



College of Medicine

UNIVERSITY OF SULAIMANI
COLLEGE OF MEDICINE
Study guide year

**Curriculum Guide for year five medical student/ Phase 2 for the Degree of
Bachelor of Medicine and Bachelor of Surgery (M.B.Ch.B) 2024 -2025**

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Aims and Outcomes

The chief aim of Sulaimani College of Medicine is that new graduates should have the clinical competence to work as Resident Doctors combined with the potential to develop along the continuum of medical education into humane and rational doctors. In accordance with the principles of medical ethics, Hippocratic Oath, Kurdistan Medical Syndicate and Sulaimani Directorate of Health regulations, graduates will make the care of patients first concern, applying their knowledge and skills competently and ethically and using their ability to provide leadership and to approach complex and uncertain situations.

The outcomes for the courses are defined by a collaborated team from Sulaimani Medical Syndicate, Sulaimani Directorate of Health (DoH) as well as College of Medicine in collaboration with the Ministry of Higher Education and Scientific Research's higher committees for program evaluation and development.

The MBChB program at Sulaimnai CoM is subject to annual monitoring under the UoS quality assurance policy and Sulaimni DoH.

Curriculum Approach

The new curriculum is a student-center curriculum in an integrated and clinically oriented way, making students:

- 1- To have a wide range of clinical skills, practical skills, critical thinking, decision making and problem-solving, that all are necessary and cornerstones in the diagnosis and care of the patient
- 2- Communicate in a practical way with patients, colleagues and all hospital staff
- 2- Able to work effectively in a team where patient interest is the core of the team job.

Methods of teaching, learning, and assessment

The program aims to adopt student-centered leaning approaches and uses many strategies:

Workplace-based learning through clinical sessions in hospitals

Lectures at campus and hospitals

Problem-based learning

Case-based Learning

Team-based learning

Tutorials, seminars and workshops

Assessment:

The purposes of medical student assessment are:

- To determine whether the learning objectives that are set a priori are met
- Support of student learning
- Certification and judgment of competency
- Development and evaluation of teaching programs
- Understanding of the learning process
- Predicting future performance

There are two types of assessments during your academic year

Formative assessment: is process-focused; its primary purpose is to provide feedback to both students and teacher while the program is still ongoing. Formative assessment tends to be low stakes examinations. Formative assessment is an important component in education as good formative assessment with feedback improves student learning and leads to better performance in summative assessment.

Summative assessment: is outcome-focused, its primary purpose is to determine the achievement of the student or the program. Summative assessments are generally high stakes examinations and require substantial developmental effort and strict quality control. Through all ways of assessments, the medical college will try to assess knowledge, attitude, critical thinking, decision-making, and skills.

1. Throughout each block, you will undergo formative examinations, either paper-based or online.
2. At the end of each block, you will have an OSCE examination worth 5 points.
3. Your block course book requirements and daily activities during clinical sessions will be assessed, accounting for 3 points at the end of each block,
4. At the end of the academic year, each student will have a (Year Workload) score that worth 40 points. (Each block 8 points, 5 points of assessments and 3 points of course book requirements and daily activities during clinical sessions)
5. The final summative examination at the end of the academic year consists of two parts: MSQ exam paper (100-150 single best answer questions with four options)) and Integrated case scenario paper exam (20 case scenarios integrated with 5 questions in single best answer format for each case scenario), 30 points for each of them.

The assessment will be managed through a **standard setting process** arranged by a group of expert college teachers from all specialties, this process designed to ensure that the assessment is valid reliable and fair and they will set a cut scores that will use to classify students' performance level.

Passing final mark after summation of the annual workload and final summative examination should be equal or more than 50.

6. In order to succeed to next year, you need to achieve a total score of at least 50 out of 100, which will be the summation of the year workload and the average result of papers one and two. Any student scoring below 50 should repeat the End Year Examination in the trail 2 during the summer.
7. If a student fails to pass trial 2, then will be required to repeat the entire Year 5 during next academic year.

Learning resources and supports

To support your integration learning and clinical skill learning, the College of Medicine has put Year 5 curriculum to campus lecturing learning and workplace learning (clinical sessions at hospitals). You are in charge of combining the knowledge acquired in the previous 4 years of study with the clinical ground experiences during your placement.

20% of the curriculum of each block will be about applied basic sciences of that specific block and the other 80% will be about pure clinical medical sciences.

Campus Tutorials and Large Group Sessions: In Year 5, there is Campus lecturing from 8:00am to 10:00 am followed by workplace clinical session at the hospital till 1:00 pm. Teaching sites could be changed according to the blocks' specificity.

Small Group Sessions: Over the entire YEAR 5, there is a daily spread of small group discussions where you might be requested to present a Seminar or a Case Study relevant to themes of the block or discuss a controversial medical problem.

Seminars: All blocks will have a range of additional structured teaching events, core clinical problems, face to face and/or virtual.

Procedural Skills: There is a coordinated program over Year 5 to ensure that you develop the procedural skills essential for practice as a resident doctor, as defined by the Kurdistan Medical Syndicate and Sulaimani DoH. Every block has some of these skills associated with it, and many appear in more than one block to highlight their importance. For each skill, you will first attend a clinical skills tutorial, where you learn the basic procedure in a clinical skills laboratory or hospital. Many of these sessions might be also available through online instruction videos. You will finally practice, under supervision, on real patients to complete your training. You will be signed off formally at each stage, and by the end of the block/course, you will have a record of clinical skills completed, which will certify your areas of competence for your graduation.

Workbooks: Each block has a workbook. This continues the principles introduced during previous years. In Year 5, the workbook has a slightly different function and differs from block to block. It combines the learning outcomes for the block as well as guidance and advice. There will be an assortment of task-related items (i.e. things for you to do) as well as case studies to work through and sections for you to record information you have seen or learn about on the ward. There will be guidance on the formative assessment as well as the End Block Assessment. You should invest in your usage of the workbook, adding material, making links back to previous years and finding different ways to record information. All workbooks will present the

aims of the block and intended detailed learning outcomes, including clinical reasoning, competence and skills based on the knowledge grounds of that block.

Feedback

The delivery of and individualized feedback is a key objective for the Sulaimani College of Medicine program. It is well known that feedback is integral to learning. Therefore, it's necessary that feedback takes place at different levels and times and makes use of varied formats.

Feedback that is informal takes place in many settings as Consultants, GPs, doctors in training and other members of the health care team provide guidance and teaching. Actively seek out their comments and thoughts and incorporate their suggestions into your future learning and practice.

Attendance: Students are required to attend mandatory timetabled teaching and clinical sessions. It is important to note that attendance is expected to be 100% where timetabled across Sunday-Thursday, and wherever possible you are expected to take part in out of hours activities alongside your team. As we know these are often the times for the good learning opportunities, the ability to clerk a range of acutely presenting patients, and to review unwell inpatients alongside doctors in training, we have asked the (undergraduate) UG teams to timetable evening/twilight shifts and weekend days on call if necessary.

Professionalism: Students are required to demonstrate professional attitudes and behavior both toward patients as well as colleagues and hospital personnel.

Dressing Code: It is mandatory for all students to enter hospitals with (White-Coat) on in addition to an ID card that clearly shows their names, college and level of study. The administrative and guard personnel at different hospitals may ask for your identity. They have all the right to reject your entry to hospitals if you are not dressing according to DoH code.

Rounds and blocks

Name of blocks (cores) & their credits

No.	Course name	Code	Theory session	Group session	Practical session	Credit
31	Women care 1	25031WC	60	30	90	9
32	Child care 1	25032CC	60	30	90	9
33	Cancer care	25033CAC	60	30	90	9
34	Mental health & Neuro medicine	25034MNM	60	30	90	9
35	Special surgeries	25035SS	60	30	90	9
Total			300	150	450	45

Year 5 consists of five blocks, each of 5 weeks duration. Each block represents an essential area of clinical care:

	Blocks	Duration
1	Special surgeries (ENT: 3 weeks; OPH: 1 week; PLASTIC: 2 weeks)	6 weeks
2	Cancer and hematology care (cancer care: 4 weeks; hematology 2 weeks)	6 weeks
3	Child care	6 weeks
4	Neuropsychiatric Care (psychiatric 3 weeks, neurology: 3 weeks; neurosurgery: 1 week)	6 weeks
5	Women care	6 weeks
	Total	30 weeks

For each block, there will be 2 hours of theoretical lectures
4 hours of clinical sessions that include small group teaching and case discussion,
Students are arranged into 5 groups, around 60 students for each group.*

Special Surgeries block

Outline of the Block:

Duration: 6 weeks:

Daily working Hours: 6 hours. from 08:00-14:00, five days per week, Sunday to Thursday.

Location: Teaching will occur at the university campus, ENT Teaching Hospital, Shahid Aso Teaching Hospital and Burn and Plastic Teaching Hospital

Block leader :Dr. Mariwan Latif .

Students will encounter ENT, Ophthalmology, and plastic surgery This block aims to provide time for students to address essential outcomes linked to these specialties and to reflect back to the Phase 1 teaching.

Aims

The block aims to equip students to:

- Take a history and carry out an appropriate examination in a patient with an ENT or ophthalmic and plastic surgery problem.
- Understand the impact of dysfunction or loss of a special sense for a patient and their carer, and the resources required to manage the disability
- Assess acute, common, and important ophthalmic, ENT, plastic surgery disorders, especially those that have systematic features or appear in other parts of the course

Outcomes

By the end of the block, you should be able to:

Eye Care learning outcome:

- By taking an appropriate history to reach a provisional diagnosis, demonstrate your ability to identify the essential causes for the symptoms of ocular discomfort, visual disturbance, a red eye, ocular discharge.
- Elicit selectively, normal and common abnormal signs in the eyes to test diagnostic hypotheses, in particular:
- Test and record visual acuity in adults and children.
- Assess a patient for the presence of squint by means of the corneal reflexes and cover testing
- Examine the fundus with a direct ophthalmoscope
- Examine visual fields by confrontation
- Distinguish between ophthalmic complaints requiring immediate referral, those which require referral but are not urgent.
- Describe the management of complications and organ damage of chronic conditions where the eye is potentially involved, such as visual problems associated with diabetes, thyroid disease and hypertension

ENT learning outcome:

- By taking an appropriate history to reach a provisional diagnosis, demonstrate your ability to identify the important causes for the symptoms of:
- Nasal Blockage, rhinitis, epistaxis, deafness, pain in the ear and throat, difficulty during swallowing, swelling of the neck, hoarseness and disturbance of balance.
- Elicit selectively normal and common abnormal signs in the ears, nose and throat including the use of an otoscope and a tuning fork to test diagnostic hypotheses
- Use investigations selectively to confirm diagnostic hypotheses
- Formulate a simple management plan including an assessment of the need for referral
- Describe the management of complications of chronic conditions where the eye is potentially involved such as visual problems associated with diabetes, thyroid disease and hypertension

• *Plastic surgery learning outcome:*

- 1.The basics of wound healing, stages, and problems that lead to delay in wound healing.
 - 2.Reconstructive ladder and its applications in plastic surgery.
 - 3.The concept of body angiosomes .
 - 4.Skin grafts, biology, classification, indications and causes of failure.
 - 5.Flaps classification, indications, and surgical techniques.
 - 6.Skin lesions (Benign & Malignant).
 - 7.Scars (Hypertrophic & keloid)
 - 8.Types of suturing & suture materials
- Burn types, management and indications for admission

Mental Health & Neuro medicine Block

This course comprises three, relatively thematic, related blocks: Mental Health Care, Neuro-medical Care and Neuro-surgical Care. Students will encounter patients with Psychiatric, Neuro-medical and Neuro-surgical problems in a number of settings.

This placement aims to provide time for learners to address important outcomes linked to these specialties as well as to reflect back to the Phase 1 teaching in the Social and Behavioural Sciences module in Year 1, Musculoskeletal System class in Year 2 and Head and Neck and Nervous System classes in Year 3 in addition to integration with other classes in Phase 1 like Mechanism of Diseases, Pharmacotherapies, Infections, etc... in addition to patient-centered approach of integration with other courses in Phase 2 especially with Year 4 courses of Medical Care, Surgical Care and Primary care.

All three blocks' components will consist of a mix of clinical sessions, out-patient teaching and structured teaching, taking in consideration Patient-centered Problem-Based Style of learning.

Each individual component of this course will deliver a number of Core Clinical Problems and attempt to solve these problems in an integrated, both horizontal and longitudinal, style of teaching with the CARE for PATIENT as a Gold Standard.

Outline of the Course

Duration	6 weeks
Class-based structural teaching	60 hours
Small Group Problem Based Learning	30 hours
Seminars	10 to 15 hours
Bedside Teaching	90 hours
Total Credits	9 units

Mental Health Care course

Key person:

Dr. Zamdar H Rasul Karim, location : shahid Dr. hemen hospital , university campus , shar hospital

Aims:

Main aims of this course are to provide an opportunity to develop knowledge of common and serious mental disorders, their presentation and management, and of the structure and function of modern mental health services. Development of skills in interviewing, obtaining detailed psychiatry histories, examining mental states, and assessing risk as well as reducing the associated stigma to psychiatric disorders.

Learning Objectives:

By the end of the mental health block, students should be able to:

- Use empathic and practical communication skills to elicit relevant patient information to formulate a psychiatric differential diagnosis and management plan in any clinical setting.
- Undertake a psychiatric history and perform a mental state examination, including cognitive function.
- Consider co-morbidity in psychiatric presentations.
- Use a biopsychosocial model to holistically assess patients and to plan management.
- Describe the treatment approaches used in psychiatry. Describe the common side effects of the treatments.
- Assess patients' risk to themselves and to others and use this knowledge within the management plan.
- Relate a patient's symptoms, problems and management to their social and cultural background.
- Demonstrate a compassionate understanding of the emotional problems of patients and their relatives/carers.
- Appreciate the importance of multi-disciplinary working within the field of mental health services and be able to work constructively with other health professionals.
- Recognize the importance of the promotion of mental health and the prevention of psychiatric disorders.
- Have an understanding of the services involved in the support and treatment of individuals with mental health problems.

Specific Learning Objectives:

1. Proper communication skill with patients and relatives including: history taking, examination, risk assessment, breaking bad news.
2. Stressing on Core Clinical Problems, including emergency presentations.
3. Getting familiar with Specific Psychiatric Disorders.

Clinical Skills:

1. Psychiatric Assessment including thorough history taking and mental state examination.
2. Communication with patients' relatives and skills of obtaining collateral information.
3. Risk assessment: including risk of self-harm and harms to others.
4. Skills of introducing Bad News to patients or relatives (Breaking Bad News).
5. Skill of conducting Electro-Convulsive therapy.

Core Clinical Problems:

1. Agitation.
2. Suicide and Self harm
3. Side effects of drugs
4. Psychosomatic presentations
5. Depression
6. Severe Anxiety
7. Panic Attack
8. Phobias

9. Self-Isolation
10. Paranoia
11. Sleep problems
12. Sexual Problems
13. Eating issues
14. Poor attention and memory
15. Improper communication
16. Trauma

Assessment

Pre-Assessment:

- A written single best answer question examination

Feedback:

A wide range of teaching methods are utilized in the clinical environment including bed-side teaching, ward rounds, seminars, simulated patient sessions, student presentations, individual teaching, skill training and others. All provide the opportunity for real-time feedback with regard to knowledge, understanding, competence and skill level. Additionally, there will be two formative assessments throughout the block.

Attendance:

Students are required to attend mandatory timetabled sessions; and other clinical sessions as appropriate

Professionalism:

Students are required to demonstrate professional attitudes and behavior.

Requirements for completion of the block include:

- A written portfolio case study which is marked and graded.
- An experiential learning record. You will need to demonstrate (by staff signature) that you have taken part in various specific activities throughout the placement. These include ECT and emergency assessment.
- A report signed by your supervising consultant(s) in CoM-UoS. We also ask you to write a written reflection on your experience during the block.

End of Block Assessment:

This will include

- Three to four stations OSCE.

Feedback will be provided on the OSCE with the examiner comments and grades. Feedback will be provided on the written assessment with details of your mark.

Neuro-Medicine course

Key Persons: Dr. Abas Nariman Sidiq

Dr. Ali Omar Saadon

Venue: Shar teaching hospital/ Neurological (3rd floor) and neurosurgery (1st floor) ward.

Aims:

Main aims of this course are to provide an opportunity to develop knowledge of common and serious neurological and neurosurgical disorder, their presentation and management, and ability to approach these disorders efficiently. Development of skills in interviewing, obtaining detailed neurological and neurosurgical histories, examining neurological system, and assessing risk as well as reducing the associated secondary problem and adverse outcome of these disorders and knowing different neurosurgical procedures.

Learning Objectives:

By the end of the neuromedical and neurosurgical care block, students should be able to:

- Use empathic and practical communication skills to elicit relevant patient information to formulate a neurological differential diagnosis and management plan to most common neurological and neurosurgical care disorders in any clinical setting.
- Undertake a neurological history and perform a neurological examination, including fundoscopy and lumbar puncture performance.
- Describe the approaches and differentials used in neurology and neurosurgery.
- Describe the treatment approaches used in neurology and neurosurgery.
- Describe the common side effects of common treatments in neurology and neurosurgery.

- Assess critical care patients with proper time-based decisions.
- Know how to respond to top emergency cases in neurology including stroke unit patients and neurosurgical cases including trauma cases in the A&E.
- Learn how to send necessary investigations including imaging, lumbar puncture and CSF analysis and their interpretation.
- Appreciate the importance of multi-disciplinary working within the field of neurology and neurosurgery, be able to work constructively with other health professionals.
- To learn how to differentiate between surgical and non-surgical in neuroscience.
- To learn about the most common neurosurgical procedures and their instruments.
- To learn about neurosurgical cases and how to recognize most urgent cases.
- To learn about GCS in head injury patients and critical ill patients.

Specific Learning Objectives:

1. Proper communication skill with patients and relatives including history taking, examination, risk assessment, breaking bad news.
2. Stressing on Core Clinical Problems, including emergency presentations.
3. Getting familiar with Specific Neurological and neurosurgical Disorders.

4. Preparing patients for the common neurosurgical procedures and taking consents from patients.

Clinical Skills:

1. Neurological and neurosurgical Assessment including thorough history taking and proper neurological examination.
2. Communication with patients' relatives, skills of obtaining information and consent for neurosurgical procedures.
3. Risk assessment: including risk factor that consider to be significant to a specific neurological disorder and risk for different neurosurgical procedures.
4. Skills of introducing Bad News to patients or relatives (Breaking Bad News).
5. Skill of doing lumbar puncture, doing proper fundoscopy.
6. Skills to know different neurosurgical instrument and their use.

Core Clinical Problems: (Neurology)

1. Approach to Coma
2. Acute flaccid paralysis
3. Approach to cognitive impairment and memory loss
4. Headache
5. Tremor
6. Approach to patient with first seizure
7. Vertigo and dizziness
8. double vision

Core Clinical Problems:(neurosurgery)

1. Facial pain
2. Large head
3. Loss of consciousness
4. Back pain and neck pain.

Assessment

Pre-Assessment:

- A written single best answer question examination

Feedback:

A wide range of teaching methods are utilized in the clinical environment including bed-side teaching, ward rounds, seminars, simulated patient sessions, student presentations, individual teaching, skill training and others. All provide the opportunity for real-time feedback regarding knowledge, understanding, competence and skill level. Additionally, there will be two formative assessments throughout the block.

Attendance:

Students are required to attend mandatory timetabled sessions, and other clinical sessions as appropriate

Professionalism:

Students are required to demonstrate professional attitudes and behavior.

Requirements for completion of the block include:

- A written portfolio case study for 5 different neurological cases.
- An experiential learning record. You will need to demonstrate (by Neurology resident) that you have taken part in various specific activities throughout the placement. These include lumbar puncture (5 cases) and emergency assessment of (1) stroke cases NIHSS score assessment and thrombolysis.
- Observe 5 fundoscopy and perform 5.
- A report signed by your supervising consultant(s) in CoM-UoS. We also ask you to write a written reflection on your experience during the block.

End of Block Assessment:

This will include

- Three to four stations OSCE.

Feedback will be provided on the OSCE with the examiner comments and grades. Feedback will be provided on the written assessment with details of your mark.

Cancer care

Outline of the Block:

Duration: 5 weeks:

Daily working Hours: 6 hours. from 08:00 am to 14:00. From Sunday to Thursday

location: Teaching will occur at university campus, Hiwa Teaching Hospital and Zhianawa Radiotherapy Center

Key Persons:

Hazha abdulla

Tel: 00964 770 1425666

Hashm Ahmed

Tel:009647702142533

Aims

This block aims to ensure that students feel prepared for caring for cancer patients.

We want you to better appreciate how cancer arises and spreads, how therapies work, the prognosis, and the effectiveness of therapies for common cancers and the impact of diagnosis and therapy on patient and family.

We expect you to focus on the common solid cancers (lung, breast, colorectal, prostate, head and neck, and skin) and haematological malignancies (lymphoma, leukaemia, and myeloma), although of course the principles of assessment, diagnosis and treatment will be very similar approach for all forms of cancer.

You should also address the linked haematology learning objectives (listed towards the end of the learning objectives section), that relate to the investigation of the abnormal blood count and the safe and appropriate use of blood products during this block.

For this block the term cancer encompasses patients with both solid tumours and haematological malignancies.

Outcomes

- Describe the concept of modifiable and non-modifiable risk factors for cancer development including genetic, lifestyle and environmental
- Demonstrate understanding of the principles of health promotion and cancer prevention
- Discuss the basic pathophysiology and aetiology of cancer, including an awareness of common oncogenes and tumour suppressor genes
- Demonstrate an understanding of the epidemiological trends of cancer
- Demonstrate an awareness that effective assessment should include physical, psychological, spiritual, and social domains of the patient's life, and their performance status. Demonstrate patient-centered communication that is compassionate, holistic, sensitive, and professional

Perform an **examination** tailored to a patient with cancer:

- Perform an examination which is patient-centered and sensitive to the patient's discomfort and needs during said examination
- Demonstrate a clinical assessment which identifies the local and systemic sequelae of common solid and hematological cancers

Regarding the **investigation** of a patient with cancer:

- Describe the referral pathway for patients with suspected cancers, including identification of important red-flag symptoms and signs
- Explain the reasons for and process of diagnostic procedures for patients with suspected cancer, using language that a patient can understand
- Assess a patient's performance status

Regarding the **diagnosis** of cancer:

- Describe the histological patterns of the spread of common cancers
- Describe the staging systems and prognostic markers of common cancers, and give reasons for the importance of these

Regarding the **treatment** of cancer:

- Describe the following terms relating to cancer treatment
 - radical/curative
 - palliative
 - adjuvant
 - neo-adjuvant
 - maintenance therapy
- Describe the differences and similarities between palliative, best supportive and end-of-life-care
- Describe the principles of the following anti-cancer treatments to a patient, including the broad rationale and possible side-effects
 - surgery
 - radiotherapy
 - cytotoxic chemotherapy
 - hormone manipulation
 - immunotherapy
 - biologically targeted therapy
- Outline the factors that may influence treatment options such as treatment intent, comorbidities, performance status and patient choice
- Recognize the risk of long-term toxicities of cancer treatments
- Describe the role/importance of the MDT (multi-disciplinary team) in formulating management plans for patients
- Recognize the need for, and work effectively within, a multi-professional team e.g. clinical nurses specialists, dieticians, physiotherapists, occupational therapists

Regarding the recognition and management of common and serious acute oncology presentations and conditions including:

- Acute presentations secondary to complications of an underlying cancer
- Acute presentations secondary to systemic anti-cancer therapy and/or radiotherapy

Demonstrate that good **communication** is an essential component of caring for patients with cancer and develop facilitative skills to:

- Listen empathically
- Elicit concerns of the patient and family
- Discuss the diagnosis and treatment of malignancy with patients and family
- Share bad news sensitively

While on placement demonstrates the skills and attitudes required for **team working and the development of professional identity**

Regarding pain assessment and management demonstrate an understanding of:

- Different types of pain; nociceptive, visceral, neuropathic, and incident
- WHO ladder, including adjuvant analgesics
- The principles of safe opioid prescribing

Demonstrate a logical and holistic approach to the assessment and management of other symptoms commonly experienced by patients with cancer including:

Learning objectives that are specific to Haematology:

- Perform an examination relevant to the presentation and including:
- Identify bruising, purpura, lymphadenopathy and splenomegaly
- Describe common cause of lymphadenopathy .
- Identify causes and management of splenomegaly
- Describe the common clinical features and course of Hodgkin and non-Hodgkin lymphoma.
- Multiple myeloma and MGUS (Monoclonal Gammopathy of Uncertain Significance):
 - describe the basic haematological, biochemical, immunological, and clinical features of multiple myeloma
 - distinguish between multiple myeloma, MGUS and benign polyclonal hypergammaglobulinaemia
 - Acute and chronic leukemias:
 - outline the natural history and presenting clinical and haematological features of acute leukemias
 - explain how to recognise and treat neutropenic sepsis

describe the haematological and clinicopathological features of chronic lymphocytic leukaemia and chronic myeloid leukaemia

- Outline the clinical and haematological features of the myelodysplastic syndromes.
- Myeloproliferative neoplasms (myeloproliferative disorders):
 - outline the differential diagnosis in a patient with a raised haemoglobin concentration and discuss the clinical and laboratory features that help to distinguish polycythaemia vera from other causes of a high haemoglobin concentration
 - outline the main laboratory and clinical features of essential thrombocythaemia and discuss the clinical and laboratory features that help to distinguish it from other causes of a high platelet count
 - outline the main clinical and laboratory features of primary myelofibrosis

Child Care 1

Outline of the Block:

Duration: 6 weeks:

Daily working Hours: 6 hours. from 08:00 am to 14:00. From Sunday to Thursday

location: Teaching will occur on-site at University campus and Dr.Jamal Teaching Pediatric Hospital .

Key Person:

Dr. Alan Abdullah Abdulrahman

Aims

This block aims to ensure that students have a sound understanding of child health, including a working knowledge of common acute and chronic pediatric illnesses and a good working knowledge of the assessment and management of sick children, including a basic understanding of relevant practical procedures, is important for future doctors.

Outcomes

By the end of the child health placement, the medical student should be able to:

Take a **history and communicate with any child**, and demonstrate the ability to:

- Take a relevant age- and developmentally- -appropriate (i.e. neonate, infant, child, and adolescent) clinical history from a parent/carer or child
- Present your findings on history and examination verbally
- Explain common and important medical conditions, procedures, investigations, and a management plan to a child, parent or carer
- Undertake health promotion discussions e.g. healthy eating, accident prevention
- Construct and interpret a family tree
- Write a summary of a consultation in the medical notes, give a verbal handover and write a discharge summary

Perform an examination and demonstrate in any child or young person the ability to:

- Measure vital signs (including heart rate, respiratory rate, oxygen saturation and temperature)
- Perform a newborn examination
- Perform an examination (to include respiratory, cardiovascular, gastrointestinal, and central and peripheral nervous system, musculoskeletal, skin, eyes, ear/nose/throat) • Plot and interpret growth charts

Recognize and manage the sick child including:

- Use a systematic approach (ABCDE) to the assessment and care of a sick child
- Prioritize the care of a sick child
- Recognize the need for help and identify how to obtain it
- Demonstrate basic airway management (including appropriate airway positioning and bag-valve ventilation)

- Deliver age-appropriate cardio-pulmonary resuscitation

Common and/or serious presentations

Identify in a range of contexts (primary care, acute care, outpatients) the:

- key points in the history
- key examination findings
- Red flags
- differential diagnosis
- initial investigations
- Initial clinical management

Practical procedures and investigations

- Identify the common challenges of undertaking practical procedures in children
- Describe techniques for undertaking practical procedures in children e
- Outline the need to justify practical procedures in children • Interpret:
 - common bedside and laboratory ○ blood gases in children
 - chest radiographs in children

With regard to Prescribing, demonstrate the ability to:

- Explain prescription by weight, age and body surface area in children
- Identify common prescribing errors in children
- Identify common aides to safe prescribing.

Woman Care 1

Outline of the Block:

Duration: 6 weeks:

Daily working Hours: 6 hours. from 08:00 am to 14:00. From Sunday to Thursday

Location: Teaching will occur at university campus and Maternity Teaching Hospital

Key persons:

Assistant professor Dr. Rozhan Yassin Xalil

Aims

The aims of the Woman Care Block are for students to develop consultation and clinical skills in Obstetrics and gynecology and to acquire knowledge of common conditions in Obstetrics and gynecology and their management. They should also develop an insight into social, ethical and legal aspects of care in Obstetrics and Gynaecology.

Outcomes

By the end of the block, students should be able to:

Take a **history** from:

- A patient presenting with gynecological symptoms , a patient presenting with normal or complicated pregnancy
- Recognize red flag symptoms and respond appropriately
- Demonstrate appreciation of the importance of physical, psychological and social aspects of the history
- Demonstrate sensitivity and empathy in the history taking and consultation

Perform a physical **examination** including:

- Abdominal, pelvic and speculum examination
- An antenatal examination of a pregnant woman, with special reference to obstetric abdominal examination

Investigate and manage patients appropriately:

- Suggest appropriate first line and further investigations
- Interpret test results
- Demonstrate understanding of screening programs in Obstetrics & Gynaecology
- Formulate first-line management plans and where appropriate to work with the clinical team to contribute to the team and the management of the patient

Demonstrate **communication skills and team working**:

- Advise and counsel patients in an empathetic, sensitive way using lay language
- Escalate severe or life threatening presentations promptly and appropriately

Contexts

The above competencies should be expressed in the following contexts:

Gynaecology:

- Take a full gynecological and sexual history, paying attention to risk factors for and symptoms of gynecological disorders
Recognise physical, psychological and social aspects of gynecological disorders and sexually transmitted disease
- Appreciate the impact of gynaecological disease on the individual as well as the wider public health implications of these conditions
- Common presenting complaints in gynaecology include heavy/painful/irregular or absent periods , acute and chronic pelvic pain/pain on intercourse ,urinary incontinence and prolapse, infertility ,bleeding or pain in early pregnancy postmenopausal bleeding and Vaginal discharge .

Menstrual disorders

- Describe the physiology and endocrinology of the normal menstrual cycle
- Take a menstrual history, taking into consideration physical, psychological and social consequences of abnormal menstruation
- Recognise conditions and their physical signs associated with abnormal menstruation, including PCOS, fibroids, endometriosis, polyps, endometrial hyperplasia and infections
- Appreciate psychological and social burden of pre-menstrual dysphoric syndrome
- Recognise symptoms associated with the climacteric and describe the endocrine changes of the menopause
- Competently perform a physical examination, including a pelvic and speculum examination, in women presenting with menstrual disorders
- Suggest appropriate first-line and further investigations of irregular, absent, painful or excessive menstruation
- Appropriately interpret investigation results and counsel patients accordingly
- Suggest conservative and operative management strategies for the treatment of menstrual disorders, commensurate with the severity of symptoms and taking into account the circumstances of the women
- Understands drugs and therapeutics used in menstrual disorders, their mechanisms of action and side effects

Pelvic pain:

- Take a relevant history from a patient presenting with acute or chronic pelvic pain, including social and sexual history where appropriate
- Appreciate common factors in the aetiology of acute and chronic pelvic pain in the pregnant and non-pregnant woman, including pelvic inflammatory disease, functional and pathological ovarian cyst complications and non-gynaecological causes
- Recognise the multifactorial nature of chronic pelvic pain, including psycho-sexual factors, and the need for a multidisciplinary approach
- Suggest appropriate investigations in a woman presenting with acute pelvic pain and interpret the results
- Suggest appropriate investigations in a patient presenting with chronic pelvic pain
- Develop a management plan for a patient with acute pelvic pain
- Propose a management strategy for a patient with chronic pelvic pain, taking into consideration the psycho-social impact of chronic pain

Early Pregnancy Complications:

- Take a relevant history from a patient presenting with bleeding, pain, or excessive vomiting in early pregnancy
- Understand causes of sporadic and recurrent early pregnancy loss
- Request appropriate investigations in women presenting with suspected miscarriage

- Diagnose and suggest management of early pregnancy complications such as miscarriage or molar pregnancy
- Counsel women about management option for early miscarriage in an empathetic, sensitive way, using lay language
- Recognise and manage life-threatening complications of early pregnancy, such as ectopic pregnancy or pregnancy of unknown location
- Investigate and manage women with hyperemesis gravidarum, with particular attention to the prevention of life-threatening complications
- Understand safe drug prescribing in early pregnancy
- Investigate a couple with recurrent miscarriages
- Understand benefits of pregnancy planning and principles of contraception

Gynaecological Oncology:

- Demonstrate understanding of existing women's health-related screening programmes
- Interpret cervical screening results and explain them to the patient appropriately, including first line management
- Describe risk factors for cervical malignancy
- Understand epidemiological, environmental, genetic and physical risk factors for gynaecological cancers, including conditions that are associated with increased cancer risk,
- Describe the significance of postmenopausal bleeding and investigate patients appropriately
- Describe basic principles of treating gynaecological malignancies
- Appreciate the need for multidisciplinary management and psycho-social support in patients with gynaecological cancer

Normal pregnancy and Labour:

- Take a full obstetric history considering physical, psychological and social/lifestyle aspects of women's health, as well as risk factors in relation to pregnancy
- Diagnose and date pregnancy and recognise factors affecting accurate dating
- Understand physiological changes occurring in pregnancy
- Counsel patients about routine antenatal care and antenatal screening and diagnosis methods available to them
- Counsel patients about results of antenatal tests and screening for fetal abnormalities and explain their implications
- Identify and manage common issues in pregnancy, such as anaemia, reflux, pelvic girdle dysfunction
- Perform an antenatal examination of the pregnant woman competently, with special reference to obstetric abdominal examination.
- Recognise deviation from normal labour patterns such as delay in first and second stage of labour, and retained placenta
Identify appropriate method of fetal monitoring and advise patient accordingly; recognise abnormal fetal heart rate patterns and suggest management options
- Understand and describe indications for and methods of induction of labour

- Appreciate the need for identification of perineal trauma and its consequences
- Understand physiology and maternal and infant benefits of breast feeding

Complicated pregnancy:

- Identify women at particularly high risk of developing complications in pregnancy
- Identify life-threatening problems of pregnancy, such as obstetric haemorrhage, venous thromboembolism, sepsis and maternal collapse, and conduct appropriate initial assessment and suggest first line management
- Counsel women about management options in term breech presentation
- Advise women about the benefits and complications of operative delivery and about Vaginal Birth after Caesarean .
- Recognise abnormal patterns of fetal growth and amniotic fluid volume and their causes, and propose an appropriate management plan
- Appreciate underlying causes of reduced fetal movements and intrauterine death, and their management
- Appreciate the added risk of multiple pregnancy and advise women on best pregnancy surveillance
- Identify and participate in the management of abnormal labour and puerperium, including prematurity, prolonged labour, suspected fetal compromise and retained placenta
- Understand the importance of maternal mental health problems in pregnancy and puerperium •

Medical problems in pregnancy:

- Appreciate the impact of maternal medical problems arising in pregnancy on both maternal and fetal health, with special reference to disorders such as preeclampsia, obstetric cholestasis, gestational diabetes mellitus and

Understand the impact of pregnancy with its physiological changes on the course of pre-existing medical conditions such as asthma, epilepsy, diabetes mellitus and cardiac disease

- Appreciate the need for multidisciplinary working in the care of women with complex medical or psycho-social needs
- Understand safe prescribing in pregnancy, including drugs used to treat common medical conditions such as asthma, epilepsy, anaemia, hypertension, diabetes and thrombo-embolic disorders.
- Understand impact of systemic infection on pregnancy, including Rubella, CMV, Parvovirus, Chickenpox, Syphilis, and COVID-19.

Rounds of blocks

Round 1										
weeks	Sunday	Monday	Tuesday	wednesday	Thursday	Women care	child care	cancer care	Neuro& mental	special surgeries
week 1	27-Oct	28-Oct	29-Oct	30-Oct	31-Oct	A	B	C	D	E
week 2	3-Nov	4-Nov	5-Nov	6-Nov	7-Nov	A	B	C	D	E
week 3	10-Nov	11-Nov	12-Nov	13-Nov	14-Nov	A	B	C	D	E
week 4	17-Nov	18-Nov	19-Nov	20-Nov	21-Nov	A	B	C	D	E
week 5	24-Nov	25-Nov	26-Nov	27-Nov	28-Nov	A	B	C	D	E
Round 2										
weeks	Sunday	Monday	Tuesday	wednesday	Thursday	Women care	child care	cancer care	Neuro& mental	special surgeries
week1	1-Dec	2-Dec	3-Dec	4-Dec	5-Dec					
week2	8-Dec	9-Dec	10-Dec	11-Dec	12-Dec	E	A	B	C	D
week3	16-Dec	17-Dec	18-Dec	19-Dec	20-Dec	E	A	B	C	D
week4	22-Dec	23-Dec	24-Dec	25-Dec	26-Dec	E	A	B	C	D
Holiday	29-Dec	30-Dec	31-Dec	1-Jan	2-Jan	E	A	B	C	D
week5	5-Jan	6-Jan	7-Jan	8-Jan	9-Jan	E	A	B	C	D
Round 3										
weeks	Sunday	Monday	Tuesday	wednesday	Thursday	Women care	child care	cancer care	Neuro& mental	special surgeries
week1	12-Jan	13-Jan	14-Jan	15-Jan	16-Jan					
week2	19-Jan	20-Jan	21-Jan	22-Jan	23-Jan	D	E	A	B	C
week3	26-Jan	27-Jan	28-Jan	29-Jan	30-Jan	D	E	A	B	C
week4	2-Feb	3-Feb	4-Feb	5-Feb	6-Feb	D	E	A	B	C
week5	9-Feb	10-Feb	11-Feb	12-Feb	13-Feb	D	E	A	B	C
Round 4										
weeks	Sunday	Monday	Tuesday	wednesday	Thursday	Women care	child care	cancer care	Neuro& mental	special surgeries
week1	16-Feb	17-Feb	18-Feb	19-Feb	20-Feb					
week2	23-Feb	24-Feb	25-Feb	26-Feb	27-Feb	C	D	E	A	B
week3	2-Mar	3-Mar	4-Mar	5-Mar	6-Mar	C	D	E	A	B
week4	9-Mar	10-Mar	11-Mar	12-Mar	13-Mar	C	D	E	A	B
Holiday	16-Mar	17-Mar	18-Mar	19-Mar	20-Mar					
week5	23-Mar	24-Mar	25-Mar	26-Mar	27-Mar	C	D	E	A	B
Holiday	30-Mar	31-Mar	1-Apr	2-Apr	3-Apr					
Round 5										
weeks	Sunday	Monday	Tuesday	wednesday	Thursday	Women care	child care	cancer care	Neuro& mental	special surgeries
week1	6-Apr	7-Apr	8-Apr	9-Apr	10-Apr					
week2	11-Apr	12-Apr	13-Apr	14-Apr	15-Apr	C	D	E	A	B
week3	20-Apr	21-Apr	22-Apr	23-Apr	24-Apr	C	D	E	A	B
week4	27-Apr	28-Apr	29-Apr	30-Apr	1-May	C	D	E	A	B
week5	4-May	5-May	6-May	7-May	8-May	C	D	E	A	B

Exam time table 2024 -2025

Date / 202	day / Week	year1	year2/ S 1	year2/ S 2	year 3/ S 3	year 3/ S 4	Year 4	Year 5	Year 6
5-Feb	wednesday		ICS paper						
6-Feb	Thursday				ICS paper				
9-Feb	Sunday		MSQ Paper						
10-Feb	Monday				MSQ Paper				
11-Feb	Tuesday		OSCE						
13-Feb	Thursday		OSCE						
25-May	Sunday	Metabolism							
26-May	Monday								
27-May	Tuesday	Social science							
28-May	Wednesday								
29-May	Thursday	Human body							
1-Jun	Sunday								MSQ Paper
2-Jun	Monday	Biological science							
3-Jun	Tuesday								ICS paper
4-Jun	wednesday	Kurdology							OSCE
5-Jun	Thursday	Medicine & A1							OSCE
15-Jun	Sunday					ICS paper			
16-Jun	Monday							MSQ Paper	
17-Jun	Tuesday			ICS paper					
18-Jun	wednesday							ICS paper	
19-Jun	Thursday					MSQ Paper			
22-Jun	Sunday			MSQ Paper					
23-Jun	Monday					OSCE			
24-Jun	Tuesday					OSCE			
25-Jun	Wednesday						MSQ Paper		
26-Jun	Thursday								MSQ Paper
29-Jun	Sunday						ICS paper		