



Schedule of Curriculum

Subject: Pediatrics

Year: 5th, 1st course

Weeks of the course: 15

Theory hours: 45 (including 15 hrs SDL)

Practical hour:30

Units of teaching: 4

Wee k	Theory	Objectives	hrs	Practical	Objectives	hrs
1 st	Growth, development, and Nutrition	1. Concept of Growth & Development 2. Assess and measure growth accurately 3. Determine the formation & eruption of teeth 4. Plot & interpret growth charts 5. Assess different stages of normal developmental milestones 6. Determine the Pattern of growth 7- Describe periods of growth 8- Describe the factors which affect the Growth 9- Describe the types infant feeding 10- Advantages of breast feeding 11- Contra-indications of breast feeding 12- How to prepare bottle feed ?	2	History taking	- Training about approaches to child patients and their families. - Outlines the items of history taking. - Identify the points that characterize history taking in pediatrics.	3
2 nd	Malnutrition	1- Overview of Nutritional Requirements 2- Use the history & physical exam. to evaluate nutritional status. 3- Identify etiologic categories of malnutrition, 1ry, 2ry, 4- Present an approach to recognizing & treating some common nutritional problem of childhood. 5- Display an understanding of the principles for managing severe childhood under nutrition. 6- Definition of Malnutrition 7- Explain the Causes of Malnutrition 8- Measurement and Types of Malnutrition (marasmus and kwashiorkor) 9- Mild/Moderate Malnutrition (Underweight and Stunting)	2	History taking	- Practicing the whole history taking upon child patients admitted to hospital by each student separately . - Present the history in front of other students for discussion and correction of mistakes.	3

		10- Identify the Nutritional Deficiencies (Iodine & Fe. Vitamins –A,B,C,D,E,K) 11- Outline management of Severe Malnutrition				
3 rd	Genetics	1- define the basic of human genetics. 2- describe the basic & types of inherited diseases. 3- identify the most common types of genetic aberrations in human being.	2	History taking	- Try to accommodate history taking according to the clinical conditions. - Concentrate on positive and negative relevant findings.	3
4 th	GIT	Define chronic diarrhea as > 2 weeks in duration. -Differentiate small bowel & large bowel diarrhea -Differentiate osmotic from secretory diarrhea, & maldigestion from Malabsorption -List & interpret clinical & lab. findings which were key in the processes of exclusion,DDx & Dx -Outline plan of management for patients with ch. diarrhea, including the prevention & treatment of related complications (e.g. pts with CD, pancreatic insufficiency, vitamin & mineral deficiencies. Diarrhea : 1-Definition, Etiology& Mechanism of diarrhea & vomiting 2-Assess the degree of dehydration &Electrolytes disturbance 3-Differential Dx. 4- Outline Management of diarrheal diseases 5-Expected Complications & Prevention	2	General Exam.	- Training about approaches to child patients and their families. - Training about how to examine a child without interfering or crying him. - Reviewing the case sheets of the general examination and adding of parts specific for pediatrics including growth parameters.	3
5 th	GIT Pediatrics surgery	Dehydration & electrolytes changes: 1- Determine the degree and type of dehydration/volume depletion, 2- investigate possibility of electrolyte abnormalities (sodium/potassium/hydrogen ion concentration,) 3-Determine Types of Fluids used in Replacement 4-Discuss Fluid Therapy in Pediatric age group . Pediatric surgery:	2	General Exam.	- Practicing the general examination by each student separately upon child admitted to hospital. - Each student must present his finding in front of others.	3

		Describe & identify causes, clinical presentations, diagnosis, management & complications of common pediatric surgical conditions as pyloric stenosis, duodenal atresia, GER, intussusception & Hirschsprung disease.				
6 th	Endocrinology Thyroid gland - hypo/ hyperthyroidism Rickets	- Identify causes - Elicit symptoms and signs - List and interpret clinical and laboratory findings - Expected Complications & Prevention - Identify dose of thyroxine and follow up of treatment - Determine whether the delay is global, isolated to speech/language or motor delay, includes abnormal social interaction - Outline the management - identify causes & Types of rickets. - Outline management plan for rickets.	2	General Exam.	- Concentrate on positive and negative relevant clinical findings. - Interpretation of the clinical findings. - Outlines the differential diagnosis. - Outlines the laboratory and radiological tests to reach diagnosis.	3
7 th	Endocrinology - DM TYP1. - Diabetic Ketoacidosis (DKA)	- Clarify Different factors ,may contribute to type 1 diabetes - Identify signs and Symptoms of DM1 - Discuss diagnosis of DM1(blood test and urine test) - Education & counseling for child, parents about DM1and diet control - Determine the Complications - Outline of management to child with DM TYPE1 - Definition ,Etiology, Pathophysiology - Diagnostic Consideration Of DKA - How To Manage A ten Year old Child With DKA? - Describe Prevention & Prognosis Of DKA	2	Respiratory system	- Identify the anatomy and physiology/ patho-physiology. - Enumerate symptoms & signs of disease or problems may be developed regarding this system. - Concentrate on emergency conditions may arise in children regarding this system.	3
8 th	Hematology: Anemia & iron deficiency anemia	Define anemia, describe the clinical approach of anemia in children, Discuss the clinical presentations, management & prevention of IDA.	2	Respiratory system	- Doing scientific steps of examination in sequence, including inspection, palpation, percussion, and auscultation. - Detection of signs of the implicated diseases.	3
9 th	Hematology: - Thalassemia & G6PD deficiency - Bleeding	- Describe the prevalence, clinical presentations, management and follow-up of thalassemia and G6PD deficiency. - Detect common causes of	2	Respiratory system	- Concentrate on positive and negative relevant clinical findings. - Interpretation of the clinical findings.	3

	disorders (hemophilia, von-Willebrand disease & ITP)	bleeding tendency in children, describe the clinical presentations, management & prognosis of hemophilia, von-Willebrand disease & ITP			- Outlines the differential diagnosis. - Outlines the laboratory and radiological tests to reach diagnosis.	
10th	Hematology - Sickle cell anemia -Hereditary spherocytosis -Aplastic anemia	- Describe the etiology, clinical presentations of sickle cell anemia, hereditary spherocytosis & aplastic anemia. - Outline the management plan of sickle cell anemia, hereditary spherocytosis & aplastic anemia. - Determine the prognosis of sickle cell anemia, hereditary spherocytosis & aplastic anemia	2	CVS examination	- Identify the anatomy and physiology/ pathophysiology. - Enumerate symptoms & signs of disease may develop in this system. - Concentrate on emergency conditions may arise in children regarding this system.	3
11th	Oncology: Leukemia& Lymphoma:	identify the prevalence, etiology & types of leukemia & lymphoma, describe the clinical presentations, management & prognosis of childhood leukemia & lymphoma.	2	CVS examination	- Doing scientific steps of examination in sequence, including inspection, palpation, percussion, and auscultation. - Detection of signs of the implicated diseases. - Diagnose and solve the problems	3
12th	Poisoning	1- Identify the risks and risk factors for poisoning in children. 2- Describe the clinical presentation of the important common poisoning in children. 3- Outlines the most important steps of management of poisoning.	2	CVS examination	- Concentrate on positive and negative relevant clinical findings. - Interpretation of the clinical findings. - Outlines the differential diagnosis. - Outlines the laboratory and radiological tests to reach diagnosis.	3
13th	Respiratory system	Pneumonia (Definition ,etiology ,to assess the predisposing factors for recurrent pneumonia, clinical manifestations ,to differentiate between viral &bacterial pneumonia& out line the management &its complications) Bronchiolitis (Definition, etiology , clinical manifestations ,to know the criteria for admission to hospital ,to outline management& prevention.	2	Revision	- Review history taking and general examination.	3
14th	Respiratory system	Asthma(Definition, etiology , pathophysiology ,to classify asthma according to severity ,to assess risk factors of exacerbations ,to know the drugs used in the management of acute exacerbations &controller therapy)	2	Revision	- Review respiratory system and CVS examination.	3
15th	Respiratory	Sore throat & strider(How to	2	Revision	- Clinical assessment.	3

	system	approach to a case presented with strider ,causes & management.				
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STUDENTS ASSESSMENT METHODS

Midcourse Examination: Written and Practical-

Final exam: written and practice

Distribution of marks: according to policy of the Department

Written Exams:

- Mid year exam: is a 2 hrs. exam.
- Final year exam: is a 3 hrs. exam.

Questions include:

- 1-MCQs.
- 2-Single choice questions.
- 3-Matching.
- 4-(Modified) Essay questions
- 5-Clinical cases
- 6- Data interpretation

- Total Practical: marks 40%
- Total Written: marks 60 %

TEACHING AND LEARNING METHODS

Teaching Aids:

- Power point presentation
- Smart board
- Video
- Pictures
- Clinical sessions: Real patients
- Skill lab
- etc ...

References:

- Nelson textbook of pediatrics
- Essential Nelson of pediatrics
- Forfar and Arneils textbook of pediatrics

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Schedule of Curriculum

Subject: Pediatrics

Year: 5th, 2nd course

Weeks of the course:15

Theory hours: 30

Practical hours: 30

Units of teaching: 3

Week	Theory	Objectives	hrs	Practical	Objectives	hrs
1 st	Neonatology	Identify the concept of NN sepsis -Describe the risk factors for NN sepsis -Explain the types of NN sepsis according to the onset -Identify the different etiologies -Discuss the clinical approach to NN sepsis -Describe the sepsis(infectious) screen - Outline the treatment - Identify causes & management outlines of depressed lethargic neonates.	2	Abdominal examination	. - Identify the anatomy and physiology/ pathophysiology. - enumerate symptoms & signs of disease may develop in this system. - Concentrate on emergency conditions may arise in children regarding this system.	3
2 nd	Neonatology	Define the concept Describe the pathophysiology of jaundice Identify the etiology of NN jaundice Describe the types of NN jaundice Identify the Risk factors of NN jaundice Describe the clinical approach to NN jaundice Outline the management of NN jaundice Explain the effects, Mechanism & complications of Phototherapy Enumerate the indications & complications of Exchange transfusion - Identify causes & management outlines of neonatal anemia. - Identify causes & management outlines of metabolic disturbances in neonates.	2	Abdominal examination	- Doing scientific steps of examination in sequence, including inspection, palpation, percussion, and auscultation. - Detection of signs of the implicated diseases. - Diagnose and solve the problems	3

3 rd	Neonatology	1-Definitions 2-Explain the Causes 3-What are the Problems encountered by LGA & SGA 4-outline management 5-Conduct a counseling & education program for caregivers of children with poor growth. 6-Conduct an ongoing program to monitor the progress of such children. 7-Appropriately utilize hospitalization, consultation with other health professionals & community resources - Identify causes & management outlines of birth injuries in neonates.	2	Abdominal examination	- Doing scientific steps of examination in sequence, including inspection, palpation, percussion, and auscultation. - Detection of signs of the implicated diseases. - Diagnose and solve the problems	3
4 th	Neonatology	Fetal lung characteristics , Causes and classification of cyanosis Identify the signs of Respiratory Distress , Describe the Evaluation and Investigation of Neonatal cyanosis General Management ,Differential diagnosis of Neonatal cyanosis RDS (Describe the pathophysiology, Risk factors, clinical findings, X ray findings, Outline Management. Prevention, Prognosis) Transient tachypnea of newborn(TTN) (Concept, Mechanism, Risk factors, clinical findings, X-ray findings, Outline Management) Meconium Aspiration Syndrome (Describe the epidemiology, clinical Features, X ray findings, management) Diaphragmatic Hernia (Identify the concept , Types , Describe the Clinical Features X ray findings, Outline the Management) Congenital pneumonia (explain the Pathophysiology, Identify the risk factors and common M.O. ,Describe Clinical findings, X ray findings, Outline Treatment.	2	Abdominal examination	- Concentrate on positive and negative relevant clinical findings. - Interpretation of the clinical findings. - Outlines the differential diagnosis. - Outlines the laboratory and radiological tests to reach diagnosis.	3
5 th	Nephrology: -Nephrotic syndrome: Acute post	- Define nephrotic syndrome, describe types, etiology, pathophysiology, clinical presentations, complications,	2	Neurology examination	- Identify the anatomy and physiology/ pathophysiology. - enumerate symptoms &	3

	streptococcal glomerulonephritis, Hemolytic-uremic syndrome, Henoch-Schonlein purpura:	investigations, management & prognosis of nephrotic syndrome - Describe the definition, prevalence, etiology, pathophysiology, clinical presentations, complications, investigations, management & prognosis of acute post-streptococcal glomerulonephritis, Hemolytic-uremic syndrome & Henoch-Schonlein purpura.			signs of disease may develop in this system. - Concentrate on emergency conditions may arise in children regarding this system.	
6th	Nephrology/ Urology UTI & Enuresis	Identify the concept, describe the prevalence, types, risk factors, clinical presentations, complications, investigations, management & prognosis of UTI & Enuresis. -	2	Neurology examination	- Doing scientific steps of examination in sequence, including inspection, palpation, percussion, and auscultation. - Detection of signs of the implicated diseases. - Diagnose and solve the problems	3
7th	Infectious - Typhoid. - Kala-azar. - Brucellosis. - Chickenpox - Measles, - Rubella	- Determine the IP & possible route of communication. - Outline measures of prevention - Identify the presenting features of the infection - Determine the immunization status of the infants/children. - Determine Hx of contacts, travel, farm visits, ingestion of un-pasteurized milk or undercooked meat, source of water supply. - Elicit a Hx of the pregnancy & delivery, maternal Hx of fever, rash, flu-like illness, litter, etc. (Rubella) - List & interpret clinical & lab. findings which were key in the processes of exclusion, DDx & Dx: - Describe rapid viral testing, stool tests, & viral serology. - Define Outline treatment of (Typhoid, Kala-azar, Brucellosis, „Chicken pox, Measles, Rubella.) - Enumerate complications of each disease.	2	Neurology examination	- Concentrate on positive and negative relevant clinical findings. - Interpretation of the clinical findings. - Outlines the differential diagnosis. - Outlines the laboratory and radiological tests to reach diagnosis.	3
8th	Infectious - mumps. - pertussis - scarlet fever - Roseola	- Determine the IP & possible route of communication - Outline measures of prevention to contain the spread of communicable disease. - Identify the presenting features of the infection. - Determine the immunization status of the infants/children. - Determine Hx of contacts. - Determine complications and	2	Neurology examination	- Concentrate on positive and negative relevant clinical findings. - Interpretation of the clinical findings. - Outlines the differential diagnosis. - Outlines the laboratory and radiological tests to reach diagnosis.	3

		prognosis of infectious diseases - List & interpret clinical & lab. findings which were key in the processes of exclusion, DDX & Dx. - Conduct an initial plan of Mx for a pt with a childhood communicable diseases - Outline Mx of specific communicable diseases.				
9 th	Infectious - hepatitis A,B,C,D,E.	- Determine the IP & possible route of infection. - Outline measures of prevention of viral hepatitis. - Describe rapid viral testing for HAV, HBV, HCV, HDV, HEV) - Identify complications of viral hepatitis. - Identify the presenting features of the infection - Discuss specific treatment - Outline management - conduct counselling	2	Neonatal examination	- Definition of medical terms like preterm, fullterm, IUGR, ...etc. - Description of normal neonatal measures after birth. - identify of complication of birth process. - How to do resuscitation after birth and APGAR score	3
10 th	Immunization	- Differentiate between (Live vaccines, Attenuated live vaccines, Inactivated (killed vaccines) - Identify Types of vaccines. - Discuss Route of administration - Education & counseling for child, parents. - Discuss the benefits of immunization programs. - Communicate to patients and parents about vaccine benefits and risks - Conduct an effective plan of management for children regarding immunization - List possible complications of immunization - Diagnose potentially lethal anaphylaxis and initiate immediate treatment	2	Neonatal examination	Describe clinical approach to neonate and his/her mother Take proper neonatal history Perform complete neonatal examination	3
11 th	Cardiovascular system	CHD(classification of CHD..Cyanotic & A cyanotic heart lesions),to know the common types of a cyanotic (VSD,ASD,PDA, COA). types ,presentations ,diagnosis &management), to know the common types of Cyanotic (TOF,TGA, types ,presentations ,diagnosis &management)	2	Neonatal examination	Describe gestational age assessment Explain clinical approach to neonate with hyperbilirubinemia Illicit primitive neonatal reflexes(Rooting, Sucking, Palmar. Plantar grasps, Moro reflex, Stepping, etc....)	3
12 th	Cardiovascular system	- CVS - Acquired heart disease(RF. Criteria for diagnosis ,to out line management	2	Neonatal examination	Explain clinical approach to neonate with suspected neonatal sepsis Discuss different neonatal	3

		&prevention) -Infective endocarditis (etiology ,major and minor criteria of diagnosis ,management) - define heart failure and its pathophysiology. - enumerate the most common causes of HF. - perform management of HF.			problems(Asphyxiated newborn, Apgar score,)Birth injuries (Caput succedaneum , Cephalhematoma , Bone fractures, Erbs palsy etc...)	
13 th	Neurology - seizure - febrile convulsion - neonatal seizure - Status epilepticus	- seizure 1- Define seizure. 2- List causes of seizure in children. 3- Describe the specific types and characters of seizure in children. FC: 1- Diagnose FC. 2- Evaluate febrile seizure. NS: 1- Analyze why neonatal seizures are different? 2- List the types of neonatal seizure. 3- List the causes of neonatal seizure. 4- Observe certain types of Neonatal seizure. 5- Evaluate the neonatal seizure. SE: 1- Define status epilepticus 2- Determine the risks of Status Epilepticus. 3- Perform management of status epilepticus.	2	Revision	- Review of abdominal examination.	3
14 th	Neurology - AFP - cerebral palsy - Mental retardation:	AFP: 1- Define AFP 2- Determine the clinical types of AFP.3- List the causes of each type of AFP.4- Describe the most common causes of AFP.5- Perform management of AFP. CP: 1- Define CP. 2-List its causes and types. 3- Describe the most common types. 4-Perform management. MR: 1- Define MR. 2- What are the grades and causes of MR? 3- Evaluate the child with MR.	2	Revision	- Review of Neurology examination.	3

15 th	Neurology CNS infections	1- Define meningitis/ meningoencephalitis. 2- How to predict CNS infections? 3- Diagnose CNS infections. 4- Performing of CNS infection management. 5- Evaluate the patients for complications.	2	Revision	- Review of Neonatal examination.	3
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STUDENTS ASSESSMENT METHODS

Midcourse Examination: Written and Practical

Final exam: written and practice

Distribution of marks: according to policy of the Department

Written Exams:

-Mid- year exam: is a 2 hrs. exam.

-Final year exam: is a 3 hrs. exam.

Questions include:

1-MCQs.

2-Single choice questions.

3-Matching.

4-(Modified)Essay questions

5-Clinical cases

6- Data interpretation

-Total Practical: 40% marks.

- Total Written: 60 % marks.

TEACHING AND LEARNING METHODS

Teaching Aids:

- Power point presentation
- Smart board
- Video
- Pictures
- Clinical sessions: real patients
- Skill lab
- etc ...

مخرجات التعلم :

- 1-الحصول على خريج متمكن وملم بأساسيات طب الاطفال
- 2-يتحلى بالأمانة والصدق مع نفسه ومرضاه ولا يتجاوز حدود إمكانياته
- 3-قادر على التواصل مع مرضاه(الاطفال) و اسرهم
- 4-يتفاعل مع مجتمعه في القضاء على الامراض الشائعة والوبائية لدى الاطفال بالتوعية الصحية وكيفية الوقاية والمعالجات الاسعافية الممكنة وكذا تصحيح بعض المفاهيم الطبية الخاطئة لدى بعض شرائح المجتمع وخصوصا في موضوع التطعيمات (اللقاحات)
- 5-يتقن التعامل مع من حوله من الكادر الصحي يجل ويحترم عالمهم وكبيرهم ويساعد ويأخذ بيد صغيرهم ومبتدئهم

References:

- 1-Nelson textbook of pediatrics Last edition
- 2-Essential Nelson of pediatrics..... Last edition
- 3-Forfar and Arneils textbook of pediatrics ...Last edition
- 4-Macleo s Clinical Examination..... Last Edition
- 5-Hutchisons Clinical Methods.....Last edition
- 6-History taking &Physical Examination of Pediatrics (given by the Department of Pediatrics).

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University of Diyala
College of Medicine
Dept. of Pediatrics

Schedule of Curriculum: courses

Total weeks of the course: 12 wks

Practical hours and Seminars : 360

Subject: Pediatrics Year: 6th yr

Units of teaching: 12

Wk	Seminars	Objectives	Hrs	Practical	Objectives	Hrs
1 st	- Tuberculosis - Recurrent cough/ SOB	TB (definition ,how to diagnose a case of TB & management) - Causes of recurrent cough,approach&management)	2	Respiratory system	- Asthma (identify & management of acute exacerbations & control therapy) - Sore throat & strider (How to approach to a case presented with strider ,causes & management. - Pneumonia (diagnosis management & its complications) - Bronchiolitis (Diagnosis & outline management & prevention.	30
2 nd	- Cardiac arrhythmia - Shock	- Classification of Arrhythmias, ECG findings, & Management. - Definition, Diagnosis & management)	2	Cardiovascular System	- CHD (Cyanotic & A cyanotic heart diseases): identify & management. - Acquired heart disease (RF, Infective endocarditis: criteria of diagnosis & management. - Heart failure: diagnosis & perform management.	30
3 rd	- Malabsorption - Acid- Base Balance and disturbances	- Define the concept of chronic diarrhea & Malabsorption - Describe the anatomy & histology of small intestine - Describe screening tests for Malabsorption - Explain the occurrence of celiac disease (CD) - Mention the clinical features of CD - Outline treatment of CD - Define the concept of acid-base balance - Define the types of acid-base disturbances - mention the causes of Acid-base disturbances - Outline the management of different types of acid-base disturbances - Dehydration & electrolytes changes: Determine the degree and type of dehydration/ volume depletion, with management.	2	GIT and nutrition	- Diarrhea : Outline Management of diarrheal diseases - Dehydration & electrolytes changes: Determine the degree and type of dehydration/ volume depletion, with management - Assess nutritional state Identify macro- & micronutrient deficiency Manage malnutrition. - Pediatric surgery: Elicit clinical findings which are key to establish the most likely etiology of abdominal pain	30
4 th	- TORCHS infection - Ambiguous	- Determine the IP & possible route of transmission - Outline measures of prevention & to control the complications of the disease.	2	- Infectious diseases	- Fever and skin rash: Approach for diagnosis & outlines of management. - kala azar: approach for hepatosplenomegaly & manage visceral leishmaniasis.	30

	genitalia - Short Stature	identify the cause & give hormones incriminated.		Endocrinology	- DM1 & DKA: - Discuss diagnosis, Education & counseling for child, parents about DM1 and diet control & Outline of management. - Growth and hypothyroidism: perform measurements and management.	
5th	- Polyuria and polydipsia, including RTA - Renal Failure	* Polyuria & Polydipsia including RTA 1. Detect the common causes of Polyuria & polydipsia 2. Define RTA including types & pathogenesis 3. Describe the clinical presentations, diagnosis & management & prognosis of RTA. * Renal failure 1. Define both acute kidney injury & chronic kidney disease 2. Identify causes of acute kidney injury & chronic kidney diseases. 3. Describe the clinical presentations, diagnosis, management & prognosis of acute kidney injury & chronic kidney disease.	2	Renal/ Urinary system	- Nephrotic syndrome: Diagnosis & management. - Acute post-streptococcal glomerulonephritis, Hemolytic-uremic syndrome & Henoch-Schonlein purpura: identification & management - UTI & Enuresis: clinical presentations, complications & management	30
6th	- Aplastic Anemia - Childhood Malignancies	* Aplastic anemia 1. Define aplastic anemia 2. Detect causes of aplastic anemia (congenital & acquired) 3. Describe the clinical presentations, diagnosis, management & prognosis of aplastic anemia. * Childhood malignancies 1. Enumerate the most common childhood malignancies 2. Discuss the clinical presentations, diagnosis, management, & prognosis of the most common childhood malignancies	2	Hematology/ Oncology	- Anemia: clinical approach of anemia, management & prevention of IDA. - Thalassemia and G6PD deficiency: Diagnosis and management. - Bleeding tendency: clinical presentations and management & prognosis of hemophilia, von-Willebrand disease & ITP - leukemia & lymphoma: describe the clinical presentations & management	30
7th	- Neonatal metabolic disorders: Hypoglycemia, hypocalcaemia, hypomagnesaemia - Cholestatic Jaundice	- Identify normal level of blood glucose, calcium - Why hypoglycemia, hypocalcemia is a problem? - Identify the risk factors for Hypoglycemia, hypocalcemia, - Describe Factors that negatively affect glucose availability after birth Outline the management - Identify the concept - Describe the anatomy of biliary system - Know the differential diagnosis for neonatal cholestasis. - Understand how to evaluate the neonate with conjugated hyperbilirubinemia. - Determine the intra and extrahepatic etiologies of cholestasis - Know the therapeutic management of neonates with cholestasis	2	Neonatology	- Birth injury: List of complications & management. - RDS: Causes, approach for diagnosis, and management - Neonatal jaundice: Describe the clinical approach to NN jaundice	30

8th	- Psychological Disorders in Children - Neural tube defects	- Define Autism & AD? HD Identify the criteria for diagnosis. Discuss Possible risk factors Outlines the management steps. - Define NTD Discuss embryogenesis and classify the clinical types Enumerate the complications How to manage NTD?	2	Neurology	- seizure: List causes of seizure & management of fit & SE - AFP: List the causes of each type of AFP & Perform management of AFP. - CP: List its causes and types & Perform management. - CNS infections: perform diagnosis & management.	30
9th	Family/ community medicine	Vaccination: - Discuss Route of administration - Education & counseling for child, parents. - List possible complications of immunization - Diagnose potentially lethal anaphylaxis and initiate immediate treatment	2		- identify the most common childhood illnesses, diagnosis & management - discussion of most important steps for diseases prevention. - apply routine childhood care including vaccination & growth charts. - Nutrition enhancement & malnutrition management.	30
10	Review & exam	---	---	Review & exam	--	12

STUDENTS ASSESSMENT METHODS

Type of Assessment and Distribution of marks

End course exam: 20 marks,

- Written, Practical (OSCE), Seminar, LogBook, activity assessment distribution according to policy of the Department

Final year exam: 80 marks:

- Written: 40 marks, 3 hrs. exam.
- Practical: 40 marks, OSCE, Long case, short case, Slides, Instruments, fluid

Written Questions include

- 1-MCQs.
- 2-Single choice questions.
- 3-Matching.
- 4-(Modified) Essay questions
- 5-Clinical cases
- 6- Data interpretation

TEACHING AND LEARNING METHODS

Teaching Aids

- Power point presentation
- Smart board
- Video
- Pictures

- Clinical sessions: Real patients
- Skill lab
- etc ...

References

- Nelson textbook of pediatrics
- Essential Nelson of pediatrics
- Forfar and Arneils textbook of pediatrics

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