وزارة التعليم العالي والبحث العلمي جسهاز الإشسراف والتقويم العلمي دانرة ضمان الجودة والاعتماد الأكاديمي

استمارة وصف البرنامج الأكاديمي للكليات والمعاهد

الجامعة : البصرة الكلية/ المعهد: كلية الطب

القسم العلمي : الاطفال تاريخ ملء الملف : ٢٠١٩/١١/٦

التوقيع : اسم رئيس القسم: أم. د. غايده عبد الكريم التاريخ: ٢٠٢١-٢٠٢١



دقق الملف من قبل شعبة ضمان الجودة والأداء الحامعي اسم مدير شعبة ضمان الجودة أوالأداء الجامعى:

مصادقة السيد العميد

وصف البرثامج الأكاديمي

| يوتر ولحف البراسي المساوسي مداري مبرهناً عما إذا كان قد حقق الاسا | جازاً مقتضياً لأهم خصائص البرنامج ومخرجات التعلم المتوقعة من الطالب تحقيقها فادة القصوى من الفرص المتاحة . ويصاحبه وصف لكل مقرر ضمن البرنامج - |
|--|--|
| . المؤسسة التعليمية | جامعة البصرة |
| . القسم العلمي / المركز | كلية الطب / فرع طب الاطفال |
| . اسم البرنامج الأكاديمي او المهني | البرنامج الاكاديمي لطلبة المرحلة السادسة |
| . اسم الشهادة النهائية | بكلوريوس طب وجراحة عامة |
| . النظام الدراسي : | ستوي |
| سنوي /مقررات /أخرى | |

وزارة التعليم العالي والبحث العلمي جهاز الإشراف والتقويم العلمي دائرة ضمان الجودة والاعتماد الأكاديمي

المعاهد المعاهد وصف البرنامج الأكاديمي للكليات والمعاهد

الجامعة : البصرة

الكلية/ المعهد: كلية الطب

القسم العلمى : الاطفال

تاريخ ملء الملف :٢١٠٩=٢٠١٨

التوقيع : التوقيع :

اسم رئيس القسم: أ.م. عايده عبد الكريم المعاون العلمي:

التاريخ :

التاريخ :

دقق الملف من قبل

شعبة ضمان الجودة والأداء الجامعي

اسم مدير شعبة ضمان الجودة والأداء الجامعي:

التاريخ

التوقيع

مصادقة السيد العميد

وصف البرنامج الأكاديمي

يوفر وصف البرنامج الأكاديمي هذا ايجازاً مقتضياً لأهم خصائص البرنامج ومخرجات التعلم المتوقعة من الطالب تحقيقها مبرهناً عما إذا كان قد حقق الاستفادة القصوى من الفرص المتاحة . ويصاحبه وصف لكل مقرر ضمن البرنامج

| جامعة البصرة | ١. المؤسسة التعليمية |
|---|---|
| كلية الطب / فرع طب الاطفال | ٢. القسم العلمي / المركز |
| لليد العب / ترع عب الاعدال | ۱. انقسم انظمي / المركز |
| البرنامج الاكاديمي لطلبة المرحلة الخامسة | ٣. اسم البرنامج الأكاديمي او المهني |
| بكلوريوس طب وجراحة عامة | ٤. اسم الشهادة النهائية |
| محاضرات نظرية سنوية مع فترة للتدريب السريري | النظام الدراسي: سنوي /مقررات /أخرى |
| مجلس الاعتماد لكليات الطب في العراق | ٦. برنامج الاعتماد المعتمد |
| | ٧. المؤثرات الخارجية الأخرى |
| 7.71_7.7. | ٨. تاريخ إعداد الوصف |

٩. أهداف البرنامج الأكاديمي

- 1. To acquire knowledge about pediatrics necessary for any physician regardless of his or her future area of interest.
- 2. To gather, organize, and record health and illness data on pediatric patients in various age groups: newborn, infant, toddler, pre-school, school-age, and adolescent. This includes:
- The ability to take a thorough history.
- The ability to carry out a thorough physical examination and developmental assessment. The ability to record the above in conventional or problem-oriented format.
- The ability to synthesize and analyze the information and to develop an approach to differential diagnoses.
- The ability to formulate a plan of evaluation with critical use of the laboratory and other diagnostic studies with justification.
- The development of skills in concise case presentation.
- The acquisition of knowledge about general approaches to patient management (rather than fine detail).
- The development of skills in performance of simple procedures.
- 3. To review the background information about disease entities encountered and the effects of disease on the developing child.

| التقييم | تعلم و | عليم والن | رائق الت | به وطر | المطلوب | البرنامج | مخرجات | ٠١٠ |
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أ- الاهداف المعرفية

- 1- <u>Demonstration of common pediatric problems</u> in form of problem solving cases linked with the theoretical lectures .
- 2- <u>Skills and competencies</u>: The importance of knowing how to talk with children and their parents in language they understand, Be aware of the importance of how to give information with very significant implications on the child, for example, malignant diseases, neuro-developmental delay. Be able to explain to parents about common childhood illness and, when needed, to provide reassurance, To take every opportunity to talk to parents, child companion or caring staff about preventive measures and health promotion.
- 3- <u>Attitudes and conduct</u>: The student needs to develop attitude and behave in such away to minimize pain, recognize that un-cooperative behavior is part of normal child, respect child privacy, confidentiality, and consent and understand parental feelings and concerns
- 4- <u>Communicator skills</u> The student should be able to demonstrate appropriate communication techniques necessary to be able to obtain a complete history and perform physical examinations, taking into consideration the child's age and the family's cultural social-economic and educational differences and Acknowledge patient and family concerns in a sensitive manner.

ب - الأهداف المهاراتية الخاصة بالبرنامج

At the end of the clinical course, fifth year students should know the following:

- I. History: General pediatrics and neonatal history.
- II. Physical Examination: It includes: General Measurements: height; weight; head circumference, chest circumference, arm span, skin fold thickness and mid arm circumference. The general examination includes body temperature, pulse, blood pressure measurements and respiratory rate, type and rhythm. Physical examination: It includes regional and systemic examination:
- a. Head and neck examination.
- **b.** Chest examination
- c. Abdominal examination
- d. Examination of the musculo-skeletal system
- e. Examination of the central Nervous system
- f. Examination of the neonate

طرائق التعليم والتعلم

- 1- Lectures (problem based learning)
- 2- Clinical sessions (small group teaching) (appendix 1)

طرائق التقييم

- 1. Daily assessment during clinical session
- 2. Mid and final year written examination includes
 - * Best of Five (BOF) question
 - *case problem solving
- 3. Clinical examination includes OSCE at the end of 3 to 4 weeks course.

ج- الأهداف الوجدانية والقيمية .

Communication Skills

Communication is an important component of patient care. Effective health care communication is an essential tool for accurate diagnosis and for the development of a successful treatment plan, correlating with improved patient knowledge, functional status, adherence to the treatment regimen, and improved psychological and behavioral outcomes. In the case of distressing news, skillful communication can enable a family to adapt better to a challenging situation, including a child's un anticipated impairments. Poor communication, on the other hand, can prompt lifelong anger and regret, can result in compromised outcomes for the patient and family, and can have medico—legal consequences for the care giver.

Clearly, improved communication will enhance patient outcomes and satisfaction.

There are 3 elements of physician-parent-child communication:

Communicator role

The student should be able to:

- Demonstrate appropriate communication techniques necessary to be able to obtain a complete history and perform physical examinations, taking into consideration the child's age and the family's cultural social-economic and educational differences.
- Acknowledge patient and family concerns in a sensitive manner.
- Communicate using open-ended inquiry, listen attentively and verify for understanding.
- Communicate clearly with parents and children, sharing information in understandable language. Write clear, accurate and informative admitting histories and physical examinations as well as progress notes reflecting the patient's care and management.

Professional role

The student will be able to:

- -Behave in a professional and ethical manner at all times.
- -Demonstrate integrity, honesty and respect for others including patients, their families and caregivers, and members of the health care team.
- -Demonstrate respect for the families' individual rights of autonomy, privacy and confidentiality.
- -Value his/her role as a learner in the health care team.
- -Recognize his/her strengths and limitations in caring for children and their families and ask for appropriate assistance.

Scholar role

The student will be able to:

Engage in ongoing self-directed learning.

Access, utilize and assess educational resources and material to obtain reliable and accurate information relevant to clinical questions at hand.

طرائق التعليم والتعلم

- 1- Theoretical lectures on principles of ethics in pediatrics
- 2- Demonstration of proper communication skills by tutor before each clinical course
- 3- Observation of inter professional communication skills manner and with after health team staff

طرائق التقييم

- 1- Daily assessment
- 2- Interfrofessional with the other colleague
- 3- Building a Rapport in OSCE stations
- 4- Assessment of communication skills
 - د المهارات العامة والتأهيلية المنقولة (المهارات الأخرى المتعلقة بقابلية التوظيف والتطور الشخصي).
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طرائق التعليم والتعلم

طرائق التقييم

١١. بنية البرنامج

| عتمدة | الساعات الم | اسم المقرر أو المساق | رمز المقرر أو المساق | المرحلة الدراسية |
|-------|-------------|----------------------|----------------------|------------------|
| عملي | نظري | | | |
| ٤. | ٧٥ | | | الخامسة |
| | | | | |

١٠ التخطيط للتطور الشخصي

- 1- Building a rapport with patient.
- 2- Communication skills
- 3- The student is expected to identify himself as an undergraduate student then are expected to be strict with role of college regarding attendance hours and to wear approved colleague uniform and behave appropriately.
- 4- They actively participate to give a feed back about their experience in pediatric department

١٣. معيار القبول (وضع الأنظمة المتعلقة بالالتحاق بالكلية أو المعهد)

١٤. أهم مصادر المعلومات عن البرنامج

| Illustrated Textbook Of P Supplementary readings: Nelson Essentials of Pediatric | by | Tom | Lissauer | and | Graham | Clayder |
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THE FIFTH-YEAR LECTURES CURRICULUM

TOTAL HOURS: 70FIRST TERM: 38SECOND TERM: 32

| Subject | hours | lecturer |
|--|-------|----------------------|
| Ethics in Pediatrics Communication skills in pediatric age group | 2 | أ.د.سوسن عيسى حبيب |
| Growth and Development | 2 | م.د. علياء محمد راضي |
| Factors affecting growth and development Pattern of growth from birth to puberty Methods of measurement of stature and growth cha Developmental milestone | rts | |
| Immunization | 2 | م.د. مرتضی یاسین طه |
| Introduction to immune system and immune deficient Vaccination Immunization schedule in Iraq | ency | |
| Infant Feeding | 2 | م.د. حنان راضي عبود |
| Breast feeding Formula feeding Feeding problems | | |
| Nutrition | 4 | أ.د .سوسن عيسى حبيب |
| Malnutrition Failure to thrive Malabsorption: celiac disease and cystic Fibrosis | | |
| Nutrition cont., | 1 | أ. د. جنان غالب حسن |
| • Obesity | | |
| Vitamins Disorders | 2 | م.د.أسعد عيسى عاشور |
| Vitamin A Calcium metabolism and Rickets Hemorrhagic disease of the newborn | | |
| Infectious Diseases | 4 | م.د.حنان راضي عبود |
| Acute Diarrhea, vibriosis Fluid therapy in diarrhea Whooping cough, mumps Tetanus | | |
| Infectious Diseases, Cont., | 2 | م.د. ضحی صبیح جمعة |
| Prolonged fever with infectious cause • Enteric fever, brucellosis, kalaazar | | |

| • Tuberculosis | | | | |
|---|------------|-----------------------------|--|--|
| Infectious Diseases, Cont., | 2 | م.د.جواد كاظم عطية | | |
| Meningitis and encephalitis Acute Flaccid Paralysis: poliomyelitis, infectious poliomyelitis | lyneuritis | | | |
| Infectious Diseases, Cont., | 2 | م.د. ضحی صبیح جمعة | | |
| Exanthematous Diseases: • Roseola infantum, measles, chickenpox, scarlet fever • Rubella and congenital rubella | r | | | |
| Gastrointestinal tract diseases | 2 | م.د.أسعد عيسي عاشور | | |
| Diseases of the mouth Abdominal pain, H. pylori Infection Constipation Viral hepatitis (Hepatitis A) | | | | |
| Neurological Disorders in Children | 3 | م.د.بماء عبد الحسين أحمد | | |
| Intellectual dysfunctionCerebral palsySeizures in children | | | | |
| Respiratory Diseases | 4 | م.د.حسین جاسم محمد | | |
| Integrated management of childhood illnesses Wheezy infant, Bronchiolitis Stridor Pneumonia Bronchial asthma | | | | |
| Diseases of the Newborn | 5 | م.د.عاصم خالد عاصم | | |
| Normal newborn, low birth weight babies Premature baby and SGA Respiratory distress in newborn babies Neonatal convulsions | | | | |
| Diseases of the Newborn, cont., | 5 | أ.م.د.عائدة عبد الكريم منثر | | |
| Neonatal hyperbilirubinemia Hemolytic diseases of the newborn Birth injuries Neonatal infections Birth asphyxia | | | | |
| Pediatric Hematology and Oncology | 4 | أ.د.ميعاد كاظم حسن | | |
| Approach to anemia in children Hereditary anemia Aplastic anemia | | | | |

| Hemorrhagic disorders Thrombocytopenia Hemophilia, Von Willebrand disease Pediatric Hematology and Oncology Leukemia Lymphomas Pediatric oncology emergencies Genetic Disorders Inheritance pattern Chromosomal abnormalities Prenatal diagnosis Genetic counseling Gene therapy Cardiovascular Disorders Congenital heart disease Virial myocarditis and heart failure Endocrine Disorders Diabetes mellitus: Type I & Type II Diabetic ketoacidosis Endocrine Disorders ont, Short stature Hypothyroidism Renal Disease Urinary tract infection Acute glomerulonephritis Nephrotic syndrome Hemolytic uremic syndrome, acute kidney injury Behavioral Disorders Habit disorders, sleep disorders, continence disorders, and eating disorders ADHD Autism Learning disorders Renautology Renautology Renautology Pace of the purpura Pace o | Pediatric Hematology and Oncology | 2 | م.د. ضحی صبیح جمعة | | |
|---|--|---|--------------------------|--|--|
| Hemophilia, Von Willebrand disease Pediatric Hematology and Oncology Leukemia Lymphomas Pediatric oncology emergencies Genetic Disorders Inheritance pattern Chromosomal abnormalities Prenatal diagnosis Genetic counseling Genetic rounseling Genetic rounsel | Hemorrhagic disorders | | | | |
| Pediatric Hematology and Oncology 3 | Thrombocytopenia | | | | |
| Leukemia Lymphomas Pediatric oncology emergencies Genetic Disorders Inheritance pattern Chromosomal abnormalities Prenatal diagnosis Genetherapy Cardiovascular Disorders Congenital heart disease Viral myocarditis and heart failure Endocrine Disorders Diabetes mellitus: Type I & Type II Diabetic ketoacidosis Endocrine Disorders ont, Short stature Hypothyroidism Renal Diseases Urinary tract infection Acute glomerulonephritis Nephrotic syndrome Hemolytic uremic syndrome, acute kidney injury Behavioral Disorders Habit disorders, sleep disorders, continence disorders, and eating disorders Rheumatology Renaumatoid arthritis | Hemophilia, Von Willebrand disease | | | | |
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| Pediatric oncology emergencies Genetic Disorders Inheritance pattern Chromosomal abnormalities Prenatal diagnosis Genetic counseling Genetic counselies Genetic c | Leukemia | | | | |
| Senetic Disorders 3 ورد مياسي كاظم يوسف (Inheritance pattern Other Chromosomal abnormalities Prenatal diagnosis Genetic counseling Genetic counseling Genetherapy Cardiovascular Disorders Other Chromosomal abnormalities Prenatal diagnosis Genetic counseling Genetic herapy Cardiovascular Disorders Other Chromosomal abnormalities Other | • Lymphomas | | | | |
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| Chromosomal abnormalities Prenatal diagnosis Genetic counseling Genet therapy Cardiovascular Disorders Congenital heart disease Viral myocarditis and heart failure Endocrine Disorders Diabetes mellitus: Type I & Type II Diabetic ketoacidosis Endocrine Disorders | Genetic Disorders | 3 | م.د. ميامي كاظم يوسف | | |
| • Prenatal diagnosis • Genetic counseling • Gene therapy Cardiovascular Disorders • Congenital heart disease • Viral myocarditis and heart failure Endocrine Disorders • Diabetes mellitus: Type I & Type II • Diabetic ketoacidosis Endocrine Disorders cont, • Short stature • Hypothyroidism Renal Diseases • Urinary tract infection • Acute glomerulonephritis • Nephrotic syndrome • Hemolytic uremic syndrome, acute kidney injury Behavioral Disorders • Habit disorders, sleep disorders, continence disorders, and eating disorders • ADHD • Autism • Learning disorders Rheumatology 2 Joint pain & Limping • Rheumatoid arthritis | = | | | | |
| • Genetic counseling • Gene therapy Cardiovascular Disorders • Congenital heart disease • Viral myocarditis and heart failure Endocrine Disorders • Diabetes mellitus: Type I & Type II • Diabetic ketoacidosis Endocrine Disorders cont, • Short stature • Hypothyroidism Renal Diseases • Urinary tract infection • Acute glomerulonephritis • Nephrotic syndrome • Hemolytic uremic syndrome, acute kidney injury Behavioral Disorders • Habit disorders, sleep disorders, continence disorders, and eating disorders • ADHD • Autism • Learning disorders Rheumatology 2 Joint pain & Limping • Rheumatoid arthritis | | | | | |
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| Congenital heart disease Viral myocarditis and heart failure Endocrine Disorders Diabetes mellitus: Type I & Type II Diabetic ketoacidosis Endocrine Disorders cont, 1 | | 2 | ه.د.جواد کاظم عطبة | | |
| Viral myocarditis and heart failure Endocrine Disorders Diabetes mellitus: Type I & Type II Diabetic ketoacidosis Endocrine Disorders cont, Short stature Hypothyroidism Renal Diseases Ourinary tract infection Acute glomerulonephritis Nephrotic syndrome Hemolytic uremic syndrome, acute kidney injury Behavioral Disorders Habit disorders, sleep disorders, continence disorders, and eating disorders ADHD Autism Learning disorders Rheumatology Phenometric syndrome Renal Disorders A DHD Autism Learning disorders Rheumatology Phenometric syndrome A Limping Rheumatoid arthritis | | | . , , , , , , , , , , | | |
| Endocrine Disorders 2 و المعادر عباس عبد خوعل الله المعادر الله الله الله الله الله الله الله الل | | | | | |
| • Diabetes mellitus: Type I & Type II • Diabetic ketoacidosis Endocrine Disorders cont, • Short stature • Hypothyroidism Renal Diseases • Urinary tract infection • Acute glomerulonephritis • Nephrotic syndrome • Hemolytic uremic syndrome, acute kidney injury Behavioral Disorders • Habit disorders, sleep disorders, continence disorders, and eating disorders • ADHD • Autism • Learning disorders Rheumatology Joint pain & Limping • Rheumatoid arthritis | <u> </u> | 2 | 10: 10 100 | | |
| Diabetic ketoacidosis Endocrine Disorders cont, Short stature Hypothyroidism Renal Diseases O Urinary tract infection Acute glomerulonephritis Nephrotic syndrome Hemolytic uremic syndrome, acute kidney injury Behavioral Disorders O Habit disorders, sleep disorders, continence disorders, and eating disorders ADHD Autism Learning disorders Rheumatology Joint pain & Limping Rheumatoid arthritis | Endocrine Disorders | 2 | م.د.عباس عبد حزعل | | |
| Endocrine Disorders cont, 1 م.د. ضعي صبيح جمعة • Short stature • Hypothyroidism Renal Diseases 3 م.د. عباس عبد خزعل • Urinary tract infection • Acute glomerulonephritis • Nephrotic syndrome • Hemolytic uremic syndrome, acute kidney injury Behavioral Disorders 3 م.د. عبد الحسين أحمد • Habit disorders, sleep disorders, continence disorders, and eating disorders • ADHD • Autism • Learning disorders Rheumatology 2 2 Joint pain & Limping • Rheumatoid arthritis | • Diabetes mellitus: Type I & Type II | | | | |
| • Short stature • Hypothyroidism Renal Diseases 3 3 العناد عباس عبد خزعل الالإلمانية عبد الخسين المحدد ا | Diabetic ketoacidosis | | | | |
| Hypothyroidism Renal Diseases | Endocrine Disorders cont, | 1 | م.د. ضحی صبیح جمعة | | |
| Renal Diseases 3 مدر عباس عبد خزعل و Urinary tract infection • Acute glomerulonephritis • Nephrotic syndrome • Hemolytic uremic syndrome, acute kidney injury Behavioral Disorders 3 مدر باخل عبد الحسين أحمد المسين أحمد المسين أحمد المسين أحمد عبد الحسين أحمد المسين أحمد عبد المسين احمد عبد المسين أحمد عبد المسين أحمد عبد المسين أحمد عبد المسين أحمد المسين أحمد عبد المسين أحمد المسين | • Short stature | | | | |
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| • Acute glomerulonephritis • Nephrotic syndrome • Hemolytic uremic syndrome, acute kidney injury Behavioral Disorders • Habit disorders, sleep disorders, continence disorders, and eating disorders • ADHD • Autism • Learning disorders Rheumatology Z Joint pain & Limping • Rheumatoid arthritis | Renal Diseases | 3 | م.د.عباس عبد خزعل | | |
| • Acute glomerulonephritis • Nephrotic syndrome • Hemolytic uremic syndrome, acute kidney injury Behavioral Disorders • Habit disorders, sleep disorders, continence disorders, and eating disorders • ADHD • Autism • Learning disorders Rheumatology Z Joint pain & Limping • Rheumatoid arthritis | • Urinary tract infection | | | | |
| • Hemolytic uremic syndrome, acute kidney injury Behavioral Disorders • Habit disorders, sleep disorders, continence disorders, and eating disorders • ADHD • Autism • Learning disorders Rheumatology 2 Joint pain & Limping • Rheumatoid arthritis | · · | | | | |
| Behavioral Disorders 3 م.د. بحاء عبد الحسين أحمد . Habit disorders, sleep disorders, continence disorders, and eating disorders • ADHD • Autism • Learning disorders Rheumatology 2 م.د. علياء محمد راضي Joint pain & Limping • Rheumatoid arthritis | Nephrotic syndrome | | | | |
| • Habit disorders, sleep disorders, continence disorders, and eating disorders • ADHD • Autism • Learning disorders Rheumatology 2 Joint pain & Limping • Rheumatoid arthritis | Hemolytic uremic syndrome, acute kidney injury | | | | |
| • ADHD • Autism • Learning disorders Rheumatology 2 Joint pain & Limping • Rheumatoid arthritis | Behavioral Disorders | 3 | م.د.بماء عبد الحسين أحمد | | |
| • Autism • Learning disorders Rheumatology 2 Joint pain & Limping • Rheumatoid arthritis | Habit disorders, sleep disorders, continence disorders, and eating disorders | | | | |
| • Learning disorders Rheumatology 2 Joint pain & Limping • Rheumatoid arthritis | | | | | |
| Rheumatology 2 م.د. علياء محمد راضي 2 المحمد المحم | | | | | |
| Joint pain & Limping • Rheumatoid arthritis | Learning disorders | | | | |
| Rheumatoid arthritis | Rheumatology | 2 | م.د. علياء محمد راضي | | |
| | Joint pain & Limping | | | | |
| Vasculitis: Henoch-Schölein purpura | Rheumatoid arthritis | | | | |
| | • Vasculitis: Henoch-Schölein purpura | | | | |

| • Rheumatic fever | | | | |
|---|---|---------------------|--|--|
| Poisoning | 2 | م.د. مرتضی یاسین طه | | |
| Drug Poisoning – Approach to initial measures | | | | |
| • Organophosphorus, iron, paracetamol poisoning | | | | |
| Hydrocarbons poisoning | | | | |

| | ١٠. البنية التحتية |
|---|---|
| Illustrated Textbook Of Pediatrics, by Tom Lissauer and Graham Clayden Supplementary readings: Nelson Essentials of Pediatrics | ١- الكتب المقررة المطلوبة |
| | ٢- المراجع الرئيسية (المصادر) |
| Nelson Textbook Of Pediatrics, by Robert M. Kliegman, Karen Marcdante, Hal B. Jenson, & Richard E. Behrman. WB Saunders Co. | ا الكتب والمراجع التي يوصى بها (المجلات العلمية , التقارير ,) |
| E .Learning Website | ب ـ المراجع الالكترونية, مواقع الانترنيت |

| | ١١. خطة تطوير المقرر الدراسي |
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| Student Center Learning | |
| | |

Appendix 1

Schedule for Clinical Training (fifth class)

| Date | Day | subject |
|-----------------------|---|---|
| First and second week | Wednesday 8-10Am 10-10.30 Rest 10.30-1Pm | Meeting, , review history taking Detailed history taking |
| | Thursday 8-10Am 10-10.30 Rest 10.30-1Pm | Demonstration ,how to take pediatric history General Examination, vital signs and anthropometric measurements |
| third week | Wednesday | Regional examination and revision of general examination |
| | 8-10Am 10-10.30 Rest 10.30-1Pm | Respiratory examination Cardiovascular examination and blood pressure measurement |
| | Thursday 8-10Am 10-10.30 Rest 10.30-1Pm | Abdominal examination Revision of respiratory and cardiovascular system examination and Abdominal examination |
| fourth week | Wednesday 8-10Am 10-10.30 Rest 10.30-1Pm Thursday | CNS examination Review examination general and systemic examination Demonstration of OSCE stations History taking and examination Examination |