

Republic of Iraq
Ministry of Higher Education & Scientific
Research Supervision and Scientific
Evaluation Directorate Quality Assurance
and Academic Accreditation International
Accreditation Dept.

Academic Program Specification Form For The Academic

University: University of Bsrab
College : College of medicine
Number Of Departments In The College
: Date Of Form Completion : 2021-
2022

Dean's Name

Date : / /

Signature

Dean's Assistant
For Scientific
Affairs

Date : / /

Signature

The College Quality
Assurance And University
Performance Manager

Date : 15 / 5 / 2022

Signature

Quality Assurance And University Performance
Manager Date : / /
Signature

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TEMPLATE FOR PROGRAMME SPECIFICATION

HIGHER EDUCATION PERFORMANCE REVIEW: PROGRAMME REVIEW

PROGRAMME SPECIFICATION

This Program Specification provides a concise summary of the main features of the program and the learning outcomes that a typical student might reasonably be expected to achieve and demonstrate if he/she takes full advantage of the learning opportunities that are provided. It is supported by a specification for each course that contributes to the program.

1. Teaching Institution	College of medicine
2. University Department/Centre	Pediatrics department
3. Program Title	Pediatrics
4. Title of Final Award	Bachelor's
5. Modes of Attendance offered	Theoretical attendance / clinical attendance
6. Accreditation	Description of academic program
7. Other external influences	
8. Date of production/revision of this specification	2021-2022
9. Aims of the Program	

1. To acquire knowledge about pediatrics necessary for any physician regardless of his or her future area of interest.
2. To gather, organize, and record health and illness data on pediatric patients in various age groups: newborn, infant, toddler, pre-school, school-age, and adolescent
This includes:
 - The ability to take a thorough history.
 - The ability to carry out a thorough physical examination and developmental assessment.
 - The ability to record the above in conventional or problem-oriented format.

- The ability to synthesize and analyze the information and to develop an approach to differential diagnoses.
- The ability to formulate a plan of evaluation with critical use of the laboratory and other diagnostic studies with justification.
- The development of skills in concise case presentation.

10. Learning Outcomes, Teaching, Learning and Assessment Methods

A. Cognitive goals

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

B. The skills goals special to the programme .

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

I. History: General pediatrics and neonatal history .

II. Physical Examination: It includes: General Measurements: height; weight; head circumference, chest circumference, arm span, skin fold thickness and mid arm circumference. The general examination includes body temperature, pulse, blood pressure measurements and respiratory rate, type and rhythm. Physical examination: It includes regional and systemic examination :

- a. Head and neck examination.
 - b. Chest examination
 - c. Abdominal examination
 - d. Examination of the musculo-skeletal system
 - e. Examination of the central Nervous system
- Examination of the neonate

At the end of the clinical course of 10weeks , sixth year students should know the following:

- 1- The students acquire proficiency in history taking and physical examination by studying various diseases. This also involves reading, asking questions,

participation in discussion and studying the physical and intellectual development during childhood.

- 1- Experience in dealing with the common pediatric problems in the community and to master the programs of primary health care; Immunization programs, IMCI program and promotion of breast feeding, in addition to assessment of nutritional status by clinical teaching in primary health center.
- 2- How to deal with essential pediatric procedures and skills
- 3- Common Pediatric Skills and Knowledge Seminars:
The important knowledge about different disease in pediatric words and interactive teaching and discussion made by teachers to cover all the aspect of pediatric diseases in the pediatric words

Teaching and Learning Methods

Fifth year

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

Sixth year

- 1-Daily clinical sessions (small group teaching) /4 days per week
- 2- Seminar weekly on Thursday
- 3- Daily mini talk introduce by students and make interactive discussion between the student about different topics and practical procedure
- 4 – Teaching the student about different Procedures in clinical practice that needed in emergency and NCU , ICU
- 5 – Teaching in primary health center for one week during the clinical course
- 6 – Teaching the students in the outpatients during their clinical course
- 7- The student learned how to deal with emergency cases through their attendance in the emergency department.

Assessment methods

Fifth year

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

Sixth year

1. Daily assessment during clinical session the marks divided into discussion participation , OSCE daily ,re presenter of the case for discussion , re presenter of the mini talk and the student attitude and his communication (appendix)
2. Written examination include Best of Five (BOF) , Extended matching question (EMQ) , and case problem at the final year examination
3. Clinical examination includes OSCE at the end of 10 Week course .

4. Frequent Quizzes during the clinical course
5. Case presentation (each student should take long case during the course and write it as if he was a doctor including his history , provisional diagnosis , suggested investigation and management , and a them determined by supervising teacher) this case at the end of the course discussed with the student by supervising teacher .

C. Affective and value goals

Communication Skills

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

Clearly, improved communication will enhance patient outcomes and satisfaction.

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

1. Communicator role

The student should be able to:

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

2. Professional role

The student will be able to:

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

3. Scholar role

The student will be able to:

Engage in ongoing self-directed learning.

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

Teaching and Learning Methods

1. Theoretical lectures on principles of ethics in pediatrics
2. Demonstration of proper communication skills by tutor before each clinical course

Observation of inter professional communication skills manner with other colleagues and health team staff

Assessment methods

1. Daily assessment of communication skills
 - *Inter professional communication with the other colleague
 - *Building a rapport with patients
2. OSCE

D. General and Transferable Skills (other skills relevant to employability and personal development)

1. Leadership skills
2. Researchers skills
3. Skills used for computer and internet
4. Communication skills

Teaching and Learning Methods

Theoretical lecture
Clinical training

Assessment Methods

Clinical assessment
Summative assessment
Formative

11. Program Structure

11. Program Structure				12. Awards and Credits
Level/Year	Course or Module Code	Course or Module Title	Credit rating	
1 st year		Communication skills	1	Bachelor Degree Requires (x) credits
2 nd year		Communication skills	1	
5 th year		Pediatrics	6	
6 th year		Pediatrics	11	

13. Personal Development Planning

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

14. Admission criteria .

15. Key sources of information about the programme

- Illustrated Textbook Of Pediatrics, by Tom Lissauer and Graham Clayden Supplementary readings:
- Nelson Essentials of Pediatrics
- Nelson Textbook Of Pediatrics .Robert M. Kliegman, Karen Marcdante, Hal B. Jenson, & Richard E. Behrman. WB Saunders Co .
- Learning Objective concerned with requirements during clinical training made by pediatric faculty.

TEMPLATE FOR COURSE SPECIFICATION

HIGHER EDUCATION PERFORMANCE REVIEW: PROGRAMME REVIEW

COURSE SPECIFICATION

This Course Specification provides a concise summary of the main features of the course and the learning outcomes that a typical student might reasonably be expected to achieve and demonstrate if he/she takes full advantage of the learning opportunities that are provided. It should be cross-referenced with the programme specification.

1. Teaching Institution	College of medicine
2. University Department/Centre	Pediatric department
3. Course title/code	Pediatrics
4. Modes of Attendance offered	Theoretical attendance Clinical attendance
5. Semester/Year	Year
6. Number of hours tuition (total)	450
7. Date of production/revision of this specification	2021-2022
8. Aims of the Course	<ol style="list-style-type: none">1. To acquire knowledge about pediatrics necessary for any physician regardless of his or her future area of interest.2. To gather, organize, and record health and illness data on pediatric patients in various age groups: newborn, infant, toddler, pre-school, school-age, and adolescent3. . To review the background information about disease entities encountered and the effects of disease on the developing child.

9. Learning Outcomes, Teaching ,Learning and Assessment Methode

A- Cognitive goals .

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

B. The skills goals special to the course.

At the end of the clinical course of 10weeks , sixth year students should know the following:

- 1- The students acquire proficiency in history taking and physical examination by studying various diseases. This also involves reading, asking questions, participation in discussion and studying the physical and intellectual development during childhood.
- 1- Experience in dealing with the common pediatric problems in the community and to master the programs of primary health care; Immunization programs, IMCI program and promotion of breast feeding, in addition to assessment of nutritional status by clinical teaching in primary health center.
- 2- How to deal with essential pediatric procedures and skills
- 3- Common Pediatric Skills and Knowledge Seminars:
- 4- The important knowledge about different disease in pediatric words and interactive teaching and discussion made by teachers to cover all the aspect of pediatric diseases in the pediatric words

Teaching and Learning Methods

Sith year

- 1-Daily clinical sessions (small group teaching) /4 days per week
- 2- Seminar weekly on Thursday
- 3- Daily mini talk introduce by students and make interactive discussion between the student about different topics and practical procedure
- 4 – Teaching the student about different Procedures in clinical practice that needed in emergency and NCU , ICU
- 5 – Teaching in primary health center for one week during the clinical course
- 6 – Teaching the students in the outpatients during their clinical course
- 7- The student learned how to deal with emergency cases through their attendance in the emergency department.

Fifth year

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

Assessment methods

Fifth year

1. Daily assessment
Interprofessional with the other colleague
Building a Rapport in OSCE stations
2. Assessment of communication skills

Sixth year

- 1.Daily assessment during clinical session the marks divided into discussion participation , OSCE daily ,re presenter of the case for discussion , re presenter of the mini talk and the student attitude and his communication (appendix)
2. Written examination include Best of Five (BOF) , Extended matching question (EMQ) , and case problem at the final year examination
- 3.Clinical examination includes OSCE at the end of 10 Week course .
- 4.Frequent Quizzes during the clinical course
- 5.Case presentation (each student should take long case during the course and write it as if he was a doctor including his history , provisional diagnosis , suggested investigation and management , and a them determined by supervising teacher) this case at the end of the course discussed with the student by supervising teacher .

C. Affective and value goals

Communication Skills

Communicator role

The student should be able to:

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

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- Behave in a professional and ethical manner at all times.
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- Value his/her role as a learner in the health care team.

-Recognize his/her strengths and limitations in caring for children and their families and ask for appropriate assistance.

Scholar role

The student will be able to:

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

Teaching and Learning Methods

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

Assessment methods

1. Daily assessment of communication skills
 - *Inter professional communication with the other colleague
 - *Building a rapport with patients
2. OSCE

D. General and rehabilitative transferred skills(other skills relevant to employability and personal development)

1. Leadership skills
2. Researchers skills
3. Skills used for computer and internet
4. Communication skills

10. Course Structure

Week	Hours	ILOs	Unit/Module or Topic Title	Teaching Method	Assessment Method
	15		Communication skills/1 st year	lecture	Written exam
	30		Communication skills /2 nd year	seminars	Written and clinical assessment
	110		Pediatrics / fifth year	Lectures Clinical training	Written exams(mid year and final) Clinical exam
	330		Pediatrics / sixth year	Seminars Clinical session Mini lecture by students	Written final exam OSCE exam Quiz Formative assessment

11. Infrastructure

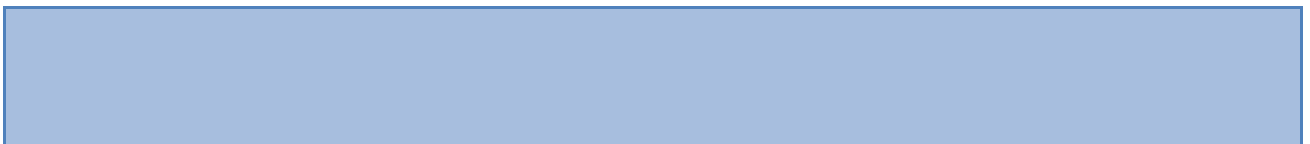
1. Books Required reading:	<ol style="list-style-type: none"> 1. Illustrated Textbook Of Pediatrics, by Tom Lissauer and Graham Clayden Supplementary readings 2. Learning Objective concerned with requirements during clinical training made by pediatric faculty.
2. Main references (sources)	<ol style="list-style-type: none"> 1. Nelson Essentials of Pediatrics
A- Recommended books and references (scientific journals, reports...).	<ol style="list-style-type: none"> 1. Nelson Textbook Of Pediatrics .Robert M. Kliegman, Karen Marcdante, Hal B. Jenson, & Richard E. Behrman. WB Saunders Co .

B-Electronic references, Internet sites...

E .Learning Website

12. The development of the curriculum plan

Student center teaching



THE FIFTH-YEAR LECTURES CURRICULUM

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

Subject	hours	lecturer
Ethics in Pediatrics	1	أ.د.سوسن عيسى حبيب
<ul style="list-style-type: none"> • Introduction to basic principles • Application of ethics in pediatrics 		
Community skills in pediatrics	1	أ.د.سوسن عيسى حبيب
<ul style="list-style-type: none"> • Principles of Communication skills 		
Growth and Development	2	م.د. علياء محمد راضي
<ul style="list-style-type: none"> • Factors affecting growth and development • Pattern of growth from birth to puberty • Methods of measurement of stature and growth charts • Developmental milestone 		
Immunization	2	م.د. مرتضى ياسين طه
<ul style="list-style-type: none"> • Introduction to immune system and immune deficiency • Vaccination • Immunization schedule in Iraq 		
Infant Feeding	2	م.د. حنان راضي عبود
<ul style="list-style-type: none"> • Breast feeding • Formula feeding • Feeding problems 		
Nutrition	5	أ.د.سوسن عيسى حبيب
<ul style="list-style-type: none"> • Malnutrition • Failure to thrive • Malabsorption: celiac disease and cystic Fibrosis • Obesity 		
Vitamins Disorders	2	م.د.أسعد عيسى عاشور
<ul style="list-style-type: none"> • Vitamin A • Calcium metabolism and Rickets 		

<ul style="list-style-type: none"> • Hemorrhagic disease of the newborn 		
Infectious Diseases	4	م.د. حنان راضي عبود
<ul style="list-style-type: none"> • Acute Diarrhea, vibriosis • Fluid therapy in diarrhea • Whooping cough, mumps • Tetanus 		
Infectious Diseases, Cont.,	2	م.د. ضحى صبيح جمعة
<p>Prolonged fever with infectious cause</p> <ul style="list-style-type: none"> • Enteric fever, brucellosis, kalaazar • Tuberculosis 		
Infectious Diseases, Cont.,	2	م.د. جواد كاظم عطية
<ul style="list-style-type: none"> • Meningitis and encephalitis • Acute Flaccid Paralysis: poliomyelitis, infectious polyneuritis 		
Infectious Diseases, Cont.,	2	م.د. ضحى صبيح جمعة
<p>Exanthematous Diseases:</p> <ul style="list-style-type: none"> • Roseola infantum, measles, chickenpox, scarlet fever • Rubella and congenital rubella 		
Gastrointestinal tract diseases	2	م.د. أسعد عيسى عاشور
<ul style="list-style-type: none"> • Diseases of the mouth • Abdominal pain, H. pylori Infection • Constipation • Viral hepatitis (Hepatitis A) 		
Neurological Disorders in Children	3	م.د. بهاء عبد الحسين أحمد
<ul style="list-style-type: none"> • Intellectual dysfunction • Cerebral palsy • Seizures in children 		
Respiratory Diseases	5	م.د. حسين جاسم محمد
<ul style="list-style-type: none"> • Integrated management of childhood illnesses • Wheezy infant, Bronchiolitis • Stridor • Pneumonia and COVID-19 • Bronchial asthma 		
Diseases of the Newborn	8	أ.م.د. عائدة عبد الكريم منشر
<ul style="list-style-type: none"> • Normal newborn, low birth weight babies 		

<ul style="list-style-type: none"> • Premature baby and SGA • Hemolytic diseases of the newborn • Neonatal hyperbilirubinemia • Birth injuries • Neonatal infections • Birth asphyxia 		
Diseases of the Newborn, cont.,	1	م.د. علياء محمد
<ul style="list-style-type: none"> • Respiratory distress in newborn babies 		
Diseases of the Newborn, cont.,	1	د.مرتضى ياسين طه
<ul style="list-style-type: none"> • Neonatal convulsions 		
Pediatric Hematology and Oncology	4	أ.د.ميعاد كاظم حسن
<ul style="list-style-type: none"> • Approach to anemia in children • Hereditary anemia • Aplastic anemia 		
Pediatric Hematology and Oncology	2	م.د. ضحى صبيح جمعة
Hemorrhagic disorders <ul style="list-style-type: none"> • Thrombocytopenia • Hemophilia, Von Willebrand disease 		
Pediatric Hematology and Oncology	3	د.أسعد عيسى عاشور
<ul style="list-style-type: none"> • Leukemia • Lymphomas • Pediatric oncology emergencies 		
Genetic Disorders	3	د.جواد كاظم عطيه
<ul style="list-style-type: none"> • Inheritance pattern • Chromosomal abnormalities • Prenatal diagnosis • Genetic counseling • Gene therapy 		
Cardiovascular Disorders	2	م.د.خالد أحمد خالد
<ul style="list-style-type: none"> • Congenital heart disease • Viral myocarditis and heart failure 		
Endocrine Disorders	3	م.د.ظافر توفيق
<ul style="list-style-type: none"> • Diabetes mellitus: Type I & Type II • Diabetic ketoacidosis • Short stature 		
Renal Diseases	3	م.د.عباس عبد خزعل

<ul style="list-style-type: none"> • Urinary tract infection • Acute glomerulonephritis • Nephrotic syndrome • Hemolytic uremic syndrome, acute kidney injury 		
Behavioral Disorders	3	م.د. بهاء عبد الحسين أحمد
<ul style="list-style-type: none"> • Habit disorders, sleep disorders, continence disorders, and eating disorders • ADHD • Autism • Learning disorders 		
Rheumatology	2	م.د. علياء محمد راضي
Joint pain & Limping <ul style="list-style-type: none"> • Rheumatoid arthritis • Vasculitis: Henoch-Schölein purpura • Rheumatic fever 		
Poisoning	2	م.د. مرتضى ياسين طه
<ul style="list-style-type: none"> • Drug Poisoning – Approach to initial measures • Organophosphorus, iron, paracetamol poisoning • Hydrocarbons poisoning 		