

Course information:

Course title	General Medicine (2)
Course number	0111503601
Credit hours	9
Course date	8 weeks for each one of four groups of students Starting on 2/8/2013 to 3/10/2013 *13/10/2013 to 12/12/2013 *22/12/2013 to 13/2/2014 *16/2/2014 to 10/4/2014
Course meeting time	1-Clinical teaching daily from 8am till 3pm 5 days /week 2- Seminars on Sunday ,Tuesday and Thursday from 1pm to 3pm 3- Medstudy on Monday and Wednesday.
Course location	1-Clinical bed-side teaching at Prince Hamza Hospital / Princess Aliaa Military Hospital / Prince Hashim Military Hospital / Alzarqa Govermental Hospital 2- Seminars at Prince Hamza Hospital 5th floor
Instructor	Dr. Mohammad Hijab Al- Kubaisi Faculty of medicine office hours Wednesday from 10am to 2pm Phone no. 0795203965 / E-mail: hijabalkubaisi53@yahoo.com

Course description:

- Hospital Bedside Teaching: 8 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, 6 seminars per week, each seminar is presented by 2 students.

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:

- 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 = 10%
- 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 (OSCE) =30%
- Final written exam (MCQS)= 45%
- Final oral exam = 15%
- Total Points 100

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 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
- OSCE exams at the final Wednesday of each 8 weeks rotation for the group
- Al-Adhah Feast Holiday 14/10/2013 to 17/10/2013
- Mid year Holiday 10/12/2013 to 21/12/2013
- Holidays and vacations: according to the University calendar published at the university web site (www.hu.edu.jo)
- 22/12/2013 Beginning of 2nd semester of Academic year 2013 / 2014
- 17/4/2013 to 15/5/2013 Final written exam.
- 12/5/2013 to 15/5/2013 Final oral exam.

Student rights and responsibilities:

According to regulations and policies of the university and the faculty which is written in the students manual issued to them each academic year

Course Schedule :

Topics covered in seminars and bed-side teaching

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 1o, 2o, 3o.
 - 4. Bundle branch and hemiblocks.
 - 5. Main supraventricular tachycardias.
- I. Infective endocarditis
- 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 pyelonephritis

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 oximeter.
 - 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.

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

Course information:

Course title	General Surgery 2 (includes: General surgery, Urology, Pediatric surgery, Neurosurgery, Plastic Surgery, vascular surgery, thoracic surgery)
Course number	0111502601
Credit hours	9 hours
Course date	four times per academic year (12/8/13-12/10/13, 13/10/13-21/12/13, 22/12/13-15/2/14, 16/2/13-12/4/13)
Course meeting time	40 academic days, each day starts at 8:00 AM – 3:00 PM
Course location	(surgical wards, OPC and OR at Prince Hamza Hospital (PHH), Prince Alia Military Hospital, Prince Hashem Military Hospital, Al-Zarqa governmental Hospital)
Instructor	Dr. Eyad Alqarqaz 1st floor, Faculty of medicine, The Hashemite University Office Hours: 1-3 pm Wednesday and 2-4 pm Monday at PHH Phone: 00962776582434 / Email: eaaq@hotmail.com

Course description:

The course aims at exposing the students to real patients with different pathologies of general and gastrointestinal surgery, urology, pediatric surgery, neurosurgery, plastic surgery, vascular surgery and thoracic surgery, in order to develop their knowledge and skills in taking comprehensive history, do skilled physical examination, formulate differential diagnosis and suggest a proper plan of management (investigations and treatment). This takes place at bedside in surgical wards, clinics, OR and seminar classes over a period of 8 weeks.

Learning outcomes:

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

1. Obtain a comprehensive history for surgical diseases.
2. Acquire the basic skills of physical examination.
3. Identify and explain abnormal signs.
4. Formulate a case summary and differential diagnosis.
5. Suggest relevant investigations.
6. Suggest treatment – more surgical orientation

Instructional methods:

- Seminars: clinical cases, x-rays and equipments.
- Bed-side teaching sessions: Clinical case, x-rays and lab tests.
- Visits to outpatient clinics
- Visits to operating theatres.
- Clinical skill lab
- Tutorials and presentations (Data show, slides)

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)
- Sabiston Textbook of Surgery. The Biological Basis of Modern Surgical Practice (Reference)

Grading Policy:

- In-course evaluation (includes assignments, attendance and participation) = 10%
 - End rotation clinical exam = 30%
 - Final oral exam = 15%
 - Final written exam = 45%
- Total= 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.

Absence

- Each student should attend 40 academic days of the 8 weeks
- Absence of any part of the academic day (morning report, bedside teaching, OPC, OR, seminars) is considered as full day absence

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:

- All students are expected to attend the teaching sessions, they should arrive before the activity starts and verbal warnings will be issued to late arrival within the 1st 10 minutes of the class and will be considered absent if more than that.
- All the students are expected to participate freely and when asked to do so
- All the students expected to behave and dress properly in professional manner.

Important Dates to Remember:

- OSCE exams at the final Wednesday of each 8 weeks rotation for the group
- Final written surgery exam: 01/05/2013
- Final oral exam: 12-15/5/2013
- Holidays and vacations: according to the University calendar published at the university web site (www.hu.edu.jo)

Student rights and responsibilities:

According to regulations and policies of the university and the faculty which is written in the students manual issued to them each academic year

Course Schedule :

The course will take place throughout the academic year, each 8 weeks with different group of students. After studying the material covered in the seminars and bed-side teaching sessions throughout the 8 weeks of this course, the student is expected to achieve the followings:

No.	Title	Objectives
1	Fluids and electrolytes	<ul style="list-style-type: none"> • Fluid compartments • Recognize disturbances in water and electrolytes • Outline methods of management
2	Blood transfusion	<ul style="list-style-type: none"> • 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 avoid them (Infections, reactions). • Identify the different components of blood and how to order each of them.
3	Shock	<ul style="list-style-type: none"> • Define shock; General Discuss pathophysiology of shock • Recognize types of shock (hypovolemic, cardiogenic, septicemic, 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.
4	Burns and skin coverage	<ul style="list-style-type: none"> • Obtain relevant history for burns (flame, scold, closed space, exposure time, possible associated injuries) • Determine percentage 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.
5	Surgical infections and prophylactic antibiotics	<ul style="list-style-type: none"> • Discuss pathophysiology of surgical infection. • Identify of surgical infections • Outline of principles of antibiotic usage in surgical patients.
6	Surgical disease of the spleen	<ul style="list-style-type: none"> • Anatomy and physiology review • Classification of the splenic diseases – nontraumatic • Clinical presentation • Investigation

		<ul style="list-style-type: none"> • Modality of treatment
7	Hernias	<ul style="list-style-type: none"> • Anatomy of the abdominal wall • Definition of hernias and type • Examination • Modality of treatment
8	Multiple injuries: first aid and triage.	<ul style="list-style-type: none"> • 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
9	Head Injuries	<ul style="list-style-type: none"> • Glasgow coma scale • Define differentiate between the pathology of primary & secondary head injury. • Use the different diagnostic tools to evaluate head injury patient. • Understand & apply the treatment modalities for the different condition of head injury. • Discuss prognosis of head injury • List the complication of head injury.
10	Spinal Injury	<ul style="list-style-type: none"> • Differentiate between the pathology of primary & secondary spinal injury. • List diagnostic modalities. • Outline the treatment modalities for the different condition of spinal injury. • Discuss of spinal injury • List the complication of spinal injury.
11	Abdominal trauma	<ul style="list-style-type: none"> • Recognize the mechanism of injury (penetrating, Blunt). • Recognize the wide spectrum of possible presentations. • Discuss ABC (Airway, Breathing, Circulation) management . • Identify the role of US ultrasound, CT scan computed tomography, lavage, and peritoneal manometry in the diagnosis. • Discuss specific injury of different intraabdominal organs (spleen, liver, kidney, pancreas intestine).
12	Chest trauma	<ul style="list-style-type: none"> • Understand mechanism of trauma. • Recognize the major life threatening injuries (tension pneumothorax, tamponade, major vascular injury, 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.
13	Infertility	<ul style="list-style-type: none"> • Anatomy of genital organs

		<ul style="list-style-type: none"> • Definition • Etiology • Investigation • Modality of treatment
14	Parenteral and enteral feedings:	<ul style="list-style-type: none"> • Definition • Indication • Side effect of parental and enteral feeding • Follow up investigation during feedings
15	Neck and vascular trauma	<ul style="list-style-type: none"> • Appreciate the symptoms that may indicate a hidden trauma to the neck. • Discuss soft tissue trauma to the neck. • Discuss briefly injuries to the carotid artery, larynx, trachea and esophagus. • Recognize the common methods of stopping arterial bleeding. • Review the basic anatomy of the neck.
16	Peripheral vascular diseases	<ul style="list-style-type: none"> • Identify pain due to peripheral ischemia (claudication, rest pain, critical limb). • Suggest relevant investigations such as Doppler ultrasound and angiography. • Define common vascular procedures.
17	Aneurysms and vascular anomalies	<ul style="list-style-type: none"> • 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.
18	Varicose veins and lymphatic diseases.	<ul style="list-style-type: none"> • Review venous and lymphatic anatomy • Discuss principles of physical examination. • Differentiate between primary varicose veins and a post phlebotic limb. • Suggest modalities of treatment. • Differentiate between different types of lymphedemes and their clinical implications.
19	Pneumothorax, empyema & lung cysts	<ul style="list-style-type: none"> • 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.
20	Gastro intestinal anomalies	<ul style="list-style-type: none"> • Review the embryogenesis • Identify presentation and diagnostic methods. • Outline principles of management

21	Diseases of the salivary glands	<ul style="list-style-type: none"> • Review the anatomy of major salivary glands. • Patterns of presentation, investigations, and treatment of sialiectasis. • Describe common infections affecting the major salivary glands (including postoperative parotitis). • Understand the clinical presentation of benign and malignant salivary gland tumours. • Classify malignant salivary gland tumours.
22	Gastric malignancy Esophagous	<ul style="list-style-type: none"> • Recognize the clinical presentation • Recognize the predisposing factors • Identify relevant diagnostic and staging investigations. • Outline modalities of treatment • Identify features of gastric cancer among Jordanians.
23	Gall bladder diseases	<ul style="list-style-type: none"> • Understand the wide spectrum of different clinical presentation and to diagnose them clinically (Biliary colic, cholecystitis, cholangitis, pancreatitis, jaundice, 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 acalculous cholecystitis.
24	Ischemic heart disease	<ul style="list-style-type: none"> • Recognize the clinical presentation • Predisposing factors • identify relevant diagnostic investigation • Cardiac angiogram review • Modalities of treatment
25	Mediastinal disorder	<ul style="list-style-type: none"> • Anatomy • Classification of diseases of mediastinum • identify relevant diagnostic investigating • Chest X-R.Y,MRI, CT-Scan review • Treatment
26	Congenital heart disease	<ul style="list-style-type: none"> • (embryology) of the heart. • Identify the different anomalies • Appreciate that such anomalies may be related to other anomalies • Formulate a list of relevant investigations • Treatment modality
27	Valvular heart disease	<ul style="list-style-type: none"> • Definition • Type of valvular heart disease • Pathology • Clinical presentation • Modality of treatment

28	Thoracic aortic surgery	<ul style="list-style-type: none"> • Anatomy of the aorta • Type of aortic aneurysm and dissection • Diagnostic modality • CT – scan review • Indication for surgery
29	Pancreatitis	<ul style="list-style-type: none"> • Define pancreatitis and describe its pathogenesis. • List the common etiological factors (gallstones, alcohol). • Understand the role of different investigations (lab, U/S, CT, ERCP) in diagnosis and treatment. • List complications of pancreatitis. • Understand the general lines of management.
30	Pancreatic tumors	<ul style="list-style-type: none"> • 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	Hepatic tumors and cysts	<ul style="list-style-type: none"> • Discuss hepatocellular carcinoma in brief. • Understand the importance of liver secondaries and how to prove the diagnosis. • Discuss the lifecycle of hydatid cyst. • List the relevant tests to diagnose hydatid cyst (plain X-Ray, U/S, CT, serology).
32	Colonic tumors	<ul style="list-style-type: none"> • Epidemiology, Discuss, List, Outline management of colon cancer.
33	Diverticulosis and mesenteric ischemia	<ul style="list-style-type: none"> • Definition, presentation, investigations and management of patients with diverticulosis and mesenteric ischemia
34	Anorectal diseases	<ul style="list-style-type: none"> • Types, presentation, investigations and management of the different and pathologies.
35	Congenital anomalies of the genito-urinary system	<ul style="list-style-type: none"> • Identify the different anomalies (Agenesis, Horseshoe Kidney, PUJ, Reflux, hypospadias) • Appreciate that such anomalies may be related to other anomalies • Formulate a list of relevant investigations • Suggest the treatment modality
36	Renal stones	<ul style="list-style-type: none"> • Discuss epidemiology & etiology of renal stones. • List complications • Discuss metabolic incidents associated with stones • Outline principles of management Factors that influence treatment
37	Surgical abdominal incision	<ul style="list-style-type: none"> • Abdominal wall anatomy review • Type of incisions and indication • Technique of laparotomy and closure

		<ul style="list-style-type: none"> • Complications
38	Erectile dys – function	<ul style="list-style-type: none"> • Anatomy of the male genitalia • Etiology of days function • Clinical presentation • Investigation • Surgical and conservative management
39	Diseases of the prostate	<p>Specific objectives:</p> <ul style="list-style-type: none"> • Outline the main embryological, anatomical, physiological and histopathological features of prostate gland. • List the main congenital prostate anomalies • Discuss in brief the natural history and etiology of both inflammatory and neoplastic prostate diseases • Analyze the main clinical points related to prostatitis (acute and chronic) with reference to chronic pelvic pain syndrome • Provide a general overview of prostate tumors with reference to benign hyperplasia and Adenocarcinoma. • Discuss of the role of screening methods.
40	Kidney and bladder tumors	<ul style="list-style-type: none"> • Appreciate the clinical presentation and the indirect signs • Understand the methods and importance of staging • Identify the relevant investigations and confirmative measures • Appreciate the role of surgery in the treatment • Appreciate the role of Laparoscopic surgery and other minimally invasive treatments • Appreciate the role of other treatment modalities.
41	Testicular tumors and diseases	<ul style="list-style-type: none"> • Acute scrotum Vs painless swelling of scrotum. • Staging and clinical implications management. • Epididymitis, causes and treatment
42	Surgical aspects of thyroid & parathyroid diseases.	<ul style="list-style-type: none"> • Formulate a differential diagnosis for a goiter • list tumors of thyroid gland • appreciate the role of surgery • list possible post operative complications • elecit 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. • Elecit sign and symptoms of hypercalcemia • Briefly list etiologies of hypercalcemia and how to differentiate between them • Differentiate between primary, secondary and tertiary hyperparathyroidism

43	Back pain, Mechanical	<ul style="list-style-type: none"> • Diagnose and understand the natural history and management principles of whiplash and soft tissue injury. • Recognize the broad categories of spinal pain and radiculopathy. • The signs and symptoms (including cauda equina syndrome). • Their common causes, their diagnosis and their management (cervical and lumbar disc herniation, osteoarthritic disease, spondylolisthesis). • Their differential diagnosis and management (including metastatic disease and primary spinal tumors). • recognize the broad categories of myelopathy. • the signs and symptoms (including comparison of acute and chronic spinal cord injury). • the common causes, their diagnosis and their management (cervical and lumbar disc herniation and osteoarthritic disease). • Differential diagnosis and management (including transverse myelopathy, metastatic disease and primary spinal tumors).
44	CNS Tumors	<ul style="list-style-type: none"> • Understand the differentiate types of primary CNS tumors & metastatic tumors. • Be able to know the basic pathological factors of CNS tumors. • To understand the clinical presentation (general & specific) • To know & apply the diagnostic tools with specific features of each type. • To be able to apply the management protocol & apply the different treatment modalities, surgery , radiotherapy & chemotherapy. • The prognosis of brain tumor in front & with specific types.
45	Morbid obesity – surgery	<ul style="list-style-type: none"> • Definition of morbid obesity • General complication • Indication for surgery • Type of surgery • Post operative complication
46	Skin tumors	<ul style="list-style-type: none"> • Anatomy of the skin • Type of tumors • Predispose factors • Prophylactic measurement from skin tumors

		<ul style="list-style-type: none"> • Clinical presentation • Investigation • Treatment
47	Hand injuries and infection	<ul style="list-style-type: none"> • Surgical anatomy of the hand • Type of injuries • Clinical review of hand injuries • Nerve's evaluation of affected nerve • Modality pf surgical treatment
48	Breast disease	<ul style="list-style-type: none"> • Anatomy of the breast • Blood supply to the breast • Classification of the breast disease's depend on benign and malignant • Course clinical presentation • Modality of investigation • Indication for surgery • Type of surgery • Postoperative follow up inpatient with breast cancers.
45	Chemotherapy	<ul style="list-style-type: none"> • Definition • Type of chemotherapy • General consideration about the common used chemotherapy and mode action • Follow of patients can chemotherapy • Complication during and post chemotherapy course
46	Cleft lip and palate	<ul style="list-style-type: none"> • Embryology of the lips and palate • Identify presentation and diagnostic methods • Preoperative care • Outline principles of management
47	Dysphagia	<ul style="list-style-type: none"> • Definition • Anatomy of the esophagus • Physiology of the esophagus • clinical presentation • investigation • modality of treatment.

Prince Hamza Hospital

General Surgery

	6 th yr
Sunday	Ward + OPC
Monday	Ward + OPC Seminar
Tuesday	Ward + OR
Wednesday	Ward + OR Seminar
Thursday	Ward

Urology and Pediatric surgery

	6 th yr
Sunday	Pediatric sur. OR
Monday	Urology
Tuesday	Pediatric sur. clinic
Wednesday	Urology
Thursday	Cardiothorasic sur clinic

Seminars for 6th year medical students

On Monday

Basic Surgical Principles (Dr.E Qarqaz, Dr A Al-Sarira).

Fluid and Electrolyte Management of the Surgical Patient, Shock
Surgical Infections and Choice of Antibiotics, Surgical Wounds and Wound Healing, Nutrition and the Surgical Patient

On Wednesday

Basic Surgical Principles and Burn (Dr. O Damra, Dr N Hamouri)

1. Systemic Response to Injury, Hemostasis, Surgical Bleeding, and Transfusion
2. Management of Burn patients

On Monday

Trauma (Dr. N Hammouri, Dr.M. Diab)

1. Approach and Management of Trauma Patients
Trauma by Organs and Systems

On Wednesday

Head and Neck, Breast (, Dr. O. Damra, Dr. M Diab)

Approach to Head and Neck Masses and Swellings
Approach to Common Breast Complaints

On Monday

Endocrine Surgey and Acute Abdomen (Dr.E. Qarqaz, Dr A Al-Sarira)

1. The Common Endocrine Pathologies
2. Acute Abdominal Pain and Intestinal Obstruction, Approach and Management

On Wednesday

Abdomen and Gastrointestinal Tract 1 (Dr. N Hammouri, Dr.A Al-Sarira)

1. Approach to Patient with Gastrointestinal Bleeding (Upper and Lower)
2. Approach to Patient with Jaundice, Approach to Patients with Dysphagia

On Monday

Abdomen and Gastrointestinal Tract 2 (Dr.N. Hammouri, Dr.E Qarqaz)

Approach to Patient with Abdominal Mass, Gastric Outlet Obstruction
Principles of laparoscopic surgery

On Wednesday

Surgical Oncology , Abdomen and Gastrointestinal Tract (Dr.O. Damra, Dr. M Thiab)

1. Principles of surgical oncology, Tumor Markers, Melanoma and Cutaneous Malignancies, Soft Tissue tumors
2. Colorectal Polyps and Carcinoma, Benign Ano-rectal conditions

On Monday

Perioperative care and Obesity (Dr.EQarqaz, Dr.A Al-Sarira)

1. Medical therapy for surgical patients (pain management, DM and surgery, anticoagulation,
2. Surgical Management of Obesity

On Wednesday

Pediatric and vascular surgery (Dr. M Thiab, Dr. O Damra)

1. Emergency Pediatric Surgical Conditions	
2. Approach and Management of Chronic Ulcers	

- All seminars will be on Mondays and Wednesday at 1:30 PM in Prince Hamza Hospital/ 3rd floor, starting from 19/8/2013
- All students must consult the tutors during preparation of seminars

Course information:

Course title	Obstetrics and Gynaecology Number II
Course number	111505601
Credit hours	9
Course date	12/8/2013 for 8 weeks
Course meeting time	08.00-17.00 hrs Sunday through Thursday
Course location	Prince Hamza Hospital (PHH) / Queen Alia Hospital (QAH)/Royal Medical Services / Al-Bashir Hospital
Instructors	Dr Rami Kilani/ Prof. Riadh Mohammed/ Dr Abdelfattah Salem / Dr Fida Al-Asali/ Dr Suzan Shdaifat
	Office hours: Thursday 8:00-17:00hrs
	Phone: 077540100 / E-mail: Rkilani200@yahoo.com
	Instructors can be contacted at PHH.
	Face book group is created every rotation for easier communication and announcements.

Course description:

This course offers a general obstetrics-gynaecology experience over eight weeks. Rotating within four hospitals, the students will be exposed to a variety of cases including antenatal, postnatal patients, Obstetric and gynaecological assessment, pre-operative patients in a clinic setting. Hospital rounds, assisting in patient deliveries, including operative deliveries (Instrumental and C/Sections) and Gyn Surgery, are expected.

Course Expectations: Progressive levels of responsibility, culminating in the ability to evaluate and formulate an appropriate treatment, care plan.

Learning outcomes:

Upon completion of the basic clerkship, each student should be able to:

- A. Demonstrate skills in independent learning and critical thinking.
- B. Obtain and record clearly a complete medical history, conduct a complete Physical Examination, and,
 - (1). Identify normal and abnormal patterns (physical, intellectual and social).
 - (2). Identify and accurately record the patient's problems (physical, intellectual and social).
 - (3). Assess the data in the context of the patient's status; formulate a problem list for both acute and long-term problems, and a provisional diagnostic and

therapeutic plan.

4). Obtain necessary supplementary information and reassess the patient's status at appropriate intervals

(5). Present verbally at bedside or in conference, a concise summary of the patient.

C. Establish a relationship of mutual respect between the physician, patient and the patient's family, and acquire the basic interpersonal skills which facilitate this relationship.

D. Appreciate the role of community agencies, practicing physicians and community health care programs in facilitating optimal care.

E. Develop positive attributes which will serve as the basis for a successful Professional career.

F. Develop study habits which will enhance lifelong learning.

Medical Knowledge:

- The student will be able to describe the maternal physiologic and anatomic changes associated with pregnancy and the physiologic functions of the fetus and placenta.
- The student will be able to describe the stages, mechanisms and management of normal labor and delivery and identify common problems in obstetrics.
- The student will be able to describe potential consequences of medical and surgical conditions in pregnancy.
- The student will be able to explain the physiologic or pharmacologic basis of action, effectiveness, benefits and risks and financial considerations of various methods of contraception.
- The student will be able to describe the endocrinology and physiology of the normal menstrual cycle, including menopause, and to describe causes, evaluation methods and therapeutic options for abnormal uterine bleeding.

Patient Care:

- The student will demonstrate the ability to perform a thorough Ob/Gyn history, including menstrual history, obstetric history, gynaecologic history, contraceptive history and sexual history.
- The student will demonstrate the ability to perform an obstetric-gynaecologic

examination, including breast examination and complete pelvic examination that is comfortable for the patient.

• **For the obstetrical patient** the student should be able to:

1. Assess the presence /absence of normal labour
2. Assess and diagnose ruptured membranes
3. Assess common problems in pregnancy such as perception of decreased fetal movement, abdominal pain and vaginal bleeding
4. Assess fetal well being during labor and delivery and the student will demonstrate the ability to interpret electronic fetal monitoring.
5. Assess analgesia /anesthesia needs for a labouring patient
6. Assess and manage postpartum complications

• **For the gynaecology patient** the student should be able to:

1. To describe the age appropriate screening procedures and recommended time-intervals for routine health maintenance and disease prevention in women.
2. Assess common emergency gynaecologic problems such as abortion, ectopic pregnancy, pelvic inflammatory disease, appendicitis and torsion
3. Manage common gynaecological issues such as contraception, menopausal symptoms, dysfunctional uterine bleeding, sexually transmitted infections, vaginal and vulvar disorders
4. Assess pelvic masses
5. Interpret cervical cytology results.
6. Have a working knowledge of infertility
7. Have a working knowledge of incontinence
8. List possible surgical complications and methods to minimize them

Instructional methods:

Various learning approaches and activities are incorporated into this course including

➤ **Bedside teaching/ward rounds**

Students prepare the cases and present them. Physical examination is demonstrated and students are observed doing the examination with a feedback.

➤ **RIME with Reasons**

RIME is a classification measure of a student's progression from that of a Reporter to Interpreter, to Manager/Educator. Most medical students should be able to demonstrate they can reliably gather the facts on patients and present this information in an organized manner. It is expected that the students will progressively synthesize this information, learning to connect signs and symptoms with tests, and to develop a differential diagnosis.

➤ **Prompting students**

by asking questions to think and search evidence based resources.

Students value questioning, especially when we ask their opinion and ask them to formulate a plan. Active questioning will give them the opportunity to demonstrate their knowledge, reasoning and management skills.

➤ **Presentations/Seminars**

These are done by both the instructors and the students in big and small groups. The students are asked to attend morning reports and departmental meetings.

➤ **Shadowing in the outpatient clinics**

➤ **Attending/Assisting in the operating theatre**

➤ **Attending the labour ward,**

the student will interpret Non-stress test, do obstetric and vaginal examination, watch normal and instrumental deliveries and have hands on practice.

➤ **Log books**

to check competencies and tailor individual plans if needed

➤ **OSCE assessment at the end of the 8-week rotation**

Text book and material:

Recommended books:

1. Monga A. Gynaecology by Ten Teachers
2. Baker PN. Obstetrics by Ten Teachers
3. Magowan B, Owen P, Drife J. Clinical Obstetrics and Gynaecology
4. Callahan TL, Caughey AB, Heffner LJ. Blueprints Obstetrics and Gynaecology
5. Edmonds DK. Dewhurst Textbook of Obstetrics and Gynecology

6. Morgan M, Siddighi S. National Medical Series for Independent Study Obstetrics and Gynecology
7. Novak's Gynaecology
8. Williams Obstetrics
9. Current clinical strategies, gynecology and obstetrics
10. Essentials in Obstetrics and Gynecology

Grading Policy:

Grades can be based on the following:

Class attendance/ participation: 10%

End of Course OSCE evaluation: 30%

Final MCQ Exam: 45%

Final Oral exam: 15%

Total points 100

Course Policies:

Late Assignments will not be accepted

Missed exams: OSCE will only be repeated if there is an acceptable excuse at the departmental meeting. The exam will be done with the following group.

Theory and oral exams follow the HU guidelines and need approval at the Faculty meeting.

Absence: as per the HU guidelines 10% of the rotation without an excuse, 15% with an excuse. Missing any part of the daily allocated activities will be counted for as absence.

Cheating: will be treated as per the HU guidelines

Classroom Protocol:

The students should demonstrate the following professional and ethical behavior and skills:

1. Each student is dutiful, arrives on time & stays until all tasks are complete
2. Consistently follows through on patient care responsibilities
3. Accepts and readily responds to feedback, is not resistant to advice
4. Assures professionalism in relationships with patients, staff & peers
5. Displays integrity & honesty in medical ability and documentation
6. Acknowledges errors, seeks to correct errors appropriately
7. Is well prepared for and seeks to provide high quality patient care

8. Identifies the importance to care for underserved populations in a non-judgmental manner

Important Dates to Remember:

Last Thursday of the 8-week rotation: OSCE assessment

Final MCQ Exam: 17/4-15/5/2014

Final Oral Exams: 12-15/5/2014

Student rights and responsibilities:

Students are expected to be present for the various elective activities that will be noted by the clinical staff in the department.

Attendance is expected at the various clinical activities including morning ward rounds, operating room when assigned, afternoon rounds, conferences, and any activity specifically requested by the attending instructor.

Students are expected to be punctual for all of the various activities noted on the weekly schedule.

Failure to adhere to the schedule will result in undue delays and inconveniences to patients, students and faculty.

Dress Code: It is expected that students carry themselves in professional manner; this includes appropriate clothing while engaged in patient care. This also applies to the operating room where scrubs are needed.

Responsibilities of the Instructors:

1. Treat all learners with respect and fairness.
2. Treat all learners equally regardless of age, gender, race, ethnicity, national origin, religion, disability, or sexual orientation.
3. Provide current materials in an effective format for learning.
4. Be on time for didactic, investigational, and clinical encounters.
5. Provide timely feedback with constructive suggestions and opportunities for improvement/remediation when needed.

Course Schedule:

The group will be subdivided into three smaller groups rotating in three hospitals.

PHH	1	2	3
QAH	2	3	1
Al-Bashir	3	1	2

- Seminars will be presented twice weekly, on Sundays & Tuesdays 1300-1600hrs

Date	Seminars
Week 1	Management of patient with abnormal smear
	Management of abnormal vaginal bleeding
Week 2	Abnormal labour
	Maternal & perinatal mortality
Week 3	Management of early pregnancy bleeding
	Management of obstetric haemorrhage
Week 4	Management of subfertile couple
	Approach to fetal anomalies
Week 5	Urinary problems in gynaecology
	Principles of gynaecological surgery
Week 6	Management of abdominal pain in pregnancy
	Operative delivery
Week 7	Management of pelvic mass
	Management of patient with severe PET & eclampsia
Week 8	Management of recurrent miscarriage
	Management of obstetric emergencies including trauma and resuscitation in pregnancy

- Outline for topics to be discussed during the OB/GYN rotation:

Obstetrics

First week:

• Antepartum Care

- Distinguish an at-risk pregnancy
- Assess fetal growth, well-being & maturity

Be Able to Describe:

- Appropriate diagnostic studies
- Patient education programs
- Nutritional needs of pregnant women
- Adverse effects of drug & environment

Be able to do:

- Perform a physical exam on obstetrical patients
- Answer commonly asked questions regarding pregnancy, labour & delivery

- **Intrapartum Care**

- a) Pain management during labour
- b) Methods of monitoring the mother and fetus
- c) Management of normal delivery
- d) Vaginal repair
- e) Indication for operative delivery

- **Intrapartum Fetal Surveillance**

- a) Give the standards of monitoring in labor using clinical and electronic monitoring

- **Postpartum Care**

Describe:

- a) Normal maternal physiologic changes of the postpartum period
- b) Normal postpartum care
- c) Appropriate postpartum patient counseling including in regards to post partum depression
- d) Risk factors for postpartum infection
- e) List most common infectious organisms
- f) Indications for use of prophylactic antibiotics

Second week:

- **Medical Complications of Pregnancy**

Know the interaction between

- a) Pregnancy and the following medical and surgical conditions:
 - a. Anemia
 - b. Diabetes Mellitus
 - c. Urinary Tract infection
 - d. Infectious Diseases including:
 - I. Herpes
 - II. Rubella
 - III. Group B Streptococcus
 - IV. Hepatitis
 - V. HIV, HPV & other sexually transmitted infections
 - VI. Cytomegalovirus (CMV)
 - VII. Toxoplasmosis
 - VIII. Varicella & parvovirus

- b) Cardiac Disease
- c) Asthma
- d) Alcohol, tobacco, other substance abuse

Third week:

- **Preterm Labour**

- a) Factors predisposing to preterm labour
- b) Signs & symptoms of premature uterine contractions
- c) Causes of preterm labour
- d) Differential Diagnoses
- e) Management of preterm labour, including:
 - i. Tocolytics
 - ii. Steroids
 - iii. Antibiotics

- **Premature Rupture of Membranes (PROM)**

- a) History, physical findings, and diagnostic method to confirm ROM
- b) Factors predisposing to PROM
- c) Risk & benefit of expectant management versus immediate delivery
- d) Methods to monitor maternal and fetal status during expectant management

Fourth week:

- **Dysfunctional labor**

- a) Discuss the principles of Active Management of Labor
- b) Methods of evaluating fetopelvic disproportion
- c) Indications and contraindications for oxytocin administration
- d) Management of abnormal fetal presentations
- e) Vaginal birth after caesarean delivery

- **Shoulder Dystocia**

- a) Risk factors for shoulder dystocia
- b) Demonstrate immediate management
- c) Discuss options if immediate management not available

Fifth week:

- **Second and third-Trimester Bleeding**

- a) Describe the approach to patient
- b) Compare symptoms, physical findings, diagnostic methods, that differentiate patients with placenta previa, abruption placenta, and other causes of 3rd trimester bleeding
- c) Describe complications of placenta previa & abruption placenta
- d) Describe immediate management of shock secondary to 3rd trimester bleeding
- e) Describe the components of various blood products and indications for their use

- **Postpartum Haemorrhage**

- a) Risk factors for postpartum haemorrhage
- b) Differential Diagnosis of postpartum haemorrhage
- c) Immediate management of the patient with postpartum haemorrhage including:
 - a. Inspection for lacerations
 - b. Use of uterine contractile agents
 - c. Management of volume loss
 - d. Management of coagulopathy
- d) Knows the importance of active management of the third stage of labor
- e) Physiologic adaptations of the body to accommodate blood loss
- f) Pregnancy adaptations protective against blood loss during pregnancy

Sixth week:

- **Gestational Hypertension**

- a) Definition and classification of hypertension in pregnancy
- b) Pathophysiology of Preeclampsia-Eclampsia Syndrome
- c) Symptoms, physical findings, and diagnostic methods
- d) Approach to management
- e) Maternal and fetal complications

- **Multi-fetal Gestation**

- a) Aetiology of monozygotic, dizygotic, mutizygotic gestation
- b) Altered physiologic states of multifetal gestation
- c) Symptoms, physical findings, and diagnostic methods
- d) Approach to antepartum, intrapartum, and postpartum management
- e) Complications of multifetal gestation

Seventh week:

- **Fetal Death**

- a) Common causes of fetal death in each trimester
- b) Symptoms, physical findings, and diagnostic methods to confirm the diagnosis
- c) Management of a patient with fetal death
- d) Emotional reactions and the effect on management

- **Fetal Growth Abnormalities**

- a) Define Macrosomia and fetal growth restrictions
- b) Describe etiologies of abnormal growth
- c) Cite methods of detection of fetal growth abnormalities
- d) Cite associated morbidity and mortality

Eighth week:

- **Isoimmunization**

- a) Describe the Red blood cell antigens
- b) Use of immunoglobulin prophylaxis during pregnancy
- c) Clinical circumstances under which isoimmunization is likely to occur
- d) Methods used to determine maternal isoimmunization and severity of fetal involvement
- e) Describe the methods of treatment pre and post natally.

Gynecology

First week

- **Ectopic Pregnancy**

- a) Develop a differential diagnosis of 1st trimester bleeding
- b) List risk factors predisposing patients to ectopic pregnancy
- c) Describe symptoms and physical findings suggestive of ectopic pregnancy
- d) Understand methods and tests used to confirm the diagnosis of ectopic pregnancy
- e) Explain treatment options

- **Abortion**

- a) Surgical and non-surgical pregnancy termination methods
- b) Potential complication:
 - a. Haemorrhage
 - b. Infection
 - c. Psychosocial considerations

Second week

• Contraception

- a) Council patients on the various methods of contraception:
- b) Physiologic or pharmacologic basis of action
- c) Effectiveness
- d) Benefits and risks
 - a. Methods of male & female surgical sterilization
 - b. Risks and benefits of procedures
 - c. Factors needed to help the patient make informed decisions, including:
 - i. Potential surgical complications
 - ii. Failure rates
 - iii. Reversibility
- e) Financial considerations
- f) Sterilization

Third week

• Sexually Transmitted Infections

List Organisms and methods of transmission, symptoms, physical findings, evaluation and management of each of the following:

- a) Gonorrhoea
- b) Chlamydia
- c) Herpes Simplex Virus
- d) Syphilis
- e) Human Papillomavirus Infection
- f) Human immunodeficiency virus (HIV) infection
- g) Hepatitis B virus infection Council patients on public health concerns, including:
- h) Screening programs
- i) Costs
- j) Prevention and immunizations
- k) Partner evaluation and treatment

Fourth week

• Pelvic Relaxation and Urinary Incontinence

Knowledge of the following:

- a) Predisposing risk factors for pelvic organ prolapse and incontinence
- b) Anatomic changes
- c) Signs and symptoms of pelvic organ prolapse and incontinence

- d) Physical exam
 - a. Cystocele
 - b. Rectocele
 - c. Enterocele
 - d. Vaginal vault or uterine prolapse
- e) Methods of Diagnosis
 - a. Urine culture
 - b. Post-void residual
 - c. Cystoscopy
 - d. Urodynamic testing
 - e. Bladder diary
- f) Nonsurgical and surgical treatments:
 - a. Behavioral and physiotherapy
 - b. Pessary
 - c. Medications
 - d. Reconstructive Surgery

Fifth week

- **Amenorrhea List:**

- a) Definitions of primary and secondary amenorrhea, and oligomenorrhea
- b) Causes of amenorrhea
- c) Evaluation methods
- d) Treatment options

- **Hirsutism and Virilization**

- a) Cite normal variations in secondary sex characteristics
- b) List definition of hirsutism and virilization
- c) List causes including ovarian, adrenal, pituitary and pharmacological
- d) Evaluate patient with hirsutism or virilization

Sixth week

- **Normal and Abnormal Uterine Bleeding**

- a) Distinguish abnormal uterine bleeding from dysfunctional uterine bleeding
- b) List causes of abnormal uterine bleeding
- c) Evaluate and diagnose abnormal uterine bleeding
- d) Describe
 - a. Prevalence of uterine leiomyomas

- b. Symptoms and physical findings
- c. Methods to confirm the diagnosis
- d. Indications for medical and surgical treatment

Seventh week

- **Oncology**

Describe

- a) Endometrial cancer
- b) Ovarian Cancer
- c) Cervical Dysplasia
- d) Cervical Cancer
- e) Vulvar Cancer

Eighth week

- **Infertility**

- a) Define primary & secondary infertility
- b) Causes of male & female infertility
- c) Evaluation & management
- d) Psychosocial issues associated with infertility
- e) Ethical consideration

➤ This will be followed by OSCE exam on the last Thursday in the 8th week.



كلية الطب البشري
Faculty of Medicine



الجامعة الهاشمية
The Hashemite University

Course information:

Course title	Pediatrics 2
Course number	111504601
Credit hours	9 credit hours
Course date	Every 8 weeks of academic year started 11/8/2013
Course meeting time	8 am -4 pm
Course location	Prince Hamzeh hospital, Al Basheer hospital, Queen Alia hospital, Prince Hashim hospital
Instructor	Dr Hassan Hawamdeh
	Office hour :Tuesday: 13 -15 Hamzih Hospital
	Phone: 0777482085 / E-mail: hhawamdeh@hotmail.com

Course description:

During 8 weeks pediatric rotation students will be exposed to general pediatric problems as well as different pediatric subspecialties cases including neonatology. Being sixth year medical students, they will be actively involved in their patients in form of follow up, interpretation of investigation, treatment options and discharge planning

Learning outcomes:

At the end of rotation, students should be able to:

1. Take focused clinical history and relevant examination, and able to integrate these into disease process and differential diagnosis list
2. List common investigation used to establish diagnosis and recognize indications and Limitations of these investigations
3. Outline plan of management for common pediatric diseases
4. Demonstrate good communication skills
5. Demonstrate understanding and respect for patients' privacy and confidentiality

Instructional methods:

1. Supervised direct interaction with the patients
2. Bedside clinical teaching by faculty staff
3. Seminars
4. Tutorials

Text book and material:

(Recommended/supporting materials)

- Nelson textbook of pediatrics
- Forfar textbook of pediatrics
- Nelson Essential of pediatrics.

Grading Policy:

Grades can be based on the following:

Evaluation 10%

End of rotation exam 30%

Final clinical exam: 15 %

Final written exam: 45 %
Total Points 100

Course Policies:

Students are expected to present the assigned task as case presentation or seminars on scheduled time, if not, the course director will assign new date within the 2 weeks rotation in the hospital. Late assignment without accepted excuse will affect the evaluation.

Absence

1. Absence of any educational activity without acceptable excuse in any day of the rotation will be considered as one whole day absence.
2. Absence of more than 10% of rotation days (i.e absence for more than 4 days) without accepted excuse, the student will be forbidden from setting to all following pediatric exams for the year including makeup examination

Cheating

Cheating is extremely prohibited and Hashemite University regulation will be applied

Classroom Protocol:

1. Students are expected to arrive on time for the scheduled activity as morning report, lecture or seminar or clinical round,.
2. Students should show respectful attention during the educational activity, no mobile phones and no side talks.
3. Students should respect each other, patients, nurses and physicians
4. Students are expected to respect the privacy and confidentiality of patients' information
5. Students are expected to comply with the faculty dress code policy during their clinical training in the hospitals
6. Participation is graded according to interaction during teaching tutorials and clinical rounds, completion of assigned tasks, attending educational activity, punctuality and communication skills

Student rights and responsibilities:

Students have the right to have direct interaction with the patients to obtain history and perform clinical examinations, to review the medical files including investigations results and radiological tests done but not to disclose results and information to patients

Students should be responsible to respect and protect patients' privacy and confidentiality Under direct supervision of physicians, the students can participate in performing minor pediatric procedures such as blood drawing, intravenous canulation, nasaogastric tube insertion and urinary catheterization

Course Schedule :

1. Total of 8 weeks rotation in pediatrics distributed over 4 hospitals (Prince Hamzah hospital, Queen Alia hospital, Prince Hashim hospital and Al Basheer ministry of health hospital)
2. Students attend morning reports 8-9 AM, then will attend morning clinical rounds with faculty staff.
3. Students will have direct interaction with patients to obtain history and perform physical examination
4. Clinical tutorial in form of case presentation , topic discussion will be held by assigned faculty staff daily
5. Seminars covering major pediatric topics

Schedule of seminars

No	Subject
1	Child with skin rash/ lesions (viral, chicken pox, kawasaki rash, meningococemia rash, scarlet fever, pseudomonas infection, allergic rash,) Objectives: identify rash in each category, type, distribution, and main associated signs/ feature of each diagnostic entity
2	Approach to child with recurrent infections according to age of presentation, types of infection Objectives: identify different immune deficiency disorders and diagnostic work up
3	Approach to child with arthritis Objectives: Etiopathogenesis. Identify the clinical features. Arthritis subgroups including pauciaricular, polyarticular and systemic onset Diagnostic. laboratory and imaging studies Differential diagnosis principles of management of Juvenil Rheumatoid Arthritis
4	Approach and D.Dx of hypo/hyperglycemia Objective: Define DM and hypoglycemia Classify DM Describe clinical manifestations of DM and hypoglycemia Describe investigation methods used to diagnose DM and hypoglycemia Identify complications of DM including DKA Outline the management of DM including DKA and hypoglycemia
5	Puberty delayed and precocious Objective: identify normal Tanner stages, discuss precocious and delayed puberty, possible etiology , diagnosis and management according to cause
6	Approach to wheezy child. Objectives: identify etiology, discuss bronchiolitis, foreign body aspiration and asthma as etiology, diagnostic work up and specific and general management
7	Approach to chronic cough Objectives: definition of chronic cough, discuss the possible etiology, diagnostic workup and specific management

8	Chronic renal failure in children. Objectives: identify clinical presentation ,diagnosis, complications (including hypertension) management
9	Renal Tubular acidosis Objectives : define types of RTA disorders , etiology of each type , diagnosis , specific management of each type , complications
10	Poisoning (ion, acetaminophen, organophosp, corrhosives, kerosene Objectives: incidence rate, describe physiopathology of each disorder Describe clinical manifestation of each poisoning. Identify complication. Outline the management of each poisoning
11	Encopresis and enuresis Objective: definition, causes, management
12	Approach to child with developmental delay Objective: approach to etiology by history, physical exam and investigations
13	Approach to child with cholestasis (infants/children) Objectives: Define cholestasis, clinical presentation ,causes, diagnostic work up, general and specific management of cholestasis
14	Approach to a child with chronic/ recurrent abdominal pain Objective: list possible causes as differential diagnosis of abd pain, discuss functional abd pain in details, discuss constipation and FMF in details as possible etiologies
15	Arrhythmias/ ECG Objectives: types of arrhythmias, causes, ECG findings and management
16	Approach to a child with anemia Objectives: define anemia, identify the types anaemia discuss clinical manifestation and diagnostic tests for common anemia discuss the line of treatment for each type
17	Approach to bleeding disorders Objectives: Discuss the mechanisms of homeostasis. Provide a diagnostic approach for bleeding disorder. List major clinical examples of coagulation defect. Outline the principles of management of coagulation defect
18	Approach to fever of unknown origin. Objectives: define FUO, differential diagnosis, and diagnostic approach
19	Obesity in children and failure to thrive Objective: define each according to growth parameters using growth charts, how to calculate BMI, causes of FTT, diagnostic approach and management, discuss obesity complications and prevention / management