, cleansing agents, disinfectants, household medicines;
	Barbiturate poisoning, drug abuse & common drug overdoses;
	Vegetable poisons – abrus, ricinus, croton, ergot, capsicum, camphor, argemone, lathyrus & calotropis;
	Describe and examine Alcohol poisoning (ethyl & methyl alcohol) and drunkenness, its medicolegal
	aspects & benzodiazepine poisoning;
	Cardiac poisons – HCN, aconite, tobacco, quinine, digitalis and oleander;
	Asphyxiant poisons – carbon monoxide, , carbon dioxide, hydrogen sulphide, phosgene and phosphine;
	Definition of food adulteration. Names of common adulterants and general methods of detection for food adulterants, Common food poisonings- Botulism, Chemical Poisoning, Poisonous Mushrooms and epidemic drops
B-E	nvironmental toxicology
	Description of toxic pollution of environment, its medico-legal aspects & toxic hazards of
	occupation and industry;
	Description and medico-legal aspects of poisoning in Workman's Compensation Act.
C-Fo	orensic toxicology
	Medicolegal aspects of poisons;
	Medicolegal autopsy in cases of poisoning, preservation and dispatch of viscera for chemical analysis.
Cou	rse content

CLINICAL & FORENSIC TOXICOLOGY				
Discipline		Clinical Science and Skills		
Department		Forensic Medicine		
Course Title		Clinical and Forensic Toxicology		
Pre-requisites		Forensic medicine		
Course code		MED11 039		
Academic year		VI		
Semester	11	Spring		
		Knowledge 1		
Credits	2	Practical	1	
Hours				

	Knowledge	Laboratory	Topics	Descriptions
	dge	ory		
1	1	1	General toxicology and Type of poisons	History of toxicology, definition of toxicology, forensic toxicology, clinical toxicology and poisons, medico-legal aspects of poisons, classification of poisons, toxicokinetics and toxicodynamics, diagnosis of poisoning in living and dead, general principles of management of poisoning,
2	1	1		antidotes and its types, medico-legal autopsy in cases of poisoning, preservation and dispatch of viscera for chemical analysis.
3	1	1	Corrosive poisons	Non organic, Sulfuric acid, phenol ,oxalic acid, nitric acid, hydrochloric acid, organic acids and alkalies, Iodine, Synonyms, Physical appearance, Types of poisoning, Uses, Usual Fatal Dose, mode of action, Clinical signs and Symptoms, diagnosis, management, autopsy significance, and medico-legal aspects.
4	1	1	Irritant non- metallic poisons	Phosphorus, halogens, organophosphate, chlorinated hydrocarbons, miscellaneous preparation & mechanical irritants. Types of poisoning, Uses, Usual Fatal Dose, mode of action, Clinical signs and Symptoms, diagnosis, management, autopsy significance, and medico-legal aspects.
5	1	1	Agricultural poisons	Classification and description of common insecticides and pesticides used in Afghanistan. Organophosphate, Carbamates, organochlorine, Pyrethrins & Pyrithroids, Strychnine, Naphthalene, Pesticide contamination of food. Types of poisoning, Uses, Usual Fatal Dose, mode of action, Clinical signs and Symptoms, diagnosis, management, autopsy significance, and medico-legal aspects.
6	1	1	Metallic poisons	Arsenic, Lead, Mercury, Iron, Copper, Zinc, Thallium, Metal fume fever. Types of poisoning, Uses, Usual Fatal Dose, mode of action, Clinical signs and Symptoms, diagnosis, management, autopsy significance, and medico-legal aspects.
7	1	1	Animal poisons	Bites and Stings, Snake bite, Snake venom, Symptomatology of Non- Venomous Snake Bite, Symptomatology of Venomous Snake Bite, diagnosis if Snake bite, Treatment of Venomous Snake Bite, Antivenin Therapy, Autopsy Feature, Forensic significance. Scorpion Sting, wasp & bee. Clinical feature, treatment.
8	1	1	Somniferous, Deliriant and Psychotropic,Barbiturate poisoning	Somniferous poisons— opium & its derivatives, synthetic preparations, pethidine& codeine.  Deliriant poisons— Dhatura, cannabis, LSD, mescaline & cocaine.  Psychotropic poisons— Amphetamine Types of poisoning, Uses, Usual Fatal Dose, mode of action, Clinical signs and Symptoms, diagnosis, management, autopsy significance, and medico-legal aspects.  Barbiturate poisoning— drug abuse & common drug overdoses.

9	1	1	Spinal & peripheral nerve poisons	strychnine, curare & domestic poisons – kerosene, cleansing agents, disinfectants, household medicines. Types of poisoning, Uses, Usual Fatal Dose, mode of action, Clinical signs and Symptoms, diagnosis, management, autopsy significance, and medico-legal aspects.		
10	1	1	Ergot, camphor, Types of poisoning, Uses, Usual Fatal Dose mode of action, Clinical signs and Symptoms, diagnosis, management, autopsy significance, and medico-legal aspects			
11	1	1	Inebriant Poisons	Alcohol poisoning (ethyl & methyl alcohol) and drunkenness, its medico-legal aspects & benzodiazepine poisoning, Ethylin Glycol. Physical appearance, Uses, Type of poisoning, Usual Fatal Dose, Mode of Action, Clinical Feature, Diagnosis, Treatment, Autopsy Feature, Forensic Significance.		
12	1	1	Cardiotoxic poisons	Nurium, Thevetia, Aconite, Nicotine, quinine, digitalis. Family name, Appearance Mode of Action, Clinical Feature, Diagnosis, Treatment, Autopsy Feature, Forensic Significance.		
13	1	1	Asphyxiant poisons	Ammonia, Methyl Isocyanate, Cyanide, carbon monoxide, carbon dioxide, hydrogen sulphide, phosgene and phospheine. Types of poisoning, Uses, Usual Fatal Dose, mode of action, Clinical signs and Symptoms, diagnosis, management, autopsy Feature, Forensic significance.		
14	1	1	Common food poisonings	Botulism, chemical poisoning, poisonous mushrooms. Types of poisoning, Uses, Usual Fatal Dose, mode of action, Clinical signs and Symptoms, diagnosis, management, autopsy Feature, Forensic significance.		
15	1	1	Environmental toxicology	Description of toxic pollution of environment, its medico- legal aspects & toxic hazards of occupations in industries.Description and medico-legal aspects of poisoning in workman's compensation act.		
16	1	1	Analytical toxicology	General principles of analytical toxicology and its application in management, prevention and control of poisoning.Basic principles of functioning of gas/liquid chromatography, thin layer chromatography, spectrophotometer, mass spectrometry, Micro diffusion.		

# Skills in forensic medicine & toxicology

Ш	Preparation of a medico-legal report of an injured person due to mechanical violence;
	Preservation and dispatch of the exhibits in a suspected case of poisoning;
	Estimation age of a person for medico-legal and other purposes;
	Conduct & prepare postmortem examination report in a case of suspected poisoning
	and to preserve & dispatch viscera for chemical analysis;
	Conduct & prepare postmortem report in a case of death due to violence of any nature

road accident, fall from height, assault, factory accident, electrocution, burns & accident due to any other causes, fire arm injury, asphyxia, natural death & medical negligence;

	At least 5 postmortem reports should have been written by the student (if cadaver is not available, practice by scenarios);
	Demonstration, interpretation and medico-legal aspects from examination of hair (human & animal) fiber, semen & other biological fluids;
	Demonstration & identification of a particular stain is a blood and identification of its
	species origin;
	Identification ABO & RH blood groups of a person;
	Examination & drawing opinion from examination of skeletal remains;
	Identification & drawing medico-legal inference from various specimen of injuries e.g. contusion, abrasion, laceration, firearm wounds, burns, head injury and fracture of bone;
	Identification & description of weapons of medico-legal importance commonly used e.g. knife, axe, tire lever ,razor , stick and etc;
	Description of the contents and structure of bullet & cartridges used & medico-legal
	interpretation drawn;
	Estimation of age of fetus by postmortem examination;
	Examination & preparation of report of an alleged accused in a rape/unnatural sexual
	offence;
	Examination and preparation of medico-legal report of a drunk person;
	Demonstration of the common instrument used in analysis of poisons & DNA profile.
	Identification & drawing of medico-legal inference from common poisons e.g. dhatura, castor, cannabis, opium, copper sulphate, pesticides compounds, snakes, lead compounds & tobacco;
	Examination & preparation of a medico-legal report of a person brought for medical
	examination in cases pertaining to police, judicial custody or referred by court of law and violation of human rights;
	Identification & drawing of medico-legal inference from histopthological slides of
	myocardial infarction, pneumonitis, tuberculosis, brain infarct, liver cirrhosis, brain
	hemorrhage, bone fracture, pulmonary edema, brain edema, soot particles & wound
	healing.
Meth	odology of teaching
	Lectures
	Demonstration
	Tutorials
Textl	books & Reference Books recommended (Last editions)
	Textbook of Forensic Medicine & Toxicology,N,G.Rao
	Priciples of Forensic Medicine & Toxicology, Rajesh Bardale.
	Textbook of Foresic Medicine & Toxicology, PC Dekshit.
	Casarett & Doulls, the Basic Biomedical sicence of Poisons, Curtis Claassen.
	Clarks Analytic F orensic Medicine, Adan NNegrusz & Gail Cooper.

# XIV -MEDICAL ETHICS & PROFESSIONALISM

#### Goals

Medical ethics is a systematic effort to work within the ethos of medicine, which has traditionally been service to a patient. There is now a shift from the traditional individual patient-doctor relationship and medical care. With the advances in science and technology and the needs of patient, their families and the community, there is an increased concern with the health of society. There is shift to greater accountability to the society. Doctors and health professionals are confronted with many ethical problems. It is, therefore necessary to be prepared to deal with these problems according to glorious Quran and Prophet's (PUH) tradition. Special attention is given to the role of the physician and the opportunities and challenges to the ethical practice of medicine in today's society.

In keeping with its goals to improve quality of education, Kabul Medical University recommends introduction of medical ethics and professionalism in the regular teaching of MD course.

#### **Learning objectives**

The learning objectives of teaching medical ethics should be to enable to students develops the ability to:

- ☐ Identify underlying ethical issues and problems in medical practice;
- ☐ Consider the alternatives under the given circumstances;
- ☐ Make decisions based on Islamic moral concepts.

#### **Course contents**

MEDICAL ETHIC & PROFESSIONALISM							
Discipline			Behavioral and Social Science and Medical Ethics				
Department			Forensic medicine				
Course Title			Medical ethics & Professionalism				
Pre-requisites			Behavior science				
Course code			MED6 014				
Academic year			Ш				
Semester		6	Fall				
Number of Cro	odite	1	Knowledge	1			
Number of Cre	euris	1	Practical				
Howeledge Weeks	=		Descriptions				

1	1	Introduction to medical ethics,A brief history of medicine and its ethics	<ul> <li>Fundamentals of medical ethics</li> <li>History of medicine in ancient of world and ethics value</li> <li>History of medicine in 5<sup>th</sup> ethical cod</li> <li>History of medicine after AC ethics</li> <li>History of medicine in Islamic period History of medicine in Afghanistan</li> </ul>		
2	1	Principles of Medical Ethics	<ul> <li>Definition of Ethics,</li> <li>Values of Ethics</li> <li>Definition of Medical Ethics</li> <li>Goal of Medical Ethics</li> <li>Whose Medical Doctor</li> <li>Medical Doctor and law</li> <li>Medical Doctor as Forensic Doctor</li> <li>Medical Doctor as eye wetness</li> <li>Medical Doctor as culprit</li> <li>Professionalism</li> </ul>		
3	1	Physician ethics	<ul> <li>Introduction</li> <li>Supporting Islamic evidence</li> <li>In the prophet's tradition</li> <li>Criteria of Medical Doctor in Islam</li> <li>Islamic rules in medical ethics</li> <li>Treatments in Islam</li> <li>Introduction of great Islamic doctors</li> </ul>		
4	1	The physicians duties toward the patient and Medical confidentially	<ul> <li>Principles</li> <li>Supporting Islamic evidence</li> <li>In the prophet's tradition</li> <li>Fundamental of medical confidentiality</li> <li>Details for medical confidentiality</li> <li>Details for medical confidentiality</li> <li>Islamic support:</li> <li>in the Glorious of Quran</li> <li>In the prophets of tradition.</li> </ul>		
5	1	Physician duties toward society	<ul> <li>Fundamental of physician duties toward society</li> <li>The codes of physicians duties toward society</li> <li>Islamic support:</li> <li>In the glorious of Quran</li> <li>In the prophets of tradition</li> <li>Utilization of health resources</li> <li>Supporting Islamic legal evidence:</li> <li>In the rules of the Islamic jurisprudence include the recourse</li> </ul>		

6	1	Patient with AIDS or any other communicable disease	<ul> <li>The duties of the medical expert toward such patient</li> <li>The duties of a sick medical expert during professional job</li> <li>Supporting Islamic legal evidence</li> <li>The purpose of Islamic low include</li> </ul>			
7	1	Euthanasia and physician assisted death and Abortion	<ul> <li>Introduction</li> <li>Supporting Islamic legal evidence:</li> <li>The purpose Islamic law include</li> <li>Introduction to classification of aberrant:</li> <li>Purpose of legal abortions</li> <li>Retraction of abortion</li> <li>Ethical challenge of abortion</li> <li>Supporting Islamic legal evidence</li> <li>The purpose Islamic law</li> </ul>			
8	1	Organ transplant	<ul> <li>Introduction</li> <li>Medical aspect of organ transplantation</li> <li>Ethical dialog in organ transplant</li> <li>The purpose of organ transplant in Islamic law.</li> <li>Case of violence</li> </ul>			
9	1	Physicians rights	<ul> <li>Introduction</li> <li>The code of physician right</li> <li>Medico legal and ethical aspects</li> <li>Supporting Islamic legal evidence:</li> <li>In the glorious Quran and in the prophets tradition.</li> </ul>			
10	1	Physician duties toward his/her profession	<ul> <li>Fundamentals</li> <li>Medico legal and ethical aspect</li> <li>Supporting Islamic legal evidence: <ul> <li>In the glorious Quran</li> <li>In the prophets tradition</li> <li>In the prophets of law</li> </ul> </li> </ul>			
11	1	Advertisement and the media	<ul> <li>Introduction</li> <li>The legal aspect and ethical code for media advertisement Supporting Islamic legal evidence</li> </ul>			
12	1	Physician duties toward establishment	<ul> <li>Introduction</li> <li>Ethical aspect</li> <li>Restriction</li> <li>Supporting Islamic legal evidence: In the glorious Quran In the prophets' tradition.</li> </ul>			
13	1	Medical mistakes and it's incidence in medical profession	<ul> <li>Medical mistakes</li> <li>Responsibility of physicians confess on their mistakes</li> <li>Difficulties in conception of mistakes.</li> <li>Profession's incidents</li> </ul>			

14	1	Deontology	<ul><li>Principles of Deontology,</li><li>Deontology in surgery</li><li>Deontology in Gynecology,</li></ul>
15	1	Deontology	<ul> <li>Deontology in Internal medicine,</li> <li>Deontology in Pediatrics,</li> <li>Deontology in Forensic Medicine,</li> <li>Deontology in Dentistry</li> </ul>
16	1	Malpractice and Negligence	<ul> <li>Definition of Malpractices</li> <li>Inattentive</li> <li>Improvidence</li> <li>Unprofessionalism</li> <li>Patient refusal from medical services</li> <li>Abusive behavior</li> <li>Patients abusive behavior</li> <li>Illegal documentation</li> <li>Over-investigating the patient</li> <li>Prescription of drugs</li> <li>Charging of fees</li> <li>Gifts Receiving</li> </ul>

#### **Textbooks & Reference books Recomended (Last Editions)**

П	The I	clamic	Charter	of Medical	and Heal	th Ethice
	i ne i:	Stattic	Charter	or wedicar	апо пеаг	in rinics

- ☐ Ethics in Clinical Practice, Judith C Ahron Heim.
- ☐ Ethics and Basic Law for Medical Imaging, Bettey G.Wllson.
- ☐ Informed Cosent; Legal Theory and Clinical Practice, Jessica W.Berg.
- Public Health Law and Ethics, Lawrence O.Gostin.
- Adverse Events, Stress and Litigation, A physician Guide.Sara C Charles.
- ☐ Undestanding Medical Professionalism, Shiphra Ginsburg.
- ☐ Professionalsm in Medical assisting, Kristiana D.Routh.

#### XV-CLINICAL MICROBIOLOGY

#### Goals

The broad goals of the teaching of graduate students in microbiology are to provide an understanding of the natural history of infectious diseases in order to deal with the etiology, pathogenesis, laboratory diagnosis, treatment and control of infections in the community.

#### **Learning objectives**

#### a- Knowledge

# At the end of the course, the student should be able to:

☐ State the infective micro-organisms of the human body and describe the host-parasite relationship;

microbiological investigations.

**Course Contents** 

	List pathogenic micro-organisms and describe the pathogenesis of the diseases produced by them;
	Indicate the modes of transmission of pathogenic and opportunistic organisms and their sources, including insect vectors responsible for transmission of infection
	Describe the mechanisms of immunity to infection;
	Acquire knowledge on antimicrobial sensitivity tests to select suitable antimicrobial agents for treatment of infection and scope of immunotherapy and different vaccine available for prevention of communicable diseases;
	Apply methods of disinfection and sterilization to control and prevent hospital and community acquired infections;
	Recommend laboratory investigations regarding bacteriological examination of food, water, milk and air.
b- Ski	ills
At the	e end of the course, the student should be able to:
	Plan and interpret laboratory investigations for the diagnosis of infectious diseases and to correlate the clinical manifestations with the etiological agents;
	Identify the common infectious agents with the help of laboratory procedures and use antimicrobial sensitivity tests to select suitable antimicrobial agents;
	Use the correct method of collection, storage and transport of clinical material for

MICROBIOLOGY (Module 1)						
Discipline			Basic Biomedical Science			
Department	t		Microbiology			
Course Title	e		Microbiology			
Pre-requisit	tes		Molecular biology			
Course code	e		MED4 016			
Academic y	ear		П			
Semester		4	Fall			
			Knowledge	2		
Number of	Credits	3	Practical	1		
Hour Knowledge Weeks	s Laboratory	Topics	Desc	riptions		

1	2	1	1.Introduction to Microbiology Morphology of Micro Organisms:	Natural history of microbial diseases. Definition, Basic types of Microbes. Differences between eukaryotes and prokaryotes, Optic methods.	
2	2	1	Morphology of Micro Organisms:	Structure of Eukaryotic Cells, Structure of Prokaryotic cells. Simple stain and other stains Spheroblast and protoplast, L-form bacteria.	
3	2	1	Bacterial Staining and Cultivation Morphology of Micro Organisms: -	<ul> <li>☐ Microscopy: types and principles</li> <li>☐ Staining: principles</li> <li>☐ Media for growth / bacterial colony</li> <li>Endospore. Classification of Bacteria and five</li> <li>Kingdome classifications.</li> </ul>	
4	2	1	Introduction to Virology and Mycology Physiology of Micro Organisms	Biochemical structure of microbial cell. Media and its preparation, Growth of micro-Organism.	
5	2	1	Physiology of Micro Organisms	Culture, Characters of Bacteria, Respiration of Microbes.	
6	2	1	Physiology of Micro Organism: Sterilization and disinfection	<ul> <li>Isolation of Micro Organism in pure Culture.</li> <li>Microbes Enzymes, Antibiogram.</li> <li>Principles</li> <li>Various methods</li> <li>Demonstration of equipments and agents used in sterilization.</li> </ul>	
7	2	1	Microbial Flora	Role of Resident flora. Normal Flora of the skin, Mouth and Upper respiratory tract flora. Intestinal, Urethra, Vaginal and Eye flora.	
8	2	1	Infections	Microbes, Toxins, Exotoxin and Endo toxins. Period of an infectious disease. Clinical form of infections. Distribution, severity of infectious disease.  o Infections of Gastrointestinal Tract o Gastrointestinal infections (Bacteria, parasites, viruses and fungi).	
9	2	1	Immunology: - Specific and Non Specific host defense mechanism.	Specific and Non Specific host defense mechanism.	
10	2	1	Immunology: - Genetic in immunity Immunodiagnosis	Genetic in immunity. Vaccination. Antigens.  O Antigen-antibody reactions in infectious diseases and diagnostic tests based on these.	
11	2	1	Immunology: Antibodies	Antibodies, Cellular and Humoral immunity.	
12	2	1	Immunology: Immune Reduction and their significance roles.	- Immune Reduction and their significance roles. Immune Reduction and their significance roles.	
13	2	1	Allergy: Allergy, Anaphylaxis. . Genetics: Hypergia, DNA and RNA Structures	Allergy, Anaphylaxis, Anaphylaxis. Genetics: Hypergia, DNA and RNA Structures	

14	2	1	Genetics: Plasmids and Episome, Phenotype and Genotypic changes. Phenotype and Genotype changes	Genetics: - Plasmids and Episome, Phenotype and Genotypic changes, Phenotype and Genotype changes	
15	2	1	Anti-microbial therapy:- Laboratory usage of Antibiotics Antibiotic Susceptibility test.	Anti -microbial therapy: - Laboratory usage of Antibiotics, Antibiotic Susceptibility test.	
16	2	1	Anti -microbial therapy (Pathogen infections of bodies):- Determination of antibiotic measure in body fluid. Infections of different organs.	Anti-Microbial therapy (Pathogen infections of bodies):- Determination of antibiotic measure in body fluid. Pathogen infections of bodies: Central Nervous System infections. Lymph and blood infections, Gastro intestinal infections, Urinary tract infections, Skin and soft tissue infections, Respiratory infections.	

	MICROBIOLOGY (Module 2)						
Disc	ipline	!			Basic Biomedical Science		
Depa	artme	nt			Microbiology		
Cou	rse Ti	tle			Microbiology <sup>2</sup>		
Pre-	requi	sites			Microbiology <sup>1</sup>		
Cou	rse co	de			MED5 016		
Acad	demic	year			III		
Sem	ester			5	Spring		
	_				Knowledge	2	
Nun	ıber o	of Cre	dits	3	Practical	1	
Weeks	Knowledge	Laboratory	Topics		Descriptions		
1	2	1	Gram Positive (	Cocci, Staphylococci	Morphology, Culture, Growth.Characteristics, Antigenic structure, Toxins.Pathogenesis, Clinical Finding, Diagnostic Lab Test, Treatment Prevention and Control.		
2	2	1	Gram Positive (	Cocci, Streptococci,	Morphology, Culture, Gro Antigenic structure, Toxin Finding, Diagnostic Lab to Epidemiology, Prevention	s.Pathogenesis, Clinical est, Treatment,	

3	2	1	Pneumococci,Neisseriae	Morphology, Culture, Growth, Characteristics, Antigenic structure, Toxins, Pathogenesis, Clinical Finding, Diagnostic Lab Test, Treatment, Epidemiology, Prevention and Control.Neisseria: (Neisseria Gonorrhea, Neisseria Meningitides) Morphology, Culture, Growth, Characteristic, Antigenic structure, Toxins, Pathogenesis, Clinical Finding, Diagnostic Lab Test, Treatment, Epidemiology, Prevention and Control.	
4	2	1	Gram Negative Enteric bacilli: (Escherichia coli), Gram Negative Enteric bacilli:	Morphology, Culture, Growth, Characteristics, Antigenic structure, Toxins.Gram Negative Enteric bacilli: - (Escherichia coli): Pathogenesis, Clinical Finding, Diagnostic Lab test, Treatment, Epidemiology, Prevention and control.	
5	2	1	Gram Negative Enteric bacilli: Salmonella, Shigella	Morphology, Culture, Growth, Characteristics Antigenic structure, Toxins.Gram Negative Enteric bacilli's: (Salmonella, Shigella), Pathogenesis, Clinical Finding, Diagnostic Lab Test, Treatment, Epidemiology, Prevention and Control.	
6	2	1	Vibreos Compylo bacter (V.Cholera, C.Jejuni)	Morphology, Culture, Growth, Characteristics, Antigenic structure, Toxins, Pathogenesis. Vibreos Compylo bacter: - (V.Cholera, C.Jejuni): Clinical Finding, Diagnostic Lab test, Treatment, Epidemiology, Prevention and control.	
7	2	1	Helicobacter (H.Pylori) Bacillus(B.Anthraces)	Helicobacter (H.Pylori), Morphology, Culture, Growth, Characteristics, Antigenic Structure, Toxins. Pathogenesis, Bacillus (B.Anthraces): Clinical finding, Diagnostic Lab test, Treatment, Epidemiology, Prevention and control.	
8	2	1	Clostridium: Cl Tetani, Cl Perfringens, Cl Gas gangrene	Morphology, Culture, Growth Characteristics, Antigenic structure, Toxins.Clostridium:- (Cl Tetani, Cl Perfringens, Cl Gas gangrene):- Pathogenesis, Clinical finding, Diagnostic Lab test, Treatment, Epidemiology, Prevention and Control.	
9	2	1	Cornebacterium (C.Diphtheria) Hemophillus influenza) Bordetella (B.Pertussis) Brucella (Brucella)	Cornebacterium (C.Diphtheria) Morphology, Culture, Growth Characteristics, Antigenic structure, Toxins, Pathogenesis.) Hemophillus influenza) Bordetella (B.Pertussis) Brucella (Brucella):- Clinical finding, Diagnostic Lab test, Treatment, Epidemiology, Prevention and control.	
10	2	1	Yersinia (Yersinia Pestis), Francisella, Pasturella (Pasturella Sturella) Mycoplasma (Mycoplasma):-	Yersinia (Yersinia Pestis), Morphology, Culture, Growth, Characteristics, Antigenic structure, Toxins, Pathogenesis. Francisella, Pasturella (Pasturella Sturella) Mycoplasma (Mycoplasma): Clinical finding, Diagnostic Lab test, Treatment, Epidemiology, Prevention and Control.	
11	2	1	Mycobacterium, Spirochetes, Rickettsial Disease	- Morphology, Culture, Growth, Characteristics, Antigenic Structure, Toxins.Mycobacterium, Spirochetes, Rickettsial Disease: - Pathogenesis,	

			Clinical finding, Diagnostic Lab test, Treatmen Epidemiology, Prevention and Control.		
12	2	1	Virology: - (Adenovirus, Para Influenza and Herpes Virus)	Morphology, Culture, Growth, Characteristics, Antigenic structure, Toxins, Pathogenesis. Virology: (Adenovirus, Para Influenza and Herpes Virus):- Clinical Finding, Diagnostic Lab test, Treatment, Epidemiology, Prevention and Control.	
13	2	1	Virology, (Mumps, Measles, Smallpox and Rubella virus, Mumps)	Morphology, Culture, Growth, Characteristics, Antigenic structure. Toxins.Virology: - (Mumps, Measles, Smallpox and Rubella virus): Pathogenesis, Clinical Finding, and Diagnostic lab test, Treatment, Epidemiology, Prevention and Control.	
14	2	1	Virology: - {Hepatitis, Polio myelitis, Rabies and Retro virus (AIDS)	Morphology, culture, growth, characteristics, antigenic structure. toxins.virology: {hepatitis, polio myelitis, rabies and retro virus (aids)}:-pathogenesis, clinical finding, diagnostic lab test, treatment, epidemiology, prevention and control.	
15	2	1	Mycology, (Surface mycosis, Skin mycosis)	Morphology, culture, growth, characteristics, antigenic structure. toxins.mycology: surface mycosis, skin mycosis .pathogenesis, clinical finding, diagnostic lab test, treatment, epidemiology, prevention and control.	
16	2	1	Mycology ,Subcutaneous mycosis, Deep mycosis)	Morphology, culture, growth, characteristics, antigenic structure. Toxins.mycology. subcutaneous mycosis, deep mycosis, pathogenesis, clinical finding, diagnostic lab test, treatment, epidemiology, prevention and control.	

## **Laboratory Skills**

1-Di	rect demonstration of bacteria by staining
	Gram staining
	Albert's staining
	Acid fast staining
2. E	nterobacteriacea
	Common media and biochemical tests
	Culture characteristics of members of Enterobacteriacee
3. La	aboratory diagnosis of E.coli infection and shigellosis
	Stool examination for pus cells and RBCs
	Processing of stool specimen for bacterial culture
	Cultural characteristics, tests for E.coli and its virulence factors
	Cultural characteristics of Shigella and its identification (incl. slide agglutination test)
4. La	aboratory diagnosis of food poisoning
	Focus on: laboratory diagnosis of salmonellosis
	Demonstration for Clostridium perfringens and others

5. <i>La</i>	aboratory diagnosis of upper respiratory infections
	Focus on: laboratory diagnosis of Streptococcus infection
	Albert's stain
	Media, identification and toxin of Corynebacterium (demonstration)
6. La	aboratory diagnosis of lower respiratory tract infections
	Focus on: Klebsiella and Streptococcus pneumonie
	Viral respiratory infection (demonstration of diagnostic methods)
7. La	aboratory diagnosis of UTI
	Collection, storage and transport of urine
	Significant bacteriuria and quantitative/Semiquantitative methods of culture
	E.coli/ Klebsiella (revision)
	Focus on: Identification of Proteus and Pseudomonas - cultural characteristics like
	swarming, pigment production; and tests like OF and oxidase
8. L	aboratory diagnosis of wound infections
	Focus on: Staphylococcus (culture/ identification including tests like catalase and
0 7	coagulase)
<i>9</i> . <i>L</i>	aboratory diagnosis of anaerobic infections
L	r
	Demonstration of media and culture for Clostridium, smears showing sporing and non-
	sporing GPB, Nagler's reaction etc. and cultures of GN anaerobes like
10	B.melaninogenicus
_	Laboratory diagnosis of viral infections
L	1 1
	assay, serological tests (complement fixation, hemagglutination inhibition,
11	neutralization, ELISA).
11-	Sterilization and disinfection  Visit to madis and sterilization room (demonstration of autoclave and hot air even)
12	Visit to media and sterilization room (demonstration of autoclave and hot air oven)  Laboratory diagnosis of cholera
12.	
	Identification (incl; motility, oxidase and other tests)
12	Biotyping and serotyping  Laboratory diagnosis of enteric fever
13.	
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11	Identification tests and slide agglutination for Salmonella
	Laboratory diagnosis of meningitis
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L	
	Culture media, growth characteristics and identification tests (focus: Neisseria, Hemophilus and Streptococcus pneumonia)

П	Chronic meningitis: pathogens (demonstration e.g. India ink for Cryptococcus)
	Antigen detection
15. La	aboratory diagnosis of STD
	Collection and transport of specimens
	Direct demonstration
Textb	ooks & reference Books Recommended (Last editions)
	Basv Raj Nagoba, Parslaw.Clinical Microbiology,
	John Spicer.Clinical Microbiology and infectious diseases
	Javits Milnick Medical Microbiology, MC Grraw Hall Lang.co
	Sherris, Medical Microbiology
	Richard Harvey, Illustrated review of microbiology
	Lynne S.Garcia. Clinical Microbiology Procedures Handbook,
	Waren livinson, Review of Medical Microbiology, Mac Graw Hall Lange.co
	XVI-MEDICAL PARASITOLOGY
Goals	
	To provide students with knowledge concerning biological, epidemiological and
_	ecological aspects of parasites causing diseases in human;
	To enable students to understand the pathogenesis, clinical presentations and
	complications of parasitic diseases;
	To enable students to reach diagnosis and know the general outline of treatment,
	prevention and control of parasitic infections and provide students with adequate
	knowledge about endemic parasites and national parasitic problems as well as re-
Loom	emerging parasitic infection.
Leari	ning objectives
Know	ledae
	e end of the course, students should be able to:
	Describe the world distribution of important parasitic infections and the epidemiologic
	principles and the effect of social and demographic patterns on parasitic disease and
	vulnerability;
	Describe the common parasitic diseases and life-threatening;
	conditions caused by helminthes and protozoa as regards etiology and life cycle of
	parasites of medical importance;
	Describe the common diseases caused by helminthes and protozoa regards
	pathogenesis, clinical features differential diagnosis and complications;
	Point out the methods of recovery of parasites and their culture methods as well as
	immunological and molecular methods used for diagnosis of parasitic infections
	Define the principles of management for common parasitic diseases and life-
	threatening conditions;

	Outline methods of disease prevention;
	Describe the common diseases caused by arthropods of medical interest as regards
	etiology, pathogenesis, clinical features and methods of combat;
	Describe molecular, biochemical and cellular mechanisms that occur in the body of
	humans infected with parasites.
Lal	ooratory skills:
By th	he end of the course, students should be able to:
	Perform skills relevant to the future practice, as to identify different parasites in tissue
	sections and demonstrate their reactions in such tissues by naked eye;
	Use the microscope to identify diagnostic stages of parasites in blood, urine, stool or
	tissue samples.

## **Course contents**

	PARASITOLOGY						
Disc	ipline	)			Basic Biomedical Science		
Dep	artme	ent			Microbiology		
Cou	rse T	itle			Parasitology		
Pre-	requi	sites			Molecular Cell Biology		
Cou	rse co	de			MED4 017		
Aca	demio	year			П		
Sem	ester			4	Fall		
			114		Lecture	1	
Nun	nber (	of Cr	edits	2	Practical	1	
Weeks	Hecture Lecture	Laboratoy	Topics		Descriptions		
1	1	1	Classification of Hosts	f Parasite and	Classification of parasites and hosts, type of immunity and other immunologic reactions.  - Association between parasite and host  - Effects of parasites on the host  - Basic concepts in medical parasitology.		
2	1	1	Nomenclature of abstract study of Medical Protozo	of Parasitology,	nomenclature of parasites and abstract study of parasitology.  - Introduction  - Classification of protozoa.		
3	1	1	Entameba Histo	olotica	Entameba histolotica:- history, geographical distribution, morphology, reproduction, life cycle, pathogenesis, clinical findings, intestinal and extra intestinal ameobiasis, lab diagnosis, differential diagnosis, treatment, prevention.		

				<ul> <li>Other amebae inhabiting the alimentary canal</li> <li>Pathogenic free-living amebae.</li> </ul>
4	1	1	Gardia Labmlia, Trichomonas Vaginalis:	History, geographical distribution, morphology, pathogenesis and clinical finding, intestinal, culture of trichomonas, lab diagnosis, treatment, prevention.
5	1	1	Leishmaniasis	Leishmaniasis: history, morphology, culture, life cycle, pathogenesis and clinical findings, lab diagnosis, treatment, prevention.
6	1	1	Trypanosomiasis	Trypanosomiasis: history, morphology, life cycle, pathogenesis and clinical findings, lab diagnosis, treatment, prevention.
7	1	1	Blantidium coli and Isospora	Blantidium coli and isospora: - history, morphology, pathogenesis and clinical findings, lab diagnosis, treatment, prevention.
8	1	1	Malaria	Malaria: history, geographical distribution, epidemiology, life cycle, pathogenesis, clinical findings, malaria in pregnancy, malaria in children, complication of malaria, lab diagnosis, treatment, prevention.
9	1	1	Cryptosporidium, Toxoplasma Gandhi	Cryptosporidium, toxoplasmosis: history, morphology, pathogenesis and clinical findings, lab diagnosis, treatment, prevention.
10	1	1	Ascaris Lumbricularis	Ascaris lumbricularis: - history, morphology, life cycle, clinical findings, lab diagnosis, treatment, prevention.
11	1	1	Entrobius Vermicularis, Wuchereia Boncrofti	Entrobius vermicularis, wuchereia boncrofti: - history, morphology, life cycle, clinical finding, lab diagnosis, treatment, prevention history, morphology, life cycle, clinical finding, lab diagnosis, treatment, prevention
12	1	1	Ankylostoma Doudenalis, Necator Americans	history, morphology, life cycle, clinical findings, lab diagnosis, treatment, prevention
13	1	1	Strongloidium Stercoralis	Strongloidium stercoralis: - history, morphology, life cycle, clinical findings, lab diagnosis, treatment, prevention.
14	1	1	Trichnella Spiralis, Trichuris Trichuria	History, morphology, life cycle, clinical findings, lab diagnosis, treatment, prevention.tenia saginata, tania solium: - history, morphology, life cycle, clinical findings, lab diagnosis, treatment, prevention.
15	1	1	Hymenolipis Nana, Echinococcus Granulosis, Diphylobotherium Lateum:	Hymenolipsis nana, Echinococcus granulosis, Diphyloboterium lateum: history, morphology, life cycle, clinical findings, lab diagnosis, treatment, prevention.
16	1	1	Fasciola hepatica, Paragonimus Vestermani, Schistosomiasis	Fasciola hepatica: history, morphology, life cycle, clinical findings, lab diagnosis, treatment, prevention. Paragonomiasis: history, morphology, life cycle, clinical findings, lab diagnosis, treatment, prevention. schistosomiasis: history, morphology, life cycle, clinical findings, lab diagnosis, treatment, prevention

## Skills

1-I a	boratory Diagnosis of Malaria & Lieshmania							
I-Lu	bordiory Diagnosis of Maidrid & Liestinana							
2-Sto	pol examination for cysts							
	Collection and transport of stool sample for parasites							
	Direct examination (saline and iodine preparations)							
	☐ Concentration of stool for parasites							
	Identification of cysts							
3. St	ool examination for intestinal nematodes and cestodes							
	Collection/transport and concentration of sample							
	Identification of ova of intestinal nematodes and cestodes							
	Identification of adult worms and larves							
Teac	hing & Learning metodology							
	Lectures							
	Small group discussions							
	Tutorials							
	Skills classes							
Text	books & Reference books Recommended (Last editions)							
	Harold W.Braun. Basic Clinical Parasitology.							
	Elizabeth A.Zeibig.Clinical Parasitology.							
	CK Jaram Panikar. Textbook of Medical Parasitology.							
	Abhay R.Satoskar, Gary L.Simon.Medical Parasitology.							
	XVII-CLINICAL PHARMACOLOGY							
Goal								
	broad goals of teaching pharmacology to graduates are; to impart knowledge, skills and							
	ides to the students so that they can prescribe drugs safely, effectively and maintain							
	bettency in professional life. To instill in them a rational and scientific basis of							
_	peutics.							
	rning Objectives							
A-Kı	owledge							
At th	e end of course the student should be able to:							
	Understand pharmacokinetics and pharmacodynamics principles involved in the use of							
	drugs;							
	Understand and identify the various factors that can affect the action of drugs;							
	Know the various routes of drug administration with advantages and disadvantages of							
	these routes;							
	Undertake dosage calculations as appropriate for the patient and be able to select the							
	proper drug and dose for the "at risk population" i.e. patients with kidney or liver							

	diseases, elderlies, pregnant and lactating mothers and children;
	Understand the importance of rational prescribing of drugs and the concept of essential
	drugs& rational use of drugs;
	To be able to identify and monitor adverse drug reactions (ADRs) and appreciate the
	importance of ADR reporting;
	Know the drugs used in systemic illnesses, infections and chemotherapy etc. with main
П	mechanism(s) of action, pharmacokinetics, uses, side-effects and indications;
	Understand the principles and practice of pharmacy;
	Understand the methods in experimental pharmacology, principles of bioassay and be able to correlate drug effects with the action of drugs at the receptors;
	Have knowledge of common drugs and doses used for different ailments;
	Have an understanding of basic mechanism by which a drug acts;
	Should be able to select rationally from the available drugs.
	linical Skills:
	the end of the course, the student be able to:
	Prescribe drugs for common ailments;
	Identify adverse reactions and interactions of commonly used drugs;
	Interpret the data of experiments designed for the study of effects of drugs and
	bioassays which are observed during the study;
	Scan information on common pharmaceutical preparations and critically evaluate drug
	formulations;
	Load the required dose of medicines accurately in hypodermic syringes; inject
	medicines by the intradermal, subcutaneous, intramuscular and intravenous routes using
	aseptic techniques;
	Set-up an intravenous drip and adjust the drip rate according to required dosage;
	Calculate the drug dosage using appropriate formulas for an individual patient;
	Administer the required dose of different drug formulations using appropriate devices
	and techniques (e.g., hypodermic syringes, inhalers, transdermal patches etc.)
	Advice and interpret the therapeutic monitoring reports of important drugs;
	Recognize and report adverse drug reactions to suitable authorities;
	Analyze critically, drug promotional literature for proprietary preparations in terms of:
	- Pharmacological actions of their ingredients
	- Claims of pharmaceutical companies
	- Economics of use
	- Rational or irrational nature of fixed dose drug combinations
	ttitudes & Communication skills:
	ne end of the course, the student shall be able to:
	Communicate with patients regarding proper use of drug
	Take adequate precaution during prescribing drug(s)
	Understand the legal aspects of prescription
	Counsel patients for compliance
	Take adequate care to write prescriptions legibly(easy to read)
	Understand rationality of polypharmacy
	Undate themselves regarding recent advances in pharmacology

## **Course content**

	PHARMACOLOGY (Module 1)					
Disc	Discipline				Basic Biomedical Science	
Dep	artm	ent			Pharmacology	
Cou	rse T	itle			Clinical pharmacology	
Pre-	requi	isites	3		Molecular cell biology, Path	ology, Biochemistry
Cou	rse co	ode			MED6 019	
Aca	demi	e yea	ır		III	
Sem	ester			6	Fall	
N	.1	e C		2	Knowledge	2
Nun	nber (	of Ci	redits	3	Practical	1
	Hou	ırs				
Weeks	Knowledge	Laboratory	Topics		Descrip	otion
1	2	1	Introduction of Pharmacology		Definition of terminologies Role of Clinical Pharmacolog Pharmacokinetics, Route of d (Enteral.Parentral, Topical, O	rug Administration
2	2	1	Introduction of Pharmacology		Pharmacokinetic  - Drug Absorption (simple of Transport. Pinocytosis)  - Factors influencing Drug A  - Drug Distribution  - Protein Binding & Clinic Binding  Pharmacokinetic  - Drug Absorption (simple of Transport. Pinocytosis)  - Factors influencing Drug A  - Drug Distribution  - Protein Binding & Clinic Binding.	Absorption cal Importance of Protein diffusion, Filtration, Active Absorption
3	2		Introduc	ction of Pharmacology	Pharmacokinetic - Elimination of Drugs from - Dose & Factors Influencin Pharmacodynamic - Drugs Mode of action - Drugs Response - Therapeutic Index.	-
			Introduc	ction of Pharmacology	Pharmacodynamic, Factors In Effects, Drugs Adverse React	

4	2	1		
5	2	1	CNS Pharmacology : Sedative-Hypnotics	<ul> <li>Summary Introduction of CNS(Anatomy,Physiology&amp;Biochimistry)</li> <li>Sedative-Hypnotics</li> <li>Introduction &amp; Classification</li> <li>Benzodiazepine Derivatives: Diazepam ,Chlordiazepoxide, Oxazepam,Alprazolam</li> <li>Barbiturates</li> <li>Non-Barbiturates: Glutethimide, Meprobamate</li> <li>Other Sedative-Hypnotics</li> <li>Sedative-Hypnotic Addiction.</li> </ul>
6	2	1	CNS Pharmacology: Narcotic Analgesics	Narcotic Analgesics - Introduction&Classification of Narcotic Drugs - Pharmacokinetic - Mode of action Pharmacologic Effects of Opiates
7	2	1	CNS Pharmacology: Narcotic Analgesics	Narcotic Analgesics - Morphine ,Pethidine, Fentanyl, Pentazocine, Heroin, Codeine, Dextropropoxyphene - Opiate antagonist: Naloxone - Opiate Toxicity & Treatment Content for Presentation included:Clinical Usage, important Side Effects, Contraindications, Cautions& Drug Interaction, Dose, Strength &Dosage form
8	2	1	CNS Pharmacology:  • Drugs Used in Psychological Disorders	I-Neuroleptic Drugs (Chloropromazine,Fluphenazine,Haloperidol,Loxapine) - Classification&Mode of Action - Pharmacological Effects Content for Presentation included: Pharmacokenitic, Mode of Action, Clinical Usage, important Side Effects, Contraindications, Cautions& Drug Interaction, and Dosage.
9	2	1	CNS Pharmacology: Drugs Used in Psychological Disorders	<ul> <li>II-Antidepressants</li> <li>Classification</li> <li>Pharmacokenitic</li> <li>Amitriptylline,Imipramine,Trimipramine,Phenelzine ,Isocarboxazide</li> <li>III-Anti Mania: Lithium Salt:Pharmacokenitic, Mode of Action, Clinical Usage, important Side Effects, Contraindications, Cautions &amp; Drug Interaction, Dose.</li> </ul>
10	2	1	Autonomic Nervous System(ANS) Pharmacology	Introduction of ANS - Anatomophysiology, Receptors & Neurotransmitters Cholinergic Drugs - Introduction&Classification - Pharmacologic Effects. Acetylcholine, Bethanechol, Carbachol, Pilocarpine, Physostigmine, Neostigmine, Pyridostigmine, Edrophonuim. Pharmacokinetic, Mode of Action, Clinical Usage, important Side Effects, Contraindications, Cautions& Drug Interaction, Dose, Strength & Dosage form ,Anticholinesterase Toxicity and Treatment

				Anti Cholinergic Drugs
11	2	1	Autonomic system pharmacology;  o Anticholinergic Drugs o Muscle Relaxants	<ul> <li>-Introduction</li> <li>-Classification</li> <li>-Pharmacologic Effects(Atropine, Hyoscin)</li> <li>Muscle Relaxants</li> <li>-Classification</li> <li>-Pharmacological Effects</li> <li>-Tubocurarine, Pancuronium, Vecuronium, Gallamin, Su xamethoniume, Baclofen, Dantrollen</li> <li>Pharmacokinetic, Mode of Action, Clinical Usage, important Side Effects, Contraindications, Cautions, Drug Interaction, Dose</li> </ul>
12	2	1	Autonomic Nervous System Pharmacology: Adrenergic Drugs	Adrenergic Drugs  Introduction  Classification  Pharmacologic Effects  Adrenaline, Nor-Adrenaline, Isoprenaline, Dopamine, Phenylephrine, Salbutamol, Ergometrine.  Pharmacokinetic, Mode of Action, Clinical Usage, important Side Effects, Contraindications, Cautions& Drug Interaction, Dose.
13	2	1	Autonomic Nervous System Pharmacology: Anti Adrenergic Drugs	Anti Adrenergic Drugs  Introduction  Classification  Pharmacological effects  Methyldopa, Trimethaphan, Prazocine.  Propranolol, Atenolol, Metoprolol  Pharmacokinetic, Mode of Action, Clinical Usage, important Side Effects, Contraindications, Cautions& Drug Interaction, Dose, Strength & Dosage form
14	2	1	Drugs Used in Obstetrics/ Non Steroidal Anti-Inflammatory Drugs (NSAIDs)	Tocolytics(Salbutamol)     Oxytocic(ergometrine,oxytocine)  Non Steroidal Anti-Inflammatory Drugs (NSAIDs)     Introduction &Classification of NSAIDs     Mode of action  Pharmacokinetic, Mode of Action, Clinical Usage, important Side Effects, Contraindications, Cautions&Drug Interaction, Dose, Strength & Dosage form.
15	2	1	Non -Steroidal Anti-Inflammatory Drugs(NSAIDs) / Drugs Used in Gout and Migraine	Aspirin, Ibubrufen, Indomethacin, Naproxen, Diclofenac, Piroxicam, Phenylbutazone, Analgesic and Antipyretic Drugs: Paracetamol, Other Anti Inflammatory Drugs: Penicillamin, Gold Salt, Drugs Used in Gout: Colchicine, Allopurinol, Drugs Used in Migraine Drugs used in acute attack of migraine: Triptans, Ergotamine, Drugs used in migraine prophylaxis Content for Presentation included: Pharmacokinetic, Mode of Action, Clinical Usage, important Side Effects, Contraindications, Cautions& Drug Interaction, Dose, Strength & Dosage form
16	2	1	Histamine & Antihistaminic Drugs	Histamin& Anti Histaminic Drugs - Introduction - Mode of Action of Histamine

	Antihistaminics:     hlorphenamin(Chlorpheniramine),     Diphenhydramine, Promethazine, Cyproheptadine,     Dimenhydranate, Cinnarazine, loratadine,Cetrizin     Classification&Pharmacologic Effects Pharmacokinetic, Mode of Action, Clinical Usage,     important Side Effects, Contraindications, Drug Interaction & Cautions, Dose, Strength & Dosage     form
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			C	LINICAL PHAR	MACOLOGY ( Module 2	2)	
Disc	ciplir	ne			Basic Biomedical Science		
Dep	artn	nent			Pharmacology		
Cou	ırse '	Γitle			Clinical pharmacology		
Pre	-reqı	iisite	s		Pharmacology <sup>1</sup>		
Cou	ırse (	code			MED7 019		
Aca	dem	ic yea	ar		IV		
Sen	neste	r		7	Spring		
Nin	nhar	of C	redits	3	Knowledge	2	
INUI	прет	or C	reuris	3	Practical	1	
Weeks	Knowledge	laboratory	Topics		Descri	ption	
1	2	1	Digestive Sys	stem Pharmacology	clopramide  Drugs Used in Peptic U	rs (Cimetidine, Ranitidine, e) tors(Omeprazole) renzepine ogue (Misoprosto)l Action, Clinical Usage, traindications, Drug	
2	2	1	Digestive Sys	stem Pharmacology:	□ Antacids: Aluminum Hydroxide,MagnessiumF te,Calcium Carbonate □ Stomach Mucose Memb (Sucralfate)	Hydroxid,SodiumBicarbona  brane Protectants	

				☐ H. Pylori Treatment
				<ul> <li>Laxatives: Classification</li> <li>Ispaghula Husk, Bisacodyl , Senna, Liquid Paraffine,</li> <li>Magnesium Salt</li> </ul>
				☐ <b>Drugs Used in Diarrhea (Symptomatic)</b> Oral Rehydration Salt(ORS),Diphenoxylate,
				Loperamide Pharmacokinetic, Mode of Action, Clinical Usage, Important Side Effects, Contraindications, Drug Interaction & Cautions, Dose, Strength & Dosage form
3	2	1	Respiratory System Pharmacology	□ Bronchodilators - Adrenergic - Xanthine Derivatives - Anticholinergics - Cromolyn Sodium - Steroids □ Drugs Used in Cough ;Codeine ,Dextromethorphan, Pholcodein □ Mucolytics(Acetylcystein,Carbocystein) □ Expectorants Pharmacokinetic, Mode of Action, Clinical Usage, Important Side Effects, Contraindications, Cautions & Drug Interaction, Dose, Strength & Dosage form
4	2	1	Diuretics	☐ Introduction ☐ Definition & Classification Acetazolamide Furosemide, Chlorothiazide, Hydrochlorothiazide,Spironolactone, Triamterene Mannitol Pharmacokinetic, Mode of Action, Clinical Usage, Important Side Effects, Contraindications, Cautions & Drug Interaction, Dose, Strength & Dosage form.
5	2	1	Cardiovascular System Pharmacology	□ Cardiotonics - Introduction - Digoxine ,Digitoxine □ Anti Arrhythmic Drugs - Introduction&Classification - Quinidine ,Procainamide, Lidocaine, Phenytoin - Propranolo, Metoprolol,Atenolol Esmolol - ,Bretylium,Amiodarone, - Verapamil,Diltiazem,Nifidepine - Digoxin Pharmacokinetic, Mode of Action, Clinical Usage, Important Side Effects, Contraindications, Cautions& Drug Interaction, Dose, Strength & Dosage form
6	2	1	Cardiovascular System Pharmacology	<ul> <li>□ Drugs Used in Angina Pectoris</li> <li>Introduction &amp; Classification</li> <li>Nitrites: GlycerylTinitrate, IsosorbidDinitrate</li> <li>C a channel blockers: Nifidepin, Diltiazem</li> <li>Betablockers:Propranolol, metoprolol, Atenolol</li> <li>□ Drugs Used in Hypertension</li> <li>Introduction &amp; Classification</li> </ul>

7	2	1	Blood Pharmacology (Drugs Used in Blood Disorder)	<ul> <li>Methyldopa,Prazosine, Propranolol, Atenolol, Amlodipine, Nifidepin, Enalapril,Captopril,losartan, Hydralazine ,Sodium Nitroprusside</li> <li>Pharmacokinetic, Mode of Action, Clinical Usage, Important Side Effects, Contraindications, Cautions &amp; Drug Interaction, Dose, Strength &amp; Dosage form</li> <li>Drugs Used in Anemia         <ul> <li>Ferrous Sulphate, Iron Dextran, Iron Toxicity, Hydroxycoblamin</li> <li>Folic Acid</li> <li>Drugs Used in Coagulation Disorder</li> <li>Introduction &amp; Classification</li> <li>Heparin, Warfarin, Aspirin,</li> </ul> </li> <li>Pharmacokinetic, Mode of Action, Clinical Usage, Important Side Effects, Contraindications, Cautions&amp;</li> </ul>
8	2	1	Blood Pharmacology (Drugs Used in Blood Disorder)	Drug Interaction, Dose, Strength & Dosage form  Drugs Used in Coagulation Disorder Thrombolytics: Streptokinase and Others. Drugs Used in Bleeding disoirders: Protamine Sulfate, Phytomenadion Drugs Used in Dyslipidemia: Statins, Nicotinic Acid, fibrates, Anion – exchange Resins, Pharmacokinetic, Mode of Action, Clinical Usage, Important Side Effects, Contraindications, Cautions & Drug Interaction, Dose, Strength & Dosage form
9	2	1	Blood Products and Plasma Substitutes Pharmacology	Introduction,Dextran 70 ,Polygeline,Albumine- Human,ORS,Glucose,Sodium Chloride,Ringer Lactate,Sodium Bicarbonate . Pharmacokinetic, Mode of Action, Clinical Usage, Important Side Effects, Contraindications, Cautions& Drug Interaction, Dose, Strength & Dosage form
10	2	1	Hormones Pharmacology	Introduction, Classification, ACTH, Oxytocine, Vasopressine, Levothyroxine, Propylthiouracil, Potassium Iodide. Pharmacokinetic, Mode of Action, Clinical Usage, Important Side Effects, Contraindications, Cautions& Drug Interaction, Dose, Strength & Dosage form
11	2	1	Hormones Pharmacology	☐ Insulin & Oral Anti-Diabetic Agents Introduction,Insulin,Oral Antidiabetic Drugs: sulfonylureas (Glibenclamide),Biguanides (Metformine), Thiazolidinediones(Rosiglitazone) Glucosidase inhibitors (Acarbose), Meglitinides (Repaglinide) ☐ Content for Presentation included: Pharmacokinetic, Mode of Action, Clinical Usage, Important Side Effects, Contraindications, Cautions & Drug Interaction, Dose, Strength & Dosage form
12	2	1		☐ Corticosteroids& Mineralocorticoids: Introduction Corticosteroids,Mode of action Pharmacologic effects,Prednisolon,Dexamethasone,Hydrocortisone,Tri amcinolone,Betamethasone

13	2	1	Hormones Pharmacology	□ Content for Presentation included: Pharmacokinetic, Mode of Action, Clinical Usage, Important Side Effects, Contraindications, Cautions & Drug Interaction, Dose, Strength & Dosage form  □ Steroid Hormones - Itruduction - Estrogens & Anti estrogens - Progestines - Endrogens - Steroid Anabolic Pharmacokinetic, Mode of Action, Pharmacological effects, Clinical Usage, Important Side Effects, Contraindications.
14	2	1	General Anesthetics	<ul> <li>□ General Anesthetics: Definition, Classification, Mode of Action, Stages of Anesthesia,</li> <li>□ Inhaler general Anesthetics (Pharmacokenitic, Pharmacological Effects), Halothane, Nitrous Oxide,</li> <li>□ general Anesthetics: Ketamin, Thiopental, Propofol</li> <li>□ Premidication</li> <li>Pharmacokenitic, Mode of Action, Clinical Usage, important Side Effects, Contraindications, Cautions.</li> </ul>
15	2	1	Local Anesthetics	□ Local Anesthetics: Definition, Classification, Pharmacokenitic, Mode of Action, Pharmacological Effects, Mode of Administration., Lidocaine, Bupivacaine, , Procaine, Tetracaine, Clinical Usage, important Side Effects, Contraindications, Cautions, Drug Interaction, Dose, Strength & Dosage form
16	2	1	Vitamins & Minerals	Vitamin D,Vitamin A: Introduction&Classification, Pharmacokinetic, Mode of Action, Clinical Usage, important Side Effects, Contraindications, Cautions, Drug Interaction, Dose, Strength & Dosage form

	PHARMAC	COLOGY (Module 3)
Discipline		Basic Biomedical Science
Department		Clinical pharmacology
Course Title		Antibiotics, Rational use of drugs & Prescription writing
Pre-requisites		Pharmacology (module 1 & 2)
Course code		MED8 019
Academic year		IV
Semester	8	Fall
		Knowledge 1
Number of Credits	1	Practical
Hours		

	Knowledge	practical	Topics	Description
1	1		Anti-infective and Anti - microbial Drugs	<ul> <li>□ Introduction</li> <li>□ Classification</li> <li>□ Factors that influence the successful infectious chemotherapy</li> <li>□ Resistance to Antimicrobial</li> <li>□ Selection of proper Antibiotics.</li> </ul>
2	1		Anti-infective and Anti Microbial Drugs	<ul> <li>□ Dose of the Antimicrobials</li> <li>□ Combination of Antibiotics</li> <li>□ Chemoprophylaxis</li> <li>□ Irrational Use (Misuse) of Antibiotics</li> <li>□ Sulphonamides.</li> </ul>
3	1		Anti-infective and Anti Microbial Drugs	☐ Beta Lactam Antibiotics  Content for Presentation included: Pharmacokinetic,  Mode of Action, Clinical Usage, Side Effects, Important Contraindications, Cautions & Drug Interaction, Dose, Strength & Dosage form
4	1		Anti-infective and Anti Microbial Drugs	☐ Cephalosporines ☐ Aminoasglycosides ☐ Macrolides Pharmacokinetic, Mode of Action, Clinical Usage, Side Effects, important Contraindications, Cautions & Drug Interaction, Dose, and Strenght & Dosage form.
5	1		Anti-infective and Anti Microbial Drugs	<ul> <li>☐ Chloramphenicol</li> <li>☐ Tetracycline</li> <li>☐ Quinolones</li> <li>Pharmacokinetic, Mode of Action, Clinical Usage, Side Effects, Contraindications &amp; Cautions, important Drug Interaction, Dose, Strength &amp; Dosage form.</li> </ul>
6	1		other Anti-infective drugs used for Anaerobic infections	<ul> <li>□ Lincosamides (clindamycine)</li> <li>□ Glycopeptide (vancomycine)</li> <li>□ Polypeptides(polymyxin &amp; Colistin)</li> <li>□ Bacitracin</li> <li>□ Sodium Fusidate</li> <li>□ Fosfomycin.</li> </ul>
7	1		Lincosamides(clindamycine) Glycopeptide(vancomycine) Polypeptides(polymyxin & Colistin) Bacitracin Sodium Fusidate Fosfomycin	Introduction Amphotericine B ,Ketoconazol, Clotrimazole,Fluconazol, Miconazole, Griseofulvin, Nystatine, Salicylic Acid+Benzoic Acid, Sodium thiosulfate, Content for Presentation included: Pharmacokinetic, Mode of Action, Clinical Usage, Important Side Effects, Contraindications , Cautions & Drug Interaction.Summary Introduction of Anti TB Drugs.INH,Rifampicin,pyrazinamide,streptomycin,Etha mbutol, Ethionamide,Para-Amino Salicylic Acid.

			Meglumine antimonite & Sodium Stibogluconate, Pentamidine, Dopson, Ethionamide, Clofazimine, Rifampicin. Note: Anti TB, Anti leshmanial & antileprosy drugs are Special National health Programs & presenting in infectious diseases in detail, therefore to prevent duplication in pharmacology there is a brief presentation.
8	1	Anti-Protozoal Drugs(Anti- Amebic) Anti- Anthelmentics Protozoal Drugs(Anti- Lieshmaneal	Antiamebics:Introduction,Metronidazol,Tinidazol,Emeti ne,Diloxanid Furoate,Tetracycline, Paromomycine, Diiodohydroxyquine Anthelmenthics, Introduction Levamisole, Mebendazol, Niclosemide, Piperazine, Pyrantel, Albendazol Content for Presentation included: Pharmacokinetic, Mode of Action, Clinical Usage, Important Side Effects, Contraindications, Cautions & Drug Interaction.
9	1	Anti-Protozoal Drugs(Anti- Malarial)	Antimalarial Introduction □ Chloroquine, Quinin, Primaquin, Sulfadoxine + Pyrimethamine, Artimisinin & their derivatives.
10	1	Antiseptics & Disinfectants	Antiseptics & Disinfectants Pharmacokinetic, Mode of Action, Clinical Usage, Important Side Effects, Contraindications, Cautions & Drug Interactions, Dose, Strength & Dosage form.
11	1	Rational Use of Drugs and Essential drugs	<ul> <li>☐ Introduction</li> <li>☐ What is rational use of drug</li> <li>☐ Examples of irrational drug use</li> <li>☐ Concept of essential drugs.</li> </ul>
12	1	Adverse Impact of irrational drugs use &Underlying Factors of irrational drug use Strategies to improve Drug Use	Adverse Impact of irrational drugs use  Impact on quality of drug therapy & medical care Impact on cost Psychosocial impact factors Underlying on irrational use of drugs Health System Prescriber Dispenser Patient &community
13	1	The Process of Rational Treatment	<ul> <li>□ Define the Patient's Problem</li> <li>□ Specify the therapeutic Objective</li> <li>□ Verify the Suitability of your P-drug(Introduction of P-drugs</li> <li>&amp; Example of Selecting a P-drug for a specific disease e.g. Amebiasis etc.)</li> <li>□ 3A: Are the active substance and Dosage form suitable for this patient?</li> <li>□ 3B: Is the Standard dosage Schedule suitable for this patient?</li> <li>3C: Is the Standard duration of treatment suitable for this patient?</li> </ul>

14	1	The Process of Rational Treatment	☐ Prescription Writing ☐ Give information, Instruction and Warnings Monitor (and Stop?) the Treatment.
15	1	Sample of Prescription	☐ Discussion on few assumed Prescription.
16	1	Keeping up-to-date Essentials of Pharmacology in daily Practice	<ul> <li>☐ How to keep up-to-date about drugs</li> <li>- Make an inventory of available information</li> <li>- Choose between source of information</li> <li>- Efficient reading(hard copies and web based valid information sources)</li> <li>☐ Essentials of Pharmacology in daily Practice</li> <li>- Introduction</li> <li>- Pharmacodynamics</li> <li>- Pharmacokinetics</li> <li>- Drug treatment.</li> </ul>

#### Skills

- ☐ Experimental exercise on pharmacy
  - General principles of pharmacy
  - Prescription writing exercises
  - Preparation and dispensing of powders, emulsions ointments, mixtures, liniments, suppositories and syrups
  - Spotting exercise Identify the commonly used items in Pharmacology
- ☐ Exercises on drug interactions

#### Teaching and learning methodology

It shall be taught by way of lectures. Each lecture session will be planned to deliver maximum relevant information to the student. The clinical aspects as well as rationality of use of a given drug shall be discussed with the students. In addition, seminars on some important topics will be planned in which the use of a given drug shall be discussed by a clinical expert in the field. The pharmacology teaching shall be done with the goals of making the student understand the concept of rational use of drugs.

#### Skills

The given skills exercise shall be discussed and demonstrated beforehand to the students. In addition, the students will learn prescription writing and discuss exercise on drug interactions and shall also be shown various spots. The spots shall include various chemicals, drugs and instruments used in pharmacology.

### **Textbooks & Reference Recommended (Last editions)**

□ Basic & Clinical Pharmacology, Bertram G.Katzung.
 □ Pharmacology, Lippincott.
 □ Drug Benefit and Risks, International textbook of Clinical Pharmacology, CJVan Boxtel.
 □ Goodman, Gillman pharmacological basis of Therapeutics.
 □ Principles of Pharmacology, Pathophysiologic Basis of Drug therapy, David E.Golan.
 □ Clinical Pharmacy and Therapeutics, Roger Walker.
 □ Rang and Dale's Pharmacology.
 □ Modern Pharmacology with Clinical Applications, Chales R.Craig.

☐ Netter's Ilastrated Clinical Pharmacology.

## XVIII-CLINICAL ANESTHESIOLOGY

Goa	ls
	The purpose of anesthesia training for medical students is not to make anesthesiologists out of all medical students, but to give students knowledge of basic concepts used in anesthesia and to teach them skills of airway management and vascular access that may be useful to them in other areas of medical practice.
	The physician should have a good knowledge of what the anesthetic will do to the patient, even though the physician does not administer it him or herself.
	The student, therefore, should observe and study the physiological changes which take place in the anesthetized patient. When these changes are of sufficient magnitude, they become complications or toxic effects. The student should learn what these are, how they are caused, and how they may present and be treated.
	Emphasis should be laid on good preoperative preparation. Students should learn basic techniques of maintaining a clear airway and giving assisted or artificial ventilation.
	They should also learn how to position the patents head, how to hold the chin and how
	to insert an airway. Medical students should learn enough about an anesthetic machine.
	In addition to these technical accomplishments, the student may have the opportunity to
	administer either general or spinal anesthesia under the direct and constant supervision
<b>.</b>	of a member of the staff.
Leai	rning objectives
$\Lambda_{-}K_{1}$	nowledge
	students, at the end of their posting should be able to:
	Introduce principles of acute medicine as it is practiced in managing the anesthetized
	patient in the operating room and in managing the patient in the recovery unit;
	Discuss and demonstrate principles of applied physiology and applied pharmacology;
	Simulation on Human-Patient Simulator (HPS) is ideal to teach many aspects of applied physiology and pharmacology;
	Review principles of resuscitation (cardiopulmonary);
	Teach care of the unconscious patient, including airway and ventilation management;
	Teach management of blood ,fluid, electrolyte balance, and metabolic disturbances in the surgical patient, with specific emphasis on those derangements which are encountered in the anesthetized patient;
П	Review management of acute and chronic pain problems;
	Introduce concepts of drug interactions, especially as they apply to patients receiving anesthesia;
	Demonstrate the evaluation of patients relative to surgical and anesthetic risk;
	Teach appropriate preoperative preparation of patients subjected to surgery and anesthesia;

Introduce the various techniques of anesthesiology;

	Pharmacology of muscle relaxant, application and monitoring;
	Pharmacology: Basic / Applied of local anesthetics: Various types of blocks
	advantages / Problems with each. Descriptions for same main blocks. Local
	infiltration, brachial plexus, caudal etc.
3 <u>-S</u> 4	kills (logbook)
	Maintenance of clear airway;
	Bag Mask Ventilation;
	Starting a venous access;
	Cardiopulmonary Resuscitation-CPR(Basic and advanced);
	Giving a simple infiltration block, Some nerve block;
	Performing a lumbar puncture-LP;
	I/V Cannulation;
	Oropharyngeal /Nasopharyngeal Airway insertion;
	Bag Mask Ventilation first on Manikin;
	Mask Ventilation in unconscious patient;
	Attaching pulse oximeter, BP cuff and electrocardiography (ECG) electrodes and setting
	up a monitor;
	Demonstration of epidural/nerve block;
	LMA (Laryngeal Mask Airway) insertion demonstration;
	Intubation demonstration;
	CPR on manikin.

## **Course content**

	ANESTHESIOLOGY						
Disc	ipline	)			Clinical Science and Skills		
Dep	artme	nt			Anesthesiology & Reanimation	1	
Cou	rse tit	le			Anesthesia		
Pre-	requi	sites			Basic Biomedical Sciences		
Cou	rse co	de			MED9 030		
Aca	demic	year			IV		
Sem	ester			9	Spring		
Nun	nber o	f Cro	dite	2	Knowledge	1	
INUI		n Cit	curts		Clerkship	1	
Weeks	Knowledge	Clerkship	To	pics	Descripti	ons	
1	1	1	History of Anes	sthesia	Pain and anesthesia, ,the early h	nistory of anesthesiology	

2	1	1	preoperative evaluation and preparation of the patient	Evaluation of the patient Classification of the patient physical status Premedication.
3	1	1	Intubation	Laryngoscopy, Indication of Intubation, Difficult Intubation, Complication of Intubation.
4	1	1	Techniques of Induction of Anesthesia	General Anesthesia, Loco-regional anesthesia Acupunctural Anesthesia, Phases and signs of General Anesthesia.
5	1	1	General Anesthesia	Ether, Nitrous, Oxide, Halothan, Methoxyfluran, Enfluran, Isofluran, Dysfluran, Sevofloran, Thiopental, Ketamine, Propofol
6	1	1	Complication of Anesthesia	Peri-operative Complication, Post-operative Complication
7	1	1	Neuromuscular blockers (Muscle relaxants)	Succinylcholine, D-Tubucurarine, Gallamine, Pancuronium, Non-depolarizing Muscle relaxants Antagonists.
8	1	1	Loco-Regional Anesthesia	Local Anesthesia prototype, topical, infiltration, Nerve block, regional or field block, systemic toxicity.
9	1	1	Spinal and Epidural Anesthesia	Definition, Anatomy of Spinal Cord, Techniques of Spinal and Epidural Anesthesia ,Complication of Spinal and Epidural Anesthesia
10	1	1	Neuroleptic Anesthesia	Definition, relaxogen, Post-narcosis phase
11	1	1	Intravenous Fluid therapy &Blood transfusion	Descriptions & indication of various Solutions (Glycosides, Normal Saline, Ringer lactate, Sodium bicarbonate, Amino acid, MgSO <sub>4</sub> , Blood Plasma Substitute Solutions, Fat Emulsions), Evaluation and Decision on Blood Transfusion, Types of transfusion
12	1	1	ICU monitoring and Post- operative care	Vital signs monitoring, Respiratory Gas Analysis, Affected System, patient discharge criteria from a recovery ward
13	1	1	Pain management	Negative effects of pain, types of pain, Goals of pain treatment.
14	1	1	Cardiopulmonary Resuscitation(CPR)	Definition, Etiology, Clinic, Drugs And Defibrillation Treatment.
15	1	1	Acute Respiratory Failure	Definition ,Etiology, Resuscitation of Acute Respiratory Failure
16	1	1	Tracheostomy	Type of Tracheostomy ,Techniques of Tracheostomy

### Teaching-Learning Methodology

Teaching and learning in anesthesiology should be guided through a series of posting in which the emphasis is laid on skills hands —on experience.

Human patient simulator (HPS) is used for better skill development and to reduce the danger to the patients during the learning curve of student. To allow repeat practice according to

abili	ty of the student to reach the level of competence needed.								
	book for Skills								
	I/V Cannulation-5times								
	Oropharyngeal /Nasopharyngeal airway insertion -10times								
	Bag Mask Ventilation first on Manikin-5times								
	Mask Ventilation in unconscious patient -5times								
	Attaching pulse oximeter ,BP cuff and ECG								
	Applying electrodes and setting up a monitor-5times								
	Lumbar puncture -2times								
	Infiltration block -2times								
	Demonstration of epidural/nerve block -2times each								
	LMA(Laryngeal Mask Airway) insertion demonstration -5times								
	Intubation demo -5times								
	CPR (cardiopulmonary resuscitation)on manikin-5times								
Text	books & reference Books Recommended (last editions)								
	Fundamentals of Anesthesia, Hugh C HemmingsMD, PhD.								
	Clinical Anesthesiology, G, Edward Morgan, Jr.								
	Morgan & Mekhails, Clinical anesthesiology, John F.Botterworth, David C Macky.								
	Anesthesiology, David E.Longnecker.								
	Miller's Anesthesiology.								
	XIX- BASICS OF PUBLIC HEALTH								
	MM- Distributed of Tobbic Health								
Leav	ning objectives								
	the end of the course, the student would be able to:								
	Understand the Basics concept of public health;								
	Understand the Medicine progress in different periods of human history;								
	Understand Health, Germ theory of disease, level of health care;								
	Describe and evaluate health determinants;								
	Recognized health indicators which recommended by WHO and National health								
_	indicators;								
	Understand disease, risk factor, causation;								
	Understand primary health care and family medicine.								

### **Course contents**

## BASICS OF PUBLIC HEALTH

Disc	ipline	<b>;</b>			Behavioral and Social Sience and Medical Ethics		
Dep	artme	ent			Health Management and Administration Department		
Cou	rse tit	le			Basics of Public Health		
Cou	rse co	de			MED5 020		
Aca	demic	year			III		
Sem	ester			5	Spring		
					Knowledge	1	
Nun	ıber o	of Cre	dits	2	Practical	1	
Weeks	Weeks  Hours  Practical  Topics			pics	Desc	criptions	
1	1	1	History of Medic	cine	periods of human life from Antiquity and primitive n	dicine History in different m history of Medicine in medicine to Dawn of scientific dicine and Modern medicine.	
2	1	1	Germ theory of	disease	Definition of medicine, b modern medicine, curativ medicine and community		
3	1	1	Health and healt	h determinants	introduction of different of social and economic envi	duction of scope of health, determinants of health such as ronment, physical son's individual characteristics	
4	1	1	Introduction of p	public health		alth, purpose and scope of s of public health, importance	
5	1	1	Essentials of public health		empowerment, Communi of policy and plans, Enfo protect and ensure public to needed personal health public and personal health Effectiveness, Accessibil	tion, education and people ty mobilization, Development rece laws and regulations that health and safety, Link people services, Assure a competent h care workforce, Evaluation ity, and Quality of health research for new insights and	
6	1	1	Concepts of health and disease			ging concept of health, logical concepts, sociological , Definitions and Dimensions	
7	1	1	Concepts of <i>Qua</i> standards of life	lity of life and		life, Concepts of well-being, living, Physical Quality of	

8	1	1	Health & development	Concepts of development, health and development, importance of health to development, Human Development indexes; education index, human poverty index.
9	1	1	Health Indicators	Introduction of health indicators; morbidity rate, mortality rate, dead rate, crude dead rate, life expectancy, National health services coverage indicators and WHO recommended health.
10	1	1	Health services philosophies	Health care, introduction of health care characteristics; Appropriateness, Comprehensiveness, Accessibility, Feasibility, Affordability and Adequacy, level of health care.
11	1	1	Concepts of disease	Definitions of disease, illness and sickness, theory of disease and introduction of differences between them, spectrum of disease.
12	1	1	Concepts of causation	Concepts of causation, theory of disease, Epidemiological triad, Multi-factorial causation, web of causation, natural history of disease.
13	1	1	Risk factors	What is Risk factor? Risk factors and health problems, high risk group people, risky behavior.
14	1	1		Definition, types of primary health care, Almata declaration principles of PHC
15	1	1	Primary Health Care (PHC)	BPHS Elements: Maternal and newborn care, Child health and immunization, Public nutrition, Communicable Diseasese Control, Mental health, Disablity and physical rehabilitation, Eye care & Regular supply of Essential drugs.
16	1	1	Family medicine	Introduction of family medicine, principles of family medicine, general practice or family medicine, Basics and foundation of family medicine.

## XX-BEHAVIORAL SCIENCES AND HEALTH EDUCATION

#### Learning objectives

At the end of the course, the student would be able to:

- Understand the concept of behavioral sciences and heath education/promotion;
   Understand human behavior and its application in patient care;
- Use principles of ethics in common clinical situations and dilemmas;
- Understand the concept of motivation, its impact on human behavior and illness related behavior;
- ☐ Identify different social and anthropological factors operating upon health and disease states;

Understand different types of emotions and their impact on health of the individual.;
Define learning; comprehend different types of learning and conditioning. State method
of effective learning and demonstrate application of learning in treatment;
Understand different cognitive processes, comprehend memory process, describe shor
term memory and differentiate with long term memory;
Use principles of ethics in common clinical settings;
Deal with the common psychological reactions seen in Doctor- patient relationship;
Comprehend concept of thinking and its application to health care;
Understand health education and contents of health education;
Discuss the principles and process of communication for health education.

## **Course contents**

	BEHAVIORAL SCIENCE & HEALTH EDUCATION						
Disc	ipline	)			Behavioral and Social Sience and Medical Ethics		
Dep	artme	ent			Behavioral science /Health education		
Cou	rse Ti	itle			Behavioral science & Health education		
Cou	rse co	de			MED6 021		
Aca	demic	year	•		III		
Sem	ester			6	Fall		
Nun	nber o	of Cra	odite	1	Knowledge 1		
Null	iibei (	л Ст	eurts	1	Practical		
Weeks	Theory	Practical	Topics		Descriptions		
1	1		Introduction to B Sciences	ehavioral	Traditional vs holistic medicine, what are behavioral sciences?, biopsychosocial model of health care, non-pharmacological interventions(NPIs)in clinical practice,		
2	1		Introduction to B Sciences	ehavioral	Crisis intervention/ disaster management, conflict resolution, breaking the bad news, empathy amongst medical students.		
3	1		Medical Ethics Pr and Doctor- Patie		Relevance of ethics in the life of doctor, scope of meaning of medical ethics, common medical omissions in medical practice, ethical dilemmas in a doctor's life, rights & responsibilities of patients, doctor- patient relationship, professionalism in health care: how to access attitude?		
4	1		Use of Principles in Medical Practi		Learning, metacognition, memory, perception,		

5	1	Use of Principles of Psychology	Thinking, emotions, motivation,
		in Medical Practice	
6	1	Use of Principles of Psychology in Medical Practice	Intelligence, personality development, personality types.
7	1	Sociology and Anthropology in Health and Disease	Culture, beliefs, values and norms, social structure, roles, family, child rearing practices, death and dying, health belief models, social support, role of religion, treatment adherence, stigma, sick role, culturally relevant care and cultural sensitivity.
8	1	Psychosocial aspects of health and disease	Psychosocial aspect of health, psychosocial aspects of disease, reaction of the patient to illness and hospitalization,
9	1	Psychosocial aspects of health and disease	Psychosocial issues in special hospital setting, common psychiatric disorders in general health settings, stress and its management, Psycho trauma.
10	1	Psychosocial aspects of health and disease	Psychosocial aspects of pain, psychosocial aspects of sleep and awareness, psychosocial aspect of aging, coping with death, psychosocial peculiarities of dentistry.
11	1	Health Education/Promotion	Definition of key terms, Health, health education, health literacy, health promotion, life style, population risk continuum, prevention, primary health care, quality of life, and wellness, relationships between health education and health literacy.
12	1	Health education and behavior	Changing concept, aims and objective, role of health care providers, approach to health education, model of health education, contents of health education.
13	1	Principles of Health education	Credibility, interest, participation, motivation, comprehension, reinforcement, learning by doing, known to unknown, setting on example, good human relation, feedback.
14	1	Practice of health education	Individual aids, methods in health communication, individual approach, individual approach, group approach, mass approach- education of the general public.
15	1	Communication for health education	The communication process, types of communication.
16	1	Communication for health education	Barriers of communication, health communication, functions of health communication.

## XXI-PUBLIC HEALTH NUTRITION

#### a- Learning objectives

## At the end of the course the student should be able to:

- ☐ Understand development of nutrition in public health;
- ☐ Describe the main food components (carbohydrates, proteins, fats, vitamins and minerals) and their dietary sources;
- ☐ Express human nutritional requirements;
- ☐ Understand the development of food based dietary guidelines;
- ☐ Describe the deficiency disorders (both macro & micro-nutriental status);
- ☐ Explain healthy diet and nutrition education & promotion;
- ☐ Describe the various methods of measuring the nutritional status;
- Assess the nutritional status of the community;
- Describe and prioritize the nutritional problems in Afghanistan;
- ☐ Define the importance of food and nutrition policy;
- ☐ Describe the nutritional programs in Afghanistan;
- ☐ Understand the evaluation of nutrition status;
- ☐ Identify food safety.

#### Skills

- □ Nutritional status assessment in community (for exercise) presentation
- ☐ Food adulteration.

	PUBLIC HEALTH NUTRITION						
Disci	pline				Behavioral and Social Si	ence and Medical Ethics	
Depa	rtment				Behavioral science /Healt	h education	
Subje	ect				Public Health Nutrition		
Cour	se code				MED6 020		
Acad	emic ye	ear			III		
Seme	ster			6	Fall		
					Knowledge	1	
Num	ber of (	Credit	S	1	Practical		
Weeks	Hot Knowledge	Practical	Topics		Descr	riptions	
1	1		The Nutrition science basis to public health Nutrition		The origins of modern nutr nutrition, dietary imbalance		

2	1	Main food component:	Macronutrient(protein,fat,carbohydrate) Micronutrient(Minerals, Ca, Fe, Na, cl, Mg, K, I, Cu etc.
3	1	Vitamins	Vitamin A, Vitamin D, E, K, PP, Vitamin B Complex
4	1	Nutrition science into twenty- first century	Molecular Nutrition paradigm, New nutrition science paradigm, The public health context to public health nutrition(Socio-ecological approach, Lifestyle approach, Biological approach)
5	1	Development of food based dietary guidelines	Food selection guides, Future priorities in relation to public health nutrition, Development of new dietary guidance concepts.
6	1	Mothers and infants	Mothers (Nutrition requirements in pregnancy, Nutrition and the fetal origins of adult – health hypothesis, Dietary intervention in pregnancy)
7	1	Infants	Breast feeding, HIV and breast feeding, Contraceptive effect of breast feeding, Complementary feeding practice, Monitoring the growth of infants and child.
8	1	Children and adolescents	Basic model of planned promotion of population health, Childhood and adolescent nutrition and health, Determinants of child and adolescent nutrition.
9	1	Classifying the food environment	Evidence for environment determination of Nutrition behaviors in youth (Parent and family influence, School influence, Neighborhood influence, Macro-level environment, Food environments and habitual nutrition behaviors.
10	1	Older / adults	Physiological basis of food requirements in later life, Malnutrition, Cardiovascular disease, metabolic syndrome and obesity, Nutrition intervention in later life.
11	1	Obesity prevention	The obesity problem, Concept in obesity prevention, Influence hosts, vectors, and environment, Obesity prevention in community, Obesity prevention in national level.
12	1	Promotion and communication	What is a healthy diet? The behavioral basis of eating and drinking (Why nutrition promotion, Nutrition education or nutrition promotion, Demand or supply side, Change methods: designs and evaluate, three methodological paradigms, setting for nutrition promotion, Communication and the food consumer.
13	1	Policy and politics	Why is public health nutrition policy important? Where is public health nutrition policy made?, The politics of public health nutrition policy, Advocacy, Challenges for professional practice.
14	1	Food value	Food necessity, Energy necessity, Protein, fat and carbohydrate necessity, Balanced diet.
15	1	Evaluation of Nutrition status	Clinical examination, Anthropometry, Biochemistry and lab examination, Functional evaluation.

16	1	Food safety	Food safety, Food chain, Danger zone, Summary

## XXII-ENVIRONEMENTAL & OCCUPATIONAL HEALTH

## a- Learning objectives

A	t the	ond	of the	course	the	student	shou	ld he	ahle	to
$\neg$		cita	<i>.,, ,,,</i> ,	CHAISE		SLUCKELL	SILUIL	ш п	unte	417.

Describe the physical environment inside the home, at the workplace and in the						
community, and its impact on health and disease;						
Describe the family environment;						
Suggest appropriate methods for improving the internal/external environment;						
Define safe water. Describe the sources of water (tap, hand pump, well);						
State the criteria (national and WHO) for safe water;						
Describe appropriate methods for making water safe at the domiciliary level;						
Describe sources of waste and methods of waste control at individual and community						
levels.						
Define air pollution, causes of air pollution and describe appropriate measures of						
control;						
Describe the effects of noise and radiation on health;						
Describe the common vectors of diseases and methods of vector control;						
Describe the various insecticides that are used for vector control;						
Describe insecticide resistance;						
Occupational health in health workers; Medical measures, engineering measures,						
Legislation;						
Monitoring the workplace, Control of occupational exposures, toxic chemicals, physical						
factors, biological agents;						
Occupational health in health worker; Organization, diagnosis and prevention of						
diseases in health workers, Identification of occupational health problem in special						
group, Identification of occupational health problem in special group.						

### **Cuorse content**

ENVIRONMENTAL & OCCUPATIONAL HEALTH					
Discipline	Behavioral and Social Sience and Medical Ethics				
Department	Environmental Health				
Course Title	Environmental and Occupational health				

Course code					MED7 020		
Academic year					IV		
Semester 7				7	Spring		
N	1	C C	14	1	Knowledge	1	
Num	ber o	Cred	ııts	1	Practical		
Weeks	H Knowledge	Practical	То	pics	Descript	ions	
1	1		Environmental	health	Definitions and General infor Environmental health	rmation of	
2	1		Personal enviro	onment	Children, young people, elder	rly	
3	1		Air		Air pollutant, indoor and outdingeneral methods for control	loor air pollution,	
4	1		Food		Foodborne illness and causes, inorganic and organic chemical contaminant and additives, antibiotic and hormone use in farm animal, care in food preservation and handling, food sanitation program		
5	1		Water		General information, sources human uses of water, ways of impact of waterborne diseases chemicals, drinking water star purification processes	human exposure, s, drinking water and	
6	1		Waste		Liquid waste, solid waste		
7	1		Noise		General information, type of a exposure, control of noise	noise, effects of noise	
8	1		Radiation		General information, types of radiation exposure, radiation		
9	1		Rodents and in	sects	Rodent-related zoonosis, inse insecticides	cts, control,	
10	1		occupational he	ealth	Definitions and General infor health	mation of occupational	
11	1		Type and sources of occupational exposures		Physical, chemical, biological psychosocial.	l, mechanical,	
12	1		Occupational diseases		Diseases due to physical agent biological agents, psychologic cancer, occupational dermator	cal origin, occupational	
13	1		Occupational h workers	ealth in health	Medical measures, engineerin Legislation.	ng measures,	
14	1		Monitoring the	workplace	Control of occupational expos physical factors, biological ag		

15	1	Occupational health in health worker	Organization, diagnosis and prevention of diseases in health workers.
16	1	Identification of occupational health problem in special group	Identification of occupational health problem in special group

### **XXIII-EPIDEMIOLOGY**

#### a- Learning objectives

## At the end of the course, student should be able to:

- ☐ Understand the basic concepts and application of Epidemiology;
- ☐ Describe epidemiological measures of health and diseases;
- ☐ Describe the epidemiological measures of health and diseases: association and impact;
- Differentiate between different type of studies i.e. cross-sectional, ecological, cohort, case-control, and intervention studies;
- ☐ Interpret the results of epidemiological studies;
- ☐ Understand the prevention strategies;
- ☐ Know epidemiological surveillance and routine data;
- ☐ Describe screening and diagnostic tests.

	EPIDEMIOLOGY							
Disc	ipline				Behavioral and Social Sie	nce and Medical Ethics		
Depa	artmen	t			Epidemiology			
Cou	rse Titl	e			Introduction to Epidemiol	ogy		
Cou	rse cod	e			MED8 020			
Aca	demic y	ear			IV	IV		
Sem	ester			8	Fall			
					Knowledge	1		
Nun	nber of	Credi	ts	1	Practical			
Weeks	Hours Practical Knowledge		Topics	Descrip	otions			

1	1	Basic concepts and application of Epidemiology	Studying epidemiology; distribution and determinants of health status or event; the epidemiological approach: what, who, where, when, why; models of causation of diseases.
2	1	Basic concepts and application of Epidemiology	Natural History of diseases; applications of epidemiology in public health: community health assessment and priority setting, evaluating health interventions and programs, preventing diseases and promoting health, improving diagnosis, treatment and prognosis of clinical diseases
3	1	Epidemiological measures of health and diseases: Frequency	Definition of a case; and measure of diseases frequency: prevalence, incidence, risk or cumulative incidence, odds and incidence rate
4	1	Epidemiological measures of health and diseases: Frequency	Uses of frequency measures and crude and specific rates: standardized rates, direct standardization and in-direct standardization
5	1	Epidemiological measures of health and diseases: association and impact	Measures of exposure effect and impact: relative measures, risk ratio, rate ratio, odds ratio, absolute measures, attributable (absolute) risk, population attributable (absolute) risk and population attributable fraction
6	1	Epidemiological measures of health and diseases: association and impact	Selection of appropriate measure for different study design; cross-sectional, ecological, cohort study, case-control, and intervention study
7	1	Cross-sectional studies	What is a cross-sectional study? Descriptive and analytical studies, Study design, sampling, data collection
8	1	Cross-sectional studies	Analysis, and strengths and weaknesses
9	1	Ecological studies	What is an ecological study? Why study groups? Multi-group and time-trend studies, analysis and interpretation
10	1	Cohort studies	What is a cohort? Types of cohort study? Study design: selection of the study population, exposures, follow-up and outcomes, Analysis Strengths and weaknesses
11	1	Case-control studies	Study design, hypothesis, selection of cases, selection of controls, and measuring exposures, Analysis and interpretation, bias, confounding, and strengths and weaknesses.
12	1	Intervention studies	Types of intervention study, study design, selection of population, allocation of treatment regimens, efficacy and effectiveness, other types of study design

13	1	Intervention studies	Measuring outcome, analysis, interpretation, ethical issues, and strengths and weaknesses
14	1	Interpretation of the results of epidemiological studies	Biases: selection bias, information bias, differential misclassification, non-differential misclassification and avoiding information bias; and confounding and control of confounding, role of cahnce Determining a cause-effect relationship: temporal dose-response, strength of association.
15	1	Prevention strategies	Preventive medicine, approaches to prevention, primary prevention, secondary prevention, tertiary prevention, and high risk strategies versus population strategies, Epidemiological surveillance and routine data, public health surveillance, communicable diseases.
16	1	Screening and diagnostic tests	Definition and purpose of screening, mass or targeted screening, reliability and validity of screening test, predictive value, ethics in screening and criteria for screening, Evaluating screening program: relative burden of diseases, feasibility, effectiveness, biases, cost and study design for evaluating screening

## **XXIV-BIOSTATISTICS**

# a- Learning objectives At the end of the course the student should be able to:

or of the compensation streams of more to	
	Describe the process of measurement;
	Describe the type of studies;
	Calculate and present frequency distribution;
	Familiarize with Summary Statistics: central location and measure of dispersion;
	Describe the probability concepts;
	Familiarize with binomial Probability distribution;
	Describe normal probabilities distribution;
	Introduction to statistical inference;
	Basics of Hypotheses testing;
	Basic of confidence intervals;

## Course content

	BASIC BIOSTATISTICS						
Discip	line				Behavioral and Social Si	ence and Medical Ethics	
Depar	tment				Biostatistics		
Cours	e Title				Basic Biostatistics		
Pre-re	quisite	9			Epidemiology		
Cours	e code				MED11 020		
Acade	mic ye	ar			V		
Semes	ter			11	Spring		
Numb	er of (	'redit	·s	1	Knowledge	1	
1,34410							
Weeks	Ho Knowledge	Practical	Topics		Descriptions		
1	1		Measuren	nent	What is Biostatistics? Organizing data, type of measurements, data quality, and exercise		
2	1		Type of st	udies: surveys	Simple random samples, table of random digits, other types of probability samples.		
3	1		Type of studies: comparative studies		The basics, explanatory vavariable, confounding, factor random assignment of treatethics.	tors and treatments,	
4	1		Frequency Distribution: Stemplots		Shape, location, spread, ad stem-plots, splitting stem values, back to back stem- from stem-plots, frequency frequency table, additional	values, how many stem plots, Frequency count values, class-interval	
5	1		Summary statistics: central location		Mean, mode, median and t quartiles, 5 points summar and boxplot, Variance and facts about SD, and selecti	y and interquartile range; standard deviation (SD),	
6	1		Probabili	ty concepts	What is probability? Types discrete random variables, variable more rules and pro-	continuous random	

7	1	Binomial Probability distribution	Binomial random variables, calculating binomial probabilities, cumulative probabilities, probability calculators, expected value and variance of binomial random variables, and using the binomial distribution to help make judgment
8	1	Normal probabilities distribution	Normal distribution: A Heuristic example, characteristics of normal distributions. 7 rule, and Determining normal probabilities: standardizing values, the standard normal table, probabilities for ranges of normal random variables.
9	1	Normal probabilities distribution	Finding values that correspond to normal probabilities: terminology and notation, and assessing departures from normality.
10	1	Introduction to statistical inference	Concept: sampling variability, parameters and statistics; sampling behavior of mean: simulation experiment, the sampling distribution of mean, the effect of increasing the sample size; and sampling behavior of count and proportion: the normal approximation to the binomial
11	1	Basics of hypotheses testing	The null and alternative hypotheses, test statistics, p-value, significance level, one sample z-test, and power and sample size
12	1	Basic of confidence intervals	Introduction to estimation, confidence level for $\mu$ when $\delta$ is unknown, sample size requirements, and relationship between hypothesis testing and confidence interval
13	1	Inference about mean	Estimated standard error, student's t distribution, one sample t test, confidence interval for mean, paired sample, conditions for inference, sample size and power
14	1	Comparing independent mean	Paired and independent samples, exploratory and descriptive statistics, inference about mean difference, equal variance t procedure, conditions for inference, sample size and power
15	1	Comparing Several Means (One- Way Analysis for Variance)	Descriptive statistics, the problem of multiple comparison, Analysis of Variance (ANOVA), Post Hoc comparison,
16	1	Comparing Several Means (One- Way Analysis for Variance)	The equal variance assumption, introduction to nonparametric tests.

# XXV-HEALTH MANAGEMENT

### Learning objectives

The Management and Leadership module is designed to provide students with the tools to analyze and practice management and leadership as it relates to health and social care.

### At the end of the course, the student would be able to:

- ☐ Understand the concept of management and leadership;
- Understand the role, skills and qualities of managers and describe three fundamental rules for managing others;
- ☐ Describe and evaluate the developments in leadership and management thinking; review and critically analyze management and leadership theories and how they can be applied in practice;
- ☐ Identify factors that determine organizational culture (s) and their impact on effective management and leadership.

### Course contents

	HEALTH MANAGEMENT					
Disc	ipline				Behavioral and Social Sie	nce and Medical Ethics
Depa	artmei	nt			Health Management and A Department	Administration
Cou	rse titl	e			Health Management	
Cou	rse co	le			MED10 020	
Acad	lemic	year			V	
Sem	ester			10	Fall	
	_				Knowledge	1
Num	iber of	Cre	dits	2	Practical	1
Weeks	Ho Knowledge	Clerkship	Topics		Descri	ptions
1	1	1	The basics of management		The basics of good manager management and simple har fundamental rules of manag management, need of manag	d management concepts, ements, nature of
2	1	1	Managerial s qualities	skills and	Conceptual skill, human ski competencies, technical skil qualities	

3	1	1	Management Functions	Principles of management, functions of management; leading, organizing, coordinating and controlling
4	1	1	Management Functions	Coordinating, controlling, Key differences between leaders and managers
5	1	1	Organization	Definition of organization, types of organizations, functions of an organization, external and internal factors affects on organizations, organizational behavior, organizational structure, and organizational chart.
6	1	1	Team building	Definition of team, definition of group, differences among team and group, team development steps; forming, storming, Norming, performing, skills required in building a team.
7	1	1	Human resource management	Activities of human resource management; human resource planning, Job analysis, human resource cycle, human resource management in health sector, human resource development in health care.
8	1	1	Recruitment process	key stages in the recruitment and selection process; Job description, person specification, advertisement, further particular, short listing, Interview, References, final decision. Discrimination, Favoritism, Nepotism and corruption.
9	1	1	Performance Management	Theoretical roots of performance management, performance management system, appraisal, appraisal interview, appraisal and career development
10	1	1	Evaluation performance	Needs for measuring and evaluating performance, types of evaluating performance, productivity, capacity, capacity utilization, benchmarking
11	1	1	Quality Management	Concepts of quality, quality features, the importance of quality, quality chain, total quality management, stages of quality management.
12	1	1	Change Management	Needs for implementing change in organization, factors causing change, fundamental changes; change of mission, strategy, culture and leadership, non fundamental changes, implementing change.
13	1	1	Time Management	Concepts of time management, self management, developing time management skills, Strategies on using time, priority setting
14	1	1	Supervision, Monitoring & Evaluation	Definition of supervision, monitoring and evaluation, differences between supervision, monitoring and evaluation, skills required for effective supervision, monitoring and evaluation, why do monitoring and evaluation
15	1	1	Health Management Information System (HMIS)	Introduction of HMIS, Importance of HMIS, expectations of a country health information system, Sources of information about the country health information system.



# XXVI-HEALTH POLICY AND HEALTH ECONOMICS

Lear	Learning objectives						
At th	e end of the course, the student would be able to:						
	Understand concept health policy;						
	Understand basics concepts of health economics;						
	Describe the political systems, factors influencing policy;						
	Understand the steps of policy formulation;						
	Understand Afghanistan health policy, BPHS and EPHS;						
	Understand different theories about economy, health economy;						
	Identify demand and supply on health care financing;						
	Describe and evaluate the health insurance and health financing;						

Identify challenges to health financing, different options for health financing, health

### **Course content**

sector reform and options for financing.

HEALTH POLICY & HEALTH ECONOMICS					
Discipline		Behavioral and Social Sience a	and Medical Ethics		
Department		Health Management and Administration Department			
Course title		Health Policy and Health Economics			
Pre-requisite		All modules of public health			
Course code		MED11 020			
Class		VI			
Semester	11	Spring			
Number of Credits	1	Knowledge	1		
Number of Credits	1	Practical			
<b>≼</b> Hours					

	Knowledge	Practical	Topics	Descriptions
1	1		Introduction of policy	Definition of policy, importance of policy, policy from different views, the importance of international health policy analysis.
2	1		Policy and Politics	How does politics affect participation in health policy, the state's role in health?
3	1		Political systems and health policy	Defining the political system, participation in public policy making, forms of participation, Liberal democratic system, Egalitarian-authoritarian system, Traditional-inegalitarian system, Populist regimes, authoritarian-inegalitarian system.
4	1		Exogenous factors affects policy	Introduction of external factors which affect policy and decision making, Situational factors, Environmental factors, Structural factors and Cultural factors.
5	1		Introduction of system	Definition of system, level of system, importance of the system, brief of systemic thinking.
6	1		Afghanistan health system	Introduction of country health system, Top health priorities of Afghanistan, briefly introduction of Afghanistan health policy and strategy.
7	1		Basic Package of Health Services (BPHS)	Introduction of Basic Package of Health Services (BPHS), importance of BPHS, components of BPHS, level of services of BPHS; Health Post, Sub Center, Basic Health Center, Comprehensive Health Center.
8	1		Essential Package of Hospital Services (EPHS)	Introduction of Essential Package of Hospital Services (EPHS), components of EPHS, level of services; District hospital, Provincial hospital, regional hospital.
9	1		Introduction of Health economics	Introducing different economic theories, Concept of health economics; utility, resources.
10	1		Introduction of Health Economics	Production, commodity, Market, Welfare, Price, Cost, Fixed cost, Variable cost and Opportunity cost.
11	1		Health financing	Health financing function, collection of revenue, pooling risk, allocation of resources and purchasing health services, public private partnership.
12	1		Health Insurance	National Health Services System, social health insurance, community based health insurance, private health insurance.
13	1		Challenges of Health Insurance	Domestic resources mobilization, Introduction user fees, promoting pooling of risk, increment of efficiency and equity in public expenditure.
14	1		Financing and health sector reform	Introduction of health sector reform, financing strategy, socio-economic development, fiscal capacity, implement ability, political accountability.

15	1	Judgment on types and options of financing	Introduction of equity in provision of health services, risk pooling, economical affects, financing options, general revenue.
16	1	Social Health Insurance	Introduction of social health insurance, equity, risk pooling, economical effects, implement-ability.

extl	oooks & Reference Books Recommended (last editions)
	Roger Detels,Oxford Textbook of Public Health,
	Philip C, Calder and AgnetaYngve. PHN, Public Health Nutrition,
	Ann Aschengrau. Essentials of Epidemiology in Public health,
	L Fleming Fallon. Essentials of Public Health Management,
	Marry Jane Scneider, Introduction to Public Health,.
	Frank A.Saloan & Chee-RueyHsieh.Health Economics,
	Sari Edelstein,.Nutrition in Public Health,
	Cherileyn Tellman, Occupational Health and Hygien,
	David L.Goetsch.Occupational Safety and Health,
	Daniel Wayne; Biostatistics, afoundation for Analysis in the health sciences,
	James F.Jekel; Epidemiology, Biostatistic and Preventive Medicine.
	BK Mahajan. Methodes in Biostatistics.
	Marit B, Stian Lydersen, and Petter Laake. Medical Statistics for Clinical and
	Epidemilogical Research, Tom J.Swinderman.
	Cleophas, Ton J., Zwinderman, Aeilko H. Statistics Applied in to Clinical Studies,
	Mike Saks and Judith Allsop; Researching Health,
	Stephen B. Hulley, Steven R.Comings, Warres S.Browner.
	Designing Clinical Research,
	O.J. Sahler, Jack Carr; The Behavioral Science & Health Care,
	Nel R.Carlson.Harrold Miller, C. Donald Heth; Psychology, the Science of Behavior,
	Barbara Fadem; Behavioral Sceince.

### XXVII- DERMATOLOGY & VENEREAL DISEASES

#### Goal

Skin diseases are quite prevalent in the community and a large number of patients attending to any hospital OPD come with the complaints related to skin diseases. Most skin diseases can be easily diagnosed and managed with adequate amount of training at the MD level. This syllabus is designed as a comprehensive course for graduates in dermatology and venereal diseases. The goal of the course is to teach students to diagnose and manage common skin and venereal diseases.

### **Learning objectives**

### a- Knowledge

At the end of the training a candidate should be able to:

	Diagnose and manage common skin diseases, sexually transmitted diseases and leprosy;
	To diagnose and manage common medical emergencies related to skin diseases, leprosy and sexually transmitted diseases;
	To familiarize them with the common laboratory diagnostic skills which help in the confirmation of diagnosis?
	To train them for preventive measures at individual and community levels against communicable skin diseases including sexually transmitted diseases and leprosy;
	To develop a compassionate attitude towards the patients and their attendants.
<b>b-</b> S	Skills
	History taking in dermatology, sexually Transmitted Diseases (STD) and leprosy;
	Clinical examination and description of cutaneous findings in a systematic way in dermatology, sexually transmitted diseases and leprosy;
	To have a broad idea and approach to manage common skin diseases, sexually transmitted diseases and leprosy;
	Systematic examination in relation to dermatologic diseases;
	To develop skills to do day-to-day common laboratory tests and their interpretation which help in the diagnosis.

# **Course Content**

	DERMATOLOGY & VENEREAL DISESES						
Disc	ipline				Clinical Science and Skills		
Depa	artme	ent			Dermatology		
Cou	rse tit	le			Dermatology & Venereal disea	ises	
Prer	equis	ite			Basic Biomedical Sciences		
Cou	rse co	de			MED9 031		
Acad	demic	year			V		
Sem	ester			9	Spring		
	_			,	Knowledge	2	
Nun	iber o	f Cre	dits	4	Clerkship	2	
Weeks	Ho Knowledge	Clerkship	Topics		Description	ıs	
1	2	2	Anatomy of the skin, Physiology of the skin, Sign and symptoms of the skin diseases		Structure of epidermis, dermis a Vessels, nerves and corpuscles. sebaceous glands, hairs and nail function, heat regulation functio excretion, gaseous exchange throngan, metabolic function, storage throngan, storage th	Sweats and s. Protective n, secretion and ough skin, sense	

				absorption. Subjective symptoms (pruritus), objective signs (primary and secondary lesions).
2	2	2	Histopathology terms, essentials of local treatment	Histopathology of the skin diseases. Solution, lotion, ointment, cream, paste and powder, (methods of topical application) occlusive bandage, intra lesional injection.
	1	2	Eczema and Dermatitis	Etiologic classification of eczema, histopathology, clinical study (Atopic dermatitis, Seborrhoic Dermatitis).
3	1		Photo Dermatitis Contact Dermatitis, Diagnosis and Treatment	Contact dermatitis, photo dermatitis, Diagnosis and differential diagnosis. Treatment general measures, specific treatment.
4	1	1	Allergy and Urticaria	Antigen and antibody, allergic reactions, shock anaphylactic, non allergic reactions (terms).  Definition and Etiology of urticaria, clinical study, diagnosis and treatment.
	1	1	Pyoderma	Etiology, superficial infection (impetigo, intertrigo, perleche and paronychia). Cellulitis, Erysiplas, folliculitis.
	1	1	Pyoderma	Sycosis Barbae, Furuncle, Carbuncle, hidradentitis suppurativa.
5	1	1	Scabies and Pediculosis	Scabies, Epidemiology, Immunology, Clinic, Clinical froms, treatment .Pediculosis, Pediculosis Capitis, Corporis and Pubis.
6	2	2	Psoriasis, Lichen planus, Pityriasis rosea	Lichen planus (etiology, histopathology, clinical study, diagnosis, differential diagnosis, clinical forms and treatment). Pityriasis rosea (definition, etiology, clinical study, course, differential diagnosis and treatment). Psoriasis (Etiology, pathology, histopathology, clinical study, clinical forms, diagnosis, differential diagnosis and treatment).
7	2	2	Dermatophytosis, Tinea ungium, Tinea Versicolor and Candidiasis	Classification, tinea capitis, tinea faciei tinea barbae, tinea corporis, tinea cruris, tinea axillaries, tinea manum and tinea pedis. Onychomycosis (tinea ungium), pityriasis versicolor, Candidiasis (oral candidiasis, candidia balanitis, flexural candidiasis, napkin candidiasis, paronychia candidiasis), diagnosis of fungus (clinical and laboratory), treatment of fungal infections.
8	2	2	Bullous diseases, Bullous pemphigoid, Erythema multiformis, Durhing	Intruduction, Pemphigus (pemphigus vulgaris, pemphigus vegetans, pemphigus foliaceous, pemphigus erythematous, differential diagnosis and treatment). Pemphigoid (Etiology, pathogenesis, clinical study and treatment). EM (Etiology, clinical study, clinical forms and treatment). Durhing (Etiology, clinical study, histology, diagnosis and treatment).

9	1	2	TB of the skin	Classification of TB cutis, Tuberculosis chancre, lupus vulgaris (etiology, clinic, diagnosis, complication and treatment). Scrofuloderma (etiology, clinic, course and treatment), TB cutis verrucosa (clinic, diagnosis and treatment).									
	1		Cutaneous Leishmania,	Etiology and epidemiology of leishmania, clinic and diagnostic criteria, clinical forms, course and treatment.									
10	1	2	Anomalies of Pigmentation	Melanoderma (etiology and pathogenesis), chloasma (etiology, clinic and treatment), Ephelides (etiology, clinic and treatment), lukoderma (classification), vitiligo (Definition, etiology, pathogenesis, epidemiology, clinical study, clinical forms, differential diagnosis and treatment.									
	1		Viral skin infection, Warts and Molluscum contagiosa	Viral infection (definition and classification of skin viral disease), Herpes simplex (etiology, clinic and									
11	1 2	2	Viral skin infection, Warts and Molluscum contagiosa  and t clinic Moll clinic	treatment), Herpes zoster (etiology, clinical forms and treatment), Warts (etiology, pathogenesis, clinical forms, diagnosis and treatment), Molluscum contagiosum (etiology, pathogenesis, clinical study, clinical forms, diagnosis and treatment).									
			Tumors of the skin, Malignant Melanoma	Classification, BCC (Clinic, clinical forms, diagnosis, treatment), SCC (definition, etiology, clinical study, course diagnosis and treatment).									
10	1		Tumors of the skin, Malignant Melanoma	MM (etiology, clinical forms, histopathology, diagnosis, course and treatment), paget's disease (mammary pagets and extra mammary pagets).									
12	1	2	2	Leprosy	Classification, clinical forms, tuberculoid, borderline, lepromatous, deformities, reaction, diagnosis, differential diagnosis and treatment								
13	1	2	2	2	2	2	2	2	2	2	2	Rosacea, Discoid Lupus Erythematous	Rosacea (etiology, clinical study, differential diagnosis and treatment).  DLE, Etiology and pathogensis, Clinical features, clinical forms, treatment.
	1				Acne vulgaris	Acne vulgaris (etiology, pathogenesis, clinical study, clinical forms, differential diagnosis and treatment).							
11	1		Diseases of the hair	Diseases of the hair (classification, alopecia, hypertrichosis.									
14	1		diseases of the nail	Diseases of the nail (etiology, cutaneous nail disorders, special terms of nail dystrophy).									
15	2	2	STD and Syphilis	Classification of STD, Syphilis (history, primary syphilis, secondary syphilis.  Latent and tertiary syphilis (syphilis in HIV disease, differential diagnosis, serology of syphilis and management of syphilis).									

16	2	2	Chancroid and Lymphogranuloma venereum, Gonnrrhea	Chancroid (etiology, clinical study, clinical forms, diagnosis and treatment). Lymphogranuloma venereum (etiology, pathogenesis, epidemiology, symptoms, diagnosis and treatment). Gonorrhea: definition, acute gonorrhea (in men and women), chronic gonorrhea (in men and women), complications of gonorrhea, treatment of gonorrhea.
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### b- Skills (by demonstration)

Skin diseases like acne vulgaris, scabies, pyoderma, pediculosis, fungal infection of skin, alopecia, sexually transmitted diseases, auto immune diseases, bullous disorders, papulosquamous diseases etc. are demonstrated and discussed during the practical period.

### **Textbooks & Reference Books recommended (last Edition)**

- ☐ Fitzpatrics Dermatology in General Medicine, Claus Wolf.
- ☐ Clinical Dermatology, Thomas P.Habif.
- Andrews Diseases of the Skin, William D.James.
- ☐ Harpers Textbook of Pediatrics Dermatology, Alan Ervine.
- ☐ Dermatology, Jean L.Bolognia.
- □ Rooks Textbook of DermatologyToney Burns, Stephen Breathnach.
- ☐ Priciples of Dermatology, James J.Marks, Jeffery J.Miller.

### XXVIII-INTERNAL MEDICINE

#### Gnals

The goals of this course are to provide training in the discipline of internal medicine, to provide exposure to pathophysiology, diagnostic methods, and treatment methods used in this field. It focuses on diagnostic decision making, case presentation skills, History and Physical skills, Therapeutic decision making, Communication skills, and Professionalism.

### Learning objectives

#### a- Knowledge

### At the end of training, each student must be able to:

- ☐ Understand the various manifestations of diseases;
- Understand the basic principle of history taking and clinical examinations;
- ☐ Elicit a detailed history; perform a thorough physical examination including mental status;
- ☐ Examination of an unconscious patient;

	Correlate the clinical symptoms and physical signs to make a provisional anatomical, physiological, etiopathological diagnosis along with the functional disability and							
	suggest relevant investigation;							
	Interpret reasonably the relevant investigations;							
	Professionally present and discuss the principals involved in the management of the							
	patient, initiate first line management and outline short-term and long term management;							
	Manage acute medical emergencies like acute myocardial infarction, acute pulmonary							
	edema, acute anaphylactic and hypovolemic shock, status asthmaticus, tension							
	pneumothorax, hemoptysis, gastro-intestinal bleeding, and diabetic coma.							
	linical Skills							
	Students should be able to elicit the patient's chief complaint, history of present illness,							
	past medical history, social, family, occupational histories and complete a review of							
	systems;							
	Perform a physical examination in a logical, organized and thorough manner;							
	Demonstrate the ability to construct an assessment and plan for an individual patient							
	organized by problem, discussing the likely diagnosis and plan of treatment;							
	Demonstrate the ability to record the history and physical in a legible and logical							
П	manner;							
	Demonstrate the ability to write daily progress notes on the ward and appropriate							
П	outpatient progress notes;							
	Formulate a differential diagnosis based on the findings from the history and physical examination;							
	Use the differential diagnosis to help guide diagnostic test ordering and its sequence;							
	Participate in selecting the diagnostic studies with the greatest likelihood of useful							
Ш	results;							
	Recognize that tests are limited and the impact of false positives/false negatives on							
	information;							
	Describe the range of normal variation in the results of a complete blood count, blood							
	smear, electrolyte panel, general chemistry panel, electrocardiogram, chest X-ray,							
	urinalysis, pulmonary function tests, and body fluid cell counts;							
	Develop the skills of reading electrocardiograms, and basic X-rays;							
	Describe the results of the above tests in terms of the related pathophysiology;							
	Understand test sensitivity, test specificity;							
	Understand the importance of personally reviewing X-ray films, blood smears, etc. to							
	assess the accuracy and importance of the results;							
	Describe factors that frequently alter the effects of medications, including drug							
	interactions and compliance problems;							
	Formulate an initial therapeutic plan;							
	Counsel patients about how to take their medications and what to expect when they							
	take their medications, including beneficial outcomes and potential adverse effects;							
	Counsel patients on behavior changes (i.e. wt loss, tobacco, etc);							
	Monitor response to therapy;							
	Understand the indications, performance, and associated complications of common							
	internal medicine procedures;							

☐ Acquire the skills to perform minor procedure under supervision like – IV cannulation, insertion of nasogastric tube, urinary bladder cauterization, use of peak flow meter, doing an ECG etc.

### Course content

	INTERNAL MEDICINE (module 1)					
Disci	ipline				Clinical Science and Skil	ls
Depa	ırtme	nt			Cardiopulmonary Medic	cine
Cou	rse Tit	le			Physical Diagnosis	
Pre-	requis	ites			Basic biomedical science	s
Cou	rse coo	de			MED5 023	
Acad	lemic	year			III	
Semo	ester			5	Spring	
N	1	r. C	194	,	Lecture	2
Num	ber of	Cred	lits	4	Clerckship	2
Weeks	Ho Lecture	Clerkship	Topics		Descr	iptions
1	2	2	Semiology of	Respiratory System	<b>Symptoms</b> Cough, Sputum, Hemopty Wheezing, Cyanosis, and	
2	2	2	Physical examination of Respiratory disease		Inspection of the chest, For Symmetry of the chest, Exprespiration, Chest Palpation ung apices & vocal fremion Chest Percussion.	spansion of chest, types of <b>on</b> , Palpation of trachea,
3	2	2	Chest Auscultation		Chest Auscultation: Brea breathing sound, Bronchia sound, Added sound (Rho Rub), Physical finding in F acute attack of bronchial a Pulmonary emphysema &	al breathing sound, voice nchi, Crepitation, Pleural Pneumonic consolidation, asthma, Pneumothorax,
4	2	2	Laboratory E Respiratory s			Thoracocentesis), Chest-X-nchoscopy, Pleural biopsy,

5	2	2	Semiology of Cardiovascular system	<b>Symptoms:</b> Dyspnea, Orthopnea, PND, Chest pain, Palpitation, Edema, Hemoptysis, Cough, Cyanosis, Hoarseness, Syncope.
6	2	2	Physical examination of Cardiovascular system	Inspection (generalized inspection, inspection of neck vessels, point of maximal impulse, pericardial pulsations & chest malformations)  Palpation of (PMI, Thrill, Heave, other pericardial pulsation.Percussion.
7	2	2	Auscultation	Cardiac Auscultation: First heart sound, Second heart sound, Splitting of heart sounds & Third heart sound, Fourth heart sound, Gallop rhythm, Opening snap, Ejection click, Pericardial Rub.
8	1	1	Cardiac murmurs & Pulse examination	Cardiac murmurs & Functional murmur Systolic, diastolic and Continuous murmurs Pulse (rate, volume, rhythm, Corrigan pulse, Alternance, dicrotic pulse, bisference pulse, Paradoxical pulse) & Blood pressure
	1	1	Electrocardiogram	Clinical value of ECG.ECG leads, Waves, Intervals, Segments. <b>ECG Interpretation</b> (Rhythm, Rate & Axis).
9	2	2	Arrhythmias	(Sinus tachycardia, sinus bradycardia, sinus arrhythmia, atrial extra systole, premature ventricular beat .PSVT, Atrial flutter, atrial fibrillation.
10	2	2	Arrhythmias Ischemia, drug & Electrolyte change in ECG	AV-block & Bundle branch block, Atrial & Ventricular hypertrophy (left-right) Ischemia and infarction, ECG changes in drug effect, pulmonary infarction & electrolytes
11	2	2	Semiology of Gastrointestinal system	Symptoms: Dysphagia, Odynophagia, Aphagia, Indigestion, Abdominal pain, Aerophagia, Flatulence, Gaseousness, Heart burn, (Pyrosis), Anorexia, Nausea & Vomiting, Regurgitation, Weight gain & loss, Constipation, Diarrhea, Hematemesis, Melena, Hematochezia, Halitosis & Cacogeusia
12	2	2	Physical examination of Gastrointestinal system	Inspection, Auscultation & Abdominal palpation: Complaints of patient with liver disease & biliary tract disorders, physical examination of patient with liver disease and biliary tract disorders, Palpation of the Spleen, Liver & Gall bladder
10	1	2	Abdominal Percussion & Jaundice	Percussion, Jaundice, Upper GI endoscopy, Colonoscopy & Barium contrast study
13	1		Symptoms in patient with blood disorder	General symptoms: fever, weight loss, weakness, specific symptoms in nervous system, eyes, ears, Mouth, CVS, GI & Genitourinary system
14	2	2	Sings in patients with blood disorder	<b>Physical examination of:</b> skin, eyes, oral cavity, lymph nodes, chest, spleen, liver, nervous system, Routine blood examination of Hb, HCT, WBC & Tests for thrombotic disorders.

15	2	2	Signs & Symptom of the Urinary tract	Pain of (urethral, bladder, prostatic, testicular & renal),Dysuria, Hematuria, Pyuria, Nocturia, Frequency, Ischuria, Lithuria, Pneumaturia, Oliguria, Anuria, Enuresis, Urinary incontinence, Cloudy urine & Polyuria,Laboratory examination, casts, proteinuria, kidney function tests,Chemical analysis of blood & renal biopsy.
16	2	2	Semiology of Endocrine & Complain of patient with Joint disorders	Delayed growth, Excessive growth, Skin pigmentations, Hirsutisim, Gynecomastia, Percocious puberty, Sexual infantilism, Major symptoms and signs of Addison disease, Hyper & Hypothyroidism, Cushing syndrome & Acromegaly ,Symptoms& Signs in patient with joint disorders,Joint (pain, Stiffness & locking) & History taking.

	INTERNAL MEDICINE (Module 2)						
Disc	Discipline				Clinical Science and Skills		
Dep	artme	nt			Cardiopulmonary Med	dicine	
Cou	rse Ti	tle			Respiratory disease & disease	Rheumatic Valvular Heart	
Pre-	requi	sites			Internal Medicine (Mo	odule 1)	
Cou	rse co	de			MED6 023		
Aca	demic	year			III		
Sem	ester			6	Fall		
NT	.1	£ C	114	£	Lecture	2	
Nun	aber o	f Cre	ait	ž	Clerkship	2	
	Но	urs					
Weeks	Lecture	Clerkship		Topics	Des	scriptions	
•	2	2	Acute trachiobronchitis & Chronic obstructive pulmonary diseases (COPD type II)		Definition, Etiology, Pa and Treatment, Chronic pathology, predisposing finding, Lab exam, ches complications, treatmen	factors, causes, clinical at X-ray, diagnosis,	
۲	2	2		obstructive ry diseases (COPD)	factors, causes, clinical	pathology, predisposing finding, Lab exam, chest X-ray, s, treatment & prognosis	
3	2	2	Bronchia	ıl asthma		idence, asthma triggers, Chest X Ray, DDX, diagnosis, ment.Status asthmaticus	
ŧ	2	2	Pneumonia		incidence, clinical mani & Treatment,Pneumoco	neumonia,Epidemiology, festation, Dx, Lab examination ccal Pneumonia,Definition, inical finding, Lab exam, atment & Prevention	
5	1	1	Hospital acquired Pneumonia		Epidemiology, Pathoger Dx and Treatment	nesis, etiology, clinical finding,	
	1	1	Bronchie	ectasis		hogenesis, pathology, clinical Dx, Lab exam & Treatment	
6	1	1	Lung Ab	scess		clinical finding, Lab exam, ions, Dx, DDx, Treatment, is	

	1	1	Atelectasis	Etiology, pathology and pathophysiology, symptoms &
	1	1	Pleural disease	signs, Chest-X-Ray, Dx, prevention and Treatment  Pleurisy, Definition, clinical finding, chest-X-Ray and Treatment, Pleural effusion, Etiology, clinical finding,
7		1	i teurar disease	Lab exam, Chest-X-Ray & Treatment.
	1	1	Empyema & Pneumothorax	Empyema,Etiology, systemic & local manifestation and Treatment,Pneumothorax ,Definition, primary, secondary, traumatic & tension pneumothorax
	1	1	Bronchogenic Carcinoma	Histologic types, pathology, clinical finding, Lab exam, Chest-X-Ray, complications, Dx and Treatment
8	1	1	Pulmonary Thrombo- embolism & Idiopathic pulmonary fibrosis	Pulmonary Thrombo embolism: Predisposing factors, symptoms & signs, Lab exam, ECG, Chest-X-Ray, Dx, DDx and Treatment, inferior vena cava filter, Thrombolysis, Embolectomy, Pulmonary Thromboendarterectomy. Idiopathic pulmonary fibrosis, Clinical manifestation, histologic finding and treatment.
	1	1	Respiratory failure	Definition and classification, epidemiology, etiology, clinical finding and treatment.
9	9 1	1	Acute respiratory distress syndrome, Asbestosis, Silicosis, Pneumoconiosis & Berylliosis	ARDS:Etiology, pathophysiology and clinical course, clinical finding, DDx, treatment, and prognosis Asbestosis, Silicosis, Pneumoconiosis & beylliosis Epidemiology, Dx, Lab exam and treatment.
10	2	2	Rheumatic fever	Definition, etiology, pathogenesis, incidence, epidemiology, pathology, clinical manifestation, Lab exam, course and prognosis, Dx, DDx, treatment & prophylaxis.
11	2	2	Mitral Stenosis	Etiology, pathology, clinical manifestation, ECG, Chest-X-Ray, echocardiography, DDx, complication & treatment.
12	2	2	Mitral insufficiency & Mitral valve Prolapse	Mitral insufficiency, Etiology, abnormal physiology, clinical manifestation, ECG, echocardiography, Chest-X-Ray, Heart catheterization, Dx, DDx, complications, treatment, Mitral valve prolapse Definition, etiology, clinical manifestation, complication, ECG, echocardiography and treatment
13	2	2	Aortic Regurgitation	Etiology, pathology, abnormal physiology, clinical manifestations, echocardiography, Chest-X-Ray, Cardiac catheterization, Dx, DDx, complications and treatment
14	2	2	Aortic Stenosis	Etiology, pathophysiology, clinical manifestations, Chest-X-Ray, ECG, echocardiography, Cardiac catheterization and Cardio angiography, Dx, Complications and treatment.
15	1	1	Tricuspid Stenosis & Regurgitation Pulmonary valve disease	Tricuspid Stenosis,Pathophysiology, clinical manifestation, ECG, Chest-X-Ray and ,treatment,Tricuspid Regurgitation

				Etiology, clinical manifestation, Echocardiography, ECG, Chest-X-Ray and treatment, Pulmonary valve disease, Etiology and treatment
	1	1	Multi valvular disease	Mitral stenosis & Aortic regurgitation, Mitral stenosis & Aortic stenosis, Aortic stenosis & Mitral regurgitation, Aortic regurgitation & Mitral regurgitation, Valve replacement
16	2	2	Infective Endocarditis	Definition, classification, etiology, pathogenesis and pathology, clinical finding, Lab exam, Dx, Modified duke criteria, DDx, complications, Prevention and Treatment

	INTERNAL MEDICINE (module 3)							
Disc	ipline				Clinical Science and Skills			
Depa	artmen	t			Cardiovascular medicine			
Cou	rse Tit	le			Cardiovascular diseases			
Pre-	requisi	tes			Internal Medicine (Modul	e 1)		
Cou	rse cod	le			MED7 023			
Acad	demic y	year			IV			
Sem	ester			7	Spring			
.,	1 6	C 1	.,	,	Knowledge	2		
Nun	iber of	Credi	its	4	Clerkship	2		
Weeks	Knowledge	Clerkship		Topics	Descriptions			
1	1	1	Ischemic Heart Disease		Definition, Etiology& Pathophysiology, Coronary atherosclerosis, Effects of ischemia, Asymptomatic versus, symptomatic IHD.			
1	1	1			Stable angina pectoris History, Physical examination, Laboratory, Treatment, Risk factor, Drugs, Revascularization, Prognosis.			
2	2	2			Definition ,Pathophysiology Diagnosis & Management of Prinzmetal's (variant) angin NSTEMI ,Acute coronary s	f:Unstable angina ,ectoris a ,Silent ischemia,		

3	2	2	Acute myocardial infraction (AMI)	Definition. Pathophysiology, Pathophysiology of another organs in MI,Clinical presentation, Dx,ECG, Laboratory Finding,Imaging,Management: pre hospital, hospital phase
	1	1	Complications of AMI & their treatments	Recurrent chest pain, Arrhythmia, LVHF, RV infarction, Mechanical complication, Secondary prevention.
4	1	1	Hypertensive Vascular Disease	Definition, Diagnosis& classification, Prevalence and Incidence. Primary Hypertension: Genetic consideration, Effect of hypertension, History, Clinic, Target organs, Laboratory, Treatment. Hypertensive Crises.
5	2	2	Hypertensive Vascular Disease	Secondary Hypertension: Definition.Kidney disease, Endocrine disorders, Aortic, Coarctation, PIH, Drug induced HT, and Treatment.
6	2	2	Congenital Heart Disease in the adult	General consideration: Erythrocytosis, Eisenmenger syndrome, Pregnancy, Infectious endocarditis, Cardiac arrhythmias, Physical exertion. Acyanotic CHD with left to right Shunt (ASD, VSD, PDA) & without shunt (Aortic stenosis, Coarctation of Aorta, Pulmonary, stenosis (Etiology, prevention, Pathophysiology of Specific defects), Cyanotic heart diseases: Tricuspid atresia, Ebstein , Anomaly, TOF(Etiology, prevention, pathophysiology of Specific defects)
7	2	2	Disorders of rhythm Conduction disturbances	Normal rhythm,Sinus arrhythmia ,Sinus tachycardia, Sinus bradycardia.Atrial premature beat, Paroxysmal Supra Ventricular Tachycardia, Arial flutter, Atrial fibrillation,Ventricular Premature beats.Ventricular achycardia,V.flutter,V.Fibrillation Junctional rhythm.
8	2	2		Sinus node dysfunction, Atrioventricular blocks Atrioventricular scape beat and rhythm Intraventricular blocks.
9	2	2		Definition, Keywords, Epidemiology, Etiology, Pathogenesis, Precipitating causes, Basic mechanisms for HF. Clinical manifestation: Symptomes& signs: Orthopnea, PND, Cheyne -Stokes respiration, Pulmonary edema, Physical Examination. Diagnosis: Lab tests,ECG,CXR,Echo,ET,Dx
10	1	1	Heart Failure	Management: For depressed & Preserved Ef HF: ACE inhibitors, ARB inhibitors, Aldosterone antagonist. Reduce home work load, Diet, Diuretics, Vasodilators, Sympathomimetic amines, Phosphodiesterase inhibitors,
	1	1	Cor-pulmonale	Definition,pathophysiology, pulmonary vascular disease, clinic,Diagnosis & treatment

11	٧	٧	Cardiomyopathies	Congestive (Dilated) cardiomyopathy: Definition and Classification, Alcoholic CM, Peripartum CM, Neuromuscular disease. Hypertrophic cardiomyopathy: Homodynamic, Clinical feature, Treatment. Restrictive cardiomyopathy: Endomyocardial Fibrosis, Amyloidosis, Hemochromatosis, Takotsubo cardiomyopathy, Non-compaction cardiomyopathy.
12	1	1	Myocarditis	Definition, Etiology, Viral myocarditis, Chagas myocarditis, Giant myocarditis, Lyme yocarditis (Etiology, Clinic & Management)
	1	1		Normal function of the pericardium, Acute Pericarditis and Pericardial effusion,
	1	1	Pericardial diseases	Cardiac tamponade, Chronic pericardial effusion, chronic constrictive pericarditis, post cardiac injury syndrome. Other diseases of the pericardium.
13	13		Syncope,Cardiovascular collaps,Sudden Cardiac Death,Cardiac Arrest, Cardiac Asystole	Definitions, pathophysiology, etiology, clinical manifestations, diagnosis & management.
14	۲	۲	Shock	Definition, general consideration ,classification Specific types of shock, diagnosis and management
15	2	۲	Cardiovascular diseases in non -cardiac surgery patient	Cardiovascular consideration: Preoperative assessment of CVrisk: Major predictors, Intermediate predictors, Minor predictors, Hemodynamic monitoring, Medical therapies, Specific conditions, Common postoperative CV complications.
16	2	۲	Cardiovascular diseases and pregnancy	Evaluation of CV state in pregnancy, Alteration of cardiovascular state in pregnancy CV test in pregnancy, Congenital Heart diseases in pregnancy, RHD in pregnancy-IHD in pregnancy Cardiomyopathies in pregnancy, Arrhythmias in pregnancy, Heart surgery in pregnancy, Cardiovascular drugs in pregnancy.

INTERNAL MEDICINE (module 4)		
Discipline	Clinical Science and Skills	
Department	Cardiovascular medicine (include GI system diseases and Nephrology)	
Course title	Gastroenterology , Liver diseases & Nephrology	
Pre-requisites	Internal Medicine (Module 1)	
Course code	MED8 023	

Aca	demic	year			IV	
	ester			8	Fall	
Nun	Number of Credits 4		Knowledge	2		
INUL	Number of Credits 4		Clerkship	2		
	Ноц	ırs				
Weeks	Knowledge	Clerkship		Topics	Descri	ptions
•		1	Gastroeso Reflux d		Definition ,Pathogenesis, Clinexaminations, Complication, Diagnosis & Treatment	
1	1 2 1		Inflammatory diseases of esophagus		Definition ,Pathophysiology, Clinical feature, Diagnostic examinations, Diagnosis &Treatment-Achalasia,-Diffuse esophageal, spasm,-Scleroderma,esophagus	
2	2	2	Gastritis & Gastropathy		Definition and classification. Diagnosis and Treatment of C gastritis, Infectious gastritis, I Granulomatous gastritis, Reac Hyperplastic gastropathy.	Chronic nonspecific Distinctive gastritis,
3	2	2	Peptic Ulcer Disease		Definition, Causes, Gastro du Physiology of gastric secretic Epidemiology and pathology ulcer, Clinical feature, Diagno differential diagnosis and trea ulcer: Definition and cause	on, Pathophysiology, of Duodenal and Gastric ostic examination,
4	1	1	Peptic Ulcer Disease		-Peptic ulcer complications:C Differential diagnosis and Tr intestinal bleeding, Perforation Outlet Obstruction, Zollinger Epidemiology, pathophysiolog Diagnosis & treatment.	reatment of : Gastro on , Penetration ,Gastric r-Ellison Syndrome:
	1	1	GI bleedin	g	Definitions, Source of GI blintestine and colons, Dx upper Diagnostic evaluation of patien GI bleeding of Obscure bleed Occult GI bleeding.	er &lower GI bleeding , ent with GI bleeding , DDx,
5	2	2	Inflammat IBD	tory Bowel Disease-	Definition, Epidemiology, Et Genetic consideration, Pathol Diagnostic examination, Diag Differential diagnosis, Extra Treatment. Inflammatory bow IBD in elderly and Cancer in	ogy ,Clinical presentation, gnosis, Complications , intestinal manifestation , vel disease and Pregnancy,

6	۲	۲	Malabsorbtion syndrome	Definition, Nutrients and Absorption, introduction, Lipids, carbohydrates, protein, approach to the patient with Specific disorders. Definitions, Etiology ,Clinics, Diagnostic Examinations, Diagnosis ,Complications and Treatment of Celiac sprue ,Tropical Sprue ,Short bowel syndrome ,Bacterial overgrowth syndrome , Whipple's Disease and Protein Losing enteropathy				
7	۲	۲	Jaundice	Definition ,Metabolism of bilirubin, classification ,Unconjugated hyperbilirubinemia (increased bilirubin production, Decreased hepatic bilirubin up take, Impaired conjugation) Mixed hyperbilirubinemia, Familial defect in hepatic Excretory, Acquired defect in hepatic excretory functions, Approach to the jaundice, diagnostic examinations and Test for jaundice evaluations.				
	1	1	Irritable bowel syndrome	Definition ,Epidemiology ,Pathophysiology ,Clinic, Diagnosis, DDx ,Treatment				
8	1	1	Chronic Hepatitis	Definition, Classification, Chronic viral hepatitis C and B (General consideration, clinics, Diagnostic examinations and Treatment).				
	1	1	Chronic Hepatitis	Chronic hepatitis D (General consideration, clinics, Diagnostic examinations and Treatment) Autoimmune hepatitis(definitions ,pathogenesis ,classification ,clinics, Diagnostic examinations ,DDx and Treatment) Drug induced hepatitis(General information)				
9	1	1	1	1	1	1	Liver cirrhosis	Definition ,etiology, Alcoholic cirrhosis(pathogenesis, clinics, diagnostic exam ,Dx, treatment ,prognosis),Cirrhosis due to Ch. hepatitis B and C (pathology ,clinics, Dx and treatment),Cirrhosis due to Autoimmune hepatitis and Non alcoholic fatty liver(General information and prognosis).primary billiary cirrhosis ,primary sclerosing cholangitis and Cardiac cirrhosis(definition, clinics, diagnostic exam ,diagnosis and treatment).
10	2	2	Liver cirrhosis	complications of liver cirrhosis, portal hypertension( definitions ,pathogenesis ,clinics ,diagnosi s and treatment)Esophageal varice with hemorrhage (Diagnosis clinics and treatments), Hypersplenism and Splenomegaly (General information and treatment) , Ascites(Definition, pathogenesis, clinics, diagnosis, treatment and prognosis), spontaneous bacterial peritonitis (pathogenesis ,clinics diagnosis and treatments), Hepatorenal syndrome (clinics and treatment). Hepaticencephalopathy (definition, pathogenesis, clinics, diagnosisDDx and treatment), hypoxemia and Hepatopulmonary syndrome (pathogenesis, diagnostic exam and treatment). Malnutrition, Abnormality incoagulation and hematologic and Bone disease in cirrhosis( General information)				

	1	1	Disease of gallbladder (Acalculous cholecystitis)	Definition, Etiology, Pathogenesis, Clinics, Diagnosis, treatment and prognosis.
11	1	1	Chronic pancreatitis	Definition, Etiology, Pathogenesis, Clinics, Diagnosis, Diagnostic exam, complications, Treatment and Prognosis.
12	2	2	Urinary Tract Infection	Definitions ,Acute UTI (Acute prostatitis, Acute cystitis ,Acute pyelonephritis ): Epidemiology ,etiology ,Pathogenesis clinic , diagnosis ,lab, treatment prognosis
13	1	1	Glomerular Diseases (Acute nephritic Syndrome)	Post streptococcal GN, Endocarditis associated glomerulonephritis, IgA nephropathy: Definition, Etiology, Clinics, lab exams, Diagnosis and Treatment.Name of the following,-Anti GBM disease -Lupus nephritis,-Small vessel vasculitis -Granulomatosis with polyangiitis,-Microscopic polyangiitis,-Church-Strauss syndrome
	1	1	Nephrotic Syndrome	Definition, clinic, Complication, Etiology, DDX, treatment.
14	2	2	Acute renal failure	Definition, Etiology, pathophysiology, Clinical feature, lab exams Differential diagnosis, Complication, Treatment, and prognosis.
15	2	2	Chronic Kidney Disease (Chronic renal failure)	Definition, Etiology, Mechanism of chronic renal failure, Clinics, Lab exams, Complication. Treatment. Hemodialysis, Peritoneal dialysis, Kidney transplantation.
16	2	2	Water and electrolyte disturbances	Sodium,water,Hypovolemia,Hyponatremia,Hypernatremia,Hypokalemia,Hyperkalemia:definitions,etiology,Clinic,Diagnosis and treatment

INTERNAL MEDICINE (module 5)					
Discipline		Clinical Science and S	Skills		
Department		Endocrinology & Her	matology		
Course title		Endocrine disorders	Endocrine disorders & Rheumatic diseases		
Pre-requisites		Internal Medicine (Module 1)			
Course code		MED9 023	MED9 023		
Academic year		V	V		
Semester	9	Spring			
Number of Cuedita	4	Knowledge	2		
Number of Credits	4	Clerkship	2		

	Hou	ırs		
Weeks	Knowledge	Clerkship	Topics	Descriptions
1	1	1	Approach to endocrine patients	General consideration, special features of endocrine illness, evaluation of patients with endocrine disorders (history, physical examination, Laboratory testing, management).
	1	1	Diabetes Mellitus	Introduction, classification, Epidemiology, Diagnosis, Pathogenesis, Genetic consideration, Pathophysiology, Type 1&2 DM, GDM
2	2	2	Diabetes Mellitus	Clinical feature, LabEx, DDx , Acute complications(DKA,NKHS), chronic complications Management of DM
3			Hypoglycemia	Diagnosis and mechanism of hypoglycemia, symptom, type of hypoglycemia, recognition and documentation, urgent treatment, Insolinemia
3	2	2	Thyrotoxicosis	Definition, Etiology, Epidemiology, Pathogenesis, Clinical features, Diagnosis, Laboratory Evaluation, Differential Diagnosis, Clinical course, treatment.
4	1	1	Thyrotoxicosis	Definition, Classification, Prevalence, Pathogenesis, Clinical feature, Laboratory Evaluation, Differential Diagnosis, Other causes of hypothyroidism, Complications, Treatment
	1	1	Hypothyroidism (Myxedema)	Definition, Epidemiology, Etiology, clinical Manifestations, Diagnosis, Differential Diagnosis, treatment.
_	1	1	Addison's disease Cushing syndrome	Definition, Epidemiology, Etiology, clinical feature, Laboratory investigations, Differential Diagnosis, treatment.Adrenal crisis:Definition, Etiology, clinical feature, lab ,DDx, treatment
5	1	1	Pheochromocytoma	Introduction, Epidemiology, Etiology and pathogenesis, clinical feature, Diagnosis, biochemical testing, diagnostic imaging, Differential Diagnosis, DDx, treatment, Pheochromocytoma in Pregnancy.
6	1	1	Acromegaly	Definition, Etiology Pathophysiology, presentation and diagnosis, DDx, treatment.
	1	1	Diabetes Insipidus	Definition, Pathophysiology, Etiology, clinical characteristics, lab, DDx, treatment.
7	1	1	Hyperparathyroidism	Definition, Natural history and Incidence, Etiology, Solitary adenomas, hereditary syndromes, Pathology, genetic defects associated with hyperthyroidism, clinic feature, Diagnosis, Treatment.

	1	1	Disorder of the Anterior pituitary and hypothalamus. ( Hypothalamus and anterior pituitary insufficiency)	Introduction, Anatomy and Development of the pituitary gland, Hypothalamic and anterior pituitary insufficiency, Presentation&Dagnosis, Laboratory investigation, Treatment.
8	1	1	Gonadotropin deficiency	Presentation&Dagnosis, Laboratory investigation, Treatment.Nonfunction and gonadotropin Production in pituitary adenomas: etiology, prevalence, presentation and diagnosis, Lab investigation, Treatment.Disorders of the testes and male reproductive system: normal male pubertal development, male factor infertility, clinical and lab ex, treatment.
	1	1	Obesity	Introduction, Definition and Measurement, Prevalence, Physiologic Regulation of Energy Balance Etiology, Classification, clinical feature, complication of obesity, treatment
9	1	1	Approach to articular and Musculoskeletal Disorders	Arthicular versus Non arthicular, inflammatory versus Non inflammatory disorder. Clinical history. Rheumatologic evaluation of the elderly, physical examination, Approach to Regional Rheumatic complaints, Lab investigations
	1	1		Introduction, Definition, Epidemiology, Genetic Considerations, Environmental Factors, Pathology, pathogenesis, clinical features.
10	1	1	Rheumatoid Arthritis	Diagnosis, Laboratory Features, Synovial Fluid Analysis, Plain Radiography, Clinical Course, Prognosis, DDx, treatment
10	1	1	Gout	Introduction, Acute and Chronic Arthritis, pathogenesis, clinical feature, laboratory Diagnosis, Radiographic features prevention, Treatment.
11	1	1	Degenerative joint disease (Osteoarthritis)	Introduction, Definition, Joint Protective Mechanisms and their Failure, Risk factors, Etiology, Epidemiology, Pathogenesis, Clinical feature, Treatment.
	1	2	Systemic Lupus Erythematosus	Definition and prevalence, pathogenesis, Etiology, Pathology, Clinical feature, laboratory tests, diagnosis DDx, treatment.
12	1	1	Polymyositis,Dermatomyositis	Introduction, Definition, Incidence, Pathogenesis, Clinical Manifestation, Associated clinical findings, Extramuscular manifestations, Association with malignancies, Diagnosis and Differential Diagnosis, Treatment
	1	1	Spondyloarthritis	Introduction, Ankylosing Spondylitis, Definition, Epidemiology, Pathogenesis, Clinical Manifestation, Lab and radiology finding, Diagnosis, Treatment.
13	1	1	Reactive arthritis	Definition, Epidemiology, Etiology and Pathogenesis, Clinical Manifestation, Lab and radiology finding, Diagnosis, Treatment.

14	1	1	Systemic sclerosis (Scleroderma)	Definition, epidemiology, Genetic considerations, Related disorders, Environmental factors, Pathogenesis, Clinical feature, Diagnosis, Lab feature, Treatment.
	1	1	Pain Syndromes	Cervicobrachial pain syndrome. Chronic musculoskeletal strain, Thoracic outlet syndrome, Low back pain. Fibromyalgia: Definition, Pathogenesis,
	1	1		Clinical manifestation, Diagnosis, Treatment
15	1	1	Sarcoidosis	Definition, Etiology, Incidence and prevalence, Pathophysiology, Clinical Manifestation, Complication, Lab finding, Diagnosis, Treatment.
16	1	1	Metabolic Bone Disease& Osteoporosis	Introduction, Definition, Epidemiology, Pathophysiology (Bone remodeling, Calcium nutrition, Vitamin D, Estrogen status, physical activity, Chronic disease, Medications, Cigarette consumption) Etiology, Clinical feature, Diagnosis, DDx, Treatment.
	1	1	Osteomalacia	Osteomalacia: Definition, Etiology, clinical feature, Lab treatment.

INTERNAL MEDICINE (module 6)						
Disci	Discipline				Clinical Science and Sk	ills
Depa	rtme	ent			Endocrinology & Hemat	cology
Cour	se ti	tle			Hematology	
Pre-i	requi	sites			Internal Medicine (Mod	ule 1)
Cour	se co	de			MED10 023	
Acad	lemic	year			V	
Seme	ester			10	Fall	
Num	hor (	of Cre	dite	4	Knowledge	2
Nulli	DCI (	л Ст	tuits	*	Clerkship	2
	Но	ours				
Weeks	Knowledge	Clerkship		Topics	Desc	criptions
	1	1	Approac patient	ch to the anemic		s, specific symptoms, physical an's goal is to prevent illness)
1	1	1	Anemia	1	Definition, Signs and Syr mechanism of anemia, Ap anemia. Laboratory evalua Absolute reticulocyte cour index, Bone marrow exam	proach, classification of ation, Red cell indices.  nt, Reticulocyte production
	1	1	Iron de	ficiency anemia	Stages of Iron deficiency,	Etiology, Clinical features,
2	1	1	Ton uc	nciency anemia	laboratory investigation (S Ferritin, Evaluation of Bo Differential Diagnosis, Tr	
3	1	1	Megalol	plastic anemia	Definition, Cobalamine, Cobalamine, Codeficiency, Folic Acid, Cadematologic finding, Schrödiagnosis Treatment.	use of folic acid deficiency,
			Hemolyt	ic anemia	Inherited hemolytic anemi	nracteristic, Classification, ia, Etiology& Pathogenesis, s, Complication, Treatment.
4	1	1		nune hemolytic and Cold agglutinin	Pathogenesis, Cause, Clin LaboratoryExa, Differenti treatment.Difinition, Clini Treatment.	al diagnosis, Diagnosis,
5	1	1	Aplastic	anemia	Definition, Epidemiology Clinical Findings,	, Etiology, Pathogenesis,

	1	1		Laboratory investigation, Differential Diagnosis, Treatment, Prognosis.
6	1	1	Polycythemia	Definition, Secondary Polycytemia, Etiology, Polycytemia Vera: Etiology, Sign and symptom, Laboratory investigation, Differential diagnosis, PV criteria, Complication, Treatment, Prognosis
	1	1	Myelodysplastic syndrome	Definition, Epidemiology, Etiology, Pathophysiology, Clinical feature, Lab Exam., Differential diagnosis, Prognosis.
7	1	1	Acute Lymphoblastic	Definition, Epidemiology, Etiology, Classification, Clinical feature
	1	1	leukemia	Laboratory investigation, Differential diagnosis and supportive care ,Diagnosis, Treatment
8	1	1	Acute Myeloid Leukemia	Definition, Etiology, Classification, Clinical feature, Laboratory investigation, Differential diagnosis Prognosis,
	1	1		Treatment. Complete remission criteria, Supportive care.
	1	1	Chronic Myeloid leukemia	Definition, Course and epidemiology, Clinical feature.
9	9 1 1	1	·	Lab, Differential diagnosis, Diagnosis, Treatment, Prognosis.
10	1	1	Lymphocytic Leukemia (CLL)	Definition, Etiology, Epidemiology, Clinical feature,, Diagnosis, , Differential diagnosis
10	1	1	(CLL)	Lab, Clinical Staging, Treatment.
11		1	Hodgkin Disease	Etiology, Epidemiology, Clinical feature, Pathological classification, Staging, Lab Exam, Diagnosis, Treatment, Prognosis.
	1	1	Non Hodgkin Lymphoma	Definition, Classification, Clinical feature, Lab Exam, Treatment, Prognosis.
12	1	1	Multiple Myeloma	Definition, Etiology, Incidence and Prevalence, Global consideration, Pathogenesis, Clinical Manifestation, Diagnosis and staging, Laboratory Investigations, Differential diagnosis, Treatment, Prognosis.
	1		Myelofibrosis	Definition, Etiology, Symptoms and signs, Lab finding, , Differential diagnosis, Complications, Treatment ,Course and prognosis.
	1	1	Disseminated Intravascular Coagulation(DIC)	Definition, Etiology, Pathogenesis, Clinical feature, Diagnosis,
13	1 1	1	Coaguiativii(DIC)	Differential Diagnosis, Treatment.
14	1	1	Hemophilia A, Hemophilia B	Definition, Pathogenesis, Clinical feature, Laboratory Investigations, Differential Diagnosis, and Treatment.

	1	1	Immune thrombocytopenic purpura, Von Willebrand Disease	Definition, Incidence, Etiology, Clinical feature, Laboratory Investigations, Differential Diagnosis, and Treatment. Definition, Laboratory Investigations, Clinical feature, Treatment,
	1	1	Thrombotic Microangiopathy	General consideration, Clinical finding, Treatment.
15	1	1	Thrombocytosis and Essential thrombocytosis	General consideration, Etiology, Clinical finding, Diagnosis, Lab Finging, Differential Diagnosis, Complication, Treatment, Course and prognosis.
16	1	1	Blood transfusion	Transfusion indication, Adverse Reaction to Blood transfusion (Immune Mediated reaction, Acute hemolysis,Delayed,Hemolysis,Fibrilenonhemolytic,Allar gic reaction, Anaphylactic reaction, Acute lung injury, Graft host disease Post transfusion urpura,Alloimmunization,Non immunologic reaction(Fluid overload,hypothermia,Iron overload,Hypotensivereaction,Immunomodulation,Infection complication.)
	1	1	Primary immunodeficiency disorders	Linked hypogammaglobulinemia, selective immunoglobulin A deficiency, Digeorge's syndrome, severe co-bind immunodeficiency disease, complement deficiency, chronic granulomatous diseases.

# Recommended Textbooks and Reference Books (last editions)

Bates Guide to Medical Examination and History taking, Lynn S.Beckley.
Harrison's Priciples of Internal Medicine, Wener, Longo, Fauci, Kasper.
Cecil Textbook of Internal Medicine, Goldman, Ousiello.
Oxford Textbook of Internal Medicine, David A.Warrel.Timothy M .Cox.
Harrison's Gastroenterology and hepatology, Dan Longo, Antonie Fauci.
Harrison's Cardiovascular Medicine, Joseph Loscalzo.
Braunwald's Heart Diseases, Robert O.Bono.
David G, Gardner.Greenpan's Basic and Clinical endocrinology,
Kelley's Texbook of Rheumatology, Garey S.Firenstein.
Willaims Hematology, Kennet Kaunshansky.

### XXIX-CLINICAL INFECTIOUS DISEASES

### Learning objectives

### At the end of infectious diseases course student must be able to:

understanding of host defense mechanisms and immune responses in relation to infectious diseases;
 understanding of the etiology, pathogenesis, diagnosis, and therapy of patients with the infectious diseases;
 Interpret and draw appropriate conclusions from laboratory results;
 Analyze and distinguish therapeutic treatments for microbial infections, and distinguish when a vaccine, antibiotic, or other therapy is likely to be the most appropriate response;
 Specify the role of ecology and evolution in the spread of infectious diseases, comparing the role of transmission, population size and susceptibility, and virulence in endemic disease, epidemic disease, emerging diseases, and bioterrorism;
 Develop the ability to work both independently and with others in teams and study groups;
 Develop an information base for making personal health decisions in regard to

#### **Course content**

infectious diseases.

INFECTIOUS DISEASES				
Discipline		Clinical Science and Skills		
Department		Infectious Diseases & Tub	Infectious Diseases & Tuberculosis	
Course Title		Infectious Diseases		
Pre-requisites		Basic biomedical Science		
Course code		MED8 026		
Academic year		V		
Semester	9	Spring		
		Knowledge	2	
Number of Credits 4		Clerkship	2	
Hours				

	Knowledge	Clerkship	Topics	Descriptions				
1		2	General information about infectious diseases	Definition, Causes of infectious disease, Infectious process, Host-pathogen interactions, Immunity, The complement system, Approach to the patient, Treatment of infectious diseases				
1	2	2	Shigellosis	Definition, Etiology, Epidemiology, Pathogenesis and pathology, Clinical manifestations, Laboratory investigations, Differential diagnosis, Complications, Treatment and prevention				
2		2	Enteric Fever	Definition, Etiology, Epidemiology, Pathogenesis and pathology, Clinical manifestations, Laboratory investigations, Differential diagnosis, Complications, Treatment and prevention.				
2	2	_	Acute infectious diarrhea and food poisoning	General information, Pathogenic mechanisms, Host defense factors, Genetic factors, Epidemiology, Bacterial food poisoning, Laboratory investigations, Treatment and prevention				
3	2	2	2	2	2 2	Cholera	Cholera	Definition, Etiology, Epidemiology, Pathogenesis and pathology, Clinical manifestations, Laboratory investigations, Differential diagnosis, Complications, Treatment and prevention
3			2			Amebiasis	Definition, Etiology, Epidemiology, Pathogenesis and pathology, Clinical manifestations, Laboratory investigations, Differential diagnosis, Complications, Treatment and prevention	
		П	2	Acute viral hepatitis	Definition, Virology and etiology, Pathogenesis, Extra hepatic manifestations, Pathology			
4	2 2			2	2	Acute viral hepatitis	Epidemiology and global features (Hepatitis A, Hepatitis B, Hepatitis D, Hepatitis C, Hepatitis E), Clinical and laboratory features, Prognosis.	
				Acute viral hepatitis	Complications and sequelae, Differential diagnosis, Treatment, Prophylaxis.			
5	2	2	Influenza	Definition, Etiology, Epidemiology, Pathogenesis and pathology, Clinical manifestations, Laboratory investigations, Differential diagnosis, Complications, Treatment and prevention				
6	2	2		Diphtheria	Definition, Etiology, Epidemiology, Pathogenesis and pathology, Clinical manifestations, Laboratory investigations, Differential diagnosis, Complications, Treatment and prevention			
			Infectious Mononucleosis	Definition, Etiology, Epidemiology, Complications, Treatment and prevention.				

	2	2	Acute Bacterial Meningitis	Definition, Epidemiology, Etiology, Pathophysiology, Clinical presentation, Diagnosis, Differential diagnosis, Complications, Treatment, prognosis.		
7			Tuberculosis Meningitis	Definition, Etiology, Epidemiology, Pathogenesis and pathology, Clinical manifestations, Laboratory investigations, Differential diagnosis, Complications, Treatment and prevention		
8	2	2	Malaria	Definition, Etiology and pathogenesis, Epidemiology, Erythrocyte changes in malaria, Host response, Clinical features. Severe Falciparum malaria (cerebral malaria, hypoglycemia, acidosis, non cardiogenic pulmonary edema, renal impairment, hematologic abnormalities, liver dysfunction, other abnormalities), Malaria in pregnancy, Malaria in children, Chronic complications (tropical splenomegaly, quartan malarial nephropathy, bukitt's lymphoma and EBV).		
			Malaria	Diagnosis, Laboratory findings, Treatment, Prevention		
9	2	2	Brucellosis	Definition, Etiology, Epidemiology, Pathogenesis and pathology, Clinical manifestations, Laboratory investigations, Differential diagnosis, Complications, Treatment and prevention		
10	2	2	Anthrax	Definition, Etiology, Epidemiology, Pathogenesis and pathology, Clinical manifestations, Laboratory investigations, Differential diagnosis, Complications, Treatment and prevention		
10			Rabies	Definition, Etiology, Epidemiology, Pathogenesis and pathology, Clinical manifestations, Laboratory investigations, Diagnosis, Differential diagnosis, Complications, Treatment and prevention		
11	2	2	2	2 2	Tetanus	Definition, Etiology, Epidemiology, Pathogenesis and pathology, Clinical manifestations, Laboratory investigations, Differential diagnosis, Complications, Treatment, prevention and prognosis
			Dengue Fever, Relapsing Fever, Yellow Fever and Leptospirosis	Treatment and prevention  Definition, Etiology, Epidemiology, Pathogenesis and pathology, Clinical manifestations, Laboratory investigations, Differential diagnosis, Complications, Treatment and prevention  Definition, Etiology, Epidemiology, Pathogenesis and pathology, Clinical manifestations, Laboratory investigations, Diagnosis, Differential diagnosis, Complications, Treatment and prevention  Definition, Etiology, Epidemiology, Pathogenesis and pathology, Clinical manifestations, Laboratory investigations, Differential diagnosis, Complications, Treatment, prevention and prognosis  Definition, Causes, clinical manifestation, Laboratory investigations & treatment  Definition, Life cycle and immunoregulation, Epidemiology, Prevention and control, Clinical manifestations, Diagnosis, Differential diagnosis, Treatment  Definition, Etiology, Epidemiology, Transmission, Pathogenesis and pathology, Clinical manifestations, Diagnosis, Treatment and prevention		
12	2	2	Azar)	Visceral Leishmaniasis (Kala Azar)	Epidemiology, Prevention and control, Clinical manifestations, Diagnosis, Differential diagnosis,	
			Toxoplasmosis	Pathogenesis and pathology, Clinical manifestations,		
	2	2	Ancylostomiasis	Definition, Life cycle, Epidemiology, Clinical features, Laboratory findings, Treatment		
13			Ascariasis	Definition, Life cycle, Epidemiology, Clinical features, Laboratory findings, Treatment		
14	2	2	Enterobiasis	Definition, Life cycle, Epidemiology, Clinical features, Diagnosis, Treatment.		

			Trichuriasis	Definition, Life cycle, Clinical features, Diagnosis and Treatment.
15		2	Echinococcosis	Definition, Etiology, Clinical features, Investigations, Management and Prevention
13	2		Taenia Saginata	Definition, Life cycle, Epidemiology, Clinical features, Investigations, Management and Prevention
16	2	2	Human immunodeficiency virus infection and the human acquired immunodeficiency syndrome (HIV/AIDS)	Definition, Etiology, Epidemiology, Pathogenesis and pathology, Clinical manifestations, Laboratory investigations, Differential diagnosis, Complications, Treatment and prevention

)- Cu	inical Skills
	Use critical thinking (problem solving);
	Use learning resources including mentors effectively;
	Order and interpret appropriate laboratory and diagnostic studies;
	Integrate history, physical examination and laboratory results;
	Can select appropriate management at the right time;
	Work effectively with others on the healthcare team.
<b>Fevtl</b>	books & Reference books Recommended (Last edition)
I CAU	books & Reference books Recommended (Last edition)
	Essentials of Clinical Infectious diseases, William F.Wright.
	Essentials of Clinical Infectious diseases, William F.Wright.
	Essentials of Clinical Infectious diseases, William F.Wright. Harrison's Infectious Diseases, Denniel L.Kasper.
	Essentials of Clinical Infectious diseases, William F.Wright. Harrison's Infectious Diseases, Denniel L.Kasper. Infectious Diseases, a Clinical Approach, Allen Yung, Denis Spelman.

## **XXX-TUBERCULOSIS**

# **Learning objectives**

At t

the	he end of course the student should be able to:				
	Discuss about tuberculosis (TB) elimination in Afghanistan;				
	Identify TB disease trends in Afghanistan;				
	List the racial and ethnic groups that are disproportionately affected by TB disease in				
	Afghanistan;				
	Discuss about management of pulmonary TB with DOT approach;				
	Discuss about multidrug resistant pulmonary TB and its management;				
	Discuss about specific cases like pregnant with pulmonary TB;				
	Discuss about prevention of pulmonary TB and vaccination;				
	- Identify ways in which tuberculosis (TB) is spread				

- Describe the pathogenesis of TB
- Identify conditions that increase the risk of TB infection progressing to TB disease.
- Define drug resistance TB
- Describe the TB classification system
- Describe why high-risk groups should be tested for M. tuberculosis infection

	Identify appropriate testing methods for M. tuberculosis infection;
	Identify special considerations when using tuberculin skin tests (TSTs);
_	• •
	Discuss general recommendations for the use of Interferon-Gamma Release Assays
	(IGRAs);
	Describe the five components of a TB medical evaluation;
	Identify the major components of TB diagnostic microbiology;
	List at least five symptoms of pulmonary TB disease;
	Explain the purpose and significance of acid-fast bacilli (AFB);
	Explain the purpose and significance of the culture;
	Explain the purpose and significance of genotyping;
	List the high-risk groups who should be given priority for latent tuberculosis infection
	(LTBI) treatment;
	Describe LTBI treatment regimens;
	Describe LTBI treatment regimens for specific situations;
	Identify components of patient monitoring at baseline and during treatment of LTBI;
	Describe tuberculosis (TB) disease treatment adherence strategies;
	Identify anti-TB drugs;
	Describe treatment regimens for TB disease;
П	Describe patient monitoring:

### **Course contents**

TUBERCULOSIS				
Discipline		Clinical Science and Skills		
Department		Tuberculosis		
Course Title		Pulmonary Tuberculosis		
Pre-requisites		Internal medicine (Module 1)		
Course code		MED9 040		
Academic year		V		
Semester	9	Spring		
Number of Cuedits	2	Knowledge	1	
Number of Credits 2		Clerkship 1		
Hours				

List common adverse drug reactions to TB medications.

	Knowledge	Clerkship	Topics	Descriptions
1	1	1	Introduction (Brief history of Tuberculosis) Etiology and pathogenesis	Brief history of TB in Afghanistan and world, scientific progresses and views during the different socializations. Agent and characteristics typical and atypical mycobacterium, isolation of BK, method of eradication, TB pathogenesis, routes of spread, development of the disease, course of infection in the organism.
2	1	1	TB diagnosis and its Classification	Describe the five components of a TB medical evaluation (Medical history, Physical examination, Test for M. tuberculosis infection, Chest radiograph, Bacteriologic examination of clinical specimens), Identify the major components of TB diagnostic microbiology, List at least five symptoms of pulmonary TB disease, Explain the purpose and significance of direct sputum examination for acid-fast bacilli (AFB), Explain the purpose and significance of the culture, Explain the purpose and significance of genotyping and PCR.
3	1	1	Immunity & allergy in TB and tuberculin test	Types of immune response, mechanism of immune response, cells and factors involved in the process, allergy in TB and its mechanism. Methods of tuberculin test and more emphases on Manthoux testing method.
4	1	1	Primary Clinical forms of TB	Primary forms of TB: primary intoxication (Definitions, clinical features, Diagnosis, course and prognosis, and treatment) Chronic intoxication of TB (Definitions, clinical features, Differential Diagnosis, course and prognosis, and treatment), Primary complex of TB (Definitions, pathogenesis, clinical features, Diagnosis, course and complications, prognosis, and treatment). Tuberculosis Bronchoadinitis (Definitions, pathogenesis, clinical features, Diagnosis, D/Dx, course and complications, treatment).
5	1	1	Secondary clinical forms of TB (Acute Disseminated Pulmonary TB( Miliary TB)	Essential of differential diagnosis between primary and secondary forms of TB, Disseminated Pulmonary TB.  AcuteDisseminated Pulmonary TB (Miliary TB):- Definitions, pathogenesis, predisposing factors, clinical forms and features, Diagnosis, D/Dx, complications, prognosis, treatment
6	1	1	Subacute disseminated pulmonary TB and Chronic disseminated pulmonary TB	Subacute disseminated pulmonary TB: Definitions, clinical features, Differential Diagnosis, prognosis, treatment. Chronic disseminated pulmonary TB: - Definitions, pathogenesis, clinical features, Diagnosis, Differential Diagnosis, course and prognosis, treatment. Focal TB: Definitions, clinical forms,

				clinical features, Diagnosis, Differential Diagnosis, treatment.
7	1	1	Infiltrative TB	<b>Infiltrative TB:</b> Definitions, clinical forms, clinical features, Diagnosis, Differential Diagnosis, treatment
8	1	1	Cavernous TB and Fibro cavernous TB	Definitions, pathogenesis, clinical features, Diagnosis, Differential Diagnosis, course and prognosis, treatment.
9	1	1	Cirrhotic TB and Pulmonary Tuberculoma	Definitions, pathogenesis, clinical features, Diagnosis, Differential Diagnosis, course and prognosis, treatment
10	1	1	Dry &Exudative Pleurisy and peripheral lymphadenitis TB	Dry TB pleurisy: Definitions, pathogenesis, clinical features, Diagnosis, Differential Diagnosis, course and prognosis, treatment. TB pleural effusion: Definitions, pathogenesis, clinical features, Diagnosis, Differential Diagnosis, course and prognosis, treatment.  Peripheral lymphadenitis TB: Definitions, pathogenesis and routes of spread, structure of lymph nodes and pathologic changes, clinical forms, clinical features, Diagnosis, Differential Diagnosis, treatment.
11	1	1	Complications of TB	Corpumonal: Definitions, pathogenesis, clinical features, Diagnosis, treatment.  Hemoptysis: Definitions, pathogenesis, clinical features, Diagnosis, treatment.  Spontaneous Pneumothorax: Definitions, pathogenesis, clinical features, Diagnosis, treatment.
12	1	1	Treatment of TB and DOTS program	Principals of treatment for TB patients, objectives, specific or antibacterial treatments. Nonspecific treatment. DOTS methods for TB treatment.
13	1	1	Pharmacologic characteristic of anti TB drugs and MDR & XDR	Name, pharmacologic dose, side effects, and place of each drug in TB treatment. Pathogenic and symptomatic treatments. Explain of Multidrug-Resistant TB (MDR TB), Extensively Drug-Resistant TB (XDR TB), Types of Drug-Resistant TB Disease.
14	1	1	Prevention of TB	BCG vaccination (what is BCG? pre administration preparations, administration and stages of prophylaxis, complications, contra indications,), chemoprophylaxis: - Definition, primary and secondary chemoprophylaxis, Qualified groups, period and method, Epidemiologic sanitary achievements).
15	1	1	Epidemiology of TB	Epidemiology of TB and Epidemiological parameters, National campaign in the country. Roles and responsibilities of the public health sector providers. Planning and policy development. Detect TB disease early and promptly, Isolate those who have or are suspected of having TB disease (airborne precautions), Treat people who have or who are suspected to suffering TB disease.

16 1	1 TB control program	Administrative controls; which reduce risk of exposure, Environmental controls, which prevent spread and reduce concentration of droplet nuclei, Respiratory-protection controls, which further reduce risk of exposure in special areas and circumstances. Treatment: - (D.O.T.S and treatment regimens, standard treatment).
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#### **Texbooks and References Recommended (last edition)**

- ☐ Clinical Tuberculosis, P.D.O.Davies.
- ☐ Pulmonary Tuberculosis, Edward Osgood.
- ☐ Tuberculosis, William N. Rom.
- ☐ Tuberculosis Surrendra k.Sharma.
- ☐ Tuberculosis, A Comprehensive Clinical references, H.simmon Sichaal.

## XXXI- OBSTETRICS & GYNECOLOGY

#### GOALS

The broad goals of teaching of the graduate student in obstetrics & gynecology are; to empower the student with the necessary knowledge in anatomy, physiology and pathophysiology of the reproductive system and to acquire the necessary skill to manage normal pregnancy and delivery and related problems and to diagnose and treat the common gynecological diseases.

### LEARNING OBJECTIVES

#### a-Knowledge

# At the end of course the student should be able to:

- ☐ To diagnose and manage normal pregnancy, labor, puerperium and the problems related to these conditions;
- To list the common causes leading to maternal and perinatal morbidity and mortality.
- ☐ Identify the use and side effects of drugs during pregnancy and to be aware of indiscriminate use of drugs during obstetric & gynecological practice;
- To be aware of the common indications, technique and complications of usually performed operations like cesarean section, hysterectomy etc;
- ☐ Aware of the principles of contraception and the various techniques employed in family;
- Welfare practice including medical termination of pregnancy, male and female sterilization:
- ☐ To be familiar with the various National Programs in relation to maternal and child Health.

COURSE CONTENT

b- Sk	ills
	Students should be trained about proper history taking, clinical examination;
	Advising relevant necessary investigations and their interpretation and management;
	Posting in OPD, wards, operation theaters, labor room and family planning clinics;
	Students should observe common OPD procedures;
	Observe normal deliveries, forceps and ventouse assisted deliveries, cesrean section
	Ligations, minilap procedures like abdominal, vaginal hysterectomy;
	Examine a pregnant woman and diagnose abnormalities like preeclampsia, anemia
	GDM, abnormal presentations and to make appropriate referrals if necessaryy
	Conduct a normal labor and to provide postnatal care;
	Preform resuscitation of newborn babies;
	Perform a pelvic examination and to diagnose common gynecological diseases;
	Examine a vaginal smear for trichomonas and fungus, and to take a Pap smear;
	To offer appropriate contraceptive advice to a couple, and to assist in insertion of IUCD
П	Interpret common investigation results (biochemical histopathological ultrasound)

	OBSTETRICS						
Disci	pline				Clinical Science and Skills		
Depa	rtme	nt			Obstetrics & Gynecology		
Cou	se Ti	tle			Obstetrics		
Pre-	requis	sites			Basics of surgery		
Cour	se co	de			MED7 028		
Class	S				IV		
Semo	ester			7	Spring		
Num	ber o	f Cro	dite	4	Knowledge	2	
Nulli	Der o	Cre	uits	4	Clerkship	2	
Weeks	H Knowledge	Clerkship	Topics		Descri	ptions	
			Diagnos	is of pregnancy	Presumptive evidence of pregnancy, Probable signs of pregnancy, Positive signs of pregnancy, Identification fetal life or death.		
1	2	2	Physiolo pregnan	ogy of normal acy	Dating of pregnancy, organize circulation in the mature place fetus, the placental hormonest estrogen production in pregnation.	enta, physiology of the - fetal adrenal glands-	

2	1	1	Maternal Adaption to pregnancy	Reproductive system: abdominal wall &skin, metabolic changes, hematologic changes of normal pregnancy, cardiovascular system, respiratory tract, urinary system, gastrointestinal tract, liver & gallbladder, endocrine glands, musculoskeletal system.
	1	1	Prenatal care and Management of common symptoms in pregnancy	Overview of Prenatal Care: Organization of Prenatal care, Nutrition: Recommendations for Weight Gain, Common Concerns: Nausea and vomiting, Backache, Vasicosities, Hemorrhoids, Heartburn, Picca, Ptyalism, Fatigue, Headache, Leukorrea, Bacterial Vaginosis, Trichomonasis, Candidiasis.
3	1	2	Antepartum Assessment	Fetal Movements: clinical Application, Fetal Breathing, Contraction stress Testing, Nonstress Tests , Acosustic Stimulation Tests, Biphysical Profile(BPP), Amniotic Fluid Volume(AFI), Umblical Artery Dopplar Velocimetery.
	1		Prenatal diagnosis Investigations to be carried out in pregnancy	Fetuses at High Risk for Genetic or Congenital Disorders, Screening for Common Congenital Abnormalities,
	1		labor and delivery	Mechanism of labor ,Characteristics of Normal Labor Management of labor and delivery, Labor Management Protocols: Active Management of Labor.
4	1	2	Intrapartum Assessment	Electronic Fetal Monitoring, Other Intrapartum Assessment Techniques, Fetal Distress, Intrapartum Surveillance of Uterine Activity: Internal Uterine Pressure Monitoring, External Monitoring, Patterns of uterine Activity.
_	1	1	Newborn care	Initation of Air Breathing, Methods used to Evaluate Newborn Condation:Apgar Score, Umbilical Cord, Routine Newborn Care
5	1	2	Puerperium, and its complications	clinical and Physiology Aspects of the Puerperium, Mammary Glands, Care of the Mother During the Puerperium ,puerperal Infection,
	1	2	Obstetric ultrasound Feta	Ultrasonography in Obstetrics, Normal And Abnormal Fetal Anatomy, Doppler Velocimetery, M-Mode Echocardiography.
6	1	2	Gestational Trophoblastic diseases.	Hydatidiform Mole(Molar Pregnancy), Gestational Trophoblastic Neoplasia, Etiology, Pathology, Clinical Course, Diagnosis, Treatment, Prognosis, Pregnancy after Gestational Trophoblastic Disease
	1		Ectopic pregnancy	General considerations, Pathogenesis of ectopic Pregnancies, Clinical Features, Diagnosis, treatment,
7	7 1		Abortions	Spontaneous Abortion, Induced Abortion, consequences of elective Abortion, Septic abortion

	1		Obstetrical Hemorrhage ( Antepartum and Postpartum hemorrhage)	Antepartum Hemorrhage, Placental Abruption, Placenta Previa, PostPartum Hemorrhage, Hypovolemic Hemorrhage, Consumptive Coagulopathy
8	1	2	Breech Presentation and Delivery	Etiology, Complication, Diagnosis, Prognosis Vaginal Delivery, Techniques for Breech Delivery, Version.
	1		Dystocia (Abnormal labor)	Dystocia, Abnormalities of the Expulsive Forces, Fetopelvic disproportion, Maternal- Fetal Effects of Dystocia.
9	1	2	Operative delivery (cesarean section) Vaginal assist delivery (forceps and vacuum)	Cesarean Delivery, Peripartum Hysterectomy, Forceps Delivery, Vacuum Extraction, Comparison of Vacuum Extraction with Forceps.
10	1	2	Preterm labor PTL and Premature rupture of membrane PROM	Definition, Causes of Preterm Birth, Identification of women at for Spontaneous Preterm Labor, Management of Preterm Ruptured Membranes and Preterm labor,
	1	2	Post-Term pregnancy	Estimated Gestational Age Using Menstrual Dates Incidence,Perinatal Mortality,Pathophysiology , Management,
	1		Multiple pregnancy	Etiology, Diagnosis , Maternal Adaption, Pregnancy Outcome, Unique Complication , Delivery of Twin Fetuses (Labor, Vaginal Delivery, Cesarean Delivery)
11	1	2	Hypertensive disorders	Terminology and Classification, Diagnosis, Etiology, Pathogenesis.  Management, Early Prenatal Detection, Termination of Pregnancy, Antihypertensive, Drug Therapy, Delayed Delivery with Sever Preeclampsia, Glucocorticoids, Eclampsia
	1		Diabetes in pregnancy	Classification,Gestational Diabetes,Pregestational (Overt) Diabetes,fetal Effects,Neonatal Effects,Maternal Effects,Management,Contraception
12	1	2	Hematological Disorders	I-Anemia: Iron- Deficiency Anemia, Anemia form Acute Blood Loss, Anemia Associated with Chronic Diseases, Megaloblastic Anemia, Acquired Hemolytic Anemia, II-Hemoglobinopathy: Sickle Cell Hemoglobinopathies, Thalassemias, Polycythemia, III- Platelet Disorders
13	1		Rhesus Negative in pregnancy	General Considerations, Incidence, Pathogenesis: Management Of the Unsensitized RH- Negative Pregnancy , Evaluation of the Pregnancy with Isoimmunization, Management of the Pregnancy with Isoimmunization,
13	1	2	Fetal Growth Disorders And Fetal Death	Normal Fetal Growth, Fetal Growth Restriction, Macrosomia, Fetal Death: Definition of Fetal Mortality, Causes of Fetal Death, Evaluation of the Stillborn infant, Psychological Aspects, Pregnancy After Previous Stillbirth.

	1		Infection diseases in pregnancy	Immunological Changes of Pregnancy, Viral Infections Bacterial Infection, Protozoal Infections, Mycotic Infections.
14	1	2	Induction of Labor	General Concepts, Elective induction of Labor Indicated Labor Induction, Contraindication Preinduction Cervical Ripening: Pharmacological Techniques, Mechanical Techniques, Summary of Preinduction cervical Ripening, Labor Induction and Augmentation with Oxytocin, Intravenous Oxytocin Administration, Amniotomy.
15	1		Abnormalities of the Placenta, Umbilical, Cord, and Membranes  i-Placental Abnormalities, ii-Abnormalities of the Membranes, iii- Umbilical Cord Abnormalities iv-Pathological Examination	
	1	2	Analgesia and Anesthesia in obstetric	General Principles, Analgesia and Sedation During Labor, Regional Analgesia, General Anesthesia,
16	2	1	Teragenic Drugs, and Other Medication	Teratology, Genetic and Physiological Mechanisms of Teratology, Counseling for Teratogen Exposure Known Teratogen, Drugs Commonly Used in Pregnancy.
	1	1	Obstetrics Critical Care	Obstetric Disorders Requiring Critical Care, Obstetric Shock, hypovolemic Shock, Septic Shock, Amniotic Fluid Embolism, Pulmonary Thromoembolism, Disseminated Intravascular Coaculation(DIC), Acute Respiratory Distress Syndrome(ARDS), Cardiopulmonary Resuscitation During Pregnancy.

GYNECOLOGY					
Discipline		Clinical Science and Skills			
Department		Gynecology and obstetric			
Course		Gynecology			
Co-requisite		Basics of surgery			
Course code		MED8 029			
Academic year		IV			
Semester	8	Fall			
	4	Knowledge	2		
Number of Credits	4	Clerkship	2		
Hours  Clerkship  Knowledge  Weeks	Topics	Descrip	tions		

1	2	2	Gynecologic Diagnostic procedures	History & Physiologic Examination( General Evaluation, Breast Examination, Abdominal Examination, Pelvic Examination, Diagnostic Office Procedures, Diagnostic Laboratory Procedure	
2	2	2	Therapeutic Gynecologic Procedures	Dilatation and Curettage(D & C): Indications, Technique Hysteroscopy ,Laparoscopy , Hysterectomy ,Abdominal Hysterectomy,Supracervical Hysterectomy,Vaginal Hysterectomy,Laparoscopic Hysterectomy,Postoperative Care,Complications	
3	2	2	Common Menstrual Problems and Abnormal Uterine Bleeding AUB	Premenstrual Syndrome ,Dysmenorrhea ,Abnormal Uterine Bleeding(AUB) .,bnormal Bleeding Due to Non gynecologic Diseases and disorders ,Dysfunctional Uterine bleeding: Treatment ,Postmenopausal Bleeding	
4	2	2	Amenorrhea	Definition and Incidence, Etiology & Pathogenisis: Amenorrhea in Women with46,XY Karyotype Anatomic Abnormalities Associated With Amenorrhea, Hypothalamic Defects, Pituitary Defects, Ovarian Failure, Ovarian Dysfunction, and Obesity as a Cause of amenorrhea, Diagnosis & management.	
5	2	2	Benign Vulvo-Vaginal Disorders		
6	2	2	Fibroid Uterus Adenomyosis	Leiomyomas:Pathologic Appearance, Role of Hormones( Estrogen, Progestins), Risk Factors, Classification of Leiomyomas, Symptoms Diagnosis, Imaging, Management ,Adenomysis:Pathophysiology , Risk Factors, Symptoms , Differential Diagnosis , Diagnosis , Management.	
7	2	2	Premalignant and Malignant Disorders of the Uterine cervix	<ul> <li>Cervical Intraepithelial Neoplasia</li> <li>Cancer of The Cervix: Essentials of Diagnosis, General Considerations, Epidemiology &amp; Etiology, Pathology, Clinical Findings, Clinical Staging, Complications, Prevention Treatment, Special Situations, complication of Therapy, Posttreatment Follow-up, Prognosis</li> </ul>	
8	2	2	Premalignant and Malignant Disorders of the Uterine Corpus  - Endometrial Hyperplasia and Carcinoma: Essentials of Diagnosis, General Considerations, Etiology, Surgical Staging, Classification, Clinical Findings, Differential Diagnosis, Complications, Prevention Treatment, Prognosis		
9	2	2	Benign, Premalignant and Malignant Disorders of the Ovaries and Oviducts	I- Benign Disorders: a-Physiologic Enlargement: Functional Cysts Hyperthecosis, Polycystic Ovarian Syndrome (PCOS) (Stein-Leventhal Syndrome) b-Ovarian Neoplasia: Treatment of Ovarian Tumors, Epithelial Tumors ,Sex Cord-stromal Tumors, Germ Cell Tumors 3-Benign Tumors of the Oviduct II- Premalignant and Malignant Disorders:	

10	2	2	Pelvic organs prolapses Or Relaxation of Pelvic Supports	General Considerations, Anterior Vaginal Wall Defects, Posterior Vaginal Wall Defects, Description and Staging of Pelvic Organs Prolapses, Cystocele & Urethrocele Rectocele, Enterocele, Uterine Prolepse, Malpositions of the Uterine (Tipped Uterus), Vaginal Pessaries: Indication & Use, Contraindications, Type of Pessaries, Fitting of Pessaries.
11	2	2	Temporary and permanent methods of contraception	Contraception:Estrogen Plus Progestin Contraceptives, Progestational Contraceptive, Emergency Contraception, Mechanical Methods Of contraception: Intrauterine contraceptive devices, Barrier Method: Male Condom, Female Condom, Spermicide and Microbicides, Diaphragm plus Spermicide, Contraceptive Sponge, cervical Cap, Fertility Awareness Based Methods; Special Considerations for Contraception: Sterilization: Female Sterilization, Male Sterilization,
12	2	2	Menopause and related problems	General Considerations, Etiology & Pathogenesis , clinical Findings: Symptoms And Signs: Reduced Endogenous Estrogens , Excess Endogenous Estrogens, Miscellaneous postmenopausal Symptoms, Laboratory finding Ulterasonography, Differential Diagnosis, Prevention And management.
13	2	2	Endometriosis	Pathophysiology, Classification and Location of Endometriosis, Patient Symptoms, Differential Diagnosis, Diagnosis, Treatment: Expectant Management, Medical Treatment of Endometriosis Related Pain, Surgical Treatment of Endometriosis- Related Pain.
14	2	2	Infertility	Definitions and Statistic, Psychologic Aspects of infertility, Diagnosis, Treatment, Male Factors, Female Factors, Unexplained infertility.
15	2	2	Androgen excessive disorders( Hirsutism)	Definition,Etiology, Physiology Of Androgens: Physiology of Hair Growth,Diagnosis & Clinical Findings, Treatment, Complications,Prognosis
16	2	2	Sexually Transmitted Diseases & Pelvic Infections	I- Sexually Transmitted Diseases, Vaginitis, Urethritis and Cervicitis. II-Pelvic Infections: Pelvic inflammatory Disease(PID), Recurrent or Chronic Pelvic Infection, Pelvic (Cul-Desac)Abscess, Tubo-Ovarian Abscess, Postoperative Pelvic Infections, Pelvic Tuberculosis, Toxic Shock Syndrome.

# **B-Skills**

# a- Obstetrics

- ☐ History taking and examination of a pregnant woman ,watching progress of labor and conduct of a normal delivery;
- ☐ Management of third stage of Labor, prevention and treatment of postpartum

	hemorrhage;
	Witness cesarean section, breech delivery, forceps and vacuum delivery;
	Essential care of a newborn;
	Non stress testing of fetus; biophysical scoring of fetus;
b- (	Gynecology
	How to take history and examination of female pelvic organs
	Making of pap smear, wet smear preparation on vaginal discharge
	Minor gynecologic procedures; cervical biopsy, endometrial biopsy, dilatation &
	curettage(D&C)
	Medical termination of pregnancy; in first & second trimesters
	Insertion and removal of intrauterine contraceptive device
<u>C-C</u>	Operative Skills
	Conduct of normal delivery
	Making and repair of episiotomy
	Insertion and removal of intrauterine device
	Taking of pap smear
Text	tbooks and Reference Books recommended (Last editions)
	Obstetrics & Gynecology.Charles RB.Beckman.
	Williams Obstetrics, Cunninham.
	Gynecology, Robert W.Shaw.
	Williams Gynecology, John O Schorge.
	Berek & Novak's Gynecology, Jonathan S.Berek.
	Clinical Gynecologic Endocrinology and infertility, Leon Speroff and Marc A.Fritz.
	Dewhort's Textbook of Obstetrics and Gynecology, D.Keith Edmonds.
	Shaw's Textbook of Gynecology, VG Pathbedri.
	Clinical Practice in Obstetrics and Gynecology, Sanjay Gupta.
	Acoprehensive Textbook of Obstetrics and Gynecology, Sadhana Gupta.

# **XXXII- OPHTHALMOLOGY**

# Goals

The broad goals of the teaching of students in ophthalmology are to provide such knowledge, and skills to the student that shall enable him/her to practice as a primary eye care physician, and also to function effectively as a community health leader to assist in the, implementation of national program for the prevention of blindness and rehabilitation of the visually impaired. Learning objectives

# a- Knowledge

At th	e end of the course, the student will have knowledge of:
	Symptomatology in ocular disorders and their pathogenesis;
	Ocular involvement in systemic diseases;
	Disorders of the lid;
	Disorders of the lacrimal apparatus;
	Conjunctivitis;
	Ophthalmia neonatorum;
	Trachoma &other chronic conjunctivitis;
	Keratitis and corneal ulcers;
	Scleritis & Episcleritis;
	Refractive errors &method of correction;
	Presbyopia;
	Accommodation convergence;
	Cataract (Congenital cataract, Senile cataract, Metabolic & complicated cataract);
	Glaucoma(Primary closed angle glaucoma, Congenital glaucoma, Primary Open angle
	glaucoma, Secondary glaucoma);
	Uveitis (anterior uveitis, posterior uveitis)
	Blindness prevalence, prevention & rehabilitation;
	Retinopathies(Hypertensive, Toxemia & Pregnancy, Diabetic Retinopathy);
	Retinal Detachment, types, symptoms & predisposing factors;
	Endocrine ophthalmology;
	Retinal vascular disorders;
	Retinoblastoma & other ocular neoplasms;
	Binocular vision amblyopia & concomitant squint;
	Nutritional disorders;
	Incomitant strabism (paralytic strabism);
	Visual acuity, pupillary path ways & cranial nerve palsies
	Optic nerve lesions;
	Ocular emergencies (Traumatic);
	Ocular emergencies (Non-traumatic);

Minor ophthalmic surgery;
National program for control of blindness;
Comprehensive eye care in rural set-up;
Ethics in ophthalmology;
Trachoma;
Entropion / ectropion;
Pterygium;
Nasal lacrimal duct block / Dacryocystitis;
Conjunctivitis / allergic / acute;
Corneal ulcer;
Keratitis;
Iridocyditis;
Angle closure glaucoma;
Scleritis / episcleritis;
Dark room;
Refractive errors & presbyopia:
Cataract – senile:
- Complicated
- Post-operative
- Complications
- Intraocular lenses
Xerophthalmia;
Corneal opacities;
Ocular injuries (Perforating / concussional injuries);
Amaurosis fugax;
Indirect ophthalmoscopy;
Orthoptics (study and treatment of defective binocular vision);
Surgical Instruments;
Magnitude of blindness in Afghanistan and its main causes;
Principles of management of major ophthalmic emergencies;
Effect of local and systemic diseases on the patient's vision and the necessary action
required to minimize the sequelae of such diseases;
Adverse drug reactions with special reference to ophthalmic manifestations.

# **Course contents**

	OPHTHALMOLOGY						
Disc	ipline	;			Clinical Science and Skills		
Dep	artme	ent			Ophthalmology		
Cou	rse su	bject			Eye diseases		
Pre-	requi	sites			Basics of surgery		
Cou	rse co	de			MED11 037		
Aca	demic	year			VI		
Sem	ester			11	Spring		
					Knowledge	2	
Nun	nber o	of Cre	edits	4	Clerkship	2	
	Hou	rs					
Weeks	Knowledge	Clerkship	Тор	bics	Descriptio	ons	
1	2	2	Optical systen	of the eye	<ul> <li>General approach to Anatom Eye, Eye Optical system, V Development of the Eye.</li> <li>Refractive errors, Hyperopia Astigmatism.</li> </ul>	ision, Growth and	
2	2	2	Optical system And Diseases of eyelids		<ul><li>Anesometropia, anisekonia convergence.</li><li>Anatomo-physiology of eyel anomalies of the eye, Acquir</li></ul>	lids, congenital	
3	2	2	Disorder of ey	velids	- Skin diseases, Neuro-muscular diseases, marginal diseases of the eyes. Gland diseases of the eyes. Tumors of the eylids.		
4	2	2	Disorders of co	onjunctiva	<ul> <li>Anatomo-physiology of conj., congenital anomalies of, conjunctival inflammations of, non-infectious conjunctivitis.</li> <li>Bacterial,neonatal, viral, Chlamydia (Trachoma and inclusion conjunctivitis).</li> </ul>		
5	2	2	Disorders of conjunctiva and Disorders Lacrimal apparatus - Allergic, Autoimmune, tumrs and degenrations trauma Lacrimation, dry eye, acute and acute , chroni dacryoadinitis and Lacrimal Gland tumors.			nd acute, chronic	
6	2	2	Disorders Lac apparatus and Disorder of ex muscles	l	dacryoadinitis and Lacrimal Gland tumors.  - Epiphora, acute Canaliculitis, acute and chronic dacryocystitis, tumors of drainage passages, traumas, Anatomophysiology of extra ocular musc ls, definition of squint, classification of strabismus.		

7	2	2	Disorders of extra ocular muscles and Disorders of orbita, vessels and nervs	<ul> <li>Differential diagnosis of types of squint, motive and sensory changes in squint, squint patient examination, treatment of squint</li> <li>Anatomo-physiology of orbit, diseases of, traumas of, Anatomophysiology of vessls and nerves.</li> </ul>
8	2	2	Disorders of vessls , nerves and Disorders of cornea	<ul> <li>Disorders of blood vessels and nerves of the eye.</li> <li>Anatomo-physiology of cornea, congenital anomalies of, corneal inflammations, classification of Keratitis, (suprefacial Keratitis, and non infectious Keratitis.</li> </ul>
8	2	2	Disorders of vessls , nerves and Disorders of cornea	<ul> <li>Disorders of blood vessels and nerves of the eye.</li> <li>Anatomo-physiology of cornea, congenital anomalies of, corneal inflammations, classification of Keratitis, (suprefacial Keratitis, and non infectious Keratitis.</li> </ul>
9	2	2	Disorders of cornea	<ul> <li>Bacterial, chlmydial, viral, fungl, filamentry keratitis, keratomalacia and vernal keratitis.</li> <li>Peripheral Keratitis (marginal, rosacea, mooren), interstacial, Keratitis, disciform, keratitis, exposure Keratitis, corneal degenerations, tumors of, Injuries of, and principles of Keratoplasty.</li> </ul>
10	2	2	Disorders of sclera and disorders of uvea	- Anatomophysiology of sclera, congenital anomalies of the sclera and scleritis, Anatomo-physiology of uveal truct, Congenital anomalies of uveal truct, classification, clinical aspect of uveitis, tumor of uvea.
11	2	2	Disorders of retina	<ul> <li>Anatomophysiology of retina, retinal artery occlusion, Retinal Vein occlusion, eales diseases, retinitis pegmentosa.</li> </ul>
12	2	2	Disorders of retina	<ul> <li>Diabetic retinopathy ,hypertensive retinopathy</li> <li>Retinopathy of blood disorders, retinopathy of prematurity, retinopathy of Gravidarum.</li> </ul>
13	2	2	Disorders of retina and Glaucoma	<ul> <li>Toxic retinopathy, Senile Macular degeneration, retinal detachment, and tumors of the retina.</li> <li>Related anatomophysiology of glaucoma and congenital glaucoma.</li> </ul>
14	2	2	Glaucoma and Disorders of lens	- Primary and secondary glaucoma (open angle and closed angle). Anatomophysiology of lens, congenital anomalies of the Lens, course and stage of cataract, clinical aspect related to age.
15	2	2	Disorders of lens , disorders of vitreous And disorders of visual pathway	First period:Complication and treatment of cataract, Anatomophysiology of vitreous, congenital anomalies of Vitreous, acquired changes and vitreitis  Second period: Anatomophysiology of (optic nerve, chiasma opticum) tract, radiation optic and visual cortex congenital anomalies of optic nerve.
16	2	2	Disorders of visual pathway	First period: Papilledema and Papillitis, Retrobulber neuritis, optic atrophy Second period: Tumors of the optic nerve and disorders of chiasma opticum. Disorders of the optic tract and optic radiation, Nystagmus and Migraine ophthalmic.

Natio	onal program for prevention of blindness and its implementation at various levels.
	Eye care education for prevention of eye problems
	Role of Primary Health Center –PHC
	Organization of primary health care and the functioning of the ophthalmic assistant.
	Integration of the national program for control of blindness with the other national
	health programs
b- Sk	kills
At th	e end of the course, the student will be able to:
	Elicit a history pertinent to general health and ocular status;
	Perform diagnostic procedures such as visual acuity testing, examination of the eye, tonometry, staining for corneal pathology, confrontation perimetry (visual field determination), and subjective refraction including correction for presbyopia and aphakia (absence of lens), direct ophthalmoscopy, conjunctival smear examination and cover test;
	Diagnose and treat common problems affecting the eye;
	Interpret ophthalmic signs in relation to common systemic disorders;
	Perform therapeutic procedures such as subconjunctival injection, corneal/conjunctival foreign body removal, carbolic cautery for corneal ulcers, nasolacrimal duct syringing and tarsorrhaphy;
	Provide first aid in major ophthalmic emergencies;
	Organize community surveys for visual health;
	Organize primary eye care services through Primary Health Centers;
	Use effective means of communication with the public and individuals to motivate
	them for surgery for cataract, glaucoma etc.
<b>Text</b>	books and Reference Books Recommended (Last editions)
	Ophthalmology, Myron Yanoff.
	Textbook of Ophthalmology, HV. Nema.
	Priciples and Practice in Ophthalmology, Alberts Jacobieks.
	Illastrated Tutorial in Clinical Ophthalmology, Jack J.Kanski.
	A textbook Atlas of Ophthalmlogy, G.Lang.
	Jack J .Kanski Brad Bowling, Clinical Ophthalmology, Ken Niscal &Andrew Pearson.

# **XXXIII-ORTHOPEDICS**

# Goals

An MD student should know about the commonly encountered conditions in orthopedics pertaining to their diagnostic features, basic pathophysiological aspect and the general and basic management strategies. It is expected to learn basic skills such as application of splints, skin and skeletal traction, as well as plaster slab and casts (including special casts, hip Spica, shoulder Spica, cylinder cast, and patellar tendon bearing casts).

Students should know the maneuvers for reduction of common fractures and dislocations such as Colles' fracture, supracondylar fracture of humerus, dislocation of shoulder, elbow and hip.

# **Learning objectives**

# 1. Clinical decision making ability & management expertise

Diagnose conditions from history taking, clinical evaluation and investigations and should be able to distinguish the traumatic from infective and neoplastic disorders.

#### 2. Thrust areas:

<b>Pediatric orthopedics</b> - The student should be exposed to common congenital and
developmental disorders such as club-Foot, developmental dysplasia of hip, bone
infections, and also should acquire adequate knowledge about the principles of
management of these disorders.
Orthopedic oncology- The graduate is expected to be familiar with the common
tumors encountered in orthopedic practice. The student should be able to diagnose
common bone tumors and should know principles of treatment
Management of Trauma- Trauma in this country is one of the main causes of
morbidity and mortality. The student is expected to be fully conversant with trauma
in its entirety including basic life-saving skills, control of hemorrhage, splintage of
musculoskeletal injuries and care of the injured spine.
Sports Medicine- The student should know about common orthopedic pathologies
encountered in sportspersons and their diagnostic and preventive aspects.
Physical Medicine and Rehabilitation- The student is expected to be familiar with
common orthotic and prosthetic devices and their applications.

#### **b- Clinical Skills**

The	oraduate	learns.

Application of splints and tractions;
Application of plaster. slabs and casts;
Manipulative reduction of common fractures and dislocations;
Infiltration of tender peri-articular lesions;
Aseptic technique of joint fluid aspiration;

# **Course content**

				OF	RTHOPEDICS		
Disci	pline				Clinical Science and Skills		
Depa	rtmer	nt			Orthopedics and Traumate	ology	
Cour	rse Tit	le			Orthopedics		
Prer	equisit	te			Basics of surgery		
Cour	se cod	le			MED11 025		
Acad	lemic :	year			VI		
Seme	ester			11	Spring		
.,				,	Knowledge	2	
Num	ber of	Cred	lits	4	Clerkship	2	
Weeks	Knowledge	Clerkship	Topics		Descriptions		
1	2	2	Concept	of orthopedics	History of orthopedics&Traumatology, physical examinination, Traction & plaster.		
2	2		Fracture	Healing	Methodes of fracture heali	ng and staging.	
3	2	2	Bone and	d Joint infection	Acute and Chronic ostoem findings, differential diagn complications, Septic arthr	osis, treatement,	
4	2	2	Bone and osteoartl	d joint TB and hritis	Definition, Pathology, Clini Management.	ic findings, Diagnosis,	
5	2	2	Upper girdle fractures		<ul> <li>Clavicaula fracture&amp; dislocations clinical findings, treatement</li> <li>scapula fracture causes, treatement</li> <li>Sternum fracture</li> <li>Rib fracture clinical findings, treatement</li> <li>Acromiclavicular joint disclocation, signs, treatment</li> <li>Sternoclavicular joint dislocation</li> <li>Anterior dislocation of shoulder joint</li> <li>Humerus neck fracture</li> <li>Humerus shaft fracture</li> <li>Supracondylar humerus fracture.</li> </ul>		
6	2	2			- Humerus condylar fra - Elbow joint dislocatio - Radius & ulna upper - Olecranon fracture - Monteggia fracture - Galezzia fracture	acture n	

				<ul> <li>Fracture of the distal radius, Radius and ulna lower part fractures, Carpal injuries, Metacarpus fractures, Fracture of phalanges.</li> </ul>
7	2	2	Vertebral trauma	<ul> <li>Classification, Mechanism of trauma</li> <li>Cervical spine injuries, thoracolumbar spine injuries, Treatement.</li> </ul>
8	2	2	Pelvic fractures & acetabulum	Definition, classification, mechanism of trauma, clinical findings, treatement
9	2	2	Hip joint & femur & tibia and fibula , Knee joint &	<ul> <li>Hip dislocation,</li> <li>Neck of femur fractures</li> <li>Trochanteric fracture of femur</li> <li>Shaft of femur fracture</li> <li>Supracondylar fracture.</li> </ul>
10	2	2	and fibura , Knee Joint & ankle joint & foot trauma	<ul> <li>Patella fractures</li> <li>Tibia and fibula shaft fractures</li> <li>Ankle joint fractures</li> <li>Foot trauma</li> <li>Fractures of calcaneus and talus</li> </ul>
11	2	2	Internal derangement of the Knee , Ankle and foot	Brief review of knee joint anatomy, Anterior Cruciate injury, Posterior Cruciate injury, Meniscal injury.
12	2	2	Deformities of foot	<ul><li>Club foot,Flat foot ,Hallux valgus,Hallux rigidus</li><li>Claw toes, Pes cavus,</li></ul>
13	2	2	Poliomyelitis	Definition, Clinic and stage of disease, management.
14	2	2	Amputation	<ul><li>Indication, Classification, Technique&amp; principles</li><li>Complications.</li></ul>
15	2	2	Bone tumors	- Classification, Clinical findings, Differential diagnosis, Osteoma, Osteoblastoma.
16	2	2	Done tumors	<ul> <li>Chondroma, Aneurismal bone cyst, Hemangioma</li> <li>Fibroma, Giant cell tumor, Osteosarcoma</li> <li>Eving tumor, Multiple myeloma</li> </ul>

# Textbooks and Reference Books Recommended (Last editions)

	Textbook of Orthopedics, John Ebnezar.
	Textbook of Orthopedics and Trauma, Kulkarni GS.
	A Manual of Orthopedics Terminology, Fred RT.Nelson.
	Practical Orthopedics, Lonnie Mercier.
	Essential Orthopedics, J.Maheshwari.
	Natarajan's Textbook of Orthopedics & Traumatology, MV. Natarajan.
П	Color Atlas of Clinical Orthopedics Szendroe Miklos Franklin

# XXXIV-OTORHINOLARYNGOLOGY

#### Goals

The broad goals of teaching graduate students otorhinolaryngology is to ensure that they acquire adequate knowledge, skills and attitude for optimum treatment (including emergencies), rehabilitation of common otorhinolaryngology disorders and assessment of the need for referral to specialized care.

# Learning objectives:

a-	Know	led	ge.
•			<u> </u>

	At the end	of course:	student	shall	be	able	to	):
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 to the of course, sinucial stant of action
Examine and diagnosis common ear, nose, and throat problems;
Suggest common investigative procedures and their interpretation to diagnose and
manage the patient;
Treat the common ear, nose, throat and neck problem at primary care center, while
treating the patient;
He should know the rational use of commonly used drugs with their adverse effects.
Train to perform various minor surgical procedures like ear syringing nasal packing
and biopsy procedure;
Assist common surgical procedures such as tonsillectomy, mastoidectomy
septoplasty, tracheostomy and endoscopic removal of foreign bodies.

#### b- Skills

### At the end of course student should be able to:

Proper Ear, Nose and throat examination;
Discussion on common ENT conditions like; deviated nasal septum, nasal polyps,
cancer of larynx;

- ☐ Oriented to commonly used ENT instruments and X-Rays in ENT practice;
- ☐ Exposed to commonly done OPD procedures like nasal packing, ear packing, cautery etc;
- Exposed to selective operative procedures like tracheostomy, tonsillectomy, septoplasty, nasal polypectomy etc.

### Course contents

OTORHINOLARIYNGOLOGY					
Discipline	Clinical Science and Skills				
Department	Otorhinolaryngology				
Course Title	Otorhinolaryngology				
Prerequisite	Basics of surgery				
Course code	MED10 035				

Academic year V							
Sem	ester			10	Fall		
					Knowledge	2	
Nun	iber o	f Cred	lits	4	Clerkship	2	
Weeks	Knowledge	Clerkship		Topics	Descriptions		
1	2	2	Brief r the ear	eview of anatomy of	Auricle,External auditory canal Anatomy of the Ear: Middle Ea		
2	2	2		Review of physiology ear and deafness	Mechanism of hearing and sound transmission, Clinical Method of Ear, Symptomatology of aural diseases (Otalgia,Otorrhagia,Irritation,Otorrhea,Tinnitus) Deafness: Definition, Types(Conductive,Sensorineural)		
3	2	2	Disease	e of the Ear	Disease of External Ear ,Disease Disease of External auditory ca		
4	2	2	Disease	e of the Ear	Disease of Tympanic Membrane, Acute Suppurative otitis Media. Acute Necrotizing Otitis Media, Serous Otitis media		
5	2	2	Disea	se of the Ear	Chronic Suppurative Otitis Media Intracranial complications of otitis media, Otosclerosis and Miniere's disease.		
6	2	2	Disea	se of the Ear	Tumors of External Ear: Benign Tumors of External Ear: Malignant		
7	2	2		Review of Anatomy sysiology of the Nose	External Nose ,Nasal cavity sinuses.Ethmoidal sinuses,Spho Nose and Para nasal sinuses:Cl		
8	2	2	Epistar the No	xis and fracture of se	Epistaxis: Definition, Classifica Fracture of Nose: Types, Clinca Treatment.		
9	2	2	Rhiniti	is	Definition ,Classification,Atrop Sicca ,Rhinitis Caseosa, Malign Rhinitis:Definition,Causes,Med feature .	nant Granuloma, Allergic	
10	2	2	Sinusitis		Sinusitis: Complications of sinuses and Para nasal sinuses	usitis, Tumors and Cyst of	
11	2	2	Anator pharyr	ny & physiology of nx	Nasopharynx,Oropharynx , Clinical Method of Pharynx Adenoids ,Acute and Chronic Nasopharyngitis		
12	2	2	Tumor	rs of Nasopharynx	Benign and Malignant Tumors pharyngitis	of Nasopharynx, Acute	

13	2	2	Diseases of the Pharynx	Chronic pharyngitis:Chronic catarrhal pharyngitis,chronic Granular pharyngitis,chronic Atrophic, Pharyngitis, Keratosis Pharyngitis, Applied Anatomy of faucial tonsil,Acute Tonsillitis,Faucial Diphtheria,Chronic Tonsillitis,Indications for Tonsillectomy.
14	2	2	Deep Neck Space Infection and oropharynx tumors	Deep Neck Space infection, Oropharynx tumors: Benign & Malignant
15	2	2	Brief review of Anatomy of the Larynx	Muscles, Cavity of Larynx, Blood, Supply, Innervation, Lymphatic drainage, Physiology of Larynx and Clinical Method of Larynx
16	2	Stridor and tumors of the larynx  Acute Laryngotracheobronchitis, Chronic Laryngiti Larynx, Perichondritis of the Larynx  Tomours of Larynx: Benign & Malignant, Tracheos Definition, Applied Anatomy of the, Trachea, Classification, Function of tracheostomy, Indication		Tomours of Larynx: Benign & Malignant, Tracheostomy:

#### **Textbooks and Reference Books Recommended (Last editions)**

- ☐ Cumming's Otorhinolaryngology, Head & Neck Surgery, Paul W.Flint, Bruce H.Haughy.
- ☐ Essential Otorhinolaryngology, Head and Neck, K, J. Lee.
- ☐ Scott-Brawn's Otorhinolaryngology, David Adams & Michael Cennamond.
- ☐ Key Topics in Otorhinolaryngology, NJ Roland, RDR.McRae, AW. Mc Combe.
- ☐ Ballenger's Otorhinolaryngology, Head & Neck surgery, James B.Snow-.AshleyWackym.

# **XXXV-PEDIATRICS**

#### Goals

The broad goals of the teaching of graduate students in pediatrics are to acquire knowledge and appropriate skills for optimally dealing with major health problems of children and to ensure their optimal growth and development.

### Learning objectives

#### a- Knowledge

# At the end of the course, the student should be able to:

- Describe the normal growth and development during fetal life, neonatal period, childhood and adolescence;
- ☐ Describe the common pediatrics disorder and emergencies in terms of epidemiology, etiopathogenesis, clinical manifestations, diagnosis, rational therapy and rehabilitation;

☐ Describe age related requirements of calories, nutrients, fluids in health and disease.								
☐ Describe preventive strategies for common infectious disorders, malnutrition, genetic								
and metabolic disorders, poisonings, accidents and child abuse;								
Outline national programs relating to child health including immunization programs.								
b- Skills								
At the end of the course, the student should be able to:								
☐ Take a detailed pediatrics history, conduct an appropriate physical examination of								
children including neonates, make clinical diagnosis, conduct common bedside								
investigative procedures, interpret common laboratory investigations and plan and								
institute therapy;								
☐ Take anthropometric measurements, resuscitate newborn infants with bag and mask at								
birth, prepare oral rehydration solution, perform tuberculin test, administer vaccines								
available under current national programs, start an intravenous line and provide naso-								
gastric feeding, observe venesection and intra-osseous infusion if possible;								
☐ Conduct diagnostic procedures such as lumbar puncture, bone marrow aspiration,								
pleural tap and ascitic tap; observe liver and kidney biopsy;								
☐ Distinguish between normal newborn babies and those requiring special care and								
institute early care to all new born babies including care of pre-term and low birth								
weight babies, provide correct guidance and counseling in breast-feeding;								
☐ Provide ambulatory care to all sick children, identify indications for								
specialized/inpatient care and ensure timely referral of those who require								
hospitalization.								
Course contents								

	NEONATOLOGY								
Discip	line				Clinical Science and Sk	ills			
Depar	tment				Neonatology				
Course	e Title				Neonatal diseases				
Prerec	quisite				Basic Biomedical Sciece	s			
Course	e code				MED9 033				
Acade	mic ye	ar			V				
Semes	ter			9	Spring				
					Knowledge	1			
Numb	er of C	redits		2	Clerkship	1			
	Hou	ırs							
Weeks	Knowledge	Clerkship	Topics		Descriptions				
1	1	1	General	consideration	Definitions , Neonatal reflexes				

2	1	1	Routine Care of the newborn, resuscitation and transportation of sick neonat	Equipment of resuscitation, Initial steps, resuscitation with room air, Bag and mask Ventilation, Endotracheal Intubation, External Cardiac massage and medication, hypothermia, hyperthermia.
3	1	1	Perinatal Asphyxia ( Birth Asphyxia )	Definition, risk factors, pathophysiology, Diagnosis and management
4	1	1	Common Problems of the Newborn	Definitions, Clinic, treatment, Asses and classification of diarrhea
5	1	1	Fluid and nutrition of the newborn baby	Physiologic requirement of fluid and electrolyte, feeding and asses and classify feeding problem.
6	1	1	Jaundice and hyperbilirubinemia	General considerations, Physiologic jaundice
7	1	1	Pathologic Jaundice	Causes, hemolytic disease of the newborn, Jaundice associated with breast feeding.
8	1	1	Kernicterus	Definition ,Clinic , diagnosis and treatment (Phototherapy, Exchange transfusion).
9	1	1	Neonatal sepsis (septicemia, pneumonia, meningitis, UTI)	Definition, causes , Clinic,, diagnosis and treatment asses and classify possible serious bacterial infection
10	1	1	Birth injury	Intraventricular hemorrhage, caput succidanium, cephal hematome, spine and spinal cord injury, brachial palsy, facial palsy.
11	1	1	Prematurity	Causes, clinic, Physiological handicap, general problems, risk factors, assessment of gestational age, management.
12	1	1	Metabolic disorder (Hypoglycemia and hypocalcaemia)	Causes ,clinical features, diagnosis and management
13	1	1	Respiratory distress syndrome(HMD)	Definition, General consideration, Classification, Diagnosis and Management.
14	1	1	Neonatal seizures	Types of seizures, causes, diagnosis, complication and prognosis, treatment.
15	1	1	Perinatal infections TORCH	Clinical features, diagnosis, management and prevention.
16	1	1	Bleeding disorder and Anemia	Causes ,Clinic, diagnosis and treatment

PEDIATRICS (module 1)								
Discip	pline				Clinical Science and Skills	s		
Depar	rtmei	nt			Pediatrics			
Cours	se Tit	le			Essential of pediatrics ,G Endocrine disorders	Sastrointestinal and		
Prere	quisi	te			Basic Biomedical Science	S		
Cours	se coo	le			MED9 032			
Acad	emic	year			V			
Seme	ster			9	Spring			
Numb	how of	F Cross	J:4a	2	Knowledge	1		
Numl			шіs	2	Clerkship	1		
	Но	urs						
Weeks	Knowledge	Clerkship	Т	opics	Description			
1	1	1	Growth and de	velopment	Definition ,weight ,height ,head and arm circumference ,dentition, fine motor ,gross motor assessment			
2	1	1	Rights of childrabuse	en and child	Definition, child survival, child protection.			
3	1	1	Behavioral disc	orders	Definition & types(PICA, ,enuresis ,anorexia, breath holding spells), diagnosis treatment,			
4	1	1	Nutrition /feedi /weaning	ing /breast feeding	Definition, principle of feed feeding.Calorie requirement protein ,carbohydrate ,fat ,range Breast feeding ,artificial feed weaning foods .IMCI	nt(, energy substrates, minerals and vitamins,)		
5	1	1	Malnutrition (u	ınder nutrition)	Definition ,types ,complica Diagnosis & Management			
6	1	1	Vitamin A & D	deficiency	Definition. Pathophysiolog Diagnosis, Laboratory Fin Complication treatment IM	ding,		
7	1	1	Water and elec disturbances /fl /acidosis /alkalo	luid therapy	Fluid composition, regulati potassium, fluid therapy in situations.	· · · · · · · · · · · · · · · · · · ·		
8	1	1	Approach to al	odominal pain	Approach, causes, acute abdominal pain, chronic and recurrent abdominal pain, management /causes, evaluation, and management.			
9	1	1	Diarrhea		Definition, Acute watery di diarrhea, causes, pathphysi management (assessment o	ology, diagnosis,		

10	1	1	Dehydration	Definition ,assessment of severity ,treatment plan A, B ,C, nutrition management ( IMCI)
11	1	1	Juvenile rheumatoid arthritis	Definition, Etiopathogenesis, Clinical feature, Lab Exam, diagnosis, treatment, complication.
12	1	1	<b>Hypothyroidism</b> Definition, Etiopathogenesis, Clinical feature Exam, diagnosis, treatment.	
13	1	1	<b>Diabetes mellitus</b> Definition, classification, Clinical feature, Lab. Exadiagnosis, treatment, complication, prognosis.	
14	1	1	Approach to seizure (febrile convulsion and epilepsy)	Causes , clinic ,role of investigation ,management /types of febrile convulsion ,treatment , prophylaxis
15	1	1	Down syndrome , cerebral palsy	Definition, Clinical feature, diagnosis, treatment.
16	1	1	Approach to child with coma	Definition ,causes, stages of coma , GCS in children, diagnosis, treatment

	PEDIATRICS (Module 2)							
Disci	pline				Clinical Science and Skills			
Depa	rtmei	ıt			Pediatrics			
Cour	se Tit	le			Respiratory ,Cardiac and he disorders of pediatrics	matological & Renal		
Prere	equisi	te			Para-Clinic Courses			
Cour	se coo	le			MED10 032			
Acad	emic	year			V			
Seme	ster			10	Fall			
<b>N</b> 7 ,					Knowledge	1		
Num	ber of	Cred	its	2	Clerkship	1		
Weeks	Howledge Knowledge	Clerkship	1	Copics	Description			
1	1	1	Common co	old and croup	Definition & Clinical feature, differential diagnosis of acute URTI(epiglottis, laryngitis and laryngothracheobronchitis, spasmodic croup), management			
2	1	1	Pneumonia		Definition ,Etiology, pathology, Clinical feature ,Lab exam ,diagnosis , deferential diagnosis , treatment, complication ,( IMCI)			
3	1	1	Approach t Bronchial a	to wheeze and sthma	Definition ,causes of wheeze / pathophysiology ,pathology ,clinical feature ,diagnosis , ,Lab. exam ,diagnosis , deferential diagnosis , treatment, complication , IMCI.			

4	1	1	Bronchiolitis	Definition ,Etiophathogenesis, , Clinical feature, Lab. Exam ,diagnosis , deferential diagnosis , complication, treatment and prognosis.
5	1	1	Congenital heart diseases	definition ,Etiopathogenesis , common types Clinical feature ,diagnosis and Nadas criteria treatment.
6	1	1	Congestive heart failure	Definition, causes, pathophysiology, clinical featurs, treatment and prognosis
7	1	1	Rheumatic fever	definition ,Etiophathogenesis ,Clinical feature criteria for diagnosis, treatment, complication, prevention and prognosis
8	1	1	Shock	definition & BP measurement in children ,Etiophathogenesis ,Clinical feature types ,Lab. Exam ,diagnosis , treatment, complication, and prognosis.
9	1	1	Approach to anemia and nutritional (iron deficiency & megaloblastic anemia)	definition ,classification , Etiopathogenesis ,Clinical feature ,Lab. Exam ,diagnosis , treatment, complication, prevention ,and prognosis.
10	1	1	Thalassemia / G`PD	definition, classification and types, Clinical feature, diagnosis, treatment, complications of recurrent blood transfusion, prognosis.
11	1	1	Apalstic anemia	definition ,causes ,Clinical feature ,Lab. Exam ,diagnosis & Differential diagnosis ., complication, treatment ,prognosis.
12	1	1	Immune thrombocytopenic purpura /hemophilia	Definition, Etiophathogenesis, Clinical feature diagnosis and differential diagnosis, treatment, complication, prognosis.
13	1	1	Leukemia /Acute lymphoblastic leukemia	definition, Etiophathogenesis, Clinical feature, Lab. Exam, diagnosis, treatment, complication and prognosis.
14	1	1	Urinary tract infection /acute glumerulonephritis	definition, Etiopathogenesis, Clinical feature diagnosis, complication, treatment, prevention and prognosis.
15	1	1	Nephrotic syndrome	Definition, classification ,Etiophathogenesis ,Clinical feature diagnosis , complication, treatment, prevention and prognosis .
16	1	1	Acute renal failure	definition, causes, Etiophathogenesis, Clinical feature diagnosis, treatment, complication and prognosis.

PEDIATRICS (module 3)								
Discipl	ine					Clinical Science and Skills		
Depart	ment					Pediatrics		
Course	Title					Infectious diseases		
Prereq	uisite					<b>Basic Biomedical Sciences</b>		
Course	code					MED10 032		
Acader	nic yea	ar				V		
Semest	er			10		Fall		
Numbe	ng cf /	'modite				Lecture	1	
Numbe	18 OI (	realts		2		Clerkship	1	
Weeks	Ho Lecture	Clerkship	Topics			Description		
1	1	1	Fever and im	nmunization	Ex De	definition of fever ,Etiophathogenesis ,Lab. Exam ,diagnosis , treatment, complication, Definition of vaccines, types of vaccines, national Immunization table.		
2	1	1	Measles & R	ubela	Ex	definition ,Etiophathogenesis ,Clinical feature ,Lab. Exam ,diagnosis ,, treatment, complication, prevention and prognosis		
3	1	1	Childhood tu &TBM	berculosis	Ex	definition ,Etiophathogenesis ,Clinical feature ,Lab. Exam ,diagnosis , treatment, complication, prevention and prognosis		
4	1	1	Mumps		Ex	finition ,Etiophathogenesis ,C am ,diagnosis , treatment, cor d prognosis	*	
5	1	1	Pertusis			Definition, Etiophathogenesis, Clinical feature, Lab exam, diagnosis, treatment, complication, prevention and prognosis.		
6	1	1	Poliomyelitis			efinition, Etiophathogenesis, Cam, diagnosis, D/Dx, treatme evention and prognosis.		
7	1	1	Chicken pox			Definition, Etiophathogenesis, Clinical feature, Lab.exam, diagnosis, D/Dx, treatment, complication, prevention and prognosis.		
8	1	1	Typhoid feve	er	Ex	finition, Etiophathogenesis, C am, diagnosis, D/Dx, treatme evention and prognosis.		

9	1	1	Viral hepatitis(A,B)	Definition, Etiophathogenesis, Clinical feature, Lab. Exam, diagnosis, D/Dx, treatment, complication, prevention and prognosis.
10	1	1	Malaria	Definition, Etiophathogenesis, Clinical feature, Lab. Exam diagnosis, treatment, complication, prevention and prognosis.
11	1	1	Childhood HIV/AIDS	Definition, Etiophathogenesis, Clinical feature, Lab. Exam, diagnosis, treatment, complication, prevention and prognosis.
12	1	1	Shigellosis(bacillary dysentery) and ameobialsis	Definition, Etiophathogenesis, Clinical feature, Lab. Exam, diagnosis, treatment, complication, prevention and prognosis.
13	1	1	Encephalitis & Encephalopathy	Definition, Etiophathogenesis, Clinical feature, Lab. Exam, diagnosis, D/Dx, treatment, complication, prevention and prognosis.
14	1	1	Child hood pyogenic meningitis (ABM)	Definition, Etiophathogenesis, Clinical feature, Lab. Exam, diagnosis, D/Dx, treatment, complication, prevention and prognosis.
15	1	1	Intestinal helminthosis	Definition, Etiophathogenesis, Clinical feature, Lab. Exam, diagnosis, D/Dx, treatment, complication, prevention and prognosis.
16	1	1	Sepsis	Definition, Etiophathogenesis, Clinical feature, Lab. Exam, diagnosis, D/Dx, treatment, complication, prevention and prognosis.

# **B-Skills**

a- Inp	atient training
	Taking a detailed Pediatric history;
	Conducting physical examination of children;
	Understanding normal growth and development;
	Performing anthropometry and its interpretation;
	Developmental assessment of a child;
	Assessment of calorie/ protein intake and advice regarding feeding practice;
	Immunization schedule and administration;
	Evaluation and management of common OPD conditions;
	Medical conduct during patient examination.
b-Clin	ical OPD cases
	Approach to a child with acute fever (evaluation and management of common febrile
	conditions including viral fever, enteric fever, malaria, UTI);
	Approach to a child with chronic fever (evaluation and management of pulmonary
	tuberculosis);
	Common viral exanthemas including measles and chicken pox;
	Common skin conditions including pyoderma, scabies;
	Common GI conditions including acute gastroenteritis, persistent diarrhea and
	infective hepatitis;

	stridor and croup, acute lower respiratory tract infection (LRTI) and asthma.
	8
a Cı	
	Uistomy telling I (Present, post and family)
	History taking I (Present, past and family);
	History taking II (Antenatal, development, immunization, feeding);
	General physical examination and Anthropometry;
	Developmental examination and interpretation of abnormal development; Assessment of nutritional intake and nutritional advice;
	·
d W	Demonstration of BCG, OPV, DPT and Measles vaccination, Mantoux testing. <i>[ard Rounds]</i>
	h student will be allotted 4 beds on the first day of the posting. The students are expected
	naintain a diary of all the cases admitted on those 4 beds. The student should be
	nainted with the diagnosis and day to day progress of the child. The rounds will be taken
-	y on a rotation basis.
	nical case discussions
1. N	eonatology
	Neonatal history;
	Examination of newborn;
	Care of normal newborn at birth and lying in ward;
	Breast feeding;
	Management of common neonatal problems.
	ediatrics
and	ical case discussion with emphasis on history taking, physical examination, nutrition developmental assessment, differential diagnosis, investigations and management.
_	of Instruments
	Tuberculin syringe;
	Intravenous cannula;
	Lumbar puncture needle;
	Bone marrow aspiration needle;
	Liver biopsy needle;
	Ambu-bag and mask;
	Endotracheal tube;
	Laryngoscopes;
Tind	Emergency drugs/ vaccine.
	of Procedures Injections (IM, IV, S/C, I/D):
	Injections (IM, IV, S/C, I/D);
	Blood sampling, IV cannula insertion;
	Naso-gastric (NG) tube insertion;
	Lumbar puncture (LP); Pleural/Ascitic tap;
$\Box$	i ioural/risorue tap,

Textbooks and Reference Books Recommended (Last editions)							
□ Nelson's Textbook of Pediatrics, Kliegman, Stanton, ST Geme.							
,							
Forfars & Arneils Textbook of Pediatrics, Neil McIntosh, Peter J Helms.							
Achar's Textbook of Pediatrics, Swarna Rekha Bahat.							
Ghai's Essential Pediatrics, OP.Ghai, Vinod K.Paul, Bagga.							
Rennie & Robertso's Textbook of Neonatology, JM Rennie.							
Emergency in Pediatrics & Neonatology, Stuarts Crisp, Jo Reinbow.							
☐ Textbook of Pediatrics Infectious Diseases, Carol J.Buck, Gail J.Demmier.							
XXXVI-PEDIATRICS SURGERY							
AAAVI-I EDIATRICS SURGERT							
Objectives							
Knowledge							
□ Variable requirements for communication according to age;							
☐ Specific ethical and legal Issues affecting the practice of Pediatric Surgery (Including issues of consent);							
☐ The symptom patterns, differential diagnosis, investigation and management of							
Common pediatric surgical conditions;							
☐ The theoretical basis of life support approaches in pediatric surgery;							
☐ The principles of surgical intervention.  Skills							
History taking relevant to specific age or developmental stage;							
Appropriate examination techniques for children of different ages;							
Basic life support skills in pediatric practice;							
□ Ability to communicate appropriately with:							
<ul> <li>Ability to communicate appropriately with.</li> <li>Patients</li> </ul>							
Relatives/ Carers							
<ul> <li>Colleagues, including ward &amp; outpatient teams</li> </ul>							
☐ In respect of common clinical presentations, including:							
<ul> <li>The child with abdominal pain</li> </ul>							
<ul> <li>Abdominal wall pathologies</li> </ul>							
<ul><li>The vomiting child</li></ul>							
<ul> <li>Common urological conditions</li> </ul>							
o Trauma							
<ul> <li>Constipation</li> </ul>							
<ul> <li>Head / Neck swellings</li> </ul>							
<ul> <li>Intussusception</li> </ul>							
<ul> <li>Ingrowing toe nail</li> </ul>							
o Abscess							
☐ Groin conditions:							
o Hernia							
<ul> <li>Hydrocele</li> </ul>							

- o Penile inflammatory conditions
- Undescended testis
- o Acute scrotum

# ☐ The ability to:

- o Construct a differential diagnosis
- o Interpret investigations
- o Construct a management plan for common conditions

# **Course contents**

				PEDIAT	RICS SURGERY		
Disc	ciplin	e			Clinical Science and Skill	s	
Discipline Department					Pediatrics surgery		
Course Title					Pediatric surgical disease	s	
Pre	requi	site			Basics of surgery		
Cou	ırse co	ode			MED10 034		
Aca	demi	c yea	ır		V		
Sem	ıester			10	Spring		
					Lecture	1	
Nur	nber (	of C	redits	2	Clerkship	1	
Weeks	Ho Lecture	Clerkship		Topics	Descriptions		
1	1	1	Conge head	nital Anomaly of the	ation,signandsymptom Diagnosis,DifferentialDiag Complication After surger	y complication on, Clinical feature, Type of	
2	1	1	Hydro Spina	ocephalous bifida	Hydrocephalous:Definition, Classification, Clinical feature, Investigation Treatment, Complication.Spina bifida: Definition, Classification, Diagnosis, Treatment.		
3	1	1	Abdo	minal wall anomalies	Urachal Anomalies (Defina Treatment), Prune belly syn Physiopathology, Sign and Treatment, Prognosis).	ndrome (Definition,	
4	1	1	Abdor	ninal wall anomalies	UmbilicalHernia(Defination tExomphalocele(Defination	on,signandsympthom,Treatmen n,Type,Treatment)	

5	1	1	Infantile congenital Gastrointestinal obstruction	Meconium, ileus, Defination, Pathogonomic Test, Pathology, Surgical Treatment, Post operation Care), Micklels diverticulum (Defination, Type, Diagnosis, Complication, Treatment).
6	1	1	Infantile congenital Gastrointestinal obstruction	Imperforated Anus( Definition , Classification , Deference between low variety and high variety, Diagnosis, Treatment).
7	1	1	Infantile congenital Gastrointestinal obstruction	Intussusception (Definition, Causes, Incidence, Sign and symptom, Treatment, Complication of un operated Patient), Congenital Hypertrophic Pyloric stenosis (Definition, Incidence, Pathology, Sign and Symptom, Diagnosis, Differential Diagnosis, Treatment, Operation Technique, Post Operation Preparation, Complication)
8	1	1	Congenital Mega colon	Hirsch prong Disease (Definition, Causes, Incidence, Clinical Type, Pathology, Sign and symptom, Diagnosis, Treatment, Medical Treatment, Complication), Acquired Mega colon (Definition, Treatment, Result).
9	1	1	Hernia	Definition ,Classification , Anotomopathology Inguinal Hernia (Surgical Anatomy , Difference between direct and indirect inguinal hernia) Direct inguinal hernia(Definition , Clinical Type , Sign and symptom , Deferential Diagnosis , Treatment ) Indirect Inguinal Hernia (Definition classification , Conservative Treatment , Surgical Treatment ).
10	1	1	Teratoma Postanal dermoid cyst	Definition , Classification Sign and symptom Treatment
11	1	1	Polycystic disease of the kidney	Definition , Incidence , Clinical Type , Pathology , Clinical Manifestation , Diagnosis , Differential Diagnosis, Prognosis, Treatment).
12	1	1	Nephroblastoma	Wilm's Tumor (Definition, Clinical presentation, Staging, Differential diagnosis, Treatment).
13	1	1	Neuroblastoma Bladder Extrophy Bladder Neck Sclerosis	Definition, Incidence, Clinical Presentation, Diagnosis, Differential Diagnosis, Staging, Treatment), (definition, Incidence, Sign and Symptom, omplication, Treatment, Osteotomy, Making Artificial Bladder), (Definition, Sign and Symptom, Staging, Diagnosis, Treatment).
14	1	1	Cardiac Injuries Cardiac Transplantation	Definition, History, Donor and recipient, Contraindication of cardiac Transplantation, Compatibility of Donor-Recipient, Type and specification of Donor, Operative Technic, Complication, Operation Result, Cardiac blind Injuries (Definition, Classification,, sign and symptom, Diagnosis, Tretment), Cardiac penetrating injuries (Definition, Sign and symptom, Diagnosis, Treatment).
15	1	1	Congenital Heart Diseases	Atrial Septal Defect (A.S.D)(Definition, Clinical

			Presentation , Diagnosis, Treatment), Ventricular septal Defect (VSD)( Definaition, Sign and Symptom , Diagnosis , Treatment).
16	1	1	Atria Ventricular Septal Defect ( Definition, Sign and Symptom, Classification, Diagnosis, Treatment, Prognosis) Tetralogy of Fallot (Definition, emodynamic Changes, Sign and symptom, Diagnosis, Treatment).

## **Textbooks and Reference Books Recommended (Last editions)**

- Principles and practice of Pediatrics surgery, Keith E.Oldham, Paul M.Colombani.
- ☐ Pediatrics Surgery, Arnold G.Goran.
- Principles of Pediatrics Surgery, James A, Oneill, Jr. Jay R.Grosfeld.
- ☐ Pediatrics Surgery, Diagnosis & Management, Prem Puri, Michael Hollwarth.

## XXXVII-CLINICAL PSYCHIATRY

## Learning objectives

# At the end of the course, the student will be able to:

- ☐ Introducing concept of psychiatric disorders and their classification;
- Awareness of general issues about etiology of psychiatric disorders and methodology used to study etiology of these disorders;
- Ability to diagnose and treat common psychiatric disorders like schizophrenia, acute manic episode, depression, anxiety disorders including phobias and OCD, conversion and dissociative disorders;
- To be able to diagnose severe/suicidal cases of depression and to refer them;
- ☐ Understand the concept of personality disorders;
- Ability to diagnosis and treat alcohol and drug dependence and withdrawal states;
- Ability to diagnose common psychiatric disorders in children;
- ☐ To know the role of counseling and psychological therapies in treatment of psychiatric disorders;
- ☐ Demonstrate role of psychological testing in assessment of psychiatric disorders.

### **Course Contents**

CLINICAL PSYCHIATRY					
Discipline	Clinical Science and Skills				
Department	Neurology and Psychiatry				
Course Title	Clinical Psychiatry				
Prerequisite	Behavioral Science and Basic Biomedical Sciences				
Course code	MED11 038				

Aca	demic	year	•		VI		
Sem	ester			11	Fall		
	umber of Credits 2				Knowledge	1	
Nun	nber o	of Cre	edits	2	Clerkship	1	
Weeks	Ho Knowlege	Clerkship		Topics	Descri	ptions	
1	1	1	Psychiatr examinat	ic history and ion	Presentation, (level of conscionation behavior, Affect, cognitorientation, languages, memoral perception.	tive state (Attention,	
2	1	1	Schizophr	enic disorders	Definition, natural history, incidence, prevalence, etiology, sign & symptoms, sub type of schizophrenia, course, D/DX, diagnostic criteria, treatment, prognosis.		
3	1	1	Mood disorders		Epidemiology, natural history, etiology, clinic, DSM -IV diagnostic critic for mania, DSM- IV diagnostic criteria for anxiety patients,		
4	1	1			Bipolar disorders, dysthymia, cyclothymia, types of bipolar disorders, course and prognosis, treatment for mania, social treatment, behavior treatment, psychotherapy.		
5	1	1	Anxiety di	isorders	Definition, epidemiology, theory of anxiety, panic attack, agoraphobia, social phobia, specific phobia, OCD, generalized anxiety disorders, treatment.		
6	1	1	Sexuality	disorders	Human Sexuality, Sexual ident sexual dysfunction, desire disc orgasmic disorders, sexual pai gender identity disorder.	orders, arousal disorder,	
7	1	1	Personalit	y disorders	Definition, epidemiology, etion personality disorders, schizoid schizotypal personality disord disorders, borderline personality disorders, antisoci avoidant personality disorders dependent personality disorders	I personality disorders, ers, histrionic personality ity disorders, Narcissistic al personality disorders, , OCD personality disorders,	
8	1	1	Somatofor	rm disorders	Definition, types, somatization disorders, pain disorders, hypodisorders.		
9	1	1	Mental re	tardation	Definition, nomenclature, class epidemiology, neurological di psychosocial syndromes, etiol syndrome, fragile x syndrome and developmental factors, en factors, diagnosis, prognosis, t	sorders, genetic syndromes, ogy, genetic factors, Down , cat cry syndrome, Acquired vironmental and sociocultural	

10	1	1	Eating disorders	Definition, anorexia, eating disorder as a pathological behavior (epidemiology, etiology, clinic, diagnosis, course, prognosis, treatment). Elimination disorders, Enuresis, encopresis (epidemiology, etiology, diagnosis, treatment), Bulimia nervosa (epidemiology, etiology, clinic, treatment), PICA, Rumination disorders.
11	1	1	Cognitive disorders	Delirium (Definition, epidemiology, etiology, clinical sign and symptoms, Course, diagnosis, lab exam, treatment. Dementia (Definition, epidemiology, etiology, clinic), Alzheimer dementia, (etiology), vascular dementia, D/Dx of dementia, diagnosis, treatment.Amnestic disorders (Definition, etiology).
12	1	1	Factitious disorders	Definition, epidemiology, etiology, diagnosis and clinical features, Factitious disorder with predominantly psychological sign and symptoms, Factitious disorders with predominantly physical sign and symptoms, Factitious disorder with combined psychological and physical sign and symptoms, Factitious disorder not otherwise specified, pathology and laboratory examination, differential diagnosis, prognosis, treatment)
13	1	1	Malingering	Definition, sign and symptoms, diagnosis, treatment.
14	1	1	Normal sleep & sleep disorders	Definition and sleep physiology, insomnia, hypersomnia, types of hypersomnia, sleep apnea, narcolepsy, (sleep attack, muscle atonia, sleep paralysis, hypnogogic and hypnopumpic hallucination, treatment), klein Levine syndrome, parasomnia, night mare, night terror, Enuresis.
15	1	1	Dissociative disorders	Definition, types, dissociative amnesia (epidemiology, etiology, clinic, D/Dx, treatment), Dissociative fugue (epidemiology, etiology, clinic, D/Dx). Dissociative identity disorders (epidemiology, etiology, clinic, diagnosis, course and prognosis). Depersonalization disorders (epidemiology, etiology, clinic, diagnosis, course, treatment).
16	1	1	Adjustment disorders	Epidemiology, etiology, diagnosis and clinical feature, differential diagnosis, course and prognosis, treatment.

# Teaching and Learning Methodology

			patients

# Textbooks and Reference Books Recommended (Last editions)

- ☐ Essentials of Psychiatry, Robert E.Hales, Stuart C.
- ☐ Textbook of Clinical Psychiatry, Robert Hales.
- ☐ Comprehensive Clinical Psychiatry, Thedore E Stern, Jerrold F.Rosenbaum.
- ☐ The Neuroscience of Clinical Psychiatry, Edmond S.Higgens, Mark S.george.
- ☐ Kaplan's & Sadoques Synopsis in Psychiatry, Benjamines James, Sadock MD.

### XXXVIII-CLINICAL NEUROLOGY

Learning of	meci	TVes

# At the end of this Module, students should be able to:

List categories of diseases of the nervous system;

- □ Describe the common clinical presentations of nervous system diseases.
   □ Incorporate laboratory data into the assessment of a patient with a nervous system
- disorder;
- ☐ Correlate neuroradiographic and EEG findings with specific CNS disorders;
- ☐ Identify the pathogens and recognize the clinical manifestations associated with CNS infections;
- ☐ Describe the diagnostic procedures, work up, approach to the patient and treatment options for various disorders including cerebrovascular accident, neoplastic diseases, headache and epilepsy;
- ☐ Discuss the goals of therapy of CNS disorders based on the underlying pathophysiological condition;
- ☐ Explain how the mechanisms of action of drugs that act in the CNS lead to their therapeutic effect;
- Identify the most common side effects and toxicities of each class of CNS-acting drugs.

### **Course Content**

CLINICAL NEUROLOGY					
Discipline		Clinical Science and Skills	3		
Department		Neurology and Psychiatry Department			
Course Title		Clinical Neurology			
Course code		MED10 036			
Prerequisite		Basic Biomedical Science			
Academic year		V			
Semester	10	Fall			
	2	Knowledge	1		
Number of Credits		Clerkship	1		
Hours					

	Knowledge	Clerkship	Topics	Descriptions
	edge	ship		
1	1	1	Neurological History and examination	Motor system examination (Inspection, tone, forces reflexes) Cranial nerves Examinations (olfactory, optic, occulomotor, trochlear, trigeminal, abducens, facial, vestibulocochlear, glossopharyngeal, vagus, accessory and hypoglossal nerves), co- ordination and cerebellar examination, station and gait, sensory system examination (lamniscal and extra lamniscal sensory system), Clinical approach to the Unconscious patients: Glasgow coma scale, Eye ball movement, Respiration, pupils and motor system examination.Laboratory investigations Blood, CSF, urine and stool, imaging.
2	1	1	Ischemic Stroke	Definition, Epidemiology, Etiology (thrombosis, Emboli &Hemorrhage).TIA (transient ischemic Attack) and Reversible ischemic neurological Deficit (RIND): Definition, risk factors, clinic (internal carotid circulation occlusion, vertebrobasilar circulation occlusion, important points during assessment of TIA patient, routine laboratory investigations.  SpecialInvestigation and imaging: differential diagnosis, treatment, prevention Cerebral infarction: Definition, cerebral thrombosis (risk factors, clinic, laboratory investigations and imaging, management, prognosis, follow up, prevention). Cerebral embolism (risk factors, clinic, laboratory investigations, differential diagnosis of embolic and thrombotic cerebral infarction, treatment, drugs used in treatment of cerebral infarction)
3	1	1	Hemorrhagic Stroke	Intra Cerebral Hemorrhages: Definition, epidemiology, etiology, risk factors, clinic, investigations and imaging, treatment, prevention, prognosis, Differential diagnosis of stroke.  Subarachnoid hemorrhage: (Definition, etiology, clinic, classification of stages I-V, Diagnosis, additional investigations and imaging, complication, medical treatment, surgical treatment, prognosis).  Epidural Hematoma: (Definition, clinic, treatment, prognosis), Acute subdural hematoma: (Definition, clinic, treatment), Chronic subdural hematoma: Definition, diagnosis, treatment).
4	1	1	Unconsciousness and Coma	Definition, mechanisms, classification, initial management of unconscious patient (ABCD), history, vital sign, respiration, head and neck, papiledema, position of eye ball, movement of eye ball, pupils, extremities, Etiology of unconsciousness and coma: metabolic & neurologic.  Investigation:blood, CSF, urine, stool, imaging, special tests. Assessment of brain stem in unconscious patients, Glasgow Coma Scale: locked in syndrome, vegetative state, special nursing care for unconscious patient

5	1	1	Parkinson disease	Definition, epidemiology, etiology, classification, idiopathic (bradykinesia, rigidity, tremor) Post encephalitis: torticolis, blephero spasm, occulogyric crisis, siallhorrhea. Atherosclerotic (pseudo bulbar play), strait nigral, toxic (co), drug induced (Reserpine, metoclopromide, phenothiazin derivatives), differential diagnosis, treatment prognosis.
6	1	1	Multiple sclerosis	Definition, epidemiology, etiology, clinic, prognosis, diagnosis, complication, treatment, differential diagnosis, other clinical multiple sclerosis.
7	1	1	Seizure disorders	Definition, etiology, classification, petit mal seizure, Grand mal seizure, partial seizure: (simple & complex seizure), reflex seizure, febrile convulsion, pseudo seizure, status epilepticus, management of tonic and colonics status epilepticus, laboratory investigation, differential diagnosis, treatment of seizures disorders, prognosis.
8	1	1	Neuropathies	Definition, clinical manifestations, etiology, laboratory investigation. Gillian-Bare Syndrome: Definition, clinical lab exam, Imaging (NCV, EMG, ECG & EEG), electrolytes, respiratory capacities, differential diagnosis, mood of onset, treatment, complications. Chronic inflammatory Demyelization Polyradiculoneuropathy: Definition, clinic, differential diagnosis, treatment. Charcot Marie Tooth Neuropathy: Definition, classification, differential diagnosis, management. Brachial plexus neuropathy: etiology, classification.
9	1	1	Degenerative neurological diseases	Definition, common sign and symptoms, classification, Alzheimer's disease: clinical manifestation, pathology, laboratory and imaging, differential diagnosis, treatment, prognosis.  Dementia with lewy bodies: picks disease, multi infarct dementia, binswangers disease, Huntington's chorea, Olivopontocerebellers atrophy, Progressive supranuclear palsy, Shy-Dragger syndrome, Hallervoden –Spatz disease, Friedreichs ataxia, Roussy- levy syndrome.  Motor neuron disease: classification, Amyotrophic Lateral Sclerosis, progressive spinal muscular atrophy, bulbar palsy, pseudo bulbar palsy, primary lateral sclerosis, labor's hereditary optic atrophy, cerebeller degeneration, spastic para paresis, acute transverse myelitis (clinic, treatment).
10	1	1	Trigeminal neuralgia and facial paralysis	Brief review of Anatomy physiology. Facial paralysis: Definition, incidence clinic, etiology, diagnosis, differential diagnosis, prognosis, treatment. Trigeminal neuralgia: definition, diagnosis, treatment, prognosis.
11	1	1	Headache & vertigo	Headache: etiology, history, classification. Migraine: Definition, classification, differential diagnosis, treatment.Cluster headache: Definition, diagnosis, treatment.Vertigo: Definition, etiology, classification, important poin when faced to patient who has vertigo, clinic and investigation.

12	1	1	Cerebral tumor	Anatomy of the skull and brain, mechanism and sign of R I C P, Brain edema: body fluid, etiology, treatment, pseudo tumor cerebri, normal pressure hydrocephalus.  Brain tumor: (clinical manifestation of the brain tumor, laboratory investigation, classification), primary brain tumors, Gliomas, miningioma, penialoma, treatment.
13	2	2	Sydenham chorea	Definition, incidence, pathology, etiology, sign & symptoms, reflex, prognosis, diagnosis, treatment.
14	1	1	Congenital nerves system malformation and low back pain	Low back pain: Definition, etiology, classification, history, laboratory and imaging, diagnosis, prolapsed inter vertebral disc, (clinic, and treatment). Congenital malformation of the CNS: cranial synostosis, platybasia (clinic, treatment, basilar investigation) anencephaly, Arnold – chiari malformation (clinic, diagnosis), dandy – walker syndrome, syringomelia (clinic, diagnosis), spine malformation: dysraphism, Diastematomyelia, KlipelFeil Anomaly.
15	1	1	Myopathies	Definition, primary Myopathy, Duchene dystrophic myopathy, (Definition, clinic, prognosis), neurogenic myopathy, congenital myopathy, secondary myopaty (etiology, clinic), Neuromuscular Junction disease & myasthenia gravis: (Definition, clinic, investigation, differential diagnosis, treatment).
16	1	1	Movement disorders	(personal history, family history, drugs), Tremor: (resting tremor, action tremor, intention tremor), hemiballismus, athetosis, dystonia: classification, focal dystonia, blepharospasm, hemi facial spasm, occupational cramp, segmental dystonia, tardive dystonia, Generalized dystonia (etiology), Tic, Gilles de la turreted syndrome, treatment.

# Teaching and Learning Methodology

Department stress on teaching of basic fundamentals of clinical neurology through various methods especially bed side teaching.

# The following tools are employed:

- Didactic lectures: discussion a particular topic at length in an one hour lecture;
- ☐ *Clinical training*: The clinical training of graduate medical students.

## Textbooks and Reference Books recommended (last Edition)

- □ Neurology In clinical Practice, Robert B.Darrof.
- ☐ Harrison's Neurology in Clinical Medicine, Stephen L. Hausen.
- ☐ Textbook of Clinical Neurology, Christopher G Goetz.
- ☐ Clinical Neurology, David A. David Greenberg, Michael Aminoff, Roger Simon.
- ☐ Special Tests in Neurological Examination, James R.Scifers.

## **XXXIX-SURGERY**

#### Goal

The surgical clerkship is designed to introduce students to the theoretical and skills aspects of surgical patient care. Emphasis is placed on the underlying pathophysiology rather than technical aspects. Students are fully involved in the daily care of surgical patients and participate in diagnostic and therapeutic decision making. This course includes; didactic teaching sessions as well as bedside clerkship.

Learning objectives

A-Kn	owledge
At the	e end of the course, the student shall be able to:
	Describe etiology, pathophysiology, principles of diagnosis and management of
	common surgical problems including emergencies, in adults;
	Define indications and methods for fluid and electrolyte replacement therapy
	including blood transfusion;
	Define asepsis, disinfection and sterilization and recommend judicious use of
	antibiotics;
	Describe clinical features and risk factors of common malignancies in the country and
	their management including prevention.
B-Ski	
At the	e end of the course, the student should be able to:
	Diagnose common acute and chronic surgical conditions;
	Plan various laboratory tests for surgical conditions and interpret the results;
	Identify and manage patients of hemorrhagic, septicemic and other types of shock
	Be able to maintain patent air-way and resuscitate:
	<ul> <li>A critically injured patient</li> </ul>
	<ul> <li>A patient with cardio-respiratory failure</li> </ul>
	<ul> <li>A drowning case</li> </ul>
	Monitor patients of head, chest, spinal and abdominal injuries, both in adults and children;
	Provide primary care for a patient of burns;
	Acquire principles of operative surgery, including pre-operative, operative and post -
	operative care and monitoring;
	Treat open wounds including preventive measures against tetanus and gas gangrene;
Proce	edures:
	Gets the permission;
	Explains the procedure;
	Wears gloves;
	Chooses an appropriate site;
	Applies tourniquet
	O Cleans the area with antiseptic

Holds the cannula properly (avoids touching the catheter)

- Inserts the cannula at an appropriate angle (oblique angle & in line with the vein)
- o Inspects the backflow of blood in the chamber

#### Advances the cannula for a further distance

- O Withdraws the stiletto & advances the cannula
- o Fixes the cannula
- Connects the drip
- o Disposes the sharps in appropriate container
- o Disposes the glove in an appropriate container
- o Overall performance
- o Suturing
- o ET intubation
- o Bladder catheterization
- o Rectal examination
- o IV cannulation
- o Forceps application
- o Surgical knot

# **Course content**

Pathogenesis, causes, epidemiology, clinical presentation, investigations, and management of the diseases in the following systems:

	SURGERY (module 1)						
Disc	iplin	e			Clinical Science and Skills		
Dep	artm	ent			Basics of Surgery		
Cou	rse T	itle			First aid		
Prei	requis	site					
Cou	rse co	ode			MED1 024		
Aca	demi	c year	•		I		
Sem	ester			1	Spring		
	_				Knowledge	1	
Nun	nber (	of cre	dits Credit	2	Clerkship	1	
Weeks	Ho Knowledge	Clerkship	Topics		Descri	iption	
1	1	1	First aids		Introduction, Definition of first aid, Responsibilities of first aid, Philosophy of first aid		
2	1	1			Health and safety, Exposure to biological Hazards, Universal precautions, Immediate action at scene following exposure, Priorities, General principles of first aid, General assessment of the situation		

3	1	1		The primary survey, DRS ABCD {Danger: (Moving a casualty.), Response:(overview, causes of unconsciousness, How to check for responsiveness, four level of, responsiveness),Send for help: (Activating the Emergency Medical services), Airway:(overview, airway obstruction, suffocation, strangulation, choking, how to check an airway)
4	1	1	Casualty assessment	Breathing: (causes of absent or ineffective breathing, Signs of ineffective breathing, How to check for breathing, rescue breaths, Mouth to mouth, Mouth to mouth Ventilation: Bag valve mask Laryngeal mask, Endo-tracheal intubation, Cricothyroidectomy) Cardiopulmonary Resuscitation: Air way opening, Chest compressions, Rescue.
5	1	1		Disability, Casualty position, Stable side position, Foreign Body Airway obstruction (Choking), Airway obstruction (partial, complete, signs and symptoms, treatment)
6	1	1		The secondary survey: secondary assessment procedure, Managing a responsive casualty, vital signs.
7	1	1		General: Clothing, methods of temporary, homeostasis, elevation, bandage, application, direct pressure, bent the joint. Tourniquet application, methods, indications, inconvenients, mistake, application.
8	1	1	Stop the Bleeding	clamping the bleeding vessels, Special types of external bleeding, From an open fracture, From a tooth socket, From the ear passage, From the nose, From the lips, cheek and tongue, Internal bleeding. Check for Shock: Signs and Symptoms of hemorrhagic Shock. First Aid Measures for hemorrhagic Shock.
9	1	1	Dressings, Bandages , Slings and Splint	Standard dressing, Bandage: Bandages; rules, fixing the end of bandage: type of bandage, Tube gauze finger bandage, Triangular bandage, Broad and narrow fold bandage, Hand bandage, Wrist and palm bandage.
10	1	1		Elbow bandage, Shoulder bandage, crutch bandage, Hip bandage, Knee bandage, Foot bandage, Eye bandage, Head and scalp bandage, Ring pad. Slings, Splints
11	1	1	First aid for fractures	General, Types of Fractures, Signs and Symptoms of Fractures, Management .Principles of treatment, Examination, General treatment, Collarbone, Shoulder blade and shoulder upper arm, elbow, forearm and wrist, Hand fingers, crush injury to the hand, Hip to knee, Kneecap, Knee to foot, lower limb, Ankle, Heel bone, Bones of the foot, Both legs, Jaw, spine, Neck, Pelvis
12	1	1		Dislocation. Soft tissue injury, Overview Treatment – RICED, Signs and symptoms, Management.
13	1	1	Basic Clinical Procedures	Introduction, General principles, Needle thoracocentesis, Urinary catheterization Vein puncture, Venous cut down wound suturing techniques
14	1	1	First aid for specific injuries	General, First Aid for Head, Neck, and Facial Injuries, First Aid for Chest Wounds, First Aid for Abdominal Wounds, First aid for Burn Injuries, Heat Injuries.

15	1	1		Cold Injuries, Chemical burn, Eye injury, loose foreign body, Ear injuries ,f oreign body , Nose injury, foreign bodies
16	1	1	First aid for bites and stings	General' Types of Snakes, Snakebites, Human or Animal Bites, Insect Bites and Stings, First Aid for Bites and sting.

	SURGERY (module 2)						
Discip	line				Clinical Science and Skills		
Depar	tmen	t			Basics of Surgery		
Cours	e Titl	e			Principles of surgery		
Prerec	quisit	e			<b>Basics Biomedical Sciences</b>	}	
Cours	e cod	e			MED5 024		
Acade	mic y	ear			III		
Semes	ter			5	Spring		
Numb	er of	Credi	its	4	Knowledge	2	
					Clerkship	2	
Weeks	Knowledge	Clerkship		Topics	Descri	ptions	
1	2	2		es to complete the file cal patient	Taking History of the patien patient, provisional diagnosi diagnosis, treatment, progno	s, special exam. clinical	
2	2	2	General and acut	responses to injury te illness	Introduction, Clinical responding Initiating factors, Inflammat Cytokine Response to Injury Metabolic effect, salt and was Protein, Modification of respregional an aesthesia, Blockamediators	ory responses y, Hormonal responses, ater balance, Glucose, fat, ponses, General anesthesia,	
3	2	2	Aseptic Techniq Asepsis)	ues(Antisepsis&	Antisepsis, definition, mech chemical antiseptics, ,physic antiseptic, Antibiotics		
4	2	2	Aseptic Techniq Asepsis)	ues(Antisepsis&	Asepsis ,Disinfection, sterili Methods, Scrubbing up, gow of surgical area, operative th surgical ward& in the hospit	ning, gloving, preparation eatre, infection control in	
5	2	2		d electrolyte ment of the surgical	Introduction, Body fluids, To Fluid compartment, Compos compartment, Osmotic press	ition of fluid	

			Fluid and electrolyte	fluid changes, Normal exchange of fluid and electrolytes, Disturbances in fluid balance Volume control, Concentration change Hyponatremia, hypernatremia, composition changes: etiology and diagnosis, potassium abnormality, magnesium abnormality, calcium abnormality, Phosphorus abnormality, Acid –base balance, Acid- base homeostasis, Metabolic derangement, Respiratory derangement, Fluid and electrolyte therapy, Alternative resuscitative fluids, Correction of life- threatening electrolyte abnormalities
6	1	1	Management of the surgical patient	Pre operative fluid therapy,intra operative fluid therapy,post operative fluid therapy
	1	1	Pre & post operative Care	Definition& goals, preoperative care, preoperative evaluation, preoperative preparation, Consultations, preoperative note, preparations, awareness of patient, operation, consent, preoperative order
7	2	2	Pre & post operative Care	Post operative care, The immediate post operative period, Postoperative orders Monitoring, Respiratory care, Position in bed and mobilization, Diet, Administration of fluid and electrolytes, Drainage tube, Medication Laboratory examination and imaging, the intermediate period, Care of the wound Management of drains, Postoperative pulmonary care, Respiratory failure, Postoperative fluid and electrolyte management Postoperative care of the gastrointestinal tract
	1	1	Pre & post operative Care	postoperative pain& treatment of pain
8	1	1	postoperative complication	Introduction, wound complication, hematoma ,wound dehiscence, A-systemic risk factors, B-local risk factors, C- diagnosis and management, Miscellaneous problems of the operative wound
9	2	2	postoperative complications	Respiratory complications, Atelectasis, Pulmonary aspiration, Postoperative pneumonia, Post perative pleural effusion and pneumothorax, Fat embolism, Cardiac complication, Peritoneal complications Hemoperitoneum, Complications of drains Postoperative parotitis, Complications caused by postoperative alteration of gastro intestinal motility, Gastric dilatation, Bowel obstruction, Postoperative pancreatitis, Post-operative hepatic dysfunction, Postoperative cholecystitis, Closterdium defficil colitis, Urinary complications, Postoperative urinary retention, Urinary tract infection, Complication of intravenous, Air embolism, Phlebitis, Post operative fever

10	1	1	Dressing	Dressing; goals, Purpose of Wound Dressings, Types of dressings: primary dressings, Secondary dressings, One layer dressings, Skin closure dressing (island dressing), Dry sterile dressing, Three layer dressings, Pressures dressing, Stent dressing, Bolster/tie-over dressing, Wet-to-dry dressings, Wet-to-wet dressings, Vacuum-assisted dressings, Changing the dressing, material to fix the dressing.
	1	1	Blood – borne viruses and the surgeon	Introduction, Risk for surgeons, Post exposure prophylaxis for occupational exposure, Risks for the patient of acquisition of infection during surgery, Acquired immunodeficiency syndrome and the human immunodeficiency, Viral hepatitis
	1	1	wound healing	Introduction, Steps of wound healing, elements of healing, phase of healing, Types of wound healing, Factors affecting wound healing, Surgical wound classification.
11	11 1	1	Surgical metabolism and nutrition	Introduction, Nutrient requirement and substrates, Carbohydrate metabolism, Protein metabolism, A- glutamine, B- arginine.
12	1	1	Surgical metabolism and nutrition	Lipid metabolism, Nucleotides, vitamins and trace elements, Nutritional pathophysiology, Starvation, Elective operation or trauma, Sepsis, Enteral nutrition therapy, Parenteral nutrition therapy, 1-peripheral parenteral nutrition, 2-Total parenteral nutrition
	1	1	power sources in surgery	Introduction, Electro-surgery, -principles of electricity, - electrocautery, - principles of electro-surgery, Monopolar circuit,
13	1	1	power sources in surgery	Bipolar circuit, The electromagnetic spectrum and tissue effects, Types of electro-surgery Cutting, Coagulation, Principal applications for electro surgery, Ultrasonic scalpels and clamps Cavitational ultrasonic surgical aspiration
	1	1	Surgical Oncology	Introduction, Tumor nomenclature, Tumor grade, Tumor stage, Cancer epidemiology Role of the surgical oncology, Diagnosis and staging, Curative surgery, Palliation, Prophylaxis
14	1	1	Surgical Oncology	Cytotoxic chemotherapy, Principles of chemotherapy use, A-curative chemotherapy B- adjuvant treatment, C-neoadjuvant treatment, D-chemotherapy for metastatic disease Classes of chemotherapeutic agents, Side effects of chemotherapy, Regional therapy, Targeted therapies, Hormonal therapies, Radiation therapy,
	1	1	Organ transplantation	Introduction, Kidney transplantation Heart transplantation
15	1	1	Organ transplantation	Lung transplantation, Liver transplantation Pancreas transplantation

	1	1	Minimally- invasive surgery  Minimally- invasive surgery  Minimally- invasive surgery  The Minimally-Invasive Team, Physiology Laparoscopy, Thoracoscopy, Extracavitary Minim Invasive Surgery, Anesthesia General Principles of Access and Equipment Laparoscopic Access, Access for Subcutaneous ar Extraperitoneal Surgery.	
16	1	1	Minimally- invasive surgery	Hand-Assisted Laparoscopic Access, Post Placement, Imaging Systems, Energy Sources for Endoscopic, Instrumentation, Robotic Assistance, Room Setup and the Minimally-Invasive Suite, Patient Positioning, Special Considerations, Cirrhosis and Portal, Hypertension, Economics of Minimally-Invasive Surgery
	1	1	Ulcer, fistula, and sinus	Ulcer: Classification, non specific ulcer, clinical exam, Symptomatology, Pathologic exam Sinus and fistula: treatment,

SURGERY (module 3)						
Disci	pline				Clinical Science and Sk	ills
Depa	rtme	nt			Basics of surgery	
Cour	se Ti	tle			Surgical Emergencies	
Prer	equisi	ite			Principles of surgery	
Cou	se co	de			MED6 024	
Acad	lemic	year			III	
Semo	ester			6	Fall	
					Knowledge	2
Num	ber o	f Cre	dits	4	Clerkship	2
Weeks	Ho Knowledge	Clerkship		Topics	Do	escription
1	2	2	Bleeding & Transfusion		Definition, classification, clinic, body reaction to bleeding, treatment of bleeding; permanent hemostasis, methods, mechanical, thermal chemical, biological, Transfusion: definition, blood gropes compatibility transfusion root, indication & contraindications, Deferent forms of transfusion,	
2	2	2	Shock		path physiology, immedi reaction, Septic shock: p treatment, neurogenic sho treatment, cardiac comp	sification, hypovolemic shock: ate& continue compensatory bath physiology , diagnosis , ock : pathophysiology, diagnosis , pressive shock : path eatment , cardiac obstructive

				shock, vasovagal shock, psychogenic shock, burn shock, anaphylactic shock
3	2	2	Trauma	Definition, epidemiology, prophylaxis, mechanism & intensity of trauma, death due to trauma, management before hospital, triage, Evaluation, care in the hospital, primary survey: ABCDE, emergency thoracotomy, trauma severity score, resuscitation phases, secondary survey & treatment priority, definitive care
4	2	2	Abdominal Emergencies	Intra-peritoneal sepsis, Introduction, Abdominal wound complication, Intra- abdominal sepsis, Advanced diffuse peritonitis, Abdominal abscesses Hernia: Strangulated inguinal hernia, Strangulated sliding hernia, Strangulated femoral hernia, Acute gastric dilatation, Gastric Outflow obstruction.  Pyloric stenosis, Volvulus, Special situations Acute Gastrointestinal bleeding: Introduction, Bleeding peptic ulcer, Other complications of ulcer, Stress gastritis, Mallory – Weiss syndrome, Acute gallbladder disease: acute cholecystitis and biliary colic, Acute acalculous cholecystitis, Acute gaseous, cholecystitis, Biliary peritonitis, acute cholangitis.
5	2	2	€mergencies	Acute pancreatitis, Acute duodenal ileus, Small bowel volvulus, Emergencies connected with Meckel's diverticulum,lower gastrointestinal bleeding, Torsion of an appendix epiploica, Acute lesions of the greater omentum, Acute non specific mesenteric adenitis Acute appendicitis, Intestinal obstruction, The acute anus and perineal injuries.
6	2	2		Abdominal trauma, clinic, principles in diagnosis, radio logic finding, Para syntheses, peritoneal lavage, penetrating trauma of the abdomen, Gunshot wounds, treatment of abdominal wall trauma, trauma of the liver, biliary tract, spleen, pancreas & GI tract trauma
7	2	2	Chest emergencies	Thoracic injury and sepsis: Airway obstruction chest trauma: form of chest trauma, chest wall trauma, Trauma of trachea, branches, lung, diaphragm, pleural cavity(hemothorax, pneumothorax, chylothorax), A etiology, Diagnosis, Management, chest tube application, Heart and great vessels: Introduction, Pericardial tamponade, Penetrating injuries of the great vessels, Traumatic rupture of the aorta, Dissecting aneurysm of the aorta  Esophagus: Introduction, Acute dysphagia, Esophageal perforation, Corrosive injuries of the esophagus
8	2	2	Head and Neck Emergencies	Head injuries: Introduction, forms of head trauma ,care of head trauma patients, reanimation, evaluation, diagnosis study, treatment,Scalp injuries, Skull fractures ,Intra cranial hematomas, Gunshot wounds ,Intracranial compression and sepsis, Introduction, Extra-dural abscess , Subdural empyema, Brain abscess
9	1	1		The spine: Introduction, Spinal infection, Spinal trauma. The neck: neck wound, Closed injury, infection

	1	1	wounds	Definition, pathophysiology, clinic, classification Acute wounds, open, close, complex War wound: entertains& exit whole mechanism of missile wound, pathophysiology, and treatment.
	1	1		D2PC, blast injury: mechanism, treatment special tissue injuries, Chronic wound: ulcer, bed sore
10	1	1		Definition, etiology, determination of severity, depth & site of burn, inhalation injuries, co morbid factors, categorization, Pathophysiology of thermal burn, metabolic reaction,
11	2	2	Burns	Clinic, treatment, definitive treatment, fluid management. Respiratory care, nutrition& metabolic needs, wound care, , complications Frost bite:-Definition, etiology, pathophysiology, clinic, treatment Electric burn:- etiology, pathophysiology, clinic, treatment. Chemical burn:- etiology, pathophysiology, clinic, treatment Radiation burn:-, immediate action, on normal tissue, systemic reaction, prevention, treatment, late reaction to radiation.
12	2	2		Venous emergencies: Introduction, Classification Clinical features, Management, Superficial Thrombo- phlebitis, Deep venous thrombosis Pulmonary embolism
13	1	1	Vascular Emergencies	Vascular injuries: Introduction, Arterial injury Accidental intra –arterial of drugs, Acute –on- chronic occlusion from atheroma, Arteio venous fistula
	1	1	Dislocation Ligamentous tears	Introduction, Dislocations Etiology, pathology, clinic forms, Diagnosis, treatment. Ligament and joint injuries
	1 1	1	Nerves injuries Injuries of the hand	Nerves injuries: Introduction, Classification and diagnosis, Open wounds, Closed wounds Injuries of the hand: Introductions, Types of injury Diagnosis.
14	1	1	Surgical infection	Definition, pathogenesis, Principles for treatment, sepsis, Forms of surgical infection, lymphangitis, erysipelas, erysipeloid, abscess, hydraadinitis, carbuncle, furuncle, Phlegmon, anthrax, actinomycosis, clostridial infection, tetanus, clinic, differential diagnosis, treatment, Other clostridal infections, postoperative & iatrogenic infections
15	1	1	Sur gicar infection	Hand infections, periangual infections, felon, subcutaneous infections& abscess, infection of the web space, deep palmer abscess, tendon sheath infection, Hydatid disease, liver hydatid disease, lung hydatid disease, amibiases
	1	1	The surgery of urban violence	Introduction, Injury control, Primary prevention, Secondary prevention, Tertiary prevention, Urban injuries, Pattern of injury, Vehicular, Pedestrian Other blunt injuries

16	1	1	Urological emergency	urinary tract obstruction: Upper urinary tract obstruction, Lower urinary tract obstruction Trauma of urethra, urinary bladder, kidney & Genital emergencies, Acute urinary tract bleeding and infection
	1	1	Obstetrics and Gynecology emergency	Abortion, Ectopic pregnancy, Uterine rupture, Preeclampsia, eclampsia, torsion of ovarian cyst, Trauma of uterus

	SURGERY (Module 4)						
Discip	oline				Clinical Science and S	Skills	
Depai	Department				Abdominal surgery		
Cours	se Titl	le			Abdominal surgery		
Prere	quisit	e			Principles of surgery		
Cours	se cod	le			MED7 024		
Acade	emic y	year			IV		
Semes	ster			7	Spring		
Numb	er of	Cred	its	4	Knowledge	2	
				4	Clerkship	2	
Weeks	Knowledge	Clerkship	Topics		De	scription	
1	2	2	The stomac Peptic Ulce	h and Duodenum r	Complications, common surgical treatment of peptic ulcer.		
2	2	2	Perforated Pyloric ster	peptic ulcer osis	Etiology ,Pathology ,Clinical features and treatment		
3	2	2	Peptic ulcer Gastric Nec		Classification, Etiolog and treatment.	y, Pathology, clinical features	
4	2	2	Other gastr	ric surgical disease	treatment), Volvulus of	anagement: preoperative,	
5	2	2	The Small l	Intestine	Brief review Anatomy, Diverticulum And TB ( clinic and treatment)	Physiology, Mickele`s of small bowel( pathology,	

6	2	2	Obstruction of the mesenteric vessels and small intestine Tumors of small intestine	Etiology , Pathology , Clinical features and treatment : non surgical and surgical Classification , Clinical features , Treatment
7	2	2	Intestinal obstructions	Definition , Classification, Etiology, Anatomopathology, Clinical features, Specific type of obstructions, Intussuception, Pathology, Etiology, clinics, and treatment
8	2	2	Threstillal obstructions	Volvulus of colon sigmoid and Ceacum: Etiology, pathology, Clinical features, Treatment. Paralytic Ileus: Etiology, Clinical features, Differential diagnosis and treatment.
9	2	2	The Appendix Vermiform	Acute Appendicitis: Etiology, Pathology, Clinical features, diagnosis, DD and Treatment The Appendix Mass: Pathology, Clinical features, treatment
10	2	2	The colon  sign and symptoms of Colonic diseases The common surgical treatment in colonic disease Colostomy: classifications, indications, Prepara and complications.	
11	2	2	Ulcerative colitis Diverticulitis and diverticulosis	Definition, Etiology, Pathology, Clinical features, Investigations, DD, complications and treatment Amoebic colitis: Etiology, Pathology, Clinical features, complications and treatment.
12	2	2	Tuberculosis of colon  And Colonic tumors	Tuberculosis of Ileoceacal: Definition, Clinical features, Anatomopathology Diagnosis and treatment, Colon cancer: Classifications, Pathology, Clinical features, investigations, differential diagnosis and treatment.
13	2	2	The Hernia	Definition, Etiology, composition of a hernia, classification or anatomopathology. Reducible Hernia: Etiology, clinical features, pathology and treatment.
14	2	2	Heamorrhoids , Anal Fissure	Definition, Classification, Etiology, course of heamorrhoid, Clinical features, Treatment and complications, Etiology, clinical features, differential diagnosis and treatment: surgical and nonsurgical
15	2	2	The ano- Rectal fistula And Abscess	Incidence, etiology, classifications, clinical features, and Management, Abscess: etiology, clinical features, differential diagnosis, Drainage and management.

16	2		The Ano-rectal Prolaps And The Ano-rectal tumors	Definition, Etiology, Pathology, Clinical features Complication and treatment. Classification, pathology, clinical features, differential diagnosis, surgical and neo-adjuvant therapy
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	SURGERY (module 5)							
Disc	ciplin	1e			Clinical Scienc	e and Skills		
Dep	artn	nent			Abdominal sur	gery		
Cou	ırse '	Title			Abdominal sur	gery		
Pre	requ	isite			Principles of su	ırgery		
Cou	ırse (	code			MED8 024			
Aca	dem	ic ye	ar		IV			
Sem	ieste	r		8	Fall			
N.T.	. 1.	e		4	Knowldege	2		
Nur Cre	nber dits	01		4	Clerkship	2		
Weeks	H Knowledge	Practical		Topics	Description			
1	2	2	The	Liver	specific investig	anatomy - Physiology of the liver and ations. Hepatic and post hepatic jaundice: ations, specific investigations.		
2	2	2	Pyog	Liver traumas genic Abscess Amebic abscess of Liver		injuries, clinical features and treatment. gy, Pathology, Clinical features and		
3	2	2		liver hydatic cyst atic Neoplasms	Etiology ,Pathology, clinical features and medical and surgical treatment			
4	2	2	The	Gall Bladder	investigations. C	y, physiology, congenital anomalies and Gall stones or cholelithiasis: etiology, Pathology, type of stones, course		

5	2	2	Acute and Chronic Cholecystitis ,The bile duct stones	Etiology, Pathology, clinical features and Medical and surgical management.
			Sclerosing cholangitis	Definition, Etiology, pathology, Clinical features, Treatment.
6	2	2	Carcinoma of Gall bladder and biliary fistula	Etiology, clinical features, pathology, differential diagnosis and treatment.
7	2	2	The Pancreas	Brief review of Anatomy, physiology, Congenital anomalies. Injury to the pancreas and pancreatic fistula: etiology, clinical features, differential diagnosis, and management.
8	2	2	Acute Pancreatitis And Chronic Pancreatitis	Definition, Etiology, Pathology, Clinical features Complication and treatment. Etiology, pathology, clinical features, treatment.
9	2	2	Pancreatic Cysts and Tumors	Definition ,Classification , Etiology , Pathology , Clinical features,Complication and treatment
10	2	2	The Spleen	Anatomy , physiology , Splenomegaly Rupture of spleen:Etiology , pathology , Clinical features and Treatment
11	2	2	The Peritoneum	Anatomy, Physiology of the peritonium Acute generalized peritonitis: Etiology, pathology, Clinical features and Treatment
12	2	2	Acute localized Peritonitis	Etiology , pathology , Clinical features and Treatment, Etiology , pathology , Clinical features and Treatment
13	2	2	The Hernia	Definition, Etiology, composition of a hernia, classification or anatomopathology. Reducible Hernia: Etiology, clinical features, pathology and treatment
14	2	2	Irreducible Hernia or Strangulated Hernias	Etiology, pathology, clinical features, treatment Inguinal hernia: Anatomy, etiology, clinical features, differential diagnosis, and management.

15	2	2	Femoral hernia Incisional Umblical and para-umblical hernia	Definition, Etiology, Pathology, Clinical features And treatment, Etiology, pathology, clinical features, treatment.
16	2	2	Epigastric Hernia and other rare hernias Acute Abdomen	Definition ,Classification , Etiology , Pathology , Clinical features Complication and treatment Definition , Eiology , pathopysiology , clinic , investigation , anatomopathology , DD

You cannot acquire the practical skills by sitting in the Library!

To study the phenomena of disease without books is to sail an uncharted sea, whilst to study books without patients is not to go to sea at all"

- William Osler

## **Course contents**

SURGERY (module 6)						
Discipline		Clinical Science and Skill	ls			
Department		Thoracic and Vascular su	ırgery			
Course title		Thoracic and vascular su	Thoracic and vascular surgery			
Prerequisite		Principles of surgery				
Course code		MED9 024	MED9 024			
Academic year		V	V			
Semester	9	Spring	Spring			
Normals and of Consider	4	Knowledge	2			
Numbers of Credits	4	Clerkship	2			

	Hour	S			
Weeks	Knowledge	Clerkship	Topics	Descriptions	
1	2	2	Thyroid disease	Surgical anatomy, Physiology, Classification, History and Physical examination Thyroid function tests, Simple goiter.	
2	2	2	Thyroid disease	Thyrotoxicosis, Symptoms and Signs, Treatment, Thyroid tumors, Thyroiditis.	
3	2	2	Breast diseases	Surgical anatomy, Physiology, Symptoms, Breast injury, Acute and Chronic infection &inflammation.	
4	2	2	Breast diseases	Breast cyst, Tumors, Spread of breast tumors, Clinical features, Treatment	
5	2	2	Thoracic Trauma	Thoracic injuries & trauma, Rib fracture, Sternum fracture, Flail chest.	
6	2	2	Thoracic trauma	Pneumothorax, Hemothorax, Cardiac tamponade, Mediastinal emphysema, Thoracotomy.	
7	2	2	Diaphragmatic Hernia	Hiatus Hernia, Clinical feature, Treatment, Treatment of reflux esophagitis.	
8	2	2	Mediastinum	Mediastinitis, Clinical features, Treatment, Cysts & tumors of mediastinum.	
9	2	2	Esophageal diseases	Surgical anatomy and physiology, Esophageal foreign bodies & Injuries.	
1 0	2	2	Esophageal diseases	Corrosive esophagitis ,Esophageal diverticula, Achalasia, Benign stricture &Tumors of esophagus, Treatment	
1 1	2	2	Lung & Pleural diseases	Lung & Pleural diseases, Surgical anatomy, Inhaled foreign bodies, Lung abscess, Bronchiectasis, Lung cysts.	
1 2	2	2	Lung & Pleural diseases	Lung TB, Bronchopleural fistula, Pleural empyema, Lung & Bronchial tumors, Clinical feature, treatment.	
1 3	2	2	Heart diseases	Anatomy and physiology, Physical examination, Cardiac arrest, Prosthetic valves, Aortic valvular heart diseases, Mitral valve diseases, Tricuspid stenosis and insufficiency, Pulmonic valve diseases.	
1 4	2	2	Heart diseases	Coronary artery disease, Pericardial disorder, Congenital heart disease, Thoracic aortic aneurysms.	
1 5	2	2	Arterial diseases	Arterial stenosis, Acute arterial occlusion due to embolism and trauma, Peripheral aneurysm, AV fistula, Vasospastic disorders.	

1 6	2	2	Venous diseases	Pathophysiology, Investigation, Deep vein thrombosis Superficial vein thrombosis, Varicose vein, Symptoms, Treatment.			
Торг	ohina	r I oo	rning Methods				
		_		izing teaching learning activities:			
	-						
	<ul> <li>Lectures are used for teaching the basic principles for 6 semesters;</li> <li>Clinical teaching to a group of 12 students on surgical Inpatient Wards and OPD's;</li> <li>Clinical skill training- We teach basic surgical skills to our final year students and interns in minor OT, casualty theatre and main theatre. In the department also organize yearly workshop on suturing &amp; knot tying where students get an opportunity to acquire hands-on-experience on these important skills.</li> </ul>						
			or student's clerkship in de				
fundo of sold objection objection of sold objection objectin	This is the first introductory posting in surgery to provide orientation, towards the general functioning of the department and the nature of clinical work performed in the department of surgery. Student will be posted in the surgical out-patients department. The learning objectives for this session are to learn:  The art and science of history taking;  General evaluation of overall health;  Basic principles of examination of a lump;  Examination of hernia, hydrocele and abdomen;  Examination of breast;  Examination of head and neck;  Evaluation of wounds, ulcers;						
B	eside	es see	ing patients:				
	<ul> <li>Besides seeing patients:</li> <li>You should also acquire the following basic surgical skills:</li> <li>□ wound dressing, debridement, abscess aspiration and drainage, excision biopsy of skin lesions, lipoma and epidermal cysts, skin suturing and knot tying, proctoscopy, rubber banding of piles;</li> <li>□ All MD students attend minor surgical operation theatre situated at the end of the surgical OPD corridor to acquire the above skills. Please maintain a record of cases seen and surgical skills learnt in a diary/log book.</li> </ul>						
			XL-NE	UROSURGERY			
Lea	rnin	g ob	jectives				
V	I.	1					

	Assess skull and spine x-ray films, CT and CTA scans, and MRI;
	Access relevant laboratory data including intracranial pressure, arterial blood pressure
	arterial blood gases, serum electrolytes and osmolality, and central venous pressure as
	they relate to proper management of the neurologically impaired patient;
	Demonstrate the ability to differentiate between trauma, metabolic disorders,
	congenital anomalies, tumors and infections which result in neurologic dysfunction
	with specific reference to their manner of presentation and methods of treatment;
	Undertake initial management of the acutely impaired neurologic patient by assessing
	the degree of neurologic dysfunction, assessing the quality of the airway.
Skill	ls /Procedures
	Perform neurologic examination (determine Glasgow coma scale);
	Perform a lumbar puncture for cerebrospinal fluid analysis and placement of lumbar
	ducing
	drain;
	Understand the indications for various invasive procedures including myelography;
□ An	, , , , , , , , , , , , , , , , , , ,
☐ An	Understand the indications for various invasive procedures including myelography;

# **Course contents**

	NEUROSURGERY						
Disc	ciplin	e			Clinical Science and Skills		
Dep	oartm	ent			Neurosurgery		
Coı	ırse T	itle `			Neurosurgery		
Pre	requi	site			Principles of surgery & Ne	urology	
Coı	ırse c	ode			MED10 024		
Aca	demi	c yea	r		V		
Sen	nester			10	Fall		
N	mber	of Cr	o <b>dit</b> a	2	Knowledge	1	
Nul	iliber	01 C1	euits	2	Clerkship	1	
Weeks	H Knowledge	Clerkship	7	<sup>°</sup> opics	Description		
1	1	1	Introduction Neurosurgery		Introduction of Neurosurgery, Historical Background of Neurosurgery, Neuroanatomy (functional), Brain and Cranial Nerves, Spine & Spinal Cord, Peripheral Nerves, CSF and Neurovascular Review, The principals of Neuro-investigation		

2	1	1	Intracranial Diseases Topics Diagnosis and Management of Head Trauma	Introduction and classification of H.I Understand and assign the Glasgow Coma Score. Recognize the presentation of brain herniation syndromes in the setting of trauma. Initiate management of elevated intracranial pressure in head trauma. Recognize and initiate management of concussion, brain contusion and diffuse axonal injury.
3			Intracranial Diseases Topics Diagnosis and Management of Head Trauma	Recognize and initiate management of acute subdural and epidural hematoma, including surgical indications. Recognize and initiate management of penetrating trauma including gunshot wounds. Recognize and understand the principles of management of open, closed and basilar skull fractures, including cerebrospinal fluid leak, and chronic subdural hematoma (in children and adults).
4	1	1	Closed Head Injury	Scalp Injury, Abrasion, Laceration, Infected wound Of the Skull, Vault fractures. Linear fracture Depressed Fracture, Compound Depressed Fracture b. Base crani fractures. Anterior cranial fossa, Middle Cranial fossa, Posterior Cranial Fossa.
5	1	1	Head Injury	Traumatic Brain Injury, Concussion Cerebral. Contusion Cerebral.Compression. (EDH&SDH). Laceration Cerebral, Management and principles of treatment. Complication of Head Injury. Traumatic Coma. Synd Increased Intracranial Pressure Brain Death.
6	1	1	Open Head Injury	Open Head Injury Penetrated Brain Injury. Perforated Brain Injury (War wound and Non war wound).
7	1	1	Spinal Diseases	Introduction and classification of SCI The emergency room diagnosis and interpretation of radiologic studies in spinal trauma. Initiate acute management of spinal cord injury including immobilization, steroids and systemic measures. Understand the definition and subsequent management principles of the unstable spine. Understand management principles in spinal cord injury including indications for decompressive surgery and treatment of the medical complications associated with cord injury (skin, bladder, bowel movement, respiratory).
8	1	1	Spinal cord Injury	The history and examination of SCI Complication of Spinal cord Injury, Paraplegia (Caring). Caring for a spinal injury and principals of treatment. Neuro-Rehabilitation

9	1	1	Diagnosis and Management of Brain Abscess	Recognize the clinical manifestations of abscess and focal infections due to local spread, hematogenous disease associated with immune deficiency, and how they differ from the mimic tumors. Understand the general principles in the treatment of abscess and focal intracranial infections. Brain abscess, T.B (Complications) Parasites (Hydatid cyst)
10	1	1	Diagnosis and Management of Peripheral Nerve Injury and Entrapment	Diagnose traumatic nerve injury (laceration, stretch and compression) and understand indications and general strategies of treatment. Recognize the signs and symptoms of common nerve entrapment (carpal tunnel syndrome, ulnar nerve entrapment, thoracic outlet syndrome and meralgia paresthetica), their etiology, conservative management strategies and indications for surgical intervention
11	1	1	Spine TB And Spinal Cord Tumors	Introduction, etiology, Pathophysiology, Clinic, Laboratory and imaging, Diagnosis, Complications, Surgical and Medical management &prognosis.
12	1	1	Diagnosis and Management of Non-traumatic Neck and Back Problems	Diagnose and understand the natural history and management principles of whiplash and soft tissue injury. Recognize the broad categories of spinal pain and radicolopathy: The signs and symptoms (including cauda equina syndrome). Their common causes, their diagnosis and their management.  Their differential diagnosis and management (Including metastatic disease and primary spinal tumors). Recognize the broad categories of myelopathy: The signs and symptoms (including comparison of acute and chronic spinal cord injury). The common causes, their diagnosis and their management (cervical and lumbar disc herniation and osteoarthritic disease). Differential diagnosis and management (including transverse myelopathy, metastatic disease and primary spinal tumors).
13	1	1	Diagnosis and Management of Brain Tumor	Introduction: Know the relative incidence and location of the major types of primary and secondary brain tumors. Understand the general clinical manifestations (focal deficit and irritations, mass effect; supratentorial vs. infratentorial) of brain tumors. Recognize specific syndromes: extra-axial (cerebellopontine, pituitary, frontal) and intra-axial, in brain tumor presentation. Review the diagnostic tools that are currently used for evaluation (laboratory tests, radiology, and biopsy). Understand broad treatment strategies (surgery, radiosurgery, radiation, and chemotherapy) in the treatment of tumors.
14	1	1	Diagnosis and Management of Surgically Treatable Pain Problems, Movement Disorders	Recognize the features of trigeminal and glossopharyngeal neuralgia, causalgia and cancer pain, indications for surgical referral and the spectrum of surgical therapeutic options. Recognize movement disorders amenable to surgical intervention, including Parkinson's disease,

15			Diagnosis and Management of Surgically Treatable Pain Problems, Movement Disorders	Dystonia, spasticity, and hemifacial spasm, indications for surgical referral and the spectrum of surgical therapeutic options. Understand the general classification of seizure disorders, definition of intractable epilepsy, and the broad categories of surgical intervention for epilepsy including invasive electrodes, resective and disconnective surgery.	
16	1	1	Diagnosis and Management of Headaches	Know the major causes of intracranial hemorrhage: vascolopathy in the aged (hypertension and amyloidosis), aneurysm, vascular malformation, tumor and coagolopathy. Recognize the symptoms and signs of subarachnoid, cerebral and cerebellar hemorrhage. Apply diagnostic tools in evaluation of acute headache (CT and MRI, role of lumbar puncture). Understand the natural history and broad treatment strategies (surgery, radiosurgery, interventional radiology as well as treatment of vasospasm) of intracranial aneurysms and vascular malformations. Differentiate the symptomatology of migraine, cluster, and tension headache and sinusitis headache.	

# Skills

Ш	The Neurological Examination;
	Examine the cranial nerves;
	Evaluate patient's mental status and speech;
	Examine cerebellar function and gait;
	Examine central and peripheral sensory function;
	Examine motor function;
	Examine cranial and peripheral reflexes;
	Fundamental of Neuro-Imaging;
	Recognize spine fractures and dislocations;
	Differentiate on computerized images between blood, air, fat, CSF, and bone;
	Recognize specific disease entities listed below such as epidural, subdural
	intracranial hematoma, subarachnoid hemorrhage, brain tumors, and hydrocephalus;
	Intracranial Hypertension;
	Understand the pathophysiology of elevated intracranial pressure, cerebral perfusion
	and the influence of blood pressure, blood gases, and fluid and electrolyte balance;
	Recognize the clinical manifestations of acute brain herniation including the
	Cushing reflex, midbrain effects and vital signs;
	Understand the impact of focal mass lesions, structural shifts and their
	consequences.

# **XLI-UROLOGY**

Urology is a surgical specialty that treats diseases of the male and female urinary tract and the male reproductive organs. Although urology is classified as a surgical specialty, knowledge of internal medicine, gynecology, and other specialties is also required because of the wide variety of clinical problems encountered. In recognition of the wide scope of urology.

## **Learning objectives:**

At the	end of course and Clerkship the student must be able to:
	List the distinctions between urinary infection, contamination and colonization
	in diagnosing a UTI;
	List the important host and bacterial characteristics involved in the genesis of
	a clinically important UTI;
	Name the most common gram negative and gram-positive bacteria associated
	with adult UTI;
	Name the five organisms constituting normal perineal flora;
	List methods of urine collection and the advantages of each;
	Describe the different signs and symptoms associated with upper and lower
	adult UTIs and the organs involved with each;
	Describe and perform chemical and microscopic urinalysis, and its usefulness
	in the diagnosis of adult UTI;
	Name six pathogens or disease entities that need to be considered in the
	differential diagnosis of UTI;
	Describe the differences between complicated and uncomplicated adult UTI.
	List imaging modalities used in the diagnosis of adult UTI, and the indications
	to order them;
	Outline treatment principles of both complicated and uncomplicated adult;
	Define microscopic hematuria;
	Describe the proper technique for performing microscopic urinalysis;
	Identify four risk factors that increase the likelihood of finding malignancy
	during evaluation of microhematuria;
	Explain the significance of finding red cell casts in patients with microscopic
	Hematuria;
	Contrast the evaluation of hematuria in the low risk patient with that of high risk
П	Patient;
	Identify the indications for screening urinalyses in the general population;
	Understand the controversy surrounding the use of serum PSA as a screening
П	tool for prostate cancer;
	List the signs & symptoms of prostate cancer;

Describe the natural history and the common patterns of progression of

Discip	line	Clinical Science and Skills
	UR	OLOGY
Urolog	gy course contents	
Ilvala	be handled less emergently or elective	vely.
		itions require emergent surgery and which may
		to make the diagnosis of the acute scrotum;
	scrotal trauma and hernia;	
	•	llar appendices, epididymitis, testicular tumor,
	•	physical examination and laboratory testing,
		nt options for stress and urge incontinence.
	their side effects, and outline the med	<del>_</del>
		is for stress and urge incontinence, describe
	List the indications for treatment of i	
	ordered in a patient with incontinence	c, or urodynamic tests, if any, that should be
		e physical exam of a patient with incontinence;
_	Incontinence;	
		history when interviewing a patient with
	List the risk factors for incontinence:	
	Describe the natural history and prog	
	Describe the epidemiological feature	s of incontinence;
	Overflow and mixed;	
	List the symptoms and signs of the v	arious types of incontinence; stress, urge,
	Define incontinence;	
	stone that fails to pass with observati	•
	Common surgical techniques to man	
	Medical prophylaxis options for hype	ercalciuria
	distal ureteral stone;	Application incrupy of u
	Medications that may help medical e	expulsion therapy of a
Ш	stone;	digent decompression of a dieteral
	List 3 clinical situations that warrant	
	Describe the best imaging study to d Describe 3 types of medications effe	•
	Names of kidney stone chemical con	<del>-</del>
П	versus an acute abdomen;	amositions
	Contrast differences between the clir	nical presentation of acute renal colic
	List risk factors for the most commo	
	Describe when prostate cancer does	
	Cancer;	
		s for localized and metastatic prostate
	List the major components in the stage	ging of prostate cancer;
	prostate cancer;	

Department					Urology		
Cou	rse Ti	itle			Urology		
Prer	equis	ite			Principles of surgery, Inter- Gynecology	nal Medicine and	
Cou	rse co	de			MED11 024		
Acad	demic	year			VI		
Sem	ester			11	Spring		
Nun	ıber o	of Cre	edits	2	Knowledge	1	
	Но	ıırs			Clerkship	1	
Weeks	Knowledge	Clerkship	7	Copics	Descrij	ption	
1	1	1	Brief Review physiology of system	of Anatomy and f Urogenital	Kidney, Calices & Pelvis, Ure Prostate gland, Seminal vesic Epididymis, Testes, Male ure Urethra, Physiology of Uroge	ele, Spermatic cord, ethra and Penis, Female	
2	1	1	Sign and Symptoms in		Pain, Dysuria, Frequency, Dy Incontinence, Urgency, Noctor retention, Polyuria, Oliguria,	uria, Enuresis, Urine	
3	1	1	Urologic Disc	orders	Pyuria, Hemoglobinuria, Myo Pneumaturia, Echinococcuria		
4	1	1	Physical and Examination		Physical examination of UG Catheterization, Urethroscopy Catheterization, Radiologic ar examination, Pyelography, Un	,Cystoscopy, Ureteral nd Imaging	
5	1	1	Congenital a Urogenital sy		Kidney: Agenesis, Hypoplas fusion, Sigmoid kidneys, Horkidney. Pelvis and Ureter: Dureterohydronephrosis, RetrouB and urachus congenital melis: Megalopenis, Micrope Epispadiasis. Urethra: Congentatic urethra, Urethro-rectifistula. Tetes: Polyorchidism, Cryptorchidism.	rse shoes kidney, Ectopic bouble pelvis and Ureter, ocaval ureter, Ureterocele. nalformation, enis, Hypospadiasis, enital stenosis, valve in al and Vesico-rectal	
6	1	1	Urinary Trac	et Infections	Acute pyelonephritis, Acute cystitis, Epididymitis, Acute prostatitis, Prostate abscess, Utuberculosis,	orchitis, Acute bacterial	
7	1	1	Benign Prost and Cancer (	atic Hyperplasia of Prostate	Benign Prostatic Hyperplas Antomopathology, Symptom Complication of BPH, Manas Carcinoma of prostate: Ana symptomes and signs, Manas	es and signs, Lab exam, gement. atomopathology,	

8	1	1	Urinary Tract Stones (Urolithiasis)	General considerations, Kidney stones, Ureteral Stones, Urinary bladder stones.  Management: Chemolysis, Shock wave lithotripsy, Pneumatic lithotripsy, Electrohydrolic lithotripsy, Ultrasonic lithotripsy, Cystolitholapaxy, Percutaneous cystolithtomy, Cystolithotomy.
9	1	1	Transactio in invites of UC	Closed kidney injuries: anatomopathology, Symptomes and signs, Arteriography, Management. Ureter injuries: Closed ureter injuries, Iatrogenic symptoms and signs, management.
10	1	1	Traumatic injuries of UG system	UB injuries: Iatrogenic, Accidental, Closed, Extraperitoneal rupture of UB. Urethral injuries: Etiology, symtomes and signs, management.
11	1	1	Hydronephrosis	Congenital, Aquired, Symptomes and signs and management.
12	1	1	Bladder Neck Obstruction, Urethral strictures	Bladder Neck Obstruction: Etiology, Diagnosis and management.  Urethral stricture: Definition, Etiology, Trauma, Infection, Congenital strictures, Dermatosis, pathology, Clinic, Diagnosis, DDx, Complications, Management.
13	1	1		Kidney tumors: Lipoma, Hemangioma, Adenoma, fibroma, Malignant tumors: Adenocarcinoma, Emberyoma, Sarcoma; Anatomopathology, Symptoms and signs, Diagnosis and Management.
14	1	1	Urogenital system tumors	Renal Pelvis and ureter tumors: Anatomopathology, Clinic and Management.  UB tumors: Benign UB tumors; Papilloma, Diagnosis and, management.  UBCarcinoma: Anatomopathology, Clinic, Radiography, Ultrasound, Cystoscopy, Management.
15	1	1		Penis Ca: Anatomopathology, Clinic, Diagnosis & Management.  Tetes tumors: Anatomopathology, Non-Germinal cell tumors, Metastasis, Clinical staging, Clinic, Management.
16			Scrotal Contents Disorders	Spermatocele, Varicocele, hydrocele, Clinic, Complications, Diagnosis, Management.  Torsion of Spermatic cord and Torsion of testes: Clinic, Management, prognosis.  Torsion of Testes appendage and Epididymis: Clinic and Management.

# Textbooks & reference books recommended for all surgery decipline (last edition)

								(
Short	Practice	of	Surgery-	Bailey	&	Love,	Norman	S.Williams.Christopher
JK.Bu	lstrode.							
Schwartz Principles of Surgery								
Hamilton Bailey's Physical Signs in Surgery.								

☐ General Thoracic surgery, Thomas S.WShields, Joseph Losicro.

☐ Cardiothoracic surgery, Larry R.Keiser, Irving L.Cran, Thomas L.Spray.

	Oxford Cardiothoracic surgery, Joana Chikwe, Emma Beddow. Farqharson's Textbook of Operative Surgery, Margaret Farquharson, James Hollingshead, Brendan Moran. General Urology, Smith &Tanaghos, Jac W.Mcaninch, TomF.Loe. Compbell -Walsh Urology, Alan J.Vein MD.Penn Clinical Manual of Urology, Philip M Hanno, Alan J. Wein, Bruce Malkowicz. Priciples of Neurosurgery, Robert G.Grossman, Christopher M.Loftus. Emergency Surgery, Adam Brooks, Bryon A.Cotton.
	XLIIENGLISH LANGUAGE
Lear	rning objectives
D-s-ross	t a que catom
	t semester
_	he end of this course, students should be able to:
	Enhance their language skills of speaking, reading, listening and writings;
	They will learn how to pronounce the English vocabularies and medical expressions
	correctly, and will be familiarized with phonetic transcription of standard dictionaries
	such as (Longman and Oxford ,etc );
	And as part of grammar, they will learn the parts of speech in English in order to be able to use the words correctly in a sentence;
	In addition, they will learn how to read a text of reading with comprehension and
	to be able to introduce himself, describe a friend, a place or solve his /her problems
	by himself;
	Our focus in the first semester is to stress on General English more than Medical
	English.
Seco	nd semester
	Meet their real life communicative needs;
	Talk fluently ,and read the texts with comprehension;
	Standing by himself, solving his / her problems by using dictionaries, internet and
	other available sources;
	Enhancing their language skills of speaking, reading, listening and writings perfectly;
	Knowing medical terms derived from Greek or Latin and a number of most common
	abbreviations, such as AIDS etc;
	In addition they will be able to catch their lectures in English properly;
	And finally they will be able to write, case note, medical report, surgery report,
	paragraph, and letter writings. In this semester we focus more and more on Medical
	English than General English.

# **Course content**

			ENGLISH L	ANGUGE (MODULE 1)
Discip	oline			English language
Depar		nt		department of English language
Subje	ct			General English /interchange two
Cours	se cod	le		MED1006
Class				First
Semes	ster		1	Spring
				Theory
Credi	ts		5	Practical 5
Weeks	Ho Theory	Practical	Topics	Descriptions
1		5	Unit one: People; childhood; memories	Speaking: Talking about yourself, asking about someone's childhood Reading: Reading about a career Writing: Writing a short paragraph about your childhood Listening: Listening to the people talking about their past Grammar: Past tense; <i>Used to</i> for habitual activities in the past
2		5	Unit two: Transportation; transportation problems; city cervices	Speaking: Talking about transportation and transportation problems Reading: Reading about new transportation inventions Writing: Writing a letter to the editor Listening: ask for personal information Grammar: Adverbs of quantity with count and noncount nouns
3		5	Unit three: Houses and apartments; lifestyle change; wishes	Speaking: Describing positive and negative features; making comparisons Reading: Reading about ways to end bad habits Writing: Writing an e-mail describing an apartment Listening: Listening to people ask and answer questions about apartments for rent Grammar: Evaluations and comparisons with adjectives
4		5	Unit four: Food; recipes; instructions; cooking methods	Speaking: Talking about food Reading: Reading about how food affects the way we feel Writing: Writing a recipe Listening: Listening to descriptions of food Grammar: simple past vs. present perfect
5		5	Unit five: Travel; vacations; plans	Speaking: describing vacation plans Reading: Reading tips about an expert backpacker Writing: Writing travel suggestions Listening: listening two people discuss vacation plan Grammar: future with be going to and will

6	5	Unit six: Complaints; households chores; requests; excuses; apologies	Speaking: Making request; complaining; apologizing; giving excuses Reading: Reading about ways to deal with neighbors Writing: Writing a set of guidelines Listening: listening to people making requests Grammar: two-part verbs
7	5	Unit seven: Technology; instructions	Speaking: describing technology; giving instructions; giving suggestions Reading; Reading about the life in the future Writing: Writing a note giving instructions Listening: Listening to people discuss computers Grammar; Infinitives and gerunds for uses and purposes
8	5	Unit eight: Holidays; festivals; customs; celebrations	Speaking: Describing holidays, festivals, customs, and special events Reading: Reading about read about holidays and unusual customs Writing: Writing a travel guide Listening: Listen some one talk about Halloween Grammar: Relative clauses of time
9	5	Unit nine: Life in the past, present and future; changes and contrasts; consequences	Speaking: Talking about change; comparing time periods; describing possibilities Reading: Reading about the signs of being in love Writing: Writing a description of a person Listening: Listening to people talk about changes Grammar: Time contrasts; conditional sentences with if clauses
10	5	Unit ten: Abilities and skills; job preferences; personality traits; careers	Speaking: Describing abilities and skills; talking about job preferences, Reading: Read about how to find a job Writing: Writing a cover letter for a job application Listening: Listening to people talk about their job preferences Grammar: Gerunds; short responses; clauses with because
11	5	Unit eleven: Landmarks and monuments; world knowledge	Speaking: Talking about landmarks and monuments; describing countries, Reading: Reading about interesting museums Writing: Writing a guidebook introduction, Listening: Listening for information about a country Grammar: Passive with <i>by</i> (simple past); passive without <i>by</i> (simple present)
12	5	Unit twelve: Information about someone's past; recent past events	Speaking: Asking about someone's past; describing recent experiences, Reading: Reading about gifted children Writing: Writing a short story, Listening: Listening to people talk about recent experiences, Grammar: Past continuous vs. simple past; present perfect continuous
13	5	Unit thirteen: Entertainment; movies and books; reactions and opinions	Speaking: Describing movies and books, Reading: Reading about author's career, Writing: Writing a movie review. Listening: Listening to opinions, Grammar: Participles as adjectives; relative clauses

14	5	Unit fourteen: Nonverbal communication Gestures and meanings; signs; drawing conclusions	Speaking: Interpreting body language; explaining gestures and meanings, Reading: Reading about the proverbs, Writing: Writing a list of rules, Listening: Listening to people talk about the meanings of signs, Grammar: Modals and adverbs		
15	5	Unit fifteen: Money; hopes; predicaments; speculations	Speaking: Speculating about past and future events; giving advice and suggestions, Reading: Reading an advice column Writing: Writing a letter to an advice columnist, Listening: Listening to a radio talk show, Grammar: Unreal conditional sentences with <i>if</i> clauses; past modals		
16	5	Unite sixteen: Requests; excuses; invitations	Speaking: Reporting what people say; making requests; making invitations, Reading: Reading about "white lies" Writing: Writing a voice mail message, Listening: Listening for excuses; listening to voice mail message, Grammar: Reported speech. General Review: solve the problems of the students/quizzes and test		

ENGLISH LANGUAGE (module 2)							
Disci	pline			English language			
Depa	rtmer	nt		English department			
Subj	ect			ESP/Professional English in use			
Cour	se cod	le		MED2006			
Class	3			First year			
Seme	ester		2	Second			
				Theory			
	Credi	its ———	5	Practical 5			
Weeks	Theory	Practical	Topics	Descriptions			
1		5	Health and illness Parts of the body	Speaking: Talk about health, sickness and, recovery and name parts of the body. Reading: Read the passage Listening: Listen to someone who is talking about the radiation of pain in his body. Writing: Homework assignment –Write an advice for keeping fit			
2		5	Function of the body Medical practitioner	Speaking: Talk about the functions of your organ/job of GPs, Reading: Read the passage. Listening: Listen to the pronunciation of the new words .Writing: Write five questions about a patient who has diabetes.			

3	5	Nurses Allied health professionals	Speaking: Talk about the job of nurses and their grades Reading: Read the passages silently. Listening: Listen to a nurse talks about her routine. Writing: Write an article about the nurses responsibility in a hospital		
4	5	Hospitals Primary care	Speaking: Talk about the hospital and the different ward of a hospital. Reading: Read the relevant passages about hospital Listening: Listen to a doctor introducing a hospital		
5	5	Medical Education The overseas doctor	Speaking: Talk about medical education in your country Reading: Read the passages. Listening; Listen to the pronunciation of the new words. Writing: Write about the systems of education in your country		
6	5	Signs and symptoms Blood	Speaking: Describe anemia, Reading: Read the passages Listening: Listen to the pronunciation of the new words Writing: Write a short case report.		
7	5	Bones Childhood	Speaking: Look at the human skeleton and name them Reading: Read the passages. Listening: Listen how the anatomical name of the bones are pronounced Writing: write a short article about a stress fracture		
8	5	The endocrine system The eye	Speaking: Talk about the glands and their functions in the body, Reading: Read the passages. Listening: Listen to the pronunciation of the new words. Writing: Write a referral letter		
9	5	The gastrointestinal system	Speaking: Talk about digestive system, Reading: Read the passage about the abdomen. Listen to People making invitation. Writing: Write a short article about human digestive system		
10	5	Gynecology	Speaking: Talk about reproductive system of women Reading: Read the passages. Listening: Listen to pronunciation of the new words in the cassette.  Writing: Write a passage about women menstruation.		
11	5	The heart and circulation	Speaking: Talk about heart and its function in the body Reading. Listening: Listen for a medical conversation about the heart. Writing: Write about hear failure		
12	5	Infections Mental illnesses	Speaking: Talk about microorganism /about mental illnesses. Reading: Read the passages, Listening: Listen to the new words. Writing: Write about the cases of HIV in your country		
13	5	The nervous system	Speaking: Talk about sensory loss and motor loss. Reading: Read the passages about epileptic fit and syncope attack. Listening; Listen to the pronunciation of new words. Writing: Write about tendon reflex.		
14	5	Oncology	Speaking; Talk about neoplasm. Reading: Read the passages silently and then aloud. Listening: Listen to medical conversation. Writing: Write about the treatment of tumors		

15	5 Pregnancy and child birth		Speaking: What is labour? Describe it. Reading: Read the passages about labour and lie presentation.  Listening: Listen to the new words. Writing: Write a short article about the oldest and youngest age in your country.		
16	5	The respiratory system	Speaking: Talk about respiratory system. Reading: Read the passages. Listening: Listen to doctor talking about cough. Writing: Write a case report about a man who is complaining of chest pain		

#### **Reference Books**

- **1.** Professional English in use Medicine , Erich H Glendinning ,Cambridge University ,2007
- 2. Grammar in Context ,by Sandra NElbum ,1986 USA
- 3. New interchange book two, by Jack C. Richards Cambridge University press in 1999.
- 4. English grammar and composition by Wren and Martin, 2001
- **5.** Professional English in use Medicine , Erich H Glendinning ,Cambridge University ,2007
- **6.** English grammar by Betty Schampfer, 3rd edition
- 7. Essential grammar in use by Roymound Murphy, 3rd edition, 2007
- **8.** English grammar and composition by Wren and Martin ,2001
- 9. New Inter change book one ,by Jack C Richards ,students text book ,2008

## **XLIII-MEDICAL PHYSICS**

# Learning objectives

#### **Objectives**

At the end of corses the students must be learn about:

To understand of the nature of the sound, mechanism of hearing and clinical uses of sound;
To understand the concept of the physiological effects of electricity and detection of bioelectricity;
To learn about electromagnetic spectrum and waves and their interaction with body;
To explain the mechanism of vision and cause of vision defects;
To understand the mechanism of Laser production and its application in medicine;
To learn the mechanism of x-ray production, production of radiology images, the x-ray interaction with the body and to know different modalities of radiology;
To get acquainted with basic concepts of nuclear medicine and its spectrum of application;
To learn about radiotherapy and its mechanism of the work in medicine;

- ☐ To learn about radiobiology, effect of radiation on the body and how to protect patients and other individuals from unnecessary exposure;
- ☐ To understand the basic fundamentals of magnetism and application of magnetism in the medicine, MRI and its safety.

# Course contents

MEDICAL PHYSICS							
Discipline					Basic Biomedical Scieces		
Depa	ırtmei	nt			Physics		
Cou	rse titl	e			Medical Physics		
Prer	equisi	te			None		
Cou	rse coo	le			MED1 007		
Acad	lemic	year			I		
Sem	ester			1	Spring		
N	.h	Cred	•4~	2	Knowledge	2	
Num	iber of	Crea	its	3	Practical	1	
Weeks	H Knowledge	E Laboratory		Topics	Descriptions		
1	2	1	Waves an	nd Sound	Properties of Sound, Some Pro (Reflection and Refraction, Int		
2	2	1	Hearing n defects	nechanism and	Hearing and the Ear (Performa Frequency and Pitch, Intensity Clinical Uses of Sound, Hearing	and Loudness),	
3	2	1	Ultrasound		What is ultrasound?, Ultrasound and energy, How echoes are formed?, How to produce ultrasound?, Images from echoes, Ultrasound scanner design, Ultrasound is absorbed by the body, Limitations of ultrasound: Image quality and artifacts		
4	2	1			How safe is ultrasound imaging?, Obstetrical ultrasound imaging, Echocardiography: Ultrasound images of the heart, Origins of the Doppler effect, Using the Doppler effect to measure blood flow, Color flow images, Three-dimensional ultrasound.		
5	2	1	Electrom	agnetic Waves	Definition, Electro Magnetic Spectrum, Radio Waves, Micro waves, Infra-Red, Visible light, Ultraviolet, X-rays, Gamma Rays, Interaction of Electro Magnetic Radiations with human body, Non Ionizing Radiations, Ionizing Radiations, NCRP, ICNIRP.		
6	2	1	Application medicine	on of light in	Optics fiber, Imaging, endosco endoscope, video endoscope	py, fiber optics	

7	2	1	Laser	Introduction, What is Laser?, How Laser work?, Photocoagulation, Trade-offs in photocoagulation, Photovaporization, Lasers and color
8	2	1	Application of Laser in medicine	How selective absorption is used in Laser surgery?, Lasers in Dermatology, Laser surgery on the eye, Lasers in Dentistry, Advantages and drawbacks of Lasers for medicine, Photodynamic therapy
9	2	1	Radiology	Introduction, Diagnostic x-rays: The body's x-ray shadow, Types of x-ray interactions with matter, Basic issues in x-ray image formation, Contrast How x-rays are generated, X-ray detectors, Different modalities in Radiology, Conventional radiology, Digital Radiology, fluoroscopy, mammography, dental radiology, OPG, Angiography.
10	2	1	CT Scan	Basics of computed tomography, Generations of CT scan, Hounsfield units, Density, How images are created in CT-Scan, Indications and Contraindications of using radiation for diagnosis How images are created in CT-Scan, Indications and Contraindications of using radiation for diagnosis.
11	2	1	Radioactivity	Radioisothopes, Radioactivity and medicine, Nuclear physics basics, Decay, half-life (Physical, Biological), Alpha, Beta and Gamma rays.
12	2	1	Nuclear Medicine	Selection of radiopharmaceuticals, Gamma camera imaging, Emission tomography with radionuclides: SPECT and PET, Radiation in medical treatment
13	2	1		Introduction, External Beam Radiotherapy, Cobalt 60 machine, Linear accelerators, Brachytherapy (LDR, HDR).
14	2	1	Radiobiology	Interaction of radiation with the body, Radiation units, absorbed dose, equivalent dose, effective dose, Radiation constraints.
15	2	1	Radiation Protection	Shielding, Personal protection, Protection of patients, Environmental safety, dosimetry, detectors and imaging machines, types of detectors
16	2	1	Magnetism and MRI	Introduction, The science of magnetism, Nuclear magnetism, Contrast mechanisms for MRI, Listening to spin echoes, How MRI maps the body, How safe is MRI?

#### Skills

- o **Introduction** to practical course of medical physics, Units of measurement, metric system, British system;
- o **Centrifuge**: Introduction, The use of centrifuge in medicine, sedimentation principle, centripetal acceleration, demonstration of centrifuge;
- o **Blood pressure**: Sphygmomanometer, Physical aspects of measurement of blood pressure, demonstration and practical measurement of blood pressure;
- o **Thermometers and units used in heath**: Centigrade, Fahrenheit, Kelvin, Conversion of heath units;

- Microscope: types of microscopes Physical aspects, Magnification factor, mechanism of the work;
- o **Defibrillator**: Electrical current of the heart, physical aspects of defibrillator, demonstration of defibrillator;
- o **Chest tube and water seal**: physics of respiration, What is chest tube and water seal?, Pathologies require chest tube, mechanism of chest tube work;
- o **Ultrasound machine**: Probes, different parts of the machine, demonstration of the work of ultrasound machine;
- o **ECG machine**: Electrical activity of the heart, demonstration of the machine and mechanism of its work;
- o **Optometry**: Defects of vision, Concave and convex lenses and glasses;
- Introduction to Laser machine: demonstration of the machine, mechanism of its work, wavelength and filters;
- o **X-ray machine**: X-ray tube, Table, Cassette, Film, Analogue and digital x-ray;
- o **CT-Scan machine**: Table, Gantry, Control unit, Density, Contrast, Hounsfield unit, CT protocols;
- Radiotherapy: Introduction to Linear accelerator, Treatment planning, Dose distribution, Dose fractionation, PTV, CTV;
- o **Introduction to radionuclides**: Calculation of half-life of radionuclides and decay, Calculation of half-life, Biological and physical half-life;
- o **MRI machine**: Table, Gantry, Intensity, T1 contrast, T2 Contrast images, Proton Density, MRI protocols;
- o **Endoscopes demonstration** (Esophagogastroduodenoscope, Cystoscope & Bronchoscope).

#### **XLIV-BIOPHYSICS**

_tca.	ining Objectives
	Develop basic understanding of Biophysics concepts;
	To learn the effect of stability and static forces applied in different states of the body and
	calculation of forces using lever rules;
	To understand the friction principles and its effect in the joints;
	To learn the formulas and equations used to evaluate the motion of fluids;
	To learn the fundamentals of the heat and thermoregulation in the body;
	To understand the concept of the physiological effects of electricity and detection of
	bioelectricity;
	To explain the mechanism of vision;
	To understand the causes of vision defects and their correction;
	To understand the Hemodynamic rules in cardiovascular medicine (e.g; Frank-Starling
	law, Laplas Law, Bernuli-Venturi effect etc.)

#### **BIOPHYSICS**

Discipline					Basic Biomedical Sciences			
Department					Physics			
Course title					Biophysics			
Prer	equisit	te			None			
Cou	se cod	le			MED1 008			
Acad	lemic :	year			I			
Semo	ester			1	Spring			
N.T.			.,		Knowledge	1		
Num	ber of	Crea	its	1	Practical			
	Ho	urs						
Weeks	Knowledge	Practical		Topics	Descriptions			
1	1		Introduction	on	Introduction to Physics applica Sciences, Equilibrium and Stab Anatomy of the skeletal system	oility, General		
2	1		Biomechar	nics	Equilibrium considerations for the human body, Stability of the human body under the action of an external force, Standing, bending, lifting			
3	1		Friction		Definition of Friction, Standing at an Incline, Friction at the Hip Joint			
4	1		The Cell		Cells and sizes, diffusion via membrane, dance of the cells			
5	1			Z*	Heat and Hotness, Kinetic Theory of Matter, Definitions: (Unit of Heat, Specific Heat, Latent Heats), Transfer of Heat, Conduction.			
6	1		Heat and I	Kinetic Theory	Convection, Radiation, Diffusion, Transport of Molecules by Diffusion, Diffusion through Membranes, The Respiratory System, Surfactants and Breathing, Diffusion and Contact Lenses.			
7	1		Thermal re	egulation	Energy Requirements of People, Energy from food, Regulation of Body temperature, Control of Skin temperature, Convection, Radiation, Radiative Heating by the Sun, Evaporation, Resistance to Cold, BMR			
8	1		Electricity potential	and electric	Biopotential, nerve tissues, active resting potential, heart and vessibeart function			
9	1		Muscles A	ctivities	Brain activities, electrotherapy (ECT), defibrillation, heart stimulation counter, diathermy, electrocauterization (electrical surgery)			
10	1		Bioelectric	ity	Detection of electrical signals f EMG, EEG	from body, ECG,		

11	1		Interaction of Electricity with body	Physiological effects of electricity, Electric shock, Heath, Factors in lethality of electric shock (current, frequency, direction of current, time, AC/DC).		
12	1		Fluid dynamics	Bernoulli's Equation, Viscosity and Poiseuille's Law, Laminar Flow, Turbulent Flow, Circulation of the Blood, Blood Pressure, Control of Blood Flow.		
13	1		Hemodynamics	Energetics of Blood Flow, Turbulence in the Blood, Arteriosclerosis and Blood Flow, Power Produced by the Heart, Measurement of Blood Pressure. Laplace's law, Frak Starling's law related to the heart mechanics.		
14	1			Vision, Nature of Light, Structure of the Eye, Accommodation, Eye and the Camera, Aperture and Depth of Field, Lens System of the Eye		
15	1		Optics and vision, Defects in vision and correction	Reduced Eye (a model for calculations), Retina, Resolving Power of the Eye, Threshold of Vision, Vision and the Nervous System		
16	5 1			Defects in vision, Lens for Myopia, Lens for Presbyopia and Hyperopia, Astigmatism.		

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ж	CAL	ww	$\boldsymbol{\nu}$	X 1 C				LCU.	uasi	. cuitton

Suzanne	Amador	Kane:Ph	vsics in	Modern	Medicine,

- ☐ Perray Sprauls, Slavik Tabakov; Medical Physics International,
- ☐ Dr.R.N.Roe; A Textbook of Biophysics,
- ☐ William Bialek; Biophysics, Searching for Priciples,
- ☐ A.N.Misra;Biophysics,
- ☐ Irving P.Herman; Physics of the Human Body
- ☐ Simon R.Cherry.Physics in Nuclear Medicine,

## LV-RADIOLOGY & MEDICAL IMAGING

#### Goals

MD doctors should have enough knowledge and exposure to various radiological techniques and be able to interpret radiological findings with accuracy and confidence. Different pathologies have characteristics radiological features which are strong basis for diagnosis of different diseases. Modern imaging facilities e.g. Intravenous urography, ultrasonography, CT and MRI have made diagnosis easy and accurate.

#### Learning objectives

## At the end of this course, students should be able to:

- ☐ To select/order and justify the required radiological examination correctly;
- ☐ Identify gross abnormalities in the films;
- ☐ List indications and advantages of modern techniques;
- Recognize major abdominal viscera and their imaging characters.

### **Course content**

	MEDICAL IMAGING AND SCIENCE OF RADIATION (Module 1)						
Disci	Discipline				Basic Biomedical Science		
Depa	rtmei	nt			Medical Imaging and science	of Radiation	
Cour	se titl	le			Medical Imaging and radiolo	gy	
Pre-r	equis	ite			Medical physics ,Medicine &	surgery courses	
Cour	se coo	de			MED7 027		
Class	5				IV		
Seme	ester			7	Spring		
	_	. ~			Knowledge	1	
Num	ıber o	f Cre	dits	2	Practical	1	
	Но	urs					
Weeks	Knowledge	Clerkship	Topics		Descriptions		
1	1	1	Radiology a	nd Medical	Preface, Technics of Medical Imaging, Definition of X - Ray, Conventional Radiography, X-Rays Production, Dynamic Spatial Reconstruct or (DSR),Radioscopy, positron Emission Tomography (PET)		
2	1	1	Imaging		Image quality, Technology of soft of X-Rays (Local accident, Ger Radioprotection (radioprotection Radioprotection of medical state Drug Protection, Radio detection	neral accident), on of patient, ff, protection material,	
3	1	1	Ultrasonography		Mechanism of production of sound, Physics of Ultrasound, Types of wave of sound, Transmission of sound in tissue, Different types of transducer Usefulness of ultrasound, Mass in ultrasound view		
4	1	1	Angiography		Coronography (procedure of coronorography, value of therapeutic coronography) Computed tomography (CT Scan), Scintigraphy or Radionucleid scan		
5	1	1	Contrast material M R I (principle )		Positive contrast, minus contrast Magnetic Resonance Image (pr MRI, usefulness of MRI, use of indication for MRI	oduction of image, uses of	

6	1	1		Thoracic Disease, (Technics of imaging, Simple chest X-ray, studies of diaphragm, heart, mediastinum, lungs, hilus of the lung), Computed Tomography (Technics, Indication and normal image), MRI imaging, Radionuclide lung scanning, PET scanning, Ultrasound of chest, Thoracic disease with normal chest X ray, Abnormal Chest Silhouette sign)
7	1	1	Radiography of chest	Radiologic sign of pulmonary disease ( Air space filling, pulmonary collapse, spherical shadow, calcification, cavitation, increase pulmonary radiolucency, Pleural effusion, pneumothorax)
8	1	1		Mediastinum (mediastinal mass, calcification), Hiatus hernia, Pneumomediastinum, Aortic aneurism, Hilar enlargement, Neoplasm, Specific Disease (Bacterial pneumonia, Viral and mycoplasma pneumonia, Lung abscesses, Pulmonary tuberculosis, Sarcoidosis, Carcinoma of the Bronchus, Lymphoma.
9	1	1	Heart	Cardiac disorder (plain chest X ray, Heart size and shape, Cardio-Thoracic Ratio (CTR), Increased pulmonary blood flow due to left to right shunt, Pulmonary arterial and venous hypertension, Pulmonary edema.
10	1	1		Echocardiography, Radionuclide study CT Scan, MRI, Specific cardiac disorder (Heart failure, Pericardial effusion, Valvular heart disease, Ischemic heart disease, congenital heart diseases).
11	1	1		Method of imaging (Ultrasound, Urography, IVU, CT urography, CT KUB, CT after contrast injection MRI, Radionuclide examination, Specific technics
12	1	1		Congenital anomalies of the urinary tract (bifid collecting system, ectopic kidney, horse-shoe kidney, renal agenesis), Urinary tract Disorder (urinary calculi, Nephrocalcinosis, Urinary tract obstruction, etiology of ureter -obstruction, Renal parenchymal masses (ultrasound, IVU, CT scan & MRI), Urethral tumors.
13	1	1	Urinary tract disorders	Renal and peri-renal abscess, Tuberculosis, Chronic pyelonephritis, Renal trauma, Bladder (Tumor of Bladder, diverticula, trauma of bladder and urethra, Prostate and urethra (prostatic enlargement, bladder outflow obstruction, ureteral stricture), scrotum and testis. renal trauma,

14	1	1		Diagnostic methods, Plain abdomen, Intestinal gas pattern, Esophagus, normal swallow of barium, indication, contraindication, dysphagia, pharyngeal pouch (Zinker's diverticulum) reflux esophagitis.
15	1	1	Digestive system	Achalasia, Schatzi`s ring, diaphragmatic herniation, sliding hiatus hernia, rolling hiatus hernia, foreign bodies and trauma, varices, esophageal tumors.
16	1	1		Pneumoperitoneum, abdominal calcification, Gastrointestinal tract: Contrast examination, Barium Examination of the esophagus stomach and duodenum, small bowel, Large Intestine, malignant tumors, gastric carcinoma, lymphoma, acute abdomen, intestinal obstruction, acute appendicitis, acute cholecystitis, Crohn`s disease, Ulcerative colitis, Diverticular Diseae, Valvulus, Intussuseption, Colorectal tumors,

	MEDICAL IMAGING AND SCIENCE OF RADIATION (Module 2)					
Discip	line				<b>Basic Biomedical Science</b>	
Depar	tment				Medical Imaging and scie	nce of Radiation
Cours	e title				Medical Imaging and rad	iology
Prere	quisite				Medical physics,Medical	& surgical diseases
Cours	e code				MED8 027	
Acade	emic ye	ar			IV	
Semes	ster			8	Fall	
					Lecture	1
Numb	er of C	redit	S	2	Practical	1
Weeks	Hou Lecture	Clerkship	Topics		Descriptions	
1	1	1	Neuroradiology		Brain & Cranium, Simple skull x-ray, CT scan, MRI, Angiography, Nuclear Medicne, cerebrovascular disease, Infarction with different types, Itracerebral heamatoma.	
2	1	1			Trauma of brain, contusion, subdural hematoma, extradural heamatoma	

3	1	1		Intracranial tumors in adult, Glioblastoma, meningioma, neuroradiologic diagnosis, infection of central nervous system, Meningitis, TB meningitis, Empyema of brain, brain abscess.
4	1	1	Paranasal sinuses	Developmental anatomy of sinuses, Techniques, Different projection in sinuses findings, anatomical changes with nasal obstruction
5	1	1		Choanal Atresia, Opaque sinus, mucocele, Acute sinusitis, Chronic sinusitis, nasal polyposis, mucous retention cyst, Trauma
6	1	1	Musculoskeletal system	Reaction of bone against disease, hyperactivity of osteoblast, trauma, classification of fracture, complication of fracture,
7	1	1	Spine	Spondylosis, spondylolysis, spondylolisthesis, ankylosing spondylitis, cervical spine position, thoracic lumber spine, congenital skeletal anomalies, Chromosomal disorder, springel's shoulder,
8	1	1	The lower limb	Congenital dislocation of the hip, proximal femoral focal deficiency, abnormalities of the patella, hemivertebra, congenital vertebral fusion, cervical rib, spina bifida, osteogenesis imperfect, separated odontoid, down's syndrome, periostal reaction.
9	1	1	Congenital skeletal anomalies	Congenital skeletal anomalies, Chromosomal disorders, Springl's shoulder, Congenital dislocation of the hip, proximal femoral focal deficiency.
10	1	1	Infection of the bones	Oosteomyelitis(radiologic findings), tuberculosis of bone and joints, (radiographic appearance), greater trochanter lesion,spine(radiographic appearance), tumors and tumor like conditionof the bone, bone forming tumors ( osteoma,osteoid osteoma, osteoblastoma,osteosarcoma)
11	1	1	Tumors of bones	tumors and tumor like conditionof the bone, bone forming tumors (osteoma,osteoid osteoma, osteoblastoma,osteosarcoma)
12	1	1	Metabolic and endocrine disorder affecting bone	Change due to vitamin –D deficiency, Rickets , Osteomalacia, hypo phasphatasia, Vitamin –C deficiency, scurvy, Osteoporosis, Local osteoporosis A Vascular necrosis, osteonecrosis.
13	1	1		Normal appearance(ultrasound, compeuted tomography, MRI, PET/CT, gynecological pathology( pelvic masses, ovarian masses, Uterine tumors ( fibroid, adenomyosis),
14	1	1	Female genital tract	Carcinoma of uterine body and cervix, pelvic inflammatory disease, endometriosis, intrauterine contraceptive devices, hyterosalpingography, obstetric ultrasound, ultrasound in the first, second and third trimester, placenta, large for dates, intrauterine groth retardation, ultrasound for Karyotyping, fetal death, ectopic pregnancy,

15			Mastoiditis	Acute and chronic mastoiditis, Cholesteatoma, congenital cholesteatoma,
16	1	1	Mammography	Indications and technics

Skills	s (able to demonstrate radiological abnormalities)
A-Pla	nin Radiography
1 01	
1-Ch	
	Normal anatomy and projections
	Pneumothorax
	Pneumonia
	Effusion
	Cardiomegaly
	Pulmonary edema
	Fractures
	Surgical emphysema
	Neoplastic diseases
	Chronic inflammatory disease (TB)
2-S	kull
	Normal Anatomy and Projections
	Fracture
	Lytic lesions
	Calcifications
	Pituitary
3-A	bdomen
	Normal anatomy and projections
	Renal and urinary tract stones, gall stones and other calcifications
	Fluid levels (intestinal obstruction)
	Free gas under diaphragm (perforation)
	Enlarged liver and spleen
<b>4-</b> S	pine/bones:
	Normal anatomy and various projections.
	Disc space reduction
	Vertebral collapse
	To recognize changes due to rickets
	fractures in children and adults
	To understand the importance of plain x-rays in bone tumors
B-B	Barium studies single and double contrast
	Normal anatomy and various projections
	Gastric outlet obstruction
	Stomach mass/filling defect
	Esophageal outline/strictures

	Intussusception
	Stricture
	Any filling defect
	Ulcerative colitis
c- In	ntravenous Urograms
	Hydronephrosis and renal masses
	Micturating cystourethrogram
	Vesico-ureteric reflux
d-E	chocardiogram
	Be able to interpret the reports.
e- C	omputerized Tomography (CT) / Magnetic Resonance Imaging (MRI)
	To know the cross sectional anatomy
	Understand the principals of radiation safety in CT scan
	To know and understand the clinical indications and contraindications
	Be able to interpret the report
f- U	ltrasound
	Understand the indications and applications of ultrasound.
	Able to interpret the report of ultrasound.
g-N	uclear medicine
	Understand the indications of nuclear studies
	Able to understand the hazards of radionuclides and internalizethe rules of radiation
	protection
	Able to interpret the reports
Text	tbooks & reference books recommended (last edition)
	David Sutton. Textbook of Radiology and Imaging,
	Adams, A.K.Dixon.Diagnostic Radiology,
	David Sutton.Radiology & Imaging for Medical Students,
	Jerry L.Prince.Medical Imaging, Signal and System,
	Lawrence R.Goodman.Felson's Priciples of Chest Roentgenography,
	Sabala R .Mandava.Breast Imaging, Biren A.Shah.
	K.Kirk Shung.Diagnostic Ultrasound,
	William E.Brant.Clyed A.Helms.Fundamentals of Dignostic Radiology,

### XLVI-INFORMATION-COMMUNICATION TECHNOLOGY

## **Learning objectives**

### At the end of course the student should be able to:

- ☐ Demonstrate literacy for all,
- $\square$  Introduce the main concept of :
  - Information Communication Technology
  - Hardware
  - Software
  - Data storage and memory
  - Computer performance
- ☐ Demonstrate knowledge and competence in using the common functions of a personal computer and it is operating system;
- ☐ Basic operations, Formatting, Installation, Editing documents, Proofing and printing;
- ☐ Work with Microsoft Word, Microsoft PowerPoint and Microsoft Excel;
- ☐ Web Navigation, Web Searching, Downloading, Security issues.

### **Course contents**

	INFORMATION COMMUNICATION TECHNOLOGY-ICT(Module1)						
Disc	cipline	;			Computer Sci	ence	
Dep	artme	ent			Information C	Communication Technology	
Cou	ırse Ti	itle				1 & 3 (Concepts of Information and on Technology , Word-processing )	
Pre	requis	ite			None		
Cou	ırse co	de			MED1 002		
Aca	demic	year			I		
Sem	nester			1	Spring		
Nine	nbers	of Cr	adita	2	Knowledge		
Nui	nbers	or Cr	earts	2	Practical	2	
Weeks	Hours Practical Knowledge			Topics	Descriptions		

1	2	Concepts and Hardware	Concepts:Personal Computer(Laptop & Palmtop Computers, Futures of Handheld Portable digital devices, PDA, Mobile Phones, Media Players, Smart Phones), Parts Of Computer (The CPU, Memory, ROM-BIOS, Disks)	
2	2	Input/output ports And Computer Performance	Input/output ports:USB Port, Serial Port, Parallel Port, Network Port, FireWire Port.Computer Performance:Factors affecting performance(CPU Clock Speed, RAM size, Hard disk, Free hard disk space, Fragmentation, De-fragmenting files, Multitasking Considerations, CPU Speeds).	
3	2	Memory and Storage	Memory: RAM, ROM, ROM-BIOS, Video (Graphics) Memory, Measurement of storage capacity, Measurement of storage capacity. Types of Storage Media: Internal Hard Disk, CDs, DVDs, Recordable CDs and DVDs, USBflash drives, Memory Cards, Network Drives & Online File Storage, Floppy Disks.	
4	2	Input devices	Input Devices: Keyboard, Mouse, Scanners, Tracker balls Touch Pads, Joysticks, Webcams Digital Cameras, Microphones.	
5	2	Output Devices	Output devices: Traditional Computer Monitors, Flat Screen Computer Screens, Projection Devices, Speakers And Headphones, Printers, Type of Printers, Laser Printers, Inkjet Printers, Dot Matrix Printers Input and Output devices.	
6	2	Software	Operating System: Example Of Software Application are: Word Processing Application, Spreadsheets Application Databases Application, Presentations Application E-mailing Application, Web browsers Application Photo editing Application.	
7	2	Software	Software: Difference between operating systems and application software, Accessibility options, Voice recognition Software, Screen Reader Software, Screen magnifier Software, On-Screen Keyboard.	
8	2	Networks and DATA Transfer	Network: Network Types (LAN, WAN, WAN, Client/server network, Internet, WWW, Intranet, and Extranet) DATA Transfer: Downloading from and uploading to a network Broadband versus Dial-up Internet connection services Internet connection Options Features of Internet connection.	
9	2	ICT in Everyday Life	ICT in Electronic World,ICT in Communication ICT in Virtual Communities,ICT in Health ICT in Environment.	
10	2	Security	Security: Identity and Authentication, Password policies, Off-site backups, Firewalls, Data theft Issues, Viruses, computer Virus (Computer Virus infection Issue, Protecting Against Computer Virus infection, What to do if you discover a virus on your Computer, The limitation of antivirus Software).	
11	2	Legal Issue and Site Licenses	Legal Issue : Copyright, Copyright Issue when Copying files.Site Licenses,End-user license agreement, Types of software licence agreements,	

			Shareware, Freeware, Open source software, Open source software, Data protection, Data protection and Privacy, Data protection Legislation.
12	2	The Microsoft Word	Working with Documents: Starting Microsoft Word, The Microsoft word Screen The level of Command Organization, The Office Button, Ribbon Tabs, Switching between tabs using the mouse wheel Groups.
13	2	Starting To Use Microsoft Word	Using the default Microsoft Word document: Saving Microsoft Word Document, Opening and Closing documents, Saving your file using a different file name, Creating a new document, Using Help within Microsoft Word, Alt key help Saving document using different formats, Creating documents using different templates, Switching between Word Views.
14	2	Manipulating Text And The Clipboard	Manipulating Text: Select, then format, Inserting text Inserting, deleting, undo and redo,Insert and overtype mode,Copying text within a document Moving text within a document.  The Clipboard: Using the clipboard, The Office Clipboard .Removing items from Clipboard.
15	2	Formatting	Text Formatting: Changing the font size or font type. Formatting text as bold, italic or underline Applying subscript or superscript formatting Applying Colours to selected text, Applying different background colours to selected text changing the text case Setting hyphenation options.
16	2	Paragraph Formatting	Paragraph Formatting: Paragraph marks, Creating a paragraph, Deleting a paragraph, Merging, paragraphs, Aligning text within a document Modifying paragraph spacing, Applying a different bullet or numbering style to a list, Adding border and Shading, Finding and Replacing Text.

INFORMATION COMMUNICATION TECHNOLOGY-ICT (Module 2)						
Discipline		<b>Computer Science</b>				
Department		Information Communic	cation Technology			
Course Title		ICDL Module 4 & 6 (Spread	ad Sheet, Presntation)			
Prerequisite		None	None			
Course code		MED2 002				
Academic year		I				
Semester	2	Fall				
Number of Cuedit	2	Knowledge				
Number of Credit	2	Practical	2			
<b>≤</b> Hours						

	Knowledge	Practical	Topics	Descriptions
1		2	The Microsoft Excel	Starting the excel program, What is active cell, The excel referencing system, Entering numbers and text, Default text and number alignment, Summing a column of numbers, Entering a date, Worksheets and workbooks Selection techniques.
2		2	Manipulating Rows and Columns, Manipulating Cells and Cell contents	Manipulating Rows and Columns:Inserting rows and columns into a worksheet,Deleting rows and columns within a worksheet ,Modifying columns widths and heights ,Automatically resizing the column width to fit contents, Manipulating Cells and Cell contents: Copying a cell or range contents within a workbook ,Deleting cell contents, Editing cell content, AutoFill, Copying a data range using AutoFill,Sorting a cell range
3		2	Worksheets, Formatting Freezing Row and Column Titles	Worksheets: Switching between worksheets, Renaming, inserting, Deleting, Copying, Moving a worksheet, Formatting: Alignment Formatting (Aligning Contents in a cell range, Centering a title over a cell range, Cell Orientation, Text wrapping) ,Number formatting (decimal point display, currency symbol, date styles, percentages),Freezing: Freezing row and column titles.
4		2	Formula	Formula: Creating formulas, Copying, formulas, Operators, Using operator in formulas, Formula error messages.
5		2	Functions	What is a function, Common functions (Sum, Average, Max, Min, Count, Count, Count Blank, Round and If functions)
6		2	Charts	Charts: Insertingn (column chart, line chart, bar chart, pie chart), Resizing a chart), Deleting a chart, Chart title or labels.
7		2	Charts	Charts:Changing the chart background color, Changing the column, bar, line or pie slice colors in chart, Modifying the legend fill color ,Changing the chart type ,Modifying charts using the layout tab, Copying and moving charts within a worksheet, Copying and moving charts between worksheets and workbooks .
8		2	Printing	Printing: Worksheet setup (Worksheet margins, Worksheet Orientation, Worksheet page size, Header And Footers).
9		2	Preparing to Print A Worksheet	Preparing to Print A Worksheet: Visually check your calculations, Displaying gridlines when printing, Printing titles on every page when printing, printing the excel row and column headings, Spell checking Previewing a worksheet, Comparing workbooks side by side, Zooming the view, printing options.

10	2	PowerPoint Presentation	Opening and Viewing:First Steps With Presentations Creating a Presentation (Manipulating Slides, Themes: Text editing and formatting).
11	2	Tables	Tables: Table selection techniques, Creating a table Apply style to a table ,Apply border to cells Inserting, Deleting & Modifying rows or columns.
12	2	Illustrations	Formatting Shapes:(Grouping and ungrouping objects, Rotating or flipping an illustration) Formation charts: (Changing the chart type, Adding data table to chart). Organization charts: (what is an organize chart, creating an organize chart, Adding a manager whiten an organization chart).
13	2	Moving, Copying and Deleting Slides	Moving, Copying and Deleting Slides: Moving slides within a presentation or between presentations, Copying slides within a presentation, Deleting slides, Copying slides between presentations, Moving slides between presentations.
14	2	Slide Masters	Slide Masters:What is slide master, Inserting a picture (clip art) into a master slide, Inserting an image (form a file) into a master slide, Creating a footer and automatic slide numbering.
15	2	Slide Shows & Printing and Proofing	Slide Shows: Running a slide show, Slide show transition effects. Slide Show animation effects Printing And Proofing: Spell-checking, Selecting your output format, Printing a presentation.
16	2	Customizing & Compatibility Issues	Customizing & Compatibility Issues: Modifying power point options Compatibility issues when saving a presentation Other file types you can use for saving a presentation Saving a presentation as a template, Creating a new presentation based on a customized template.

# Textbooks & Reference books Recommended (last edition)

Nell Dale & John Levis.Computer Science Illuminated.
G Michael Scneider, Judith L.Gersting.Invitation to Computer Science.
William Stallings.Computer Organization and Architecture.
Seema Bhatnagar.Textbook of Computer Science.
Carol Critchlow & David Eck.Fundamental of Computation.
Angela B.Shiflet & George W.Shiflet.Introduction to Computer Science.
J.Glenn Brook.Computer Science.
Shanti Keropani, Prashi Jain, Amrita Mishra, Nitish Jain. Computer Science &
Information Technology

### XLVII-SUBSTANCE RELATED DISORDERS

### Goal

This course provides an overview of the fundamental concepts in substance related disorders. The contents of this course will help to introduce participants to terminologies used in substance related disorders, as well as their definitions. Students will be provided with a comprehensive overview of these substances that are most commonly used in the Afghanistan, in addition to an overview of common substance induced disorders.

Factors (historical, geographic, economic, socio-cultural, genetic) impacting on substance related disorders in the Afghanistan will be also covered.

It describes the problems associated with substance related disorders (personal, public health, family, social and economic), explaining the transition from experimentation with substances to dependence, and identifying substance misuse as a chronic medical illness. Personal and social responsibilities in the onset of substance misuse are highlighted and the economic impacts of these disorders in Afghanistan is also discussed.

### **Learning Objectives:**

At the end	of this course student will be able to:
	Explain why there is a drug abuse problem in our country;
	Recall what are the substances being abused;
	Design prevention initiatives suitable for various groups; and predict integrated programs that increase the probability of successfully preventing substance misuse;
	Define and distinguish between substance use, abuse and dependence;
	Describe substance misuse as a chronic medical illness;
	Explain the public health outcome of substance related disorders;
	Approaches to managing drug abuse, with particular reference to primary,
	Secondary and tertiary prevention;
	Summarize the stages of motivational change in the process of addiction treatment;
	Identify mood altering substances, most frequently abused in our community;
	Explain the biological, psychological and social origins of substance addiction;
	Describe the stages of adolescent development and explain how these stages and other factors relate to or influence experimentation or substance abuse;
	Recall the signs, risks and consequences of experimentation and substance abuse among adolescents.

### Course content

Substance-Related Disorders						
Discipline					Clinical Science and Skills	
Depa	artmen	t			Neuropsychiatry	
Cou	rse Titl	e			<b>Substance-Related Disorders</b>	
Cou	rse cod	e			MED11 041	
Clas	s				6 <sup>th</sup>	
Sem	ester				1 <sup>st</sup>	
	•••				Knowledge	1
Cred	lits			2	Practical	1
	Hou	ırs				
Weeks	Knowledge	Clerkship		Topics	Descripti	ons
1	1	1	Introduction and Overview about Substance-Related Disorders		Afghanistan National Drug Use Survey, Substance related disorders in DMS-IV-TR and ICD-10, Definitions and Diagnosis, Substance Dependence, Abuse.	
2	1	1	Introduction and Overview about Substance-Related Disorders		Substance withdrawal and their Diagnostic criteria. Terminologies, Other terminologies, History, Epidemiology, Neuropharmacology, Etiology, Psychopathology, Treatment.	
3	1	1	Opioid-related Disorders		Comparative Nosology, Introduc Etiology, Diagnosis and Clinical	
4	1	1	Opio	oid –Related Disorders	Pathology and Laboratory Exam Diagnosis, Course and Prognosi Medical Complication.	
5	1	1	Opic	oid –Related Disorders	Treatment (Treatment of Intoxic Medications (Opioid Medication reduction and treatment, Mainte opioid Dependence	and Nonopioid), Harm
6	1	1	Opic	oid –Related Disorders	Differential Diagnosis, Pharmac Nonpharmacological treatments, Program, Psychotherapies, Treat Populations, Opioid Dependence abuse.	Outpatient Drug-Free ment of Special
7	1	1		nabis –Related orders	History, Cannabis preparations, Nosology, Epidemiology, Pharn Cannabis use, Pharmacology of	nacology, Correlates of
8	1	1		nabis –Related orders	, Diagnostic and clinical Feature cannabis Use, Laboratory Exam Therapeutic Effects of Cannabis	ination, Treatment, and

9	1	1	Sedatives, Hypnotics, Anxiolytics-Related Disorders  Definition, Determining Abuse Liability, Etiology, Epidemiology, Diagnosis and Clinical Features (Intoxication, Withdrawal, Delirium, Persisting Disorders, Other Disorders.	
10	1	1	Sedatives, Hypnotics, Anxiolytic-Related Disorders  Patterns of Abuse (Oral, Intravenous), Overdon Dependence and Withdrawal, Treatment (With Detoxification from Multiple Drugs of Abuse, Psychological Treatments	
11	1	1	Amphetamine-Related Disorders	Kinds for use, Epidemiology, Diagnosis, Intoxication, Delirium, Clinical Features, Treatment and Rehabilitation.
12	1	1	Nocotine-Related Disorder  Definition, History and Comparative Nosology, Epidemiology, Etiology, Diagnostic and Clinical Features, Course and Prognosis, Treatment (Psychosocial, Pharmacological, Replacement)	
13	1	1	Nocotine-Related Disorder  Nonnicotonic medications, Combined Psychosocial and Pharmacological Therapy, Smoking Cessation Treatment in Special Populations, Prevention and Policy intervention.	
14	1	1	Alcohol-Related Disorder	Definition and Nosology, Epidemiology, Pharmacology and Effects on the Body, Etiology, Diagnosis and Clinical Features Identification in Clinical Settings, Differential Diagnosis.
15	1	1	Alcohol-Related Disorder	Course and Prognosis, Withdrawal, Severe withdrawal, Protected withdrawal, Rehabilitation, Counseling, Medication, Self-help Groups
16	1	1	Other Substance- Related Disorders	Caffeine, Epidemiology, Pathology, Etiology, Clinical Features, Dependence, Diagnosis, Treatment, Intoxication, Withdrawal.

# Textbooks & Reference books Recommended (last editions)

Afghanistan National Drug Use Survey, 2015.
Kaplan & Sadock's Synopsis of Psychiatry.
Ladewig D, Basic and Clinical Science of Substance Related Disorders.
David Mee-Lee, ASAM Patient Placement Criteria for the Treatment of Substance-
Related Disorders, American Society of Addiction Medicine.
Joyce H, Lowinson, Pedro Ruiz, Robert B Millman, Substance Abuse, a
comprehensive textbook, Philadelphia, Lippincott Williams & Wilkins.
Stuart Gitlow, Substance Use Disorders, A practical guide, Philadelphia, Lippincott
Williams & Wilkins.

# A COMPREHENSIVE LIST OF SKILLS, RECOMMENDED AS DESIRABLE FOR MD DEGREE

I. CII	nical evaluation
	To be able to take a proper and detailed history;
	To perform a complete and thorough physical examination and elicit clinical signs;
	To be able to properly use the Stethoscope, Blood pressure apparatus, otoscopy,
	thermometer, nasal speculum etc;
	To be able to perform internal examination – per rectum (PR), per vaginum (just for
	female students) etc;
	To arrive at a proper provisional clinical diagnosis.
II. Be	ed side diagnostic tests
	To do and interpret hemoglobin (Hb), total count (TC), erythrocyte ,sedimentation rate (ESR), blood smear for parasites, urine examination / albumin/ sugar / ketones / microscopy:  - Stool exam for ova and cysts.
	- To do Gram's stain and Ziehl- Neelsen stain for AFB.
	- To do skin smear for lepra bacilli.
	- To do and examine a wet film vaginal smear for Trichomonas.
	- To do a skin scraping and potassium hydroxide (KOH) stain for fungal infections.
	To perform and read Mantoux test.
Abili	ty to carry-out procedures
	To conduct CPR (cardiopulmonary resuscitation) and first aid in newborns, Children and adults.
	To give subcutaneous (SC) / intramuscular (IM) / Intravenous (IV) injections and
	start intravenous (IV) infusions.
	To pass a nasogastric tube and give gastric lavage.  To administer oxygen – by mask / catheter.
	To administer enema.
	To pass a urinary catheter – male and female.
	To insert rectal tube.
	To do pleural tap, ascitic tap and lumbar puncture
	Insert intercostal tube to relieve tension pneumothorax
	To relieve cardiac tamponade
П	To control external hemorrhage
IV.	Anesthetic procedures
	*

П	Administer local anesthesia and nerve block
П	Be able to secure airway patency,
	Administer oxygen by Ambu-bag.
V.	Surgical procedures
	To apply splints, bandages and plaster of Paris (POP) slabs
	To do incision and drainage of abscesses
	To perform the management and suturing of superficial wounds
	To carry out minor surgical procedures, e.g. excision of small cysts and nodules
	Circumcision, reduction of paraphimosis
	Debridement of wounds etc
	To perform vasectomy To manage and figures
	To manage anal fissures Give injection for piles
	Obstetric procedures (only for female students)
	To perform thorough antenatal examination and identify high-risk pregnancies
	To conduct normal delivery
	To apply low forceps
	Perform and suture episiotomies
	To insert and remove IUD's
	Perform tubectomy
VII.	Pediatrics
	To assess new born and recognize abnormalities and I.U. retardation
	To perform immunization
	To teach infant feeding to mothers
	To monitor growth by the use of 'road to health chart'
	Recognize development / retardation
	To assess dehydration and prepare and administer Oral Rehydration Therapy (ORT)
	To recognize ARI clinically
VIII	I. ENT procedures
	To be able to remove foreign bodies
	To perform nasal packing for epistaxis
	To perform tracheostomy  Ophthalmic procedures
	To invert eyelids
	To give subconjuctival injection
	To perform epilation of eye-lashes
	To measure the refractive error and advise correctional glasses
	To perform nasolacrimal duct syringing for patency
XI.	Community health
	To be able to supervise and motivate, community and para-professionals for
	co-operative efforts for the health care system
	To be able to carry on managerial responsibilities e.g. management of stores, indenting,
	stock keeping and accounting
	Planning and management of health camps
	Implementation of national health programs

Ц	waste, chlorination of drinking water
	To identify and institute control measures for epidemics including its proper data
	collection and reporting.
XII.	Forensic medicine including toxicology
	To be able to carry on proper medico legal examination and documentation of
	Injury and age reports.
	To be able to conduct examination for sexual offences and intoxication
	To be able to preserve relevant ancillary materials for medico legal examination
	To be able to identify important post-mortem finding in common unnatural deaths
XIII	. Management of emergencies
	To manage acute anaphylactic shock
	To manage peripheral vascular failure and shock
	To manage acute pulmonary edema and Left Ventricular Failure (LVF)
	Emergency management of drowning
	Poisoning and seizures
	Emergency management of bronchial asthma and status asthmaticus
	Emergency management of hyperpyrexia
	Emergency management of comatose patients regarding airways, positioning, prevention of aspiration and injuries
	Assess and administer emergency management of burns

# INTERNSHIP (HOUSEJOB) PROGRAM

# **INTERNSHIP (HOUSE-JOB) PROGRAM**

### Definitions:

*Internship:* Internship is a phase of training wherein a graduate is expected to learn methods and modalities for actual practice of medical and health care and acquire skills under supervision so that he/she may become capable of functioning independently.

*Intern:* Is a doctor who is undergoing the training period in the internship.

**Internship supervisor:** The senior member of staff who co-ordinates the internship in each department and hospital, ensuring there is a proper setting for each intern without overloading a single department.

*Internship certificate*: Is the certificate granted by the internship department to the internation after finishing the full period of the internship.

### Learning objectives of the KMU & CME program

The main aim of the KMU-CME Medical Internship Program is to integrate the medical knowledge received by the graduated medical students during their higher education studies with the clinical work taking place in the hospitals or clinics in a way that will consolidate what they have learned and help them in developing and improving their clinical skills necessary to practice medicine, and serve patients in a safe and satisfactory way, thereby, guarantee the improvement and the maintaining of the international standard of practice and knowledge of medical practice in Afghanistan.

### This program, consists of three sections as follows:

- 1. KMU policies related to Medical Internship Program
- 2. An introduction to Medical Internship Program.
- 3. Procedures of Medical Internship Program.

### Section 1: KMU policies related to medical internship program

There are nine underlying policies of KMU support the interns to complete Medical Internship Program and achieve the certificate:

#### I. Medical Fitness:

- 1. *If at any time during the internship* program the intern develops a disease, his/her condition will be reviewed by a chosen committee to decide on the possibility of continuation of the program or not. This process will be followed for both communicable and non-communicable diseases.
- 2. Vaccination:
  - □ BCG, HBV and Tetanus vaccinations are mandatory;
  - ☐ Heamophilus Influenzaevaccine is optional.

3.	Needle prick: If an intern gets a needle prick this is the procedure that should be taken:
	<ul> <li>The needle should be sent to the laboratory in a closed and sterile container to check for HIV and HBV;</li> </ul>
	☐ The prick site has to be cleaned and dressed;
	A blood sample at zero time to be taken from the intern to check for HIV and HBV
	and should be documented in the intern file in the department as well as with the KMU-CME department;
	A second blood sample to be taken after 30 days of the needle prick to check for HIV and HBV and should be documented in the intern file in the department as well as with the KMU-CME department;
	A third sample to be taken after 6 months of the needle prick to check for HIV and HBV and should be documented in the intern file in the department as well as with the KMU-CME department;
	☐ If at any time the intern shows signs of infection with HIV or HBV he/she should undergo immediate treatment and his training will be suspended till proven free of disease;
	☐ If the needle was found to have traces of HIV or HBV in it (after step one) then the intern's training will be suspended till proven free of disease;
	☐ If the intern does not show any sign of infection after the needle prick, the internship program can be resumed with a condition to keep him under observation
	for signs of illness;
	☐ If in case, the intern has to change the department as part of the training program, the information of the needle prick should be handed over, to the respected head of department.
II D	ress code:
	All interns must be dressed with white coat during all time;
	Not allowed sandals at any time only front closed safe shoes are permitted;
	Personal hygiene should always be followed.
III. B	Sehavior:
	All interns should conduct in a professional matter;
	Patients' rights must always be dealt with confidentiality;
	All interns must treat the patients and their superiors with respect. Any violation of this
	will be dealt with immediately from the head of department and then to inform both
	the hospital CME committee and the KMU-CME to consider immediate termination
	from the program;
Ц	Patient safety must be intern's priority and if any discovered violation will cause immediate termination;
	Personal safety of the intern should be always considered especially when dealing with
	bodily fluids or communicable diseases and if any violation of this is discovered this will be taken as grounds for immediate termination;
	Any violation of the above will be dealt with immediately from the head of department
	and then to inform both the hospital CME committee and the KMU-CME to consider immediate termination from the program;
	miniculate termination from the program,

	All decisions of the head of department, the hospital CME committee and the KMU-CME should be respected, and the decision of the KMU-CME will be final.
	,
	<ul><li> First violation will have a verbal warning;</li><li> Second violation will have a written warning;</li></ul>
	<ul> <li>Second violation will have a written warning,</li> <li>Third violation will be reported to hospital CME committee; will submit a</li> </ul>
	report regard these repeated violations to the KMU-CME department which
	in turn will consider the termination of the intern from the program.
IV. A	Attendance:
	Daily attendance; as per the KMU law is from 8:30am till 3:30 pm in all working days;
	Daily signature are compulsory as proof of attendance;
	It is strictly forbidden to sign in for, other people;
	Violation Warning:
	<ul> <li>First violation will have an oral warning;</li> </ul>
	<ul> <li>Second violation will have a written warning;</li> </ul>
	o The third violation will be seen in the hospital CME committee, will send a
	report about these repeated violations to the KMU-CME department, which will
	consider the termination of the intern from the program.
	n-call duties
	head of department
	8
	process of that particular department
	8 8
	having separate rooms for males and females. Meals will be provided for them for that on call duty
	•
Ц	previous approval from the head of department will be considered as a violation
Ц	First violation will have an oral warning
	<ul> <li>Second violation will have a written warning</li> </ul>
	<ul> <li>The third violation will be seen in the hospital CME committee which in turn</li> </ul>
	will send a report about these repeated violations to the KMU-CME department
	which will consider the termination of the intern from the program.
VI. L	eaves
All la	aws of the KMU in this regards should be followed concerning all leaves; annual leave,
	leave, maternity leave, etc.
	nnual leaves
	The intern is allowed for 21 working days in total as per KMU law
	The intern should be in the program for a minimum period of 3 months before
	requesting any leave;
	Any leave should be substituted in the rotation in which the leave was taken.
	Annual leave has to be submitted to the head of the department before 2 weeks of the
	required date and the approved request must be kept in the intern's file after the approval
	of the hospital's CME committee;
	No SMS, E.mail or phone calls on the day of absence, will be accepted as a request for
	leave.

### B. Hours leaves

If permitted by the head of department, the intern is allowed for 2 hours leave in 2 working days in each month.

### C. Absence leaves

- Any day the intern des not appear for work will be considered as absence from work
- ☐ If the intern appears at work then a written letter explaining the reason of the absence with documented proof and he/she is to be issued a warning.
- ☐ If the intern does not appear for 10 consecutive days, the head of department should inform the hospital CME committee who in turn will which will consider the immediate termination of the intern from the program.
- Any unapproved absence days will be deducted from the total leave days allowed to the intern, but if the unapproved absences was repeated 3 times or more then the head of department should inform the hospital CME committee who in turn will inform the KMU-CME which will consider the immediate termination of the intern from the program.

### D. Sick leaves:

- A sick leave certificate must be submitted to the internship supervisor
- A sick leave certificate must be followed by the attestation rules and regulation applied by KMU human resource
- Any sick leave more or equal to 10 days has to be reviewed and accepted by a special committee.

### VII. Certificate Achievement:

- All interns must finish 3 semesters (54 credits) with a fixed list of rotations (each semester meet 18 credits).
- ☐ Changes to the rotations are not allowed.
- ☐ All interns must apply the whole approved program in the accepted hospitals / health centers of KMU.

### VIII. Complaints

### A. Against the intern:

- a. Will be dealt with by the head of department.
- b. If the head of department does not succeed in solving the complaint then the matter should be referred to the hospital CME committee.
- c. If the hospital CME committee does not succeed in solving the complaint, then the matter should be referred to the KMU-CME where a final decision will be taken.

#### B. From the intern:

- a. Will be dealt with by the head of department.
- b. If the head of department does not succeed in solving the complaint then the matter should be referred to the hospital CME committee.
- c. If the hospital CME committee does not succeed in solving the complaint then the issue should be referred to the KMU-CME where a final decision will be taken.

### IX. Credit hours

- All interns are required to have a minimum of 20 hours of credit hours.
- ☐ The credit hours can be covered by internal activities in the KMU healthcare establishments with attendance certificates.

□ No internship certificate will be issued if the credit hours requirement has not been fulfilled.

### X. Certificate Collection

- In case of completion of the internship program in the KMU a request from the intern for issuing him/her a completion of internship should go to the internship supervisor who will check the requirements and will issue a letter to the hospital CME committee specifying if the intern has completed the program in a satisfactory way or not and then the committee will forward their recommendations to the KMU-CME committee for issuing a certificate of completion of internship or not.
- In case of not completing the internship program a request from the intern for issuing him/her a training certificate should go to the internship supervisor with a detailed letter from the intern in which reasons for not completing the training has to be given. The internship supervisor will check the training feedback with the logbook of the intern and will issue a letter to the hospital CME committee specifying if the intern has completed the training period in a satisfactory way or not and then the committee will forward their recommendations to the KMU-CME committee for issuing a certificate of completion of training or not.

### Section 2: Introducing medical internship program

This Section introduces the Medical Internship Program for new graduated medical students who are recently introduced for Medical Internship Program in the medical facilities of Kabul Medical University.

### What is Medical Internship Program?

According to the purpose of the Medical Internship Program that is approved between the Department of Continuous Medical Education of KMU; Graduated medical student is considered (Junior/Beginner Doctor) when he/she successfully completed approved training activities in a collection of specialties and to the standard of performance expected in the specialties.

### How does the Intern become a junior /beginner Doctor?

The intern becomes a Junior /Beginner doctor after completed the recommended training duration and assessed against the recommended specialty skill of KMU official medical internship program (see Table 1).

# MD, DEGREE INTERNSHIP PROGRAM TIMETABLE FOR 72 WEEKS (for internal medicine decipline selection)

	Recommended	Duration	Interns b	y Gender	G .
No	specialties	(Week)	Female	Male	Comments
1	Internal medicine (3departments)	24	24	24	8 weeks in each department.
2	Abdominal Surgery	6	6	6	
3	Thoracic surgery	2	2	2	
4	Urology	2	2	2	
5	Neurosurgery	2	2	2	
6	Emergency surgery	6	6	10	For male
7	Obstetrics & Gynecology	4	4	None	interns the specialties of Ob/Gyn (8 weeks)are substituted to Surgery Emergency Ward
8	Ophthalmology	2	2	2	
9	Pediatrics	6	6	6	
10	ENT	2	2	2	
11	Dermatology	4	4	4	
12	Infectious diseases &TB	6	6	6	
13	Neurology & Psychiatry	4	4	4	
14	Medical Imaging	2	2	2	
Total	14 Specialties	72	72	72	24W(24 credit) in each semester

# MD, DEGREE INTERNSHIP PROGRAM TIMETABLE FOR 72 WEEKS (in surgery decipline selection)

•	Recommended	Duration	Interns b	y Gender	
No	specialties	(Week)	Female	Male	Comments
1	Abdominal Surgery	12	12	12	
2	Thoracic surgery	4	4	4	
3	Urology	4	4	4	
4	Neurosurgery	2	2	2	
5	Orthopedics	4	4	4	
6	Pediatrics surgery	4	4	4	
7	Emergency surgery	12	12	16	For male
8	Obstetrics & Gynecology	4	4	None	interns the specialties of Ob/Gyn (8 weeks)are substituted to Surgery Emergency Ward
9	Ophthalmology	2	2	2	
10	ENT	2	2	2	
11	Infectious diseases &TB	4	4	4	
12	Internal medicine	12	12	12	4 weeks in each departments
13	Neurology & Psychiatry	2	2	2	
14	Medical Imaging	4	4	4	
Total	14 Specialities	72	72	72	24W (24 credit)in each semester

# What is Skill Standard?

In order the intern to certify as **junior** /**beginner doctor**, he/she is judged against established standards. These standards have been developed by the department of continuous medical education of KMU and are called skill standard. Skill standard is the professionally and scientifically approved performance of activity that ensures the accomplishment of a patient care.

### What is Evidence collection?

Skill Assessment involves collecting evidence and the hospital CME coordinator is the person who collects the evidence and makes a judgment about whether the intern accomplished the skill recommended.

The KMU –Department of CME approved evidence includes:

- □ Observation of the intern performance to the specialty skill standards.
- ☐ Internship supervisor verifications.

### A) Intern role

- 1. All interns are expected to follow all the rules and regulation of the KMU and related health facilities as long as they are part of the internship program.
- 2. All interns are expected to take part in the morning reports of the department they are assigned in, take part in the daily morning rounds and the discussions regarding the medical cases in that department.
- 3. To cover the entire intern's logbook with daily documentation as per the requirements.
- 4. Each intern has to be under direct supervision of a working senior staff doctor who the intern has to go back to for each patient.
- 5. Seek help if the intern feels a certain weakness in a clinical area.
- 6. The intern is expected to avoid the following:
  - a. It is strictly not allowed for any intern to meet, treat, advice or discharge a patient without direct supervision of a working senior staff doctor who is responsible for this with a counter signature from him.
  - b. Interns are not allowed to do any invasive procedures unless there is a qualified supervisor present at the bedside of the patient.
- 7. After the completion of the internship program, the intern has to give a request for the internship certificate to the Internship supervisor who will check the following:
  - a. Completion of the program and the required periods.
  - b. Completion of the intern's log book.
  - c. Completion of the feedback of the intern by every respected head of department
  - d. All the above has to be to the satisfaction of the CME committee.
  - e. The Internship supervisor will inform the hospital committee which in turn will inform the KMU-CME if there is a need for repeating any rotations or reviewing an intern's case.
- 8. In the case where it was discovered that there was a violation of the above points, this will be grounds of immediate termination of the intern from the program.

### B) Role of the head of department

- a. To respond to the educational needs of the interns and facilitate learning.
- b. To aid the intern in acquiring skills in communication, interpretation of clinical data as well as in the performance of diagnostic and therapeutic procedures, all under the direct supervision of an allocated senior staff with suitable qualifications.

- c. To ensure that skills in documentation of clinical data and the methods for their retrieval and analysis are learnt and understood by the intern.
- d. To ensure that the intern is able to present appropriate observations in peer groups, clinical meetings and CME Programs.
- e. To attest to the acquisition of the expected level of competency by intern, at the end of the training in that particular department, and make sure of the completion of the necessary entries in the Interns' Logbook by the correct people with the completion of the feedback form about the intern and his progress in the rotation.
- f. To provide opportunities for the intern to have patient contact both in the ambulatory and inpatient settings.
- g. To help the intern learn the importance of getting informed consent for diagnostic/therapeutic procedures and the appropriate methodology to achieve this.
- h. To identify areas where the intern may not have acquired the requisite competency and suggest corrective measures. Such information should be communicated to the intern and brought to the attention of the internship supervisor and the hospital committee as soon as possible, ensuring enough time for corrective measures to be initiated.
- i. To ensure that patient safety is paramount during procedures such as prescription of drugs and any invasive interventions when they are carried out by the intern which should be alwaysbe under supervision.
- j. To ensure that common precautions observed in the hospital are learnt and followed by the intern to ensure safety of self, patients and present staff and aid them in doing so.
- k. To assist the intern in learning the importance of ethical procedures such as patient confidentiality.
- 1. To present the intern with opportunities to acquire interdisciplinary communication skills with all of the associated hospital staff.
- m. To conduct an investigation as a first line authority for or against any Intern if any professional misconduct complaint arouse, and facilitates proceedings required.

### C) The internship supervisor role

- a. To have an introductory meeting with all the interns in the beginning of their program in which the rules and regulations are explained and where any queries about the training is addressed.
- b. To allocate the intern with specific place of specialty.
- c. To ensure that the interns are provided with necessary educational support during their entire training period in the department.
- d. To help the interns to gain access to learning resources in the hospital such as the medical records room or the library etc.
- e. To collaborate with the hospital committee at regular intervals to ensure satisfactory progress of the interns.
- f. To develop learning programs consistent with the fulfillment of the learning learning objectives for the internship program.
- g. To guide the Interns in the realization of their learning learning objectives. The Supervisor must give each intern individual attention.
- h. To ensure that the interns fulfill the training requirements in terms of attendance and acquisition of competencies. The Supervisor should monitor the progress of the intern at regular intervals and should allocate such time to discuss this with him/her.

- i. To identify areas where the intern may not have acquired the requisite competency and suggest corrective measures.
- j. To ensure that patient safety is paramount during procedures such as prescription of drugs and surgical interventions when they are carried out by the intern which should be always under supervision.
- k. To ensure that common precautions observed in the hospital are learnt and followed by the intern to ensure safety of self, patients and present staff and aid them in doing so.
- 1. To validate the Internship logbook at regular intervals and ensure documentation of the competencies are complete.
- m. To ensure that the intern have the requisite skills to access hospital services like the Medical Records, Hospital Library and IT Department in completing their learning requirements.

### D) The KMU-CME role

To present to the KMU- CME department details of the progress of the intern, and to complete the feedback and assessment reports about each intern at the end of the training period and compile a final evaluation report.

- a. Provide educational support measures for the HOD/ hospital for the facilities at different hospitals of the KMU which is part of his hospital as requested or required, for example to arrange rotations unavailable in that particular hospital but is found in other hospitals.
- b. To coordinate any arrangements the hospital has made for training the interns.
- c. To ensure that patient safety is paramount during procedures such as prescription of drugs and surgical interventions when they are carried out by the intern which should be always under supervision.
- d. To ensure that common precautions observed in the hospital are learnt and followed by the intern to ensure safety of self, patients and present staff and aid them in doing so.
- e. To conduct an investigation as a second line authority with the internship supervisor if the HOD failed to reach to a decision for or against any Intern if any professional misconduct complaint arouse, and facilitates proceedings required.

# Section 3: Procedures of Medical Internship Program

### A. Beginning of program

All interns will be given a start date which they have to adhere to.

- a. On the first day of work the interns will be oriented by their internship supervisor for the rules and regulations and what is expected from them.
- b. All interns will be allocated specific places and they are strictly forbidden from changing place of work or specialty they have been assigned to by their internship supervisor.

- c. The intern will proceed to start in the specified rotation and will meet with the HOD of that department, and will start immediately with the tasks allocated by the HOD.
- d. Any violation will be seen in the hospital CME committee which in turn will send a report about this to the KMU-CME department which in turn will consider the termination of the intern from the program.

# B. Log-books samples for Internship Program in, faculty of Medicine

Rota	tion I									
Name	Name of Intern:									
Depai	rtment: Medic	ine								
Oblig	atory requirer	nent								
1-3Ur	inary Cathete	rization:								
No	Patient File Number	Date Of Clerking	Observation & Under supervision	Independently	Name & Signature of supervisor					
1		8								
2										
3										
4										
2-8 N	asogastric tub	e insertion								

No:	Patient File	Date Of	Observation	Under	Independently	Name & Signature
	Number	Clerking		supervision		of supervisor
1						
2						
3						
4						
5						
6						
7						
8						

### 3-10 ECG taking and interpretation

No:	Patient File	Date Of	Observation	Under	Independently	Name & Signature
	Number	Clerking		supervision		of supervisor
1						
2						
3						
4						
5						

6			
7			
8			
9			
10			

# 4-8 case of Dopamine calculation for shock patients.

No:	Patient File Number	Date Of Clerking	Observation	Under supervision	Independently	Name & Signature of supervisor
1						
2						
3						
4						
5						
6						
7						
8						

# 5-10 Insertion of IV cannula

No:	Patient File Number	Date Of Clerking	Observation	Under supervision	Independently	Name & Signature of supervisor
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

# 6-2 DC shocks (Optional)

No:	Patient File Number	Date Of Clerking	Observation	Under supervision	Independently	Name & Signature of supervisor
1						
2						

Rotation II			

Name of Intern:	
-----------------	--

**Department: surgery** 

# Obligatory requirement

1-8 full Clerking Patient

No.	Patient file number	Date of Clerking	Observation	Under supervision	Independent	Name & Signature of Supervisor
1						
2						
3						
4						
5						
6						
7						
8						

### 2-10 Per-rectal examination

No.	Patient file Number	Date done	Observation	under supevision	Independent	Name & Signature of supervisor
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

3-12 Suturing case

No.	Patient file number	Date done	Observation	Under supervision	Independent	Name & Signature of supervisor
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

11			
12			

4-6 minor surgeries

	o minor bargeries								
No.	Patient file number	Date done	Observation	Under supervision	Independent	Name & Signature of supervisor			
1									
2									
3									
4									
5									
6									

# 5-5 Cases of hernia examination

No.	Patient file umber	Date done	Observation	Under supervision	independent	Name & Signature of supervisor
1						
2						
3						
4						
5						

# 6-Journal club, case studies/3 cases studies review

No.	Name of Journal/case studies review	Name of article	Date review Done	Name & Signature of supervisor
1				
2				
3				

Rotation III	
Name of Intern	-
Department: Pediatrics	
Obligatory requirements	

# 1-12 full clerking of patients

No.	Patient file No.	Date done	Observation	Under supervision	Independent	Name & Signature of supervisor
1						
2						

3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

### 2-10 Intravenous needle insertion

No.	Patient file number	Date done	Observation	Under supervision	Independent	Name & Signature of supervisor
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

### 3-5 full examination of newborn

No.	Patient file number	Date done	Observation	Under supervisio n	Independent	Name & Signature of supervisor
1						
2						
3						
4						
5						

4- 4 cases calculation of intravenous fluid and drug doses

No.	Patient file number	Date done	Observation	Under supervision	Independent	Name & Signature of supervisor
1						
2						
3						
4						

5-Journal club, Case studies/3 studies series

No.	Name of Item	Date done	Juornal name	Name & Signature of supervisor
1				
2				
3				

6-5 Lumbar puncture/ (optional)

No.	Patient file number	Date done	Observation	Under suoervision	Independently	Name & Signature of supervisor
1						1
2						
3						
4						
5						
6						

Rotation IV	
Name of Intern	
Department: OB/GYN (For Female Interns Only)	

# **Obligatory requirements:**

1-10 Full Clerking patient

No.	Patient file number	Date done	Observation	Under supervision	Independent	Nmae & Signature of supervisor
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

2-Assisting 4 normal vaginal delivery cases

No.	Patient file Number	Date done	Observation	Under supervision	Independently	Name & Signature of supervisor
1						
2						

3			
4			

3-Attending 4 Episiotomy cases

No.	Patient file number	Date done	Observation	Under supervision	Independently	Name & Signature of supervisor
1						1
2						
3						
4						

4-Attending in 4 cesarean section

No.	Patient file number	Date done	Observation	Under suoervision	Independently	Name & Signature of supervisor
1						
2						
3						
4						

5-Journal club, case studies/3 case studies reviews

No.	Name of Journal/case studies review	Name of article	Date review done	Name &Signature of supervisor
1				
2				
3				

**6-** One vacuum delivery if found (optional)

No.	Patient file number	Date done	Observation	Under Supervision	Independent	Name & Signature of supervisor
1						

7-Attending one forceps delivery if found (optional)

No.	Patient file number	Date done	Observation	Under supervision	Independent	Name & Signature of supervisor
1						

# **Lesson Plan Template for Faculties**

### Kabul Medical University

Name of department:

**Planning lessons has two purposes:** *first*, the process of planning encourages deep thinking about the elements of a lesson; *second*, the plan guides you while delivering instruction. Experienced teachers may plan more informally, but novices need to create thorough plans that prevent them from delivering poor quality lessons or from forgetting crucial items. During your field of experience, your plans should contain the following elements:

Name of teacher:		
Lesson title:		date: / /
<u>Unit title:</u>		
Subject:	Grade level:	lesson duration:
Section A: Lesson preparat	ion	
Rationale – Why is it import Description of learners – Wh diversity of learners?		
Objectives/learner outcome expected to demonstrate as a	_	, and dispositions are students
Materials/resources/technology support instructional procedu		arces/technology are needed to
Section B: Introduction to l	esson	
<b>Purpose</b> – How will you stat	e the purpose of the lesson?	,
<b>Prior learning</b> – How will y	ou make connections to price	or learning?
<b>Motivation</b> – How will you planned?	motivate students to engage	in the learning activities you have
Section C: Content/procedu	waalaa ayan aa	

Content outline /Instructional procedures/sequence of activities

Section D: Closure

Summary of lesson – How will you bring the lesson to a close? Assignment – What independent work will be assigned?

### **Section E: Assessment**

**Student learning** – How will you evaluate student outcomes? Cite planned data collection described above as well as other methods.

**Lesson implementation** – Was the lesson successful? Use the data that you collected to substantiate your conclusions in this section as well as additional comments and observations.

**Self-assessment and reflection (Feedback)**: How will you evaluate your performance?

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