MED 4001–Pediatrics I

Course Name	Code	Semester	Type of course	Theory (hours)	Group work (hours)	ECTS
Pediatrics I	MED 4001	VII	Mandatory	50	96	10
Faculty, the educational program and education level	Faculty of Medicine, one-cycle Educational Program "Medicine"					
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Educational course format	Lecture Group Work					
Educational course Loading	**Total:** 300 hours **Contact hours**: 150 h 1. Lecture – 50 h 2. Team work – 96 h 3. Midterms – 2 h 4. Final exam -2 h **Independent work** – 150 h					
Prerequisites	MED1002-1008 Cardiovascular, Hematological, Respiratory, Gastrointestinal, Urogenital, Nervous, Endocrinal an d Sense Organs' Systems Anatomy					
The purpose (s) of tutorial course/modules	The Pediatric Program strives to provide a learning environment that will encourage the student to appreciate and understand the unique features of infant, child and adolescent medicine. By teaching the basic knowledge, skills, and attitudes appropriate for pediatric medicine, the student will have a solid foundation for providing competent child care. Students will learn how to evaluate and interpret growth, age-specific growth, mental and motor developmental steps, age-specific nutrition, immunization status and practices, neonatal physiological characteristics and pathological conditions, newborn care and resuscitation, normal pubertal development, and how to manage and counsel for common inherited diseases in the population.					
Teaching and learning methods	Lecture Question and Answer Observation Team/Group Work					

	Role Play (doctor-patient) Demonstration Drill and Practice Problem Solving Interaction with patients and pediatricians in clinics and on wards Histories and physical examinations on patients (inpatients / outpatients) Case presentations on histories and physical examinations Participation in small group discussions with regards to: • differential diagnosis formulation with respect to system or symptom based complaints • generation of appropriate initial investigations with respect to system or symptom based complaints • verification of physical findings at the bedside in small groups **Consultation** –individual support work with students (weekly) **Abstract preparation and presentation** - Students choose material from offered problematic topics or independently, search for appropriate material, will work with the books and present about 10 printed pages in PowerPoint format in auditorium for estimation.
Assessment criteria	**Maximum score- 100,** that includes: 1. **Midterm assessment -60 scores:** • Attendance -10 scores; • Activity – 10 scores: • Discussion – 10 scores; • Role-playing games -10 score • **Midterm Exam – 20 scores** The final score for Group work activity is calculated by the arithmetic average. **Group Work Assessed Based on the Following Criteria** (maximum 10scores) **10 scores**- Student has been able to present complete and thorough knowledge of the subject, a substantial amount of detailed and relevant information. Demonstrate considerable depth of understanding of the studied main and additional literature. Bring forward a balanced view of the main arguments on the issues. **9 scores** - Student has been able to bring forward a consistent number of deductions on most of the topics tackled. make very good comments on the different perspectives on most of the issues. Demonstrates knowledge of the main readers. **8 scores** - Student has been able to bring forward a consistent knowledge, Has properly developed terminology. Demonstrates knowledge of the main readers. **7 scores** - Student has been able to present some factual information sufficiently linked with the topic. demonstrate a good understanding of the topics selected. make a good attempt to bring forward a balanced view of some arguments on the issues. Terminology is partially developed. **6 scores** - Student has been able to make some good comments on the different perspectives on some of the issues. Make poor deductions on most of the topics tackled. analyse some causes and results of human interactivity related to the issues. **5 scores** - Student has been able to demonstrate inconsistent comments on the different perspectives on some of the issues. Terminology is partially developed. Present mediocre level of knowledge. Make poor deductions. **4 scores** - Student demonstrates general overview of the topics. Terminology is not developed. Information sufficiently linked with the topic. Demonstrate irrelevant understanding of the literature.

	3 scores – Student demonstrates general/superficial and inconsistent knowledge of the subject. No sufficient knowledge of the literature. **2 scores** - Student demonstrates general comments, no knowledge of the terminology, no consistency. **1 score** – Student demonstrates insufficient answer, not terminology awareness, chronologic manner of the answer, mostly wrong, no knowledge of literature. **0 score:** Student demonstrates not even elementary knowledge of the topics. **Role playing games (10 scores):** 1. Ability of verbal communication – 2 scores; 2. Ability of nonverbal communication - 2 scores; 3. Diagnostics test choosing – 2 score; 4. Data interpretation – 2 score, 5. Ability of knowledge applying for the medical problem decision- 2 scores; **Abstract preparation and presentation's criteria (10 scores - max.):** 1. Actuality of appointed problem – 1 score; 2. Academic content - 1 score; 3. Literature data's observation in the frame of subject -1score; 4. Correspondence between the research methods and research purpose -1 scores; 5. Coherence of argumentation- 1 score; 6. Correctness of conclusion and the connection with the main text - 1 score; 7. The presented matter's visual and technical aspects - 1 score; 8. Debating and listening culture - 1 score; 9. Accuracy and reliability of indicated references and literature sources – 1 score; 10.Proper language and speaking style – 1 score. **Midterm Exam – 20 scores** (Written test -40 questions, 0,5 score for each) Minimal score of midterm assessment (for final exam) – is 11; to take in account that student will receive the maximum score at the final exam. **Final Exam -40** Is held in the written test form (test consists of 80 questions, each question is rated as 0,5 score). The final exam would accounted as passed in case of maximum 70% or more (40X70 / 100 = 28 scores). Credit will be given to the student if he has collected at minimum 51 scores out of 100. The students' assessment has to be done in the following way: **Positive rate:** (A) Excellent- 91 or more scores; (B) Very Good- 81-90 scores; (C) Good- 71-80 scores; (D) Satisfactory- 61-70 scores; (E) Enough- 51-60 scores; (FX) Failure - 41-50 scores,

	Negative rate: (FX) Failure - 41-50 scores, which means that a student needs to work more and an independent and considerable further work is required to pass the exam once again to be re-awarded; (F) Fail - 40 scores or less, which means that the student's diligence is not sufficient and student has to learn the subject all over again. The student can pass the additional exam during the same semester. The time interval between the final and the additional exams should be not less than 10 days.
The basic literature	• **Edited by:** Mary Rudolf, Malkolm Levene Pediatrics and Child Health, Blackwell Publishing, II, 2006; • Roy Meadow Simon Newell, Pediatrics, Blackwell Publishing, VII, 2002 • Kliegman, Stanton, St. Geme, Schor and Behrman (2011). Nelson Textbook of Pediatrics, 19th Edition. Elsevier Saunders; ISBN: 978-1-4377-0755-7.
The auxiliary literature	• Richard J.Martin, Avroy A.Fanaroff, Michele C.Wash Fanaroff and Martin's Neonatal-Perinatal Medicine Disease of Fetus and Infants (Volume I, II), Elsevier Mosby, VIII 2012; • Praveen Khilnani Practical Approach to Pediatrics Intensive care, Jaypee Brothers Medical Publishers (P) LTD, II, 2009

The tutorial/training course content

№	Subjects	Lecture (hour)	Work in group (hour)
1	Orientation, Propedeutics, Management of The sick child, Growth and Its Assessment, Physical Examination (Skin, Head and Neck, Respiratory, CVS, Abdomen, Neurological), Newborn Physical Examination, Physical Growth, Mental and Motor Development, Clinical Approach to Growth Retardation	8	12
2	Propedeutics, Nutrition, Malnutrition, Obesity, Malabsorption Syndromes, Sexual Development in Adolescence, Lymphadenopathies, URTI, LRTI, Pneumonia, Acute Respiratory Failure	6	12
3	Propedeutics, Neonatal Jaundice, High Risk Newborns, Neonatal Resuscitation, Nephrotic Syndrome, Nephritic Syndrome, Urinary Tract Infection, Acute and Chronic Renal Failure	6	12
4	Seizures and Epilepsy, Hemorrhagic Diasthesis, Vasculitis, Diabetes and Diabetic Ketoacidosis, Cystic Fibrosis, Leukemia, Anemia, Thrombocytopenia, Hemophilia	6	12
	Midterm Exam		2

5	General Approach to Inborn Errors of Metabolism, Diagnosis in Immunological Disorders, Humoral and Cellular Immune Deficiencies, Acute Gastroenteritis, Assessment and management of dehydration	6	12
6	Rickets, Immunization, Hypothyroidism, Abdominal Pain, Cholestasis in Newborn, Cirrhosis, Viral Hepatitis, Acute Bacterial Meningitis, Acute encephalitis, Convulsion- Coma, Hypotonic Infant	6	12
7	Anaphylaxis, Tuberculosis, Acute Rheumatic Fever, Juvenile Idıopathıc Arthrıtıs, Neuromuscular Disease, Intrauterine Infections, Congenital Heart Diseases, Hypertension, Acute Heart Failure	6	12
8	Lymphomas, Wilms Tumor and Neuroblastoma, Central Nervous System Tumors, Common Problems in Adolescence, Allergic Rhinitis, Chromosomal Disorders, Fragile X Syndrome	6	12
	Final Exam		2

Learning Outcomes

Criteria	Competences
Knowledge and Understanding	After the learning course completing the students will have the deep and consistent knowledge in this field: • Diagnose, treat and follow patients with common childhood diseases. • Demonstrate how to obtain a patient-centered pediatric history including focused questions that would assist in differentiating etiologies • Demonstrate a complete pediatric physical examination • Synthesize the information, using data gathered from the history and physical examination, into an assessment of the presenting problem, including the most likely diagnosis and a differential diagnosis • Develop a management plan appropriate for the patient (Medical Expert) • Present orally the case, including history, physical examination, diagnosis and management plan, to the team • Compile a written case report • Collaborate effectively with peer group and the health care team • Demonstrate appropriate professionalism skills including respect for patients and health team personnel, timeliness, dress, honesty, responsibility, integrity and confidentiality • Investigate and assess practically the patient's condition, master the scientific evidence and improve patient care quality.
Applying Knowledge	Student will be able to apply theoretical knowledge in practice: • Demonstrate professional independence; Ethical principles loyalty and sensitiveness in concerned the different groups of patients;

	• Carry out researches and received data accurate accounting; Receive and maintain the information synthesis through the correct questions, the signs and symptoms watching and interpretation.
Making Judgment	Students will be able: • Investigate and evaluate their patients, • Use anamneses for medical history appropriately, • Objective assessment of laboratory data, appraise and assimilate scientific evidence; • Compare, contrast and analyze medical data.
Communication Skills	Students will be able to: • Demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and colleagues; • Demonstrate ability to communicate, verbally and in writing, clearly, sensitively, empathically, and effectively.
Life-long learning ability	Student will be able to: • Recognizes personal limits in knowledge and experience and initiates steps to rectify gaps in knowledge; • Evaluates change in academic or professional environment and develops adaptive strategies to meet these changes; • Explores new opportunities for intellectual growth and professional development; Continually updates knowledge of best clinical practice guidelines
Values	Values represent the demonstration of ideals in the growth and development of the student into a professional doctor. The values are bounded by ethical principles, behaviour, decision making and judgment while demonstrating qualities of compassion, and a perspective of the professional role for the individual patient, the community, and society at large.