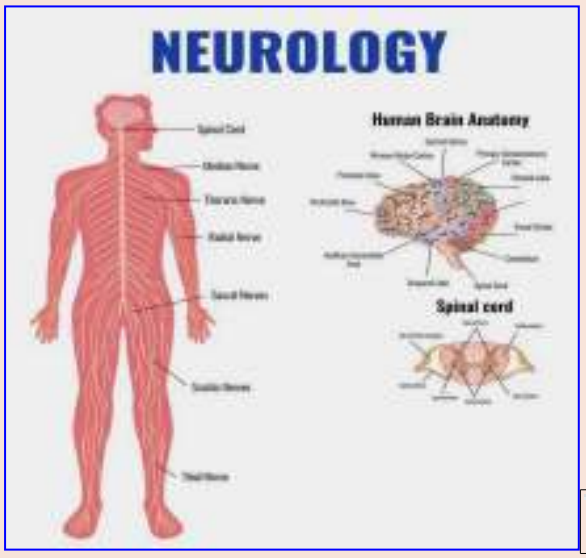
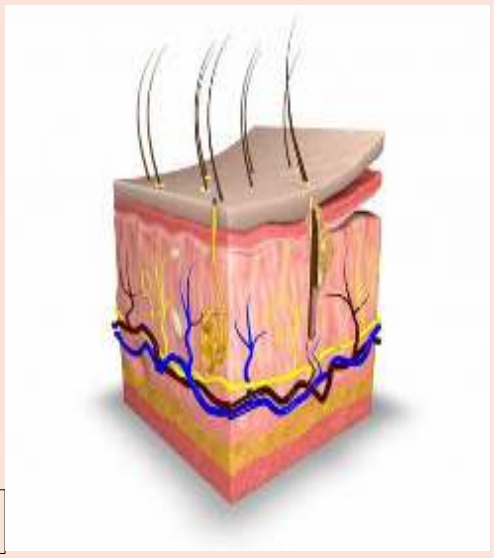
Rotation Medicine 4 (MND-530)

Neurology & Dermatology

STUDY GUIDE





Faculty of Medicine

Sohag University

Prepared by

Departements of:

Neurology & psychiatry

Dermatology ,Venereology and Andrology*

**Edited by Department of Dermatology, Venereology and Andrology, Aswan University*

Under supervision of

Medical Education Department

Faculty of Medicine

Sohag University

2024-2025

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Medicine 4,Neurology and Dermatology (MND-530)

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Staff Participated from each Departments
All Staff Members of Neurology Unit, Neurology and Psychiatry Departement **All Staff Members of Dermatology , Venorology and Andrology**

Contents

Basic Information about the Block

●**Program on which the course is given**:

Bachelor of Medicine and Surgery (M.B. B.Ch.).

●**Elements (major or minor) of the program:**

Undergraduate

●**Departments offering the course:**

Neurology and psychiatry

Dermatology,venerology and

Andrology**Academic. year/level:**

5th year.

Prerequiestes

Achieving 75% of points of blocks in the first 5 semesters

Date of specification approval:

2022 -2023/ 2024-2025

Θ**Title:Medicine 4**

Θ**Code:**MND -530

Θ **Credit:** 6.5 for Neurology and Dermatology

Θ**Lectures:** 28 hours(14 h for neurology +14h for dermatology); 2 hours /week for each

Θ**Practicals /clinical (laboratory/simulatation skill lab/bedside teaching) :** 28 hours for both neurology and Dermatology;14hours for neurology and 14 hours practical for Dermatology,

Θ**Case based discussions :34 hours/** 17 hours for neurology +17 hours for dermatology

Θ**Student learning activities:**

Portfolio tasks: (5-7 tasks/week) + case presentation (5-7 tasks/week); total tasks= 90hours= 3 points/ Formative assessment (15hours= 0.5 point) Attendance (3 marks), - Formative assessment (1.5 marks) – Case presentations (2 marks)

Total: 195 hours.

Block Map

The total hours of the final written exam	Total marks	Days/weeks	Points	Code	Responsible department	Block	Year
paper Paper 1 =2h	130	4 weeks	6.5	MND-530	Neurology & psychiatry Dermatology &venereology &andrology	Medicine 4: أمراض باطنة 4: Neurology & Dermatology الأمراض العصبية والأمراض الجلدية	5th year

NARS competencies the block is expected to share in their student achievement

NARS areas	NARS key comptencies
1- The graduate as a health care provider.	1.1. Take and record a structured, patient centered history.
	1.2. Adopt an empathic and holistic approach to the patients and their problems.
	1.3 Assess the mental state of the patient.
	1.4. Perform appropriately timed full physical examination 1of patients appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive.
	1.5. Prioritize issues to be addressed in a patient encounter.
	1.6. Select the appropriate investigations and interpret their results taking into consideration cost/ effectiveness factors.

	1.7. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice.
	1.8. Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand.
	1.10. Integrate the results of history, physical and laboratory test findings into a meaningful diagnostic formulation.
2- The graduate as a health promoter.	2.1 Identify the basic determinants of health and principles of health improvement.
	. 2.2 Recognize the economic, psychological, social, and cultural factors that interfere with wellbeing.
	2.3 Discuss the role of nutrition and physical activity in health
	2.4 Identify the major health risks in his/her community, including demographic, occupational and environmental risks; endemic diseases, and prevalent chronic diseases.
3- The graduate as a professional.	3.1. Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, commitment, compassion, and respect.

	3.2 Adhere to the professional standards and laws governing the practice, and abide by the national code of ethics issued by the Egyptian Medical Syndicate.
	3.3. Respect the different cultural beliefs and values in the

	community they serve.
	3.4. Treat all patients equally, and avoid stigmatizing any category regardless of their social, cultural, ethnic backgrounds, or their disabilities.
4- The graduate as a scholar and scientist.	4.1 Describe the normal structure of the body and its major organ systems and explain their functions.
	4.2 Explain the molecular, biochemical, and cellular mechanisms that are important in maintaining the body's homeostasis.
	4.3 Recognize and describe main developmental changes in humans and the effect of growth, development and aging on the individual and his family. .
	4.4 Explain normal human behavior and apply theoretical frameworks of psychology to interpret the varied responses of individuals, groups and societies to disease
5- The graduate as a member of the health	5.1 Recognize the important role played by other health care professions in patients' management.

team and a part of the health care system.	5.2 Respect colleagues and other health care professionals and work cooperatively with them, negotiating overlapping and shared responsibilities and engaging in shared decision-making for effective patient management.
	5.3 Implement strategies to promote understanding, manage

	differences, and resolve conflicts in a manner that supports collaborative work.
	5.4 Apply leadership skills to enhance team functioning, the learning environment, and/or the health care delivery system.
6- The graduate as a lifelong learner and researcher.	6.1 Regularly reflect on and assess his/her performance using various performance indicators and information sources.
	6.2 Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
	6.3 Identify opportunities and use various resources for learning.

Professional Information

Block Aims

Overall Aims

1. This block aims to provide students with fundamental knowledge and clinical skills that enable him/her to detect, manage and/or refer common and important Neurology and Dermatology, venereology and andrology conditions and diseases.
2. By the end of the blocks, the students will be able to take informative history, perform appropriately timed physical examination of patients appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive, do some clinical procedures and interpret important investigations related to Neurology and Dermatology, venereology and andrology conditions and diseases.
3. By the end of the blocks, the students will be able counsel patients and their families about common Neurology and Dermatology, venereology and andrology conditions and diseases.

Learning Outcomes of the Block:

Each competency will be broken down into one or more learning outcomes that may be A, C or Dor all.

NARS Key comptencies	Learning outcomes for each key comptencies	Domain Know, Know how, Show how, does	Teaching method	Assessment method
1.1. Take and record a structured, patient centered history.	C1. Perform a focused history based on all relevant information (including obtaining data from secondary sources) in the following common clinical problems presentation: **A-Neurology conditions** -Neurological condition presenting with upper motor neuron lesion (UMNL) - Neurological condition presenting with lower motor neuron lesion (LMNL) - Cerebrovascular stroke and vascular disease in nervous system including specific arterial occlusive syndrome . - Neurological infection;CNS infection;(encephelitis, meningitis). - Seizure and epilepsy - Spinal cord diseases and root lesions (paraplegia of different etiology and analomical localization at different level) - Peripheral and cranial neuropathy; diabetic,autoimmune and nutritional neuropathy. - Headache and increased intracranial tension.	Show how	Skill lab or bed side examination skills Mini - CEX training OSCE training CBD Video discussion Photo and image or diagram discussion(OSPE training)	Portfolio OSCE// OSPE ACC

	- Movement disorders(i.e.tremors,PD, Chorea,others extrapyramidaldisorders) - Ataxias and vertigo. - Dementias andcognitive impairement - Central demylinatingdisorders - Muscles diseases,Neuromuscular junction disorders,anterior horncells and motor neuron diseases. **B.1-Dermatology conditions:** 1. Fungal infections 2. Bacterial infections. 3. Viral infections. 4. Mycobacterialinfections. 5. Parasitic infestations. 6. Pigmentary disorders. 7. Hair disorders. 8. Papulosquamous disorders. 9. Allergic skin disorders 10. Bullous disorders. 11. Connective tissue disorders 12. Acne. 13. Sweat gland disorders 14. Dermatologic emergencies **B.2-Venereology & Andrology** 1. Male infertility 2. Assisted reproductive technologies 3. Erectile dysfunction 4. Ejaculatory disorders 5. Puberty disorders 6. Sexually transmitted diseases: • Gonorrhea • Urethritis • Syphilis • AIDS			
	C2. Document and present theclinical encounter (case) concisely in an oral	Show how	Skill lab or bed side Mini - CEX training	Portfolio OSCE ACC

	presentation, as a written document, and entered into an electronic medical record in the Common Clinical problems A&B Mentioned in C1.		OSCE training,	
1.2. Adopt an empathic and holistic approach to the patients and their problems.	D1. D1. Address psychological and social factors when assessing patients and developing care plans in any clinical situations. - Mentioned in C1 &C10	Know how Show how	Cases Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE ACC
	C3. D2. Interact with patients showing 7 key tips of empathic and holistic approach: • Making eye contact • Let your patient know you're listening • Be aware of your body language • Be curious about your patient • Record details that humanize your patient • Show support to your patient • Look deeper for ways to empathize with your patient	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
1.3 Assess the mental state of the patient.	C4. Establish that patients are attentive─eg, by assessing their level of attention while the history is taken or by asking them to immediately repeat 3 words	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
	C5. Perform an assessment of vital signs	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
	C6. Perform a detailed physical examination of all body systems	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
1.4. Perform	C7.	Show how	Skill lab or bed	Portfolio

appropriately timed full physical examination 1of patients appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive.	Perform a focused physical examination based on the patient’ s chief complaint and review of systems in the following common clinical problems: Clinical problems A&B Mentioned in C1. In addition to the following In conditions A especially in stroke patient, CNS infection,Increased intracranial tension,muscle disease neuropathy,e.g. nutritonal ,non compressive myelopathy, epilepsy,movement disorders **A) General examination:** General medical examination (head, neck, hands and feet) Vital signs (Pulse, temperature, respiratory rate and blood pressure) The following signs are valuable for neurological disorders: - **General look**: of acute illness as toxaemia, prostration, systemic manifestation of organ failure,rheumatic heart diseases(vulve lesion), SLE,leprosy. - **Motor behavior:** (restlessness, retardation and agitation). - Cooperation: during examination. - Expression: Sadness or joyful or agonized. - Position: Setting alone or supported (ataxia and severe weakness), general flexion attitude (Parkinsonism or meningitis), laying in dark room (meningitis and migraine). - Built: evidence of Gigantism and acromegaly		side Mini - CEX training OSCE training	OSCE OSPE ACC

	or cretinism or hypothyrodism or hyperthyrodism or evidence of over weight or under weight or Musculaine appearnace in heridtary muscle disease or muscle dystrophy. . The examination of the patient started from upward and progress down. - Skull: Shape, abnormality of shape especially localized deformity or bulging or bossing or loss of skull bone, size of the head. - Hair frontal baldness in myotonia and alopecia in neurotics. - Eyes: Exophthalmos, ptosis,eye bufiness, oedema of lids, jaundice and conjunctival inflammation. - Pupils: size, equality, irregularity, reaction to light and accommodation. - Tongue appearance for nutritional deficiency or infection - Skin lesion and Distribution for nutritional deficiency, dermatomyositis, leprosy, café au lau patches, Herpetic lesion and distribution or fungal infection or varicella infection or drug eruption, or animal bite. - Nail examination and clubbing. - Manifestation of artheritis and criteria - Manifestation of injection marks in addiction. - Manifestations of chronic deblitating			

	illness(Malignancy, loss of hair ,under body built,brittlenails and scarce hair distribution). - Palpation of peripheralpulse in limbs and extremities. - Search for ;raised JVP, lymphadenopathy,Neck swelling, detection of septicfocus ,or discoluration of skin or gum or genitooral ulcers. B) Local (systemic) examination *Chest examination. *Heart examination *Abdominal examinationand palpation of organs, detection of ascitis. **B.1-Dermatology conditions:** 1. Fungal infections 2. Bacterial infections. 3. Viral infections. 4. Mycobacterialinfections. 5. Parasitic infestations. 6. Pigmentary disorders. 7. Hair disorders. 8. Papulosquamous disorders. 9. Allergic skin disorders 10. Bullous disorders. 11. Connective tissue disorders 12. Acne. 13. Sweat gland disorders 14. Dermatologic emergencies **B.2-Venereology & Andrology** 1. Male infertility 2. Assisted reproductive technologies 3. Erectile dysfunction 4. Ejaculatory disorders 5. Puberty disorders 6. Sexually transmitted diseases: • Gonorrhea • Urethritis • Syphilis • AIDS			

	Detect all significant abnormal findings on physicalexamination in the common clinical problems mentioned in conditions A and the following conditions related to B **B.1-Dermatology conditions:** 1. Fungal infections 2. Bacterial infections. 3. Viral infections. 4. Mycobacterialinfections. 5. Parasitic infestations. 6. Pigmentary disorders. 7. Hair disorders. 8. Papulosquamous disorders. 9. Allergic skin disorders 10. Bullous disorders. 11. Connective tissue disorders 12. Acne. 13. Sweat gland disorders 14. Dermatologic emergencies **B.2-Venereology & Andrology** 1. Male infertility 2. Assisted reproductive technologies 3. Erectile dysfunction 4. Ejaculatory disorders 5. Puberty disorders 6. Sexually transmitted diseases: • Gonorrhea • Urethritis • Syphilis • AIDS			
	C8. Detect all significant abnormalfindings on physical examination in common clinical problems mentioned above related to A&B: - Mentioned in C1 &C7	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC

	C9. Report findings in notes	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
1.5. Prioritize issues to be addressed in a patient encounter.	C10. D3. Identify the cultural concerns and goals of patients and their families for a specific encounter during the interaction with a stable patient presenting with one of the following straightforward problems: **A-Neurology conditions** -Neurological condition presenting with upper motor neuron lesion (UMNL) - Neurological condition presenting with lower motor neuron lesion (LMNL) - Cerebrovascular stroke and vascular disease in nervous system including specific arterial occlusive syndrome - Neurological infection;CNS infection;(encephelitis, meningitis). - Seizure and epilepsy - Spinal cord diseases and root lesions (paraplegia of different etiology and analomical localization at different level) - Peripheral and cranial neuropathy; diabetic,autoimmune and nutritional neuropathy. - Headache and increased intracranial tension. - Movement disorders(i.e.tremors,PD, Chorea,others extrapyramidal disorders) - Ataxias and vertigo. - Dementias and cognitive impairement - Central demylinating disorders	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC

	- Muscles diseases,Neuromuscular junction disorders,anterior horncells and motor neuron diseases. **B.1-Dermatology conditions:** 1. Fungal infections 2. Bacterial infections. 3. Viral infections. 4. Mycobacterialinfections. 5. Parasitic infestations. 6. Pigmentary disorders. 7. Hair disorders. 8. Papulosquamous disorders. 9. Allergic skin disorders 10. Bullous disorders. 11. Connective tissue disorders 12. Acne. 13. Sweat gland disorders 14. Dermatologic emergencies **B.2-Venereology & Andrology** 1. Male infertility 2. Assisted reproductive technologies 3. Erectile dysfunction 4. Ejaculatory disorders 5. Puberty disorders 6. Sexually transmitted diseases: • Gonorrhea • Urethritis • Syphilis • AIDS			
1.6. Select the appropriate investigations and interpret their results taking into consideration cost/ effectiveness factors.	D2. C11. Select common investigations relevant to the findings on history and physical examination in common clinical problems mentioned inA&B - Mentioned in C1 &C10	Know how Show how	Cases in Endocrine Rheumatolgy GIT & liver Infectious diseases Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC
	D3.	Know	Lectures	Quiezes

	Describe the purpose of common diagnostic tests, including blood tests, tests of other body fluids, electrophysiology tests and basic and specific imaging tests relevant to the following common clinical problems: **A-Neurology conditions** -Neurological condition presenting with upper motor neuron lesion (UMNL) - Neurological condition presenting with lower motor neuron lesion (LMNL) - Cerebrovascular stroke and vascular disease in nervous system including specific arterial occlusive syndrome - Neurological infection;CNS infection;(encephelitis, meningitis). - Seizure and epilepsy - Spinal cord diseases and root lesions (paraplegia of different etiology and analomical localization at different level) - Peripheral and cranial neuropathy; diabetic,autoimmune and nutritional neuropathy. - Headache and increased intracranial tension. - Movement disorders(i.e.tremors,PD, Chorea,others extrapyramidal disorders) - Ataxias and vertigo. - Dementias and cognitive impairement - Central demylinating disorders Muscles diseases,Neuromuscular junction disorders,anterior horn cells and motor neuron diseases.			Formative written Final written

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	C12. Interpret in a simulated case,the results of the following commonly ordered tests in conditionns mentioned in A&B. - Blood glucose readingand interpretation. - Blood chemistry, - Liver functions. - CPK serum level - Coagulation tests - - Inflammatory markers ;ESR,CRP, autoimmunemarkers - Antiepileptic drugsserum level. - Neuroimaging reports in stroke,MS,Spinal cord disease and compression,CNSinfection	Show how	Skill lab or bedside Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC

	- EEG reports - Nerve conduction and EMG studies report - ABG in neurological conditioned in patients presenting with respiratory distress and impaired cough reflex, .			
1.7. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice.	D4. & C13. Recognize that there is a degree of uncertainty in all clinical decision making.	Know how Show how	Cases Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC
	D5. &C14. Identify clinical situations in which complexity, uncertainty, and ambiguity may play a role in decision-making. - Acute confusional state or cognitive impairement without known etiology in healthy subject or old adult subject. - Stroke patient with metabolic problems or uncontrolled hyperyension - Stroke patient with unstable hemodynamic state - Status epilepticus with unknown etiology or uncontrolled epilepsy or seizure - Unkwnon onset of ischemic stroke - Changed pattern of paroxysmal headache and treatment response - Neurological conditions with impending respiratory failure and impaired cough reflex - Comorbid or coincident COVID 19 infection or systemic diseases in neurology patient.	Know how Show how	Casea 11-13 22, 23 Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC

1.8. Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand.	D6. Integrate and apply knowledge of foundational Biomedical and clinical topics together with clinical skills to diagnose and address the following common medical problems mentioned in A&B: Mentioned in C1,C7,C10	Know how	Cases	Quiezes Formative written Final written
1.10. Integrate the results of history, physical and laboratory test findings into a meaningful diagnostic formulation.	D7. C15. Formulate a broad differential diagnosis for each problem, based on the clinical encounter and investigations done to date in a stable patient presenting with one of the following straightforward problems: clinical problems presentation: **A-Neurology conditions** -Neurological condition presenting with upper motor neuron lesion (UMNL) - Neurological condition presenting with lower motor neuron lesion (LMNL) - Cerebrovascular stroke and vascular disease in nervous system including specific arterial occlusive syndrome . - Neurological infection;CNS infection;(encephelitis, meningitis). - Seizure and epilepsy - Spinal cord diseases and root lesions (paraplegia of different etiology and analomical localization at different level) - Peripheral and cranial neuropathy; diabetic,autoimmune and nutritional neuropathy. - Headache and increased intracranial tension. - Movement disorders(i.e.tremors,PD, Chorea,others extrapyramidal disorders) - Ataxias and vertigo.	Know Know how Show how	Lecture Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC

	- Dementias and cognitive impairement - Central demylinating disorders - Muscles diseases,Neuromuscular junction disorders,anterior horncells and motor neuron diseases. **B.1-Dermatology conditions:** 1. Fungal infections 2. Bacterial infections. 3. Viral infections. 4. Mycobacterialinfections. 5. Parasitic infestations. 6. Pigmentary disorders. 7. Hair disorders. 8. Papulosquamous disorders. 9. Allergic skin disorders 10. Bullous disorders. 11. Connective tissue disorders 12. Acne. 13. Sweat gland disorders 14. Dermatologic emergencies **B.2-Venereology & Andrology** 1. Male infertility 2. Assisted reproductive technologies 3. Erectile dysfunction 4. Ejaculatory disorders 5. Puberty disorders 6. Sexually transmitted diseases: • Gonorrhea • Urethritis • Syphilis • AIDS			
	D8. C16. Propose a most likely or working diagnosis for each problem based on the clinical encounter and investigations done to date in a stable patientpresenting with one of the following straightforward	Know Know how Show how	Lecture Case Skill lab or bed side Mini - CEX	Quiezes Formative written Final written Portfolio OSCE OSPE

	problems **mentioned above in A&B including case formulation ,DD and diagnostic investigations and findings for each condition.** - Mentioned in D7. C15.		training OSCE training	ACC
	D9. C17 Formulate a broad differential diagnosis for each problem, based on the clinical encounter and investigations done to date in an emergency or acute illness patient presenting with one of the following conditions: - Acute or subacute of conditions presenting with UMNL or LMNL manifestations or acute onset of the following condition;. - Hemiplegia, - Paraplegia or quadriplegia - Headache and increased intracranial tension - Status epilepticus and migranosus - Movement sidorders and tremors or involuntary movements - Ataxias - cognitive impairement of acute onset - Acute or subacute onset of peripheral or cranial neuropathy or peripheral neuropathy or polyneuropathy - Polymyoscitis - Neurological manifestation associated with CNS infection or disturbed conscious level or positive meningeal irritation signs - Acute neurological conditions with impaired cough reflex and impending respiratory failure. - Acute speech disorders(aphasia or dysartheria)	Know Know how Show how	Lecture Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC

	- Acute gait disturbance. - Any neurological conditions mentioned in A associated with systemic , cardiac OR endocrine disturbance. **-Drug eruptions**			
1.11. Perform diagnostic and intervention procedureC2 in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances.	D10. Describe the indications for the following essential medical procedures (diagnostic and intervention), how they are performed, common risks, and follow-up care espeecially in acute cerebral insult as follows; - Cappilary blood glucose - Blood pressure management - Pulse assessment - Assessment of peripheral pulse in extermities - Pathological reflex assessment and interpretation of findings - Ryle insertion in bulbar palsy or dehydrarion - Uretheral cathter in retention - Fluid chart in impaired chemistery - Gastric wash in stress ulcer - ABG sampling in tachypnea - CSF analysis - Referral to other subspecialitis when complaining concerned with certain subspeciality. - Indication of neuroimaging or electrophysiology in conditions mentioned in conditions A - Indication of admission to ICU in unstable patient hemodynamic - Indication of AED serum level in follow up of patient or uncontrolled	Know	Lecture	Quiezes Formative written Final written

	epilepsy. 2- Indication of serum CPK level in muscle disease. 3- Indication of thrombolytic therapy inischemic stroke 4- Indication of Plasma pharesis or Intravenous immunoglobulins 5- Indication of Laboratory tests in neurological conditions mentioned in A, especially in stroke either at onset or follow up or other investigations serching for etiology or predisposing risk factor. **In condition B:** 1.Wood's light 2.Cryotherapy 3.Cautery. 4.Phototherapy 5.Semen analysis			
	D11. C18. Implement plans for care prior to any of procedures mentioned above in D10 in condition A **In condition B:** 1- Wood's light 2- Cryotherapy 3-Cautery. 4-Phototherapy 5-Semen analysis	Know Show how	Lecture Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC
	C19. D4. Perform the following essential medical procedures in a supervised or simulated setting - Assessment of cough reflex - Assessment of pathological reflex and interpretation findings in anatomical localization - Review of therapeutic response in epilepsy or migraine or PD or MG or inflamatory muscle diseases.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC

	In condition B; 1- Wood's light 2- Cryotherapy 3-Cautery. 4-Phototherapy 5-Semen analysis			
	C20. Implement plans following the following procedures, including monitoring for post-procedure complications and intervening effectively for major complications that occur in bleeding tendency with the following: in condition A. - Vasovagal attack or postural hypotension . **In condition B;** 1- Wood's light 2- Cryotherapy 3-Cautery. 4-Phototherapy 5-Semen analysis	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
1.12. Adopt strategies and apply measures	A 12. Recognize examples of patient safety incidents (adverse events, error, near misses, preventable adverse event) in the clinical setting: Neurogenic shock Vasovagal attack. **In condition B;** Wood's light Cryotherapy Cautery. Phototherapy Semen analysis	Know Know how	Lecture Case	Quiezes Formative written Final written

that promote patient safety.	A 13. Differentiate between cases where an adverse event has occurred from those that are due to the underlying medical Illness in the following clinical situation. - Chest infection and aspiration in bulbar pulsy - Recent ECG changes and arrhytmia - Poor oral intake ,Oligourea - Drug interaction - Drug eruptions and	Know how	Case	Quiezes Formative written Final written

	hypersensitivity - Hemodynamic unstable or profound hypotension - Hypertension - Repeated vomiting or GIT troubles - Seizures - Respiratory affection - Progression of motor deficit or excerbation or recurrence of deficit - Postural hypotension - Autonomic manifestatios - Bursting severe agonized headache - Bleeding tendency ; hematuria on anticoagulant - Acute behavioral changes - Involunatary movement or tremors or change in muscle tone - Bulbar symptoms - Cutanous manifestations. - Sleep Disturbance - Mood changes.			
	A 14. Demonstrate disclosure of a simple medical error to a patient or family (e.g., inadvertent cancellation of a test), In the following mild clinical case as an example - Any patient had undiagnosed medical condition or deficient medical history such as; - Diabetic patient - Asthmatic patient. - Patient with renal or hepatic impairement - Patient with hypertension - Patient with recurrent stroke or repeated stroke. - Patient with blood disease and received anticoagulant or antiplatelates.	Know how	Case	Quiezes Formative written Final written

	- Epileptogenic drugs prescriped in epileptic patient. - High AED doses or polytherapy in patient with low albumin level. - Steroid in diabetic or renal patient - Hypo or hyperthyroidism patient. - Drug hypersensitivity. - Patient with transient changes in blood pressure or blood sugar in stroke patient. - Patient with Psychiatric disorders. - Elderly patient or patient in pregnency or postpartum period.			
	D15. Propose an approach to reducing the frequency of medical error in response to a patient safety using an example - Regular measuring Blood pressure and sugar and adjustment of dose according to measurement on follow up. - Meticulios review of medical history and therapeutic history and response. - Adjustment of medication dose according to investigation findings(chemistry and coagulation profile) follow up data based on age - Avoidance of drugs with known hypersensitivity or side effect. - Drugs administration and prescription based on pharmacokinetics and pharmacodynamics of these drugs.	Know how	Case	Quiezes Formative written Final written
1.13. Establish patient-centered management plans in partnership with the patient, his/her family and other	D16. C21. Propose a preliminary management plan In a simulated case discussion, or in a REAL stable patient presenting with any one of the	Know Know how Show	Lecture Case Skill lab or bed	Quiezes Formative written Final written Portfolio

health professionals as appropriate, using Evidence Based Medicine in management decisions.	following straightforward problems, **<u>A-Neurology conditions</u>** -Neurological condition presenting with upper motor neuron lesion (UMNL) - Neurological condition presenting with lower motor neuron lesion (LMNL) - Cerebrovascular stroke and vascular disease in nervous system including specific arterial occlusive syndrome . - Neurological infection;CNS infection;(encephelitis, meningitis). - Seizure and epilepsy - Spinal cord diseases and root lesions (paraplegia of different etiology and analomical localization at different level) - Peripheral and cranial neuropathy; diabetic,autoimmune and nutritional neuropathy. - Headache and increased intracranial tension. - Movement disorders(i.e.tremors,PD, Chorea,others extrapyramidal disorders) - Ataxias and vertigo. - Dementias and cognitive impairement - Central demylinating disorders - Muscles diseases,Neuromuscular junction disorders,anterior horn cells and motor neuron diseases.		side Mini - CEX training OSCE training	OSCE OSPE ACC
	D17. C 22. Establish a therapeutic and management plan with appropriate timelines and follow up In a patient presenting with any of one or more of the following acute	Know Know how Show	Lecture Case Skill lab or bed side	Quiezes Formative written Final written Portfolio OSCE

	illnesses and/or complex problems, Acute or subacute of conditions presenting with UMNL or LMNL manifestations. - Hemiplegia, - Paraplegia or quadriplegia - Headache and increased intracranial tension - Status epilepticus and migranosus - Movement sidordersand tremors or involuntary movements - Ataxias - cognitive impairementof acute onset - Acute or subacute onsetof peripheral or cranial neuropathy or peripheral neuropathy or polyneuropathy - Polymyoscitis - Neurological manifestation associated withCNS infection or disturbed conscious level or positive meningeal irritation signs - Acute neurological conditions with impaired coughreflex and impending respiratory failure. - Acute speech disorders(aphasia or dysartheria) - Acute gait disturbance. - Any neurological conditions mentioned in Aassociated with systemic , CVS system or endocrine disturbance. -Drug eruptions **B.1-Dermatology conditions:** 15. Fungal infections 16. Bacterial infections. 17. Viral infections. 18. Mycobacterialinfections. 19. Parasitic infestations. 20. Pigmentary disorders. 21. Hair disorders. 22. Papulosquamous disorders. 23. Allergic skin disorders 24. Bullous disorders. 25. Connective tissue disorders		Mini - CEX training OSCE training	OSPE ACC

	26. Acne. 27. Sweat gland disorders 28. Dermatologic emergencies **B.2-Venereology & Andrology** 3. Male infertility 4. Assisted reproductive technologies 5. Erectile dysfunction 6. Ejaculatory disorders 7. Puberty disorders 8. Sexually transmitted diseases: • Gonorrhea • Urethritis • Syphilis • AIDS			

1.14. Respect patients' rights and involve them and /or their families/careers in management decisions.	D5. Exhibit honesty and integrity with patients, physicians and other health professionals. D6. Demonstrate caring and compassion during all interactions with patients. D7. Recognize the importance of trusting relationships with patients and others. D8. Recognize and maintain boundaries when interacting with patients. A 9. Demonstrate sensitivity with respect to peers, colleagues, and patients. - As Mentioned in C1 &C10	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
	D18. D10. Consistently maintain patient confidentiality in all clinical, social and electronic settings, while recognizing situations that require disclosure of confidential	Know how Show how	Case Skill lab or bed side Mini - CEX	Quiezes Formative written Final written Portfolio OSPE ACC

	information.		training OSCE training	
	D19. Describe the underlying ethical principles and legal process of informed consent	Know how	Case	Quiezes Formative written Final written
	D20. C23. Describe the process of how to obtain informed consent for a test or treatment procedure	Know how Show how	Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE ACC
1.15. Provide the appropriate care in cases of emergency, including cardio-pulmonary resuscitation, immediate life support measures and basic first aid procedures.	D21. Describe the characteristics of an acutely ill patient or complicated cases or cases with comorbidity in terms of findings on history, physical examination and basic laboratory investigations in **the following clinical situations in** **<u>A-Neurology:</u>** - Diabetic patient - Asthmatic patient. - Patient with renal or hepatic impairement - Patient with hypertension - Patient with recurrent stroke or repeated stroke or TIA. - Stroke patient with progressive deficit. - Patient with blood disease and received anticoagulant or antiplatelates and developed hemorrhagic stroke. - Stroke patient and seizure - Epileptogenic drugs prescriped in epileptic patient. - High AED doses or polytherapy in patient with low albumin level.	Know Know how	Lecture Case	Quiezes Formative written Final written

	- Steroid in diabetic or renal patient - Hypo or hyperthyroidism patient. - Drug hypersensitivity. - Patient with transient changes in blood pressure or blood sugar in stroke patient. - Patient with Psychiatric disorders or mental changes. - Elderly patient or patient in pregnency or postpartum period. - Status epilepticus or serial fits. - Impaired cough reflex or respiratory affection - Patient with bulbar symptoms - Commtosed patient - Patient received immunosuprressant drugs. - Patient developed fever of different etiology. - Patient with stress ulcer. - Drug addict patient. - Immunocompromized patient. - Patient with myocardial infarction.			
	D22. C24. Recognize when a patient has abnormal vital signs that requires immediate attention and investigation in the following clinical situations - Uncontrolled hypertension - Arrhythmia or recent ECG changes and cardiac insult. - Electrolyte disturbances - Heart block or endocrinal disturbances and crisis - Brainstem lesion - Beta blockers medication effect	Know Know how Show how	Lecture Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC

	- Respiratory affection either due to peripheral or central nervous system. - Over dose of antihypertensive drugs. - Autonomic failure in GBS or central respiration affection and depression - Uncontrolled DM or long standing with autonomic disturbance and neuropathy - Bleeding from any orifice or internal hemorrhage and perforated viscous. - Metabolic acedosis or alkalosis - Fever of different etiology - TB or tropical infection - Enerica or severe gasteroenteristis secondary to infection or steroid side effect - Pulmonary embolism - Assessment of coagulation profile - Autonomic fit or postictal manifestations. - Side effect of prescribed drugs. - Migranous attack. - Increased intracranial tension with brain herniation			
	D23. C25. Recognize when a patient has a complaint or physical finding that suggests the possibility of a severe illness (including life- -threatening) and therefore requires immediate attention and investigation in the following clinical situations mentioned above in D22. C24 - Mention in D22. C24.	Know Know how Show	Lecture Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC
	D24. Apply the steps taken in the emergency care of acutely ill patients in the following clinical situations mentioned above in D21&	Know Know how	Lecture Case	Quiezes Formative written Final written

	- Mention in D22. C24.			
	D25. C26. Identify potential underlying causes of a patient's deterioration in the following clinical situations mentiond above in D21& - Mention in D22. C24.	Know Know how Show how	Lecture Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC
	C27 Start the initial emergency care plan for a patient with the following common life- threatening conditions mentioned above in D22. C24 - Mentioned in D9, C17	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
2.3 Discuss the role of nutrition and physical activity in health.	A 26. Identify role of integrating diet and physical activity on general health and well-being across the lifespan -Nutrition in diabetes - Nutrition in GIT disorder -Nutrition in liver disorder - Nutrition in renal impairement - Nutrition with ryle feeding -Parenteral nutrition. - Nutrition in dehydration	Know Know how	Lecture Case	Quiezes Formative written Final written
	C28. D11 Educate patients and populations about strategies that promote an active and healthy lifestyle along -Nutrition in diabetes - Nutrition in GIT disorder -Nutrition in liver disorder - Nutrition in renal impairement - Nutrition with ryle feeding -Parenteral nutrition. - Nutrition in dehydration - Nutrition in repeated vomiting& increased ICT.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
2.5 Describe the principles of	A 27. Apply preventive measures for	Know	Lecture	Quiezes Formative

disease prevention, and empower communities, specific groups or individuals by raising their awareness and building their capacity.	the following health problems: - DM - Peptic ulcer - Hepatic or renal encephalopathy - Diarrhea - Dehydration - Hypertension - Cardiac patient - Atherosclerotic &dyslipdemia - Hyperuracemia	Know how	Case	written Final written
2.6 Recognize the epidemiology of common diseases within his/her community, and apply the systematic approaches useful in reducing the incidence and prevalence of those diseases.	D28. Apply methods reducing the incidence and prevalence of following common diseases A&B conditions, mentioned in C. -Mention in D27.	Know Know how	Lecture Case	Quiezes Formative written Final written
	D29 Identify and apply screening tests appropriate at different life stages	Know Know how	Lecture Case	Quiezes Formative written Final written
2.9 Adopt suitable measures for infection control.	D30. C29. Apply principles of patient safety related to infection prevention and controlpractices in the following situations - Nasocomial infection - chest or GIT infection - TB infection - Hepatitis or HIV - Immunosuppressant drug adminstration Infectious skin disease or mucocutanus diseases.	Know Know how Show how	Lecture Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC
	D31. C30. Demonstrate the procedures involved in universal body substance precautions, including handwashing, and donning and doffing of gowns, gloves, masks, and eye protection	Know Know how Show how	Lecture Case Skill lab or bed side Mini - CEX training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC

			OSCE training	
	D32. C31. Apply principles of infection control when dealing with a patient who may have a communicable disease	Know Know how Show how	Lecture Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE ACC
3.1. Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, commitment, compassion, and respect.	D33. D12 Demonstrate the ability to give feedback to colleagues in a respectful manner .	Know how Show how	Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE ACC
3.3. Respect the different cultural beliefs and values in the community they serve.	D34 D13. Demonstrate the application of patient autonomy and respect for persons in specific case situations	Show	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
3.4. Treat all patients equally, and avoid stigmatizing any category regardless of their social, cultural, ethnic backgrounds, or their disabilities.	D35. A 14.. Identify medicolegal principles that obligate physician to Treat all patients equally,	Know Know how Show how	Lecture Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE ACC
	A 15. Demonstrate in clinical encounters avoiding stigmatizing any category regardless of their social, cultural, ethnic backgrounds, or their disabilities.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
3.5. Ensure confidentiality and privacy of patients' information.	D36. D16. Avoid disclosing confidential patient information in online communications.	Know how Show how	Case Skill lab or bed	Quiezes Formative written Final written Portfolio

			side Mini - CEX training OSCE training	OSCE ACC
	D37. D17. Explain the potential abuses of technology-enabled communication and their relationship to professionalism.	Know how Show how	Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE ACC
	D38. D18. Follow relevant policies regarding the appropriate use of electronic medical records	Know how Show how	Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC
3.6. Recognize basics of medico-legal aspects of practice, malpractice and avoid common medical errors.	D39. A 19. Apply basics of medicolegal practices in common clinical situations including A&B in S and - HIV infection - COVID 19 - sexually transmitted diseases. - Mentioned in D7. C15.	Know how Show how	Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE ACC
	D40. D20. Demonstrate how to avoid common medical errors in the following common clinical situations: - Mentioned in D14 - Mentioned in D7. C15.	Know how Show how	Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE ACC
3.7. Recognize and manage conflicts of interest.	D41. C31. A 21. Demonstrate the capacity to reflect on their own competencies and identify situations where one requires Help	Know how Show how	Case Skill lab or bed	Quiezes Formative written Final written Portfolio

			side Mini - CEX training OSCE training	OSCE ACC
3.7. Recognize and manage conflicts of interest.	D42. C32. Demonstrate the capacity to identify situations where cognitive biases may have affected their patient management	Know how Show how	Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE ACC
3.8. Refer patientsto appropriate health facility at the appropriate stage.	D43. Describe the nature of clinical expertise and of its limits	Know how	Case	Quiezes Formative written Final written
	D44. C33. Recognize the range of possible transitions a patient may encounter (e.g., hospital tohome, hospital to long term care facility, emergency department to ward in the following clinical settings examples mentioned above in Sincluding A&B conditions - Mentioned in D7. C15.	Know Know how Show how	Lecture Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE ACC
	D45. List indications of admission to hospital in the following clinical situations of acute illness or critical ill patient conditions mentioned above in neurological conditions mentioned in D17, S 22,D21. **Dermatology conditions** • Bullous disorders • Dermatologic emergencies • Allergic skin disorders • Papulosquamous disorders • B2 conditions - Mentioned in D7. C15.	Know Know how	Lecture Case	Quiezes Formative written Final written
	D46 List criteria of home discharge in the following clinical neurology situations mentioned	Know Know how	Lecture Case	Quiezes Formative written Final written

	in ,D17, C 22,D21. **Dermatology conditions** • Bullous disorders • Dermatologic emergencies • Allergic skin disorders • Papulosquamous disorders • B2 conditions - Mentioned in D7. C15.			
	D47 List the elements of a high quality written Document in the following clinical settings examples - Complicated DM - GIT bleeding - Hepatic encephalopathy - COVID 19 - Other conditions mentioned in D14.	Know Know how	Lecture Case	Quiezes Formative written Final written
	D48. D22 List the elements of a high quality verbal and written handover of care in the following clinical settings examples - Complicated DM - GIT bleeding - Hepatic or renal encephalopathy - Steroid dependent GBS - Regular on anticoagulants or immunosuppresent or AED. - COVID 19 - Other conditions mentioned in D14.	Know Know how Show how	Lecture \ Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE ACC
3.9. Identify and report any unprofessional and unethical behaviors or physical or mental conditions related to himself, colleagues or any other person that might jeopardize patients' safety	D49. D23. Participate in peer assessment	Know Know how Show how	Lecture Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC

4.5 Identify various causes (genetic, developmental, metabolic, toxic, microbiologic,	D50. Identify various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune,	Know Know how	Lecture Case	Quiezes Formative written Final written

autoimmune, neoplastic, degenerative, and traumatic) of illness/disease and explain the ways in which they operateon the body (pathogenesis) .	neoplastic, degenerative, and traumatic) of the following diseases mentioned in C1 **Neurology conditions** • Stroke • Epilepsy • Peripheral neuropathy • Muscle disease • Movement disorders • Dementia • Migraine and headache. • Mutiple sclerosis • Neuromuscular junction motor neuron diseases • Ataxias • Toxic neuropathy • Spinal cord disease androot lesion **B.1-Dermatology conditions:** 1. Fungal infections 2. Bacterial infections. 3. Viral infections. 4. Mycobacterial infections. 5. Parasitic infestations 6. Pigmentary disorders. 7. Hair disorders. 8. Papulosquamous disorders. 9. Allergic skin disorders 10. Bullous disorders. 11. Connective tissue disorders 12. Acne. 13. Sweat gland disorders 14. Dermatologic emergencies Conditions mentioned in C10 ,D3 & D7, C15			

4.7 Describe drug actions: therapeutics and pharmacokinetics; side effects and interactions, including multiple treatments, long term conditions and non-prescribed medication; andeffects on the	D51. C34. Choose categories of Individual drugs in each of thefollowing clinical conditions mentioned in C1 C10 , D3D7, C15 Priciple of anticoagulant and antiplatelates therapy - Thrombolytic therapy - AED Drugs	Know Know how Show how	Lecture Case \ Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC

population.	- Plasma pharesis. - Intravenous immunoglobulins -Steroid. - Antibiotic crossing blood brain barrier - antiviral drugs -Antituberculous - Medication used in PD, Chorea,MS , MG,Dementia and migraine. -Dehydrating measures and Ca channel blockers. - Immunosuppressant drugs.			
	A 52. Mention mechanism of action, side effects and uses of drugs in the following clinical conditions mentioned in C1 C10 , D3D7, C15 Priciple of medication mentioned in D51. C34.	Know Know how	Lecture Case	Quiezes Formative written Final written
	D53. Demonstrate in the following clinical situations how to prescribe relevant drugs to conditions mentioned in C1 C10 , D3 D7, C15 Priciple of medications mentioned in D51. C34.	Know Know how	Lecture Case	Quiezes Formative written Final written
4.8 Demonstrate basic sciences specific practical skills and procedures relevant to future practice, recognizing their scientific basis, and interpret common diagnostic modalities, including: imaging, electrocardiograms,	D54. C35 - Interpret the following diagnostic imaging modalities - -X ray report on spine. Positive findings in Neuroimaging (CT & MRI±MRV&MRA) brain and spine) reports in stroke,MS,Spinal cord disease and compression, CNS infection - Conclusion of Electroencephalography (EEG)	Know Know how Show how	Lecture Case Skill lab or bed side Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC

laboratory assays, pathologic studies, and functional assessment tests.	report - Conclusion of Electrophysiology studies reports; Nerve conduction and EMG studies report - Echocardiography findings report - Carotid dopplar report. D55. C36 Interpret the following laboratory assays, - Blood glucose reading and interpretation in stroke patient or known diabetic. - Blood chemistry in stroke patient or acute insult, - Liver functions in hemorrhagic stroke. - CPK serum level in muscle disease - Coagulation tests in stroke patients or receiving anticoagulants. - - Inflammatory markers ;ESR,CRP, autoimmune markers in autoimmune diseases - Antiepileptic drugs serum level. - Thyroid function test in muscle disease - Laboratory test in stroke young patient. - Liver function test - ABG in neurological conditioned especially in patients presenting with respiratory distress and impaired cough reflex, or metabolic acidosis. - Urine analysis in UTI. - CSF analysis and culture. - Lipid profile in stroke patient. D56, C37 Interpret the following pathologic studies and culture sensitivity and smear, - Histopathology of muscle and			

	nerve biobsy in peripheral neuropathy and muscle disease -CSF smear and culture in TB . Histopathology of lesion in cord lesion and compressive spinal cord diseases required cord decompression in management. - Sputum and blood culture and sensitivity Histopathology of skin lesionin conditions mentioned in B conditions in C1. D57, C38 Interpret the following functional assessment tests . - -Blood glucose reading and interpretation. - Blood chemistry, - Blood picture - Urine analysis - Liver functions. - CPK serum level - Coagulation tests - Lipid profile. - ECG - - Inflammatory markers ;ESR,CRP, autoimmune markers - Thyroid function test - Liver function test - ABG in neurological conditioned especially in patients presenting with respiratory distress and impaired cough reflex, or metabolic acidosis. - Urine analysis. - CSF Cytology analysis .			
5.2 Respect colleagues and other health care professionals and work cooperatively with them, negotiating overlapping and shared	D58. D24. Demonstrate respect and cooperation with all health care providers in the following clinical settings in conditions A& B mentioned in - C1 - C10 , D3 - D7, C15	Know how Show how	Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC

responsibilities and engaging in shared decision-making for effective patient management.				
5.3 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports collaborative work.	D59 Identify clinical scenarios that are likely to lead to conflict D60. Describe the root causes of conflict in interprofessional teams D61 Describe approaches to conflict resolution	Know how	Case	Quiezes Formative written Final written
	D62. A 25. Recognize one’s own approach to conflict D63 A 26. Demonstrate the capacity to resolve conflicts that occur with colleagues related to issues such as prioritization of duties	Know how Show how	Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC
5.4 Apply leadership skills to enhance team functioning, the learning environment, and/or the health care delivery system.	D64. D27. Identify aspects of their own leadership style(s) (including, strengths, weaknesses, and biases. D65. D28 Participate in reflective processes to inform their personal leadership development. D66. D29 Appreciate that leadership is not demonstrated only by leaders but that all physicians will be required to demonstrate “leadership” in the course of their careers. D67. D30. Reflect on motivations, capabilities, skills, boundaries, and purpose as a leader. D68. D31. Demonstrate teamwork and collaboration STYLES in the healthcare setting, and	Know how Show how	Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE ACC

	participate in team-building and collaboration exercises.			
5.5 Communicate effectively using a written health record, electronic medical record, or other digital technology.	D32. C39. Communicate effectively with patients A 33. Communicate with colleagues D34. C40. Communicate in breaking bad news A 35. Communicate with relatives A 36. Communicate with disabled people D37. Communicate in seeking informed consent C 41. D38. Communicate in writing (including medical records) C 42. D39. Communicate in dealing with aggression	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
5.6 Evaluate his/her work and that of others using constructive feedback	D40. Consistently seek out and welcome feedback from others. A 41. Accept constructive feedback. D42. C43. Demonstrate the capacity to reflect upon feedback and use this as a basis for enhanced learning of relevant Competencies. D43. C44. Provide constructive feedback to colleagues about aspects of their clinical competence when requested to do so.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
5.7 Recognize own personal and professional limits and seek help from colleagues and supervisors when necessary.	D69. C45. Shows how to refer to other professionals in the following clinical situations of conditions mentioned in A&B in C1:either for sought evaluation only, or, and sought medical advice for these patients:referred to the following subspecialities: -Cardiology: stroke patient	Know how Show how	Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE ACC

	with or without cardiacdisease. - Internal medicine/nepherology: Patient with DM or hypertension(newely diagnosed or uncontrolled) or renal impairement. -Endocrinology: Patient with endocrine disorders -GIT and tropical medicine: Patient with hepatic disease or GIT troubles -Rheumatology: Patient with Rhematic or CT disease - Radiology :patient need investigation with neuroimaging either for diagnosis or follow up -Obstertric and gynecology : any female patient in pregnancy, suspected had pregnany, or had obstetric or gynecology troubles. -Dermatology:Patient had drug eruption or skin lesion. -Chest and pulmonology: Any patient had chest infection or bronchospasm. -ICU and anaesthesia: any patient need intubation or shocked need IV canulation or CVP. -Physical medicine and rehabiltation : any patient need physiotherapy. - General Surgery: any patient developed acute abdomen or intestinal obstruction. -vascular surgery:Any patient had weak pulse or unequalpulse volume or manifestation of limb ischemia. -Orthopedic surgery: Any patient had orthopedic condition related to clinical presentation or fracture orrecent trauma. - Neurosurgery:Any patient with etiological condition need			

	neurosurgery consultation or intervention, e.g.hydrocephalous in cerebral he. - Urology: Any patient had urine retension. -Neurology: Any dermatology patient developed recent acute neurological deficit or seizure. D70. C46. Shows how to seek further support and advice in the diagnosed clinical situations mentioned above in D69. C45 and need follow up of these situation or intervention after diagnosis of these associated conditions. - D69. C45.			
5.9 Use health informatics to improve the quality of patient care.	C47. Use information and communication technologies to enhance knowledge, skills and judgment in providing evidence-informed, safe, effective and efficient patient care.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
	C48. Gather relevant data from a variety of sources, including literature, web-based resources, electronic health records and databases.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
	D71. C49. Critically assess the reliability, quality and comprehensiveness of all data used to inform health care Decisions.	Know how Show how	Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC
5.10 Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and	D72. C50. Write medical record in the following clinical situations mentioned above related to condition A& B in: - C1 - C10 , D3 - D7, C15	Know how Show how	Case Skill lab or bed side Mini - CEX training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC

legal requirements.			OSCE training	
5.12 Demonstrate accountability to patients, society, and the profession.	C 51, D44. Reflect on examples from their clinical rotations and acknowledge that near misses, adverse events and patient safety incidents (PSIs) will occur. - DM coma - Hepatic encephalopathy - Renal impairement, - Over correction of bloood sugar or blood pressure. - Aspiration pneumonia -	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
6.1 Regularly reflect on and assess his/her performance using various performance indicators and information sources.	C 52. D45. Reflect on experiences in the preclinical setting to identify areas requiring improvement a modify behavior. C53. D46. Reflect on experiences in the clinical setting to identify areas requiring improvement and modify behaviour by use of ethical frameworks. C54. D47. Evaluate teachers and programs in an honest, fair, and constructive manner.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
6.2 Develop, implement, monitor, and revise a personal learning plan to enhance professional practice	D73 Use portfolio as a tool to develop and monitor a learning plan.	Know	lecture	Quiezes Formative written Final written
	C55. A 48. Reflect on achievement of the required competencies. C56. D49. Use portfolio to improve self-awareness to enhance performance.. D50. Demonstrate appropriate use and enhancement of resiliences skills. C57. D51.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC

	Demonstrate the connection between self-care and patient safety.			
6.3 Identify opportunities and use various resources for learning.	C 58. Use various resources of learning including LMS. C59. A 52.. Contribute to a positive atmosphere in the classroom and in clinical learning settings by demonstrating the following behaviours: ▪ Participating enthusiastically as a learner ▪ Providing encouragement to colleagues ▪ Refraining from belittling colleagues' efforts	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
6.4 Engage in inter-professional activities and collaborative learning to continuously improve personal practice and contribute to collective improvements in practice.	D74. Identify the various different collaborators they will work within the clinical environment to provide patient care.	Know how	Case	Quiezes Formative written Final written
	D75. A 53. Demonstrate a general understanding of the roles and responsibilities of collaborators in the clinical environment.	Know how Show how	Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE ACC
	C60. Participate in inter-professional activities.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
6.6 Effectively manage learning time and resources and set priorities.	D76. Describe the concepts of the declared, taught , learned , and hidden Curriculum.	Know Know how	Lecture Case	Quiezes Formative written Final written
	D77. Describe factors that can positively or negatively affect the learning environment.	Know Know how	Lecture Case	Quiezes Formative written Final written
	D78. C61. D54. Develop a systematic approach to learning and a time	Know Know how	Lecture Case	Quiezes Formative written

	management strategy.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Final written Portfolio OSCE OSPE ACC
	C62. A 55. Access supports available to students to deal with stress and the health issues that are common in medical school.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
	D79. a Describe strategies for reporting and managing witnessed or Experienced mistreatment.	Know Know how	Lecture Case	Quiezes Formative written Final written
6.8 Critically appraise research studies and scientific papers in terms of integrity, reliability, and applicability.	C63. Select appropriate sources of knowledge as they relate to addressing focused questions. Identify appropriate sources that answer a clinical question.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
6.10 Summarize and present to professional and lay audiences the findings of relevant research and scholarly inquiry.	C64. D56. Plan and deliver an effective presentation.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
	C65, D57. Explain to patients and families in general terms the results of research studies and their application to clinical issues.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC

Structure of the block

Week	Lectures (NUMBER)	Practical (NUMBER)	PORTFLIO TASKS (NUMBER)	CASE BASED Discussions (NUMBER)	Formative Assessment (NUMBER)	Revisions and Exams	Total
1stN	1	1	3	1			
1stD	1	1	2	1			
2ndN	1	1	4	1	1		
2nd D	1	1	2	1			
3rdN	1	1	4	1			
3rdD	1	1	2	1			
4thN	1	1	4	1	1		
4thD	1	1	2	1			
5thN	1	1	5	1			
5thD	1	1	2	1			
6thN	1	1	5	1	1		
6thD	1	1	2	1			
7thN	1	1	4	1			
7thD	1	1	2	1			
8thN	1	1	5	1	1		
8thD	1	1	2	1			
9thN	1	1	4	1			
9thD	1	1	2	1			
10thN	1	1	6	1	1		
10thD	1	1	2	1			

11th N	**1**	**1**	**4**	**1**			
11thD	**1**	**1**	**2**	**1**			
12thN	**1**	**1**	**5**	**1**	**1**		
12thD	**1**	**1**	**2**	**1**			
13thN	**1**	**1**	**4**	**1**			
13thD	**1**	**1**	**2**	**1**			
14thN	**1**	**1**	**6**	**1**	**1**		
14thD	**1**	**1**	**2**	**1**			
Total	**28h**	**28h**	**91**	**28h**	**7**		

As regard lecture , practical and case based discussion , Number = contact hours

Learning Methods

1- Lectures for knowledge outcomes.

2- Practical (Bedside/skill lab) sessions to gain clinical skills.

3-Task based log (may use inscion academy/clinical key cases).

4- Group discussions (Case – based).

Methods of Student Assessment

1. **Formative:**

This is used to monitor student's learning to provide ongoing feedback that can be used by instructors to improve their teaching and by students to improve their learning.

It's given at least once in the form of quizzes that is made available for the students at the E-learning site at the end of the block.

Answers are presented instantly after the attempts and discussed on the students groups or in person with the teaching staff

Questions should be consistent with the level of the final exam. The student's attendance is a condition for entering the

summative exams. The electronic or paper achievement file must be used to follow up on the students' evaluation, and its completion is a condition for entering the final exam.

2. Summative

It is used to evaluate student's achievements at the end of an instructional unit. The grades tell whether the student achieved the learning goal or not.

The student's performance will be assessed according to the following:

Assessment task	Type of assessment	Proportion of total assessment	
		%	Marks
End block exam	MCQ	20%	26 marks
Portfolio	May include inscion academy certificates	10%	13 marks
Final written exam	75% MCQ (39 marks) 25% Short Answer Questions and Modified Essay Questions(13 marks)	40% in clinical phase	52 marks
OSCE Final	Typical OSCE stations using standardized, real or skill lab encounters	30% in clinical phase	39 marks
Total		**100%**	**130(65+65)**

Block evaluation

- Students' results
- Students' feedback
- Tutors' feedback

Contents

Lecture Topics and Their Learning Outcomes

Choose one source for each topic

No.	Learning outcomes K	Lectures Titles And specified reference	Week No.	Date*		Contact Hours
				From	to	
1	D1-4, D6,-8, D10,D11, D16,17, D29,D50,D54 ,D55,D59, D61,D69,D71-73	**-Anatomical localization of lesion in neurological disorders and neurological condition,aphasia 1h** Neurology for medical students. AMBOSS Medical Learning Platform Handout	1st week			1
1	**A.1,D2,D3,D4,D5,D6, D7, D8, D9,D11, D17, D50**	• **Introduction to Dermatology.** • **Pigmentary skin disorders.** Dermatology, Venereology and Andrology for Medical students AMBOSS Medical Learning Platform • Hand out	**1st week**			**30minutes** **30minutes**
2	D1-D19,D21-D79	**-Stroke: TIA ,Ischemic aterial artery occlusion stroke,and clinical presentation and management 1h** Neurology for medical students. AMBOSS Medical Learning Platform Handout	**1st week**			1

2	**A.1,D2,D3,D4,D5,D6, D7, D8, D9,D11, D17, D50**	• **Fungal skin infections:** Dermatology, Venereology and Andrology for Medical students AMBOSS Medical Learning Platform Hand out	**1st week**			**1 hour**
3	D1-D19,D21-D79	• **Cerebrovenous stroke,Hemorrhagic stroke ,Subarachnoid hemorrhage ; clinical presentation and management 1h** Neurology for medical students. AMBOSS Medical Learning Platform Handout	**2nd week**			1
3	**A.1,D2,D3,D4,D5,D6, D7, D8, D9,D11, D17, D50**	• **Viral infections** Dermatology, Venereology and Andrology for Medical students AMBOSS Medical Learning Platform Hand out	**2nd week**			**1 hour**
4	D2-D13,D16-D26,D32-36,D39,D41,D44,D46,D51-,D52,D54-57,D59-65, D69-D73,D76-D78	**CNS Infection:Meningitis, brain abscess,encephalitiS 1h** Neurology for medical students. AMBOSS Medical Learning Platform Handout	**2nd week**			1
4	**A.1,D2,D3,D4,D5,D6, D7, D8, D9,D11,D17, D50**	• **Bacterial Infections:** • **Parasitic infestations** Der matology, Venereology and Andrology for Medical students AMBOSS Medical Learning Platform Hand out	**2rd week**			**40minute** **20minute**

5	D1-D19,D21-D79	• **Epilepsy and seizure Definition, classification, clinical presentation and management including AED in pregnency (1h)** Neurology for medical students. AMBOSS Medical Learning Platform Handout	**3rd week**			1
5	**A.1,D2,D3,D4,D5,D6, D7, D8, D9,D11,D17, D50**	• **Mycobacterial Infections: Leprosy.** **Tuberculosis of skin.** Dermatology, Venereology and Andrology for Medical students AMBOSS Medical Learning Platform Hand out	**3rd week**			**30minutes** **30minutes**
6	D1-D19,D21-D79 D1-D22,D24-D28,D33,D35-D46,D50-D55,D58,D59,D63.D66-D79	**-Status epilepticus(½h)** Neurology for medical students. AMBOSS Medical Learning Platform Handout **-Movement disoeders (involuntary movements and tremors classification, hemiballismus,dystonia, athetosis) ½h** Neurology for medical students. AMBOSS Medical Learning Platform Handout	**3rd week**			30 minutes 30 minutes
6	**A.1,D2,D3,D4,D5,D6, D7, D8, D9,D11, D17, D50**	**Papulosquamous disorders** Dermatology, Venereology and Andrology for Medical students AMBOSS Medical Learning Platform Hand out	**3rd week**			**1 hour**

7	D1-D22,D24-D28,D33,D35-D46,D50-D55,D58,D59,D63,D66-D79	**-Movement disorders:PD& chorea(1h)** Neurology for medical students. AMBOSS Medical Learning Platform Handout	4th week			1
7	**A.1,D2,D3,D4,D5,D6, D7, D8, D9,D11, D17, D45, D46, D50**	• **Allergic skin disorders:** Dermatology, Venereology and Andrology for Medical students AMBOSS Medical Learning Platform Hand out	**4th week**			**1 hour**
8	D1-D22,D24-D28,D33,D35-D46,D50-D55,D58,D59,D63-D66-D79	**-Headache and increased intracranial tension including migraine (1h)** Neurology for medical students. AMBOSS Medical Learning Platform Hand out	4th week			1
8	**A.1,D2,D3,D4,D5,D6, D7, D8, D9,D11, D17, D45, D46, D50**	• **Bullous diseases and dermatologic emergencies .** • **Connective tissue diseases** • **Sweat glands disorders** Dermatology, Venereology and Andrology for Medical students AMBOSS Medical Learning Platform Hand out	**4th week**			**20minutes** **20minutes** **20minutes**

9	D2-11, D16-21, D24,25,27-29,D35,36,39,D45-D48, D50,D54-D56,D58,D59,D64-D79.	**-Compressive Spinal corddisease: Extramedullary and intramedullary paraplegia orQuadriplegia 1h** Neurology for medical students. AMBOSS Medical Learning Platform Handout	5th week			1 hour
9	**A.1,D2,D3,D4,D5,D6, D7, D8, D9,D10,D11,D12, D17, D50**	• **Acne Vulgaris.** Dermatology, Venereology and Andrology for Medical students AMBOSS Medical Learning Platform Hand out	5th week			**1 hour**
10	D1-D4, D6 -D79 D2-11, D16-21, D24,D25,D27-D29, D35,D36,39,D45-D48, D50,D54-D56,D58,D59,D64-D79.	**- Non compressive spinal corddisease , causes; vascular, inflammatory, autoimmune** **½ h** Neurology for medical students. AMBOSS Medical Learning Platform Handout **-Epiconus , conus medullaris and roots (cauda equina) lesion; causes, clinical presentation,management.½h** Neurology for medical students. AMBOSS Medical Learning Platform Handout	5th week			1
10	A.1,D2,D3,D4,D5,D6, D7, D8, D9,D11,D17, D50	• Hair disorders Dermatology, Venereology and Andrology for Medical students AMBOSS Medical Learning Platform Hand out	5th week			1 hour

11	D1-D12, D16-29, D33, D35-D39 , D41,D48,D50,,D55,D69,D72, D73,D76-D79	**-Peripheral neuropathy and cranial neuropathy (definition, causes clinical presentation,GBS, diabetic neuropathy nutritional,SCD and Trigeminal neuroalagia) 1h** Neurology for medical students. AMBOSS Medical Learning Platform Handout	6th week			1
11	**A.1,D2,D3,D4,D5,D6**	• **Introduction to Andrology** • **Male infertility** • **Assisted reproductive technologies** Dermatology, Venereology and Andrology for Medical students AMBOSS Medical Learning Platform Hand out	**6th week**			**10 min.** **30 min.** **20 min.**
12	D1-D12, D16-21,D23-D29, D33, D35-D39 , D41,D48,D50,,D54,D57,,D69,D72, D73,D76-D79	**-Central demylinating diseases(definition, subtypes, pathology,clinical presentation and management) 1h** Neurology for medical students. AMBOSS Medical Learning Platform Handout	6th week			1 hour
12	**A.1,D2,D3,D4,D5,D6**	• **Puberty disrorders** • **Erectile dysfunction** • **Ejaculatory disorders** Dermatology, Venereology and Andrology for Medical students AMBOSS Medical Learning Platform Hand out	**6th week**			**10 minutes** **30 minutes** **20 minutes**

13	D1-D22,D24-D28,D33,D35-D46,D50-D55,D58,D59,D63,D66-D79 D1-D22,D24-D28,D33,D35-D46,D50-D55,D58,D59,D63,D66-D79	**Degenerative disorders** **1-Ataxia (subtypes - causes,management, Ferderich'ataxia)½h** • AMBOSS Medical Learning Platform • Hand out. **2-Dementia and cognitive impairement(Definition,causes, management)½h** Neurology for medical students. AMBOSS Medical Learning Platform Handout	7th week			1
13	**A.1,D2,D3,D4,D5,D6**	• **Gonorrhea& Urethritis,** • **Syphilis** Dermatology, Venereology and Andrology for Medical students AMBOSS Medical Learning Platform Hand out	**7th week**			**30 minutes** **30 minutes**
14	D1-D12, D16-21,D23-D26,D28, D29, D33, D35-D39 , D41,D43-D48,D50,D57,D69,D72,D73,D76-D79	**Muscle diseases,neuromusclar junctions disorders and motor neuron diseases and AHC lesion.1h** Neurology for medical students. AMBOSS Medical Learning Platform Handout	**7th week**			1
14	A.1,D2,D3,D4,D5,D6	HIV infections and AIDS Dermatology, Venereology and Andrology for Medical students AMBOSS Medical Learning Platform Hand out	7t Week			1 hour
		Total	7weeks			28 hours

***Date is recorded in the time table**

Skills and tasks and Their Learning Outcomes

In addition to real patients and skills stated in the NARS should be learned either in practical or group disscussion

No.	Learning outcomes S and A	Bedside/skill lab sessions# and titles	Weeks	Date*		Hours
				From	To	
1.	C1-C18, C21, C22, C24, C25, C32, C35, C39,C41-C50,C53-C56,C62-C65 D1-D3,D5-D10,D12-D19,D23,D33-D36,D38,D39,D42,A46-D50,D55-D57	History taking and examination of Neurology patient&obtain personal history ,complaint, history of present illness, past history and family history&interpreationt of symptoms analysis , anatomical localization of lesion,case formulation, detection of signs and clinical diagnosis and giving DD of case scinario presenting with UMNL and LMNL based on symptoms and signs interppretation and using investigatory tools to confirm diagnosis and searching for causative etiology and predisposing risk factors.	1st week			1 hour
	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22D1-D9	Identify skin lesions Diagnose pigmentary disorders.	1st Week			1 hour

2	C1-C29,C31- C35,C39-C65. D1-D46,D48-D57	History taking & examination of ischemic arterial stroke with neurological examination of patient and interperation of symptoms and signs and assessment of patient using NIHSS and training on mental state assessment using GCS	2nd week			1 hour
	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22 D1-D9	Diagnose diffrent Fungal infections	2nd week			1 hour
3	C1-C29,C31- C35,C39-C65. D1-D46,D48-D57.	History taking & examination of hemorrhagic stroke with neurological and general examination as well as speech assessment.	3rd week			1 hour
	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22D1-D9	Diagnose different Viral infections.	3rd week			1 hour
4	C1-C29,C31-C35, C39-C65. D1-D46,D48-D57	History taking & examination of case presenting with CNS infection with detection of CSF analysis Findings and meningeal signs and training on check list of occular and trigeminal nerves examination.	4th week			1 hour
	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22 D1-D9	Diagnose Bullous diseases and skin emergencies. Diagnose CTDs	4th week			1 hour

5	C1-C18, C21-C28, C31, C32, C34-C37, C39-65. D1-D26,D30, D32-D34,D38,D40-D57.	History taking and examination of epilepsy and detection type of seizure and reading findings in consulsion EEG report, with selection of appropiate AED according to medical condition, and training on check list of facial and hypoglossal nerves examination.	5th week			1 hour
	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22 D1-D9	Diagnose Papulosquamous disorders.	5th week			1 hour
6	C1-C18, C21-C28, C31, C32, C34-C37, C39-C65. D1-D26,D30,D32, D34,D38,D40-D57.	History taking and examination of case presenting with tremors and detection of diagnostic tremors criteria plus associated other charcteristic features (muscle tone,speech ,gait) and training on check list of muscle state.	6th week			1 hour
	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22 D1-D9 C5,C6,C7, C8, C9, C22 D1-D9	Diagnose different bacterial skin infections Diagnose different parasitic infestations	6th week			1 hour
7	C1-C18, C21-C28, C31, C32,C33, C34-C37, C39-C65. D1-D26,D30, D32, D34,D38,D40-D57.	History taking and examination of case diagnosed as either PD or Chorea and detection of diagnostic tremors criteria plus associated other charcteristic features (muscle tone,speech ,gait) and training on on check list of muscle tone in UL.	7th week			1 hour
	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22D1-D9	Diagnose different allergic skin diseases	7th week			1 hour

8	C1-C18, C21-C28, C31, C32, C34-C37,C39-C65. D1-D26,D30, D32, D34,D38,D40-D57.	History taking and examination of presenting case with headache and analysis of headache criteria and detection of diagnostic headache criteria and training on check list of muscle tone in LL and detection of clonus.	8th week			1 hour
	C1,C2,C3, C4,	Diagnose Mycobacterial diseases.	8th week			1 hour
9	C1,C2,C3-C28, C31,C33,C35,C37,C39 , C40,C41,C43-C65. D1-D27,D30-D46, D48-D57.	History taking and examination of presenting case with paraplegia or quadriplegia secondary to compressive lesion and analysis of motor weakness criteria and differeniation between extramedullary and intramedullary lesion including diagnostic investigations in management and training on check list of deep reflexes in UL assessment	9th week			1 hour
	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22 D1-D9	Diagnose hair disorders	9th week			1 hour

10	C1,C2,C3-C28, C31,C33,C35,C37,C39 , C40,C41,C43-C65. D1-D27,D30-D46, D48-D57.	History taking and examination of presenting case with roots lesion and differeniation between weakness of both LL secondary to either root lesion or peripheral neuropathy and diagnostic investigations in management and training on check list of deep reflexes in LL&Planter reflex .	10th week			1 hour
	C1,C2,C3, C4, C5,C6,C7, C8, C9,C19, C20, C22 D1-D9	Diagnose Acne vulgaris. Diagnose sweat glands disorders	10th week			1 hour
11	C1,C2,C3-C28, C31,C33,C35,C37,C39 , C40,C41,C43-C65. D1-D27,D30-D46, D48-D57.	History taking and examination of presenting case with acute weakness of LLs and ULs secondary to peripheral poly neuropathy and differentiation between GBS and transverse myelitis including diagnostic investigations in management and training on check list of motor power assessment in ULs.	11th week			1 hour
	C1,C2,C3,C5,C6,C7 D1-D18	*Know anatomy and physiology of male genitalia. *Learn how to perform semen analysis.	11th week			1 hour

12	C1,C2,C3-C28, C31,C33,C35,C37,C39 , C40,C41,C43-C65. D1-D27,D30-D46, D48-D57.	History taking and examination of presenting case with Multiple sclerosis and interperetation of symptoms , signs,and characteristic onset and course and most sensitive diagnostic investigations & lines of tratment &and training on check list of motor power assessment in LLs.	12th week			1 hour
	C1,C2,C3,C5,C6,C7 D1-D18	*Diagnose disorders of puberty and know their treatment lines. *Diagnose ED and know its treatment lines. *Differentiate different types of ejaculatory dysfunctions.	12th week			1 hour
13	C1,C2,C3-C28, C31,C33,C35,C37,C39 , C40,C41,C43-C65. D1-D27,D30-D46, D48-D57.	History taking and examination of presenting case with ataxia ;Ferderich's ataxia and interperetation of symptoms , cardinal signs of cerebellar ataxia,and differentiation between cerebelllar ,and sensory ataxia,as well as mixed ataxia, diagnostic investigations &and training on check list of coordination system and gait assessment.	13th week			1 hour
	C1,C2,C3,C5,C6,C7 D1-D18	*Diagnose Gonorrhea and urethritis *Diagnose syphilis and know its stages.	13th week			1 hour

14	C1,C2,C3-C28, C31,C33,C35,C37,C39 , C40,C41,C43-C65. D1-D27,D30-D46, D48-D57.	History taking and examination of presenting case with motor weakness secondary to muscle disease (myopathy) ; interperetation of symptoms , cardinal signs of myopathy,and differentiation between weakness due to LMNL; either secondary to muscle disease, or root lesion, or AHC lesion, or periphral nerve lesion or myoneural junction disorder, and diagnostic investigations for each &and training on check list of Sensory system examination in different types.	14th week			1 hour
	C1,C2,C3,C5,C6,C7 D1-D18	*Diagnose AIDS and know its stages * Know different dermatologic procedures.	14th week			1 hour
		Total	14 wks			**14+14hours=28h**

#NB .Using real case discussion and presentation of history case examination by student, or video discussion or photo discussion or CBD.

*Date is recorded in the time table

Self Directed Learning and Group Discussion (SDL &GD) (cases scenario with 10 MCQs)

No.	Learning oucomes K and A	Title of cases and reference	Weeks	Date*		Hours
				from	to	
1.	D1-4, D6,-8, D10,D11, D16, 17,D29, D50, D54 , D55, D59,D61, D69,D71-73. D1-D3,D5-D10,D12-D19,D23,D33-D36,D38, D39,D42,D46-D50,D55-D57.	**-Case N1: Case presenting with UMNL.** Neurology for medical students. AMBOSS Medical Learning Platform Handout **-Case N2: Case presenting with LMNL** Neurology for medical students. AMBOSS Medical Learning Platform Handout	1st week			1
1	**A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50** D1-D9	**Case 1d: Cases representing different pigmentary disorders.** Dermatology, Venereology and Andrology for Medical students Hand out	1st week			1 hour
2	D1-D19,D21-D79. D1-D46,D48-D57.	**-Case N3: Case presenting with right MCA occlusion.** Neurology for medical students. AMBOSS Medical Learning Platform Handout **-Case N4:Case presenting with lateral medullary syndrome ;Postero inferior cerebellar artery occlusion.** Neurology for medical students. AMBOSS Medical Learning Platform Handout	2nd week			1

2	**A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50** D1-D9	**Case 2 d: Cases representing different Dermatophytic infections** **Case 3 d :Cases representing different Yeast infections** Dermatology, Venereology and Andrology for Medical students Hand out	2nd week			1 hour
3	D1-D19,D21-D79. D1-D46,D48-D57	**-Case N5: Case presenting with cerebral hemorrhage.** Neurology for medical students. AMBOSS Medical Learning Platform Handout **-Case N6:Case presenting with subarachnoid hemorrhage.** Neurology for medical students. AMBOSS Medical Learning Platform Handout	3rd week			1
3	**A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50** D1-D9	**Case 4, 5d : Cases representing different viral infections** Dermatology, Venereology and Andrology for Medical students Hand out	3rd week			1 hour
4	D2-D13,D16- D26,D32-36,D39,D41,D44,D46,D51-,D52,D54-57,D59-D65, D69-D73,D76-D78. D1-D46,D48-D57	**Case N7:Case presenting** **with meningitis.** Neurology for medical students. AMBOSS Medical Learning Platform Handout **Case N8:Case presenting with encephelitis.** Neurology for medical students. AMBOSS Medical Learning Platform Handout	4th week			1

4	**A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D45, D46, D50** D1-D9	• **Case 6d: Cases representing different bullous disorders.** • **Case 7d: Case of connective tissue diseases** Dermatology, Venereology and Andrology for Medical students Hand out	4th week			1 hour
	D1-D19,D21-D79 D32-D34,D38,D40-	**Case N9:Case presenting with Generalized seizure.** Neurology for medical students. AMBOSS Medical Learning Platform Handout **Case N10:Case presenting with absence seizure.** Neurology for medical students. AMBOSS Medical Learning Platform Handout **Case N11:Case presenting with partial or focal seizure.** Neurology for medical students. AMBOSS Medical Learning Platform Handout	5th week			1
5	**A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50** D1-D9	• **Case 8, 9d: Cases representing different papulosquamous disorders.** Dermatology, Venereology and Andrology for Medical students Hand out	5th week			1 hour
6	D1-D19,D21-D79. D1-D26,D30, D32-D34, D38,D40-D57. D1-D22,D24-D28,D33,D35 D46,D50-D55, D58, D59, D63,D66-D79 D1-D26,D30,D32, D34,D38,D40-D57.	**Case N12:Case presenting with status epilepticus.** Neurology for medical students. AMBOSS Medical Learning Platform Handout **Case N13:Case presenting with tremors** Neurology for medical students. AMBOSS Medical Learning Platform Handout	6th week			1

6	**A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50** D1-D9	• **Case 10,11d: Cases representing different bacterial infections and parasitic infections.** Dermatology, Venereology and Andrology for Medical students Hand out	6th week			1 hour
7	D1-4, D6-9, D10, D16, D17-25, D29, D31- -53, D55,D57-D68, D73-79. D1-D26,D30, D32, D34,D38,D40-D57.	**-Case N14: Case** **presenting with PD** Neurology for medical students. AMBOSS Medical Learning Platform Handout **Case N15:Case presenting with Chorea.** Neurology for medical students. AMBOSS Medical Learning Platform Handout	7th week			1
7	**A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D45, D46, D50** D1-D9	**Case 12, 13d: Cases representing allergic diseases** Dermatology, Venereology and Andrology for Medical students Hand out	7th week			1 hour
8	D1-D22,D24- D28,D33,D35-D46,D50-D55,D58,D59, D63-D66-D79 D1-D26,D30, D32, D34,D38,D40-D57.	**-Case N16:Case presenting with migraine.** Neurology for medical students. AMBOSS Medical Learning Platform Handout -Case N17: Case presenting with increased Interacranial tension. Neurology for medical students. AMBOSS Medical Learning Platform Handout	8th week			1
8	**A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50** D1-D9	**Case 14,15 d :Cases representing different Mycobacterial infections.** Dermatology, Venereology and Andrology for Medical students Hand out	8th week			1 hour

9	D2-11, D16-21, D24,25,27-29, D35,36,39,D45-D48, D50,D54-D56,D58, D59,D64-D79. D1-D27,D30-D46, D48-D57.	**-Case N18:Case presenting with Extramedullary paraplegia.** Neurology for medical students. AMBOSS Medical Learning Platform Handout **-Case N19: Case presenting with intramedullary paraplegia.** Neurology for medical students. AMBOSS Medical Learning Platform Handout	weeD9th			1
9	**A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50** D1-D9	**Case 16, 17d: Cases representing different types of hair disorders** Dermatology, Venereology and Andrology for Medical students Hand out	9th week			1 hour
10	D1-D4, D6 -D79 D1-D27,D30-D46, D48-D57. D2-11, D16-21, D24,D25,D27-D29, D35,D36,39,D45-D48, D50,D54-D56,D58, D59,D64-D79. D1-D27,D30-D46, D48-D57.	**Case N20:Case presentingwith anterior spinal artery occlusion.** Neurology for medical students. AMBOSS Medical Learning Platform Handout **Case N21: Case presenting with Conus medullaris. - Handout. Case N22:Case presenting with Cauda equina lesion. - Handout.**	10th week			1
10	**A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50** D1-D9	• **Case 18 d:Case of Acne** • **Case 19: sweat glands disorders** Dermatology, Venereology and Andrology for Medical students Hand out	10th			1 hour
11	D1-D12, D16-29, D33, D35-D39 , D41,D48,D50,,D55, D69,D72, D73,D76-D79 D1-D27,D30-D46, D48-D57.	**Case N23:Case presenting with GBS.** Neurology for medical students. AMBOSS Medical Learning Platform Handout **Case N24:Case presentingwith nutritional**	11th week			1

		neuropathy. Neurology for medical students. AMBOSS Medical Learning Platform Handout				

11	D1-D6 D1-D18	**Case 20d: Cases representing different causes of male infertility.** Dermatology, Venereology and Andrology for Medical students Hand out	11th week			1 hour
12	D1-D12, D16-21,D23-D29, D33, D35-D39 ,D41,	**Case N25,N26:Cases diagnosed with multiple sclerosis.** Neurology for medical students. AMBOSS Medical Learning Platform Handout	12th week			1
12	D1-D6 D1-D18	• **Case 21d: Cases representing different causes of ED.** • **Case 22d:Cases representing different types of ejaculatory dysfunctions.** Dermatology, Venereology and Andrology for Medical students Hand out	12th			1 hour
13	D1-D22,D24-D28,D33,D35-D46,D50-D55,D58, D59, D63,D66-D79. D1-D27,D30-D46,D48-D57. D1-D22,D24-D28,D33,D35-D46,D50-D55,D58,D59, D63,D66-D79 D1-D27,D30-D46, D48-D57.	Case N27:Case presenting with Ataxia. Neurology for medical students. AMBOSS Medical Learning Platform Handout Case N28:Cases presenting with dementia. Neurology for medical students.	13th week			1
13	D1-D6 D1-D18	• **Case23d:Casesrepresenting different causes of urethral discharge and syphilis.** Dermatology, Venereology and Andrology for Medical students Hand out	13th week			1 hour
14	D1-D12, D16-21,D23-D26,D28,	**Case N29:Case diagnosed with poly myoscitis**	14th week			1

	D29, D33, D35-D39 , D41,D43-D48,D50,D57,D69, D72,D73,D76-D79. D1-D27,D30-D46, D48-D57.	Neurology for medical students. AMBOSS Medical Learning Platform Handout Case N30: **Case diagnosed with muscular dystrophy.** Neurology for medical students. AMBOSS Medical Learning Platform Handout **Case N31:Case diagnosed with** myasthenia gravis Neurology for medical students. AMBOSS Medical Learning Platform Handout				
14	D1-D6 D1-D18	• **Case 24d:Cases representing different types of pubertal disorders.** Dermatology, Venereology and Andrology for Medical students Hand out	14th week			1 hour
		Total				**Neurology; 31 case/14 hour+ 24 Case Dermatology 14h =28h**

***Date is recorded in the time table**

Portfolio

No.	Week number	Task to be recorded in the portfolio (CBD&real case discussion and case presentation or video or photo discussion+ bedside examination skills)	Quiz Case Based MCQs	Formative assessment
1.	1st	-^^^History taking and examination of Neurology patient&obtain personal history ,complaint, history of present illness, past history and family history& -Interpreationt of symptoms analysis , anatomical localization of lesion,case formulation, detection of signs and clinical diagnosis and giving DD of case scinario presenting with UMNL and LMNL based on symptoms and signs interppretation andusing investigatory tools to confirm diagnosis and searching for causative etiology and predisposing risk factors. *Case1: Case presenting with motor weakness of UMNL or LMNL. 2-Attend specified CBD ; CaseN1&N2	Answer the quiz of each lecture in this week (e-Learning).	
2.	1st	-Determine basic skin lesions -main histopathological definitions -Cases of pigmentary disorders	Answer the quiz of each lecture in this week (e-learning).	
3.	2nd	1-Case presentation of history case taking & examination of ischemic arterial stroke with neurological examination ofpatient and interperation ofsymptoms and signs as well as detection of predisposing risk factors and management including assessment of patient deficit usingNIHSS. 2- Training on mental state assessment and training on GCS. *NO. 2; Case 2: Ischemic arterial cerebrovascular stroke. 3-Attend specified CBD ; CaseN3&N4	Answer the quiz of each lecture in this week (e-learning).	Attend and pass the formative exam at the end of the week

4.	2nd	Determine types of fungal skin diseases. Cases: -Clinical cases of different dermatophyte infection such as (tinea capitis, circinate, tinea pedis, ….etc). -Clinical cases of yeast infection as (tinea versicolor , candidiasis …..etc) -Onychomycosis	Answer the quiz of each lecture in this week (e-learning).	
5.	3rd	1-Case presentation of history case taking & examination of hemorrhagic stroke including neurological and general examination and management including assessment of patient deficit using NIHSS. 2-Training on checklist of speech assessment. *NO. 3: Case 3: Hemorrhagic cerebrovovasculr stroke. 3-Attend specified CBD ;CaseN5&N6	Answer the quiz of each lecture in this week (e-learning).	
6.	3rd	-Viral diseases as (Herpes simplex,herpes zoster, chicken pox, various types of warts, molluscom contagiosum)	Answer the quiz of each lecture in this week (e-learning).	
7.	4th	1-Case presentation of history taking & examination of case diagnosed with CNS infection and management with discussion of CSF analysis findings and meningeal signs assessment. 2-Training on checklist of occular nerves and trigeminal nerve examination. *NO. 4 Case 4: CNS infection. 3-Attend specified CBD ;CaseN7&N8.	Answer the quiz of each lecture in this week (e-learning).	Attend and pass the formative exam at the end of the week

8.	4th	-To know types of bullous skin diseases and CT diseases Cases: -Bullous diseases as (pemphigus and bullous pemphigoid) -CTD: DLE, SLE, ..	Answer the quiz of each lecture in this week (e-learning).	
9.	5th	1- Case presentation of History taking and examination of patient diagnosed with epilepsy and detection type of seizure and reading findings in conslusion EEG report, with selection)enumeration) of appropiate AED according to medical condition. 2- Training on checklist of facial and hypoglossal nerves examination. *NO.5 Case 5: Patient presented with epilepsy or seizure. 3-Attend specified CBD; Case N9-Case N11.	Answer the quiz of each lecture in this week (e-learning).	
10.	5th	To determine papulosquamous skin diseases. Cases: -Psoriasis (Different types). -Pitryasis Rosea. -LP PRP	Answer the quiz of each lecture in this week (e-learning).	
11.	6th	1-Case presentation of history taking and examination of case presenting with tremors and detection of diagnostic tremors criteria plus associated other charcteristic features (muscle tone,speech ,gait). 2- Training on checklist of muscle state. *NO.6 Case 6: Patient presented with tremors or involunatory movement. 3-Attend specified CBD; Case N12&Case N13.	Answer the quiz of each lecture in this week (e-learning).	Attend and pass the formative exam at the end of the week
12.	6th	Have a good information about bacterial skin diseases. Cases: -Impetigo -Cellulitis and Erysipelas -Fruncle and Carbuncle -Necrotizing fasciitis -Paronychia Ecthyma & Erytherasma Parasitic infections (scabies and pediculosis)	Answer the quiz of each lecture in this week (e-learning).	

13.	7th	1-Case presentation of history taking and examination of case diagnosed as either PD or Chorea and detection of diagnostictremors criteria plus associated other charcteristic features (muscle tone,speech ,gait). 2- Trainin on checklist of muscle tone in UL. *NO.7 Case 7: Patient diagnosed with PD or Chorea. 3-Attend specified CBD; Case N14&Case N15.	Answer the quiz of each lecture in this week (e-learning).	
14.	7th	Have a good knowledge about allergic skin disorders. Cases: -Urticaria and Angiodema Atopic dermatitis Seborrheic dermatitis -Erythema multiform -Steven Johnson syndrome -Toxic epidermal necrolysis -Erythema Nodosum -Fixed drug eruption	Answer the quiz of each lecture in this week (e-learning).	
15.	8th	1-Case presentation of history taking and examination of presenting case with headache and analysis of headache criteria and detection of diagnostic headache criteria . 2- Training on checklist of muscle tone in LL and detection of clonus. *NO.8 Case 8: Patient presented with headache (migraine,increased intracranial tension). 3-Attend specified CBD; Case N16&Case N17.	Answer the quiz of each lecture in this week (e-learning).	Attend and pass the formative exam at the end of the week
16.	8th	To know mycobacterial skin infections (TB and leprosy) and parasitic skin diseases Cases: -Cutaneous Tuberculosis (clinical types) -Leprosy (clinical types)	Answer the quiz of each lecture in this week (e-learning).	

17.	9th	1-Case presentation of history taking and examination of presenting case with paraplegia or quadriplegia secondary to compressive lesion and analysis of motor weakness criteria and differeniation between extramedullary and intramedullary lesion and anatomical localization (searching for pathognomonic signs and pathological reflexes) of lesion including diagnostic investigations in management. 2-Training on checklist of deep reflexes in UL assessment. *NO. 9 Case (9): Patient diagnosed with extramedullary or intramedullary paraplegia. 3-Attend specified CBD; Case N18&Case N19.	Answer the quiz of each lecture in this week (e-learning).	
18.	9th	Have a good information on hair disorders. Cases: -Alopecia areata Androgeneic Alopecia Cicatricial Alopecia Telegon efflavum Hairsuitism hypertrichosis	Answer the quiz of each lecture in this week (e-learning).	
19.	10th	1- Case presentation of history taking and examination of presenting case with roots lesion and differeniation between weakness of both LL secondary to either root lesion or peripheral neuropathy and diagnostic investigations in management. 2- Training on checklist of deep reflexes in LL&Planter reflex . *No. 10 Case (10): Patient diagnosed with motor weakness of LMNL in LLs. 3-Attend specified CBD; Case N20-Case N22.	Answer the quiz of each lecture in this week (e-learning).	Attend and pass the formative exam at the end of the week
20.	10th	To know how to diagnose and how to treat acne vulgaris Cases: -Acne Vulgaris To diagnose and treat sweat glands disorders Miliaria hyperhydrosis	Answer the quiz of each lecture in this week (e-learning).	

21.	11th	1- Case presentation of history taking and examination of presenting case with acute motor weakness of LLs and ULs secondary to peripheral poly neuropathy and differentiation between GBS and transverse myelitis(LMNL vs UMNL) including diagnostic investigations in management. 2- Training on checklist of motor power assessment in ULs. *No.11Case (11): Case diagnosed with GBS. 3-Attend specified CBD; Case N23&Case N24.	Answer the quiz of each lecture in this week (e-learning).	
22.	11th	Good information on anatomy of male genital tract, male infertility and assisted reproductive technologies Practical: -History taking for a case of male infertility and important items to ask about - Semen analysis and to know normal semen parameters	Answer the quiz of each lecture in this week (e-learning).	
23.	12th	1-Case presentation of history taking and examination of presenting case with Multiple sclerosis(MS) and interperetation of symptoms , signs,and characteristic onset and course and most sensitive diagnostic investigations as well as lines of treatment. 2-Training on checklist of motor power assessment in LLs. *No: Case (12): Patient diagnosed with MS. 3-Attend specified CBD; Case N25&Case N26.	Answer the quiz of each lecture in this week (e-learning).	Attend and pass the formative exam at the end of the week
24.	12th	Know how to diagnose and treat erectile dysfunction and ejaculatory disorders. Practical: -History taking for a case of erectile dysfunction and important points to ask about. -History taking for a case of premature ejaculation and important items to ask about.	Answer the quiz of each lecture in this week (e-learning).	

25.	13th	1-Case presentation of history taking and examination of presenting case with ataxia ;(e.g.Ferderich's ataxia) and interperetation of symptoms , cardinal signs of cerebellar ataxia,and differentiation between cerebelllar ,and sensory ataxia,as well as mixed ataxia, and diagnostic investigations. 2- Training on checklist of coordination system and gait assessment. *No. 13 Case (13): Patient with ataxia. 3-Attend specified CBD; Case N27&Case N28.	Answer the quiz of each lecture in this week (e-learning).	
26.	13th	Have a general knowledge and information about gonorrhea, urethritis, and syphilis Cases: Know how to deal in cases of -Genital ulcers -Urethral discharge	Answer the quiz of each lecture in this week (e-learning).	
27.	14th	1-Case presentation of history taking and examination of presenting case with motor weakness secondary to muscle disease (myopathy) or myoneural junction ; interperetation of symptoms , cardinal signs of myopathy,and differentiation between weakness due to LMNL; either secondary to muscle disease, or root lesion, or AHC lesion, or periphral nerve lesion or myoneural junction disorder, and diagnostic investigations for each. 2- Training on checklist of sensory system examination in different types. *No.14. Case (14) Patient either diagnosed with polymyoscitis or Myasthenia Gravis(MG). 3-Attend specified CBD; Case N29-Case N31.	Answer the quiz of each lecture in this week (e-learning).	

28.	14th	Know different pubertal disorders Cases: - -Delayed Puberty To know diagnosis, staging and management of AIDS	Answer the quiz of each lecture in this week (e-learning).	
	total			

^^^^History case taking and neurological examination is provided in handout.

Blueprint of the block

No.	List of Topics (Lectures/ cases)	Learning Outcomes	Weight* % From total	Total marks	End of the block	Final written exam 25% مقالية
1	Anatomical localization of lesion in neurological disorders and neurological condition, aphasia.	D1-4,D6,-D8, D10,D11, D16,17, D29,D50, D54, D55,D59,D61,D69, D71-73	3.8%	3 marks		
2	Cerebrovascular Stroke: TIA ,ischemic aterial artery occlusion stroke.	D1-D19,D21-D79	3.2%	2.5 marks		
3	Cerebrovenous stroke,Hemorrhagic stroke ,Subarachnoid hemorrhage	D1-D19,D21-D79	3.2%	2.5 marks		
4	CNS Infection.	D2-D13,D16-D26, D32-36, D39,D41, D44,D46,D51,D52, D54-D57,D59-65, D69-D73,D76-D78	3.8%	3marks		
5	Epilepsy and seizure.	D1-D19,D21-D79.	3.2%	2.5 marks		
6	Status epilepticus	D1-D19,D21-D79.	1.9%	1.5 mark		

7	Movement disoeders (involuntary movements and tremors classification, hemiballismus, dystonia, athetosis	D1-D22,D24-D28, D33,D35-D46,D50-D55,D58,D59,D63, D66-D79	1.9%	1.5 mark		
8	Movement disorders:PD& chorea.	D1-D22,D24-D28, D33,D35-D46,D50-D55,D58,D59,D63, D66-D79	3.2%	2.5 mark		
9	Headache and increased intracranial tension.	D1-D22,D24-D28, D33,D35-D46,D50-D55,D58,D59,D63-D66-D79	3.9%	3 marks		
10	Compressive Spinal cord disease.	D2-11, D16-21, D24,25,27-29, D35,36,39,D45-D48,D50,D54-D56,D58,D59,D64-D79.	3.2%	2.5 marks		
11 12	-Non compressive spinal cord diseases. -Epiconus, conus medullaris and roots lesions.	D1-D4, D6 -D79. D2-11,D16-21, D24, D25,D27-D29, D35, D36,39,D45-D48, D50,D54-D56, D58, D59,D64-D79.	1.9% 1.9%	1.5 mark 1.5 mark		
13	Peripheral neuropathy and cranial neuropathy	D1-D12, D16-29, D33, D35-D39 , D41, D48,D50,D55,D69, D72,D73, D76-D79	3.9%	3 marks		
14	Central demylinating diseases (multiple sclerosis.	D1-D12, D16-21,D23-D29, D33, D35-D39 , D41, D48, D50,D54,D57,D69, D72, D73,D76-D79	3.9%	3 mark		
15	-Ataxia	D1-D22,D24-D28, D33,D35-D46,D50-	1.9%	1.5 mark		

16	-Dementia and cognitive impairement.	D55, D58, D59, D63, D66-D79. D1-D22,D24-D28, D33,D35-D46,D50-D55,D58,D59,D63, D66-D79	1.3%	1 mark		
17	Muscle diseases , neuromusclar junctions disordersand motor neuron diseases	D1-D12,D16-21,D23-D26, D28, D29, D33, D35-D39 , D41,D43-D48,D50,D57,D69, D72,D73,D76-D79	3.9%	3 marks		
Dermatology						
No.	List of Topics (Lectures/ cases)	Learning Outcomes	Weight* % From total	Total marks	End of the block	Final written exam
1	Introduction to dermatology.	A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17	1.3%	1	1	
2	Pigmentary disorders	A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50	2.6%	2	1	1
3	Fungal Infections: • Part1: • Part 2:	A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50	1.9% 1.9%	 1.5 1.5	2	1
4	Viral infections.	A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50	2,6%	2	1	1
5	Bacterial infections: • Part1: • Part 2:	A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50	 1.9% 1.9%	 1.5 1.5	2	1
6	Parasitic infestation	A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50	1.3%	1	1	
7	Mycobacterial infections (Leprosy)	A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50	1.3%	1	1	
8	Mycobacterial infections (TB of skin	A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50	1.3%	1	1	
9	Papulsquamous disorders.	A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50	2.6%	2	1	1
10	Allergic skin disorders • Part1: • Part 2:	A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D45, D46,D50	1.9% 1.9%	1.5 1.5	2	1

11	Bullous diseases	A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D45, D46, D50	1.3%	1		1
12	CTD	A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50	1.3%	1		1
13	Sweat glands disorders.	A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50	1.3%	1		1
14	Dermatologic emergencies	A.1,D2,D3,D4,D5,D6 D7, D8, D9,D11,D12, D17, D45, D46, D50	1.3%	1		1
15	Acne Vulgaris	A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12,	1.3%	1		1
16	Hair disorders	A.1,D2,D3,D4,D5,D6, D7, D8, D9, D11,D12, D17, D50	2.6%	2		2
17	Introduction and Male infertility	A.1,D2,D3, D4,D5,D6	3.8%	3		3
18	Assisted reproductive technologies	A.1,D2,D3, D4, D5,D6	1.3%	1		1
19	Puberty disorders	A.1,D2,D3,D4,D5, K6	1.3%	1		1
20	Erectile dysfunction Ejaculatory disorders	A.1,D2,D3, D4,D5,D6	5.2%	4		4
21	Urethritis	D4,D5,D6	1.3%	1		1
22	Gonorrhea/ Syphilis	A.1,D2,D3,D4, D5,D6	2.6%	2		2
23	AIDS	A.1,D2,D3,D4,D5 ,D6	1.3%	1		1
	Total		100%	78	26	52

Practical blueprint						
Number		Learning outcoms	Weight *	Number of stations	Marks of OSCE الدور الأول	Mar ksof OSC E الدور الثانى
	Skills					
1	History taking and interpretation ; clinical diagnosis, anatomical , etiological, and pathological diagnoses.	C1-C13, C15, C16, C18-21. C23, C27, C30-34, C36,C39-C44-, C46 –C65 D1-D10,D12-D57	13.1%	1	5	7
2	Neurological bedside Examination skills station,(Perform at least two or three tasks and interpretation of signs)	C3-C10, C24, C25, C31, C39, C40 -44, C50, C52- 56, C58, C59, C61- C64 D2, D5- D10, D12, D15-D18, D21, D22, D24- 43, D45-D57	13.1% + 13.1%	2	5+5	7+7
3	Interpretation of positive findings &signs and clinical discussion on diagnostic investigation and treatment shown either in (Real case or OSPE or CBD)	C3-C11, C13-19, C21-37, C39- C65 D2, D5- 57	11.8%	2	4.5	5
	Total	All learning outcome mentioned above	50%	4	19.5	26 marks
	Dermatology					
1	Fungal infections	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22 D1-D9	7.5%	2	3	4
2	Hair disorders	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22 D1-D9	2.5%	1	1	1.5

3	Viral Infections	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22 D1-D9	7.5%	3	3	4
4	Bullous diseases	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22 D1-D9	2.5%	1	1	1.5
5	Pigmentary disorders	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22 D1-D9	2%	1	1	1.5
6	Papulosquamous disorders	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22 D1-D9	5%	2	2	2.5
7	CTD	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22 D1-D9	2.5%	1	1	1.5
8	Bacterial infections	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22 D1-D9	5%	2	2	2.5
9	Allergic diseases	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22 D1-D9	2.5%	1	1	1.5
10	Mycobaterial infections(Leprosy)	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22 D1-D9	2.5%	1	1	1.5
11	Mycobaterial infections (Tuberculosis of skin)	C1,C2,C3, C4, C5,C6,C7, C8, C9, C22 D1-D9	2.5%	1	1	1.5
12	Parasitic infestations	C1,C2,C3,C4, C5, C6,C7,C8, C9, C22 D1-D9	3%	1	1	1.5
13	Acne vulgaris	C1,C2,C3, C4, C5, C6,C7,C8, C9, C22 D1-D9	3%	1	1	1.5
14	Dermatological procedure	C1,C2,C3, C4,C5, C6,C7, C8, C9,C19, C20, C22 D1-D9	1.3%	1	0.5	1

	Total dermatology stations	All learning outcomes	50%	20	19.5	26 marks
	Total stations in block	All mentioned learning outcomes	100	24	39	52 marks

Weight*= decided according to hours, amounts of information and clinical significance

دور ثاني

Exam	Final(60%)	Practical(40%)	Total(100%)
Neurology & psychiatry (50%)	**39 marks 75% MCQ (29 marks) 25% short answer and modified essay questions (10marks)**	**26 marks**	**65 marks**
Dermatology ,Venereology and Andrology* (50%)	**39 marks 75% MCQ (29 marks) 25% short answer and modified essay questions (10marks)**	**26 marks**	**65 marks**
Total	**78 marks**	**52 marks**	**130 marks**

Lecture Outlines

First week

Lecture (1)

Anatomical localization of lesion in neurological disorders and neurological condition&aphasia (1 hour)

AMBOSS Medical Learning Platform# Basic or applied clinical neuroanatomy
Hand out
Kaplan Neuroscience
5- First aid for the USML STEP 2 CK ;clinical neuroanatomy; P265;290,291 Table 2.10-1: table 2:10-5; figure 2.10-1;8

Specific learning Objectives

By the end of the lecture the student will be able to:

- Identify and localize anatomical lesion in different neurological disorders and conditions.
- Outline and differentiate between UMNL and LMNL manifestations.
- Describe manifestation of lesion in cortical areas, basal ganglia ,brainstem, cerebellum and spinal cord.
- Describe manifestation of cranial and spinal nerves lesions
- Describe manifestation of lesion at descending and ascending tracts pathways.
- Define aphasia and describe clinical subtypes.

Contents:

- Clinical (applied) Neuroanatomy and Neurophysiology.
-Causes and manifestations of UMNL.
-Causes and manifestations of UMNL.
-Aphasia.

Lecture (2)

Title: Introduction to Dermatology; Part 1 (Anatomy of skin, Terminology of skin diseases).

Source: AMBOSS Medical Learning Platform

Specific learning Objectives

By the end of the lecture the student will be able to:

1- Mention the structure of the skin.
2- Identify different layers and cells of the epidermis.
3- Identify the structure of the dermalepidermal junction, dermis and subcutis.
4- Mention hair follicle anatomy, types and hair growth cycle.
5- Identify anatomy and types of sweat glands.
6- Mention functions of the skin.
7-Define Primary and Secondary skin lesions.
8-Describe the difference between primary and secondary skin lesions.

Contents:

- Introduction
- Structure of the skin
- Skin appendages
- Hair follicle anatomy and growth cycle
- Sweat gland anatomy and types
- Functions of the skin .
- Primary Skin lesions

- Secondary skin lesions

Lecture (3)

Title: Sweat gland Disorders.

Source: AMBOSS Medical Learning Platform.

Specific learning Objectives

By the end of the lecture the student will be able to:

- Define the most common sweat glands disorders.
- Diagnose these disorders through gaining knowledge about clinical picture of the disease.
- Know how to treat common sweat gland disorders and the possible preventive measures of these diseases.

Contents

- **Miliaria:**
  - Definition
  - Etiology
  - Clinical features and types
  - Treatment
- **Hyperhidrosis:**
  - Definition
  - Epidemiology
  - Etiology
  - Clinical features and types
  - Diagnosis
  - Treatment.

Second week

Lecture (4)

Stroke: TIA ,Ischemic aterial artery occlusion stroke,and clinical presentation and management(1 hour)

Internal Kaplan STEP 2CA 2021 P: 447-450+AMBOSS Medical Learning Platform. Handout.

5- First aid for the USML STEP 2 CK ; P265-270.

Specific learning Objectives:

By the end of the lecture the student will be able to:

- Define TIA and stroke and outline classification as well as etiology and predisposing risk factors.
- Identify symptoms , diagnosis and management of ischemic cerebrovascular stroke .
- Identify symptoms and diagnosis of Specific cerebral artery occlusion. .

Contents:

- TIA : clinical manifestation, diagnosis and management.
- Ischemic stroke : clinical manifestation, diagnosis and management.
- Clinical presentation of specific ischemic cerebroarterial occlusion.
- Thrombolytic therapy.

Lecture (5)

Title: Fungal Infections Part 1

Source: Kaplan Book Page 1031.+ AMBOSS Medical Learning Platform.

Specific learning Objectives

By the end of the lecture the student will be able to:

1. *Know* types of fungal skin infection.
2. *List* the causative organisms of the fungal infections.
3. *Mention* the source of infections of fungal diseases.

4. *Mention* the main fungal diseases of the skin which are caused by dermatophytes and yeasts.
5. *Mention* clinical types, diagnostic criteria, complications (if present) and differential diagnosis and management of fungal diseases of the skin.

Contents:

1. Dermatophytes.
2. Clinical Types of dermatophyte Infection.
3. Diagnosis of dermatophyte Infection
4. Treatment of dermatophyte Infection

Lecture 6

Title: Fungal Infections Part 2

Source Kaplan Book Step 2 CA 2021 page 1033:1035, AMBOSS Medical Learning Platform.

Specific learning Objectives

By the end of the lecture the student will be able to:

1. *Mention* clinical types, diagnostic criteria, complications (if present) and differential diagnosis and management of fungal diseases of the skin.
2. Mention the main yeast infections in the skin (tinea versicolor and candidiasis).
3. List the causative organisms of the yeast infections.
4. Identify clinical pictures and methods of diagnosis.
5. Identify the main methods of treatment.

Contents:

- **Tinea versicolor**

Epidemiology
Etiology
Risk factors
Clinical features
Diagnosis
Differential diagnoses
Treatment

- **candidiasis**

Etiology
Clinical features
Diagnosis
Treatment.

Third week

Lecture (7)

Cerebrovenous stroke,Hemorrhagic stroke ,Subarachnoid hemorrhage , and clinical presentation and management (1hour)

Internal Kaplan STEP 2CA 2021; stroke cerebrovascular accident, P: 447-450.+AMBOSS Medical Learning Platform
Handout.
5-First aid for the USML STEP 2 CK stroke ; P270-272.

Specific learning Objectives

By the end of the lecture the student will be able to:

- Identify cerebrovenous stroke,etiology, risk factors, clinical picture and management.

- Identify hemorrhagic stroke; etiology and risk factors, clinical picture of intracerebral hemorrhage and management.
- Know etiology and risk factors, clinical picture of subarachnoid hemorrhage and management.

Contents:

- Venous stroke.
- Hemorrhagic stroke.
- Subarachnoid hemorrhage.

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Lecture (8)

Title : Hair Disorders

Source: AMBOSS Medical Learning Platform.

Specific learning Objectives

By the end of the lecture the student will be able to:

1-Mention the main hair disorders.
2-Mention the definition and clinical picture of androgenic alopecia.
3- Mention the definition and clinical picture of telogen effluvium.
4-Mention the definition and clinical picture of alopecia areata.
5-Identify the etiology and the main methods of treatment of the main hair disorders.

Contents:

- **Androgenic alopecia**

Definition
Etiology
Differential diagnoses
Clinical features
Treatment

- **Telogen effluvium**

Definition
Etiology
Differential diagnoses
Clinical features
Treatment

- **Alopecia areata**

Definition
Etiology
Differential diagnoses
Clinical features
Treatment

Lecture (9)

Title : Viral Infections

Source; AMBOSS Medical Learning Platform, Kaplan

Specific learning Objectives

By the end of the lecture the student will be able to:

1- List the common dermatologic viral diseases of the skin.
2-Mention the etiology of these viral diseases.
3-Describe the presentation and clinical picture of the common viral diseases.
4-Describe the common side effects and complications of these viral diseases.
5-Describe how to treat these diseases.

Contents:

1- Common dermatologic viral diseases of the skin.
2-Etiology of viral skin diseases.
3-Presentation and clinical picture of common viral skin diseases.
4- Complications of viral skin diseases.
5-Treatment of viral skin diseases.

Fourth week

Lecture (10)
CNS Infection(1 hour)

Internal Kaplan STEP 2CA 2021; Neurological infection P: 245-250.+AMBOSS Medical Learning Platform
Handout.
5-First aid for the USML STEP 2 CK ;Neurological infection; P211-214.

Specific learning Objectives:

By the end of the lecture the student will be able to:

- Identify viral infections of the CNS; meningitis and encephalitis.
- Know clinical picture, route of infection, prognosis, DD, investigation and management of viral encephalitis.
- Know clinical picture, route of infection, prognosis, DD, investigation and management of meningitis.
- Describe clinical picture of tuberculous meningitis and treatment
- Describe clinical picture of brain abscess and management.
- Describe normal and characteristic features of CSF analysis in CNS infection

Contents:

- Encephelitis.
- Meningitis.
- Brain abscess.

Lecture (11)
Title: Bullous/Blistering Diseases
Source: AMBOSS Medical Learning Platform

Specific learning Objectives

By the end of the lecture the student will be able to:

1. Define Immunobullous diseases.
2. Know the etiology of different diseases.
3. Discribe different clinical presentation of the diseases.
4. Manage different immunobullous diseases.

Contents:

1. Definition of Immunobullous diseases.
2. Etiology of different diseases.
3. Different clinical presentation of the diseases.
4. Management of different immunobullous diseases.

Lecture (12)
Title: Skin color Disorder Part 1(Vitiligo)
Source: AMBOSS Medical Learning Platform.

Specific learning Objectives

By the end of the lecture the student will be able to:

Contents:

- - Mention the epidemiology and etiology of vitiligo.
- Describe clinical features of vitiligo.
  - Describe how to Diagnose and treat vitiligo.

Fifth week

Lecture (13)

Epilepsy and seizure(1 hour)

Internal Kaplan STEP 2CA 2021; P: 450-454.+AMBOSS Medical Learning Platform .Hand out

5- First aid for the USML STEP 2 CK ;Epilepsy and seizure; P277-279.

Specific learning Objectives:

By the end of the lecture the student will be able to:

- State definition of epilepsy and seizure& causes.
- Classify seizure type and clinical presentation
- Describe investigation and treatment of epilepsy.
- Outline antiepilepstic drugs (AED) categories , indications and side effect.
- Outline management of epilepsy in pregnency.

Contents:

- Epilepsy and seizure.
- Seizure type.
- Antiepileptic drugs.
- Epilepsy and pregnency.

Lecture(14)

Title Papulosquamous dermatitis

- **Source:** AMBOSS medical learning platform

PSORIASIS

- **Specific Learning Objectives:**

  By the end of the lecture the student will be able to:

  - Diagnose psoriasis, subtypes and variants through gaining knowledge about its clinical presentation and differential diagnoses.
  - Describe characteristics signs for psoriasis: Auspitz sign & Koebner phenomenon
  - Search for associated comorbidities
  - Know an overview of its treatment and prognosis.

- **Contents:**
  - Definition
  - Epidemiology
  - Etiology & pathophysiology
  - Clinical features ,subtypes, variants
  - Auspitz sign
  - Kobners'phenomenon
  - Differential diagnoses
  - Associated comorbidities
  - Treatment overview
  - Prognosis

Pityriasis rosea

- **Specific Learning Objectives:**

By the end of the lecture the student will be able to:

- Diagnose pityriasis rosa, subtypes and variants through gaining knowledge about its clinical presentation.
- Know diseases prognosis and sequel.
- Outline treatment .

Contents:

- o Definition
- o Etiology
- o Clinical features.
- o Diagnostic aids.
- o Treatment

Lecture(15)

Title: : Skin color Disorder Part 2(Melasma)

Source: AMBOSS Medical Learning Platform.

Specific learning Objectives

By the end of the lecture the student will be able to:

- Define Melasma.
- Mention the epidemiology and etiology of melasma.
- Describe clinical features of melasma.
- Describe how to Diagnose and treat melasma.

Contents:

- Definition:
- Epidemiology:
- Etiology :
- Clinical features
- Diagnosis: clinical diagnosis
- Treatment .

Sixth week

Lecture (16)

Status epilepticus (½hour)

Internal Kaplan STEP 2CA 2021; P: 453-454.+AMBOSS Medical Learning Platform .Hand out

5- First aid for the USML STEP 2 CK ;Epilepsy and seizure; P279.

Specific learning Objectives:

By the end of the lecture the student will be able to:

- Define and mention status epilepticus and types.
- Identify clinical manifestations and management of status epilepticus .
- Discuss AED used in management of status epilepticus.

Contents:

- Definition and causes of status epulepticus.
- Clinical manifestations, diagnosis,investigation and treatment of status epilepticus.
- General lines of treatment and specific drug therapy in status epilepticus .

Lecture (17)

Movement disoeders ; involuntary movements and tremors classification, hemiballismus,dystonia, athetosis(½hour)

-Internal Kaplan STEP 2CA 2021; P: 468-471.+AMBOSS Medical Learning Platform .Hand out.

Specific learning Objectives:

By the end of the lecture the student will be able to:
- Define and list different causes and types of involuntary movements and tremors.
- Identify pathophysiology and clinical manifestations, diagnosis and management of the following movement disorders; hemiballismus,dystonia, athetosis.

Contents:
- Definition causes,and types of involuntary movements and tremors.
- Clinical manifestations,applied neuroanatomy, and diagnosis of hemiballismus,dystonia, athetosis.

Lecture (18)
Title : Bacterial Infections ; Part 1

Title of the lecture: Bacterial Skin Infections: Part 1 (Impetigo, Cellulitis, Erysipelas)
Source: Kaplan, page 1035-1039

Specific Learning Objectives: By the end of the lecture, the student will be able to:
- Know the most common bacterial organisms that cause skin infections and the suitable antibiotics to treat them.
- Define the common bacterial skin diseases like impetigo, erysipelas and cellulitis, to know etiology, predisposing factors, and complications of each type.
- Diagnose these diseases through gaining knowledge about the clinical manifestations, diagnostic criteria of these diseases.
- Know how to treat common bacterial skin diseases and the possible preventive measures of them.

***Contents:**
Impetigo:
Definition
Etiology
Clinical picture and types
complication
Treatment
Erysipelas
Definition
Etiology
Clinical picture, differential diagnosis
complication
Treatment
Cellulitis
Definition
Etiology
Clinical picture
complication
Treatment

Lecture (19):
Title : Bacterial Infections ; Part 2

Source:
Kaplan page 1039-1041.
AMBOSS Medical Learning Platform.

Specific Learning Objectives:
-Define the most common and important bacterial skin infections.
-Know the causative organism.

-Learn how to diagnose these disorders through gaining knowledge about their clinical picture and methods of investigation.
-Identify how to treat such conditions and how to prevent if possible.

Contents:

- **Folliculitis, Fruncles and carbuncles**
  -Definition
  -Etiology
  -Clinical picture
  -Diagnosis
  -Prevention and treatment

- **Necrotizing fasciitis**
  -Definition
  -Etiology
  -Clinical picture
  -Diagnosis
  -Prevention and treatment.
- **Paronychia**
  - Definition
  -Etiology
  -Clinical picture
  -Diagnosis
  -Prevention and treatment

Seventh week

Lecture (20)

Movement disorders:PD& chorea(1 hour)

Internal Kaplan STEP 2CA 2021; P: 467-469.+AMBOSS Medical Learning Platform. .Hand out
5- First aid for the USML STEP 2 CK ; P286,287.

Specific learning Objectives:

By the end of the lecture the student will be able to

- Describe parkinsonism and chorea; i.e.definition, etiology, pathophysiology and neuropharmacology of parkinson's disease (PD).
- Identify clinical picture of PD &chorea and characteristic features of each.
- Illusterate details of parkinsonism and PD treatment lines.
- Differentiate between common types of parkinsonism.
- Describe clinical diagnostic tests in chorea examination.
- Illusterate chorea treatment according to etiology
- **Contents:**

Parkinson's disease and parkinsonism.
- Chorea and clinical prenetation and management.

Lecture (21)

Title : Drug Eruptions/Hypersensitivity; Part 1

Source:

Kaplan page 1033:1035.
AMBOSS Medical Learning Platform

Learning objectives:

1-Mention the main types of drug eruption in the skin (urticaria, erythema multiforme, steven -Johnson syndrome and toxic epidermal necrolysis).
2-List the causative factors of drug eruption.
3-Identify different clinical presentation of hypersensitivity reaction and methods of diagnosis.
4-Identify the main methods of treatment.

Contents

- **Urticaria**
  - Epidemiology
  - Etiology
  - Risk factors
  - Clinical features
  - Diagnosis
  - Differential diagnoses
  - Treatment
- **Erythema Multiforme**
  - Etiology
  - Clinical features
  - Diagnosis
  - Treatment
- **Steven Johnson syndrome**
  - Etiology
  - Clinical features
  - Diagnosis
  - Treatment
- **Toxic epidermal necrolysis**
  - Etiology
  - Clinical features
  - Diagnosis
  - Treatment

Lecture (22)
Title: Drug Eruptions/Hypersensitivity; Part 2
Source: AMBOSS Medical Learning Platform

- **Specific Learning Objectives**:

  -Learn and identify the following items for each of the lecture's subjects: Definition, Epidemiology, Etiopathogenesis, Diagnosis, Differential Diagnosis and Therapeutic ladder.
  -Know how to properly manage each of the lecture's subjects.

- **Contents**:
  1. *Morbilliform rash*:
     - Definition
     - Epidemiology
     - Etiology
     - Diagnosis
     - Differential Diagnosis

- Treatment options

2. *Fixed Drug Eruption*:
   - Definition
   - Epidemiology
   - Etiology
   - Diagnosis
   - Differential Diagnosis
   - Treatment options
3. *Erythema Nodosum*:
   - Definition
   - Epidemiology
   - Etiology
   - Diagnosis
   - Differential Diagnosis
   - Treatment options

Eighth week

Lecture (23)

Headache and increased intracranial tension(1 hour)

Internal Kaplan STEP 2CA 2021; P: 458-461. +AMBOSS Medical Learning Platform Hand out

5- First aid for the USML STEP 2 CK ; P274-276.

Specific learning Objectives:

By the end of the lecture the student will be able to

- Describe extracranial and intracranial pain sensitive structures.
- Identify migraine, its pathogenesis, biochemical basis, predisposing factors, role of psychological factors and endocrine and metabolic factors.
- Describe clinical picture of migraine and how to manage migranous headache
- Describe clinical picture of tension headache,cluster headache and management.
- Identify manifestation of increase intracranial tension headache and pseudotumor cerebri and management.
- **Contents:**
- Extracranial and intracranial pain sensitive structures.
- Migraine.
- Tension headache, cluster headache.
- Increase intracranial tension headache and pseudotumor cerebri.
- Pseudotumor cerebri.

Lecture (24)

Title : Mycobacterial Infections; Part 1 (Leprosy).

Source:

Kaplan

AMBOSS Medical Learning Platform.

- **Specific Learning Objectives:**

  By the end of the lecture students will be able to:
  - Define leprosy with its etiology, mode of transmission and requirements for spread of infection.
  - Identify the clinical spectrum of leprosy and its different classifications.

- Diagnose leprosy with its different clinical types through gaining knowledge about the clinical picture and histopathology of differenttypes of leprosy.
- Identify the WHO multidrug therapy of leprosy.

- **Contents:**

Leprosy:

- Definition
- Etiology
- Epidemiology
- Mode of infection
- Mode of transmission
- Classifications and clinical spectrum of the disease
- Nerve involvement
- Lepromin test
- Diagnosis
- Treatment

Lecture (25)
Title: Mycobacterial Infections; Part 2 (Tuberculosis of skin).
Source: AMBOSS medical learning platform

- **Specific Learning Objectives:**

By the end of the lecture the student will be able to

- Define the most common clinical types of cutaneous tuberculosis and their mode of transmission.
- Diagnose these disorders through gaining knowledge about clinical picture of each type of cutaneous TB.
- Know how to treat cutaneous TB.

- **Contents:**
  - Classification of cutaneous TB
  - Clinical features and types
  - Complications
  - Diagnosis and investigations
  - Treatment

Lecture (26)
Title : Parasitic Infections
Source: AMBOSS Medical Learning Platform.

Specific learning Objectives

By the end of the lecture the student will be able to:

1-Mention the main parasitic diseases of the skin (Scabies and Pediculosis)
2-List the causative organisms of the parasitic infection
3-Mention the source and mode of infections
4-Identify clinical pictures and clinical varieties, and methods of diagnosis
5-Identify the main methods of treatment

Contents:

- Scabies
Etiology
Clinical features
Subtype (Norwegian scabies)
Diagnosis
Treatment

Pediculosis
Etiology
Clinical features
- Diagnosis
- Treatment.

Ninth week

Lecture (27)

- **Compressive Spinal cord diseases(1 hour)**

Internal Kaplan STEP 2CA 2021; P: 443,444,446,447.+AMBOSS Medical Learning Platform
Hand out.
Clinical text book of neurology 1st edition; chapter 15; p: 188,190:

Specific learning Objectives:

By the end of the lecture the student will be able to

- Define paraplegia and causes of compressive spinal cord diseases
- Describe clinical presentation, investigation and treatment of compressive spinal cord diseases.
- Localize anatomical lesion causing paraplegia or quadriplegia secondary to compressive spinal cord diseases.
- Differentiate between intramedullary and extramedullary causes of spinal cord diseases or paraplegia ;causes,clinical presentation, investigation and treatment.

Contents:

- Causes of compressive spinal cord diseases, clinical presentation and management.
- Extramedullary and intramedullary paraplegia; causes, clinical presentation based on anatomical level of lesion and management .
- Syringomyelia.

Lecture (28)

Title:Eczema

Source: AMBOSS medical learning platform

▪ Specific Learning Objectives:

By the end of the lecture the student will be able to:

- Define the most common eczematous disorders.
- Diagnose these disorders through gaining knowledge about clinical picture of the disease.
- Know how to treat common eczematous disorders and the possible preventive measures of these diseases.

▪ Contents:

❖ Atopic dermatitis:

o Definition
o Etiology
o Clinical features and types
o Treatment

❖ Seborrheic dermatitis

o Definition
o Etiology

o Clinical features
o Diagnosis
o Treatment

❖ Stasis dermatitis:
o Definition
o Etiology
o Clinical features
o Treatment

❖ Contact dermatitis
o Definition
o Epidemiology
o Etiology
o Clinical features and types
o Diagnosis
o Treatment.

Tenth week

Lectures (29);Non compressive spinal cord diseases ,causes; vascular, inflammatory, autoimmune,degenerative (½ hour)

-Internal Kaplan STEP 2CA 2021; P: 445-446.+AMBOSS Medical Learning Platform
-Hand out.

Specific learning Objectives:

By the end of the lecture the student will be able to :

-Outline causes of non compressive spinal cord diseases, clinical presentation, investigation,diagnosis and management according to etiology.
- Describe clinical presentation and management of Anterior Spinal Artery Occlusion.
- Describe clinical presentation and management of Hemisection: Brown-Séquard Syndrome.
- Describe clinical presentation and management of transverse myelitis.

Contents

-Causes of non compressive spinal cord diseases(myelopathy).
- Anterior Spinal Artery Occlusion.
- Hemisection: Brown-Séquard Syndrome.
- Transverse myelitis
- Clinical presentation,differential diagnosis, and mangement.

Lectures (30) : Epiconus, conus medullaris and roots (cauda equina) lesion.½ hour

-AMBOSS Medical Learning Platform
-Hand out.

Specific learning Objectives:

By the end of the lecture the student will be able to :

-State causes of Epiconus, conus medullaris and roots(cauda equina) lesions.
- Describe clinical presentation, diagnosis,DD and management of each.

Contents:

- Epiconus lesion.
-Conus medullaris lesion.
- Cauda equina lesion.
- Differential diagnosis and mangement.

Lecture (31)

Title: Acne

Source: AMBOSS Medical Learning Platform, Kaplan

Specific learning Objectives

By the end of the lecture the student will be able to:

1-Describe distribution, structure, control and function of sebeaeous glands.
2- Define acne vulgaris.
3- Mention etiology, pathogenesis,clinical picture , complications, aggrevating factors and manegment.

Contents:

- Etiology and pathogenesis of Acne vulgaris.
- Clinical picture of Acne vulgaris.
- Complications of Acne vulgaris.
- Aggrevating factors and manegment of Acne vulgaris.

Lecture (32)

Title: Dermatologic Procedures

Source (Hand out).

Specific learning Objectives

By the end of the lecture the student will be able to:

1- To know some kinds of Dermtologic Procedures.
2- To identify their indications, contraindications and complications.

Contents:

-1- LASER.
2- chemical peeling
3-Microdermabrasion.
4-Platelet rich plasma(PRP).
5-Phototherapy.-

Eleventh week

Lecture (33) Peripheral neuropathy and cranial neuropathy

(Clinical presentation,diabetic neuropathy, GBS,nutritional neuropathy, and Trigeminal neuroalagia) 1hour

-Internal Kaplan STEP 2CA 2021; P: 466-467.+AMBOSS Medical Learning Platform.
Hand out.
5-First aid for the USML STEP 2 CK ; P283,292.

Specific learning Objectives:

By the end of the lecture the student will be able to :

-State definition of peripheral neuropathy, classification of peripheral neuropathy clinical types,causes and clinical presentation of peripheral neuropathy and polyneuropathy.
- Mention types of diabetic neuropathy and clinical presentation.
- Describe in details Guillain Barre syndrome (GBS); definition, pathophysiology and etiology, clinical presentation,complication and mangement of GBS.
- Identify and outline different causes of nutritional neuropathy,clinical presentation and manegment.
- Outline facial nerve palsy and trigeminal neuroalagia.

Contents:

- Peripheral neuropathy and polyneuropathy.
- Diabetic neuropathy.
- Guillain Barre syndrome (GBS).
- Nutritional neuropathy

-Facial nerve palsy and trigeminal neuroalagia.

Andrology and Sexually transmited diseases

Lecture (34)

Title: Introduction to Andrology and male infertility

Source AMBOSS Medical Learning Platform

Specific learning Objectives

By the end of the lecture the student will be able to:

1- Know anatomy and physiology of male genital system.
2- Know broad lines of andrological speciality.
3- List different possible causes of male infertility
4- Demonstrate different diagnostic tools and indications of each one.
5- Outline available methods of treatment (medical and surgical) of male infertility.

Contents:-

1- Introduction (Anatomy and physiology).
2- Definition and types of male infertility
3- Aetiology of male infertility
4- Diagnosis of male infertility
5- Treatment of male infertility

Lecture (35)

Title: Assisted reproductive technologies (ART)

Source AMBOSS Medical Learning Platform

Specific learning Objectives

By the end of the lecture the student will be able to:

1- Know main Types of ART MethodS
2- Learn Indications of each type
3- Know laboratory techniques related to ART
4- Know main Complications.

Contents:-

1- Introduction (definition, types and indications)
2- Laboratory techniques of different ART methods.
3- ART complications.

Tewelveth week

Lecture (36) Central demylinating diseases
Multiple sclerosis (1 hour)

Internal Kaplan STEP 2CA 2021; P: 462-464.+AMBOSS Medical Learning Platform. Hand out.
First aid for the USML STEP 2 CK ; P282,283

Specific learning Objectives:

By the end of the lecture the student will be able to :

-Define Multiple Sclerosis and state pathophysiology and etiology of MS.
- Describe clinical presentation of MS.

-Outline clinical forms of MS.
- State diagnosis of MS and most sensitive diagnostic investigations.
- Mention lines of treatment in MS patient and complications.

Contents:
- Definition, etiology, pathogensis.
- Clinical forms.
-Clinical presentation.
-Diagnosis and investigations
-Lines of Treatment and complications.
-Differential diagnosis.

Lecture (37)
Title: Erectile dysfunction
Source : AMBOSS Medical Learning Platform.

Specific learning Objectives
By the end of the lecture the student will be able to:

1- Identify types of erectile dysfunction.
2- Know essential points in diagnosis and treatment of erectile dysfunction.
3- Gain the ability to differentiate between fake and true sexual advertisements.

Contents:-

1- Definition of ED
2- Anatomy of the penis
3- Physiology of erection
4- Causes of ED
5- Diagnosis of ED
6- Treatment of ED.

Lecture (38)
Title: Ejaculatory disorders
Source AMBOSS Medical Learning Platform

Specific learning Objectives
By the end of the lecture the student will be able to:

1- Define what is normal ejaculation.
2- Describe forms of ejaculatory dysfunction.
3- Diagnose each form with special concern To premature ejaculation.
4- Know main therapeutic lines .

Contents:-

1- Normal ejaculation.
2- Premature ejaculation.
3- Other ejaculatory disorders.

Thirteenth week

Lecture (39): Ataxia (½ hour)

-AMBOSS Medical Learning Platform
-Hand out.

Specific learning Objectives:
By the end of the lecture the student will be able to :
- State definition of ataxia and list its types and causes.

-Identify differences between cerebellar and sensory ataxia in clinical aspect .
- Describe Friedreich's ataxia ; pathophysiology and clinical presentation and management.

Contents:
-Definition , types of ataxia and causes.
-Difference between between cerebellar and sensory ataxia.
-Friedreich's ataxia.

Lecture (40) Dementia and Mild cognitive impairement(½ hour)

-Internal Kaplan STEP 2CA 2021; P: 454-456+AMBOSS Medical Learning Platform
-Hand out
-5- First aid for the USML STEP 2 CK ; P284-286.

Specific learning Objectives:
By the end of the lecture the student will be able to :
-Define Dementia and mild cognitive impairement .
- Mention causes of Dementia and mild cognitive impairement .
- Describe clinical presentation ,diagnosis and treatment of both.
Contents:
1-Definition, causes,pathogenesis.
2-Frequency of common types of Dementias.
3-Clinical features of dementias, diagnosis and treatment of dementias
4-Difference between common types of dementias.
5-Mild cognitive impairement.

Lecture (41)

Title: Prostatitis

Source AMBOSS Medical Learning Platform

Specific learning Objectives
By the end of the lecture the student will be able to:

1- Differentiate between different types of prostatitiS
2- Describe clinical picture of each type
Know main therapeutic lines

Contents:-

1- Classification of prostatitis
2- Clinical picture of prostatitis
3- Diagnosis and treatment of prostatitis

Lecture (42)

Title: Urethritis

Source **(Kaplan)**

Specific learning Objectives
By the end of the lecture the student will be able to:

1- Describe differences between gonococcal and non gonococcal urethritis.
2- Demonstrate different complications and it's Severity on fertility status
3- Know essential points needed for laboratory diagnosis of urethritis.
4- Identify main therapeutic lines .

Contents:-

1- Etiology of Gonorrhea
2- Clinical picture and complications of gonorrhoea
3- Laboratory diagnosis Gonorrhea
4- Treatment of gonorrhoea
5- Etiology of NGU
6- Clinical picture of NGU
7- Treatment of NGU

Lecture (43)
Title: AIDS
Source **(Kaplan)**

Specific learning Objectives
By the end of the lecture the student will be able to:

1- Define AIDS.
2- List groups at high risk of HIV
3- Describe the indicators of the disease.
4- Mention the etiology, pathogenesis, modes of transmission and clinical pictures of the disease.
5- List the tests for HIV detection.
6- Mention the method of prevention and management of the disease.

Contents:-

1- Introduction (definition, epidemiology)
2- Diagnosis of AIDS
3- Laboratory testing of HIV
4- Treatment options of AIDS.

Lecture (44)
Title: Syphilis
Source **(Kaplan)**

Specific learning Objectives
By the end of the lecture the student will be able to:

1. Identify different stages of the disease.
2. Know dangerous hazards of the disease.
3. Describe possible differential diagnoses to the disease.
4. Demonstrate and categorize types of diagnostic tools used for diagnosis.
5. Know therapeutic lines and possible complications.

Contents:-

a. Introduction
b. Clinical picture
c. Diagnosis
d. Treatment

Fourteenth week

Lectures(45) Muscle diseases , neuromusclar junctions disorders and motor neuron diseases.(1 hour)

- Internal Kaplan STEP 2CA 2021; P: 464-466, 470.,256,257+AMBOSS Medical Learning Platform
-Hand out
5- First aid for the USML STEP 2 CK ; P281-283,P93.

Specific learning Objectives:
By the end of the lecture the student will be able to :

- State classification of muscle disease and progressive muscular dystrophy, presentation and management.
-Describe clinical picture, investigations and possible treatment of primary muscle dystrophy.
-List causes of secondary myopathy.
-Outline definition and types of myotonia and inflammatory muscle diseases and approach to investigation and treatment of both.
-State definition, etiology and pathogenesis and clinical picture and management of myasthenia gravis.
- Identify and outline clinical presentation of AHC lesion and motor neuron disease and diagnosis.

Contents:

-Muscle disease and progressive muscular dystrophy.
-Primary muscle dystrophy.
- Myotonia and inflammatory muscle diseases.
-Myasthenia gravis.
-AHC lesion and motor neuron diseases.

Lecture (46)

Title: Sexuality and sexual medicine

Source AMBOSS Medical Learning Platform

Specific learning Objectives

By the end of the lecture the student will be able to:

1. Describe different terms of sex and gender.
2. Know the spectrum of sexual orientation.
3. Identify the principles of healthy sexual activity.
4. Outline phases of sexual response cycle.

Contents:-

1. Terminology (Sex, Gender)
2. Sexual orientation
3. Sexual activity
4. Sexual response cycle

Lecture (47)

Title: Puberty disorders

Source : AMBOSS Medical Learning Platform

Specific learning Objectives

By the end of the lecture the student will be able to:

1- Describe physical changes and age of onset of normal puberty
2- Identify signs of precocious puberty and when to refer.
3- Differentiate between pathological and physiological delayed puberty.
4- Construct appropriate management algorithm for males with puberty disorders.

Contents:-

1- Normal puberty
2- Precocious puberty
3- Delayed puberty

Lecture (48)

Title: Andrological emergencies

Source : AMBOSS Medical Learning Platform

Specific learning Objectives

By the end of the lecture the student will be able to:

- Describe the presentation and emergency management of testicular torsion.
- Demonstrate and categorize types and clinical pictures of males with priapism.
- Apply knowledge of priapism diagnosis and describe treatment options.
  Know essential points in diagnosis of penile fracture and lines of it's treatment.

Contents:-

1- Torsion testis
2- Fracture penis.
3- Priapism

- Demonstrate and categorize types and clinical pictures of males with priapism.
- Apply knowledge of priapism diagnosis and describe treatment options.
  Know essential points in diagnosis of penile fracture and lines of it's treatment.

Contents:-

- ❖ Torsion testis
- ❖ Fracture penis
- ❖ Priapism

Outlines of topics for self directed learning and case based discussions in Neurology

1st week

Case N.1: Case presenting with motor weakness of UMNL, Spinal cord compression.

A case of spinal cord compression in The Lecture notes series, Lionel Ginsberg - Neurology-Wiley-Blackwell (2010), Chapter 15: Spinal conditions, p128.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1. Integrate the results of history, physical examination and laboratory as well as neuroimaging findings into a meaningful diagnostic formulation.
2. Select the appropriate investigations.
3. Construct appropriate management regarding a case with motor weakness ofUMNL.

Case N.2: Case presenting with motor weakness LMNL

A case of GBS in Internal Kaplan STEP 2CA 2021,Chapter :Neurology, P: 466.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1. Integrate the results of history, physical examination and laboratory as well as neuroimaging and electrophysiology findings into a meaningful diagnostic formulation.
2. Select the appropriate investigations.
3. Construct appropriate management regarding a case with motor weakness LMNL.

2nd week

Case N.3: Case presenting with cerebral infarction, right MCA occlusion.

A case of ischemic stroke in Internal Kaplan STEP 2CA 2021;Chapter: Neurology, P447.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1. Integrate the results of history, physical examination and laboratory as well as neuroimaging findings into a meaningful diagnostic formulation.
2. Select the appropriate investigations.
3. Construct appropriate management regarding a case with ischemic stroke.

Case N.4: Case presenting with lateral medullary syndrome ;Postro inferior cerebellar artery occlusion.

A case of lateral medullary syndrome in Pretest Neurology,8th edition, Chapter; Disturbances of Hearing, Balance, Smell, and Taste ,p208, case 423.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1. Integrate the results of history, physical examination and laboratory as well as neuroimaging findings into a meaningful diagnostic formulation.
2. Select the appropriate investigations.
3. Construct appropriate management regarding a case with lateral medullary syndrome.

3rd week

Case N.5: Case presenting with Cerebral hemorrhage. Pretest Neurology, 8th edition,Chapter;cerebrovascular diseases,Case 68,p44

Specific learning Objectives:

By the end of case discussion the student will be able to:

1. Integrate the results of history, physical examination and laboratory as well as neuroimaging findings into a meaningful diagnostic formulation.
2. Select the appropriate investigations.
3. Construct appropriate management regarding a case with Cerebral hemorrhage.

Case N.6: Case presenting with subarachnoid hemorrhage.

A case of subarachnoid hemorrhage in The Lecture notes series) Lionel Ginsberg - Neurology-Wiley-Blackwell (2010),Chapter 11:stroke,P90.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1. Integrate the results of history, physical examination and laboratory as well as neuroimaging findings into a meaningful diagnostic formulation.
2. Select the appropriate investigations.
3. Construct appropriate management regarding a case with subarachnoid hemorrhage.

4th week

Case N.7:Case presenting with meningitis.

A case of Pyogenic (acute bacterial) meningitis in The Lecture notes series) Lionel Ginsberg - Neurology-Wiley-Blackwell (2010), Chapter 14 Neurological infections, p120.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1. Integrate the results of history, physical examination and laboratory as well as neuroimaging findings into a meaningful diagnostic formulation.
2. Select the appropriate investigations.
3. Construct appropriate management regarding a case with meningitis.

Case N.8:Case presenting with encephelitis.

A case of Herpes simplex encephalitis in: The Lecture notes series) Lionel Ginsberg - Neurology-Wiley-Blackwell (2010), Chapter 14: Neurological infections, p120.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1. Integrate the results of history, physical examination and laboratory as well as neuroimaging findings into a meaningful diagnostic formulation.
2. Select the appropriate investigations.
3. Construct appropriate management regarding a case with Encephelitis.

5th week

Case N.9: Case presenting with Generalized seizure.

A case of generalized clonic seizure in Internal Kaplan STEP 2CA 2021; Chapter: Neurology, P450.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1. Integrate the results of history, physical examination and laboratory as well as neuroimaging and EEG findings into a meaningful diagnostic formulation.
2. Select the appropriate investigations.
3. Construct appropriate management regarding a case with generalized seizure.

Case N.10: Case presenting with absence seizure.

Kumar Budur MD .Neurology & Psychiatry 1000 Questions to Help You Pass the Boards by Kumar Budur and Asim Roy - PaperbacA 1 January 2009,Chapter 7 Neurophysiology, P113.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1. Integrate the results of history, physical examination and laboratory as well as neuroimaging and EEG findings into a meaningful diagnostic formulation.
2. Select the appropriate investigations.
3. Construct appropriate management regarding a case with absence seizure.

Case N.11: Case presenting with partial (focal) seizure.

Acase of CVS presenting with focal motor seizure in Pretest Neurology, 8th edition, Chapter:epilepsy and seizure , Case 91, p57.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1- Integrate the results of history, physical examination and laboratory as well as neuroimaging and EEG findings into a meaningful diagnostic formulation.
2- Select the appropriate investigations.
3- Construct appropriate management regarding a case with focal motor seizure .

6th week

Case N.12: Case presenting with status epilepticus.

A case of status epilepticus in Pretest Neurology, 8th edition, Chapter:epilepsy and seizure, Case 77,p53.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1- Integrate the results of history, physical examination and laboratoryas well as neuroimaging and EEG findings into a meaningful diagnostic formulation.
2-Select the appropriate investigations.
3-Construct appropriate management of status epilepticus.

Case N.13 :Case presenting with tremors

A case of kinetic tremors Pretest Neurology, 8th edition,Chapter: The Neurological Examination and Diagnostic Tests , case 5;p13.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1- Integrate the results of history, physical examination and laboratory as well as neuroimaging findings into a meaningful diagnostic formulation.
2-Select the appropriate investigations.
3-Construct appropriate management regarding tremors.

7th week

Case N.14:Case diagnosed with PD

A case of PD in Internal Kaplan STEP 2CA 2021; Chapter Neurology, P467.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1- Integrate the results of history, physical examination and laboratory as well as neuroimaging findings into a meaningful diagnostic formulation.
2-Select the appropriate investigations.

3-Construct appropriate management regarding cases of PD.

Case N.15: Case presenting with Choreic movement.

A case of choreic movement in Huntington disease in Internal Kaplan STEP 2CK , 2021; Chapter Neurology, P469.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1- Integrate the results of history, physical examination and laboratory
As well as neuroimaging findings into a meaningful diagnostic formulation.
2-Select the appropriate investigations.
3-Construct appropriate management regarding cases of choreic movements.

8th week

Case N.16: Case presenting with migraine.

A case of classic migraine in Kumar Budur MD Neurology & Psychiatry 1000 Questions to Help You Pass the Boards by Kumar Budur and Asim Roy - Paperback Paperback – 1 January 2009,P35.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1- Integrate the results of history, physical examination and laboratory as well as neuroimaging and EEG findings into a meaningful diagnostic formulation.
2-Select the appropriate investigations.
3-Construct appropriate management for cases of Migraine.

Case N.17: Case presenting with increased Interacranial tension manifestations

A case of Pseudotumor cerebri, in Office-51-1A,Item 31/48.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1-Integrate the results of history, physical examination and laboratory test as well as neuroimaging findings into a meaningful diagnostic formulation.
2-Select the appropriate investigations.
3-Construct appropriate management algorithm (both diagnostic and therapeutic) for patients with headache and increased intracranial tension.

9th week

Case N.18: Case presenting with Extramedullary paraplegia.

A case of spinal cord compression in The Lecture notes series) Lionel Ginsberg - Neurology-Wiley-Blackwell (2010),Chapter 15: Spinal conditions, p128.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1-Integrate the results of history, physical examination and laboratory test as well as neuroimaging findings into a meaningful diagnostic formulation.
2-Select the appropriate investigations.

3-Construct appropriate management algorithm (both diagnostic and therapeutic) for patients with compressive extramedullary spinal cord diseases.

Case N.19: Case presenting with intramedullary paraplegia.

A case of Syringomyelia associated with Arnold Chiari Malformation,Hand out.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1-Integrate the results of history, physical examination and laboratory test as well as neuroimaging findings into a meaningful diagnostic formulation.
2-Select the appropriate investigations.
3-Construct appropriate management algorithm (both diagnostic and therapeutic) for patients with compressive intramedullary spinal cord diseases.

10th week

Case N.20: Case presenting with anterior spinal artery occlusion.

A case of cord infarction in Pretest Neurology, 8th edition,Chapter:Spinal Cord and Root Diseases,case 433, p222.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1-Integrate the results of history, physical examination and laboratory test as well as neuroimaging findings into a meaningful diagnostic formulation.
2-Select the appropriate investigations.
3-Appropriate management algorithm (both diagnostic and therapeutic) for patients with non compressive spinal cord diseases.

Case N.21: Case presenting with Conus medullaris lesion.

Case handout.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1-Integrate the results of history, physical examination and laboratory test as well as neuroimaging findings into a meaningful diagnostic formulation.
2-Select the appropriate investigations and treatment
3-Construct appropriate management algorithm (both diagnostic and therapeutic) for patients with conus medullaris lesion.

Case presenting with Cauda equina lesion: Case N.22

Case handout.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1-Integrate the results of history, physical examination and laboratory test as well as neuroimaging and electrophysiology findings into a meaningful diagnostic formulation.
2-Select the appropriate investigations.
3-Construct appropriate management algorithm (both diagnostic and therapeutic) for patients with root lesions in LLs (cauda equina lesion).

11th week

Case N.23: Case presenting with GBS.

Internal Kaplan STEP 2CA 2021;Chapter neurology P: 466.

Specific learning Objectives:

By the end of case discussion the student will be able to:
1-Integrate the results of history, physical examination and laboratory test as well as electrophysiology findings into a meaningful diagnostic formulation.
2-Select the appropriate investigations.
3-Construct appropriate management algorithm (both diagnostic and therapeutic) for patients with GBS.

Case N.24 : Case presenting with nutritional neuropathy.

A case of subacute combined degeneration,Office-51-1A, Item 1.

Specific learning Objectives:
By the end of case discussion the student will be able to:
1-Integrate the results of history, physical examination laboratory test and electrophysiology tests findings into a meaningful diagnostic formulation.
2-Select the appropriate investigations.
3-Construct appropriate management algorithm (both diagnostic and therapeutic) for patients with nutritional neuropathy.

12th week

Case N.25,N.26:Cases diagnosed with multiple sclerosis.

Case N.25: A case of multiple sclerosis, Neuromyelitis optica .in (The Lecture notes series) Lionel Ginsberg - Neurology-Wiley-Blackwell (2010), Chapter 16; Multiple sclerosis ,p136.

Case N.26: A case of recurrent optic neuritis in Internal Kaplan STEP 2CK ,2021, Chapter Neurology , Multiple sclerosis, P462.

Specific learning Objectives:
By the end of case discussion the student will be able to:
1-Integrate the results of history, physical examination, laboratory, neuroimaging, electrophysiology tests and diagnosed CSF findings into a meaningful diagnostic formulation.
2-Select the appropriate investigations.
3-Construct appropriate management algorithm (both diagnostic and therapeutic) for patients withmultiple sclerosis.

13th week

Case N.27:Case presenting with Ataxia.

Acase of cerebellar ataxia secondary to cerebellar tumor, Pretest Neurology, 8th edition, Chapter: The Neurological Examination and Diagnostic Tests: Case,28, p20.

Specific learning Objectives:
By the end of case discussion the student will be able to:
1-Integrate the results of history, physical examination, laboratory test and neuroimagings findings into a meaningful diagnostic formulation.
2-Select the appropriate investigations.
3-Construct appropriate management algorithm (both diagnostic and therapeutic) for patients with ataxia.

Case N.28:Cases presenting with dementia.

Internal Kaplan STEP 2CK ,2021, Chapter Neurology , p454.

Specific learning Objectives:

By the end of case discussion the student will be able to:

1- Integrate the results of history, physical examination laboratory test,psychometry scales [MMSE] and neuroimaging findings into ameaningful diagnostic formulation.

2- Select the appropriate investigations.

3- Appropriate management algorithm (both diagnostic and therapeutic) for patients with dementia.

14th week

Case N.29:Case diagnosed with polymyoscitis

Acase of inflammmatory myopthy in Pretest Neurology,
8th edition, Chapter: Neuromuscular Disorders ,
Case :333,p171.

Outlines of topics for self directed learning and case based discussions in dermatology

1st week

Case D.1: Sweat gland disorders

Related lecture: Sweat gland disorders number 2

Title: Sweat gland disorders

Source: Hand out

Specific learning Objectives:

To diagnose sweat gland disorders, differentiate it from similar dermatological diseases and differentiate its clinical types

2nd week

Case D.2: Fungal infections

Related lecture: Fungal infections number 3

Title Fungal infections

Source: Hand out

Specific learning Objectives:

To diagnose fungal diseases , differentiate it from similar dermatological diseases and differentiate its clinical types.

3rd week

Case D.3:Hair Disorders

Related lecture:Hair Disorders number 4

Title Hair Disorders

Source: Hand out

Specific learning Objectives:

To diagnose different hair disorders , differentiate it from similar dermatological diseases and differentiate its clinical types.

Case D.4:

Related lecture: Viral Infections, number 5
Title: Viral Infections
Source: Hand out
Specific learning Objectives:

To diagnose different viral infections, differentiate it from similar dermatological diseases and differentiate its clinical types

4th week

Case D.5: Bullous diseases
Related lectures: Bullous diseases, number 6
Title: Bullous diseases
Source: Hand out
Specific learning Objectives:

To diagnose bullous diseases and differentiate its clinical types

Case D.6: Vitiligo
Related lecture: vitiligo, number 7
Title: Bullous diseases: Vitiligo
Source: Hand out
Specific learning Objectives:

To diagnose Vitiligo, differentiate it from similar dermatological diseases and differentiate its clinical types .

5th week

Case D.7: Papulosquamous disorders
Related lecture: Papulosquamous disorders , number 8
Title: Papulosquamous disorders
Source: Hand out
Specific learning Objectives:

To diagnose papulosquamous disorders , differentiate it from similar deramatological diseases and differentiate its clinical types

Case D.8: Melasma
Related lectures:Melasma, number 9
Title Melsma
Source: Hand out
Specific learning Objectives:

To diagnose melasma, differentiate it from similar dermatological diseases and differentiate its clinical types

6th week

Case D.9: Baterial infections
Related lectures Baterial infections number 10
Title Baterial infections
Source: Hand out
Specific learning Objectives:

To diagnose different bacterial infections, differentiate it from similar dermatological diseases and differentiate its clinical types.

7th week

Case D.10: Drug eruptions
Related lectures: Drug eruptions, number 11
Title: Drug eruptions
Source: Hand out
Specific learning Objectives:

To diagnose Drug eruptions, differentiate it from similar dermatological diseases and differentiate its clinical types.

8th week

Case D.11: Mycobacterial Infections
Related lectures: Mycobacterial Infections number 12, 13
Title: Mycobacterial Infections
Source: Hand out
Specific learning Objectives:

To diagnose different Mycobacterial infections, differentiate it from similar dermatological diseases and differentiate its clinical types

Case D.12: Parasitic Infestations
Related lectures: Parasitic Infestations number 14
Title: Parasitic Infestations
Source: Hand out
Specific learning Objectives:

To diagnose parasitic infestations, differentiate it from similar dermatological diseases and differentiate its clinical types

9th week

Case D.13: Eczema
Related lecture: Eczema, number 15
Title: Eczema
Source: Hand out
Specific learning Objectives:

To diagnose Eczema , differentiate it from similar dermatological diseases and differentiate its clinical types.

10th week

Case D.14: Acne vulgaris
Related lectures:Acne vulgaris, number 16
Title:Acne Vulgaris
Source: Hand out

Specific learning Objectives:

To diagnose Acne vulgaris , differentiate it from similar dermatological diseases.

11th week

Case D.15: Male infertility
Related lectures: Male infertility, number 18,19
Title: Male infertility
Source: Hand out
Specific learning Objectives:

To diagnose male infertility, differentiate its causes and order suitable investigations and know available recent lines of treatment including ART.

12th week

Case D.16: Erectile dysfunction (ED)
Related lectures: Erectile dysfunctions, number 20
Title: Erectile dysfunction
Source: Hand out
Specific learning Objectives:

To diagnose ED, differentiate its causes and available investigations and possible lines of treatment.

Case D.17: Ejaculatory disorder
Related lectures: Ejaculatory dysfunctions, number 21
Title: Ejaculatory dysfunctions
Source: Hand out
Specific learning Objectives:

To diagnose different ejaculatory dysfunctions, differentiate its causes and know possible lines of treatment.

13th week

Case D.18: Urethral discharge
Related lectures: prostatitis/ urethritis, number 22,23
Title: prostatitis/ urethritis
Source: Hand out
Specific learning Objectives:

To differentiate types of discharge and its causes and know possible lines of diagnosis and treatment.

Case D.19: genital ulcer
Related lectures: AIDS / Syphilis , number 24,25
Title: AIDS / Syphilis
Source: Hand out
Specific learning Objectives:

Know the etiology, pathogenesis, modes of transmission and clinical picture .List the tests for disease detection and mention the methods of prevention and management .

14th week

Case D.20: sexual deviations
Related lectures: Sexuality and sexual medicine, number 26
Title: Sexuality and sexual medicine
Source: Hand out

Specific learning Objectives:

Describe different terms of sex and gender, know the spectrum of sexual orientation, identify the principles of healthy sexual activity and outline phases of sexual response cycle.

Case D.21: Delayed puberty
Related lectures: Puberty, number 27
Title: Puberty disorders
Source: Hand out
Specific learning Objectives:

To differentiate causes of Puberty disorders and know possible lines of diagnosis and treatment.

Case D.22: Andrological emergencies

Related lectures: Andrological emergencies , number 28

Title: Andrological emergencies

Source: Hand out

Specific learning Objectives:

To diagnose different andrological emergencies and know its differential diagnoses and possible lines of treatment.

Timetable of the block

للفرقه الخامسة لائحة جديدة

تـوزيـع المحاضـرات والدروس للفـرقـة الخامسة) المرحلة الإكلينيكية (

مرفق فلى شؤن الطالب

الخريطة بحسب التواريخ
مرفق فلى شؤن الطالب