كلية الطب البشري
Faculty of Medicine

الجامعة الهاشمية
The Hashemite University

Course information

Course title	Clinical Anesthesia & Emergency Medicine
Course number	111500401
Credit hours	2
Course date	It is a two weeks course, one week for Clinical Anesthesia and the other for Emergency Medicine that is repeated regularly in the 1st and 2nd semesters of the 4th academic year - First semester from 12/8/2013 to 9/12/2013 - Second semester from 22/12/2013 to 14/4/2014
Course meeting time	Daily (from Sunday to Wednesday) from 8:00 am to 3:30 pm
Course location	Department of Anesthesiology & The Emergency Department in King Hussein Medical City.
Pre-requested course	Student should pass the preclinical period (the 3 years basic medical sciences period) successfully with an average above 2.0 points
Instructor	coordinated by Dr. Osama Damra, phone no. 07799661170 E-mail: drdamrah@yahoo.com)

Course description: (schedule provided later)

This curriculum is designed as an orientation for Fourth year medical students Generally it is a two weeks duration, and is intended to provide a basic, broad introduction to the practice of Clinical Anesthesia & Emergency Medicine .

Learning outcomes:

By the end of this course, students are expected to:

1. **To become aware of anesthetic considerations in the preoperative evaluation and preparation of the patient.**
   1) Taking and recording a pertinent history.
   2) Performing an appropriate physical examination, including assessment of the airway.
   3) Reviewing relevant laboratory data.
   4) Assigning appropriate ASA(American Society of Anesthesiologists)physical status Class.
   5) Prescribing appropriate premedication.

2. **To become familiar with the practical Conduct of anesthesia and planning**
   1) Premedication
   2) Monitoring
   3) Induction
   4) Maintenance
   5) Emergence
   6) Post-Anesthesia Care Unit (PACU) management

3. **To learn appropriate airway and ventilator management.**
   1) Describing and identifying basic oropharyngeal and laryngotracheal anatomy.
   2) Describing the indications, benefits and risks of airway management by Facemask, Laryngeal Mask Airway (LMA) and endotracheal intubation.
   3) Identifying and stating appropriatesizes of masks, oral and nasal airways, LMA,laryngoscope blades andendotracheal tubes.
   4) Identifying and overcoming upperairway obstruction with mask ventilationusing various masks, oraland nasal airways, jaw thrust and or chin lift maneuvers.
   5) Successfully preparing appropriateequipment, positioning, LMA insertion andintubating several patients withsupervisor intervention.
   6) Correctly identifying within 30 secondsthose patients in whom endotrachealintubation was not successful.
   7) Prescribing appropriate parameters for mechanical ventilation and the various methods of monitoring the adequacy of ventilation.
   8) Describing and identifying criteriafor extubation.

4. **To learn Anesthetic pharmacology appropriate to general medicineincluding:**
   1) Inhalational Anesthetics.
   2) Intravenous Anesthetics.
   3) Neuromuscular blocking agents,cholinesterase inhibitors and anticholinergic drugs.
   4) Narcotics agonists and antagonists.

5. **To learn the principles of Regional Anesthesia including:**
   1) Benefits
   2) Types (Central, peripheral)
   3) Local Anesthetics pharmacology and toxicity.
   4) anatomy
   5) Contraindications
   6) Complications
   7) Procedures technique (Spinal and Epidural).
   8) Differences between spinal and epidural anesthetic.

6. **Obtain a history for emergency & Trauma problems.**

7. **Acquire the basic skills of physical examination emergency patients.**

8. **Identify and explain abnormal signs.**

9. **Formulate a case summary and differential diagnosis list.**

10. **Suggest relevant investigations.**

11. **Suggest management plan.**

12. Appreciate and understand the following topics and procedures in Emergency medicine

- CPR
- non traumatic abdominal pain
- traumatic abdominal pain
- chest pain
- traumatic chest pain
- shock
- burns
- fractures
- pericardiocentesis
- central line
- chest tube
- intubation
- intraosseous line
- diagnostic peritoneal lavage
- FAST

Instructional methods:

- Lectures: presented using data show, slides.
- Seminars: Problem based topic discussion, integration of knowledge & clinical approach
- Bed-side teaching sessions: Clinical case discussion and skills development.
- Visits to operating theatres.

Text book and material:

- Anaesthesia for medical students, Sullivan Pat.
- Lecture NotesClinical Anaesthesia, Carl L. Gwinnutt
- NMS Emergency Medicine scott S.
- E.M Latha, Stead

Grading Policy:

- In-course evaluation = 20%
- Final clinical exam = 35%
- Final written exam = 45%
  (Total Points 100%)

Methods of Evaluation:

- In-course evaluation based on attendance, participation, preparation, medical cases presentation and knowledge of the student, mark out of 100. Score then get converted to be out of 20
- End of course clinical examination which is held at the end of the 2 weeks clinical rotation. The total exam score is out of 100 that is later converted to be out of 35.
- Final written examination, held at the end of the academic year. The exam is in multiple choice questions (MCQs) format, total of 30 questions, score is out of 100 and converted later to be out of 45.

Course Policies:

- **Late Assignments:** Students are expected to present their assignment on scheduled time, if not, a new date is given to the student to present his assignment. Late assignment will affect the grade by 5 points unless there is an excuse.
- **Missed exams**: If a student misses an examination then they will have the opportunity for a make-up examination, according to the University Regulations.
- **Absence:** If a student is absent for a teaching session then they must discuss this with the course instructor. If a student is absent for more than 25% of the course then they may be liable to fail the course.
- **Cheating:** Cheating is forbidden in any form. Any students who are caught cheating will be reported to the Medical Dean and further action taken as necessary.

Classroom Protocol:

- Students are expected to arrive at 8:00 am Sunday to Wednesday and at 9:00 am on Thursdays.
- Attendance is each daily activity, absence in one activity considered as full day absence.
- Students are expected to respect other students and instructors.
- Participation is graded according to seminar presentation, attending daily activities, good behavior, patient care, theoretical knowledge, communication skills, and professionalism

Important Dates to Remember:

- 12/8/2013 Beginning of 1st semester of Academic year 2013 / 2014
- First Wednesday of the one week rotation, end of rotation clinical exam
- Al-Adhah Feast Holiday 14/10/2013 to 17/10/2013
- Mid year Holiday 10/12/2013 to 21/12/2013
- 22/12/2013 Beginning of 2nd semester of Academic year 2013 / 2014
- Final written exam 4/2014

Student rights and responsibilities:

As per University policy and regulations
All students' rights presented by the university will be respected during General Surgery course

Course Schedule :

Clinical Anesthesia week:

Day	8:00 - 8:30 am	8:40 - 11:00 am	11:30am - 1:30pm	2:00 - 3:30pm
Sunday	morning report	clinical round	seminar as scheduled	case discussion/procedure
Monday	morning report	operative room	seminar as scheduled	case discussion/procedure
Tuesday	morning report	clinical round	seminar as scheduled	case discussion/procedure
Wednesday	morning report	operative room	seminar as scheduled	case discussionlprocedure
	End of Rotation clinical Examination			

Seminar Topics

- General principles in Airway management.
- The practical Conduct of anesthesia.
- Anesthesia and Pharmacology1 (Inhalational and Intravenous Anesthetics).
- Anesthesia and Pharmacology 2(Neuromuscular blocking agents,cholinesterase inhibitors and anticholinergic and Narcotics).
- principles of Regional Anesthesia

Emergency Medicine week:

Day	8:00 – 10:00am	10:00- 12:30 am	12:30am - 1:00pm	1:00 - 2:00pm
Sunday	seminar as scheduled	Clinical round/bedside teaching	Break	Procedure/case discussion
Monday	seminar as scheduled	Clinical round/bedside teaching	Break	Procedure/case discussion
Tuesday	seminar as scheduled	Clinical round/bedside teaching	Break	Procedure/case discussion
Wednesday	seminar as scheduled	Clinical round/bedside teaching	Break	Procedure/case discussion
	End of Rotation clinical Examination			

Seminar Topics

- Chest pain
- Traumatic chest pain
- Abdominal pain
- Traumatic Abdominal pain
- Burns
- Fractures
- Shock
- CPR

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Course information

Course title	Diagnostic Radiology Course
Course number	111503402
Credit hours	2.251
Course date	1st and 2nd Semester 2013/2014
Course meeting time	variable
Course location	This course will take place in Prince Hamza Hospital. It's a 2 wk rotation for 5th yr students/ Radiology Department
Instructor	Dr. Ahmad Abu Ain/ Prince Hamza Hospital Office Hours : Mon & Wed From 12-2 Phone : 0795934307

Course description:

1- Introduction to Diagnostic Radiology, Nuclear Medicine and Interventional Radiology.
2- Introduction to radiation safety.
3- Overview of various diagnostic procedures, in a system oriented fashion.

Learning outcomes:

1- To develop sound knowledge of the indications of various radiological investigations with the necessary related precautions.
2- To acquire basic skills in the interpretations of the main and common radiological exams and procedures.
3- Student should be able to select the most appropriate radiological investigation for the most and relatively common clinical conditions.
4- Ability to interpret common and typical radiological findings

Instructional methods:

1. Lecture/Problem solving sessions
2. Homework and Quizzes
3. Seminars
4. Case Studies

TOPICS COVERED (SEMINARS/ LECTURES):

	Topic
1.	Introduction to Diagnostic Radiology, Nuclear Medicine and Interventional Radiology
2.	Introduction to radiation safety
3.	Introduction, indications, contra-indications and principles , image interpretation of various radiological procedures in the following systems: Respiratory and CVS system Gastro-intestinal and Genito-urinary tract Musculoskeletal system Central nervous system

Text book and material:
X-Ray Diagnosis by Peter Armstrong

Grading Policy:
In-course evaluation: 20%
End of rotation exam: 35%
Final written exam: 45%
Total Points 100

Course Policies:

- **Late Assignments:** Unexcused absence at the day of the seminar will affect the grade by 10 points
- **Missed exams:** The student will do with exam with the following group if he has an excuse that the department accepts
- **Absence :** Absence will affect evaluation mark
  If its more than 2 days, the student will have to repeat the rotation allover again
- **Cheating :** Will be referred to the department and be dealt with according to the regulations of the university

Classroom Protocol:
Attendance – Attendance and participation in clinical activities and related discussion is required in order to optimize the educational benefit for all students. Notification of

absence must be directed to clinical instructors and the program director (Dr. Ahmad Abu Ain). Unexcused absence will result in a failing grade for the rotation.

Professional behavior - Professional behavior is essential for successful learning environment. Therefore professional behavior is expected of all students during clinical rotations. Professional behavior includes but is not limited to arriving on time, and being prepared for daily activities and discussions.

Equipment/Clothing – During clinical activities, appropriate clothing should be worn, professional clothing and a white coat are adequate.

Important Dates to Remember:

The course is based on a 2wk rotation
The 2nd Thursday will be the last day of the rotation and the end rotation exam day
Final exam date will be determined by the end of the 5th academic year

Student rights and responsibilities:

As per University policy and regulations
All students' rights presented by the University will be respected during Dermatology course

Course Schedule :

Topics covered in lectures and seminars

A) Introduction to Diagnostic Radiology, Nuclear Medicine and Interventional Radiology
B) Introduction to radiation safety
C) Introduction, indications, contra-indications and principles , image interpretation of various radiological procedures in the following systems:
   1- Respiratory and CVS system
   2- Gastro-intestinal and Genito-urinary tract
   3- Musculoskeletal system
   4- Central nervous system

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Course information

Course title	General medicine (1)
Course number	0111503401
Credit hours	10
Course date	First semester 12/8/2013 to 9/12/2013 Second semester 22/12/2013 to 14/4/2013
Course meeting time	1- Clinical teaching daily from 8am till 3pm 5 days /week 2- Lectures on Sunday from 1pm to 3pm 3- Seminars on Tuesday and Thursday from 1pm to 3pm
Course location	1- Clinical bed-side teaching at Prince Hamza Hospital Princess Aliaa Military Hospital Prince Hashim Military Hospital Alzarqa Govermental Hospital 2- Lectures and Seminars at Prince Hamza Hospital 5th floor
Pre-requested course	Student should pass the preclinical period (the 3 years basic medical sciences period and the introduction to clinical medicine and medical ethics course) successfully with an average above 2.0 points
Instructor	Dr.Asim Al-jalabi, Faculty of Medicine, Hashemite University office hours Wednesday from 10am to 2pm Phone no. 0795586893 E- mail chalabiasim@yahoo.com

Course description:

- Hospital Bedside Teaching: 10 weeks subdivided into five sub-rotations in four different hospitals (hospital names mentioned above). Students are divided in groups of 10 – 11 students, each group of students are supervised one clinical instructor.
- Seminars: Problem based seminars, four seminars per week, each seminar is presented by 2 – 3 students
- Lectures: Subject based lectures, two lectures per week, lectures are presented by the department of medicine faculty members.

Learning outcomes:

General Learning outcomes

By the end of this course, students are expected to:

1. Obtain a comprehensive history for medical problems.
2. Acquire the basic skills of physical examination.
3. Identify and explain abnormal signs.
4. Formulate a case summary and differential diagnosis list.
5. Suggest relevant investigations.
6. Suggest management plan.

Specific Learning outcomes

(The specific learning outcomes are provided later in this syllabus)

Instructional methods:

- Lectures : Data shows, slides
- Seminars : Problem based topic discussion, integration of knowledge & clinical approach
- Bed-side teaching sessions: Clinical case discussion; discussion of history, physical examination findings and investigations including lab and radiological investigation so as to formulate differential diagnosis list and management plan

-Visits to outpatient clinics

Text book and material:

- KUMAR & CLARK. Clinical Medicine
- MACLEOD~S Clinical Examination
- DAVIDSON Textbook of Medicine

Grading Policy:

- In-course evaluation = 20%
- taking in consideration the following:
  Students attendance, motivation, commitment and behavior
  Students competence and skills
  Students participation in activities in the clinical sessions and seminars
- Final clinical exam = 35%
- Final written exam = 45%
  Total Points 100

Course Policies:

- **Late Assignments:** As per University policy .Students are expected to present their assignment on scheduled time, if not, a new date is given to the student to present his assignment. Late assignment will affect the grade by 5 points unless there is an excuse.
- **Missed exams**: If a student misses an examination then they will have the opportunity for a make-up examination, according to the University Regulations.
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Classroom Protocol:

- Students are expected to arrive at 8:00 am Sunday to Thursday Attendance is each daily activity, absence in one activity considered as full day absence.
- Students are expected to respect other students and instructors.
- Participation is graded according to seminar presentation, attending daily activities, good behavior, patient care, theoretical knowledge, communication skills, and professionalism.

Important Dates to Remember:

- 12/8/2013 Beginning of 1st semester of Academic year 2013 / 2014
- Al-Adhah Feast Holiday 14/10/2013 to 17/10/2013
- End of Medicine Rotation Clinical Exam 8 and 9/12/2013
- Mid year Holiday 10/12/2013 to 21/12/2013
- 22/12/2013 Beginning of 2nd semester of Academic year 2013 / 2014
- End of Medicine Rotation Clinical Exam 13 and 14/4/2014
- Final written exam 24/4/2014

Student rights and responsibilities:

As per University policy and regulations
All students' rights presented by the University will be respected during General Medicine course

Course Schedule :

Topics covered in lectures and seminars

CARDIOVASCULAR SYSTEM

I. Knowledge/Mix of Diseases/Patients

A. Ischemic heart disease: unstable angina and myocardial infarction.
B. Heart failure.
C. Congenital heart disease with onset of manifestations in the adult.
D. Valvular heart disease—causes.
E. Clinical diagnosis of rheumatic fever.
F. Hypertension: essential and secondary.
G. Cardiomyopathy and Pericardial diseases.
H. Arrhythmias.
1. Distinction between ventricular and supraventricular rhythms.
2. Atrial fibrillation, atrial flutter.
3. Heart block 1^{o}, 2^{o}, 3^{o}.
4. Bundle branch and hemiblocks.
5. Main supraventricular tachycardias.

I. Infective endocarditits
J. Cardiac tumors
k. Pulmonary cardiac diseases
L. Hyperlipidemia

II. History Skills
A. Obtain history of risk factors for coronary artery disease.
B. Obtain history for rheumatic fever or congenital heart disease.
C. Recognize importance of family history in assessment of cardiovascular disease.
D. Use all modalities in "pain" history to distinguish coronary artery disease from other causes of chest pain.
E. In hypertensive patient, obtain careful history of medication compliance.

III. Physical Exam Skills
A. Determine venous pressure by examination of neck veins.
B. Assess arterial pulses and recognize pulsus alternans, bisferiens pulse, and paradoxical pulse.
C. Perform hepatojugular reflux test to assess venous pressure.
D. On cardiac auscultation, recognize:
1. Systolic and diastolic murmur--effects of physiologic and pharmacologic interventions.
2. Pericardial friction rub.
E. On cardiac auscultation, recognize:
1. S-1, S-2, and normal physiologic splitting.
2. S-3, S-4, and how they are best appreciated.
3. Systolic and diastolic murmur--effects of physiologic and pharmacologic interventions.
4. Special characteristics of the murmur of MVP and HCM.
5. Pericardial friction rub.

IV. Diagnostic Tests
A. Recognize a normal EKG.
B. Recognize a normal Chest X-ray.

V. Therapeutic Interventions
A. Know therapeutic indications for angioplasty and other therapeutic applications of catheterization.
B. Describe therapeutic approach to clinical syndromes described in I.

DISEASES OF THE KIDNEY AND URINARY TRACT

I. Knowledge/Mix of Diseases/Patients

A. Renal anatomy and physiology
B. Acute renal failure--The student must distinguish prerenal, renal, and post renal disease using clinical and laboratory parameters.
C. Chronic renal failure and its associated metabolic-endocrine, GI, cardiovascular hematologic, and neuromuscular complications.
D. Glomerulonephritis: Nephritis syndrome
E. Nephrotic syndrome
F. Tubulointerstitial disease.

G. Renal cystic disease
H. Acid base disorders
I. Water disorders
J. K disorders
K. Calcium disorders
L. UTI and pylonephritis

II. History Skills

In the patient who presents with a problem of the urinary tract, the student will determine by history:

A. Frequency and volume of urine (polyuria, oliguria, anuria).
B. Urine color, hematuria.
C. Dysuria, diminished stream.
D. Effects of nephrotoxic drugs or drugs that effect bladder emptying or urine color
E. The clinical syndrome of uremia.

III. Physical Exam Skills

A. Recognize signs of uremia--cognitive, asterixis, odor of breath.
B. Auscultate for bruits.
C. Attempt to palpate for kidneys.
D. Percuss bladder size.

IV. Diagnostic Tests

The student should be able to:

A. Calculate fractional excretion of sodium as a measure of prerenal vs post renal azotemia.
B. Evaluate the patient with glomerulonephritis for multisystem disease.
C. Choose the most appropriate imaging test for the specific patient problem.

V. Therapeutic Interventions

The student should be able to:

A. Manage the patient with acute renal failure and know all indications for dialysis.
B. Recognize the possibility of urinary tract obstruction.

DISORDERS OF THE RESPIRATORY SYSTEM

I. Knowledge/Mix of Diseases/Patients

A. Diseases of airflow limitation
1. Asthma.
2. Bronchitis.
3. Emphysema.
4. Bronchiectasis.
5. Cystic fibrosis.

B. Interstitial lung diseases
1. Occupational lung disease.
2. Hypersensitivity pneumonias.
3. Sarcoidosis.
4. Idiopathic pulmonary fibrosis.

C. Infectious lung diseases
1. Community acquired pneumonia.

2. Nosocomial pneumonias.
3. Tuberculosis.

D. Pulmonary vascular lung diseases
1. Pulmonary thromboembolism.
2. Pulmonary hypertension.
3. Noncardiogenic pulmonary edema (ARDS).

E. Neoplastic disease of the lung
1. Bronchogenic carcinoma.
2. Paraneoplastic syndromes.

F. Diseases of the pleura
1. Pleural effusion.
2. Pneumothorax.

II. History Skills

A. Correctly characterize respiratory symptoms of dyspnea, cough, and expectoration.
B. Obtain careful history of accidental or occupational exposure to potential lung toxins.
C. Obtain a precise history of tobacco use, including passive cigarette smoke.
D. Obtain family history for cystic fibrosis, emphysema, asthma, tuberculosis, collagen vascular diseases, and lung neoplasm.
E. Obtain history of drug exposure and medication use.
F. Determine risk factors for HIV and TB.

III. Physical Exam Skills

A. Examine the chest by inspection
1. Identify abnormal respiratory patterns.
2. Recognize findings suggesting pulmonary disease such as deviated trachea, digital clubbing.

B. Examine the chest by palpation
1. Appreciate the significance of supraclavicular adenopathy, crepitation, and tenderness.

C. Examine the chest by percussion
1. Distinguish normal and abnormal resonance.
2. Further define areas of dullness by special maneuvers such as vocal and tactile fremitus.

D. Examine the chest by auscultation
1. Recognize normal breath sounds and characterize.
2. Recognize adventitious breath sounds such as crackles, rhonchi, and wheezes.
3. Understand the diagnostic implications of the adventitious sound.

IV. Diagnostic Test Skills

A. The student should be able to:
1. Interpret arterial blood gases.
2. Understand the use of the pulse oxymeter.
3. Interpret spirometry including Flow-Volume loops.
4. Interpret the chemical profile of pleural effusions.

B. The student should understand the indications for:
1. Pulmonary function tests.
2. Thoracentesis.
3. Pleural biopsy.

V. Therapeutic Skills
A. The student must be familiar with the general management of all diseases listed in 1.
B. The student should be able to:
1. Correctly select antimicrobial agents for respiratory infection.
2. Recognize a significant reaction to PPD.
3. Know the indications and side effects for the commonly used medications in pulmonary medicine.

ENDOCRINOLOGY AND METABOLISM

I. Knowledge/Mix of Diseases/Patients
A. Diseases of the pituitary
1. Diabetes insipidus.
2. Pituitary tumors
a. Acromegaly.
b. Cushing Disease.
c. Prolactinoma.
3. Hypopituitarism.
4. Empty Sella Syndrome.

B. Thyroid disease
1. Hypothyroidism causes.
2. Hyperthyroidism.
a. Graves disease.
b. Toxic multinodular goiter.
c. Toxic adenoma.
d. Factitious.
3. Thyroiditis.
a. Chronic thyroiditis (Hashimoto's).
b. Subacute thyroiditis (painful and painless).
4. Approach to thyroid nodule

C. Diseases of the adrenal cortex
1. Cushing Syndrome.
2. Hyperaldosteronism.
3. Addison's Disease.

D. Pheochromocytoma.

E. Diabetes mellitus.
1. Diagnosis.
2. Classification and pathogenesis.
3. Clinical features.
4. Complications.
5. Treatment.
a. Diet.
b. Insulin.
c. Oral agents.
d. Hypoglycemia
1. Fasting.

2. Reactive.

G. Disorders of the parathyroid gland and of calcium metabolism.

H. Metabolic bone disease.

1. Osteoporosis.
2. Osteomalacia.
3. Paget's.
4. Renal osteodystrophy.

II. History Skills

A. Demonstrates knowledge necessary to take a proper history for a patient suspected of having an endocrine or metabolic disorder.

B. In a patient with diabetes mellitus, the student must obtain and put in chronological order a detailed history of the disease, including all complications, hospitalizations, medications.

III. Physical Exam

A. Know importance of:

1. Weight.
2. Height.
3. Skeletal proportions.

B. Recognize exophthalmus and abnormal ocular motility.

C. Evaluate thyroid size, nodularity, tenderness, and bruit.

D. Evaluate skin-temperature, moisture, pigmentation, pretibial myxedema, diabetic dermopathy.

E. Evaluate quality of voice.

F. Evaluate texture and pattern of hair.

G. Recognize diabetic retinopathy.

IV. Diagnostic Skills

A. Understand the use of thyroid function tests.

B. Describe the tests necessary to diagnose diseases listed in 1.

V. Therapeutic Interventions

A. Understand the indications, side effects, and adverse reactions for each of the following:

1. L-thyroxin.
2. Glucocorticoids.
3. Antithyroid drugs.
4. Oral hypoglycemics.
5. Insulin (all forms).

GASTROENTEROLOGY

I. Knowledge/Mix of Diseases/Patients

A. Diseases of the esophagus: anatomic and motor causes of esophagitis (GERD).

B. H Pylori and PUD.

C. Disorders of absorption.

D. Inflammatory bowel disease.

E. Liver and biliary tract disease

1. Acute and chronic hepatitis.

2. Cirrhosis and alcoholic liver disease.
3. Approach to patients with abnormal LFTs.

F. Pancreatic diseases
1. Acute pancreatitis.
2. Chronic pancreatitis.
3. Pancreatic cancer.
4. Endocrine tumors.

II. History Skills

In obtaining history from a patient with a GI complaint:

A. Describe all characteristics of abdominal pain.
B. Recognize potential importance of family history and medication history and GI side effects of all drugs.
C. History of diet, weight, food intolerance, bowel pattern, and bleeding.
D. Compare and contrast history of inflammatory bowel disease vs. irritable bowel syndrome.
E. Precise history taking in GERD and dysphagia.

III. Physical Exam Skills

A. Students must do complete exam of abdomen and rectal exam including:
1. Auscultation for bowel sounds and bruits.
2. Percussion for liver size.
3. Palpation for spleen.

B. Recognize need for additional physical exam maneuvers such as:
1. Shifting dullness and fluid wave when ascites is suspected.
2. Murphy's sign for right upper quadrant pain or tenderness.
3. Eliciting signs of peritonitis.
4. Perform rectal digital exam and check for fecal blood.

IV. Diagnostic Studies

A. Know indications for paracentesis.
B. Know indications for placement of nasogastric tube.
C. Properly interpret the following laboratory tests:
1. Serologic studies for viral and autoimmune hepatitis.
2. Liver function tests.

V. Therapeutic Skills

A. The student should know indications, side effects, interactions and follow-up for the most commonly used GI medications (e.g. PPIs, Laxatives, Prokinetic agents).

HEMATOLOGY

I. Knowledge/Mix of Diseases/Patients

A. Pathophysiology of anemia.
B. Anemia of chronic disease.
C. Iron deficiency anemia.
D. Megaloblastic anemia.
E. Hemolytic anemias (congenital and acquired).
F. Myeloproliferative disorders.

G. Leukemias (acute and chronic).
H. Lymphoma (Hodgkin's, non-Hodgkin's and plasma cell myeloma).
I. Clotting disorders
1. Platelet and vessel wall.
2. Coagulation and thrombosis.
3. Hypercoagulable state.

II. History Skills
A. Knowing presenting signs of anemia.
B. Recognize that dizziness, shortness of breath, headache, exercise intolerance, and sensitivity to cold may be presenting symptoms of anemia.
C. Recognize that symptoms of angina, claudication, TIA may be unmasked by anemia.
D. Recognize the value of reviewing all previous hematologic lab data in evaluation of hematologic disorders.
E. Recognize symptoms of platelet disorders (spontaneous mucocutaneous bleeding, immediate bleeding with trivial trauma) versus symptoms of clotting-factor deficiency (delayed bleeding, deep muscular hematomas, and hemarthroses).
F. Recognize the importance of "B" symptoms (fever, night-sweats, weight loss) in patients with lymphoma.
G. Recognize the importance of the family history in patients with anemia and coagulation disorders.

III. Physical Diagnosis Skills
A. Recognize ecchymotic or petechial rash.
B. Palpate all lymph node areas, spleen and liver.

IV. Diagnostic Skills
A. Know the value of the following tests in the work-up of a patient with hemolytic anemia:
1. Blood smear review.
2. Reticulocyte count.
3. Coombs test.
4. Serum haptoglobin.
5. Glucose 6 phosphate dehydrogenase deficiency.
6. Hemoglobin electrophoresis.
7. Urine hemosiderin.
B. Know the proper evaluation for bleeding disorder.

V. Therapeutic Interventions
A. Know the appropriate indications for transfusion of erythrocytes and platelets.
B. Know indications for fresh frozen plasma, cryoprecipitate, and purified factor concentrates.

INFECTIOUS DISEASES

I. Knowledge/Mix of Diseases/Patients
A. Clinical syndromes
1. Gram-negative sepsis.
2. Infective endocarditis.
3. Upper and lower respiratory infections.
4. Urinary tract infections.

5. Soft tissue infection.
6. Tuberculosis.
7. Mycoplasma pneumonia.

B. Viral infection
1. Influenza and prevention.
2. Herpes infection.
3. Hepatitis A, B and C.

C. Fever of unknown origin.

II. History Skills
A. Demonstrate at bedside ability to elicit history with special attention to relevant travel and residential history, animal contact, work and recreational activity, drug use and sexual history.
B. Elicit any co-existing disease which may be relevant to pathogenesis of infection.

III. Physical Examination
A. Demonstrate ability to perform thorough physical exam in effort to determine source of infection.
B. Recognize skin lesions which may provide diagnostic clues to etiology of infection.
C. Recognize fever patterns and their possible diagnostic indications.
D. Perform Kernig and Brudzinski tests in evaluating for meningitis.

IV. Diagnostic Tests
A. Obtain sputum on patients with pneumonia.
B. Interpret body fluid results (CSF, pleural, peritoneal, joint).

V. Therapeutic Interventions
A. Choose appropriate antibiotic regimens for most common infections.
B. Know major side effects of antibiotics.

RHEUMATOLOGY

I. Knowledge
A. Clinical manifestations of SLE.
B. Rheumatoid arthritis.
C. Scleroderma.
D. Mixed connective tissue disease.
E. Sjogren's syndrome.
F. Ankylosing spondylitis.
G. Vasculitic syndromes.
H. Sarcoidosis.
I. Osteoarthritis.
J. Psoriatic arthritis and arthritis associated with GI diseases.
K. FMF.
L. Behcet’s disease.
M. Gout.

II. History Skills

A. Demonstrate ability to elicit history of multisystem disease. Know importance of extra-articular symptoms such as rash, uveitis, aphthous ulcers, alopecia, and pleuritic pain.
B. In patient with joint disease, determine presence or absence of morning stiffness, redness, heat, swelling, restricted movement.

III. Physical Exam Skills
A. Know the physical findings associated with each of the diseases listed in 1.
B. Evaluate each joint for swelling, erythema, tenderness, crepitation, contracture, deformity.
C. Determine range of motion and compare to normal. Identify Heberden node, Bouchard node, ulnar deviation, Swan neck deformity.
D. Demonstrate joint effusion.
E. Examine the spine. Evaluate chest expansion for spondylitis.

IV. Diagnostic Tests
The student should be able to:
A. Know the basics of diagnostic joint aspiration.
B. Know when to order the following tests: rheumatoid factor, anti DNA, anti SM, anti RNP, anti RO (SSA), anti LA (SSB), ANCA.

V. Therapeutic Interventions
A. Know general treatment options for all diseases listed in 1

كلية الطب البشري
Faculty of Medicine

الجامعة الهاشمية
The Hashemite University

Course information

Course title	General Surgery (1)
Course number	111502401
Credit hours	10
Course date	Course is given twice per the academic year First semester from 12/8/2013 to 9/12/2013 Second semester from 22/12/2013 to 14/4/2014
Course meeting time	1. Clinical teaching at hospitals daily (from Sunday to Wednesday) from 8:00am to 2:00pm 2. Lectures and Seminars on Thursdays from 9:00am to 4:00pm
Course location	1. Clinical bed side teaching at: - Prince Hamzah hospital - Al-Zarqa Governmental Hospital - Prince Alia Military Hospital - Price Hashem Military Hospital 2. Lectures and seminars are held at the Faculty of Medicine / Hashemite University
Pre-requested course	Student should pass the preclinical period (the 3 years basic medical sciences period and the introduction to clinical medicine and medical ethics course) successfully with an average above 2.0 points
Instructor	Dr. Naser El-Hammuri
	office hours on Thursday 10:00 – 14:00
	phone no. 0779839884 / E-mail: naserhammuri@yahoo.com

Course description:

- Hospital Bedside Teaching: 10 weeks subdivided into five sub-rotations in four different hospitals (hospital names mentioned above). Students are divided in groups of 10 – 11 students, each group of students are supervised one clinical instructor.
- Seminars: Problem based seminars, two seminars per week, each seminar is presented by 2 – 3 students
- Lectures: Subject based lectures, four lectures per week, lectures are presented by the department of surgery faculty members.
  (Lectures and seminars are held on Thursdays of each week starting from the second week of the course)

Learning outcomes:

General Learning outcomes

By the end of this course, students are expected to:

1. Obtain a comprehensive history for surgical diseases and problems.
2. Acquire the basic skills of physical examination.
3. Identify and explain abnormal signs.
4. Formulate a case summary and differential diagnosis list.
5. Suggest relevant investigations.
6. Suggest management plan.
7. Appreciate and understand general surgery lectures and seminars topics listed in the schedule below

Specific Learning outcomes

(The specific learning outcomes are provided later in this syllabus)

Instructional methods:

- Lectures: Data show, slides.
- Seminars: Problem based topic discussion, integration of knowledge & clinical approach
- Bed-side teaching sessions: Clinical case discussion; discussion of history, physical examination findings and investigations including lab and radiological investigation so as to formulate differential diagnosis list and management plan
- Visits to outpatient clinics
- Visits to operating theatres.

Text book and material:

- Bailey & Love's Short Practice of Surgery.
- Forest Principles of Surgery.
- Browse's Introduction to the Symptoms & Signs of Surgical Disease.
- Schwartz's Principles of Surgery (Reference)
- Sabistone Textbook of Surgery. The biological Basis of Modern Surgical Practice (Reference)

Grading Policy:

- In-course evaluation = 20%
- Final clinical exam = 35%
- Final written exam = 45%

(Total Points 100%)

Methods of Evaluation:

- In-course evaluation based on attendance, participation, preparation, medical cases presentation and knowledge of the student, mark out of 100 given at the end of each two week sub-rotation and the average mark of the five sub-rotations is taken as the evaluation score. Score then get converted to be out of 20
- End of course clinical examination which is held at the end of the 10 weeks clinical rotations. Exam is in the OSCE format. Students are evaluated by going through four stations, in two of which students are evaluated for history taking, and in the other

two, they are evaluated for performing physical examination. The total exam score is out of 100 that is later converted to be out of 35.

- Final written examination, held at the end of the academic year. The exam is in multiple choice questions (MCQs) format, total of 100 questions, score is out of 100 and converted later to be out of 45.

Course Policies:

- **Late Assignments:** As per University policy .Students are expected to present their assignment on scheduled time, if not, a new date is given to the student to present his assignment. Late assignment will affect the grade by 5 points unless there is an excuse.

- **Missed exams**: If a student misses an examination then they will have the opportunity for a make-up examination, according to the University Regulations.

- **Absence:** If a student is absent for a teaching session then they must discuss this with the course instructor. If a student is absent for more than 25% of the course then they may be liable to fail the course.

- **Cheating:** Cheating is forbidden in any form. Any students who are caught cheating will be reported to the Medical Dean and further action taken as necessary.

Classroom Protocol:

- Students are expected to arrive at 8:00 am Sunday to Wednesday and at 9:00 am on Thursdays.
- Attendance is each daily activity, absence in one activity considered as full day absence.
- Students are expected to respect other students and instructors.
- Participation is graded according to seminar presentation, attending daily activities, good behavior, patient care, theoretical knowledge, communication skills, and professionalism.

Important Dates to Remember:

- 12/8/2013 Beginning of 1st semester of Academic year 2013 / 2014
- Al-Adhah Feast Holiday 14/10/2013 to 17/10/2013
- End of Surgery Rotation Clinical Exam 8 and 9/12/2013
- Mid year Holiday 10/12/2013 to 21/12/2013
- 22/12/2013 Beginning of 2nd semester of Academic year 2013 / 2014
- End of Surgery Rotation Clinical Exam 13 and 14/4/2014
- Final written exam 24/4/2014

Student rights and responsibilities:

As per University policy and regulations

All students' rights presented by the University will be respected during General Surgery course

Course Schedule :

1. Daily clinical teaching schedule

Day	8:00 – 9:00 am	9:00 am -12:00 MD	12:00 – 1:00 pm	1:00 – 2:00 pm
Daily Sunday to Wednesday	Morning report	Bed side teaching	Break	Case Discussion

2. Thursday Lectures and seminars schedule

Day and Date	Time	Activity	Title	Instructor
Thursday 29/8/2013	9:00 - 10:00	Lecture	Peri-operative care & Post-operative complications	Dr. Eyad Al-Qarqaz
	10:00 - 11:00	Lecture	Wound Healing & Care and Trauma Surgery	Dr. Eyad Al-Qarqaz
	11:00 - 12:00	Lecture	Fluid, Electrolytes & Acid Base Balance	Dr. Naser El-Hammuri
	12:00 - 13:00	Break		
	13:00 - 14:00	Seminar	Upper Gastrointestinal Tract Bleeding	Dr. Naser El-Hammuri
	14:00 - 15:00	Seminar	Lower Gastrointestinal Tract Bleeding	Dr. Naser El-Hammuri
Thursday 5/9/2013	9:00 - 10:00	Lecture	Hernias & Abdominal wall defects	Dr. Ali Saraira
	10:00 - 11:00	Lecture	The esophagus	Dr. Ali Saraira
	11:00 - 12:00	Lecture	Gastric neoplasms	Dr. Naser El-Hammuri
	12:00 - 13:00	Lecture	Peptic ulcer disease complications & management	Dr. Naser El-Hammuri
	13:00 - 14:00	Break		
	14:00 - 15:00	Seminar	Approach to surgical patient with medical risk factors (Cardiac, respiratory,	Dr. Naser El-Hammuri
	15:00 - 16:00	Seminar	Protection against DVT and PE in surgical patients	Dr. Naser El-Hammuri
	9:00 - 10:00	Lecture	Hernias & Abdominal wall defects	Dr. Ali Saraira
Thursday	9:00 - 10:00	Lecture	Gallbladder disorders	Dr. Eyad

12/9/2013				Al-Qarqaz
	10:00 - 11:00	Lecture	Obstructive jaundice	Dr. Eyad Al-Qarqaz
	11:00 - 12:00	Lecture	Surgical disease of the liver & hydatid disease	Dr. Eyad Al-Qarqaz
	12:00 - 13:00	Lecture	Small intestine conditions & intestinal obstruction	Dr. Osamah Damrah
	13:00 - 14:00	Break		
	14:00 - 15:00	Seminar	Approach to Acute Abdomen	Dr. Osamah Damrah
	15:00 - 16:00	Seminar	Approach to Abdominal Trauma	Dr. Osamah Damrah
Thursday 19/9/2013	9:00 - 10:00	Lecture	Pancreatitis	Dr. Eyad Al-Qarqaz
	10:00 - 11:00	Lecture	Pancreatic tumors	Dr. Eyad Al-Qarqaz
	11:00 - 12:00	Lecture	Diverticulosis & Mesenteric ischemia	Dr. Ali Saraira
	12:00 - 13:00	Lecture	Colonic & Rectal tumors	Dr. Ali Saraira
	13:00 - 14:00	Break		
	14:00 - 15:00	Seminar	Blood products and Blood transfusion	Dr. Eyad Qarqaz
	15:00 - 16:00	Seminar	Imaging & Tissue Diagnosis	Dr. Eyad Qarqaz
Thursday 26/9/2013	9:00 - 10:00	Lecture	Surgical infections	Dr. Osamah Damrah
	10:00 - 11:00	Lecture	The vermiform appendix	Dr. Osamah Damrah
	11:00 - 12:00	Lecture	Anal & Peri-anal conditions	Dr. Osamah Damrah
	12:00 - 13:00	Lecture	Inflammatory bowel disease	Dr. Naser El-Hammuri
	13:00 - 14:00	Break		
	14:00 - 15:00	Seminar	Approach to patient with anal pain or bleeding per rectum	Dr. Osamah Damrah
Thursday 3/10/2013	9:00 - 10:00	Lecture	Morbid Obesity	Dr. Naser El-Hammuri
	10:00 - 11:00	Lecture	Principles of Laparoscopic Surgery & Endoscopy	Dr. Naser El-Hammuri
	11:00 - 12:00	Lecture	Thyroid gland & thyroglossal tract disorders	Dr. Mahmoud D.
	12:00 - 13:00	Lecture	Parathyroid gland & adrenal glands disorders	Dr. Mahmoud D.
	13:00 - 14:00	Break		

	14:00 - 15:00	Seminar	Approach to Abdominal Mass	Dr. Mahmoud D
	15:00 - 16:00	Seminar	Diagnosis & Management of Neck Swelling &Thyroid Nodule	Dr. Mahmoud D
Thursday 10/10/2013	9:00 - 10:00	Lecture	Skin tumors & Principles of plastic surgery	Dr. Ali Saraira
	10:00 - 11:00	Lecture	Burn	Dr. Ali Saraira
	11:00 - 12:00	Lecture	Salivary glands disorders	Dr. Ali Saraira
	12:00 - 13:00	Seminar	Approach to surgical patient with medical risk factors (DM, CRF, liver disease)	Dr. Eyad Qarqaz
	13:00 - 14:00	Break		
	14:00 - 15:00	Seminar	Hiatal Hernia & Gastroesophageal Reflux Disease	Dr. Eyad Qarqaz
	15:00 - 16:00	Seminar	Gastrointestinal Stomas & Fistulas	Dr. Eyad Qarqaz
Thursday 24/10/2013	9:00 - 10:00	Lecture	Spleen	Dr. Osamah Damrah
	10:00 - 11:00	Lecture	Benign breast disorders	Dr. Osamah Damrah
	11:00 - 12:00	Lecture	Malignant breast disorders	Dr. Osamah Damrah
	12:00 - 13:00	Lecture	Shock & Critical Care	Dr. Naser El-Hammuri
	13:00 - 14:00	Break		
	14:00 - 15:00	Seminar	Approach to patient with jaundice	Dr. Ali Saraeireh
	15:00 - 16:00	Seminar	Approach to patient with intestinal obstruction	Dr. Ali Saraeireh
Thursday 31/10/2013	9:00 - 10:00	Seminar	Breast Lumps & Nipple Discharge	Dr. Ali Saraeireh
	10:00 - 11:00	Seminar	Principles of surgical oncology, tumor markers	Dr. Ali Saraeireh
	11:00 - 12:00	Lecture	Anterior Abdominal wall defect & Congenital malrotation	Dr. Mahmoud D.
	12:00 - 13:00	Lecture	Pediatrics inguinoscrotal conditions	Dr. Mahmoud D.
	13:00 - 14:00	Break		
	14:00 - 15:00	Lecture	Congenital anorectal anomalies & Hirschsprung disease	Dr. Mahmoud D.
	15:00 - 16:00	Lecture	Pediatrics trauma	Dr. Mahmoud D.
	9:00 - 10:00	Seminar	Breast Lumps & Nipple Discharge	Dr. Ali Saraeireh
Thursday 7/11/2013	9:00 - 10:00	Lecture	Pediatric acute abdomen	Dr. Mahmoud D.

	10:00 - 11:00	Lecture	Neonatal intestinal obstruction & Pyloric stenosis	Dr. Mahmoud D.
	11:00 - 12:00	Lecture		
	12:00 - 13:00	Lecture		
	13:00 - 14:00	Break		
	14:00 - 15:00	Seminar	Emergency pediatrics surgical conditions	Dr. Mahmoud D.
	15:00 - 16:00	Seminar	Pediatrics abdominal mass	Dr. Mahmoud D.
Thursday 14/11/2013	9:00 - 10:00	Lecture	Lung Cancer (lecture)	Dr. Shadi Al-Hammouri
	10:00 - 11:00	Lecture	Pleural disorders (lecture)	Dr. Shadi Al-Hammouri
	11:00 - 12:00	Lecture	Mediastinal Disorders (lecture)	Dr. Shadi Al-Hammouri
	12:00 - 13:00	Lecture		
	13:00 - 14:00	Break		
	14:00 - 15:00	Seminar	Management of Solitary Pulmonary Nodule (Seminar)	Dr. Shadi Al-Hammouri
	15:00 - 16:00	Seminar	Thoracic Trauma (seminar)	Dr. Shadi Al-Hammouri
Thursday 21/11/2013	9:00 - 10:00	Lecture	Vascular Surgery lectures	Dr. Saber Rawashdeh
	10:00 - 11:00	Lecture	Vascular Surgery lectures	Dr. Saber Rawashdeh
	11:00 - 12:00	Lecture	Vascular Surgery lectures	Dr. Saber Rawashdeh
	12:00 - 13:00	Lecture	Vascular Surgery lectures	Dr. Saber Rawashdeh
Thursday 28/11/2013	14:00 - 15:00	Seminar	Vascular Surgery lectures & Seminars	Dr. Saber Rawashdeh
	15:00 - 16:00	Seminar	Vascular Surgery lectures & Seminars	Dr. Saber Rawashdeh
Sunday 8/12/2013	8:00		End of clinical Rotation Clinical Exam	
Monday 9/12/2013	8:00		End of clinical Rotation Clinical Exam	

Specific Learning Outcomes

By the end of this course, students are expected to:

1. Lectures:

No.	Title	Objectives
1	Pre-operative preparation & post-operative care & complications	• Perform pre-operative patient assessment & select the proper investigations • Define high risk surgical patients • Documentations & Consent • Post-operative care & anticipation of potential complications
2	Fluids, Electrolytes & Acid base Balance	• Define body fluid compartments • Recognize disturbances in water and electrolytes • Recognize disturbances in acid base balance and their clinical implications • Outline methods of management
3	Bleeding disorders & Blood transfusion	• Recognize bleeding disorders and their management • Outline the importance of major and minor blood groups • Describe how to obtain and store blood • List the indications for blood transfusion in surgical practice • Recognize hazards of blood transfusion and how to be avoided (Infections, reactions). • Identify the different components of blood and how to order each of them.
4	Shock	• Define shock; Discuss pathophysiology of shock • Recognize types of shock (hypovolemic, cardiogenic, septic, and neurogenic). • Identify the importance of physiologic monitoring of the surgical patient (urine output, cardiac output, central venous pressure, Swan-Ganz catheter) • Discuss the management of different types.
5	Critical Care	• Define the indications for admission to critical care unit • Assessment and monitoring (invasive & none invasive) of patients in critical care
6	Imaging Endoscopy & Tissue Diagnosis	• Writing imaging request and interpretation of images • Identify the hazards of imaging & ionizing radiations • Recognize the basic principle of different imaging techniques and their advantages & disadvantages in different clinical scenarios
7	Wound Healing & Care	• Know the steps of wound healing • Identify the factors which may interfere with wound healing • Recognize the surgical wounds and their type of closure • Obtain relevant history and do proper physical examination for common chronic ulcers (venous, arterial, diabetic, pressure ulcers)

		• Formulate management plan of the common types of chronic ulcers • Recognize the variety of scars and their treatment.
8	Burns	• Obtain relevant history for burns (flame, scold, closed space, exposure time, possible associated injuries) • Determine percentage and degree of burns • List indications for admission • Discuss pain management. • Outline fluid replacement. • Discuss wound management (open, closed, • principles of antiseptic solutions). • Know the value of skin grafting.
9	Trauma Surgery & Abdominal Trauma	• Classify types of trauma • List types of injuries • Recognize risk factors and trauma scores • Identify the value of first aid measures and methods of resuscitation • Recognize the mechanism of injury (penetrating, Blunt). • Recognize the wide spectrum of possible presentations. • Discuss ABC (Airway, Breathing, and Circulation) management. • Identify the role of US, CT scan computed tomography, lavage, and peritoneal manometry in the diagnosis. • Discuss specific injury of difference intra-abdominal organs (spleen, liver, kidney, pancreas intestine).
10	Surgical infections and prophylactic antibiotics	• Discuss pathophysiology of surgical infection. • Identify of surgical infections • Outline of principles of antibiotic usage in surgical patients. • Risk factors for infections • Classify types of wound infections
11	Principles of Laparoscopic Surgery	• Define minimal access surgery • Recognize the principles of minimal access surgery • Understand advantages, limitations and specific complications of minimal access surgery
12	Cysts, Ulcers, Fistulas & Sinuses	• Define cysts, ulcers, fistulas and sinuses • Identify the underlying etiology and pathophysiology • Discuss specific types of cysts, ulcers, fistulas and sinuses and their management
13	Hernias & Abdominal Wall Defects	• Definition and composition of hernias • Classification of hernias • Anatomy of common hernias • The common surgical approaches to hernias

14	The Esophagus	• Understand the anatomy and physiology of the esophagus and their relation to disease • Identify symptoms and signs relevant to benign and malignant esophageal pathologies • Know the risk factors for esophageal cancer • Appreciate the role of surgery in managing benign and malignant pathologies
15	Gastric Neoplasms	• Recognize the clinical presentation • Recognize the predisposing factors • Identify relevant diagnostic and staging investigations. • Outline modalities of treatment • Identify features of gastric cancer among Jordanian
16	Peptic Ulcer Disease, Complications & Management	• Recognize and understand the anatomy and pathophysiology of the stomach in relation to peptic ulcer disease • The most appropriate investigations for gastroduodenal symptoms • The importance of gastritis and Helicobacter pylori • Complications • The treatment of peptic ulcer disease and its complications
17	Small Intestine	• Discuss the anatomy and physiology of small intestine • Understand that disease of the small intestine may involve functional or anatomical problems • Acute surgical problems of the small intestines • Investigations and treatment of the range of conditions that may affect small intestine
18	Colon & Rectal Tumors	• Epidemiology, Discuss, List, Outline management of colon and rectal cancer.
19	Intestinal Obstruction	• Definition, classification, pathophysiology and etiology of intestinal obstruction • Clinical presentation and investigations of intestinal obstruction • Complications • Management of patient with intestinal obstruction
20	The Vermiform Appendix	• Define the anatomy and function of the appendix • Etiology and pathogenesis of appendicitis • Clinical manifestation, investigations and management of acute appendicitis • Differential diagnosis of lower abdominal pain • Tumors of the appendix
21	Inflammatory Bowel Disease	• Identify the disease spectrum of inflammatory bowel disease • Clinical manifestation and investigation

		• Assessment of attacks severity • Complications • Management of patients with inflammatory bowel disease
22	Diverticulosis & Mesenteric Ischemia	• Definition, presentation, investigations and management of patients with diverticulosis and mesenteric ischemia
23	Anal & Peri-anal Conditions	• Identify symptoms & signs of different painful anal and peri-anal conditions • management of these conditions
24	Gallbladder Disorders	• Understand the wide spectrum of different clinical presentation and to diagnose them clinically (Biliary colic, cholecystitis, cholangitis, pancreatitis, jaundice, and carcinoma). • Understand the role of U/S, CT, ERCP, MRCP in the diagnosis and management of gallstone disease. • Outline the principles of treatment of cholecystitis, cholangitis, and obstructive jaundice. • Discuss the mechanism of gall stone formation. • Define the term acalculus cholecystitis.
25	Obstructive Jaundice	• Discuss bilirubin metabolism and pathway of excretion • List causes of obstructive jaundice with special focus on obstructive jaundice • Understand the peculiarities of obstructive jaundice while taking medical history, performing physical examination and planning investigations • Discuss treatment of different causes of obstructive jaundice
26	Surgical Disease of the Liver	• Revise liver Anatomy • Portal hypertension • Liver Infections • Cystic disease of the liver • Benign liver tumors • Discuss hepatocellular carcinoma in brief. • Understand the importance of liver secondaries and how to prove the diagnosis.
27	Hydatid Disease	• Discuss the lifecycle of hydatid cyst. • List the relevant tests to diagnose hydatid cyst (plain X-Ray, U/S, CT, serology). • Complications • Management
28	Spleen	• Anatomy and physiology • Congenital anomalies of the spleen • Splenic rupture • Aneurysm & infarction

		• Splenomegaly etiology and management • Spleen and hemolytic anemia • Splenectomy, indications, pre-operative preparation, and post splenectomy care and complications
29	Pancreatitis	• Define pancreatitis and describe its pathogenesis. • List the common etiological factors (gallstones, alcohol). • Understand the role of different investigations (lab, U/S, CT, and ERCP) in diagnosis and treatment. • List complications of pancreatitis. • Understand the general lines of management.
30	Pancreatic Tumors	• Classify pancreatic tumors. • Discuss the clinical presentation • Understand the role of ERCP, CT, MRI, U/S in diagnosis and treatment • Describe staging of the disease • Know the prognosis and principles of treatment.
31	Morbid Obesity	• To recognize the definition of morbid obesity • Identify the magnitude of morbid obesity • Know the measurement of obesity • Appreciate the pathophysiology and associated medical problems of obesity • Management of morbid obesity with focus on the role of surgery
32	Skin Tumors & Principles of Plastic Surgery	• Anatomy of the skin • Appreciate the different types of skin tumors (basal cell carcinoma, squamous cell carcinoma and melanomas) clinical presentations, investigations and management
33	Thyroid Gland, Parathyroid Gland & Thyroglossal Tract Disorders	• Formulate a differential diagnosis for a goiter • list tumors of thyroid gland • appreciate the role of surgery • list possible post-operative complications • elicit signs and symptoms related to thyroid disease (thyrotoxicosis, hypothyroidism, eye manifestations, tremors, Reflexes) • appreciate the relevance of performing TFT, hormone measurements, U/S, FNA, radioactive scans. • Elicit sign and symptoms of hypercalcemia • Briefly list etiologies of hypercalcemia and how to differentiate between them • Differentiate between primary, secondary and tertiary hyperparathyroidism
34	Adrenal Gland disorders	• Understand the anatomy and function of the adrenal gland • Appreciate the clinical presentation, investigations and

		management of adrenal gland disorders • Appreciate the role of surgery in the management of adrenal disorders
35	Salivary Glands disorders	• Review the anatomy of major salivary glands. • Patterns of presentation, investigations, and treatment of sialectasis. • Describe common infections affecting the major salivary glands (including postoperative parotitis). • Understand the clinical presentation of benign and malignant salivary gland tumors. • Classify malignant salivary gland tumors.
36	Benign and Malignant Breast Disorders	• Review the anatomy of the breast • Appreciate the clinical presentation of benign and malignant breast disorders • The appropriate selection of investigation of breast disease • Special focus on breast cancer and management
37	Presentation of Lung Disease	• Define the symptoms and signs of the range of lung disease • To be able to select the appropriate investigation
38	Pneumothorax, empyema & lung cysts	• List the difference types of pneumothorax and empyema. • List signs of pneumothorax and empyema. • Discuss the etiology of pneumothorax. • Outline the treatment for empyema and pneumothorax • List the cystic lesions of the lung alert.
39	Lung Neoplasms	• Appreciate epidemiology and etiology of primary lung cancer • Identify the histological classification of lung cancer • Clinical features, investigations, staging and management of lung cancer • Benign lung tumors
40	Chest & Diaphragm trauma	• Understand mechanism of trauma. • Recognize the major life threatening injuries (tension pneumothorax, tamponad, major vascular injury, and massive lung contusion, major tracheal or bronchial injuries). • Recognize how and when to ask for relevant investigations). • Know the principles of treating pneumothorax and hemothorax.
41	Thoracic Surgery in Medical Conditions	• To understand the role of thoracic surgery in the management of medical conditions (e.g. Bronchiectasis, Lung abscess, Tuberculosis, lung cysts, etc)
42	Invasive Thoracic Procedures	• Appreciate the different invasive thoracic procedures such as biopsy under CT guidance, mediastinoscopy, mediastinotomy, chest drains and thoracotomy with

		lobectomy, pneumonectomy • Possible complications of invasive thoracic procedures
43	Congenital pediatrics disorders (including abdominal wall defect, Malrotation, anorectal anomalies	• Review the embryogenesis • Identify presentation and diagnostic methods. • Outline principles of management
44	Neonatal Intestinal Obstruction & Hirschsprung Disease)	• Review embryological developmental anatomy and clinical pathology of the disease • Take relevant history from mother for early recognition of the case • Appreciate the urgency of these pathologies • Ask for relevant investigations and suggest management plan • Appreciate the pathophysiology of Hirschsprung disease and stages of management
45	Pediatrics Acute Abdomen	• Identify the various pathologies of acute abdomen including none-surgical ones • Take the proper relevant history and performing the pertinent physical examination • Appreciate importance of early resuscitation and treatment • Suggest management plan
46	Pediatrics Inguinoscrotal Conditions	• Review anatomy of the inguinoscrotal canal and the developmental anomalies • Appreciated the importance of early diagnosis of complicated strangulated hernia and torted testis • List the differential diagnosis of inguinoscrotal swelling in pediatrics age group
47	Pediatrics Trauma	• Know the ABC of management • Understand mechanism of trauma and the possible injuries • Appreciate the need for fast and early resuscitation • Understand the possibility of child abuse as underlying cause of trauma • Suggest management plan
48	Peripheral vascular diseases	• Identify pain due to peripheral ischemia (claudication, rest pain, critical limb). • Suggest relevant investigations such as Doppler ultrasound and angiography. • Define common vascular procedures.
49	Aneurysms and vascular anomalies	• Describe different types of aneurysms and the possible symptomatology for each one (subclavian, aortic, dissecting, popliteal) • Appreciate the etiology of each

		• Differentiate between false and true aneurysm. • Suggest relevant investigations and treatments. • List the common vascular anomalies.
50	Varicose veins and lymphatic diseases.	• Review venous and lymphatic anatomy • Discuss principles of physical examination. • Differentiate between primary varicose veins and a post phlebetic limb. • Suggest modalities of treatment. • Differentiate between different types of lymphedema and their clinical implications.

B. Seminars

1	Acute Abdomen	• Know the definition of acute abdomen • Initial patient stabilization • Be able to take proper history and perform physical examination to diagnose the underlying cause of acute abdomen • Know the most common causes of cute abdomen • Appreciate the urgency of the problem and suggest precise management plan
2	Abdominal Trauma	• Concentrate on the ABC rule for management of any trauma during stabilization and resuscitation of patient • Identify the types of abdominal trauma (blunt or penetrating) and take proper oriented history • Know the most common intraabdominal organs susceptible to be injured • Select the proper investigation • Formulate management plan according to the suspected injury and patient stability
3	Diagnosis & Management of Neck Swelling & Thyroid Nodule	• Identify the thyroid nodule as part of the differential diagnosis of anterior neck mass • Be able to take proper history and pick up symptoms • perform proper physical examination of the neck and thyroid gland and pick up the relevant signs • Know the different etiologies of neck swelling including thyroid nodule • Select the proper investigation sequence and suggest management plan
4	Upper Gastrointestinal Tract Bleeding	• Identify the different forms of presentation of patient with upper GIT bleeding • Initial assessment, evaluation, resuscitation and

		management based on the perception of bleeding severity • Know the appropriate investigation and /or intervention to localize the bleeding site so as to stop it • Recognize the different etiologies of upper GIT bleeding • Management of specific causes of upper GIT bleeding
5	Lower Gastrointestinal Tract Bleeding	• Identify the different forms of presentation of patient with lower GIT bleeding • Initial assessment, evaluation, resuscitation and management based on the perception of bleeding severity • Know the appropriate investigation and /or intervention to localize the bleeding site so as to stop it • Recognize the different etiologies of lower GIT bleeding • Management of specific causes of lower GIT bleeding
6	Hiatal Hernia & Gastroesophageal Reflux Disease	• Describe the anatomy of lower esophageal sphincter • Know the different types of hiatal hernia and the differences between them • Understand the relation between hiatal hernia and Gastroesophageal Reflux Disease • Identify the symptoms of Gastroesophageal Reflux Disease • Know the most relevant investigations • Formulate relevant management plan
7	Gastrointestinal Stomas & Fistulas	• Differentiate between fistula and stoma • Know how to classify fistulas • Identify factors predispose to fistula formation • Know the steps in management of different types of fistulas • Identify the factors that prevent closure of fistula • Differentiate between common types of stomas • Know the complications of stomas by history and examination and suggest management for each of them
8	Breast Lumps & Nipple Discharge	• Identify the relevant symptoms related to breast lump and nipple discharge • Know the differential diagnosis of breast lump according to age • Appreciate the nature of nipple discharge and relate it to patient's age and history • Be able to perform proper physical examination of the breast and identify signs related to malignancy • Formulate investigation and management plan
9	Abdominal Mass	• Know the possible presentations of intraabdominal masses • Identify the relevant symptoms by history in relation to the possible differential diagnosis of abdominal mass • Perform proper physical examination and differentiate enlarged solid organs from other masses

		• Appreciate the role of blood tests and radiological investigations to identify the cause of the pathology • Suggest proper management plan
10	Vascular Surgery Seminars	• Identify the symptoms and signs of arterial, venous and lymphatic systems disorders • Formulate a clinically oriented approach to patient presenting with vascular system related complaints, and suggest the possible diagnostic methods according to urgency and the underlying etiology of the problem • Appreciate the emergency vascular pathologies • Suggest the role of conservative versus surgical treatment when managing chronic arterial, venous and lymphatic systems disorders • Appreciate the symptoms that may indicate vascular trauma • Discuss briefly injuries to different arteries • Recognize the common methods of stopping arterial bleeding.
11	Thoracic Surgery Seminars	• Revise anatomy of the chest • List the difference types of pleural effusion (unilateral and bilateral) • List signs of pleural effusion • Discuss the etiology of pleural effusion • Outline the treatment of pleural effusion • Classification of diseases of mediastinum including Mediastinal masses • Identify the role of different diagnostic investigations including chest x-ray, MRI, CT scan and management of Mediastinal disorders • Understand mechanism of trauma. • Integrate knowledge to recognize the major life threatening injuries (tension pneumothorax, tamponad, major vascular injury, and massive lung contusion, major tracheal or bronchial injuries). • Recognize how and when to ask for relevant investigations). • Know the principles of treating pneumothorax and hemothorax.

C. Clinical Skills (bedside teaching)		
1	General Physical examination	• pulse examination • Blood pressure examination • Signs of dehydration • Signs of anemia • Signs of cyanosis • Signs of jaundice • Level of consciousness
2	Skills of physical examination head & neck	• cervical lymph nodes • thyroid examination • cystic hygroma • examination of other neck masses • carotid artery pulsations and carotid body tumor • position of trachea
3	Physical examination chest	• chest deformity desertion • chest expansion • signs of pneumothorax • signs of pleural effusion • heart sounds and position of apex beat
4	Physical examination abdomen and genitalia	• inspection for hernia orifices and cough impulse • inspection of diversion recti • palpate for the hepotomegnly and how to measure liver span • palpate for splenomegaly • palpate for kidneys • how to differentiate between spleen and left kidney masses • examine for ascitis • palpate for abdominal aorta • signs of hernia • inguinal masses • examination of gentile for haematocele/ testicular masses , epidermal cyst

5	Physical examination lower limbs	• describe shape and deformity • signs of chronic ischemia • peripheral pulsations • examination for foot ulcers • examination for superficial and deep sensations • examination for muscle power muscle tone, and reflexes • examination for amputations (level , stump, joint deformity) • signs of DVT • signs of varicose veins
6	Physical examination for post operation patient	• Types of skin incisions • Describe colostomy • Describe different types of drains, catheters (e.g. Folly's catheter) & tubes (e.g. N/G tube) • Describe I.V lines and cannulas

كلية الطب البشري
Faculty of Medicine

الجامعة الهاشمية
The Hashemite University

Course information

Course title	Neurology Course
Course number	111503403
Credit hours	4.5
Course date	1st and 2nd Semester 2013/2014
Course meeting time	variable
Course location	This course will take place in prince hamza hospital
Instructor	Dr. Ahmad Hamzah Al Shehab

Course description:

1. Introduction to common neurological diseases
2. Overview of various clinical signs and symptoms of common neurological diseases, diagnostic approach for clinical neurological problems, and providing management plans in a system oriented fashion.

Learning outcomes:

By the end of this course students are expected to be able to:

1. Have basic knowledge of all neurological diseases covered in the curriculum
2. Master the history taking and physical examination skills in neurological diseases
3. Master the consultation skills in neurological rotation.
4. Master diagnoses and manage undifferentiated problems.
5. Diagnose and manage neurological diseases.
6. Establish an effective physician – patient relationship.
7. Acquire essential knowledge about common neurological diseases.
8. Take proper clinical history, conduct proper clinical examination, and detect physical signs of common medical illnesses.
9. Generate a problem list or differential diagnosis for neurological medical problems.
10. Investigate neurological medical problems in a rationale way.
11. Build up proper relations with colleagues, patients, staff members, nurses, and technicians working in the hospital.

Instructional methods:

1. Lectures.
2. Seminars.
3. Clinics.
4. Case discussion.

Text book and material:

Neurology Chapters from Harrison Text book of Medicine
Davidson
Kumar
Neurology Blueprints for USMLE

Grading Policy:

In-course evaluation: 20%
End of rotation exam: 35%
Final written exam: 45%

Total Points 100

Course Policies:

- **Late Assignments:** Unexcused absence at the day of the seminar will affect the grade by 10 points
- **Missed exams:** The student will do with exam with the following group if he has an excuse that the department accepts
- **Absence:** Absence will affect evaluation mark
  If its more than 2 days, the student will have to repeat the rotation allover again
- **Cheating :** Will be referred to the department and be dealt with according to the regulations of the university

Classroom Protocol:

Attendance – Attendance and participation in clinical activities and related discussion is required in order to optimize the educational benefit for all students. Notification of absence must be directed to clinical instructors and the program director (Dr. Hanadi Al Quran). Unexcused absence will result in a failing grade for the rotation.

Professional behavior - Professional behavior is essential for successful learning environment. Therefore professional behavior is expected of all students during clinical rotations. Professional behavior includes but is not limited to arriving on time, and being prepared for daily activities and discussions.

Equipment/Clothing – During clinical activities, appropriate clothing should be worn, professional clothing and a white coat are adequate.

Important Dates to Remember:

The course is based on a 4wk rotation
The 4th Thursday will be the last day of the rotation and the end rotation exam day
Final exam date will be determined by the end of the 5th academic year

Student rights and responsibilities:

As per University policy and regulations
All students' rights presented by the University will be respected during Dermatology course

Course Schedule :

Topics covered in lectures and seminars

1- Neurological examination:

History taking, level of consciousness, cranial nerves, motor function, sensation, autonomic function.

2- Neurologlca investigation:

Neuroimaging, clinical neurophysiology, fluid and tissues (CSF and others).

3- Headache and facial pain:

Raised ICP, benign ICP. Meningeal Irritation, temporal arteritis, migrane, tension headache.

4- Epilepsy:

Definition
Classification
Causes
Investigation and diagnosis
Management

5- Stroke:

- Etiology and pathogenesis
- Pathophysiology
- Clinical features
- Complication
- Treatment

6- Parkinson disease and other movement disorders:

- Parkinson disease
- Etiology and pathogenesis, clinical features, diagnosis, treatment
- Other movement disorders
- Chorea, athetosis, tremor, others.

7- CNS infection:

Bacterial meningitis: Etiology, clinical features, investigations, treatment.
Brain abscess: Etiology, diagnosis, treatment.
Viral infections: (Meningitis & Encephalitis), etiology and pathogenesis, clinical features, investigations and treatment.

8- *Spinal cord disease:*

- Neuroanatomy
- Symptoms and signs
- Specific suyndromes; Brown-Sequard, Syringomyelia, Subacute combined, degeneration, others.

8- Multiple sclerosis and others demyelinating disorders:

- Pathology
- Pathogenesis
- Epidemiology
- Clinical features
- Causes
- Investigation
- Treatment

9- Nerve and muscle:

- Peripheral nerve disorders
  - Classification: Mononeuropathies, multifocal.
  - Neuropathies, polyneuropathies.
  - Causes
  - Investigations
  - Treatment
- Myopathies:
  - Classification: Hereditary and acquired
  - Diagnosis
  - Treatment

10- Neuromuscular junction, disorders:

- Mysotheniagravis: Pathogenesis, clinical features, investigations, treatment
- Others

11- Development and degeneration:

- Congenital disorders.
- Cerebral palsy: Definition, causes, clinical features, management
- Neurogenetics: Huntington's chorea, Wilson disease, Friedrich alaxia, and others.
- Neurogeneration:
  - Demention: causes, clinical features, diagnosis, management.
  - Motor neuron disease:

Epidemiology, etiology and pathogenesis, clinical features, diagnosis, management.

12- Neurology and other medical specialties:

- Metabolic encephalopathy
- Vitamin deficiencies
- Alcohol and the nervous system
- Neuro oncology: metastases, paraneoplastic disorders.
- Connective tissue disorders: SLE, others.
- Porphyna
- Endocrine disease, thyrotoxicosis diabetes mellitus, others

13- Neurology of pregnancy:

- Effect on preexisting neurological disease: Epilepsy, M.S. tumors, migrane.
- Neurological complications of pregnancy: Eclampsia, others.

14- Neurology and psychiatry:

- Somato form disorders.
- Hysteria
- Chronic fatigue syndrome

Course information

Course title	Neurosurgery
Course number	111502402
Credit hours	2.25
Course date	It is a two weeks course that is repeated regularly in the 1st and 2nd semesters of the 4th academic year - First semester from 12/8/2013 to 9/12/2013 - Second semester from 22/12/2013 to 14/4/2014
Course meeting time	Daily (from Sunday to Wednesday) from 8:00 am to 3:30 pm
Course location	Department of Neurosurgery in King Hussein Medical City
Pre-requested course	Student should pass the preclinical period (the 3 years basic medical sciences period) successfully with an average above 2.0 points
Instructor	coordinated by the 4th year coordinator Dr. Naser El-Hammuri,
	office hours on Thursday 10:00 – 14:00
	phone no. 0779839884
	E-mail: naserhammuri@yahoo.com)

Course description: (schedule provided later**)**

- Clinical teaching starts by attending the Neurosurgery unit morning report, followed by clinical bedside teaching
- Seminars: Problem based seminars, one seminars per day, seminars are presented by students

Learning outcomes:

By the end of this course, students are expected to:

1. Obtain a history for neurosurgical diseases and problems.
2. Acquire the basic skills of physical examination of CNS.
3. Identify and explain abnormal signs.
4. Formulate a case summary and differential diagnosis list.
5. Suggest relevant investigations.
6. Suggest management plan.
7. Appreciate and understand the following topics in Neurosurgery
    i. Principles of brain tumors in adults and pediatrics
    ii. CNS trauma and management
    iii. Principles of vascular diseases of the CNS and management
    iv. Hydrocephalus and spinal dysraphism
    v. Essentials of degenerative spine diseases
    vi. Principles of spine tumors
    vii. Classification of spine injuries and management

Instructional methods:

- Lectures: presented using data show, slides.
- Seminars: Problem based topic discussion, integration of knowledge& clinical approach
- Bed-side teaching sessions: Clinical case discussion; discussion of history, physical examination findings and investigations including lab and radiological investigation so as to formulate differential diagnosis list and management plan
- Visits to outpatient clinics
- Visits to operating theatres.
-

Text book and material:

1. **Youmans Neurological Surgery, 5th edition, 2009.**
2. Handbook of Neurosurgery by Mark S. Greenberg, 2010.
3. Essential Neurosurgery; Andrew H. Kaye. Wiley-Blackwell; 3rd edition, 2005

Grading Policy:

- In-course evaluation = 20%
- Final clinical exam = 35%
- Final written exam = 45%

(Total Points 100%)

Methods of Evaluation:

- In-course evaluation based on attendance, participation, preparation, medical cases presentation and knowledge of the student, mark out of 100. Score then get converted to be out of 20
- End of course clinical examination which is held at the end of the 2 weeks clinical rotation. The total exam score is out of 100 that is later converted to be out of 35.
- Final written examination, held at the end of the academic year. The exam is in multiple choice questions (MCQs) format, total of 30 questions, score is out of 100 and converted later to be out of 45.

Course Policies:

- **Late Assignment:** As per University policy. Students are expected to present their assignment on scheduled time, if not, a new date is given to the student to present his assignment. Late assignment will affect the grade by 5 points unless there is an excuse.
- **Missed exams**: If a student misses an examination then they will have the opportunity for a make-up examination, according to the University Regulations.
- **Absence:** If a student is absent for a teaching session then they must discuss this with the course instructor. If a student is absent for more than 25% of the course then they may be liable to fail the course.
- **Cheating:** Cheating is forbidden in any form. Any students who are caught cheating will be reported to the Medical Dean and further action taken as necessary.

Classroom Protocol:

- Students are expected to arrive at 8:00 am Sunday to Wednesday and at 9:00 am on Thursdays.
- Attendance is each daily activity, absence in one activity considered as full day absence.
- Students are expected to respect other students and instructors.
- Participation is graded according to seminar presentation, attending daily activities, good behavior, patient care, theoretical knowledge, communication skills, and professionalism

Important Dates to Remember:

- 12/8/2013 Beginning of 1st semester of Academic year 2013 / 2014
- Second Wednesday of the two week rotation, end of rotation clinical exam
- Al-Adhah Feast Holiday 14/10/2013 to 17/10/2013
- Mid year Holiday 10/12/2013 to 21/12/2013
- 22/12/2013 Beginning of 2nd semester of Academic year 2013 / 2014
- Final written exam 24/4/2014 in Neurosurgery

Student rights and responsibilities:

As per University policy and regulations
All students' rights presented by the university will be respected during General Surgery course

Course Schedule :

Day	8:00 - 8:30 am	8:40 - 11:00 am	11:30am - 1:30pm	2:00 - 3:30pm
1st Sunday	morning report	clinical round	seminar as scheduled	case discussion
1st Monday	morning report	grand round	seminar as scheduled	journal club
1st Tuesday	morning report	operative room	seminar as scheduled	case discussion
1st Wednesday	morning report	clinical round	seminar as scheduled	Neuroradiology meeting
2nd Sunday	morning report	clinical round	seminar as scheduled	specialist seminar
2nd Monday	morning report	grand round	seminar as scheduled	pain management meeting
2nd Tuesday	morning report	clinical round	seminar as scheduled	case discussion
2nd Wednesday	morning report	clinical round	seminar as scheduled	revision notes
	End of Rotation clinical Examination			

Seminar Topics

1. ICP
2. Brain tumors
3. Spinal cord tumors
4. Hydrocephalus
5. Congenital spinal diseases
6. Sub arachnoid hemorrhage
7. Head trauma
8. Degenerative spinal disease
9. Spinal cord injury

كلية الطب البشري
Faculty of Medicine

الجامعة الهاشمية
The Hashemite University

Course information

Course title: Public Health
Course number: 111501401
Credit hours: 9
Course date: 3 June 2012
Course meeting time:
On Sundays to Thursdays: 8-4
Course location: Prince Hamza Hospital
Instructor: Dr. Hasan Hawamdeh
Office Room 2030 third floor
Office hours: Sundays and Thursdays 11.30-15.30

Course description:

This course is intended to let students have Training in Community Medicine.
The first four weeks would be devoted to lectures, seminars and workshop to ALL class. Four lectures per day, from 8 AM to 1 PM (a break of 1 hr. in between).
The last four weeks would be devoted to field practice: The class will be divided into FOUR groups of about 34 students each. Each major group shall be working with their own tutor. Every one of these major groups would be divided into subgroups. The students in subgroups start their work on one area of public health "cross-sectional survey" depending on their particular selected subject.
In the Field Practice, ther are tasks required to be done by the student:
Select appropriate Research problem, Formulate aim and research objectives, Plan a cross-sectional household survey or case- control study, State sampling technique and sample size, Prepare relevant questionnaire, Collect the required data, Prepare a plan for analysis, Analyze the data, Comment on results and make conclusion using references and prepare the report.

Learning outcomes:

The student by the end of field training should be able to:

1. perform data collection from household members
2. Write case history of relevant clinical and social cases
3. practice data entry using line listing on SPSS software program
4. Formulate frequency tables of relevant variables
5. present findings in a summary tables or graphs
6. Write the report in a “Scientific Research Format” consisting of:
    a. Introduction
    b. Review of literature
    c. Participants and Methods
    d. Result
    e. Conclusion
    f. References
7. Submit the report containing case history and research findings.

Instructional methods:

- Lectures-Power Point presentations
- Departmental hand-outs
- animations, educational movies, illustrations
- Self-readings
- Field practice

Grading Policy:

A. Continuous assessment = 20 marks:
   A1. Professionalism and communications skills = 10 marks.
   A2. Attendance to field work = 10 marks
B. Field project = 40 marks:
   B1. Project report = 20 marks
   B2. Oral examination = 20 marks
C. Final - MCQ (based on lectures) online examination = 40 marks

Text Book:

Handouts pertaining Students Needs in Areas: Epidemiology, Research Method MCH Care and Environmental Health,
Wayne Daniel, Biostatistics 8th Edition John Wiley, New York 2005

Course Policies:

Missed exams:

Students who are absent in any exam are allowed to sit a make-up exam after presenting an approved sick leave or any accepted certificate of absence to the assistant of the faculty dean within 72 hours. The Course Coordinator will determine the time of the exam make-up session. Also, according to the Curriculum Committee and the University regulations, the student will be given a similar examination given to the other students. All examinations must be made up within one week of returning to class. Those absents who do not present a clue will be given a zero mark.

Absence

Professionalism is a major component of our medical curriculum. We believe students should conduct themselves appropriately in the various educational activities of the curriculum. This conduct includes coming to educational activities on-time. The faculty should also demonstrate professionalism, by starting and ending all scheduled educational activities on time and providing a course schedule with clearly explained course policies in the course syllabus. Any changes in the schedule should be given to the students in a timely manner.

Students will be accountable and personally responsible for attending all educational activities (lectures, labs, examinations, etc.). Unexcused absences reflect negatively on the goals and objectives of the medical curriculum and demonstrate unprofessional behavior by the respective student.

Students are expected to attend all scheduled activities. Students are expected to be on time. Being on time is defined as being ready to start at the assigned time. If a student has an emergency that prevents her/him from attending a scheduled activity, s/he has to notify the Course Coordinator and present an approved sick leave or any accepted certificate of absence by the faculty dean assistant.

Attendance is mandatory. Students are expected to attend all scheduled activities. Students are expected to be on time. Being on time is defined as being ready to start at the assigned time. If a student has an emergency that prevents her/him from attending a scheduled activity, s/he has to notify the Course Coordinator and present an approved sick leave or any accepted certificate of absence by the faculty dean assistant.

Students who exceed the 15% limit without a medical or emergency excuse acceptable to and approved by the Dean of the faculty shall not be allowed to take the final examination and shall receive a mark of zero for the course. If the excuse is approved by the Dean, the student shall be considered to have withdrawn from the course.

Cheating:

Cheating will not be tolerated. Each individual student is responsible for his behavior and is expected to maintain standards of academic honesty and professionalism. If any instance of academic dishonesty (cheating, plagiarism, etc.) is discovered by a coordinator or an instructor, it is his or her responsibility to take appropriate action. Such action may include giving a failing grade to the student in the course and/or referring the student for Judicial Procedures Office review and possible disciplinary action, which may include disciplinary suspension or dismissal from the College.

Classroom Protocol:

Professionalism is a major component of our medical curriculum. We believe students should conduct themselves appropriately in the various educational activities of the curriculum. This conduct includes coming to educational activities on-time. The faculty should also demonstrate professionalism, by starting and ending all scheduled educational activities on time and providing a course schedule with clearly explained course policies in the course syllabus. Any changes in the schedule should be given to the students in a timely manner.

Students respond politely to faculty, staff, and student colleagues, exemplifying their maturity and empathy. Students agree to abide by appropriate biosafety practices when required.

All students are expected to be quiet in their seats in the lecture theatre before the start of the lecture. Engagement in class discussions is encouraged without side chatting.

Cell phones are not allowed to be used during lectures and exams unless prior approval has been taken from the course instructor.

Course Schedule :

Training in Community Medicine

(111501401, 9 credit hours 8-week duration)

Student's Manual

Summer 2012

كلية الطب البشري
Faculty of Medicine

الجامعة الهاشمية
The Hashemite University

3/6/2012 to 2/8/2012

Week	Date	Main Activities
One	*3/6-*	*Lectures (case studies)*
Two	*10/6 -*	*Lectures (case studies)*
Three	*17/6 -*	*Lectures (case studies)*
Four	*24/6 -*	*lectures and workshop*
Five	*1/7 -*	*Field practice*
Six	*8/7 -*	*Field practice*
Seven	*15/7 -*	*Field practice Assessment PHH*
Eight	*22/7 -*	*Written Evaluation week HU*

NOTES:

The first four weeks would be devoted to lectures, seminars and workshop to ALL class. Four lectures per day, from 8 AM to 1 PM (a break of 1 hr. in between). The venue is lecture halls in Prince Hamza Hospital. topics are as follows:

Introduction Total1 hour
Children with special needs. Total 4 hours
School health: . Total 4 hours
Health education: Total 4 hours
Mother & Child health:. Total 4 hours
Patient Care: Total 4 hours
Environmental Health:. Total 4 hours
Consultation & counseling: Total 4 hours
Research design:. Total 4 hours
Epidemiology & Biostatistics (I). Total 4 hours
Epidemiology & Biostatistics (II) Total 4 hours
Computer application using (SPSS) (4 groups): Total 16 hours
Workshop (4 groups) Total 8 hours

TOTAL 65 hours

The last four weeks would be devoted to field practice: The class will be divided into FOUR groups of about 34 students each. Each major group shall be working with their own tutor. Every one of these major groups would be divided into subgroups. The students in subgroups start their work on one area of public health "cross-sectional survey" depending on their particular selected subject.

Assessment:

1. Forty percent of the total marks are allocated to students' presentations, in the 7th. Week. Another 20% of the marks go to daily activities.
2. Written exam. 40% of the marks are allocated to written assessment (MCQs) that should take place in the 8th. Week on. The written assessment is based on lectures covered in the first 2 weeks of the course.

List of Group # according to Tutor and Village

Group #	Village (Cluster)	Tutor .
1	Beerain	Dr Hasan Hawamdeh
2	Al Alouk	Dr Ahmad Bataineh
3	Rujm Al Shouk	Dr Mohmmad Tamimi
4	Sarrut	Dr A. Khasawneh

Field Schedule

Group #	Tutor	Village (sector)	Dates Of Field work
1		Health Center Area or Secondary School Area	***24/6 -***
2		Health Center Area or Secondary School Area	***24/6 -***
3		Health Center Area or Secondary School Area	***24/6 -***
4		Health Center Area or Secondary School Area	***24/6 -***

University buses will be available for students to go from university to the villages and vice versa on the following schedule: (leaving FACULTY at 9:00 AM and returning from village to the FACULTY at 3:00PM)

One bus for each group

The Field Practice

{Guide to Field Research}

{ Cross-sectional Survey OR Case-control Study}

The Tasks required to be done by the student:

1. Select appropriate Research problem
2. Formulate aim and research objectives.
3. Plan a cross-sectional household survey or case- control study
4. State sampling technique and sample size
5. Prepare relevant questionnaire.
6. Collect the required data.
7. Prepare a plan for analysis.
8. Analyze the data.

10. Comment on results and make conclusion using references
11. Prepare the report.
12. Present the report

Objectives of Field Training in Community Medicine

The student by the end of field training should be able to:

8. perform data collection from household members
9. Write case history of relevant clinical and social cases
10. practice data entry using line listing on SPSS software program
11. Formulate frequency tables of relevant variables
12. present findings in a summary tables or graphs
13. Write the report in a "Scientific Research Format" consisting of:
    a. Introduction
    b. Review of literature
    c. Participants and Methods
    d. Result
    e. Conclusion
    f. References

Submit the report containing case history and research findings.

Study groups and Task forces

Field Training in Community Medicine (111505401) – 2012

Group: there are 4 groups in the 4th Year class of 2011/12. The total of 136 students is divided into 4 groups. Each group of 34 students is named after its own tutor**:**

Subgroup: Each group is divided into 3 subgroups. There are 12 students in each of these subgroups. The subgroups are designated as: *A; B; C;*
Study group: Each subgroup is divided into 3 study groups. There are 4 students in each of these study groups. The name of each study group is derived from the particular study allocated to it:
1.Under five years old Children Morbidity Pattern
2. Five to Fifteen years old Children Morbidity Patter
3. Women Reproductive Morbidity Pattern

Task Force: Task force is created to perform the task of data collection. One student from each of the 3 study groups come together to form a task force. Each task force is composed of 3 students. There would be 4 task forces in every **subgroup**. Data collection for the 3 studies is done by every one of the 4 task forces. Task forces are created to increase data collection coverage and in the same time keeping house visit by the students to a minimum**.**
Sampling and Data collection coverage: It is expected that each task force covers 7 households per day. That would come to 14-20 households for the period of data collection of 2 days. This means that each member of a study group would be able to cover 14-20 households. The 4 members of each study group covers 56-80 houses during the 2 field-work days.
The minimum number of households to be analyzed and reported is 56 households by each one of the three sub groups. To increase the sample, the study groups of a particular subject (under5, 5-15, and reproductive morbidity) from the 3 subgroups can merge together and analyze **the data for a total of 168-240 households covered by each sub group**

OUTCOME: Each study group is expected to write a report of their activities that focus on:
1. Detailed case history of 12 relevant public heath and/or clinical cases encountered during their house visits. Supplement includes photographs & imaging of cases.
2. Study outcome: Objectives, study design & setting, participants & sampling technique, main outcome measures, results and discussion of the study with relevant references.
Some details on OUTCOME

Study one (Under five year's old children morbidity pattern): Each student of this particular study is required to submit a report containing the following at the end of field work period i.e. during the 7th week of the course. The report should be based on the analysis of the 14-20 households that have been visited by that particular student.

Student one:
(1) A detailed case history for (one) of relevant public health or clinical case encountered during his or her 14-20 households visits supplemented with relevant photographs and images. The case history should at least include: Main complaint; personal history; family history; social history; job characteristic; diagnosis (problem); treatment; prognosis; effect of the problem on social and job functions; effect of the problem on other family members; utilization of health services (health center, referral hospital) cost of the problem in family context.
(2) Study outcome: Objectives, study design & setting, participants & sampling technique, main outcome measures, results and discussion of the study with relevant references.
The student should concentrate on frequency distribution of: gender; age; Domestic animals; and average number of persons sleeping in one room.

Student two:

(1) Case history as applied to student one above

(2) Study outcome as applied to student one above

Concentrating on Frequency distribution of: property of the House; health insurance;family income; immunization status.

Student three:

(1) Case history as applied to student one above

(2) Study outcome as applied to student one above

Concentrating on Frequency distribution of:
utilization of health service; breast feeding; acute diseases (prevalence);
acute disease (incidence)

Student four:

(1) Case history as applied to student one above

(2) Study outcome as applied to student one above

Concentrating on Frequency distribution of:
Chronic diseases (prevalence); chronic diseases (incidence); prominent problem.

Study two (five to fifteen years old children morbidity pattern): Each student of this particular study is required to submit a report containing the following at the end of field work period i.e. during the 7th week of the course. The report should be based on the analysis of the 14 households that have been visited by that particular student.

Student one:

(1) A detailed case history (one) of relevant public health or clinical case encountered during his or her 14 households visits supplemented with relevant photographs and images. The case history should at least include: Main complaint; personal history; family history; social history; job characteristic; diagnosis (problem); treatment; prognosis; effect of the problem on social and job functions; effect of the problem on other family members; utilization of health services (health center, referral hospital) cost of the problem in family context.

(2)Study outcome: Objectives, study design & setting, participants & sampling technique, main outcome measures, results and discussion of the study with relevant references.
Concentrating on frequency distribution of: gender; age; domestic animals;
number of Persons sleeping in one room.

Student two:

(1) Case history as applied to student one above

(2) Study outcome as applied to student one above

Concentrating on Frequency distribution of: property of the House; health insurance; family income; healthy behavior.

Student three:

(1) Case history as applied to student one above

(2) Study outcome as applied to student one above

Concentrating on Frequency distribution of: Exercises; utilization of health Service; prominent problem.

Student four:

(1) case history as applied to student one above

(2) Study outcome as applied to student one above

Concentrating on Frequency distribution of: acute diseases (prevalence); acute diseases (incidence); chronic diseases (prevalence); chronic diseases (incidence).

Study three (women Reproductive morbidity pattern): Each student of this particular study is required to submit a report containing the following at the end of field work period i.e. during the 7th week of the course. The report should be based on the analysis of the 20 households that have been visited by that particular student.

Student one:

(1) a detailed case history (one) of relevant public health or clinical case encountered during his or her 20 households visits supplemented with relevant photographs and images. The case history should at least include: Main complaint; personal history; family history; social history; job characteristic; diagnosis (problem); treatment; prognosis; effect of the problem on social and job functions; effect of the problem on other family members; utilization of health services (health center, referral hospital) cost of the problem in family context.

(2)Study outcome: Objectives, study design & setting, participants & sampling technique, main outcome measures, results and discussion of the study with relevant references. Concentrating on frequency distribution of: age; literacy level; occupation; matrimonial status.

Student two:

(1) case history as applied to student one above

(2) Study outcome as applied to student one above

Concentrating on Frequency distribution of:
prevalence of pregnancy according to trimester of pregnancy; use of contraceptives; prominent problem.

Student three:

(1) case history as applied to student one above

(2) Study outcome as applied to student one above

Concentrating on Frequency distribution of:
(according to age) average number of pregnancies; abortions; live births; child deaths.

Student four:
(1) case history as applied to student one above
(2) Study outcome as applied to student one above
Concentrating on Frequency distribution of:
acute diseases (prevalence); acute diseases (incidence); chronic diseases (prevalence); chronic diseases (incidence).

Study Groups & Task Forces – 2011/2012
4 Groups
(Each group 34 students)
(3 groups named as:.)

Each group is divided into 3 subgroups

Subgroup (A) (12 students)+ leader | subgroup (B) (12 students)+ leader | subgroup (C) (12 students)+ leader

Each subgroup is divided into 3 study groups

Under 5 children morbidity pattern (4 students)	5-15 children morbidity pattern (4 students)	Women reproductive morbidity pattern (4 students)

One student from each of the 3 study groups in a subgroup form a **TASK FORCE** (3 students)
The duty of the task forces (5 task forces per subgroup) is to collect data.
Each task force covers 7 households per day. I.e. covers 14 households in 2 days.

Each student is responsible to:
1. Collect data from 14 house holds
2. Present tables on the particular area assigned to him (detailed above) using SPSS.
3. Write a report on one case-history of public health/ clinical medicine importance.

The study groups within the subgroup (4 students) are responsible to:
1. Collect data (on their particular study) from 70 households (14 x 4 students)
2. Write a report following research methodology about their particular study.
3. Submit a report on 4 case-histories of public health/ clinical medicine importance.

Each study group (12 students) is expected to write a report that focus on:

1. Detailed case history of 15 relevant public heath and/or clinical cases encountered during their house visits. Supplement includes photographs & imaging of cases.
2. Study outcome: Objectives, study design & setting, participants & sampling technique, main outcome measures, results and discussion of the study with relevant references.

The Cross- Sectional Surveys

Objectives:

Study one: **Under five years old children morbidity pattern**
Compare between prevalence and incidence of acute and chronic diseases among children less than 5 years old.

Study two: **Five to fifteen years old children morbidity pattern**
Estimate prevalence and incidence of behavioral as well as medical conditions affecting children aged between 5 to 15 years.

Study three: **Women reproductive morbidity pattern**
Describe women reproductive morbidity status. Incidence and prevalence of acute and chronic conditions that affect women during their reproductive age are examined.

Cluster sampling:

The population in the study area is around **20000** persons consisting of 4 villages:
Obvious landmarks like mosque or market or school are used to divide each village into districts or **clusters**.
Over all there would be **3 clusters** in the village. These clusters are:
1 clusters in center of the village
1 Clusters in south and east area
1 cluster = north and west area

Each group of students (34 students) will be allocated a village.
Each group should at least have 168 households with about 6 persons living in these house holds.

Since there are 3 subgroups in each group, each cluster is itself divided into 3 areas. One area will be allocated to a subgroup of student (11 students). Each subgroup is allocated at least *56* households with about *336* persons.

The 4 task forces of a subgroup should cover 56 households during the period of data collection.

It is thus highly recommended that the 3 subgroups should merge their data together to produce robust estimates of rates.

The number of households and number of persons living in the households for the 3 subgroups are-***168-200*** households and 700-800 persons respectively.

The works of subgroups in clusters are mutually exclusive, i.e. each area of a cluster has only one subgroup surveying it during the entire period of investigation. This implies that each household is visited **once and only once** by students during the entire period of field training.

The Questionnaires

Study one: **Under five years old children morbidity pattern**
In a cross –sectional household survey the targeted morbidity indicators could be best determined by addressing relevant questions to the parent of the child.
The questionnaire includes the following:
The family identification number, the gender and exact age (in years) of the child, presence of domestic animals, average number of persons sleeping in one room, property of the house, type of health insurance, family income per month, immunization status of the child, medical consultation pattern, breast feeding, diseases or medical problems encountered during the time of the visit, and diseases and medical and social problems that occurred during the previous one month.
Any written statement by a physician or a health agency or a laboratory or imaging report could help in putting the correct disease diagnosis.

Study two**: Five to fifteen years old children morbidity pattern**
Parents are asked to help in filling the required information. The questionnaire includes the following:
The family identification number, the gender and exact age (in years) of the child, presence of domestic animals, average number of persons sleeping in one room, property of the house, type of health insurance, family income per month, healthy behaviors, physical exercises pattern, medical consultation pattern, diseases, health or medical problems encountered during the time of the visit, and diseases and medical and social problems that occurred during the previous one month.
Any written statement by a physician or a health agency or a laboratory or imaging report could help in putting the correct disease diagnosis.

Study three**: Women reproductive morbidity pattern**
The questionnaire contains items that cover the relevant morbidity among women in their reproductive age.
The respondents are personally interviewed to elicit the presence or otherwise of diseases. Any written statement by a physician or a health agency or a laboratory or imaging report could help in putting the correct disease diagnosis.
The questionnaire includes the following items about women 15 years of age and older:
The family identification number, the age of the women, literacy level, occupation of the lady, matrimonial status of the lady, use of contraceptives, number of pregnancies, number of abortions, number of live births, number of child deaths, presence of acute and chronic diseases related to pregnancy at time of visit, and occurrence of diseases related to pregnancy during the last one month.

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Under five years old Children Morbidity Pattern

Please use separate form for each Under 5 Years old Child

1. Village	
2. Students' subgroup/study group #:	
3. Family #: (from 1 to 20 per each students' taskforce)	
4. Sex: male (1) female (2)	
5. Age: -1 -2 -3 -4 -5	
6. Domestic animals: None (0) animals-inside (1) animals-outside (2) birds-inside (3) birds-outside (4)	
7. Average # sleeping in one room: (1 to 7)	
8. Is the house? own property (1) rented (2)	
9. Type of health insurance: none (0) government (1) armed forces (2) other (3)	
10. Family income per month in (JD): <100(1) 100–199(2) 200-299(3) 300– 499(4) 500-999(5) 1000+ (6)	
11. Immunization status of 12-23 months babies: none (0) complete (1) partial (2)	
12. In case the child become sick, you usually consult (First time): PHC (1) Private doctor (2) Gov. hospital (3) Private hospital (4) Use home remedies (5) Alternative medicine (6)	
13. Breast feeding during 1st year of life: none (0) partial (1) complete (2)	
14. Presence of acute disease(s) at time of visit: no (0) ARI (1) Diarrhea (2) Injury (3) Others (4) (specify disease)	
15. Presence of chronic disease(s) at time of visit: no (0) Congenital (1) Metabolic (2) Infection (3) Others(4) (specify disease)	
16. Incidence of acute diseases during last month: no (0) ARI (1) Diarrhea (2) Injury (3) Others (4) (specify disease)	
17. Incidence of chronic diseases during last month: no (0) Congenital (1) Metabolic (2) Infection (3) Others(4) (specify disease)	
18. Prominent Complaint, or Disease or Problem : no (0) Please specify and code	

For each question, insert (9) for unknown or refused to answer or not applicable.

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Five to Fifteen years old Children Morbidity Pattern

Please use separate form for each Child aged 5 to 15 years old

1. Village #:	
2. Students' subgroup/study group #:	
3. Family #: (from 1 to 20 per each students' taskforce)	
4. Sex: male (1) female (2)	
5. Age: 5-7 (1) 8-10 (2) 11-13 (3) 14-15 (4)	
6. Domestic animals: None (0) animals-inside (1) animals-outside (2) birds-inside (3) birds-outside (4)	
7. Average # sleeping in one room: (1 to 7)	
8. Is the house? own property (1) rented (2)	
9. Type of health insurance: none (0) government (1) armed forces (2) other (3)	
10. Family income per month in (JD): <100(1) 100–199(2) 200-299(3) 300– 499(4) 500-999(5) 1000+ (6)	
11. Healthy behaviors: none (0) yes – example (Teeth Brushing) (1)	
12. Exercises: none (0) occasionally (1) regularly (2)	
13. In case the child become sick, you usually consult (First time): PHC (1) Private doctor (2) Gov. hospital (3) Private hospital (4) Use home remedies (5) Alternative medicine (6)	
14. Presence of acute disease(s) at time of visit: no (0) ARI (1) Allergic Rhinitis (2) Asthma (3) Injury (4) Dental caries (5) Others (6) (specify disease)	
15. Presence of chronic disease(s) at time of visit: no (0) Congenital (1) Allergic Rhinitis (2) Asthma (3) learning problem (4) Metabolic (5) Obesity (6) Tumor (7) Others(8) (specify disease)	
16. Incidence of acute diseases during last month: no (0) ARI (1) Allergic Rhinitis (2) Asthma (3) Injury (4) Dental caries (5) Others (6) (specify disease)	
17. Incidence of chronic diseases during last month: no (0) Congenital (1) Allergic Rhinitis (2) Asthma (3) learning problem (4) Metabolic (5) Obesity (6) Tumor (7) Others(8) (specify disease))	
18. Prominent Complaint, or Disease or Problem : no (0) Please specify and code	

For each question, insert (9) for unknown or refused to answer or not applicable.

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Women Reproductive Morbidity Pattern

Women 15 years old and over. (Please use separate form for each women)

1. Village #:	
2. Students' subgroup/study group #:	
3. Family #: (from 1 to 20 per each students' taskforce)	
4. Age in years: 15-19 (1) 20 –24 (2) 25-29 (3) 30 –34 (4) 35-39 (5) 40-44 (6) 45-49 (7) 50+ (8) _____ _____ 5. Literacy: illiterate (1) basic school (2) high school (3) college or univer. (4) _____ _____ 6. Occupation: house – wife (1) student (2) professional eg. teacher (3) skilled worker (4) Unskilled worker (5) Retired (5) Military (6) Other (7) _____ _____ 7. Ever-married : no(0) yes(1) Terminate questionnaire here if not married	__
8. Pregnant at time of visit: no(0) yes-1st. trimester (1) yes- 2nd. trimester (2) yes-3rd. trimester (3) NA(9)	
9. Contraceptive : no (0) yes-pills (1) yes-IUD (2) yes-others (3) ex-user (4) NA (9)	
10. # of pregnancies : none(0) 1 2 3 4 5 6-9 (6) 10+ (7) NA (9)	
11. # of Abortions: : none(0) 1 2 3 4 5 6-9 (6) 10+ (7) NA (9)	
12. # of live births: : none(0) 1 2 3 4 5 6-9 (6) 10+ (7) NA (9)	
13. # of child deaths (after being born alive): none (0) 1 2 3 4 5+ (5) NA (9)	
14. Presence of acute disease(s) related to pregnancy at time of visit: no (0) specify disease & code	
15. Presence of chronic disease(s) related to pregnancy at time of visit: no (0) specify disease & code	
16. Incidence of acute diseases related to pregnancy during last month: no (0) specify disease & code	
17. Incidence of chronic diseases related to pregnancy during last month: no (0)	

specify disease & code	
18. Prominent Complaint, or Disease or Problem related to pregnancy: no (0) Please specify & code	

For each question, insert (9) for unknown or refused to answer or not applicable.

Line Listing for Under 5 Children

Students' Groups Presentations
{7th. Week of training}

The subgroups of each major group shall submit their presentation in the 7th. Week to be assessed by their own tutor.

Content:
Results of field practice – research outcome
Case histories
Venue:

1. One lecture halls in PHH.
2. Discussion rooms on PHH premises

Time & Dates:

15/7 8 AM-1 PM.
16/7 8 AM-1 PM.
17/7 8 AM-1 PM.
18/7 8 AM-1 PM

Student Assessment Criteria
Please use check list and rating scale

D. Continuous assessment = 20 marks:
A1. Professionalism and communications skills = 10 marks.
A2. Attendance to field work = 10 marks

E. Field project = 40 marks:
B1. Project report = 20 marks
B2. Oral examination = 20 marks

F. Final - MCQ (based on lectures) online examination = 40 marks

Items for continuous assessment = 20 marks

	Item	Observed	Not observed
1	Professional & ethical conduct		
2	Communication with peers & public		
3	Leadership & management		
4	Team work		
5	Care provider		
6	Attendance during Field Work (5 marks)		

Subtract one (1) mark or each day of absence during entire course

Items for project assessment (Project report = 20 marks)

Item		Done	Not done
1	Data collection		
2	Data entry		
3	data management (organization &reduction)		
4	Construction frequency tables		
5	Data analysis and manipulation		
6	Data presentation (tables and figures)		
7	Comments on presented data		
8	Report submission		
9	Case history selection		
10	Case history presentation		

Department of Public Health
Faculty of Medicine
Hashemite University

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Faculty of Medicine

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The Hashemite University

Field Training in Community Medicine

STUDENTS' GUIDEBOOK

Community Medicine Course
9 Credit Hours
8 weeks Field Training

Edited by: Dr Hasan Hawamdeh

Content

Topic	Contributor
Identifying causes of disease Improving clinical diagnosis	
Measuring disease occurrence Assessing Efficacy of therapy Investigating natural history of disease	
Data entry and analysis (SPSS) Stat. test using SPSS	
Children with special needs School Health Service	
Developing Health Education programs Research Design Community Diagnosis	
MCH care Maternal & child health assessment	
Consultation & counseling Evidence Based Practice	
Environment and medicine Environmental health hazards	
Occupational medicine Investigating occupational asthma	
Workshop	

Course information

Course title	urology
Course number	0111502403
Credit hours	2.25
Course date	12/8/2013
Course meeting time	8:00 AM
Course location	Prince Hamza lecture room, third floor
Pre-requested course:	introductory course
Instructor	Samer Al-Geizawi
office location	GF medicine
office hours	Monday 12-2 PM, Thursday 10-12 PM
phone	0797823542
E-mail	sgeizawi@yahoo.com

Course description:

- The division of urology at the Hashemite University School of Medicine provides direct exposure to our subspecialty during their surgical rotation. The medical students assigned to the urology rotation are expected to spend two weeks as members of the urology team.

- Each medical student is asked to follow at least one patient, but not more than three patients, from the time of admission till the time of discharge. They should familiarize themselves with aspects of history taking and physical exam. Students will be asked to present at least one patient during their rotation during clinical rounds using "SOAP" system.
- Students should check with the chief resident to determine the upcoming cases. Reading ahead of time on surgical cases is strongly recommended.
- Students will be asked to present a short(5-15 minutes), informal presentation to cover relevant urologic topics covered in the syllabus as mentioned later in core curriculum, interesting cases encountered during their rotation can be picked to be presented during their rotation.

I- Schedule:

- Attend daily morning report 8:00 – 8:30 AM.
  Participate in clinical rounds and present at least one case during their rotation and follow-up 1-3 patients from admission till discharge during their two weeks rotation.
- Short presentation from 1-2 PM prepared by one of the medical students, the presentation should cover one of the topics in the Core Curriculum, or an interesting case encountered during their rotation.
- Students are advised to attend grand rounds or activities directed to the residents.
  Students should attend activities in the department of surgery when they are doing their urology rotation.

Learning outcomes:

At the conclusion of the two weeks rotation, forth year students are expected to answer the following questions:

A) Hematuria:

-What is the definition of microscopic vs. gross hematuria.

-What is the differential diagnosis of hematuria.

- What is the work-up for hematuria.

-How is gross hematuria treated.

B) Benign Prostate Hyperplasia(BPH):

-What is LUTS?

-What is AUA symptom score.

- What is the medical therapies for BPH.

-What is the surgical therapies for BPH.

C) Urolithiasis:

-What are the types of stones, and which are visible on plain X-rays.

-What are infection stones?

- What are the medical therapies for stone diseases?

-What are the surgical therapies for stone diseases?

D) Uro-Oncology:

- What is PSA and who should be screened?

-How is prostate cancer diagnosed?

- What are the treatment options for prostate cancer.

-What are the treatment options for bladder cancer.

-What are the treatment options for renal cancer.

E) Incontinence:

- What are the different types of urine incontinence?

- What are the medical therapies for incontinence?

- What are the surgical therapies for Incontinence?

F) Erectile dysfunction:

-What are the causes of organic impotence?

-What are the available non-surgical treatments for ED

-What are the surgical options for ED.

G) Pediatric Urology:

- What is the differential diagnosis for acute scrotal pain in a child.

-What is the work-up for acute scrotal pain in a child.

- How is testicular torsion treated.

-What is the differential diagnosis for hydronephrosis in a neonate.

-What is the work up for urinary tract infection in a child.

- Urologic skills:

-Placement of a foley catheter.

-perform digital rectal exam and evaluate size and texture of the prostate.

-scrotal and penile examination.

- interpretation of KUB.
-Interpretation of CT KUB.

Instructional methods:

-each morning from 8:00 – 8:30 case discussion presented By students.
-seminar on one of the subjects included in the learning objectives from 8:30-9:30, and another seminar from 1:30-2:30.
-students are divided into groups and are expected to be in one of the following activities:
Out patient clinic
Operating rooms
Clinical rounds in the division of urology

Text book and material:

® Smith's General Urology- Emil A, Tanagho et al.
Seminar material is distributed to students at the beginning of the course.

Grading Policy:

Grades can be based on the following:
Assignments: 20%
Final Exam:35 %
Class attendance/participation:45 %
Total Points 100

Course Policies:

- **Late Assignments:** Students are expected to present there assignment on scheduled time, if not, a new date is given to the student to present his seminar. Late assignment will affect the grade by 5 points unless there is an excuse.
- **Missed exams:** Make up exam will be held to students who missed there exam when they have an excuse accepted by the department.
- **Absence:** Urology rotation is 10 working days, absence by 2 or more days requires repeating the rotation.
- **Cheating:** Cheating is extremely prohibited and will be dealt with according to university policies.

Classroom Protocol:

Students are expected to arrive at 8:00 AM.
Attendance is taken each day.
Students are expected to respect other students and instructors.
Participation is graded according to presenting seminars, attending daily activities, good behavior,patient care, medical knowledge, communication skils, and professionalism.

Important Dates to Remember:

final exam will be set by department of surgery
end of rotation exam will be on Wednesday in the second week of each rotation

Student rights and responsibilities:

All students rights presented by the university will be respected during urology course

Course Schedule :

Presented in the instructional section.