

Pediatrics Block

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STUDY GUIDE



Faculty of Medicine, Sohag University

Prepared by:

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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

• Department offering the course:

Pediatrics

Academic. year/level:

4th year

Date of specification approval:

December 24, 2021 / 2024-2025

Θ Title: Pediatrics

Θ Code: PED 417

Θ Credit points: 18

Θ Weeks: 10 weeks.

Θ Lectures: 56 hours

Θ Practical: 120 hours

Θ Case-based discussions: 94 hours

Θ Student learning activities: 195

(6.5 points)

Formative assessment & Portfolio: 2 points (60 hours)

Θ Total hours: 540 hours.

Block Map

The total hours of the final written exam	Total marks	Days/weeks	Points	Code	Responsible department	Block	Year
(equally divided on two papers)	360	Lectures: 2 hours/week for 28 weeks Practical: 12 hours/week for 10 weeks	18	PED- 417	Pediatrics	Pediatrics	4th year

NARS competencies covered by the block Clinical Rotations (Blocks)/ Competencies

The competency areas of the NARS- Medicine competency framework are:

- 1- The graduate as a health care provider.
- 2- The graduate as a health promoter.
- 3- The graduate as a professional.
- 4- The graduate as a scholar and scientist.
- 5- The graduate as a member of the health team and a part of the health care system.
- **6-** The graduate as a lifelong learner and researcher.

Upon completion of this course students should be able to:

NARS	Rotation	ILO Type
1.1. Take and record a structured, patient centered history.	Pediatrics	С
1.2. Adopt an empathic and holistic approach to the patients and their problems.		С
1.3. Assess the mental state of the patient.		С
1.4. Perform appropriately timed full physical examination of patients appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive.		С

1.5. Prioritize issues to be addressed in a patient encounter.	A & C
1.6. Select the appropriate investigations and interpret their results taking into consideration cost/ effectiveness factors.	A& C
1.7. Recognize and respond to the complexity, uncertainty and ambiguity inherent in medical practice.	A & C
1.8. Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand.	A
1.9. Retrieve, analyze, and evaluate relevant and current data from literature, using information technologies and library resources, in order to help solve a clinical problem based on evidence (EBM).	A &C
1.10. Integrate the results of history, physical and laboratory test findings into a meaningful diagnostic formulation.	A &C
1.11. Perform diagnostic and intervention procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances.	С
1.12. Adopt strategies and apply measures that promote patient safety.	С
1.13. Establish patient-centered management plans in partnership with the patient, his/her family and other health professionals as appropriate, using Evidence Based Medicine in management decisions.	A &C
1.14. Respect patients' rights and involve them and /or their families/carers in management decisions.	A &C
1.15. Provide the appropriate care in cases of emergency, including cardio-pulmonary resuscitation, immediate life support measures and basic first aid procedures.	A &C
1.16. Apply the appropriate pharmacological and nonpharmacological approaches to alleviate pain and provide palliative care for seriously ill people, aiming to relieve their suffering and improve their quality of life.	A &C
1.17. Contribute to the care of patients and their families at the end of life, including management of symptoms, practical issues of law and certification.	A &C
2.7 Provide care for specific groups including pregnant women, newborns and infants, adolescents and the elderly.	D & G
2.9 Adopt suitable measures for infection control.	A &C

3.1. Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, commitment, compassion, and	D
respect.	
3.2. Adhere to the professional standards and laws	
governing the practice, and abide by the national code of	D & C
ethics issued by the Egyptian Medical Syndicate.	
3.3. Respect the different cultural beliefs and values in	
the community they serve.	C
3.4. Treat all patients equally, and avoid stigmatizing	
any category regardless of their social, cultural, ethnic	C & D
backgrounds, or their disabilities.	
3.5. Ensure confidentiality and privacy of patients'	ъ
information.	D
3.7. Recognize and manage conflicts of interest.	D
3.8. Refer patients to appropriate health facility at the	A C D
appropriate stage.	A,C,D
3.9. Identify and report any unprofessional and unethical	
behaviors or physical or mental conditions related to	D
himself, colleagues or any other person that might	D
jeopardize patients' safety.	
4.5 Identify various causes (genetic, developmental,	
metabolic, toxic, microbiologic, autoimmune,	
neoplastic, degenerative, and traumatic) of	A
illness/disease and explain the ways in which they	
operate on the body (pathogenesis).	
4.6 Describe altered structure and function of the body	
and its major organ systems that are seen in various	A
diseases and conditions.	
4.7 Describe drug actions: therapeutics and	
pharmacokinetics; side effects and interactions,	
including multiple treatments, long term conditions and	A
non-prescribed medication; and effects on the	
population.	
5.1 Recognize the important role played by other health	C& D
care professions in patients' management.	
5.2 Respect colleagues and other health care	C& D
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	C& D
that supports collaborative work.	
5.4 Apply leadership skills to enhance team functioning, the learning environment, and/or the health care delivery	C& D
	Cab
system.	
5.5 Communicate effectively using a written health	C o D
record, electronic medical record, or other digital	C& D
technology.	
5.6 Evaluate his/her work and that of others using	D
constructive feedback.	В
5.7 Recognize own personal and professional limits and	
seek help from colleagues and supervisors when	C& D
necessary.	
5.9 Use health informatics to improve the quality of	Ъ
patient care.	D
5.10 Document clinical encounters in an accurate,	
complete, timely, and accessible manner, in compliance	D
with regulatory and legal requirements.	
5.12 Demonstrate accountability to patients, society, and	
the profession.	D
6.1 Regularly reflect on and assess his/her performance	
	D
using various performance indicators and information	D
sources.	
6.2 Develop, implement, monitor, and revise a personal	D
learning plan to enhance professional practice	
6.3 Identify opportunities and use various resources for	D
learning.	
6.4 Engage in inter-professional activities and	
collaborative learning to continuously improve personal	A- D
practice and contribute to collective improvements in	A-D
practice.	
6.5 Recognize practice uncertainty and knowledge gaps	
in clinical and other professional encounters and	A- D
generate focused questions that address them.	
6.6 Effectively manage learning time and resources and	
set priorities.	D
6.10 Summarize and present to professional and lay	
audiences the findings of relevant research and scholarly	D
inquiry.	
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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 pediatric diseases and health problems.
- 2. By the end of the block, 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 pediatric diseases and health problems.
- **3.** By the end of the blocks, the students will be able to counsel patients and their families about common pediatric diseases and health problems.

Intended Learning Outcomes of the Block:

K- Knowledge and understanding

Upon completion of the course students should be able to:

- A1- Apply the definition, etiology, pathogenesis, clinical features, complications and principles of prevention and management in common pediatric diseases and health problems.
- A2- Interpret the differential diagnosis of common Pediatric diseases and clinical problems presenting to doctors in primary health care setting, hospital and community, with emphasis on early manifestations of serious diseases (e.g., malignancy) and life threatening emergencies.
- A3- Correlate the risk factors, outcomes and treatment options of common clinical problems related to the field of Pediatric diseases and health problems.

- A4- Select the appropriate investigations and interpret their results taking into consideration cost/ effectiveness factors.
- A5- Integrate the results of history, physical examination and laboratory test findings into a meaningful diagnostic formulation.
- A6- Construct appropriate management algorithm (both diagnostic and therapeutic) for patients with common Pediatric diseases and illness both acute and chronic.

C-Clinical skills

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

- C1- Obtain and record informative history.
- C2- Examine the patients systematically appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive.
- C3- Design and /or present a structured, patient centered history and an appropriately timed full physical examination of patients.
- C4- Show how to perform CPR, NRP, Lumbar puncture, Nasogastric tube insertion, and use of oxygen and inhaler devices.
- C5- Apply measures that promote patient safety.
- C6. Apply suitable measures for infection control when dealing with the patients and instruments.
- C7- Conduct patient-focused care while working with health care professionals.

D- General and transferable skills

- D1- Perform practice-based improvement activities using portfolio.
- D2- Practice effectively using a written health record, electronic medical records, or other digital technology.
- D3-Display effective communication with patients, their families and community through proper verbal and written means, respecting their beliefs and level of education.

- D4- Display respect, compassion, and integrity; a responsiveness to the needs of patients and society.
- D5- Display a commitment to ethical principles including provision or withholding of clinical care, confidentiality of patient information, informed consent.
- D6- Work effectively with others as a member of team work by acting in small group.
- D7- Display adequate cooperation with his/her colleagues
- D8- Arrange the efforts required to accomplish the tasks in specified time.
- D9- Verify the use of sources of biomedical information to remain current with advances in knowledge and practice.
- D10- Share in the work efficiently in responsible manner keeping the Instruments and Equipment of the Department intact and clean.
- D11- Adhere to the basic ethical and medicolegal principles that should be applied in practice.
- D12- Describe his/her work and that of others using constructive feedback.
- D13- Present regular reflection on and assess his/her performance using various performance indicators and information sources.
- D14- Initiate a personal learning plan to enhance professional practice
- D15- Identify opportunities and use various resources for learning.
- D16- Integrate in inter-professional activities and collaborative learning to continuously improve personal practice and contribute to collective improvements in practice.
- D17- Organize learning time and resources and set priorities
- D18- Display accountability to patients, society, and the profession.

Structure of the block

Week	Lectures (NUMBER)	Practical (NUMBER)*	PORTFLIO TASKS (NUMBER)	CASE BASED Discussions (NUMBER)	Formative Assessment (NUMBER)	Revisions and Exams
1st	2	12	2	3		
2 nd	2	12	1	3		
3rd	2	12	1	3		
4 th	2	12	1	3		
5 th	2	12	1	3		
6 th	2	12	2	3		
7 th	2	12	1	3	1	
8th	2	12	1	3		
9th	2	12	1	3		
10 th	2	12	1	3		
11 th	2	12	2	3		
12 th	2	12	1	3		
13 th	2	12	1	3		
14 th	2	12	1	3	1	1
15 th	2	12	1	3		
16 th	2	12	2	3		
17 th	2	12	1	3		
18 th	2	12	1	3		
19 th	2	12	1	3		
20 th	2	12	1	3	1	
21 st	2	12	2	3		
22 nd	2	12	1	3		
23 rd	2	12	1	3		
24 th	2	12	1	3		
25 th	2	12	1	3		
26 th	2	12	2	3		
27 th	2	12	1	3		
28 th	2	12	1	3	1	
29 th		12	1	3		1
30 th		12	1	3		1

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 incision academy/clinical key cases)
- 4- Group discussions (Case based).

^{*} Students are divided into 3 groups, and each group will undergo clinical training for 10 weeks

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 exams

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	-	tion of total essment
		%	Marks
End block exam	Case-based MCQ (single best answer)	20%	72 Marks
Portfolio	- Attendance (18 marks) - Formative assessment (9 marks) - Case presentations (9 marks)	10%	36 Marks
Final written exam	75%Case-based (single best answer) MCQ - 25% Short answer Questions & Modified Essay Questions.	40%	144 Marks 108 for MCQ/ 36 For SAQ & MEQ(المقالى)
Final clinical exam	Typical OSCE stations using standardized, real, or skill lab encounters	30%	108 Marks

Total		100%	360
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":Second Role" " الدور الثاني"

Assessment task	Type of assessment	Proportion of total assessment	
		%	Marks
Final written exam	75%Case-based (single best answer) MCQ - 25% Short answer Questions & Modified Essay Questions.	60%	216 Marks 162 for MCQ/ 54 For SAQ & MEQ(المقالي)
Final clinical exam	Typical OSCE stations using standardized, real, or skill lab encounters	40%	144 Marks
Total		100%	360

Block evaluation

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

Block Contents

Lecture Topics and Their Intended Learning Outcomes

No	Sub-competencies	Lectures Titles	Week	Contact
	A		No.	Hours
1	A1,A2,A3,A4,A5,A6	Growth & development (part 1)	st 1	1
2	A1,A2,A3,A4,A5,A6	Growth & development (part 2)	st 1	1
3	A1,A2,A3,A4,A5,A6	Cardiology 1 (part 1)	2	1
4	A1,A2,A3,A4,A5,A6	Respiratory 1 (part 1)	2 100	1
5	A1,A2,A3,A4,A5,A6	Cardiology 1 (part 2)	3 rd	1
6	A1,A2,A3,A4,A5,A6	Respiratory 1 (part 2)	3 rd	1
7	A1,A2,A3,A4,A5,A6	Cardiology 2 (part 1)	4 th	1
8	A1,A2,A3,A4,A5,A6	Respiratory 2 (part 1)	4 th	1
9	A1,A2,A3,A4,A5,A6	Cardiology 2 (part 2)	5 th	1
10	A1,A2,A3,A4,A5,A6	Respiratory 2 (part 2)	5 th	1
11	A1,A2,A3,A4,A5,A6	Pediatric Emergencies (part 1)	6 th	1

12	A1,A2,A3,A4,A5,A6	Bronchial asthma	th 6	1
13	A1,A2,A3,A4,A5,A6	Pediatric Emergencies (part 2)	7 th	1
14	A1,A2,A3,A4,A5,A6	Allergic diseases	7 th	1
15	A1,A2,A3,A4,A5,A6	Gastroenterology (part 1)	8 th	1

A 1 A 2 A 2 A 4 A 5 A C	II		1
A1,A2,A3,A4,A5,A6	Hematology 1 (part 1)	8 th	1
A1,A2,A3,A4,A5,A6	Gastroenterology (part 2)	9 th	1
A1,A2,A3,A4,A5,A6	Hematology 1 (part 2)	9 th	1
A1,A2,A3,A4,A5,A6	Hepatology (part 1)	10 th	1
A1,A2,A3,A4,A5,A6	Hematology 2 (part 1)	10 th	1
A1,A2,A3,A4,A5,A6	Hepatology (part 2)	th 11	1
A1,A2,A3,A4,A5,A6	Hematology 2 (part 2)	11 th	1
A1,A2,A3,A4,A5,A6	Rheumatology (part 1)	12 th	1
A1,A2,A3,A4,A5,A6	Oncology (part 1)	12 th	1
A1,A2,A3,A4,A5,A6	Rheumatology (part 2)	13 th	1
A1,A2,A3,A4,A5,A6	Oncology (part 2)	13 th	1
A1,A2,A3,A4,A5,A6	Nephrology & urology 1 (part 1)	14 th	1
A1,A2,A3,A4,A5,A6	Neurology 1 (part 1)	th 14	1
A1,A2,A3,A4,A5,A6	Nephrology & urology 1 (part 2)	15 th	1
A1,A2,A3,A4,A5,A6	Neurology 1 (part 2)	15 th	1
	A1,A2,A3,A4,A5,A6 A1,A2,A3,A4,A5,A6 A1,A2,A3,A4,A5,A6 A1,A2,A3,A4,A5,A6 A1,A2,A3,A4,A5,A6 A1,A2,A3,A4,A5,A6 A1,A2,A3,A4,A5,A6 A1,A2,A3,A4,A5,A6 A1,A2,A3,A4,A5,A6 A1,A2,A3,A4,A5,A6	A1,A2,A3,A4,A5,A6 A1,A2,A3,A4,A5,A6 A1,A2,A3,A4,A5,A6 Hematology 1 (part 2) A1,A2,A3,A4,A5,A6 Hematology 2 (part 1) A1,A2,A3,A4,A5,A6 Hematology 2 (part 2) A1,A2,A3,A4,A5,A6 Hematology 2 (part 2) A1,A2,A3,A4,A5,A6 Nephrology & urology 1 (part 1) A1,A2,A3,A4,A5,A6 Nephrology & urology 1 (part 2) Neurology 1 (part 2) Neurology 1 (part 2)	A1,A2,A3,A4,A5,A6 A1,A2,A3,A4,A5,A6 Hematology 1 (part 2) A1,A2,A3,A4,A5,A6 Hepatology (part 1) A1,A2,A3,A4,A5,A6 Hematology 2 (part 1) A1,A2,A3,A4,A5,A6 Hematology 2 (part 2) A1,A2,A3,A4,A5,A6 Hematology 2 (part 2) A1,A2,A3,A4,A5,A6 Rheumatology (part 2) A1,A2,A3,A4,A5,A6 A1,A2,A3,A4,A5,A6 A1,A2,A3,A4,A5,A6 Rheumatology (part 1) A1,A2,A3,A4,A5,A6 A1,A2,A3,A4,A5,A6 A1,A2,A3,A4,A5,A6 A1,A2,A3,A4,A5,A6 Neumatology (part 2) A1,A2,A3,A4,A5,A6 A1,A2,A3,A4,A5,A6 Nephrology & urology 1 (part 1) A1,A2,A3,A4,A5,A6 Nephrology & urology 1 (part 2) A1,A2,A3,A4,A5,A6 Nephrology & urology 1 (part 2)

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31	A1,A2,A3,A4,A5,A6	Nephrology & urology 2 (part 1)	16 th	1
32	A1,A2,A3,A4,A5,A6	Neurology 2 (part 1)	16 th	1
33	A1,A2,A3,A4,A5,A6	Nephrology & urology 2 (part 2)	17 th	1
34	A1,A2,A3,A4,A5,A6	Neurology 2 (part 2)	17 th	1
35	A1,A2,A3,A4,A5,A6	Immunization (part 1)	18 th	1
36	A1,A2,A3,A4,A5,A6	Infections 1 (part 1)	18 th	1
37	A1,A2,A3,A4,A5,A6	Immunization (part 2)	19 th	1
38	A1,A2,A3,A4,A5,A6	Infections 1 (part 2)	19 th	1
39	A1,A2,A3,A4,A5,A6	Immune disorders	20 th	1
40	A1,A2,A3,A4,A5,A6	Infections 2 (part 1)	20 th	1
41	A1,A2,A3,A4,A5,A6	Child abuse	21 st	1
42	A1,A2,A3,A4,A5,A6	Infections 2 (part 2)	21 st	1
43	A1,A2,A3,A4,A5,A6	Nutrition 1 (part 1)	22 nd	1
44	A1,A2,A3,A4,A5,A6	Endocrine 1 (part 1)	22 nd	1
45	A1,A2,A3,A4,A5,A6	Nutrition 1 (part 2)	23 rd	1

46		Endocrine 1 (part 2)	_	1
40	A1,A2,A3,A4,A5,A6	Endocrine 1 (part 2)	23 rd	_
47	A1,A2,A3,A4,A5,A6	Nutrition 2 (part 1)	24 th	1
48	A1,A2,A3,A4,A5,A6	Endocrine 2 (part 1)	24 th	1
49	A1,A2,A3,A4,A5,A6	Nutrition 2 (part 2)	25 th	1
50	A1,A2,A3,A4,A5,A6	Endocrine 2 (part 2)	25 th	1
51	A1,A2,A3,A4,A5,A6	Neonatology 1 (part 1)	26 th	1
52	A1,A2,A3,A4,A5,A6	Genetics (part 1)	26 th	1
53	A1,A2,A3,A4,A5,A6	Neonatology 1 (part 2)	27 th	1
54	A1,A2,A3,A4,A5,A6	Genetics (part 2)	27 th	1
55	A1,A2,A3,A4,A5,A6	Neonatology 2 (part 1)	28 th	1
56	A1,A2,A3,A4,A5,A6	Neonatology 2 (part 2)	28 th	1

Skills and tasks and Their Intended Learning Outcomes In addition to real patients and skills stated in the NARS should be learned either in practical or group discussion

No.	Sub-competencies C and D	Bedside/skill lab sessions and titles	Weeks	Date	Hours
1.	C1,C2,C3,C5,C6,C7 D1-D18	Pediatric History taking, General, Chest, Cardiac, and abdominal examination	st 1	From Sunday to Wednesday	12
2.	C1,C2,C3,C5,C6, C7 D1-D18	Clinical cases + others	2 nd	From Sunday to Wednesday	12
3.	C1,C2,C3,C5,C6, C7 D1-D18	Clinical cases + others	3 rd	From Sunday to Wednesday	12
4.	S1,S2,S3,S4, S5,S6,S7, D1-D18	Clinical cases + others	4	From Sunday to Wednesday	12
5.	C1,C2,C3,C5,C6,C7 D1-D18	Clinical cases + others	5"	From Sunday to Wednesday	12
6.	C1,C2,C3,C5,C6,C7 D1-D18	Clinical cases + others	6"	From Sunday to Wednesday	12
7.	C1,C2,C3,C5,C6,C7 D1-D18	Clinical cases + others	7"	From Sunday to Wednesday	12
8.	C1,C2,C3,C5,C6,C7 D1-D18	Clinical cases + others	8"	From Sunday to Wednesday	12
9.	C1,C2,C3,C5,C6,C7 D1-D18	Clinical cases + others	9""	From Sunday to Wednesday	12
10	C1,C2,C3,C5,C6,C7 D1-D18	Clinical cases + others	10 th	From Sunday to Wednesday	12
Total					

[•] Clinical cases include general, chest, heart, abdominal, neurological, hematological, renal, GIT, hepatic, and nutrition cases.

[•] Others include X-rays, medical photos, and CPR (in skills laboratory)

Self-directed Learning and Group Discussion (SDL &GD)(case discussion)

	Title of case	ILOs		Hours
No.		(By the end of this case discussion, the student will be	Week	
		able to		
1.	Tonsillopharyngitis	 Formulate meaningful diagnosis for tonsillopharyngitis based on findings from history and physical examination. Prepare appropriate management plan for a case with tonsillopharyngitis 	st 1	2
2.	Pneumonia (fever and difficulty breathing)	 Formulate meaningful diagnosis for pneumonia based on findings from history and physical examination. Select appropriate investigations Prepare appropriate management plan for a case with pneumonia 	1 st	2
3.	Diarrhea & dehydration	 Formulate meaningful diagnosis for diarrhea based on findings from history and physical examination. Assess degree of dehydration Prepare appropriate management plan for a case with diarrhea 	2 nd	5
4.	Malnutrition	 Formulate meaningful diagnosis for malnutrition based on findings from history and physical examination. Evaluate nutritional history Prepare appropriate management plan for a case with malnutrition 	2 nd	5
5.	Heart murmur	 Formulate meaningful diagnosis for heart murmur based on findings from history and physical examination. Select proper investigations for a case with heart murmur 	3"	5
6.	Cyanotic congenital heart disease	 Formulate meaningful diagnosis for cyanotic congenital heart disease based on findings from history and physical examination. Prepare appropriate management plan for a case with cyanotic congenital heart 	3"	5

		disease		
7.	Pallor (chronic hemolytic anemia)	 Formulate meaningful diagnosis for chronic hemolytic anemia based on findings from history and physical examination. Select proper investigations for a case with pallor Prepare appropriate management plan for a case with chronic hemolytic anemia 	4"	5
8.	Purpura & bleeding tendency	 Formulate meaningful diagnosis for purpura and bleeding tendency based on findings from history and physical examination. Select proper investigations for a case with purpura and bleeding tendency Prepare appropriate management plan for a case with purpura and bleeding tendency 	4	5
9.	Nephrotic syndrome (generalized edema)	 Formulate meaningful diagnosis for nephrotic syndrome based on findings from history and physical examination. Select proper investigations for a case with generalized edema and suspected nephrotic syndrome Prepare appropriate management plan for a case with nephrotic syndrome 	5"	5
10.	Glomerulonephritis (dark colored urine)	 Formulate meaningful diagnosis for glomerulonephritis based on findings from history and physical examination. Select proper investigations for a case with dark colored urine Prepare appropriate management plan for a case with glomerulonephritis 	5"	5
11.	Developmental delay	 Formulate meaningful diagnosis for developmental delay based on findings from history and physical examination. Select proper investigations for a case developmental delay Prepare appropriate 	6"	5

		management plan for a case with developmental delay		
12.	Down syndrome (child with dysmorphic features)	 Formulate meaningful diagnosis for a case with dysmorphic features based on findings from history and physical examination. Interpret results from chromosomal karyotyping Provide proper counselling for parents of a case with Down syndrome Prepare appropriate management plan for a case with Down syndrome 	6"	5
13.	Short stature	 Formulate meaningful diagnosis for a case with short stature based on findings from history and physical examination. Select proper investigations for a case with short stature 	7"	5
14.	First diagnosed T1DM	 Formulate meaningful diagnosis for a case with T1DM based on findings from history and physical examination. Provide proper counselling for parents of a case with T1DM Prepare appropriate management plan for a case with T1DM 	7"	5
15.	Convulsions	 Describe first-aid measures for a child with convulsions Formulate meaningful diagnosis for a case with convulsions based on findings from history and physical examination. Select proper investigations for a child with convulsions 	8"	5
16.	Fever with rash	 Formulate meaningful diagnosis for a case with fever and rash based on findings from history and physical examination. Select proper investigations for a child with fever and rash 	8"	5
17.	Child with arthritis (JRA)	Formulate meaningful diagnosis for a case with arthritis based on findings from history and physical	9 th	5

		 examination. Select proper investigations for a child with arthritis Prepare appropriate management plan for a case with juvenile rheumatoid arthritis 		
18.	Child with hepatosplenomegaly	 Formulate meaningful diagnosis for a case with hepatosplenomegaly based on findings from history and physical examination. Select proper investigations for a child with hepatosplenomegaly 	9 ^{tii}	5
19.	Neonatal jaundice (yellow baby)	 Formulate meaningful diagnosis for a neonate with jaundice based on findings from history and physical examination. Select proper investigations for a neonate with jaundice Prepare appropriate management plan for a neonate with jaundice 	10 th	5
20.	Respiratory distress syndrome (preterm baby)	 Formulate meaningful diagnosis for a preterm baby with respiratory distress based on findings from history and physical examination. Select proper investigations for a preterm baby with respiratory distress Prepare appropriate management plan for a preterm baby with respiratory distress 		5

Formative assessment

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 exams

Blueprint of the block

No.	List of Topics (lectures/cases)	ILOs Sub- competencies	Weight *from	Total marks	End of the block	Final written exam 25% SAQ & MEQs
1	Growth & development (part 1)	A1,A2,A3,A4,A5, A6	1.8 %	4	3	1
2	Growth & development (part 2)	A1,A2,A3,A4,A5, A6	1.8 %	4	3	1
3	Cardiology 1 (part 1)	A1,A2,A3,A4,A 5,A6	1.8	4	3	1
4	Respiratory 1 (part 1)	K.1,K2,K3,K4,K 5,K6	1.8	4	3	1
5	Cardiology 1 (part 2)	A1,A2,A3,A4,A5, A6	1.8	4	3	1
6	Respiratory 1 (part 2)	K.1,K2,K3,K4,K 5,K6	1.8	4	3	1
7	Cardiology 2 (part 1)	A1,A2,A3,A4,A5, A6	1.8 %	4	3	1
8	Respiratory 2 (part 1)	A1,A2,A3,A4,A5, A6	1.8 %	4	3	1
9	Cardiology 2 (part 2)	A1,A2,A3,A4,A5, A6	1.8 %	4	3	1
10	Respiratory 2 (part 2)	A1,A2,A3,A4,A5, A6	1.8 %	4	3	1
11	Pediatric Emergencies (part 1)	A1,A2,A3,A4,A5, A6	1.8 %	4	3	1
12	Bronchial asthma	A1,A2,A3,A4,A 5,A6	1.8	4	3	1
13	Pediatric Emergencies (part 2)	A1,A2,A3,A4,A5, A6	1.8 %	4	3	1
14	Allergic diseases	A1,A2,A3,A4,A 5,A6	1.8	4	3	1
15	Gastroenterology 1 (part 1)	A1,A2,A3,A4,A5, A6	1.8 %	4	3	1
16	Hematology 1 (part 1)	A1,A2,A3,A4,A5, A6	1.8	4	3	1
17	Gastroenterology 1 (part 2)	A1,A2,A3,A4,A 5,A6	1.8 %	4	3	1
18	Hematology 1 (part 2)	K.1,K2,K3,K4,K 5,K6	1.8	4	3	1

19	Hepatology (part 1)	A1,A2,A3,A4,A5, A6	1.8 %	4	3	1
20	Hematology 2 (part 1)	A1,A2,A3,A4,A5, A6	1.8 %	4	3	1

21	Hamatalaay (mant 2)	A1,A2,A3,A4,A5,	1.8	4	3	1
	Hepatology (part 2)	A6	%			
22	Hematology 2	A1,A2,A3,A4,A	1.8 %	4	3	1
23	(part 2) Rheumatology	5,A6 A1,A2,A3,A4,A5,A	1.8	4	3	1
23	(part 1)	6	%	7	3	1
24	Oncology (part 1)	A1,A2,A3,A4,A 5,A6	1.8	4	3	1
25	Rheumatology (part 2)	A1,A2,A3,A4,A5,A	1.4	3	_	3
26	Oncology (part 2)	A1,A2,A3,A4,A5,A	1.4	3	_	3
27	Nephrology & urology 1 (part 1)	A1,A2,A3,A4,A 5,A6	1.4 %	3	-	3
28	Neurology 1 (part 1)	A1,A2,A3,A4,A 5,A6	1.4 %	3	_	3
29	Nephrology & urology 1 (part 2)	A1,A2,A3,A4,A5,A	1.9	4	-	4
30	Neurology 1 (part 2)	A1,A2,A3,A4,A5,A	1.9 %	4	_	4
31	Nephrology & urology 2 (part 1)	A1,A2,A3,A4,A5 ,A6	1.9 %	4	_	4
32	Neurology 2 (part 1)	A1,A2,A3,A4,A5,A	1.9 %	4	_	4
33	Nephrology & urology 2 (part 2)	A1,A2,A3,A4,A5 ,A6	1.9 %	4	ı	4
34	Neurology 2 (part 2)	A1,A2,A3,A4,A5 ,A6	1.9 %	4	_	4
35	Immunization (part 1)	A1,A2,A3,A4,A5 ,A6	1.4%	3	_	3
36	Infections 1 (part 1)	A1,A2,A3,A4,A5,A	1.9%	4	_	4
37	Immunization (part 2)	A1,A2,A3,A4,A5 ,A6	1.9%	4	_	4
38	Infections 1 (part 2)	A1,A2,A3,A4,A5 ,A6	1.9%	4	_	4
39	Immune disorders	A1,A2,A3,A4,A5,A	1.9%	4	_	4
40	Infections 2 (part 1)	A1,A2,A3,A4,A5 ,A6	1.9%	4	_	4
41	Child abuse	A1,A2,A3,A4,A5,A	1.9%	4	_	4
42	Infections 2 (part 2)	A1,A2,A3,A4,A5 ,A6	1.9%	4	_	4
43	Nutrition 1 (part 1)	A1,A2,A3,A4,A5,A	1.4%	3	_	3
44	Endocrine 1 (part 1)	A1,A2,A3,A4,A5,A	1.4%	3	_	3
45	Nutrition 1 (part 2)	A1,A2,A3,A4,A5,A	1.9%	4	_	4

46	Endocrine 1 (part 2)	A1,A2,A3,A4,A5	1.9	4	_	4
		,A6	%			
47	Nutrition 2 (part 1)	A1,A2,A3,A4,A5	1.9	4	-	4
		,A6	%			
48	Endocrine 2 (part 1)	K.1,K2,K3,K4,K	1.9	4	_	4
		5,K6	%			
49	Nutrition 2 (part 2)	A1,A2,A3,A4,A5	1.9	4	_	4
		,A6	%			
50	Endocrine 2 (part 2)	A1,A2,A3,A4,A5	1.9	4	_	4
		,A6	%			
51	Neonatology 1 (part 1)	A1,A2,A3,A4,A5	1.9	4	_	4
		,A6	%			
52	Genetics (part 1)	A1,A2,A3,A4,A5,A	1.9	4	_	4
		6	%			
53	Neonatology 1 (part 2)	A1,A2,A3,A4,A5	1.4	3	_	3
		,A6	%			
54	Genetics (part 2)	A1,A2,A3,A4,A5,A	1.9	4	_	4
		6	%			
55	Neonatology 2 (part 1)	A1,A2,A3,A4,A5,A	1.9	4	_	4
		6	%			
56	Neonatology 2 (part 2)	A1,A2,A3,A4,A5	1.9	4	_	4
		,A6	%			
	Total			216	72	144
		%				

	List of skills	ILOs Sub- competencies	Weight*	Number of stations	Marks of OSCE الدور الأول	Mar ks of OSC E الدور الثاني
1.	General pediatric examination	C1,C3, D1-D18	13%	1	14	19
2.	General history taking	C2,C3,C5,C6,C 7D1-D18	13%	1	14	19
3.	Pediatric chest examination	C2,C3,C5,C6,C 7D1-D18	13%	1	14	19
4.	Pediatric cardiac examination	C2,C3,C5,C6,C 7D1-D18	13%	1	14	19
5.	Pediatric abdominal examination	S4, S5,S6,S7 D1-D18	13%	1	14	19
6.	Pediatric neurologic examination	S1,S3, D1-D18	13%	1	14	19
7.	Pediatric X-ray assessment	C2,C3,C5,C6,C 7D1-D18	11%	1	12	15
8.	Pediatric medical photos	C2,C3,C5,C6,C 7D1-D18	11%	1	12	15
	Total			8	108	144Marks

Lecture outlines

Lecture Topics, Contents, and Resources

Lectures Titles	Contents	Resources
Growth & Development	 Definition and parameters of growth Comparison between growth and development Primitive and postural reflexes Developmental milestones 	 Lecture note Department book Kliegman & J. St. Geme (Eds.), Nelson Textbook of Pediatrics (21st ed.). 2019 Elsevier.
Cardiology 1	 Introduction to congenital heart diseases Acyanotic CHD (VSD, ASD, PDA, PS, AS, COA) Cyanotic CHD (TOF, D- TGA, Eisenmenger syndrome) 	 Lecture note Department book Kliegman & J. St. Geme (Eds.),
Cardiology 2	 Rheumatic heart disease Heart failure Infective endocarditis Pulmonary hypertension 	 Lecture note Department book Kliegman & J. St. Geme (Eds.),
Respiratory 1	 Upper respiratory infections Laryngitis and stridor Foreign body inhalation	 Lecture note Department book Kliegman & J. St. Geme (Eds.),
Respiratory 2	 Pneumonia Acute wheezy chest and bronchiolitis Pleural effusion and pneumothorax 	 Lecture note Department book Kliegman & J. St. Geme (Eds.),
Pediatric Emergencies	 Pediatric cardiopulmonary resuscitation Respiratory distress and failure Circulatory shock Convulsions 	 Lecture note Department book Kliegman & J. St. Geme (Eds.),

	Metabolic emergencies	
Allergy & bronchial asthma	 Common allergic conditions in children Bronchial asthma 	 Lecture note Department book Kliegman & J. St. Geme (Eds.), Nelson Textbook of Pediatrics (21st ed.). 2019 Elsevier.
Gastroenterology	 Gastroenteritis, dehydration and persistent diarrhea Important gastrointestinal infectious and parasitic diseases Vomiting and abdominal pain 	 Lecture note Department book Kliegman & J. St. Geme (Eds.),
Hepatology	 Introduction How to assess liver disease Acute hepatitis & liver cell failure Neonatal cholestasis Chronic hepatitis Cirrhosis and portal hypertension 	 Lecture note Department book Kliegman & J. St. Geme (Eds.), Nelson Textbook of Pediatrics (21st ed.). 2019 Elsevier.
Hematology 1	 Anemias of Inadequate Production Iron deficiency anemia Congenital Anemias Acquired Anemias Megaloblastic Anemias Hemolytic Anemias Hemoglobin Disorders Thalassemia Blood transfusion 	 Lecture note Department book Kliegman & J. St. Geme (Eds.),
Hematology 2	Platelet disordersCoagulation disorders	 Lecture note Department book Kliegman & J. St. Geme (Eds.), Nelson Textbook of Pediatrics

		(21st ed.). 2019 Elsevier.
Rheumatology	 Evaluation of pediatric rheumatological conditions Juvenile rheumatoid arthritis Childhood systemic lupus erythematosus Other rheumatic disorders 	 Lecture note Department book Kliegman & J. St. Geme (Eds.),
Oncology	Common Pediatric Malignancies	 Lecture note Department book Kliegman & J. St. Geme (Eds.),
Nephrology & Urology 1	Nephrotic syndromeHematuriaUrinary tract infections	 Lecture note Department book Kliegman & J. St. Geme (Eds.),
Nephrology & Urology 2	 Acute renal failure Chronic renal failure Hypertension Tubular disorders Nocturnal enuresis 	 Lecture note Department book Kliegman & J. St. Geme (Eds.),
Neurology 1	 Microcephaly Increased intracranial pressure Hydrocephalus Mental retardation Cerebral palsy 	 Lecture note Department book Kliegman & J. St. Geme (Eds.), Nelson Textbook of Pediatrics (21st ed.). 2019 Elsevier.
Neurology 2	 Epilepsy Neuromuscular disorders Autism ADHD Enuresis 	 Lecture note Department book Kliegman & J. St. Geme (Eds.),

Immunization	Importance and mechanisms of immunization	Lecture noteDepartment book
	Common childhood vaccinations	Kliegman & J. St. Geme (Eds.), Nelson Textbook of Pediatrics (21st ed.). 2019 Elsevier.
Child abuse & immune disorders	 Child abuse Evaluation of immune system Immunodeficiencies 	 Lecture note Department book Kliegman & J. St. Geme (Eds.),
Infections 1	Common viral infections in children	 Lecture note Department book Kliegman & J. St. Geme (Eds.), Nelson Textbook of Pediatrics (21st ed.). 2019 Elsevier.
Infections 2	Common bacterial infections in children	 Lecture note Department book Kliegman & J. St. Geme (Eds.),
Nutrition 1	• Breast feeding	 Lecture note Department book Kliegman & J. St. Geme (Eds.),
Nutrition 2	Common nutritional disorders	 Lecture note Department book Kliegman & J. St. Geme (Eds.),
Endocrine 1	 Short stature in children Thyroid disorders Puberty disorders 	 Lecture note Department book Kliegman & J. St. Geme (Eds.),
Endocrine 2	 Adrenal disorders Ambiguous genitalia Diabetes mellitus in children 	 Lecture note Department book Kliegman & J. St. Geme (Eds.),

Neonatology 1	 Normal and high risk newborn Neonatal resuscitation Growth and nutrition of the newborn Premature and low birth weight newborn 	 Lecture note Department book Kliegman & J. St. Geme (Eds.),
Neonatology 2	 Neonatal hyperbilirubinemia Neonatal respiratory disorders Neonatal sepsis 	 Lecture note Department book Kliegman & J. St. Geme (Eds.),
Genetics	 Basic mechanisms of inheritance Diagnostic skills relevant to genetic and dysmorphologic disorders Causes of malformation Antenatal diagnosis and newborn screening Common chromosomal syndromes 	 Lecture note Department book Kliegman & J. St. Geme (Eds.),

Time Table of the block

Week	Lectures	Practical (hr)*	Portfolio tasks (no./hr)	Case based discussions#	Formative Assessment (no./hr)	Revisions and Exams
1st	Growth & development (p1)Growth & development (p2)	12	2	Tonsillopharyngitis Pneumonia		
2 nd	Cardiology 1 (p1)Respiratory 1 (p1)	12	1	Diarrhea & dehydrationMalnutrition		
3rd	Cardiology 1 (p2)Respiratory 1 (p2)	12	1	Heart murmurCyanotic CHD		
4 th	Cardiology 2 (p1)Respiratory 2 (p1)	12	1	PallorPurpura & bleeding		

			_			
5 th	• Cardiology 2 (p2)	12	1	Nephrotic syndromeGlomerulonephritis		
_th	Respiratory 2 (p2)Pediatric emergencies (p1)	12	2	Developmental delay		
6 th	Pediatric emergencies (p1)Bronchial asthma	12	2	Developmental delay Down syndrome		
7th	Pediatric emergencies (p2)	12	1	Short stature	1	
,	Allergic diseases			First diagnosed T1DM		
8th	Gastroenterology (p1)	12	1	• Convulsions		
	Hematology 1 (p1)			Fever with rash		
9th	• Gastroenterology (p2)	12	1	Child with arthritis		
41.	Hematology 1 (p2)	12	1	Hepatosplenomegaly		
10 th	Hepatology (p1)Hematology 2 (p1)	12	1	Neonatal jaundiceRespiratory distress syn.		
11 th	Hepatology (p2)	12	2	Tonsillopharyngitis		
	• Hematology 2 (p2)	12	_	Pneumonia		
12 th	Rheumatology (p1)	12	1	Diarrhea & dehydration		
	Oncology (p1)			Malnutrition		
13 th	Rheumatology (p2)	12	1	Heart murmur		
14 th	Oncology (p2)	40		Cyanotic CHD		
14"	Nephrology & urology 1 (p1) Neurology 1 (p1)	12	1	PallorPurpura & bleeding	1	1
15 th	Neurology 1 (p1)Nephrology & urology 1 (p2)	12	1	Nephrotic syndrome		
13	• Neurology 1 (p2)	12	1	Glomerulonephritis		
16 th	Nephrology & urology 2 (p1)	12	2	Developmental delay		
	• Neurology 2 (p1)			Down syndrome		
17 th	Nephrology & urology 2 (p2)	12	1	Short stature		
1 ofh	• Neurology 2 (p2)			First diagnosed T1DM		
18 th	• Immunization (p1)	12	1	ConvulsionsFever with rash		
19 th	Infections 1 (p1)Immunization (p2)	12	1	Fever with rashChild with arthritis		
17	• Infections 1 (p2)	12	1	Hepatosplenomegaly		
20 th	• Immune disorders (p1)	12	1	Neonatal jaundice	1	
	• Infections 2 (p1)			• Respiratory distress syn.		
21 st	• Child abuse (p1)	12	2	 Tonsillopharyngitis 		
aand	• Infections 2 (p2)			Pneumonia		
22 nd	Nutrition 1 (p1)Endocrine 1 (p1)	12	1	Diarrhea & dehydrationMalnutrition		
23 rd	Nutrition 1 (p2)	12	1	Heart murmur		
	• Endocrine 1 (p2)			Cyanotic CHD		
24 th	Nutrition 2 (p1)	12	1	• Pallor		
,.	• Endocrine 2 (p1)			Purpura & bleeding		
25 th	• Nutrition 2 (p2)	12	1	Nephrotic syndrome		
26 th	• Endocrine 2 (p2)	12	2	Glomerulonephritis		
20	Neonatology 1 (p1)Genetics (p1)	12	2	Developmental delayDown syndrome		
27 th	Neonatology 1 (p2)	12	1	Short stature		
	• Genetics (p2)		_	First diagnosed T1DM		
28 th	Neonatology 2 (p1)	12	1	• Convulsions	1	
,.	• Neonatology 2 (p2)			Fever with rash		
29 th		12	1	Child with arthritis		1
30 th		12	1	Hepatosplenomegaly		1
30		12	1	Neonatal jaundiceRespiratory distress syn.		1
				Respiratory distress syll.		

- * Students are divided into 3 groups, and each group will undergo clinical training for 10 weeks
- # The case discussions will be conducted during the 10-weeks rotations for each group
- Clinical cases include general, chest, heart, abdominal, neurological, hematological, renal, GIT, hepatic, and nutrition cases as well as X-rays, medical photos, and CPR (in skills laboratory)