

**Yarmouk University  
Faculty of Medicine  
MD Program Curriculum**

**Course title** : **Clinical Skills and Communications**  
**Course Code** : **MED 430**  
**Duration** : **4 weeks**  
**Credit hours** : **9 credit hours**  
**Dates** : **first semester / 4<sup>th</sup> year**  
**Prerequisites** : **4<sup>th</sup>-year medical students who passed the third year**  
**Successfully**  
**Coordinator** : **Dr.Muntaser Omari**

**Course objectives**

This course provides the first chance of contact between medical students and simulated or real patients, and will start the construction of proper doctor-patient relationship. This relationship is crucial for the future doctors, and its proper building is highly warranted.

**The first week is designated as the general week**

During the first week the students are given a series of lectures covering the general history and examination, specific areas and systems of the body, general topics regarding the professionalism, communication skills and relevant ethical issues.

(Please look the attached example of the first week schedule).

**The following three weeks**

Students are divided into three major groups and each major group is divided into sub-groups, each major group spend one week in Internal Medicine, one week in general surgery and one week in Pediatrics.

During these three weeks the students will start getting exposure with real patients and start to apply the knowledge they gained in the first week.

Students work in pairs and take history and physical examinations from real patients then each sub-group gather and an attending staff for further discussion regarding the cases.

Students have exposure to many subspecialties and many clinical scenarios and each student is given the chance to discuss the case with the teaching staff and raise any questions.

(Please see the attached example of a weekly schedule)



## **1- General Surgery**

**The general surgery week is divided into four subjects.**

1. Abdomen        2 days
2. Head & Neck
3. Peripheral Vascular
4. Genitourinary

**Students apply the knowledge and skills given in the 1<sup>st</sup> week on real patients. Time is divided into 3 blocks**

- 1 Hour: for the student to take history and physical examination.
- 2 Hours: The assigned teaching staff discusses the History and physical examination with the students and applies bed-side teaching.
- 1 Hour: The teaching staff discussed in a seminar like setting (small group discussion) the assigned subject for that day.

## **2- Internal Medicine**

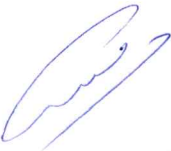
**The detailed description of activities during the 1 week period in the internal medicine department**

### **History taking**

1. Obtain a detailed history of the pertinent and necessary information regarding the patient presentation
2. Provide an accurate description of the relevant symptoms and events in the presenting illness and relate symptoms of other systems to the patient presentation
3. Interpret the information obtained in terms of a disorder of the function and structure and then in terms of pathology.
4. Present the patient history and generate a problem list or differential diagnosis
5. Summarize the history emphasizing the most relevant points

**Proper history taking is the key to solve the majority of medical problems seen in clinical practice, and the only way to master this skill is by following certain guidelines together with seeing as many patients as possible. The student should observe the following principles whenever he is taking history from patients:**

### **I. General guidelines**

1. Introduce yourself to the patient
  2. Be friendly
  3. Start by talking about impersonal matters
  4. Do not give impression of hurriedness
  5. Address the patient by his/her name
  6. Put the patient at ease
  7. Give the patient chance to express himself
  8. Be ready to interrupt the patient whenever desirable but in a tactful manner
  9. Be careful about medical terms used by patients
  10. Patients may exaggerate, suppress, or fake symptoms according to their personality
  11. Questions should be clear and simple
  12. Avoid leading questions or suggesting symptoms or answers to patients
- 

13. Analyze symptoms thoroughly and in chronological order
14. Write notes while the patient is talking
15. If the patient is too sick give him a rest and complete later
16. In certain diseases history from eye witness or family member is very important

## **II. Contents of the history**

### **Complete history should cover the following aspects:**

1. Patient profile  
Including: name, age, sex, marital status, occupation, address, date of admission, and date of history taking
2. Chief complaint  
Which means the problem which brought the patient to the clinic/ hospital. Most patients has one chief complaint but occasionally more than one. The chief complaint has to be in the patient's own words and duration has to be specified
3. History of present illness  
In this part of the history a thorough analysis of the chief complaint is done as well as associated symptoms in a chronological order. For each symptom the following points has to be clarified if applicable: onset, duration, site, severity, radiation, aggravating and relieving factors. Significant negatives has to be mentioned.
4. Review of systems  
Here the student has to ask about the presence or absence of cardinal symptoms in all other systems which are probably not related to the present illness. Always start by mentioning the positives first
5. Past history  
The student has to enquire about:
  - A. Childhood illnesses and immunization
  - B. Operations and injuries
  - C. Previous hospitalization
  - D. Allergies including drug and food
  - E. Blood transfusion
  - F. Travel abroad
  - G. Common medical problems such as diabetes mellitus and hypertension
6. Drug history:  
Including name, dose, and duration of usage
7. Family history including:
  - A. First degree relatives (father, mother, siblings, children)
  - B. Second degree relatives (aunts, uncles, cousins)
  - C. History of diabetes mellitus, hypertension, ischaemic heart disease, kidney diseases, cancers etc.
  - D. Family pedigree
8. Social history
  - A. Housing
  - B. Income
  - C. Occupation
  - D. Personal interests, hobbies, and animal contact
  - E. Smoking
  - F. Alcohol



9. Psychological history
  - A. Personality
  - B. Emotional reactions
  - C. Traumatic events (bereavement and separation)
  - D. Anxieties regarding financial, occupational, sexual, or religious matters

**Day 2. General examination**

1. Detect signs of underlying disease reflected on the general appearance of the patient and exposed parts of his body including: hands, face, skin, skin appendages, and legs
2. Understand the pathophysiology of common abnormal findings seen in general examination such as pallor, jaundice, and cyanosis

Whenever the student is doing physical examination for any patient he should observe the following:

1. Greet the patient, introduce yourself, and take permission from the patient
2. Stand on the right side of the patient
3. Patient must be properly undressed, gowned, and positioned according to the part to be examined
4. Patient privacy has to be respected
5. Inform and explain to the patient each step in your examination
6. Avoid exhaustion of the patient
7. Make sure a female nurse is present whenever you are examining a female patient
8. You see only what you look for and you recognize what you know

General examination should include assessment of the following parameters

1. Assess state of awareness and level of consciousness ( orientation and Glasgow coma scale)
2. Assess apparent state of health
  - a. acutely or chronically ill
  - b. frail
3. Identify signs of distress
  - a. pain
  - b. anxiety
  - c. cardio-pulmonary distress
4. Detect abnormal movements; tremors, tics etc
5. Describe abnormal sounds; stridor, wheeze
6. Describe color and complexion
  - a. pale
  - b. cyanosed
  - c. plethoric
  - d. uremic
7. Assess weight and body built
  - a. obese
  - b. underweight
  - c. emaciated
  - d. short
  - e. giant or acromegalic
8. Describe posture and position of the patient; sitting, leaning forward, standing, or hiding from light
9. Assess state of skin, mucus membranes, and skin appendages (nails and hair)
10. Comment on dress and personal hygiene
11. Identify abnormal odors of body and breath; acetone, uremia, liver failure, halitosis, smoking, and alcohol
12. Examine the hands looking for
  - a. deformities



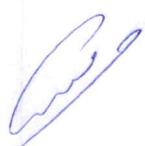
- b. clubbing
  - c. temperature
  - d. sweating
  - e. joints and muscles
13. Assess state of hydration
14. Examine lower limbs for edema (pitting and non pitting edema) and abnormalities in the feet
15. Assess vital signs
- a. pulse
  - b. temperature
  - c. blood pressure
  - d. respiratory rate

### **Day 3. Examination of the Cardiovascular system**

1. Take history from a patient or simulated patient with a common cardiovascular problem such as chest pain, dyspnea, or palpitation
2. Observe for signs of cardiovascular disease by general inspection of the patient such as position of the patient, tachypnea, cyanosis, pallor, body built, and diaphoresis
3. Examine the hands for signs of cardiovascular disease such as clubbing, splinter hemorrhages, Osler's nodules, Janeway macules, palmar erythema, nicotine staining, and tendon xanthomas
4. Assess arterial pulse commenting on rate, rhythm, volume, character, state of artery wall, and radiofemoral delay
5. Examine face looking for malar flush, xanthelasma, and corneal arcus
6. Measure jugular venous pressure and identify differences between arterial and venous pulsations in the neck
7. Inspect the precordium and anterior chest wall for deformities, scars, dilated veins, pulsations, and gynecomastia
8. Identify apex beat and comment on location and character
9. Palpate precordium for thrills, left parasternal heave or lift, and palpable sounds
10. Identify important areas for auscultation in the precordium including apical, tricuspid, pulmonary, aortic, and second aortic area
11. Listen for first and second heart sounds using the stethoscope and know how they are produced and how to differentiate between them
12. Identify the timing, character, mechanism of production, and how to listen for third and fourth heart sounds
13. Understand how to listen, time, describe, and grade murmurs
14. Understand the mechanism of production, how and where to listen for pericardial rub
15. Look for other signs of congestive heart failure such as basal lung crepitations, hepatomegaly, sacral and lower limb pitting edema

### **Day 4. Examination of the respiratory system**

1. Take history from a patient or simulated patient with a common respiratory problem such as shortness of breath, cough, or hemoptysis
2. Examine the upper respiratory tract looking for:
  - i. Nasal discharge and redness
  - ii. Patency of each nostril
  - iii. Tenderness over paranasal sinuses
  - iv. Tonsils and pharynx
3. **Examine the chest from the front in the following sequence:**



**A. Inspection:**

- 1- Observe the rate, rhythm, depth, mode of breathing (thoracic or diaphragmatic) and effort of breathing
- 2- Listen for obvious abnormal sounds with breathing such as wheezes or stridor
- 3- Observe for use of accessory muscles and retractions
- 4- Look for deformities (pectus carinatum, pectus excavatum), or increase in anteroposterior diameter
- 5- Ask the patient to take deep breath and observe for asymmetry
- 6- Look for any scars or skin lesions

**B. Palpation**

- 1- Check the tracheal position using the tip of the right index finger
- 2- Locate the apex beat
- 3- Palpate for any local tenderness
- 4- Palpate any bulges, deformities, or skin lesions seen by inspection
- 5- Assess chest expansion using both hands while patient is taking deep breath and observe for asymmetry
- 6- Check for tactile vocal fremitus using the ball of the hand on symmetrical areas on both sides of the chest and including the axillary regions feeling vibrations of transmitted sound while the patient saying 44 in arabic (this step can be skipped because checking the vocal resonance using the stethoscope will give better information)

**C. Percussion**

1. Start by percussing directly over the clavicles
2. Using both hands percuss symmetrical areas on both sides of the chest moving from infraclavicular region in the intercostal spaces along midclavicular line and over lateral chest wall from 4<sup>th</sup> to 7<sup>th</sup> intercostal spaces looking for asymmetry or abnormal percussion note (dullness, stony dullness, and hyperresonance)
3. Check for hepatic and cardiac dullness

**D. Auscultation**

1. Using the bell of the stethoscope for auscultation is better than the diaphragm
2. During auscultation ask the patient to breath deeply and fairly rapidly through the mouth
3. Auscultate alternately over symmetrical areas on both sides of the chest and compare findings starting from supraclavicular areas down to 6<sup>th</sup> intercostal space and alongside lateral walls
4. Avoid auscultation within 2-3 cm from midline as the stethoscope may pick up sounds transmitted directly from the trachea or major ronchi
5. Listen to breath sounds and observe whether they are normal (vesicular) or abnormal (bronchial)
6. Listen for additional sounds such as crepitations (note their timing in the respiratory cycle and whether they are cleared by coughing), rhonchi, and pleural rub
7. Repeat auscultation while patient saying 44 in arabic to check for vocal resonance
8. Check for whispering pectoriloquy and egophony if signs of consolidation are found

**4- Examination of the posterior aspect of the chest**

Examination of the posterior aspect of the chest follows the same sequence:

**A. Inspection**

- 1- Look for deformities (kyphoscoliosis)
- 2- Ask the patient to take deep breath and observe for asymmetry in chest movement
- 3- Look for scars and skin lesions





## B. Palpation

- 1- Identify areas of tenderness or deformities
- 2- Palpate any skin lesions seen in inspection
- 3- Check chest expansion using both hands while the patient is taking deep breath looking for asymmetry in movement
- 4- Quantitative assessment of chest expansion is done by using a tape measure at the level of the nipples while the arms are raised above the head to eliminate scapular movement and ask the patient to take deep breath and take measurement and then ask him to exhale fully and see the difference
- 5- Check for tactile vocal fremitus

## C. Percussion

- 1- Start percussion over trapezii and go down until you find Diaphragmatic dullness
- 2- Omit percussion over scapulae and areas close to the midline
- 3- Check for diaphragmatic excursion by percussing down until you reach the diaphragmatic dullness, then ask the patient to take deep inspiration and hold breath, percuss down until you reach dullness and then ask patient to exhale completely and hold breath and percuss up until you reach dullness and notice the difference

## D. Auscultation

- 1- Auscultate over symmetrical areas starting from supraclavicular areas and go down comparing both sides and listening for abnormalities in breath sounds or presence of additional sounds
- 2- Avoid auscultation close to midline
- 3- Check for vocal resonance

## Day 5. Examination of the nervous system

For the proper examination of the nervous system the following equipment are needed:

1. Reflex hammer
2. Tuning fork
3. A Snellen eye chart
4. Pen light
5. Ophthalmoscope
6. Wooden handled cotton swabs
7. Paper clips

1. Take history from patient or simulated patient with a common neurological problem such as headache, loss of consciousness, or weakness
2. Examination of the mental status and cranial nerves
  - a. Mental status  
Assess level of consciousness, behavior, mood, and orientation
  - b. Cranial nerves  
Observe for:
    - i. ptosis (III)
    - ii. facial asymmetry (VII)
    - iii. hoarseness of voice (X)
    - iv. articulation of words (V, VII, X, XII)
    - v. abnormal eye position (III, IV, VI)
    - vi. abnormal or asymmetrical pupils (II, III)



**3- Examine individual nerves:**

- 1- Olfactory for sense of smell
- 2- Optic examine:
  - a. fundi
  - b. visual fields
  - c. visual acuity
  - d. pupillary reaction to light
  - e. pupillary reaction to accommodation
- 3- Oculomotor
  - a. observe for ptosis
  - b. test extraocular movements
  - c. pupillary reaction to light
- 4- Trochlear test for extraocular movements
- 5- Trigeminal
  - a. test motor part temporal and masseter muscles
  - b. test 3 divisions for pain sensation
  - c. test for corneal reflex
- 6- Abducent test for extraocular movement
- 7- Facial
  - a. test motor part
  - b. corneal reflex
  - c. taste sensation
- 8- Acoustic
  - a. test hearing
  - b. test lateralization (Weber test)
  - c. compare bone and air conduction
  - d. Check vestibular function
- 9, 10 **Glossopharyngeal and Vagus**
  - a. observe speech (nasal or hoarse)
  - b. check swallowing
  - c. palatal movement
  - d. gag reflex
- 11- Accessory  
Check motor power of trapezii and sternomastoids
- 12- Hypoglossal
  - a. articulation
  - b. tongue movements

**4- Motor system**

Observe

- a. involuntary movements
- b. muscle symmetry left vs right and proximal vs distal
- c. atrophy
- d. gait

**Check muscle tone**

Normal, decreased (flaccid) or increased (rigid, spastic)

**Muscle strength**

Check groups of muscles and remember nerve supply  
Grade 0-5



**Pronator drift****Coordination and gait**

- Rapid alternating movements
- Point to point movements
- Romberg test
- Gait

**Reflexes**

- Deep tendon reflexes
- Technique
- Grading 0-4 (absent-clonus)
- Nerve root for each reflex

**Plantar response (Babiniski)****5- Sensory system****General**

- Explain each test before doing it
- Patient's eyes always closed
- Compare right with left and proximal with distal

**Check superficial sensation**

- Pain
- Temperature
- Touch

**Deep sensation**

- Vibration
- Position

**Cortical sensation**

- Graphesthesia
- Stereognosis
- Two point

**3-Pediatrics Clinical and Communication Skills Course****Duration : One week****Course description in pediatrics****Day 1:History in pediatrics/to able to**

- a. Elicit the details of Perinatal history
  - Mother age
  - Parity
  - Previous pregnancy
  - Maternal diabetes
  - Maternal fever
  - Rupture of membrane



- Apgar score
- Neonatal admission
- b. Take different components of the family history
  - Father age
  - Mother age
  - Consanguinity
  - Genetic disease
  - Early death in family
- c. Draw a pedigree of a family with proband with a genetic disease
  - Write plan for children vaccination according to Jordanian national program.
  - Age of vaccination
  - Individual vaccine given at each visit
  - Summarize the difference between the Jordanian national programmed the program-adopted by the UNRWA and that of the American Academy Of Paediatrics.

**Day 2: History in Paediatrics./to be able to**

- a. To ask questions that elicits components of the nutritional history.
  - Breast-feeding
  - Bottle feeding
  - Frequency
  - Weight gain
  - Weaning
  - Supplements
  - Urination and stooping
- b. To calculate the caloric requirement of different age groups
  - Caloric value in bottle-feeding
  - Caloric value in breast-feeding
  - Different way to increase calories
  - Differences in needs between premature and term infant.
- c. Elicit the details of the growth history .
  - Birth weight
  - 19
  - Head circumference
  - Height
  - Growth percentile

**Day 3 ; physical examination in pediatrics/to be able to**

- a. Get the growth parameter for different age groups
- b. Use growth curve for different age group and different sexes
  - Use height centile curves
  - Use head circumference centile curve
  - correlate the different values and percentiles of growth parameters to each other and to evaluate the nutritional status of a child
- c. Do developmental assessment in four aspects of developmental milestones
  - Gross motor, fine motor & vision, Hearing & Language , and social .
  - To assess hearing in different age groups.
  - Do distraction test



- To assess vision in different age groups.  
Red reflex, Fixation
- d. To perform different components of the examination of the neurological system in different age groups.
  - Tone
  - Power
  - Tendon reflex
  - General activity and alertness
  - Primitive reflexes

DAY 4: Physical examination in pediatrics / to be able to

- a. To perform different components of the general examination of the newborn.
  - Head and neck
  - Cardiovascular
  - Respiratory
  - Gastroenteritis
  - Hip exam
  - Femoral pulses
  - Genitalia
  - Anal potency
- b. Perform different component of Paediatrics physical examination
  - Cardiac
  - Respiratory
  - Gastroenterology

DAY 5: revision of history and physical examination

- a. performance of full history taking and physical examination
  - neonatal
  - Paediatrics
  - developmental assessment
- b. Write up of full history and physical examination
- c.

**The pediatrics Clinical and communication Skills Course**  
**Duration :One week**

1-History in pediatrics

Objective of history

- a. to be able to identify the components and details of the Perinatal history.
- b. To be able to identify the components and to elicit the details of the family history ,and to be able to draw a pedigree of a family with a proband with a genetic disease
- c. To identify the Jordanian national program of vaccination , and to identify the differences between the program adapted by the UNRWA and that of the American Academy of Pediatrics , And to be able to elicit the details of the vaccination history.
- d. To identify the components and to elicit the details of the nutritional history
- e. To be able to calculate the caloric requirement of different age groups.

- f. To identify the disease status associated with malnutrition
- g. To be able to elicit the details of the growth and developmental history .
- h. To be able to identify the four aspects of development and the developmental milestones in each aspect. And the range of normal of each developmental milestone.

## **2.physical examination in pediatrics**

### **objective of physical examination**

- a. To be able to get growth parameters for different age groups and to be able to identify the range of normal values of growth parameters and the percentiles.
- b. To be able to correlate the different values and percentiles of growth parameters to each other and to evaluate the nutritional status of a child.
- c. To be able to elicit the development milestones by examination , and to assess hearing and vision in different age groups
- d. To identify the significant and different components of examination of the neurological system in different age groups.
- e. To be able to elicit the primitive reflexes. And to know the normal range for the presence of each primitive reflex.
- f. To identify the significant and different components of the examination of the cardiovascular system in different age groups.
- g. To identify the significant and different components of the examination of the respiratory system in different age groups.
- h. To identify the significant and different components of the examination of the newborn.

### **Pediatrics Clinical and Communication Skills Course**

**Duration : One week**

Course description in pediatrics

#### **Objectives of history**

To be able to identify the components and details of the Perinatal history.

To be able to identify the components and to elicit the details of the family history ,and to be able to draw a pedigree of a family with a proband of a genetic disease

To identify the Jordanian national program of vaccination , and to identify the differences between the program adapted by the UNRWA and that of the American Academy of Pediatrics , And to be able to elicit the details of the vaccination history.

To identify the components and to elicit the details of the nutritional history

To be able to calculate the caloric requirement of different age groups.



To identify the disease status associated with malnutrition

To be able to elicit the details of the growth and developmental history .

To be able to identify the four aspects of development and the developmental milestones in each aspect.  
And the range of normal of each developmental milestone.

### **Objective of physical examination**

To be able to get growth parameters for different age groups and to be able to identify the range of normal values of growth parameters and the percentiles.

To be able to correlate the different values and percentiles of growth parameters to each other and to evaluate the nutritional status of a child.

To be able to elicit the development milestones by examination , and to assess hearing and vision in different age groups

To identify the significant and different components of examination of the neurological system in different age groups.

To be able to elicit the primitive reflexes. And to know the normal range for the presence of each primitive reflex.

To identify the significant and different components of the examination of the cardiovascular system in different age groups.

To identify the significant and different components of the examination of the respiratory system in different age groups.

To identify the significant and different components of the examination of the newborn.

### **Day 1:History in paediatrics/to able to**

d. Elicit the details of Perinatal history

- Mother age
- Parity
- Previous pregnancy
- Maternal diabetes
- Maternal fever
- Rupture of membrane
- Apgar score
- Neonatal admission

e. Take different components of the family history

- Father age
- Mother age
- Consanguinity
- Genetic disease
- Early death in family

f. Draw a pedigree of a family with proband with a genetic disease

- Write plan for children vaccination according to Jordanian national program.



- Age of vaccination
- Individual vaccine given at each visit
- Summarize the difference between the Jordanian national programmed the program-adopted by the UNRWA and that of the American Academy Of Paediatrics.

**Day 2: History in Paediatrics./to be able to**

- e. To ask questions that elicits components of the nutritional history.
  - Breast-feeding
  - Bottle feeding
  - Frequency
  - Weight gain
  - Weaning
  - Supplements
  - Urination and stooping
- f. To calculate the caloric requirement of different age groups
  - Caloric value in bottle-feeding
  - Caloric value in breast-feeding
  - Different way to increase calories
  - Differences in needs between premature and term infant.
- g. Elicit the details of the growth history .
  - Birth weight
  - Head circumference
  - Height
  - Growth percentile

**Day 3 ; physical examination in pediatrics/to be able to**

- a. Get the growth parameter for different age groups
- b. Use growth curve for different age group and different sexes
  - Use height centile curves
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- c. Do developmental assessment in four aspects of developmental milestones
  - Gross motor, fine motor & vision, Hearing & Language , and social .
  - To assess hearing in different age groups.
  - Do distraction test
  - To assess vision in different age groups.
  - Red reflex, Fixation
- h. To perform different components of the examination of the neurological system in different age groups.
  - Tone
  - Power
  - Tendon reflex
  - General activity and alertness
  - Primitive reflexes

**DAY 4: Physical examination in pediatrics / to be able to**

- c. To perform different components of the general examination of the newborn.

- Head and neck
  - Cardiovascular
  - Respiratory
  - Gastroenteritis
  - Hip exam
  - Femoral pulses
  - Genitalia
  - Anal potency
- d. Perform different component of Paediatrics physical examination
- Cardiac
  - Respiratory
  - Gastroenterology

**DAY 5: Revision**



Yarmouk University

Faculty of Medicine

Clinical Skills and Communication Course-Fourth Year Introductory course

FIRST WEEK

date	8:30-9:30	9:30-10:30	10:30-11:00	11:00-12:00	12:00-1:00	1:00-2:00	2:00-3:00
<b>Sun</b> 15/9/19	Introduction to clinical life <b>Dr.Muntaser</b>	General history 1 <b>Dr.Muntaser</b>	break	General history 2 <b>Dr.Muntaser</b>	General exam 1 <b>Dr. Muntaser</b>	General exam2 <b>Dr.Muntaser</b>	
<b>Mon</b> 16/9/19	Respiratory history <b>Prof. zain</b>	Respiratory exam. <b>Prof. zain</b>	<b>Break</b>	CVS history <b>Dr. muntaser</b>	CVS Exam <b>Dr. muntaser</b>		
<b>Tue</b> 17/9/19	GI /abdomen history <b>Dr. SURGERY</b>	GIT , abdomen exam.1 <b>Dr. SURGERY</b>	Break	GIT, abdomen exam 2 <b>Dr. SURGERY</b>	General work up in surgery <b>Dr. SURGERY</b>	The art of presentation <b>Dr. Feras Alrabi'</b>	
<b>Wed</b> 18/9/19	Communication skills and professionalism of medicine Doctor pt relationship <b>Dr. Khaled Seetan</b>	Genito-urinary History <b>Dr. mohd zoubi</b>	Break	Genito-urinary Exam <b>Dr. mohd zoubi</b>	Ulcers and wound healing <b>Dr. SURGERY</b>	Head &neck history &exam <b>Dr. SURGERY</b>	
<b>Thu</b> 19/9/19	Breast hx & exam <b>Dr. SURGERY</b>	Peripheral vasculer <b>Dr. SURGERY</b>	break	Neurological hx & exam 1 <b>Dr.Adnan</b>	Neurological hx & exam 2 <b>Dr.Adnan</b>		



**Yarmouk University**  
**Faculty of Medicine**  
**Clinical Skills and Communication Course-Fourth Year Introductory course**  
**SECOND WEEK**

<b>Date</b>	<b>8:30-9:30</b>	<b>9:30-10:30</b>	<b>10:30-11:00</b>	<b>11:00-12:00</b>	<b>12:00-1:00</b>	<b>1:00-2:00</b>
<b>SUN 22/9</b>	Pediatric general history 1 <b>Dr. PEDIATRIC</b>	Pediatric general history 2 <b>Dr. PEDIATRIC</b>	Break	Pediatric general exam 1 <b>Dr. PEDIATRIC</b>	Pediatric general exam 2 <b>Dr. PEDIATRIC</b>	Pediatric growth and development <b>Dr. PEDIATRIC</b>
<b>MON 23/9</b>	Gyne. & obs. Hx 1 <b>Dr. OBS&amp;GYN</b>	Gyne. & obs. Hx 2 <b>Dr. OBS&amp;GYN</b>	Break	Gyne. & obs . exam 1 <b>Dr. OBS&amp;GYN</b>	Gyne. & obs exam 2 <b>Dr. OBS&amp;GYN</b>	
<b>TUE 24/9</b>	Skin history and examination <b>Dr.DERMA</b>	MCS part of orthopedic <b>Dr.ORTHO</b>	Break	MCS part of orthopedic <b>Dr.ORTHO</b>	MCS part of orthopedic VIDEOS <b>Dr.ORTHO</b>	
<b>WED 25/9</b>	Infectious control <b>Prof .Zain</b>	Video Resp. exam <b>Prof. Zain</b>	Break	Video general history <b>Dr. Muntaser</b>	Video General exam <b>Dr. Muntaser</b>	
<b>THU 26/9</b>	Video CVS exam <b>Dr.muntaser</b>	Video Neuro. Exam <b>Dr.Adnan</b>	Break	Video GIT. exam <b>Dr. Surgery</b>	Video Head and neck exam <b>Dr. Surgery</b>	



Document Approval Date	Course Syllabus	Document Code
		AP01-PR05

Department: Clinical Department

Official Stamp:

Course Identification	
Course Name: General Surgery I	Course Code and Number: MED431
Number of Credit Hours: 9 Hrs.	Semester: 4 <sup>th</sup> year level yearly course
Course Status: Compulsory	Teaching Language: English
Pre-requisite: 3 <sup>rd</sup> year courses	Course Coordinator: Dr. Raad Dowais

General Information	
Teaching Method	<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Online <input type="checkbox"/> Blended
Course Description	This is a general surgery course for fourth year medical students during which they will gain skills in the field of General Surgery. Students are expected to cover core surgical problems (attached) through daily bed side teaching rounds and attending specialty outpatient clinics. Throughout the course students will have lectures that cover a wide variety of common and important .medical problems
Course Objectives	<ol style="list-style-type: none"><li>1. Interview patients and perform a complete and focused physical examination</li><li>2. Consolidate their knowledge of abnormal physical findings</li><li>3. Perform analysis of clinical and laboratory information</li><li>4. Improve their presentation skills in describing the chief problems and a plan for treatment</li><li>5. Periodically follow up patients' status including interpretation of new findings</li><li>6. Use and interpret laboratory and radiographic tests used in diagnosing common disease (able to read chest and abdomen radiographs, abdomen CT scans, etc...)</li><li>7. Recognize and manage situations related to common emergencies</li><li>8. Identify ethical problems which arise in patient treatment and care</li></ol>
Course Learning Outcomes (CLOs)	CLO1:Knowledge/Mix of Diseases/Patients CLO2:History Taking Skills CLO3:Physical Exam CLO4:Diagnostic Skills

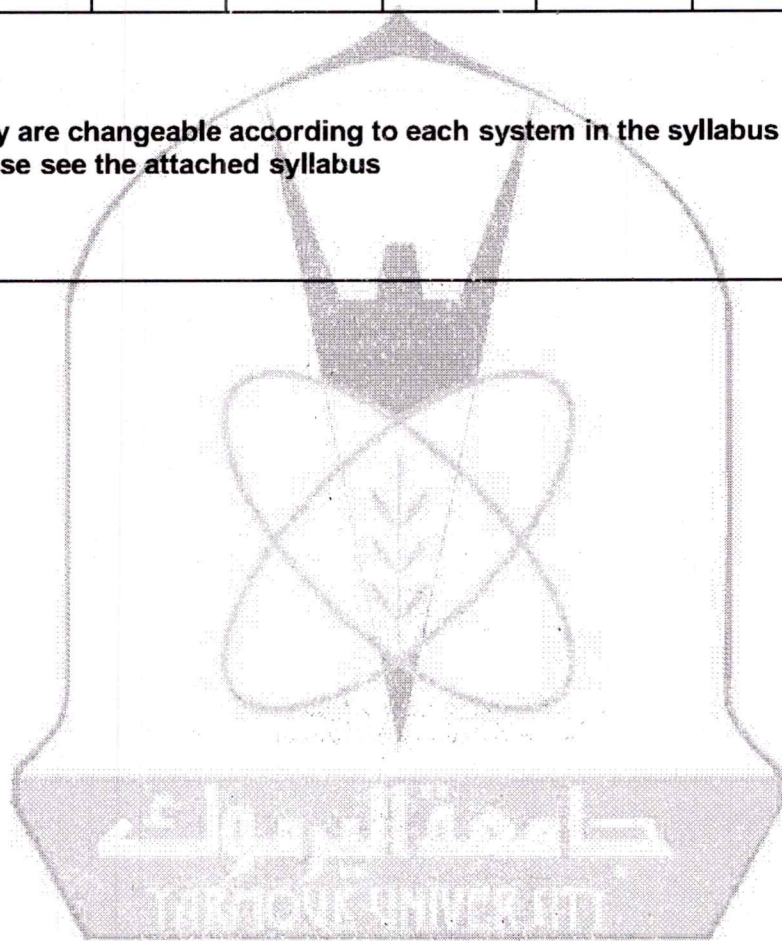




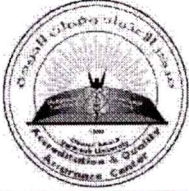
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		AP01-PR05

CLO5:Therapeutic Interventions CLO6:Preventive Measures CLO7: Attitudes and personality achieving
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Mapping Course Learning Outcomes CLOs to Program Learning Outcomes PLOs							
	PLO1	PLO2	PLO3	PLO4	PLO5	PLO6	PLO7
CLO1	They are changeable according to each system in the syllabus Please see the attached syllabus						
CLO2							
CLO3							
CLO4							
CLO5							
CLO6							
CLO7							







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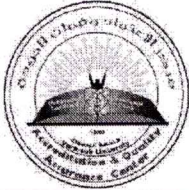
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		AP01-PR05

Assessment Methods				
Assessment Type	Date and Time	Assessment Method	Mark (%)	CLOs
End rotation clinical exam	By the end of the 8 weeks course	Mini OSCE OSCE	30%	
Activities*	Activity (1)	8 weeks	Direct patient contact	10%
	Activity (2)	8 weeks	Bedside clinical teaching	
	Activity (3)	8 weeks	Outpatient clinic	
	Activity (5)	8 weeks	lectures	
Activity (6)	Once weekly /8 wks	Skills lab. sessions		
Final Exam written	At the end of the year	Computerized written exam MCQs	60%	

\*The instructor must choose at least three activities from the following: quizzes, assignments, projects, videos, discussions, etc.

Course Contents, Schedule, and Instruction Methods		
Week	Course Content	Instruction Method**
Week 1	Fluids and electrolytes Bleeding disorders and blood transfusion Shock Burns Wound healing Diseases of the salivary glands Adrenal and parathyroid surgical disorders Thyroid gland and thyroglossal disorders	Face to face clinical bed side teaching
Week 2	Surgical site infections and surgical infections Pediatric surgery Mediastinal and pleural disorders Primary and secondary lung neoplasms Cardiac surgery overview  Venous and lymphatic disorders Peripheral vascular occlusive disease Aneurysms and vascular anomalies The hernia	



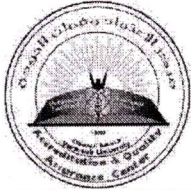


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		AP01-PR05

Course Contents, Schedule, and Instruction Methods		
Week	Course Content	Instruction Method**
Week 3	Urinary Tract Infections Neurogenic Bladder and Incontinence Scrotal problems+ Testicular tumors Urothelial tumors Renal tumors Diseases of the prostate Urinary calculi Congenital anomalies of the genitourinary system + Pediatrics Urology	
Week 4	Skin and subcutaneous tissue Benign breast disorders Malignant breast disorders Trauma: first aid and initial evaluation, specific injury highlights	
Week 5	Esophageal disorders Complication of Peptic ulcer disease Gastric malignancies	
Week 6	Acute abdomen Liver tumors, infections and cysts The spleen	
Week 7	Colonic and rectal tumors Diverticulosis and mesenteric ischemia Inflammatory bowel disease	
Week 8	Intestinal obstruction Acute perianal conditions Complications of gallstones and jaundice Acute and chronic pancreatitis. Pancreatic tumors.	
Week 9	Skills lab	
Week 10	End-rotation OSCE and mini-OSCE exam	

\*\*Instruction method is as follows:





Document Approval Date	Course Syllabus	Document Code
		AP01-PRO5

- **Face-to-Face course:** Face-to-face class
- **Online course:** Interactive synchronous or asynchronous
- **Blended course:** Face-to-face or Online (synchronous or asynchronous)

Main Textbook and References	
<b>Main Textbook</b>	- Bailey & Love's Short Practice of Surgery
<b>Other References</b>	- An Introduction to the Symptoms and Signs of Surgical Disease by Norman Browse - The Washington manual of surgery - Schwartz's principles of surgery - Surgical recall

Policies and Instructions***	
<b>Attendance</b>	- 10 weeks hospital training , 6-8 groups each run - 2 weeks in Prince Rashed Military Hospital, daily from Sunday till Thursday ( 8 am - 1 pm ) - 4 weeks in Princess Basma teaching Hospital, daily from Sunday till Thursday ( 8 am - 1 pm ) - 2 weeks in Jerash hospital daily from Sunday till Thursday ( 8 am - 1 pm ) - Lectures every Sunday, Monday and Tuesday, ( 2:30 pm - 4:30 pm ) 2 lectures each day
<b>Activities</b>	Mentioned above
<b>Late Submission</b>	It's a yearly course for the whole 4 <sup>th</sup> year students level
<b>Exams</b>	Mentioned above
<b>Cheating and Plagiarism</b>	Unacceptable and forbidden according to the students handbook

\*\*\*For more information, please see the student handbook.





Document Approval Date	Course Syllabus	Document Code

Department: Clinical Medical Sciences/Faculty of Medicine Official Stamp:

Course Identification	
Course Name: Internal Medicine I	Course Code and Number: MED432
Number of Credit Hours: 9	Semester: First, Second
Course Status: Active	Teaching Language: English
Pre-requisite: Passed 3 <sup>rd</sup> year Medicine	Course Coordinator: Dr. Muthanna Saraireh

General Information	
Teaching Method	<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Online <input type="checkbox"/> Blended
Course Description	<p>It is a ten-week clinical rotation offered to fourth year medical students, to provide them with a comprehensive overview of the specialty of Internal Medicine. This course offers a general Internal Medicine experience over eight weeks. Rotating within three hospitals.</p> <p><b>Course location:</b> Yarmouk University Prince Rashid Hospital (PRH) Princess Basmah Hospital (MOH) Jerash Hospital (MOH)</p> <p>The students are also required to present seminars of different topics in Internal Medicine clinical conditions, these seminars are supervised by the consultants.</p> <p>4<sup>th</sup> year medical students are divided into groups, each group is rotating for 10 weeks.</p> <p>The end rotation exam is every ten weeks for each group of students.</p>
Course Objectives	<ol style="list-style-type: none"><li>1. Gain more clinical knowledge, and better understanding of common Internal Medicine conditions, including normal and high risk cases in different clinical settings.</li><li>2. Acquire further experience in history taking in Internal Medicine and performing proper physical examination.</li></ol>



Document Approval Date	Course Syllabus	Document Code
	<ol style="list-style-type: none"><li>3. Correctly know the required investigations and management of patients with medical conditions based on their presentation. Including how to deal with stable and critical cases.</li><li>4. Identification the serious medical conditions requiring urgent intervention.</li><li>5. Proper assessment of medical symptoms and signs and apply clinical reasoning to formulate a clear differential diagnosis and management plan.</li><li>6. Understanding the medical management of Internal Medicine patients and the indications.</li><li>7. The students also required to present seminars that cover most of the Internal Medicine clinical conditions. These seminars are supervised by the consultants. The students should be actively involved in these clinical discussions, as part of their evaluation is based on these seminars and their participation in the discussions.</li></ol>	
<p><b>Course Learning Outcomes (CLOs)</b> Upon successful completion of this course students will be able to:</p>	<p><b>CLO1:</b> Acquire further learning experience in history taking in Internal Medicine. The student will demonstrate the ability to take a thorough history, including, chief complaint, history of present illness, systemic review, family history, past medical history, and drug history.</p> <p><b>CLO2:</b> The student will demonstrate the ability to perform an appropriate examination, including, vital signs, chest examination, abdominal examination, lower limb examination, and neck examination.</p> <p><b>CLO3:</b> Correctly know the investigation of patients with medical conditions.</p> <p><b>CLO4:</b> Proper assessment of medical symptoms and signs and apply clinical reasoning to formulate a clear differential diagnosis and management plan.</p>	





Document Approval Date	Course Syllabus	Document Code
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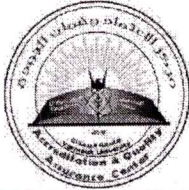
	<p><b>CLO5:</b> Understanding the pharmacological, medical and invasive management of patients with medical conditions.</p> <p><b>CLO6:</b> Identification of serious medical conditions requiring urgent intervention clear differential diagnosis and management plan.</p> <p><b>CLO7:</b> For the Cardiovascular System the student should know the following:</p> <ul style="list-style-type: none"><li>A. Ischemic heart disease: anginas and myocardial infarction and its complications, with general approach in management of IHD.</li><li>B. Heart failure: causes, presentation symptoms and signs, diagnosis, and general lines of its management.</li><li>C. ECG essentials, reading and reaching a clinical diagnosis via its analysis.</li><li>D. Valvular heart diseases: causes and symptoms.</li><li>E. Clinical diagnosis of rheumatic fever.</li><li>F. Hypertension: essential and secondary.</li><li>G. Pericarditis: causes, types and its presentation.</li><li>H. Arrhythmias: Tachy and brady arrhythmias, causes, clinical approach and ECG findings:<ul style="list-style-type: none"><li>a. Distinction between ventricular and supraventricular rhythms</li><li>b. Atrial fibrillation, atrial flutter and paroxysmal supraventricular tachyarrhythmia's (SVT)</li><li>c. Heart block 1<sup>o</sup>, 2<sup>o</sup>, 3<sup>o</sup></li><li>d. Bundle branch block and hemiblocks</li><li>e. ventricular arrhythmias</li><li>f. management approach for the unstable arrhythmias</li></ul></li><li>I. History Skills:<ul style="list-style-type: none"><li>a. Obtain history of risk factors for coronary artery diseases</li><li>b. Use all modalities in "pain" history to distinguish coronary artery disease from other causes of chest pain</li><li>c. Obtain history for rheumatic fever or congenital heart diseases</li><li>d. Recognize importance of family history in assessment of cardiovascular disease</li></ul></li></ul>
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Document Approval Date	Course Syllabus	Document Code
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	<p>e. In hypertensive patient, obtain careful history of medication compliance , or other causes for uncontrolled HTN</p> <p>f. Obtain history of heart failure exacerbation , causes , presentation</p> <p>g. Obtain the history of arrhythmias, presentation, causes either cardiac or extra-cardiac and their consequences</p> <p>J. Physical Exam Skills:</p> <p>a. Obtains skills in the measuring of the blood pressure properly</p> <p>b. Obtains skill in the assessment of the patients palpable pulses and its clinical correlation</p> <p>c. Assess arterial pulses and recognize pulsus alternans, bisferiens pulse, and paradoxical pulse, collapsing and Corrigan pulse</p> <p>d. Nails and hand signs in cardiac diseases like clubbing, splinter hemorrhage, Janeway lesions and Osler's nodes</p> <p>e. Obtains the skills in finding the signs that indicate the higher risk of IHD during the general exam, e.g. hyperlipidemia signs</p> <p>f. Determine venous pressure by examination of neck veins (JVP assessment)</p> <p>g. Perform hepatojugular reflux test to assess venous pressure</p> <p>h. Performing proper precordium exams</p> <p>i. On precordium palpation get the skill of determining the bruit and the heave</p> <p>j. On cardiac auscultation, recognize:</p> <p>i. S-1, S-2, and normal physiologic splitting</p> <p>ii. S-3, S-4, and how they are best appreciated</p> <p>iii. Systolic and diastolic murmur--effects of physiologic and pharmacologic interventions</p> <p>iv. Special characteristics of the murmur of MVP and HOCM</p> <p>v. Pericardial friction rub</p> <p>vi. Auscultation of the lung bases for heart failure signs</p>	
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Document Approval Date	Course Syllabus	Document Code
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	<p>vii. Determining other atherosclerotic signs by listening to the major arteries for bruit</p> <p>viii. Determine the general clinical signs heart failure</p> <p>ix. Determine the signs of peripheral vascular disease</p> <p>K. Diagnostic Tests: the student should:</p> <p>a. recognize a normal EKG and common EKG abnormalities</p> <p>b. recognize a normal Chest X-ray and the major abnormal finding in cardiovascular diseases</p> <p>c. recognize the main laboratory test that help in reaching the proper diagnosis mainly the cardiac enzymes</p> <p>d. determining the importance of ECHO cardiogram</p> <p>L. Therapeutic Interventions: the student should:</p> <p>a. know therapeutic indications for angioplasty, complications, and other therapeutic applications of catheterization</p> <p>b. describe therapeutic approach to clinical cardiovascular problems</p> <p><b>CLO8:</b> for the Kidney and Urinary Tract the student should know the following:</p> <p>A. Acute renal failure: the student must distinguish pre-renal, renal, and post renal causes using clinical and laboratory parameters.</p> <p>B. Chronic renal failure and its associated metabolic-endocrine, GI, cardiovascular, hematologic, and neuromuscular complications.</p> <p>C. The major glomerulopathies and other causes of proteinuria</p> <p>D. Tubulointerstitial disease</p> <p>E. Arterial blood gases (ABG) importance, analysis and making a deferential problems list from it.</p> <p>F. Electrolyte disorders mainly (Na, K, Ca, Mg, PO<sub>4</sub>), causes, symptoms and signs, and management.</p> <p>G. Renal replacement therapy ; acute &amp; chronic indication of the dialysis and general information about kidney transplant</p> <p>H. History Skills: the student should:</p>
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Document Approval Date	Course Syllabus	Document Code
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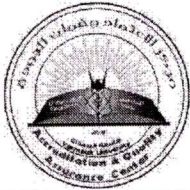
	<ul style="list-style-type: none"><li>a. recognize the symptoms of a problem in the urinary tract</li><li>b. the student should determine by history the probable cause of the acute kidney injury (AKI)</li><li>c. determine the urine characteristics either the volume to differentiate between anuria, oliguria, and polyuria, nocturia, or urine color and hematuria</li><li>d. recognize the symptoms of obstructive urological disease, and UTI</li><li>e. assess the causes of recurrent UTI</li><li>f. know effects of nephrotoxins, either endogenous or exogenous (drugs)</li><li>g. know the clinical syndrome of uremia</li><li>h. determine the symptoms of electrolyte disturbances</li></ul> <p>I. Physical Exam Skills: the student should:</p> <ul style="list-style-type: none"><li>a. recognize signs of uremia: cognitive, asterixis, odor of breath, skin changes mainly the color (earthy color), signs of volume overload</li><li>b. auscultate for bruits in uremic pericarditis</li><li>c. attempt to palpate for kidneys (bimanual and ballotable maneuvers)</li><li>d. be able to assess the size of a distended bladder</li><li>e. be able to assess a dialysis catheter, and an AV dialysis fistula (sites, functional characteristics as thrill and bruit)</li><li>f. elicit the clinical signs of electrolytes disturbances mainly hypocalcaemia signs as Chvostec's sign and Trousseau's sign</li></ul> <p>J. Diagnostic Tests: the student should be able to:</p> <ul style="list-style-type: none"><li>a. analyze the basic lab tests for the kidney diseases (KFT, urine analysis and serum electrolytes)</li><li>b. calculate GFR through the CrCl equations, fractional excretion of sodium (FENa), determine the prerenal causes from the post renal causes from the BUN and Cr ratio , Na required to correct hyponatremia or the amount of free fluid required to correct the hypernatremia</li><li>c. evaluate the patient with glomerulonephritis for multisystem disease</li></ul>	
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Document Approval Date	Course Syllabus	Document Code
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	<p>d. choose the most appropriate imaging test for the specific patient problem</p> <p>e. be able to analyze arterial blood gases (ABGs)</p> <p>K. Therapeutic Interventions: the student should be able to:</p> <p>a. manage the patient with acute renal failure and know all indications for dialysis</p> <p>b. recognize the possibility of urinary tract obstruction</p> <p>c. manage electrolyte disturbances (Na, K, Ca, Mg)</p> <p>d. generate therapeutic approaches to renal diseases, acid-base disorders, and electrolyte disturbances.</p> <p><b>CLO9:</b> for Endocrinology and Metabolic disorders the student should know the following:</p> <p>A. Diseases of the pituitary</p> <p>a. Diabetes insipidus</p> <p>b. Pituitary tumors: acromegaly, Cushing's disease, prolactinoma</p> <p>c. Hypopituitarism</p> <p>d. Empty Sella Syndrome</p> <p>B. Thyroid disease</p> <p>a. Hypothyroidism causes: Hashimoto thyroiditis, postpartum thyroiditis</p> <p>b. Hyperthyroidism: Grave's disease, toxic multinodular goiter, toxic adenoma, and factitious</p> <p>c. Thyroiditis: chronic thyroiditis (Hashimoto's), subacute thyroiditis (painful and painless)</p> <p>d. Approach to thyroid nodule</p> <p>C. Diseases of the adrenal cortex: Cushing's Syndrome, Hyperaldosteronism, Addison's Disease</p> <p>D. Pheochromocytom</p> <p>E. Diabetes mellitus: diagnosis, classification and pathogenesis, clinical features, complications, treatment (diet, insulin, oral agents)</p> <p>F. Hypoglycemia: fasting, reactive, insulinoma</p> <p>G. Disorders of the parathyroid gland and calcium metabolism</p> <p>H. Metabolic bone disease: osteoporosis, osteomalacia, Paget's disease, and renal osteodystrophy</p>	
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Document Approval Date	Course Syllabus	Document Code
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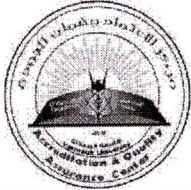
	<p>I. History Skills</p> <ul style="list-style-type: none"><li>a. demonstrates knowledge necessary to take a proper history for a patient suspected of having an endocrine or metabolic disorder</li><li>b. in a patient with diabetes mellitus, the student must obtain and put in chronological order a detailed history of the disease, including all complications, hospitalizations, medications</li></ul> <p>J. Physical Exam: the student should:</p> <ul style="list-style-type: none"><li>a. know importance of: weight, height, skeletal proportions, and body mass index</li><li>b. recognize exophthalmus and abnormal ocular motility and visual field problems</li><li>c. evaluate thyroid size, nodularity, tenderness, and bruit</li><li>d. evaluate skin-temperature, moisture, pigmentation, pretibial myxedema, diabetic dermopathy</li><li>e. evaluate quality of voice</li><li>f. evaluate texture and pattern of hair</li><li>g. recognize diabetic complications on the skin, wounds, diabetic foot, joints problems (Charcot joint),</li><li>h. recognize the signs of Cushing's syndrome, Addison's disease, and pituitary diseases (acromegally, prolactinoma)</li></ul> <p>K. Diagnostic Skills: the student should:</p> <ul style="list-style-type: none"><li>a. understand the use of thyroid function tests</li><li>b. be able to diagnose diabetes mellitus and its complications</li><li>c. describe the tests necessary to diagnose endocrinological and metabolic diseases</li><li>d. The student should understand the indications, side effects, and adverse reactions of: L-thyroxine, Glucocorticoids, Antithyroid drugs, Oral hypoglycemic agents, and Insulin (all forms)</li></ul> <p><b>CLO10:</b> for Hematology the student should know the following:</p> <ul style="list-style-type: none"><li>A. Pathophysiology of anemia</li><li>B. Anemia of chronic disease</li></ul>	
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Document Approval Date	Course Syllabus	Document Code
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	<p>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. Haemostasis disorders: platelet, coagulation and thrombosis, and hypercoagulable state J. Blood transfusion K. History Skills: the student should:</p> <ul style="list-style-type: none"><li>a. Know symptoms of anemia</li><li>b. recognize that generalized weakness, dizziness, shortness of breath, headache, exercise intolerance, loss of appetite, dysphagia, and sensitivity to cold may be presenting symptoms of anemia</li><li>c. recognize that symptoms of angina, claudication, TIA may be unmasked by anemia</li><li>d. recognize the value of reviewing all previous hematologic lab data in evaluation of hematologic disorders</li><li>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, hemarthroses)</li><li>f. recognize the importance of "B" symptoms (fever, night-sweats, weight loss) in patients with lymphoma</li><li>g. recognize the importance of the family history in patients with anemia and coagulation disorders</li><li>h. recognize the history of menstrual problem in anemic females</li></ul> <p>L. Physical Diagnosis Skills: the student should:</p> <ul style="list-style-type: none"><li>a. recognize ecchymotic or petechial rash, telangiectasia, jaundice, clubbing, and signs of anemia</li><li>b. palpate all lymph node areas, spleen, and liver</li><li>c. recognize gum hypertrophy and its importance in the diagnosis of AML M3</li></ul>	
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Document Approval Date	Course Syllabus	Document Code
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	<p>d. recognize signs of thalassemia and secondary hemochromatosis</p> <p>M. Diagnostic Skills: the student should:</p> <p>a. know the value of the following tests in the work-up of a patient with hemolytic anemia:</p> <ol style="list-style-type: none"><li>Complete blood count (CBC)</li><li>Blood smear review</li><li>Reticulocyte count</li><li>Coombs test</li><li>Serum haptoglobin</li><li>Glucose 6 phosphate dehydrogenase deficiency</li><li>Hemoglobin electrophoresis</li><li>Urine hemosiderin</li></ol> <p>b. know the proper evaluation for bleeding disorder</p> <p>c. know the indications of bone marrow biopsy</p> <p>N. Therapeutic Interventions: the student should:</p> <ol style="list-style-type: none"><li>know the appropriate indications for transfusion of erythrocytes and platelets</li><li>know the indications of the transfusion of fresh frozen plasma, cryoprecipitate, and purified factor concentrates</li><li>know the general approach in the management of the hematological diseases</li></ol> <p><b>CLO11:</b> in the skills lab the student should:</p> <ol style="list-style-type: none"><li>measure the blood pressure in appropriate technique using the BP arm model</li><li>apply a comprehensive physical examination on the available dolls in the lab</li><li>listen to all kinds of heart sounds</li><li>listen to all kinds of chest sounds</li><li>listen to all kinds of bowel sounds</li><li>apply a variety of clinical scenarios on the iStan model</li><li>demonstrating the effect of a variety of medication on the vital signs of the doll via the iStan model</li><li>watch a variety of videos that demonstrate a lot of medical signs</li><li>interpret ECGs</li><li>recognize finding on CXRs</li></ol>	
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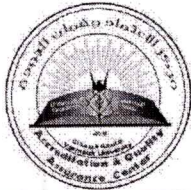




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Mapping Course Learning Outcomes CLOs to Program Learning Outcomes PLOs

	PLO1	PLO2	PLO3	PLO4	PLO5	PLO6	PLO7	PLO8	PLO9	PLO10	PLO11	PLO12	PLO13	PLO14
CLO1	x													
CLO2		x												
CLO3			x											
CLO4				x										
CLO5			x	x			x							
CLO6						x		x						
CLO7					x			x	x			x		
CLO8					x			x	x			x		
CLO9					x			x	x			x		
CLO10					x			x	x					
CLO11					x			x	x					



Document Approval Date	Course Syllabus	Document Code

Assessment Methods					
Assessment Type	Date and Time	Assessment Method	Mark (%)	CLOs	
Activities*	Activity (1)	Seminars	5		
	Activity (2)	Evaluation at Rounds	5		
	Activity (3)	End Rotation Exam(1,2)	miniOSCE exam	20	
	Activity (4)		OSCE exam	20	
Final Exam	Activity (5)	End of year (May)	MCQ Exam	50	

\*The instructor must choose at least three activities from the following: quizzes, assignments, projects, videos, discussions, etc.

Course Contents, Schedule, and Instruction Methods		
Week	Course Content	Instruction Method**
Week 1	1. ACS and IHD – 1 2. ACS and iHD -2 3. Arrhythmias 1 4. Arrhythmias 2 5. Essential hypertension 6. Secondary hypertension	Face to face
Week 2	1. ECG2 2. Infective endocarditis 3. Heart failure 4. Anemia 1 5. Anemia 2	Face to face
Week 3	1. Lymphoma 2. Leukemia	Face to face





Document Approval Date	Course Syllabus	Document Code
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Course Contents, Schedule, and Instruction Methods		
Week	Course Content	Instruction Method**
	3. Myeloproliferative diseases	
Week 4	1. Acute renal failure 2. Chronic renal failure 3. Obstructive pulmonary disease, COPD and bronchial asthma 4. Restrictive lung disease 1 5. Restrictive lung disease 2	Face to face
Week 5	1. Pneumonia 2. DM1 3. DM2 4. Thyroid disorders 1 5. Thyroid disorders 2 6. Mineral bone disease and Ca metabolism 7. Peptic ulcer disease 8. Esophageal diseases	Face to face
Week 6	1. Adrenal disorder 1 2. Adrenal disorder 2 3. PFT 4. Venous thromboembolism 5. Viral hepatitis 6. Liver cirrhosis and liver diseases investigation 7. Bronchogenic carcinoma	Face to face
Week 7	1. TB 2. Dyslipidemia 3. Electrolytes disturbances 4. Allergy 5. Inflammatory bowel disease 6. Irritable bowel syndrome 7. Connective tissue diseases	Face to Face
Week 8	1. Immunodeficiency syndromes	Face to Face





Document Approval Date	Course Syllabus	Document Code

Course Contents, Schedule, and Instruction Methods		
Week	Course Content	Instruction Method**
	<ol style="list-style-type: none"><li>2. Nephrotic and nephritic syndrome</li><li>3. Acid-Base disorders</li><li>4. AIDS</li><li>5. Rheumatoid arthritis</li><li>6. Gout</li><li>7. FMF</li><li>8. Behcet disease</li></ol>	
Week 9	<ol style="list-style-type: none"><li>1. Seminar: platelet disorder</li><li>2. Seminar: blood transfusion</li><li>3. Seminar: pituitary disorders</li><li>4. Seminar: obstructive sleep apnea</li><li>5. Seminar: antibiotics</li><li>6. Seminar: malabsorption diseases</li><li>7. Seminar: acute poisoning</li></ol>	Face to Face
Week 10	miniOSCE and OSCE exam	Face to Face
End of year	Final Exam (May)	

\*\*Instruction method is as follows:

- **Face-to-Face course:** Face-to-face class
- **Online course:** Interactive synchronous or asynchronous
- **Blended course:** Face-to-face or Online (synchronous or asynchronous)

Main Textbooks and References	
Main Textbooks	<ol style="list-style-type: none"><li>1. <b>Davidson's Principles and Practice of Medicine, 23ed Edition With STUDENT CONSULT Online Access.</b> By Nicholas A. Boon, MA, MD, FRCP(Ed), FESC, Nicki R. Colledge, BSc, FRCP(Ed), Brian R. Walker, BSc, MD, FRCP(Ed) and John A. A. Hunter, OBE, BA, MD, FRCP</li></ol>





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Document Approval Date	Course Syllabus	Document Code
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	2. <b>Macleod's Clinical Examination, 14th Edition With STUDENT CONSULT access.</b> By Graham Douglas, BSc(Hons), MB, ChB, FRCPE, Fiona Nicol, BSc(Hons), MB, BS, FRCGP, FRCPE and Colin Robertson, BA(Hons), MB, ChB, FRCPE, FRCS(Ed)
<b>Other References</b>	1. <b>Kumar and Clark's Clinical Medicine, 9th Edition - With STUDENT CONSULT Online Access.</b> By Parveen Kumar, CBE, BSc, MD, FRCP, FRCP(Edin) and Michael L. Clark, MD, FRCP

<b>Policies and Instructions***</b>	
<b>Attendance</b>	Every day at 9.00 AM
<b>Activities</b>	One clinical round for each day from Sunday till Thursday and Lectures every day in the afternoon.
<b>Exams</b>	miniOSCE and OSCE at the end of each rotation, and final exam at end of the year
<b>Cheating and plagiarism</b>	Unacceptable and forbidden according to the students handbook

<b>DOMAINS OF COMPETENCE</b>		
<b>DOMAIN</b>	<b>YES</b>	<b>NO</b>
PC1	*	
PC2	*	
PC3	*	
PC4	*	
PC5	*	
PC6	*	
KP1	*	
KP2	*	
KP3		*
PBLI1		*
PBLI2	*	
PBLI3	*	
PBLI4	*	
ICS1	*	
ICS2	*	
ICS3		*
P1	*	



Document Approval Date	Course Syllabus	Document Code
P2	*	
P3	*	
P4	*	
P5		*
P6	*	
P7	*	
SBP1	*	
SBP2	*	
IPC1	*	
IPC2	*	
PPD1		*
PPD2	*	
PPD3	*	
PPD4	*	
PPD5		*
SCI1	*	

### Program Learning Outcome

#### Main Domains

1. Medical knowledge
2. Patient care
3. Ethics and professionalism
4. Interpersonal and communication skills
5. Clinical and technical skills
6. Practice-based learning and clinical reasoning
7. System based learning

1. Medical Knowledge





Document Approval Date	Course Syllabus	Document Code

PLO1: Demonstrate a comprehensive knowledge of established and evolving normal and altered structure and function of the human body molecular and biochemical mechanisms, pathophysiology and pathogenesis and efficacy of different treatment options.

PLO2: Be able to gather, review, evaluate and interpret information relevant to the major fields in medicine, especially the major clinical courses (Internal Medicine, Pediatrics, General Surgery and Obstetrics and Gynecology) and their emergencies.

PLO3: Explain the scientific basis for laboratory, imaging, and procedural diagnostic tests used in patient management and their clinical significance.

## 2. Patient Care

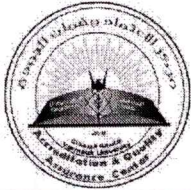
PLO4: Gain the ability to apply the developed knowledge through prevention, diagnosis, and treatment of disease to patient care that is compassionate, appropriate, and effective for the promotion of health and the treatment of health-related problems.

## 3. Ethics and Professionalism

PLO5: Demonstrate sensitivity, ethical behavior, and professionalism with patients, their caregivers, and interprofessional healthcare team members with respect to age, gender, sexual orientation, ethnicity/race, religion/spirituality, socioeconomic status, educational level, and disabilities and respect for patient privacy and autonomy.

## 4. Interpersonal and Communication Skills

PLO 6: Illustrate their interpersonal and communication skills to communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds and to work effectively as a member or leader of a healthcare team and communicate effectively with physicians, other health professionals, and health-related agencies



Document Approval Date	Course Syllabus	Document Code

## 5. Clinical and technical skills

PLO 7: Take an accurate, comprehensive and focused patient history. Apply clinical and technical skills to perform an appropriate physical examination and interpret the diagnostic procedures needed and indicated to reach the correct diagnosis amid rational differential diagnoses.

## 6. Practice-Based Learning and clinical reasoning

PLO8: Demonstrate the ability to manage, and utilize biomedical information for problems solving and decisions making that are relevant to the care of individuals and populations.

PLO9: Apply evidence-based medicine (EBM) approach to the evaluation and management of patients concerning formulating patient-based questions, efficiently searching literature databases, appraisal of the quality of studies, applying the results of a literature search, and use information about their population of patients to direct patient care.

PLO10: Demonstrate an understanding of the need and commitment to engage in lifelong learning and continuous medical education (CME) to stay abreast of relevant scientific advances.

## 7. Systems-Based Practice

PLO11: Demonstrate an awareness of and responsiveness to the larger context of the local health care system and health care bodies in Jordan and the social determinants of health care.

PLO12: Demonstrate the ability to call effectively on other resources in the systems available to provide optimal healthcare.

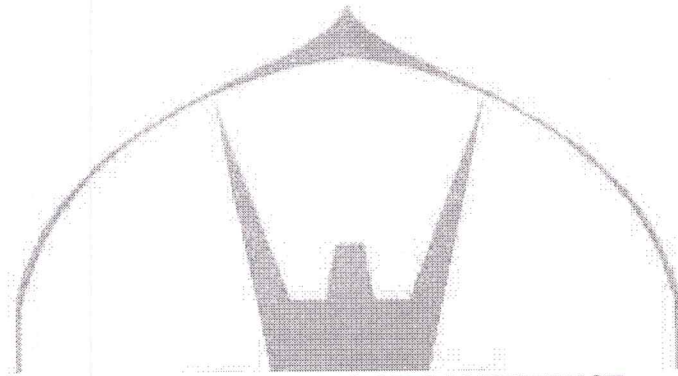
PLO13: Collaborate effectively in various healthcare delivery settings and with inter-professional teams to enhance patient safety and contribute to high-quality care.

PLO14: Demonstrate understanding of basic issues for health promotion and wellness as well as promoting health and preventing disease and apply this understanding to patient management





Document Approval Date	Course Syllabus	Document Code



### THE NINE DOMAINS OF COMPETENCE

<b>I. Patient Care</b>	
<i>Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.</i>	
1. Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging, and other tests.	<b>PC1</b>
2. Interpret laboratory data, imaging studies, and other tests required for the area of practice.	<b>PC2</b>
3. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.	<b>PC3</b>
4. Organize and prioritize responsibilities to provide care that is safe, effective, and efficient.	<b>PC4</b>
5. Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making.	<b>PC5</b>
6. Develop and carry out patient management plans.	<b>PC6</b>
<b>II. Knowledge for Practice</b>	
<i>Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.</i>	



Document Approval Date	Course Syllabus	Document Code
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1. Apply established and emerging evidence to diagnostic decision-making and clinical problem-solving.		KP1
2. Demonstrate an investigatory, methodical, and analytic approach to clinical situations.		KP2
3. Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care.		KP3
<b>III. Practice-Based Learning and Improvement</b>		
<i>Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.</i>		
1. Identify strengths, deficiencies, and limits in one's knowledge and expertise.		PBLI1
2. Set learning and improvement goals.		PBLI2
3. Participate in the education of patients, families, students, trainees, peers and other health professionals.		PBLI3
4. Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes.		PBLI4
5. Incorporate feedback into daily practice.		PBLI5
<b>IV. Interpersonal and Communication Skills</b>		
<i>Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.</i>		
1. Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics.		ICS1
2. Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions.		ICS2
3. Communicate effectively with and demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, gender identity, age, culture, race, religion, disabilities, socioeconomic status, body habitus, and sexual orientation.		ICS3
<b>V. Professionalism</b>		
<i>Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.</i>		
1. Demonstrate compassion, integrity, and respect for others.		P1
2. Demonstrate respect for patient privacy and autonomy.		P2
3. Demonstrate accountability to patients, families, and the healthcare team.		P3
4. Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations.		P4





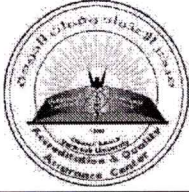
Document Approval Date	Course Syllabus	Document Code
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5. Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients.		<b>P5</b>
6. Demonstrate responsiveness to patient needs that supersedes self-interest.		<b>P6</b>
7. Maintain comprehensive, timely, and legible medical records.		<b>P7</b>
<b>VI. Systems-Based Practice</b>		
<i>Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.</i>		
1. Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health.		<b>SBP1</b>
2. Identify and report system errors.		<b>SBP2</b>
<b>VII. Interprofessional Collaboration</b>		
<i>Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.</i>		
1. Work effectively with others as a member of a health care team or other professional group, cultivating mutual respect, dignity, diversity, ethical integrity, and trust.		<b>IPC1</b>
2. Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served.		<b>IPC2</b>
<b>VIII. Personal and Professional Development</b>		
<i>Demonstrate the qualities required to sustain lifelong personal and professional growth.</i>		
1. Demonstrate healthy coping mechanisms to respond to stress.		<b>PPD1</b>
2. Develop the ability to use self-awareness of knowledge, skills, and emotions to engage in appropriate help-seeking behaviors.		<b>PPD2</b>
3. Manage conflict between personal and professional responsibilities.		<b>PPD3</b>
4. Practice flexibility and maturity in adjusting to change with the capacity to alter one's behavior.		<b>PPD4</b>
5. Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty.		<b>PPD5</b>
<b>IX. Scientific and Clinical Inquiry</b>		
<i>Demonstrate understanding of scientific theory and methodology and the critical thinking skills needed to interpret and apply research to improving patient care.</i>		
1. Demonstrate the critical thinking skills needed for applying basic and clinical sciences to improving patient care in health care systems.		<b>SCI1</b>

\* Adapted from the AAMC's Physician Competencies Reference Set (PCRS)

\*\*\*For more information, please see the student handbook.





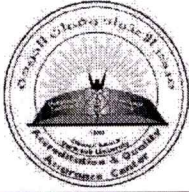
Document Approval Date	Course Syllabus	Document Code
		AP01-PR05

Department: Clinical Medical Sciences – Pediatrics division Official Stamp:

Course Identification	
Course Name: Pediatrics I	Course Code and Number: Med 433
Number of Credit Hours: 9 Hrs	Semester: 4 <sup>th</sup> year level yearly course
Course Status: Compulsory	Teaching Language: English
Pre-requisite: MED430 and the 3 <sup>rd</sup> year courses	Course Coordinator: Dr. Mahdi alshboul

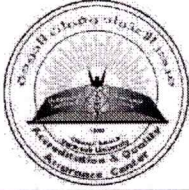
General Information	
Teaching Method	<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Online <input type="checkbox"/> Blended
Course Description	The medical education during the Pediatric course in the fourth year of medical school at Yarmouk University provide exposure to many aspects of primary care and introduces students to both common and rare pediatric disorders. During this 10-week clinical rotation medical students will be trained to develop competent skills relevant to medical history taking of a variety of acute and chronic pediatric disorders, performing physical examination on both healthy and ill infant, children, and build up ability to utilize the basic science knowledge for organized medical problem approach
Course Objectives	<ul style="list-style-type: none"><li>- Obtain a complete medical history and perform a complete physical examination on all patients across all pediatric age groups including newborns, infants, toddlers, children, and adolescents.</li><li>- Gather essential and accurate information about perinatal history, immunization history, Growth and development, nutritional history, Family history and Social history. Further, and of its clinical application from birth through adolescence.</li><li>- Organize a case presentation to accurately reflect the chronology of the history, the details of the physical findings, the differential diagnosis and the suggested initial evaluation.</li><li>- Describe common pediatric disorders, including their characteristic signs and symptoms, etiology, epidemiology, and pathophysiology.</li><li>- Efficient clinical application of the obtained basic knowledge for the diagnosis and initial management of common pediatric acute</li></ul>





Document Approval Date	Course Syllabus	Document Code
		AP01-PR05

	<p>and chronic illnesses and build-up an organized and rational approach to common pediatric disorders.</p> <ul style="list-style-type: none"><li>- Efficient interpersonal and communication skills that will facilitate the clinical interaction with patients and their families and thus ensure that complete, accurate data are obtained.</li><li>- Demonstrate respect, for patients' and their families' attitudes and behaviors, with particular attention to cultural, lifestyle, and socioeconomic influence.</li><li>- Demonstrate intellectual curiosity, initiative, academic integrity, and willing acceptance of feedback.</li><li>- Demonstrate honesty and integrity in all interactions with patients' families, colleagues, and others with whom physicians must interact in their professional lives.</li></ul>
Course Learning Outcomes (CLOs)	<p><b>CLO1: Recognize Normal Growth, development and behavior and their assessment</b></p> <p><b>CLO2: Demonstrate an understanding of Health maintenance and preventive care for children, including age-related issues in nutrition, safety, vaccination and risk factor identification and modification</b></p> <p><b>CLO3: Identify Common acute and chronic pediatric conditions, congenital and genetic syndromes, and the importance of age on their manifestations and treatment</b></p> <p><b>CLO4: Understand Principles of physiology and pharmacology applicable to children from birth through adulthood</b></p> <p><b>CLO5: Correctly know physiologic changes and common disorders in neonates .</b></p> <p><b>CLO6: Recognize Common acute and chronic conditions seen in inpatient children and the importance of age on their manifestations and treatment.</b></p> <p><b>CLO7: Recognize Common acute and chronic conditions seen</b></p>



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Document Approval Date	Course Syllabus	Document Code
		AP01-PR05

	<p>in out patient pediatric clinics</p> <p>CLO8: Demonstrate sensitivity, ethical behavior, and professionalism with patients.</p> <p>CLO9: Engage in problem-solving and consider the importance of recent published articles .</p>
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Document Approval Date	Course Syllabus	Document Code
		AP01-PR05

Mapping Course Learning Outcomes CLOs to Program Learning Outcomes PLOs

	PLO1	PLO2	PLO3	PLO4	PLO5	PLO6	PLO7	PLO8	PLO9	PLO10	PLO11	PLO12	PLO13	PLO14
CLO1							*							*
CLO2			*				*				*	*		*
CLO3		*	*									*		
CLO4	*							*						
CLO5	*				*									
CLO6		*		*			*						*	*
CLO7		*	*	*			*						*	
CLO8					*	*								
CLO9								*	*	*				

## THE NINE DOMAINS OF COMPETENCE

((Adapted from the AAMC's Physician Competencies Reference Set- PCRS))

<b>I. Patient Care</b>	<b>Symbol</b>
<i>Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.</i>	
1. Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging, and other tests.	<b>PC1</b>
2. Interpret laboratory data, imaging studies, and other tests required for	<b>PC2</b>

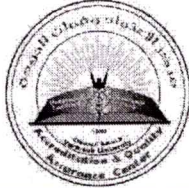




Document Approval Date	Course Syllabus	Document Code
		AP01-PR05

the area of practice.	
3. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.	<b>PC3</b>
4. Organize and prioritize responsibilities to provide care that is safe, effective, and efficient.	<b>PC4</b>
5. Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making.	<b>PC5</b>
6. Develop and carry out patient management plans.	<b>PC6</b>
<b>II. Knowledge for Practice</b>	
<i>Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.</i>	
1. Apply established and emerging evidence to diagnostic decision-making and clinical problem-solving.	<b>KP1</b>
2. Demonstrate an investigatory, methodical, and analytic approach to clinical situations.	<b>KP2</b>
3. Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care.	<b>KP3</b>
<b>III. Practice-Based Learning and Improvement</b>	
<i>Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.</i>	
1. Identify strengths, deficiencies, and limits in one's knowledge and expertise.	<b>PBLI1</b>
2. Set learning and improvement goals.	<b>PBLI2</b>
3. Participate in the education of patients, families, students, trainees, peers and other health professionals.	<b>PBLI3</b>
4. Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes.	<b>PBLI4</b>
5. Incorporate feedback into daily practice.	<b>PBLI5</b>
<b>IV. Interpersonal and Communication Skills</b>	
<i>Demonstrate interpersonal and communication skills that result in the</i>	





Document Approval Date	Course Syllabus	Document Code
		AP01-PR05

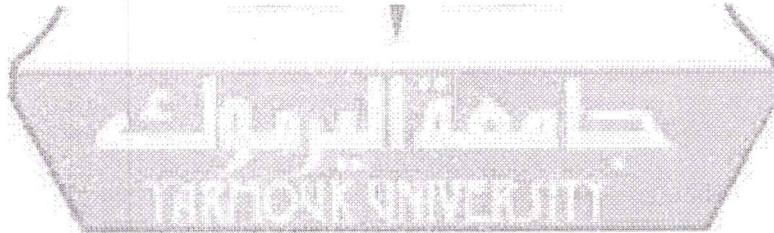
<i>effective exchange of information and collaboration with patients, their families, and health professionals.</i>	
1. Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics.	<b>ICS1</b>
2. Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions.	<b>ICS2</b>
3. Communicate effectively with and demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, gender identity, age, culture, race, religion, disabilities, socioeconomic status, body habitus, and sexual orientation.	<b>ICS3</b>
<b>V. Professionalism</b>	
<i>Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.</i>	
1. Demonstrate compassion, integrity, and respect for others.	<b>P1</b>
2. Demonstrate respect for patient privacy and autonomy.	<b>P2</b>
3. Demonstrate accountability to patients, families, and the healthcare team.	<b>P3</b>
4. Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations.	<b>P4</b>
5. Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients.	<b>P5</b>
6. Demonstrate responsiveness to patient needs that supersedes self-interest.	<b>P6</b>
7. Maintain comprehensive, timely, and legible medical records.	<b>P7</b>
<b>VI. Systems-Based Practice</b>	
<i>Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.</i>	
1. Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health.	<b>SBP1</b>
2. Identify and report system errors.	<b>SBP2</b>
<b>VII. Interprofessional Collaboration</b>	
<i>Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered</i>	





Document Approval Date	Course Syllabus	Document Code
		AP01-PR05

<i>care.</i>	
1. Work effectively with others as a member of a health care team or other professional group, cultivating mutual respect, dignity, diversity, ethical integrity, and trust.	<b>IPC1</b>
2. Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served.	<b>IPC2</b>
<b>VIII. Personal and Professional Development</b>	
<i>Demonstrate the qualities required to sustain lifelong personal and professional growth.</i>	
1. Demonstrate healthy coping mechanisms to respond to stress.	<b>PPD1</b>
2. Develop the ability to use self-awareness of knowledge, skills, and emotions to engage in appropriate help-seeking behaviors.	<b>PPD2</b>
3. Manage conflict between personal and professional responsibilities.	<b>PPD3</b>
4. Practice flexibility and maturity in adjusting to change with the capacity to alter one's behavior.	<b>PPD4</b>
5. Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty.	<b>PPD5</b>
<b>IX. Scientific and Clinical Inquiry</b>	
<i>Demonstrate understanding of scientific theory and methodology and the critical thinking skills needed to interpret and apply research to improving patient care.</i>	
1. Demonstrate the critical thinking skills needed for applying basic and clinical sciences to improving patient care in health care systems.	<b>SCI1</b>







Document Approval Date	Course Syllabus	Document Code
		AP01-PRO5

### DOMAINS OF COMPETENCE ACHIEVED

DOMAIN	YES	NO
PC1	*	
PC2	*	
PC3	*	
PC4	*	
PC5	*	
PC6	*	
KP1	*	
KP2	*	
KP3		*
PBL11		*
PBL12	*	
PBL13		*
PBL14	*	
ICS1	*	
ICS2	*	
ICS3		*
P1	*	
P2	*	
P3	*	
P4	*	
P5		*
P6		*
P7		*
SBP1	*	
SBP2		*
IPC1	*	
IPC2	*	
PPD1		*
PPD2	*	
PPD3	*	
PPD4	*	
PPD5		*
SCI1	*	



Document Approval Date	Course Syllabus	Document Code
		AP01-PR05

Assessment Methods				
Assessment Type	Date and Time	Assessment Method	Mark (%)	CLOs
Midterm Exam	Week 10	End rotation exam An Objective Structured Clinical Examination (OSCE) and Mini-OSCE (short stations of images and clinical scenarios based questions)	40	
Activities*	Activity (1)	10 Weeks Evaluation of performance during rotation Attendance/Behavior/ clinical sense/ Patient respect/ professionalism	10	
	Activity (2)	10 weeks Direct patient contact		
	Activity (3)	10 weeks Bedside clinical teaching		
	Activity (4)			
	Activity (5)			
Final Exam	At the end of second semester assigned by deanship	Computerized written exam MCQs	50	

\*The instructor must choose at least three activities from the following: quizzes, assignments, projects, videos, discussions, etc.





Document Approval Date	Course Syllabus	Document Code
		AP01-PR05

Course Contents, Schedule, and Instruction Methods		
Week	Course Content	Instruction Method**
Week 1	<b>Clinical training in the pediatric floor</b> <b>Lectures/ seminars</b> - Vaccinations - Asthma 1 - Asthma 2 - Cystic Fibrosis	Face-to-face class bed side teaching
Week 2	<b>Clinical training in the pediatric floor</b> <b>Lectures/ seminars</b> - Immunodeficiency disorders - Approach to a child with recurrent infections - Approach to jaundice in pediatrics - Developmental milestones	Face-to-face class bed side teaching
Week 3	<b>Clinical training in the pediatric floor</b> <b>Lectures:</b> - Inborn errors of metabolism 1 - Inborn errors of metabolism 2 - Chromosomal and genetic disorders 1 - Chromosomal and genetic disorders 2	Face-to-face class bed side teaching
Week 4	<b>Clinical training in the pediatric floor</b> <b>Lectures/ seminars</b> - Approach to a child with anemia - Malabsorption syndromes - Pediatric nutrition - Seizure disorders	Face-to-face class bed side teaching



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		AP01-PR05

Course Contents, Schedule, and Instruction Methods		
Week	Course Content	Instruction Method**
	- Diabetic ketoacidosis	
Week 5	<b>Clinical training in the pediatric floor</b> <b>Lectures/ seminars</b> - Acute flaccid paralysis - - Neonatal respiratory distress syndrome (RDS) - Leukemia and Lymphoma - Bleeding disorders	Face-to-face class bed side teaching
Week 6	<b>Clinical training in the pediatric floor</b> <b>Lectures/ seminars</b> - Proteinuria and nephrotic syndrome - Hematuria & glomerulonephritis - Fluid therapy - Electrolyte disturbances	Face-to-face class bed side teaching
Week 7	<b>Clinical training in the pediatric floor</b> <b>Lectures/ seminars</b> - Cyanotic and acyanotic heart disease - - Pediatric growth - Exanthems	Face-to-face class bed side teaching
Week 8	<b>Clinical training in the pediatric floor</b> <b>Lectures/ seminars</b> - Meningitis - Lower respiratory tract infections - Antibiotics 1 - Antibiotics 2	Face-to-face class bed side teaching





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Course Contents, Schedule, and Instruction Methods		
Week	Course Content	Instruction Method**
Week 9	<b>Clinical training in the pediatric floor</b> <b>Lectures/ seminars</b> - Vasculitis - Acute renal failure - Chronic renal failure	Face-to-face class bed side teaching
Week 10	<b>End rotation exam</b>	

\*\*Instruction method is as follows:

- **Face-to-Face course:** Face-to-face class
- **Online course:** Interactive synchronous or asynchronous
- **Blended course:** Face-to-face or Online (synchronous or asynchronous)

Main Textbook and References	
<b>Main Textbook</b>	1. Nelson Essentials of Pediatrics, 8th Edition Publisher: Elsevier Health Sciences (2018) • Author: Karen Marc Dante Robert Kliegman
<b>Other References</b>	2. The Harriet Lane Handbook, 21st edition Publishers: Elsevier Health Sciences (2017) • Authors: Lauren Kahl, Helen Hughes

Policies and Instructions***	
<b>Attendance</b>	10 weeks hospital training
<b>Activities</b>	Mentioned above
<b>Late Submission</b>	It's a yearly course for the whole 4 <sup>th</sup> year students level
<b>Exams</b>	Mentioned above
<b>Cheating and Plagiarism</b>	Unacceptable and forbidden according to the students handbook

\*\*\*For more information, please see the student handbook.