PHARMACOLOGY CURRICULUM FOR UNDERGRADUATE STUDENTS

| Title | | Hours | Lecturer | Day and date |
|-------------------------|--------------------------------------|----------------|-------------|--------------|
| I -General Pharmacology | | Total 24 hours | | |
| 1. | Introduction | 1 | د. جواد | |
| 2. | Evaluation of new drugs | 2 | د. جواد | |
| 3. | Pharmacodynamics | 2 | د. نبیل | |
| 4. | Pharmacokinetics | 5 | د. عبد الله | |
| 5. | Pharmacogenetics | 1 | د. سوفيك | |
| 6. | Cholinergic system | 3 | د. سوفيك | |
| 7. | Adrenergic system | 5 | د. سوفيك | |
| 8. | Antianginal drugs | 1 | د. جواد | |
| 9. | Histamine and antihistamines | 2 | د. نبیل | |
| 10 | Serotonin, Kinins and Prostaglandins | 2 | د. جواد | |
| <u>II. S</u> | systemic Pharmacology | Total 18 | hours | |
| 1.0 | Central nervous system | | | |
| 11 | Anxiolytics and hypnotics | 2 | د. نبیل | |
| 12 | Antipsychotics | 1 | د. نبیل | |
| 13 | Antidepressants | 1 | د. نبيل | |
| 14 | Antiepileptics | 1 | د. عبد الله | |
| 15 | Antiparkinsonian drugs | 1 | د .عبدالله | |
| | | | | |

| 16 | Non-narcotic and NSAIDs | 3 | د. نبیل | |
|-------------|-----------------------------------|---------|-------------|------|
| 17 | Narcotic analgesics | 2 | د. جواد | |
| 18 | Drugs for gout | 1 | د. سوفيك | |
| 19 | Antirheumatic drugs | 1 | د. سوفيك | |
| 20 | Drug treatment for headache | 1 | د. عبد الله | |
| 21 | General anaesthesia | 2 | د. عبد الله | |
| 22 | Local anaesthesia | 1 | د. نبیل | |
| 23 | Neuromuscular blocking drugs | 1 | د. عبد الله | |
| | PHARMACOLOGY | CUR | RICULUM | |
| | 2013\2014 Second Te | erm (To | otal 47 hou | irs) |
| 24 | Drugs acting on GIT | 3 | د. نبیل | |
| 25 | Drugs acting on respiratory tract | 2 | د. عبد الله | |
| 26 | Diuretics | 2 | د. نبیل | |
| D | rugs acting on the heart | | | |
| 27 | Antihypertensive | 2 | د. نبیل | |
| 28 | Antiarrhythmic drugs | 3 | د. جواد | |
| 29 | Hypolipidemic drugs | 1 | د. سوفيك | |
| 30 | Digitalis in heart failure | 1 | د. نبيل | |
| 6. | Blood | | · | |
| 31 | Anti-coagulants | 2 | د. عبد الله | |
| 32 | Anti-anaemic drugs and vitamins | 2 | د. عبد الله | |
| 7. A | Antimicrobials | | · | |

| 33 | Antibiotics (Part one) | 3 | د. جواد | |
|-------------|---|---|-------------|--|
| 34 | Antibiotics (Part two) | 3 | د. عبد الله | |
| 35 | Antifungal | 1 | د. نبیل | |
| 36 | Antiviral | 1 | د. نبیل | |
| 37 | Antiprotozoal and anthelmintic | 2 | د. سوفيك | |
| 38 | Antituberculosis drugs | 1 | د. سوفيك | |
| 39 | Antimalarial drugs | 1 | د. جواد | |
| 40 | Antiseptics | 1 | د. عبد الله | |
| 8. H | Iormones | | | |
| 41 | Corticosteroids | 2 | د. عبد الله | |
| 42 | Antidiabetics | 2 | د. جواد | |
| 43 | Thyroids hormones and antithyroid | 1 | د. سوفيك | |
| 44 | Vasopressin, Oxytocin and tocolytic drugs | 2 | د. سوفيك | |
| 45 | Sex hormones, contraceptive drugs | 3 | د. نبیل | |
| 46 | Cytotoxic drugs | 2 | د. عبد الله | |
| 47 | Immunopharmacology | 1 | د. نبیل | |
| 48 | Drugs interaction | 1 | د. سوفيك | |
| 49 | Drug poisoning | 2 | د. جواد | |
| 50 | Skin Pharmacology | 1 | د. سوفيك | |

Reference Book: Clinical Pharmacology, Dr. Laurence, 2008

Staff of the Department of Pharmacology College of Medicine- University of Basrah Revised October 2011

- Dr. Jawad H. Ahmed, MBChB, PhD, Assistant professor, head of Department.
- Dr. Abdulla M. Jawad, MBChB, PhD, DRCPath, Professor.
- Dr. Nabeel A. J. Ali, MBChB, PhD, Professor.
- Dr. Sofik V. Vartan, MBChB, MSc, Lecturer.
- Dr.Athra M. Salman, MBChB, MSc, Lecturer.

Major objectives in Pharmacology course

Adequate knowledge and competence in pharmacology form the basis for rational drug therapy in medical practice. The student by the end of the course should be able to:

1.Understand the mechanism of drug action at molecular as well as cellular level, both desirable and adverse.

2.Understand the principles of pharmacokinetics i.e. drug absorption, distribution, metabolism and excretion and be able to apply these principles in therapeutic practice.

3.Recognize that drugs have action at all systems and should be able to group drugs with common pharmacological actions, and appreciate that this classification is not absolute.

4.Be able to know one or two prototype drug(s) of each pharmacological group especially those of clinical importance.

5.Acquire a comprehensive description of the major group of drugs as applied to medical practice and be sufficiently prepared to gather information on new drugs.

6.Know the common serious side effects and contraindications of each prototype drug, different mechanisms of drug toxicity, interactions and factors modifying drug action.

7.Know the general principles of acute drug poisoning and other drug related problems as addiction and abuse.

1.Introduction:

Definitions of a drug (sources of drugs, an ideal drug, main/side/toxic effects of a drug, drug action and drug effect, counterfeit drugs, essential drugs), pharmacology (pharmacopdynamics, pharmacokinetics), toxicology, pharmacy, clinical pharmacology, therapeutics, pharmacogenetics.

Textbooks in pharmacology, methods of assessments and examinations, code of conduct in pharmacology.

2. Evaluation of new drugs:

2 Lectures

Discovery of new drugs, pre-clinical evaluation (in vitro and in vivo testing), acute, subacute and chronic toxicity tests, LD50, therapeutic index, teratogenecity, mutagenecity and carcinogenicity. Clinical trials: aim, phases, designs, inclusion/exclusion criteria, use of placebo, sources of bias in clinical trials and measures used to eliminate them.

3.Pharmacokinetics:

5 Lectures

Definition. Drug passage across cell membrane; passive diffusion, active transport, facilitated diffusion, filtration. Order of the pharmacokinetic process. Plasma elimination half life. Staedy state concentration, biological half life. Absorption: sites, enterohepatic circulation, bioavailability, factors affecting systemic availability, presystemic (first-pass) elimination, effect of food on drug kinetics,. Distribution:volume of distribution, protein binding. Metabolism: results of metabolism of drugs, sites of metabolism, phases of metabolism, enzyme induction, enzyme inhibition. Elimination: excretion; renal, pulmonary, milk, fecal.

4.Pharmacogenetics:

1 Lecture

Variation in human response to drugs: pharmacokinetic and pharmacodynamic variations. Genetic polymorphism; acetylator

status. G6PD deficiency and response to drugs. Genetic factors that alter drug response.

5.Mechanism of drug action: 2 Lectures Mechanisms of action. Receptors: binding to receptors, second messenger, receptor regulation. Dose-response relationship: agonist, antagonist, affinity, potency, efficacy, factors modifying drug response.

<u>6.Drug interactions:</u> 1 Lecture Definitions. Types of interaction: harmful and useful. Pharmacological basis of drug interaction: pharmacokinetic interactions; pharmacodynamic interactions; antagonism, synergism. Interaction of drugs with food. Drug interactions outside the body, at site of absorption, during distribution, on or body systems, during metabolism, during excretiuon.

7.Drugs acting on parasympathetic system:3 Lectures

Brief anatomical description of autonomic nervous system. Sites of acetyl choline action as a neurotransmitter. Synthesis and enzymatic degradation of acetyl choline. Cholinomimetic drugs. Cholinesterase inhibitors. Antimuscarinic drugs. Atropine as a prototype drug. Hyoscine and atropine-like drugs. Pharmacological actions and contraindications. Organophosphorus compounds poisoning, clinical features and management.

8.Drugs acting on sympathetic system:

5 Lectures

Catecholamines, biosynthesis and metabolism. Adrenergic agonists (alpha and beta). Therapeutic uses of sympathomimetic drugs. Adrenergic blockers, selectivity of adrenergic blocking and basic pharmacological action. Classification of α and β adrenoceptors blockers. Adrenergic neuron blockers.

9.Antihypertensive drugs:

2 Lectures

Definition of hypertension, factors regulating blood pressure. Classification of antihypertensive drugs. Diuretics, centrally acting drugs, vasodilators, calcium channels blockers and angiotensin converting enzyme inhibitors, angiotensin II receptor blockers, Betablockers. Non-pharmacological treatment of hypertension.

10.Antiarrhythmic dugs:

Pathophysiology of cardiac arrhythmias. Types of arrhythmias. Classification of antiarrhythmic drugs. Pharmacology of lignocaine, procainamide, quinidine, disopyramide, β-blockers and calcium channel blockers.

<u>11.Drugs used in heart failure:</u> 1 Lecture
 Pathophysiology of heart failure. Cardiac glycosides. Pharmacology
 of digoxin as a prototype drug. Other cardiac glycosides.
 Vasodilators, and ACE inhibitors in heart failure. New inotropic drugs as amrinone and milrinone.

12.Antianginal drugs:

1 Lecture

3 Lectures

Definition of angina. Nitrates and nitrites: pharmacological features of GTN, mechanism of action, route of drug administration, side effects and tolerance. Other drugs useful in treatment of angina as calcium channel blockers and beta blockers, role of anti-platelets in angina.

13.Autacoids:

3 Lectures

Definition of autacoids. Histamine and antihistamines. H1 and H2blockers. Sodium cromoglycate as inhibitor of histamine release.Non-sedating antihistamines as terfenadine. Ketotifen and pizotifen. Serotonin (5HT) and its antagonists such as ondansetron and its use as antiemetic in chemotherapy induced vomiting. Prostaglandins, synthesis and pharmacological actions and clinical uses. Drugs that act via prostaglandin inhibition.

14. Analgesics: Narcotics and Non-narcotics:

5 Lectures

Narcotics: endogenous enkephalins and endorphins. Opiates receptors. Mechanism of action of narcotic analgesics. Morphine as a prototype drug. Other narcotic analgesics as pethidine, codeine, methadone, tramadole and propoxyphene. Opiate antagonists: Naloxone and nalorphine.

Non- narcotic analgesics (Non steroidal anti-inflammatory drugs; NSAIDs: classifications, COX1-inhibitors such as salicylates, ibuprofen, indomethacin, COX2-inhibitors such as celecoxib. Differences between COX1 and COX2 in terms of their side effects. Other uses of NSAIDs with mechanism of action such as aspirin as anti-thrombotic. Paracetamol.

<u>15.Drugs used in rheumatoid arthritis and gout:</u> 2 Lectures
 Aims of treatment of rheumatoid arthritis, disease modifying drugs, role of corticosteroids in rheumatoid arthritis.
 Drugs useful in acute attack of gout: Non-steroidal anti-inflammatory drugs and colchicines. Drugs useful in chronic gout: probenecid and allopurinol.

$\frac{16. \text{Drugs used in migraine:}}{\text{Definition. Ergot alkaloids, analgesics, }\beta\text{-blockers and calcium channel blockers. The role of antiemetics.}}$

17.Drugs in hyperlipidemia:

1 Lecture

Statins, cholestyramine, nicotinic acid, gemfibrozil.

18.Antibacterial agents:

6 Lectures

Definition and introduction to antimicrobial therapy. Mechanism of action and resistance to antimicrobial agents. Sulfonamides and urinary tract antiseptics. Penicillins, cephalosporins (first to fourth generations), imipenem, vancomycin aminoglycosides, macrolides as erythromycin, clindamycin, tetracyclines, fusidic acid, chloramphenicol and quinolones.

19.Antituberculous drugs:

Classification, first and second line drugs. Rifampicin, isoniazid, ethambutol, cycloserine, thiacetazone. Para-aminosalicylic acid and streptomycin.

20.Antifungal drugs:

Local and systemic antifungal drugs. Amphotericin, griseofulvin, nystatin and flucytosine.

21.Antiviral drugs:

Why it is difficult to treat viral infections? Classification of antiviral drugs according to mechanism and site of action . Aciclovir, antiretroviral agents as zidovudine, lamivudine and stavudine. Protease inhibitors as indinavir, ritinovir. Antiinfluenza agents asd am,antadine, rimatadine and osdeltamivir.

22.Antimalarial drugs:

Chloroquine (possible mechanism of action), quinine, primaquine, sulfonamides and combination antimalarial drugs. Anti-malarial drugs and G6PD. New antimalarial drugs

23.Amoebicidal drugs:

Metronidazole, diloxanide furoate, chloroquine, tetracycline, iodoquinol.

24.Anthelminthic drugs:

1 Lecture

1 Lecture

Piperazine, pyrivinium pamoate, bephenium hydroxynaphthoate, mebendazole, thiabendazole and levamisole. Antischistosomiasis: niridazole and emetine.

25.Drugs acting in gastrointestinal tract:

4 Lectures

1. antacids

2. antiulcer drugs include: H2-blockers, proton pump inhibitors,

1 Lecture

1 Lecture

1 Lecture

1 Lecture

sucralfate, bismuth chelate, prostaglandins analogues as misoprostol.

Antibiotics in the eradiction of H.pylori.

- 3. laxatives and purgatives
- 4. antidiarrhoeal drugs
- 5. antiemetic drugs as metoclopramide and domperidone
- 6. drugs useful in ulcerative colitis
- 7. drugs for dissolution of gall stones

26.Drugs acting on the central nervous system:

*Hypnotics and anxiolytics:

2 Lectures

Definitions. Benzodiazpines as diazepam, chlordiazepoxide, lorazepam and nitrazepam. Benzodiazepines antagonists as flumazenil. Meprobamate, chlormethiazole and chloralhydrate. Abuse potential of these drugs. Other drugs as beta-blockers and antihistamines in anxiety

*Antidepressants:

1 Lecture

Tricyclic antidepressants; imipramine, amitriptyline, clomipramine, mechanism of action, clinical uses and adverse effects.Selective serotonine reuptake inhibitors as fluoxetine and paroxetine. Other antidepressants; maprotiline, nomifenesine and mianserine. Monoamine oxidase inhibitors. Lithium, clinical uses and adverse effects.

*Antipsychotics:

1 Lecture

Brief definition of psychosis. Classification of antipsychotic drugs. Pharmacology of chlorpromazine as a prototype drug of phenothiazines.

Atypical antipsychotics as clozapine and olanzapine

*Antiepileptic drugs:

1 Lecture

Definition and general classification of epilepsy. Main antiepileptic drugs: phenytoin, carbamazepine, sodium valproate, ethosuximide,

barbiturate and benzodiazepines. The newer antiepileptic drugs as vigabatrin, lamotrigine, gabapentin and topiramete

<u>*General anesthetics:</u> 2 Lectures Definition, classification, stages of general anesthesia. Inhalational and intravenous anesthetics. Pre-anesthetic medication.

<u>*Local anesthetics:</u> 1 Lecture Types of local anesthetics,. Mechanism of action of LA. Lidocaine as a prototype drug. Methjods of prolongation of duration of action of LA. Methods of administration of LA. Other drugs as bupivacaine and mepivacaine.

<u>*Muscle relaxants:</u> Neuromuscular transmission, classification of muscle relaxants; depolarizing and non-depolarizing agents. Peripherally and centrally acting muscle relaxants. Dantroline, baclofen and benzodiazepines.

*Antiparkinson's drugs 1 Lecture Definition of Parkinson disease and pathophysiology. Cholinergic and dopaminergic mechanisms in Parkinson disease. Drugs useful in Parkinson disease; L-dopa, decarboxylase inhibitors, dopamine agonists as bromocriptine and amantadine. MAOI as type B.

27.Dugs acting on uterine muscles:1 LectureOxytocin and ergometrine; pharmacology and mode of action,
clinical uses. Prostaglandins as abortifitant drugs.

28.Vasopressin:1 LectureMechanism of action, clinical uses, vasopressin analogues.

29. Drugs acting on respiratory tract:

2 Lectures

Bronchodilators; β 2 stimulants, xanthine derivatives. Mast cell stabilizers: sodium cromoglycate and ketotifen. Mucolytics and expectorants. Mechanism of cough and cough suppressants.

30.Drugs acting on endocrine system:

*Diabetes mellitus:

2 Lectures

Definition and clinical features. Insulin; action and different preparations, new routes of administration, side effects. Oral hypoglycemic drugs; sulphonylureas, biguanides, meglitinides, thiazolidindiones and α - glucosidase inhibitors. Drug interaction of sulphonylureas. Brief account on glucagon.

*Corticosteroids:

Pharmacological actions of steroids, different preparations. Clinical uses, adverse effects of chronic steroid administration. Differences between glucocorticoids and mineralocorticoides. Differences between physiological and pharmacological doses of corticosteroides

*Sex hormones and contraceptive pills:

2 Lectures

2 Lectures

Androgens; pharmacological actions and clinical uses. Abuse of androgensOestrogens; synthetic and natural. Pharmacological actions and clinical uses. Oral contraceptive pills types, pharmacological actions and clinical uses. Adverse effects and contraindications of the oral contraceptive pills.

*Anti-thyroid drugs:

1 Lecture

Thyroid hormones; biosynthesis and pharmacological actions. Pharmacology of carbimazole and propylthiouracil. The use of radio-active iodine.

<u>31.Drugs acting on the kidneys:</u>

2 Lectures

Renal handling of water and electrolytes. Diuretics; mode and site of action, classification and clinical uses, side effects. Drugs changing urinary PH and their clinical uses. Urinary tract antiseptics.

32.Drugs acting on blood:

*Anticoagulant drugs: 2 Lectures Blood coagulation process. Heparin; unfractionated (UFH) and low molecular weight heparin (LMWH): mechanism of action, pharmacokinetics, clinical uses and adverse effects. Advantages of the use of LMWH on UFH. Platelets aggregation inhibitors, clopidogrel. Thrombolytic agents and drugs acting on the platelets. Vitamin K preparation and aminocaproaic acid.

*Antianemic drugs:

2 Lectures

Iron preparations. Clinical uses of folic acid and vitamin B12.

<u>33.Cancer chemotherapeutic agents:</u> 2 Lectures Classification of cytotoxic drugs. Mechanism of action in general.

Clinical uses and adverse effects of cytotoxic drugs.

<u>34.Immunopharmacology:</u> 1 Lecture Indications for immunosupressants, ciclosporin, tacrolimus, mycophenolate mofetil, Corticosteroids, cytotoxic drugs as azathioprine,cyclophosphamide. Monoclonal antibodies as basiliximab and antilymphocytic immunoglobulins.

<u>35.Alcohol and alcoholism:</u> Metabolism and pharmacological action of ethanol. Acute and chronic actions of ethanol. Interactions with other drugs. Brief account on methanol poisoning.

<u>36.Smoking:</u> 1 Lecture Acute effects of nicotine. Chronic effects of nicotine.

<u>37.Vitamins and minerals:</u> Water soluble vitamins; B-complex. Fat soluble vitamins; Vit. D and Vit. K. Calcium and iron.

38.Skin pharmacology:

1 Lecture

Principles of treating skin diseases. Dermatological preparations. Percutaneous absorption. Skin toxicology.

39.Drug poisoning:

1 Lecture

Heavy metal poisoning. Thallium poisoning. the use of chelating agents, activated charcoal, Berlin Blue (Prussian Blue for thallium poisoning)

40.Genetic engineering in pharmacology:1 LectureThe use of genetic engineering technology in the preparation of
some drugs, such as insulin, growth hormone, oxytocin, interferons.

syllabus of Histopathology for third year

الفصل الأول: 60 ساعة الفصل الثاني : 60 ساعة

Reference Books:

1-Robbin's Basic Pathology 8th Edition; Kumar, Abbas, Fausto & Mitchell 2007

2-Muir's Text Book of Pathology, 13^{th} Edition; Roderick N M MacSween &

KeithWhaley 1994

- 3-Stevens: Core pathology, 3ed edition 2010.
- 4- Practical booklet 2010

الفصل الاول

SubjectNo. of lectures General Pathology

| 1-Introduction1 hour | د. سؤدد عاصم عبد القادر |
|---------------------------------|-------------------------------|
| 2- Cell injury,Cell death | |
| and Adaptations4 hours | د. سؤدد عاصم عبد القادر. |
| 3-Inflammation, Healing & | |
| Repairs8 hours | د. سوسن صالح الهارون |
| 4- Microbial Infection | د. نبر اس سلیم 8hours، |
| | المعمار |
| 5- Immunopatholgy6 hours | د. نبر اس سليم + د. جاسم محمد |
| | الذياب |
| 6-Disturbnces of blood flow and | |
| body fluid5hours | د. سؤدد عاصم عبد القادر |
| 7-Medical Genetics5 hours | د. سعد عبد الباقي |
| 8- Neoplasia 10hours | د. جاسم محمد الذياب |
| | |

الفصل الثانى

| Systemic Pathology | |
|--|---|
| 9-Blood& lymphatic's vessels3hours | د. سعد عبد الباقي |
| 10- Heart 5hours | . د. سعد عبد الباقي |
| 11-Respiratory system | د.جاسم محمد الذياب د.صادق خلف |
| 13- Lymphoreticular system 4hours. | د. سوسن صالح الهارون |
| 14-Oral cavity and gastro- Intestinal tract7hours 15-Liver, biliary tract & pancreas7hours | .د. سؤدد عاصم عبد القادر د.عبير علي حسين |
| 16-Kidney & urinary tract system8hours | د. سوسن صالح الهارون |
| 17-Female genital system5ho | د. سؤدد عاصم عبد urs القادر |
| 18-The breast3hour | د. اسیل حامد جاسم |
| 19-Male genital system3hours | د.جاسم محمد الذياب |
| 20-Endocrine system4hours 21-Bone, joints and | د. نور صبيح . |
| skeletal muscles4hours 22-Central and peripheral | د.اسیل حامد جاسم |
| nervous system | د. سعد عبد الباقي |

B- Practical part (4 hours per week)the main objectives of practical sessions is to support the theory and to help the students to comprehend the basic principles in:

a- How to take specimens for Histopathological examination.The ways of preservation and fixation and the main histopathological techniques.b-How to use the microscopes.

c- Examination of available of pathological specimens. d- Examination of standard slides to demonstrate the microscopic changes in the diseased tissue or organ.

C-Tutorials (one hour per week) to give the student the opportunity for further information and to give the opportunity to the teachers to assess the standards of their methods of teaching.

| | <u>Subject</u> | Number of |
|---|---|------------|
| 1 | Introduction | Lectures 1 |
| 1 | | 1 |
| | Definition & branches of pathology | |
| | ses and etiology of diseases | |
| | hogenesis and nature of diseases | |
| | rphological changes of diseasePrognosis and | |
| | plications | |
| 2 | Cell injury, cell death and Adaptations | 4 |
| | Overview of cellular response to stress & | |
| | noxious stimuli | |
| | Cellular adaptations to stress. | |
| | -Hypertrophy | |
| | -Hyperplasia | |
| | -Atrophy | |
| | -Metaplasia | |
| | Causes of cell injury | |
| | The morphology of cell and tissue injury | |
| | -Reversible injury | |
| | -Necrosis | |
| | -Patterns of tissue necrosis | |
| | -Subcellular responses to injury | |
| | Mechanisms of cell injury | |
| | Examples of irreversible cell injury and | |
| | necrosis | |
| | -Coagulative necrosis | |
| | -Caseous necrosis | |

| | -Liquefactive necrosis -Fatty necrosis -Fibrinoid necrosis -Gangrenous necrosis Apoptosis Intracellular accumulations -Fatty change -Pigmentation (Exogenous and endogenous) -Pathological calcification | |
|---|--|---|
| 3 | Acute And Chronic Inflammation | 6 |
| | Overview of Inflammation - Definition - Causes Types: -Acute Inflammation -Vascular changes -Change in vascular blood flow & caliber -Increased vascular permeability -Leukocytes cellular events -Leukocyte recruitment -Margination and rolling | |
| | -Adhesion and transmigrations -Chemotaxis -Leukocytes activation -Phagocytosis -Killing and degradation of microbes -Outcomes of Acute Inflammation -Morphological patterns of acute Inflammation -Serous Inflammation -Fibrinous Inflammation | |

| | -Suppurative (purulent) Inflammation | |
|---|---|---|
| | -Catarrhal inflammation | |
| | -Ulceration | |
| | -Gangrenous Inflammation | |
| | -Pseudomembranous Inflammation | |
| | -Chemical Mediators | |
| | -Cell – derived mediators | |
| | -Plasma protein – derived mediators | |
| | -Chronic Inflammation | |
| | -Chronic inflammatory cells and mediators | |
| | -Granulomatous inflammation | |
| | -Morphological pattern of chronic | |
| | inflammation | |
| | Systemic effects of Inflammation | |
| 4 | Tissue Repair: Regeneration, Healing and | 2 |
| | Fibrosis | |
| | Overview of tissue repair. | |
| | -Regeneration | |
| | -The control of cell proliferation | |
| | -The cell cycle | |
| | -Proliferative capacities of | |
| | tissues | |
| | -Growth factors | |
| | -Extracellular matrix (ECM) and cell-matrix | |
| | interactions | |
| | -Roles of extracellular matrix. | |
| | -Components of extracellular | |
| | Matrix | |
| | -Repair by connective tissue | |
| | -Angiogenesis | |
| | | |
| 1 | -Migration of fibroblasts and ECM | |
| | 0 0 | |
| | -Migration of fibroblasts and ECM | |
| | -Migration of fibroblasts and ECM deposition | |

| | -Healing by first intention | |
|---|---|---|
| | -Healing by second intention | |
| | -Wound strength | |
| | Pathologic Aspects of Repair | |
| | Factors Affecting Wound Healing | |
| | -Local Factors | |
| | -Systemic Factors | |
| 5 | Microbial Infections | 8 |
| | Introduction to microbial infections | |
| | Non-specific defense mechanisms | |
| | Categories of infectious agents | |
| | Routes of infections | |
| | How microorganism can cause disease. | |
| | Viral infections | |
| | -Introduction | |
| | -Mechanisms of viral injury at cellular | |
| | level. | |
| | -Transient viral infection | |
| | -Latent viral infection | |
| | -Slow viral infection | |
| | -H1N1 viral infection | |
| | Bacterial infections | |
| | -Pathogenesis of bacterial infections | |
| | -Acute bacterial infections | |
| | -Acute bacterial infections general types | |
| | -Common pyogenic bacteria | |
| | -Gangrene | |
| | Definitionand types | |
| | -Chronic bacterial infections | |
| | - <u>Mycobacteriumtuberculosis</u> | |
| | -Leprosy | |
| | -Syphilis | |
| | -Fungal infections | |

| 6 | Immunopathology | 6 |
|---|--|---|
| | Introduction: | |
| | Innate & adaptive immunity | |
| | Cell & tissue of immune system | |
| | Over review of normal immune responses | |
| | Hypersensitivity diseases: | |
| | -Types of Hypersensitivity diseases | |
| | -Type I HSR | |
| | -Type II HSR | |
| | -Type III HSR | |
| | -Type IV HSR | |
| | -Rejection of transplants | |
| | -Auto-immune disease | |
| | -Immunodeficiency diseases | |
| | -Primary Immunodeficiency | |
| | -Secondary immunodeficiency | |
| | -Amyloidosis | |

| 7 | Disturbances of blood flow and body fluid | 5 |
|---|---|---|
| | Introduction | |
| | Edema and types | |
| | Hyperemia and congestion | |
| | Hemorrhage | |
| | Shock | |
| | -Cardiogenic shock | |
| | -Hypovolemic shock | |
| | -Septic shock | |
| | -Stages of shock | |
| | Нурохіа | |
| | -Ischemia | |
| | -Infarction | |
| | Review of normal homeostasis | |
| | Thrombosis | |
| | -Causes | |
| | -Fate of thrombi | |
| | Embolism | |

| | -Pulmonary thromboembolism -Systemic thromboembolism -Types of emboli | |
|---|---|---|
| | | |
| 8 | Medical Genetics | 5 |
| | Mutations Mendelian disorders (Diseases caused by single- gene defects) -Transmission patterns of single-gene disorders -Autosomal dominant disorders -Autosomal recessive disorders -Autosomal recessive disorders -Autosomal recessive disorders -Autosomal recessive disorders -Autosomal recessive disorders -X-linked disorders Disorders wit multifactorial inheritance Cytogenetic disorders -Cytogenetic disorders involving autosomes -Trisomy 21(Down syndrome) -Cytogenetic disorders involving sex chromosomes -Klinefelter syndrome -Turner syndrome Single gene disorders with atypical patterns of inheritance -Triplet repeat mutation: Fragile X- syndrome -Diseases caused by mutation of mitochondrial genes | |

| | -Genomic imprinting: Prader-Willi and Angelman syndromes | |
|---|--|----|
| | Congenital anomalies | |
| | Diagnosis of genetic diseases | |
| | -Florescence in situ hybridization | |
| | -Molecular detection of genetic diseases | |
| | 0 | |
| | -Indications for genetic analysis | |
| 9 | <u>Neoplasia</u> | 10 |
| | Definition | |
| | Nomenclature | |
| | Hamartoma | |
| | Teratoma | |
| | Characteristics of benign and malignant neoplasms. | |
| | -Atypia & dysplasia | |
| | -Tumor grade and stage | |
| | -Invasion & metastasis | |
| | -Mechanism of invasion & metastasis | |
| | -Tumor angiogenesis. | |
| | -Kinetic of tumor cell growth | |
| | Tumor immunity – Tumor antigens – anti-tumor | |
| | effecter mechanisms. | |
| | -Tumor & immunosurveilance. | |
| | CarcinogenesisChemical, radiation and viral | |
| | Molecular basis of cancer. | |
| | The clinical effect of neoplasia. | |
| | | |

| Systemic Pathology | | |
|--------------------|--|---|
| 10 | Cardiovascular system | 8 |
| | The Blood Vessels | |
| | - Vascular wall cells and their response to injury | |
| | - Endothelial cells: Function and dysfunction | |
| | - Vascular smooth muscle cells | |
| | - Intimal thickening – A response to vascular | |
| | intimal injury | |

- Atherosclerosis - Hypertensive vascular disease - Pathogenesis of hypertension - Mechanisms of essential hypertension - Vascular pathology in hypertension - Aneurysms - Abdominal aortic aneurysm - Aortic dissection - Vasculitis - Giant cell(Temporal) arteritis. - Thromboangiitis obliterance (Buerger Disease) -Tumors - Benign tumors -Hemangioma -Lymphangioma - Intermediate (Borderline) tumors -Kaposi sarcoma - Malignant tumors -Angiosarcoma **The Heart** - Congestive heart failure -Ischemic heart diseases - Angina pectoris - Myocardial infarction - Chronic ischemic heart disease - Sudden cardiac death -Valvular heart diseases - Rheumatic fever and heart disease - Infective Endocarditis - Primary myocardial diseases - Myocarditis - Congenital heart disease - Left-to-right shunts -Atrial septal defects -Ventricular septal defects -Patent ductus arteriosus - Right-to-left shunts

| -Tetralogy of Fallot | |
|----------------------------------|--|
| -Transposition of great arteries | |
| - Pericardial diseases | |
| - Pericarditis | |
| - Pericardial effusions | |
| - Cardiac tumors | |

| 11 | Respiratory system | 9 |
|----|---|---|
| | Upper respiratory tract | |
| | -Nose | |
| | -Nasal sinuses -inflammatory conditions & tumors. | |
| | -Nasopharynx – inflammatory conditions | |
| | -Tumors. | |
| | -Angiofibroma | |
| | -Nasopharyngeal carcinoma | |
| | -Larynx. | |
| | -Benign tumors, | |
| | -Singer's nodule | |
| | -Polyp | |
| | -Squamous papilloma | |
| | -Malignant tumors | |
| | -Squamous cell carcinoma | |
| | Lower respiratory tract | |
| | - Atelectasis (collapse) | |
| | - Acute Lung injury | |
| | - Obstructive Pulmonary Disease | |
| | -Bronchial asthma. | |
| | -Chronic bronchitis. | |
| | -Bronchiectasis | |
| | -Emphysema | |
| | -Centrilobular emphysema | |
| | -Panacinar emphysema | |
| | -Pathogenesis | |
| | -Restrictive defect | |
| | -Chest wall disorders | |

-Interstitial lung diseases -Acute respiratory distress syndrome -Chronic restrictive lung diseases -Pneumoconiosis -Interstitial fibrosis of unknown etiology -infiltrative lesions -Pneumonia -Bronchopneumonia -Lobar pneumonia -Pulmonary hypertension. -Causes -Pathological changes -Pneumoconiosis. -Classification -Pathological changes -Complications -Tumors -Bronchial carcinoid. -Typical -Atypical -Small cell neuroendocrine carcinoma. - large cell neuroendocrine carcinoma -Bronchial carcinoma. -Squamous cell carcinoma -Adenocarcinoma -Small cell carcinoma -Large cell carcinoma -Pleura. -Tumors -Mesothelioma -Benign -Malignant -Secondary tumor.

| 12 | The Hematopoietic system | 7 |
|----|---|---|
| | Red cell Disorders | |
| | - Anemia of blood loss: Hemorrhage | |
| | - Hemolytic Anemia | |
| | -Hereditary spherocytosis | |
| | -Sickle cell anemia | |
| | - Thalassemia | |
| | -G6PD deficiency | |
| | -Paroxysmal nocturnal hemoglobinuria | |
| | -Immunohemolytic anemia | |
| | -Hemolytic anemia from mechanical trauma. | |
| | -Anemia of diminished erythopoiesis | |
| | -Polycythemia | |
| | White cell Disorders | |
| | - Non-neoplastic disorders of white cells | |
| | - Neoplastic proliferation of white cells | |
| | - Leukaemias | |
| | -Myeloproliferative disorders | |
| | Plasma cell disorders | |
| | -Multiple myeloma | |
| | Bleeding disorders | |
| | -Ideopathic thrombocytopenic purpura | |
| | -Hemophilia | |
| | -Von-Willbrand disease | |
| 13 | Lymphoreticular system | 4 |
| | Reactive lymphadenopathy | |
| | - Acute non-specific lymphadenitis | |
| | - Chronic non-specific lymphadenitis | |
| | - Granulomatous lymphadenitis | |
| | - Miscellaneous non-neoplastic diseases | |
| | Neoplastic lymphadenopathy | |
| | -Hodgkin's lymphoma | |
| | - Non-Hodgkin's lymphoma | |
| | -Low-grade B-cell lymphoma | |
| | -Low-grade T- cell lymphoma | |

| -High- grade B- cell lymphoma | |
|---|---------|
| -High – grade T- cell lymphoma | |
| Metastatic lymphadenopathy | |
| Disorders of spleen | |
| -Hypersplenism | |
| -Splenomegaly | |
| Disorders of the Thymus | |
| - Thymic Hyperplasia | |
| - Thymoma | |
| 14 Oral cavity and the Gastrointestinal | Tract 7 |
| Oral cavity | |
| -Ulcerative and inflammatory lesions | |
| -Aphthous ulcer | |
| -Herpes virus infection | |
| -Oral candidiasis | |
| -Aids and Kaposi sarcoma | |
| Esophagus | |
| - Anatomic and motor disorders | |
| -Achalasia | |
| - Hiatal hernia | |
| - Varices | |
| - Esophagitis (causes and types) | |
| - Barrett's esophagus | |
| - Esophageal carcinoma. | |
| Stomach | |
| -Gastritis | |
| -Acute gastritis | |
| -Chronic gastritis | |
| -Gastric ulceration | |
| -Acute gastric ulceration | |
| - peptic ulcers | |
| -Gastric tumors | |
| - Gastric polyps | |
| - Gastric Carcinoma | |
| - Etiology and pathogenesis | |
| Small and large intestine | |
| - Inflammatory bowel disease | |

| | -Crohn's disease | |
|----|--|---|
| | -Ulcerative colitis | |
| | - Tumors of small and large intestines | |
| | -Non- neoplastic polyps | |
| | -Adenomas | |
| | -Familial polyposis syndromes | |
| | -Colorectal carcinoma | |
| | -Neoplasms of small intestine | |
| | -Other tumors of gastro-intestinal tract , Gastro- | |
| | intestinal | |
| | lymphoma and Carcinoid | |
| | Appendix | |
| | -Appendicitis | |
| | -Appendicular tumors | |
| 15 | Liver, Gall bladder and pancreas | 7 |
| | Liver | |
| | -Micro architecture of liver | |
| | -Liver cell reaction to injury | |
| | -Hepatitis | |
| | - Viral | |
| | -Alcoholic | |
| | -Liver cirrhosis | |
| | -Tumors | |
| | Gall bladder | |
| | -Cholelithiasis | |
| | -Pure stones | |
| | -Mixed stone | |
| | -Acute cholecystitis | |
| | -Chronic cholecystitis | |
| | -Tumors | |
| | Pancreas | |
| | -Acute pancreatitis | |
| | -Chronic pancreatitis | |
| | -Tumors | |
| | | |
| | -Tumors of exocrine pancreas | |
| | -Tumors of endocrine pancreas | |

| 16 | Kidney and Urinary Tract System | 8 |
|----|--|---|
| | Clinical manifestations of renal diseases | |
| | Glomerular diseases | |
| | -Pathogenesis of glomerular diseases | |
| | - Circulating Immune complexes | |
| | - In-situ complexes | |
| | - Cell-mediated immune glomerulonephritis | |
| | - Mediators of immune injury | |
| | - Other mechanisms of glomerular injury | |
| | -The nephrotic syndrome | |
| | - Minimal – change disease (lipoid nephrosis) | |
| | - Focal and segmental glomerulosclerosis | |
| | - Membranous nephropathy (Membranous | |
| | glomerulonephritis) | |
| | - Membranoproliferative glomerulonephritis | |
| | -The nephritic syndrome | |
| | -Acute post infections (post streptococcal) | |
| | -Glomerulonephritis | |
| | -lgA nephropathy (Berger disease) | |
| | - Hereditary nephritis | |
| | - Rapidly progressive (| |
| | Crescentic)glomerulonephritis | |
| | -Chronic glomerulonephritis | |
| | Diseases affecting tubules and interstitium | |
| | -Tubulointerstitial nephritis | |
| | -Acute pyelonephritis | |
| | -Chronic pyelonephritis and reflux nephropathy | |
| | -Drug induced interstitial nephritis | |
| | -Acute tubular necrosis | |
| | Diseases involving blood vessels | |
| | -Benign nephrosclerosis | |
| | -Malignant hypertension and malignant | |
| | nephrosclerosis | |
| | -Thrombotic microangiopathies | |
| | Cystic diseases of the kidney | |
| | -Simple cysts | |

| -Autosomal dominant (adult) polycystic kidney | |
|---|--|
| diseases | |
| -Autosomal recessive (childhood) polycystic | |
| kidney diseases | |
| -Medullary cystic diseases | |
| Urinary outflow obstruction | |
| -Renal stones | |
| -Hydronephrosis | |
| Tumors | |
| -Renal cell carcinoma | |
| -Wilm's tumor | |
| -Tumors of the renal pelvis and calyces | |
| | |
| | |
| Diseases of urinary tract | |
| -Ureter | |
| -Obstruction | |
| - Tumors | |
| -Urinary bladder | |
| -Acute cystitis | |
| -Chronic cystitis | |
| -Special forms of cystitis | |
| -Tumors | |
| -Urethra | |
| -Inflammation | |
| -Tumors | |

| 17 | The female genital system | 5 |
|----|--|---|
| | Vulva | |
| | - Vulvitis | |
| | -Contact dermatitis | |
| | -Non-neoplastic epithelial disorders. | |
| | -Lichen sclerosus | |
| | -Lichen simplex | |
| | -Tumors | |
| | -Condylomas and low grade Vulvar Intraepithelial | |
| | Neoplasia. | |

-High grade Vulvar Intraepithelial Neoplasia and carcinoma of vulva. Vagina -Vaginitis -Vaginal Intra- Epithelial neoplasia and squamous cell carcinoma -Sarcoma Botryoides Cervix - Cervicitis -Tumors of the cervix -Cervical Intraepithelial Neoplasia and squamous cell carcinoma. -Endocervical polyp. Body of uterus - Endometritis - Adenomyosis - Endometriosis - Endometrial hyperplasia - Tumors of Endometrium and myometrium - Endometrial polyp - Leiomyoma -Endometrial carcinoma Ovaries - Non- neoplastic cysts -Follicular and luteal cyst -Polycystic ovaries -Chocolate cyst. - Tumor of the ovary - Surface epithelial stromal tumors -Serous tumors -Mucinous tumors -Endometrioid tumors -Brenner tumors

| | -Germ cell tumors | |
|----|--|---|
| | -Teratomas | |
| | -Benign (mature) cystic teratoma | |
| | -Immature malignant teratoma | |
| | -Specialized teratoma | |
| | -Dysgerminoma | |
| | -Choriocarcinoma | |
| | -Yolk sac tumor | |
| | -Sex cord stromal tumors | |
| | -Granulosa cell tumor | |
| | -Thecoma- fibroma | |
| | -Sertoli- Leydig cell tumors | |
| | - Metastatic | |
| | -Krukenberg's tumor. | |
| | | |
| | Diseases of placenta (pregnancy) | |
| | - Ectopic pregnancy | |
| | - Gestational trophoblastic disease | |
| | -Hydatidiform mole, complete and partial | |
| | -Invasive Mole | |
| | -Choriocarcinoma | |
| | | |
| | | |
| 18 | Breast | 3 |
| | | |
| | Normal breast | |
| | Benign breast lesions: | |
| | Infections | |
| | -Acute pyogenic infections | |
| | -Tuberculosis | |
| | Non infective inflammatory lesions | |
| | - Mammary ductectasia | |
| | - Granulomatous mastitis | |
| | - Traumatic fat necrosis | |
| | | |
| | - Reaction to foreign body | |
| | - Galactocele | |
| | Fibrocystic disease of the breast | |

| Benign tumors of the breast: | |
|--|--|
| -Fibroadenoma | |
| -Adenoma | |
| -Papilloma | |
| Breast carcinoma | |
| -Risk factors | |
| -Classification | |
| -In situ carcinoma : ductal, lobular | |
| -Invasive carcinoma | |
| -Ductal carcinoma(classical & subtypes) | |
| -Tubular carcinoma | |
| -Prognosis of breast carcinoma | |
| Miscellaneous tumors of the breast : Phyllodes | |
| tumor, lymphoma | |
| Tumors of male breast | |
| | |

| 19 | Male genital System | 3 |
|----|-----------------------------|---|
| | Testicular neoplasms | |
| | -Germ cell tumor | |
| | Seminoma - Variants | |
| | - Non seminomatous | |
| | -Teratomas | |
| | -Embryonal carcinoma | |
| | -Yolk sac tumor | |
| | -Choriocarcinoma | |
| | - Mixed germ cell tumor | |
| | - Sex cord stromal tumor | |
| | - Sertoli-Leydig cell tumor | |
| | -Mixed testicular tumor | |
| | - Testicular lymphoma | |
| | Prostate | |
| | -Prostatic Hyperplasia | |
| | -Prostatic carcinoma | |

| 20 | Bones, Joints, and skeletal muscles | 4 |
|----|--|---|
| | Diseases of bone | |
| | -Infections of bone | |
| | -Pyogenic osteomyelitis | |

| -Tuberculous osteomyelitis | |
|---|--|
| - Vitamin D deficiency rickets and osteomalacia | |
| - Paget's disease of bone | |
| | |
| | |
| | |
| - Bone tumors | |
| -Bone forming tumors: osteoma, osteoid osteoma, | |
| osteogenicsarcom | |
| - Cartilage forming tumors: | |
| -Osteochondroma | |
| -Chondroblastoma | |
| -Miscellaneous tumors | |
| -Ewing sarcoma | |
| -Giant cell tumor | |
| -Metastatic tumors of bone | |
| | |

| 21 | The Endocrine System | 4 |
|----|--|---|
| | Pituitary | |
| | -Hyperpitutarism and Pituitary Adenomas | |
| | -Prolactinomas | |
| | -Growth Hormone – producing Adenomas | |
| | -Corticotroph Cell Adenomas | |
| | -Other Anterior Pituitary Neoplasms | |
| | -Hypopituitarism | |
| | -Posterior Pituitary Syndromes | |
| | Thyroid | |
| | -Hyperthyroidism | |
| | -Hypothyroidism | |
| | -Thyroiditis | |
| | -Chronic lymphocytic (Hashimoto) thyroiditis | |
| | -Sub acute granulomatous (de Quervain) | |
| | -Sub acute lymphocytic thyroiditis | |
| | -Other forms of thyroiditis | |
| | -Graves diseases | |
| - 100 | |
|--|--|
| -Diffuse and multinodular goiter | |
| -Neoplasms of the Thyroid | |
| -Adenomas | |
| -Carcinomas | |
| -Papillary Carcinoma | |
| -Follicular Carcinoma | |
| -Medullary Carcinoma | |
| -Anaplastic Carcinoma | |
| Parathyroid Glands | |
| -Hyperparathyroidism | |
| -Primary Hyperparathyroidism | |
| -Secondary Hyperparathyroidism | |
| -Hyperparathyroidism | |
| Adrenal Cortex | |
| -Adrenocortical hyperfunction | |
| (hyperaderenalism) | |
| -Hypercortisolism (Cushing syndrome) | |
| -Hyperaldosteronism | |
| -Adernogenital syndromes | |
| -Adrenal insufficiency | |
| -Acute adrenocortical insufficiency | |
| -Chronic adrenocortical insufficiency (Addison | |
| disease) | |
| -Adrenocortical neoplasms | |
| Adrenal Medulla | |
| -Pheochomocytoma | |
| | |

| 22 | The central and peripheral nervous system | 4 |
|----|---|---|
| | Cells of the nervous system | |
| | -Neurons | |
| | -Astrocytes | |
| | -Oligodendrocytes | |
| | -Ependymal cells | |
| | -Microglia | |
| | | |
| | | |
| | Edema and hydrocephalus | |

| -Cerebral edema | |
|---|--|
| -Hydrocephalus | |
| Vascular diseases | |
| -Global hypoxic-ischemic encephalopathy | |
| -Infarcts | |
| -Intracranial hemorrhage | |
| -Primary brain parenchymal hemorrhage | |
| -Saccular aneurysm and subarachnoidal | |
| hemorrhage | |
| Central nervous system trauma | |
| -Epidural hematoma | |
| -Subdural hematoma | |
| Infections of the nervous system | |
| -Leptomeningitis | |
| -Acute purulent leptomeningitis | |
| -Acute lymphocytic (viral)meningitis | |
| -Chronic meningitis | |
| -Parenchymal infections (encephalitis) | |
| -Brain abscess | |
| -Viral encephalitis | |
| Neoplasms of the central nervous system | |
| -Primary neuroglial tumors(Gliomas) | |
| -Astrocytomas | |
| -Oligodendrogliomas | |
| -Ependymomas | |
| -Primitive neuroepithelial neoplasms | |
| -Meningiomas | |
| -Metastatic neoplasms | |
| | |

MICROBIOLOGY SYLLABUS FOR 3 * YEAR

M.B.CH.B.STUDENTS

DEPARTMENT OF MICROBIOLOGY - COLLEGE OF MEDICINE - UNIVERSITY OF BASRAH

(80 hours with discussions)

| | (80 hours with discussions) | | | | | |
|--|-------------------------------|--|--|--|--|--|
| Торіс | Hrs | Lecturer | | | | |
| Part I. GENERAL BACTERIOLOGY | 11 hrs | | | | | |
| Classification of bacteria | 1 | Dr. Sundis S. Bakr | | | | |
| Structure of bacterial cell | 1 | Dr. Sundis S. Bakr | | | | |
| Growth , survival and death of bacteria | 1 | Dr. Hanadi A. Jassim | | | | |
| Cultivation of bacteria | 1 | Dr. Ihsan E. Alsaimary | | | | |
| bacterial metabolism : | 2 | Dr. Ihsan E. Alsaimary | | | | |
| elements, cycles, regulation & applications | | | | | | |
| Bacterial genetics: Concepts, replication , mutation, regulation, genetic recombination & applications | 2 | Dr. Ihsan E. Alsaimary | | | | |
| Sterilization & disinfectants | 1 | Dr. Sundis S. Bakr | | | | |
| Pathogenesis of bacterial infections | 1 | Dr. Sundis S. Bakr | | | | |
| Antimicrobial chemotherapy | 1 | Dr. Hanadi A. Jassim | | | | |
| Part II. | 26hrs | | | | | |
| SYSTEMATIC MEDICAL | | | | | | |
| BACTERIOLOGY | | | | | | |
| Gram positive cocci: | | | | | | |
| Staphylococcus, Streptococcus & Enterococcus | 3 | Dr. Ihsan E. Alsaimary | | | | |
| Spore forming Gram positive bacilli (aerobic & | | | | | | |
| anaerobic): Bacillus & Clostridium | 3 | Dr. Hanadi A. Jassim | | | | |
| Propionibacterium, Listeria | | | | | | |
| Non spore forming Gr+ve bacilli: | 2 | Dr. Hanadi A. Jassim | | | | |
| Corynebacterium& related sp. Mycobacterium | 2 | Dr. Sundis S. Bakr | | | | |
| Enteric Gr-ve rodes: Enterobacteriaceae | - | Di. Sunuis S. Daki | | | | |
| E.coli, Klebsiella, Proteus, Pseudomonas, | 4 | Dr. Sundis S. Bakr | | | | |
| Acinetobacter, Shigella, Salmonella & others | | Di. Sunuis S. Daki | | | | |
| Yersinia, Francisella & Pasteurella | 1 | Dr. Sundis S. Bakr | | | | |
| Vibrio, Aeromonas, Plesiomonas & others | 1 | Dr. Ihsan E. Alsaimary | | | | |
| Campylobacter, Helicobacter & associated bacteria | 1 | Dr. Ihsan E. Alsaimary | | | | |
| Haemophilus, Bordetella and Brucella | 1 | Dr. Hanadi A. Jassim | | | | |
| Legionella & unusual bacterial pathogens | 1 | Dr. Hanadi A. Jassim Dr. Hanadi A. Jassim | | | | |
| Mycoplasma & cell wall defective bacteria | 2 | | | | | |
| Rickettsial diseases | 2 | Dr. Ihsan E. Alsaimary | | | | |
| STD pathogens: Neisseria , Chlamydia | 2 3 | Dr. Ihsan E. Alsaimary | | | | |
| Si D pathogens: <i>Neisseria</i> , <i>Chiamyala</i> Spirochaetes & other spiral bacteria | 3 | Dr. Sundis S. Bakr | | | | |
| Part III . GENERAL VIROLOGY | 3 hrs | | | | | |

| General properties & Classification of viruses cultivation Replication of viruses Natural history & mode of transmission Pathogenesis & control of viral diseases Prevention & treatment of viral diseases | 3 | Dr. Hassan J.Hasony |
|---|--------|---------------------|
| Part IV .SYSTEMIC MEDICAL VIROLOGY | 11 hrs | |
| parvovirus | 1 | |
| adenovirus & poxvirus | 1 | |
| Herpes viruses : | 1 | |
| HSV-1, HSV-2, V2V, CMV, EBV | | |
| Orthomyxoviruses | 1 | |
| Paramyxovirus & Rubella viruses | 1 | |
| picornaviruses | 1 | Dr. Hassan J.Hasony |
| Viral hepatitis | 1 | |
| Viral gastroenteritis | 1 | |
| arbovirus | 1 | |
| Oncogenic viruses | 1 | |
| Retroviruses & HIV infection | 1 | |
| Part V. BASIC & CLINICAL IMMUNOLOGY | 14 hrs | |
| Basis of body defenses: specific & non specific | 1 | |
| immune responses | 1 | |
| Immunoglobulins | 1 | |
| Antigen-antibody reactions | 1 | |
| The complement system | 1 | Dr. Thursus losfor |
| Cell mediated immunity | 2 | Dr. Thuraya Jaafer |
| MHC: structure & diseases | 1 | |
| Hypersensitivity reactions | 1 | |
| Immunologic tolerance | 1 | |
| Transplantation immunology | 1 | |
| Autoimmunity & autoimmune diseases | 1 | |
| Immunodeficiency diseases | 1 | |
| Tumor immunity | 1 | |
| Part VI. MEDICAL MÝCOLOGÝ | 3 hrs | |
| Structure, classification, superficial mycosis, subcutaneous mycosis, systemic mycosis and opportunistic fungi | 3 | Dr. Hassan J.Hasony |

Dr. Hassan J.Hasony: 17 hrs

Dr. Sundis S. Bakr : 14hrs

Dr. Ihsan E. Alsaimary: 14 hrs

Dr. Thuraya Jaafer : 14 hrs

Dr. Hanadi A. Jassim : 9 hrs

SCHEDULE LABORATORY CLASS OF BACTERIOLOGY

| DACIERIOLOGI | |
|--|--|
| Lab. No | |
| 1. Orientation to microbiology laboratory. | |
| a. Safty procedure and precaution. | |
| b. General laboratory directions | |
| c. The microscope. | |
| 2- Mixed Culture and preparation | |
| a. Simple stain. | |
| b. Gram's stain method. | |
| 3- Culture Media | |
| a. Preparation of nutrient agar plate. | |
| b. Culturing microorganisms from the environment. | |
| 4- Examination of the culture of the previous laboratory from different colonies | |
| Sterilization and Disinfection | |
| 5- Pure Culture Technique | |
| 6- Study colonial morphology | |
| Sub-culture technique | |
| 7- Study of some metabolic and enzyme activities of bacteria. | |
| 8- IMMUNOLOGY: | |
| a. Precipitation (ring test, Single and double immunodifution, immunoelectrophoresis) | |
| b. Agglutination: (slide agglutination, test tube agglutination) | |
| c. Complement fixation. | |
| | |
| d. E-Rosette, EA-Rosette, Prick test, Mononuclear cell isolation. | |
| Systemic Bacteriology | |
| 10- Staphylococci: | |
| a. Inoculate and streak blood agar plate and mannitol salt agar with the culture provided. | |
| b. Make Gram stain of the organism. | |
| | |
| | |

| 11- Streptococci: | |
|---|--|
| | |
| a. Describe the appearance of staphylococci on Blood agar and manitol salt agar plates. | |
| b. Perform a slide coagulase test on each of the staphylococcus agar plate. | |
| c. Inoculate and streak blood agar plate with the culture provided. | |
| d. Make Gram' stain of the organism. | |
| 12- PNEUMOCOCCI: | |
| a. Describe the appearance of streptococci on Blood agar. | |
| b. Subculture streptococci in tube of brain heart infusion broth. | |
| c. Inoculate and streak blood agar plate with the culture provided. | |
| d. Make Gram' stain of the organism. | |
| 13- NEISSERIAE: | |
| a. Prepare Gram stained slide from the Brain-heart infusion broth. Describe the microscopic | |
| morphology of streptococci in liquid medium. | |
| b. Describe the appearance of Pneumococci on Blood agar. | |
| c. Subculture Pneumococci in brain-heart infusion broth and incubate at 37'c | |
| d. Inoculate and streak blood agar plate with <i>N. Catarralis</i> . | |
| e. Make Gram' stain of <i>N. Catarralis</i> . | |
| f. Stain the prepared slide provided with Gram method | |
| 14- CORYNEBACTERIA: | |
| a. Stain the prepared slide provided with Neisser's stain. | |
| b. Perform the bile solubility test for <i>pneumococcus</i> . | |
| c. Perform the oxides test of <i>N. Catarrhalis</i> . | |
| 15- MYCOBACTERIA | |
| Stain the slide of sputum with Zeil-Nelsen stain. | |
| 16- Genus BACILLUS: | |
| a. Inoculate and streak blood agar plate with Bacillus subills. | |
| b. Make Gram' stain slide of the organism. | |

| c. Prepare heat fixed smear of the culture and stain it with spore stain. | |
|--|--|
| 17- GENUS CLOSTRIDIA: | |
| a. Describe the appearance of B. Subtilis on blood agar. | |
| b. Demonstration on <i>clostridia</i> . | |
| c. Film on Gas Gangrene | |
| ENTERIC BACILLI: | |
| | |
| 18- Echerichia coli and klebsiella aerogenes. | |
| A. Inoculate and streak macconkey agar plate with the culture provided. | |
| b. Make Gram' stain of the organism. | |
| 19- Proteus and Pseudomonas | |
| a. Describe the appearance of <i>E. coli</i> and <i>K. aerogenes</i> on Macconkey agar plate. | |
| b. Subculture the organism on the following media: | |
| - Peptone water. | |
| - Glucose broth (two tubes). | |
| - Slant of Simmon Citrate agar. | |
| c. Inoculate and streak Macconkey agar plate with the culture provided (Proteus and | |
| Pseudomonas). | |
| d. Make Gram' stain of the organism. | |
| 20-VIBRIOS | |
| A. Demonstration on Non-aggulatinable vibrios (NAG strain). | |
| b. Describe the appearance of <i>Pseudomonas on Macconkey agar plate.</i> | |
| c. Perform the oxidase test on <i>pseudomonas</i> culture; | |
| d. Examine the glucose broth incubated with <i>proteus</i> . | |
| e. Examine the urea broth incubated with <i>proteus</i> . | |
| 21- SPIROCHETES, HEMOOPHILIUSAND BORDETELIA: | |
| a. Slide demonstration on Trepanema palladium, hemophillis ducrevil and <i>Borrelia vincenti</i> . | |
| b. Examine pseudomonas agar slant for pigment production.c. Examine the glucose sugar broth (fermentation). | |
| VIROLOGY | |
| 22- First lab. | |
| a. Isolation of the viruses: | |
| - Tissue culture | |
| - Embryonated agg. | |
| - Animal inoculation. | |
| b. Histological examination. | |
| c. Transformation. | |
| d. Slide projection | |
| 23- Second lab: | |
| a. Serological tests for identification of viruses: | |
| - Viral neutralization. | |
| - Haemagglutination & haemagglutination inhibition | |
| - Plague and plague reduction. | |
| - Gel diffusion. | |
| - ELISA | |
| - Complement fixation test. | |
| - Slide Projection. | |
| MYCOLOGY | |
| 24- First lab | |
| a. Contaminants. | |
| b. Dematophytes. | |
| c. <i>Candida</i> species (yeast-like fungi). | |
| 25- Second lab: (systemic fungi) | |
| a. Cryptococcus. | |
| b. Histoplasma capsulatum. | |
| c. Sporotrichum schenkii. | |
| 26- Final Examination. | |

University of Basrah College of Medicine Department of Microbiology Parasitology section

Syllabus OF Parasitology

Lectures

For 3 rd Year M .B. CH . B. Student

| <u>Topics</u> | <u>Hrs</u> |
|--|------------|
| GENERAL INTRODUCTION | 2 |
| Medical Protozology | |
| 1-Amebae of man | 3 |
| Entamoeba histolytica and amoebiasis | |
| Entamoeba coli | |
| Entamoeba gingivalis | |
| Entamoeba hartmanni | |
| Endolimax nana | |
| Iodamoeba butschlii | |
| Trichomonas tenax | |
| BIastocystis hominis | |
| 2-Flagellates | |
| A- Intestinal, oral and urogenatal flagellates | 2 |
| Giardia Iamblia | |
| Dientamoeba fragilis | |
| Trichomonas tenax | |
| Trichomonas vaginalis | |
| Chilomastix mesnili and othre intestinal flagellates | |
| | |

B- Blood and tissue flagellates :

Leishmania tropica complex L. major complex Leishmania donovani complex Leishmania braziliensis complex L. mexicana complex Trypanosoma rhodesiense T. gambiense T. cruzi

3-Ciliate : Balantidium coli

4- SPOROZOA

a- Malarial Parasites: plasmodium vivax plasmodium malariae plasmodium falciparum plasmodium ovale

b- Toxoplasma, Pneumocystis, Emeria, Isospora, Sarcocystis and Cryptosporidium 4

2

Medical helminthology Introduction <u>1- Cestodes</u> :

General consideration

Taenia saginata Taenia solium and cysticercosis Echinococcus and hydatid disease Diphyllobothrium and sparganosis Dipylidium caninum Hymenolepis nana Hymenolepis diminuta Multiceps multiceps

2-Trematodes (flukes):

Ceneral consideration

- a- Fasciola hepatica & F. gigantica
- b- Clonorchis sinensis and Opisthorchis felineus
- c- Intestinal and Iung flukes
- d- Schistosoma haematobium
- e- Schistosoma mansoni
- f- Schistopsoma japonicum

3-Nematodes:

General consideration

- a-Ascaris lumbrcoides
- **b-** Enterobius vermicularis
- c- Trichuris trichiura
- d- Trichostrongylus
- e- Strongloides stercoralis
- f- Ancylostoma duodenale

g-Necator americanus

h- Cutaneous and visceral larva migrans

12

5

5

1

i -Trichinella spiralis

j –The filariae:

1- Wuchereria bancrofti

2- Brugia malayia

3-Mansonella perstans

4- Mansonella ozzardi

5- Onchocerca volvulus

6- Loa loa

7- Drancuncolus medinensis

MEDICAL ENTOMOLOGY

6

<u>Note</u>

The following points will be discussed for each parasites mentioned above .

1- geographical distribution.

2- Morphology ,biology and life cycle .

3- Pathogenesis and symptomatology.

4- Treatment .

5- Epidemiology .

6- Control<u>.</u>

7- Diagnosis.

Parasitology Practical *Medical Protozoology*

1st week : Amoebae of man

1- Entamoeba histolytica vegetative or trophozoite stage

2- Entamoeba histolytica cyst stage

2nd week : Revision of the first practical and

- 1- E. coli trophozoite stage
- 2- E. coli_ cyst stage
- 3- Endolimax nana cyst stage
- 4- Iodamoeba butschlii_cyst stage
- 5- Blastocystis hominis trophozoite stage

3rd week :

- 1- Giardia lamblia trophozoite and cyst stages
- 2- Chilomastix mesnili cyst stage

3- Trichomonas hominis trophozoite stage

4- T. vaginalis_ trophozoite stage

4th week : Revision of the amoebae , intestinal and urogenital flagellates

5th week :

1- Leishman bodies (amastigote stage)

- 2- Leptomonad form (promastigote stage)
- 3- Crithidial form (epimastigote stage)
- 4- Trypanosoma gambiense
- 5<u>- T. cruzi</u>

6- Ciliata : Balantidium coli trophozoite and cyst stage

6th week : Sporozoa (malarial parasites)

1- Exoerythrocytic srage of *Plasmodium*

2- P. vivax (ring stage, trophozoite, schizont, gametocyte)

7th week :

1- P. ovale_(trophozoite , schizont)

2- P. malariae (schizont, gametocyte)

3- <u>P. falciparum</u> (ring, gametocyte)

8th week :

- 1- Toxoplasma gondii trophozoite
- 2- Cryptosporidium oocyst
- 2- Pneumocystis carini cyst
- 3- Sarcocystis sarcocyst

Medical Helminthology

9th week : Cestoda

1- *Taenia saginata* (scolex, gravid segment, larval stage *Cysticercus bovis*)

2- *Taenia solium* (gravid segment, larval stage *Cysticercus cellulosae*)

3- Mature segment of *Taenia*

4- Egg of *Taeniidae*

10 th week : 1- Hymenolepis nana_ full parasite , egg , cysticercoids

2- Hymenolepis diminuta full parasite, egg

3- *Dipylidium caninum* full parasite, egg capsule

4- Diphyllobotherium latum full parasite , egg

11th week : Hydatid cyst

1- Echinococcus granulosus mature adult

2- Egg of *Taeniidae*

3- Hydatid sand

4- T.S. of hydatid cyst in liver

:

12 th week : Trematoda

Liver flukes :

1- Fasciola gigantica mature parasite

2- Fasciola hepatica mature parasite, egg, miracidium, redia, cercaria

3- Lymnaea cailliaudi (snail intermediate host of F. gigantic)

13 th week :

Blood flukes

1- Schistosoma haematobium_ male , female , egg

2- Schistosoma mansoni male , female , egg

14 th week :

1- S. japonicum egg

2- Egg, miracidium and cercaria of Schistosoma

3- Bulinus trancatus snail intermediate host of S. haematobium

4- Biomphlaria Alexandria snail intermediate host of S. mansoni

15th and 16th week :mid- year practical examination

17 th week : Nematoda

1<u>- Ascaris lumbricoides</u> (fertilized corticated egg, fertilized decorticated egg, non fertilized egg)

2- *Trichuris trichura* male , female , egg

18 th week :

1<u>- Entrobius vermicularis</u> male , female , egg

2- T. S. of appendix infected with *E. vermicularis*

3- N.I.H swab method

4- Scotch tape method

19 th week :

1- *Strongyloides stercoralis* free living female , free living male , rhabditiform larva , filariform larva

1- *Trichinella spiralis* male , female , encysted larva in the muscle of pig

20 th week :

- 1- Ancylostoma duodenale_ buccal capsule , female
- 2- *Necator americanus*_____buccal capsule
- 3- Egg of hook worm
- 4- Filariform larva of hook worm
- 5- Egg of Trichostronglus colubriformis
- 6- Copulatory bursa of Ancylstoma

21 th week : Filaria

1- Microfilaria of W. bancrofti in blood film 2-Microfilaria of *Loa loa* in blood film 3- T. S. of Onchocerca nodule showing O. volvulus 22 th week : 1- Phlebotomus papatasii (sand fly) 2- Pediculus humanus male, female male, female 3- Pthirus pubis 4- Egg of Pediculus humanus 23 th week : Anopheles mouth parts (male) mouth parts (female) larva egg Culex mouth parts (male) mouth parts (female) larva and egg 2- Pupa of mosquito 24 th week : - Sarcoptes scabiei male, female male, female, larva - Hard tick - Cyclops - Soft tick adult

4- Larva of soft tick

Department of Medicine

Theory Lecture Syllabus

- Introductory lectures 14 L

- Nutritional disorders

13 L

- Water , Electrolytes and acid base 6 L

Balance

- Endemic and helminthic diseases 11 L

Davidson`s principles and practice of medicine

Introduction to Medicine :

| Topics | Hours | |
|--|-----------------------|-------------------------|
| 1- Introduction to clinical medicine | 1 | د. مازن صالح |
| 2- Fever , pathogensis, types causes | 2 | د. مازن صالح |
| 3- Chest pain | 2 | د. حمدی صالح عبد القادر |
| 4- Bachache | 1 | د. لمي احمد عبد الله |
| 5- Cough, shortness of breath, cyanosis | 1 | د. لمي احمد عبد الله |
| 6- Oedema and ascites | 2 | د. لمي احمد عبد الله |
| 7- Jaundice | 1 | د. لمي احمد عبد الله |
| 8- Headache | 1 | د. لمي احمد عبد الله |
| 9- Hematuria, frequency, dysuria | 1 | د. لمي احمد عبد الله |
| 10-Abdominal pain, nausea vomiting ,diarrh | 1 | د. لمی احمد عبد الله |
| 11- Pulse | 1 | د. لمی احمد عبد الله |
| Nutritional disorders : | | |
| 1- Malnutrition | 2 | د. احمد عبيد شرهان |
| 2- Medical diets, obesity | 3 | د. احمد عبيد شرهان |
| 3- Vitamins : | اکبر | د. زينب عبد الرضا |
| Vit. A. Deficiency and hypervitaminosis Vit. D. Rickets osteoporosis, ostemalacia Vit. K.E.C. Vit. B- complex , Folic acid 4- Mineral deficiency | 1 2 1 2 2 | |

Disturbances in water , electrolyte and H concentration :

| 1- Total body water, physiological considerations | 1 | د. حيدر صالح عبود |
|---|---|-------------------|
| 2- Primary water depletion , water intoxication | 1 | د. حيدر صالح عبود |
| 3- Sodium depletion , sodium and water | 1 | د. حيدر صالح عبود |
| accumulation | | |
| 4- Potassium depletion and excess | 1 | د. طالب کاظم عکار |
| Magnesium depletion and excess | | |

| 5- | Disturbances in H ion concentration: | 1 | د. طالب کاظم عکار |
|----|--------------------------------------|---|-------------------|
| | Metabolic acidosis and alkalosis | | |
| 6- | Respiratory acidosis and alkalosis | 1 | د. طالب کاظم عکار |

Endemic and helminthic diseases :

د. هبه عبد الاله علي

| 1- Malaria | 2 |
|---|---|
| 2- Amebiasis - Giardiasis | 1 |
| 3- Toxoplasmosis + hydatid diseases | 1 |
| 4- Schistosomiasis | 2 |
| 5- Ankylostomiasis , Ascariasis, Oxyuriasis , | 1 |
| Taeniasis, Trichuriasis | |
| 6- Trichinosis, strongyloidiasis | 1 |
| 7- Cholera | 1 |
| 8- Sandfly, Dengue, Flaque | 1 |
| 9- Leprosy | 1 |

College of Medicine Department of Surgery

Third year-General surgery

| No. | | L | التدر يبىــي |
|-----|---|---|----------------------|
| | Торіс | | |
| 1 | Wound healing & repair | 1 | د . قیس کاظم |
| 2 | Metabolic responce to trauma | 1 | د . نوفل علي مبارك |
| 3 | Surgical infections (specific & non specific) | 2 | د . رافد عبد الجبار |
| 4 | Sterilization, disinfection & hospital infections | 1 | د . رافد عبد الجبار |
| 5 | Fluids, electrolytes & acid base balance | 3 | د . هيثم حسين علي |
| 6 | Surgical Nutrition | 2 | د . صادق حسن كاظم |
| 7 | Shock | 1 | د . إبراهيم فالح |
| 8 | Accident & life support | 1 | د . إبراهيم فالح |
| 9 | Haemorrhage | 1 | د. قیس کاظم |
| 10 | Blood transfusion & complications | 1 | د. قیس کاظم |
| 11 | Fistula, sinuses and ulcer | 1 | د . عباس عبد الزهرة |
| 12 | Burn | 2 | د . علاء حسين |
| 13 | Parasites of surgical importance | 1 | د . عباس عبد الزهرة |
| 14 | Principle of skin Repair | 1 | د . عامر سلمان |
| 15 | Ischaemia | 1 | د . مؤيد محمد المظفر |
| 16 | Gangrene | 1 | د . مؤيد محمد المظفر |
| 17 | Ulcers of the Leg &Foot unilateral limb edema | 1 | د . مؤيد محمد المظفر |
| 18 | Venous disorders of the limbs | 1 | د . مؤيد محمد المظفر |
| 19 | Lymphatic disorders . | 1 | د . مؤيد محمد المظفر |

University of Basrah College of Medicine Department of Community Medicine

Curricula and Syllabi for Course of Community Medicine

Scientific courses for undergraduate students

3.1. Broad objectives for undergraduate

community medicine

The curriculum topics are designed to help trainees:

- 1. To acquire basic knowledge on main components of community medicine interests.
- 2.To develop relevant competencies and skills in epidemiology
- and statistics so as to be able to measure and evaluate health and health care services.
- 3.To develop abilities and competencies in the epidemiology and control of major health problems at population level.
- 4. To develop basic principles of scientific research.
- 5. To develop understanding of primary health care as strategy and services to the population.
- 6.To contribute to the requirements of graduation of competent doctors to serve national, regional as well as local goals.
- 7.To be prepared for postgraduate training in the future.
- 8.To be prepared to pursue self learning towards continuing professional development.

3.2. Third year medical students

3.2.1. Objectives

The course is designed to enable the student to:

1. Define statistics and list the main uses of statistics in medicine.

2. List methods of data presentation and demonstrate the ability to present raw data in meaningful form.

3. State the purpose of a frequency distribution and cumulative frequency distribution in describing a set of biological measurements.

4. Distinguish between normal frequency distribution and skewed distribution.

5. Define the mean, mode, median and standard deviation and standard error and compute each of them from grouped and ungrouped data.

6. Use the standard error to compute 95% confidence limit for a mean or a proportion.

7. Distinguish between the standard deviation and the standard error and give examples of the use of each.

- 9. Select and compute necessary calculations to explore the statistical significance of a comparative qualitative and quantitative set of data.
- 10. Interpret statements of statistical significance with regard to comparisons of means and frequencies and explain what is meant by statements such as "P<0.05).
- 11. Explain the main pathways of metabolism of major diet components.
- 12. define the requirements of major human nutrients.

13. Explain the nutrient requirements of special groups (e.g., pregnant woman).

14. Explain the interaction of infection and nutritional status of an individual.

15. List the main approaches to assess nutritional status of population.

16. List and define major nutritional diseases.

3.2.2. Syllabus

The course consists of 30 theoretical hours and 30 practical hours. The details are shown in Table 1 below:

| Term and main | Topics | Hrs |
|---------------------|---|-----|
| subject | | |
| First Term: Medical | Introduction to medical statistics | 1 |
| Statistics | Summarization and presentation of data | 2 |
| | Measurement of central location | 1 |
| | Measurement of variability | 1 |
| | Introduction to sampling | 2 |
| | The normal distribution and its | 1 |
| | characteristics | |
| | The confidence interval and limit | 1 |
| | Tests of significance: ► the Z test | 3 |
| | ► the t test | |
| | ► the X ² test | |
| | The concept of community diagnosis as an | 3 |
| | application of statistics in measuring | |
| | population health | |
| Sub-total | | 15 |
| Second Term: | | |
| Public health | Definition of relevant terms | 1 |
| nutrition | Nutrient metabolism and requirements | 3 |
| | Nutrition and infection | 1 |
| | Nutrition of specific groups of population | 2 |
| | Nutritional surveys and assessment of | 2 |
| | nutritional status of population | |
| | Selected Nutritional diseases | 3 |
| | Diet therapy and nutritional rehabilitation | 3 |
| Sub-total | | 15 |
| Grand-total | | 30 |

Table 1: detailed topics of community medicine to third year medical students

Practical: This consists of class-based desk exercise sessions, two hours each. The classes are run as one session per week for the 15 weeks during the first term. Students are divided into groups of 15-25 students each> Each group is assigned a tutor from the department faculty. Recently the tutors are rotating on groups to interchange expertise and experience and to reduce interpersonal variation in assessing the students. No practical classes are organized during the second term but a demonstration exercise may be arranged.

3.2.3. Student assessment

The minimum requirement of a student to be transferred to fourth year is to achieve at least 50% of the total 100 marks assigned for the course. The marks are distributed as follows:

- a. First term 10 marks based on daily continuous assessment using approved check list plus written short examinations (quizzes)
- b. Mid year written examination: 20 marks
- c. Second term 10 marks based on one written examination near the end of the term.
- d. Final examinations 60 marks. The final examination consists of two parts; a comprehensive written examination using variety of questions (MCQ, matching, short answer questions, problems requiring mathematical calculations..etc)

Students who fail to attain the 50% cut-off mark are required to re-sit in September for a comprehensive examinations similar to the final one (written and oral). Failing in the re-sit examination entails the student to repeat the academic year.

3.2.4. Books

- 1. Medical statistics by Bradford Hill
- 2. Medical statistics by Daniel
- 3. Students are encouraged to use library and internet to
- further acquire knowledge from available resources.