The Hashemite University



C. Janut Jonne



Deanship of Academic Development and International Outreach

عمادة التطوير الأكاديمي والتواصل الدولي

Syllabus: Respiratory System (111501205) Second Year- Second Semester, 2023/2024

COURSE INFORMATION	
Course Name: Respiratory System Semester: Second semester, Second year	Course Code: 111501205 Section: Preclinical Module
Department: Department of Microbiology, Pathology, and Forensic Medicine	Core Curriculum: MD program
Faculty: Faculty of Medicine	
Day(s) and Time(s):	Credit Hours: 5
Sunday-Thursday, 9:45 am-2:00 pm.	Prerequisites: None
(Teaching Period: March 25, 2024 – April 30, 2024)	
Classroom:	
Theoretical lectures: Al-Harith Auditorium 1, 2	
Practical Labs: Labs of anatomy, physiology, pathology, and	
microbiology, Ibn Sina Complex	

COURSE DESCRIPTION

The respiratory module is a five-credit hour course with around 50 lectures and eight practical labs included. This course integrates all basic science disciplines in one system-based course to discuss respiratory system-related topics. Each basic science department is incorporated into an integrated body of knowledge covering anatomy, physiology, pharmacology, pathology, biochemistry, and microbiology. The goals of this course will be achieved via lectures and relevant laboratory practical sessions. More specifically, respiratory system (RS)-related topics will be covered at first to provide basic knowledge and understanding of the structure, the function of the respiratory system, the biochemical basis of its function, as well as the pathological basis of respiratory disorders in the lungs and airways. During the course and whenever relevant, the students are exposed to clinical problems and cases to emphasize the explanations of symptoms, signs, investigations, and forms of treatments. Practical sessions are mostly planned to be stations to allow students to expose their knowledge for discussion and confirm concepts learned in lectures. Research ideas are also included to emphasize social responsibility, evidence-based medicine, and innovative thinking.

DELIVERY METHODS

The course will be delivered through a combination of active learning strategies. These will include:

- PowerPoint lectures and active classroom-based discussion.
- Live Online delivered lectures.
- Relevant papers and reading documentaries.
- E-learning resources: e-reading assignments and practice quizzes through Microsoft Teams.
- Practical laboratory sessions.

COURSE COORDINATOR INFORMATION (Pathology lecturer)

Name	Ola Abed Allah Abu Al Karsaneh
Academic Title:	Assistant Professor
Office Location:	Faculty of Medicine, Ibn Sina Medical Faculties Complex Department of Microbiology, Pathology, and Forensic Medicine First floor, Office number 1017
Telephone Number:	+962 (05) 390 3333 (5577)
Email Address:	olaa@hu.edu.jo olaa@staff.hu.edu.jo
Office Hours:	Sunday: 10:00-12:00 Tuesday: 10:00-12:00 Please send an e-mail to: <u>olaa@hu.edu.jo</u> or a message to olaa@staff.hu.edu.jo to meet at any other time or to ask questions.

• **OTHER INSTRUCTORS**:

Anatomy Lecturer: Name: Academic Title: Office Location: Telephone Number: Email Address: Team Contact Office Hours:	Mohamed Fathi Mohamed Elrefai Assistant Professor of Human Anatomy and Embryology 3 rd floor, Room 3018 05390333 Ext 5604 <u>mohamed@hu.edu.jo</u> <u>mohamaed@staff.hu.edu.jo</u> Sunday (11 am-1 pm) Tuesday (11 am-1 pm) And all students are welcome at any time
Physiology Lecturer	
Name	Waleed R.E. Mustafa
Academic Title	Associate Professor
Office location	3 rd floor, Room 3015
Email Address	waleed@hu.edu.jo
Team Contact	waleed@staff.hu.edu.jo
	Sunday 10 -12 am
Office Hours	Tuesday 10-12 am
	Or by appointment

Pharmacology Lectures: Name Academic Title: Office Location: Telephone Number: Email Address: Team Contact Office Hours	Sofian Al Shboul Assistant professor ^{3rd} floor, 3043 05390333 ext.5608 <u>Sofian@hu.edu.jo</u> <u>Sofian@staff.hu.edu.jo</u> Sunday 10-12 Tuesday 10-12 am Or by appointment
Biochemistry Lecturers: Name Academic Title: Office Location: Telephone Number: Email Address: Team Contact Office Hours	Walaa Bayoumi El Gazzaer Associate Professor 3rd floor, office No.3032 053903333 ext.5416 <u>walaagazar@hu.edu.jo</u> <u>walaagazar@staff.hu.edu.jo</u> Sunday and Thursday 10-1 pm
Microbiology Lecturer: Name Academic Title: Office Location: Telephone Number: Email Address: Team Contact Office Hours	Hala Tabl Professor 1st floor, office No.1041 <u>halaa_mo@hu.edu.jo</u> <u>halaa_mo@staff.hu.edu.jo</u> Sunday 11-1 Tuesday 11-12 am Or by appointment
Community Medicine Lecturer: Name Academic Title: Office Location: Telephone Number: Email Address: Office Hours	Dr. Omnia Elmahdy Assistant professor Faculty of Medicine, second floor, office number 3030 <u>omnia@hu.edu.jo;</u> <u>omnia@staff.hu.edu.jo</u> Sunday 1-2 Tuesday 12-1 Wednesday 10-11 Or by appointment via email

REFERENCES AND LEARNING RESOURCES Required Textbooks:

Author	Title
Anatomy: - Richard Drake - Gerard J Tortora, Mark Nilsen - K.L. Moore and T.V.N. Persaud - Clinical Anatomy for Medical Students - L. Carlos Junqueira	 Grey's anatomy for students, 4th edition Principles of Human Anatomy, 14th edition Before we are birth, 10th edition Richard S Snell, 5th edition Basics of Histology, 12th edition
Physiology_	
Recommended Textbook - John E. Hall & Michael E. Hall	- Guyton and Hall Textbook of Medical Physiology, 14th Edition, Copyright © 2021 by Elsevier, Inc.
Suggested additional resources - Kim E. Barrett, Susan M. Barman, Jason Yuan, Heddwen L. Brooks.	- Ganong's Review of Medical Physiology, 26th Edition, Copyright © 2019 by McGraw-Hill Education
Biochemistry:	
 Required Textbook: Victor W. Rodwell , David A. Bender , Kathleen M. Botham , Peter J. Kennelly , P. Anthony Weil. Suggested Additional Resources: 	 -Harper's Illustrated Biochemistry (McGraw-Hill Education / Medical; 31st edition (May 28, 2018). ISBN-13: 978- 1259837937, ISBN-10: 1259837939. -Textbook of Biochemistry with Clinical Correlations (John Wiley & Sons; 7th edition (January 19, 2010). ISBN-10: 0470281731, ISBN-13: 978-0470281734
- Thomas M. Devlin.	
Microbiology: - Sherris Medical Microbiology - Warren Levinson, Peter Chin-Hong, Elizabeth A. Joyce, Jesse Nussbaum, <u>Brian</u> <u>Schwart</u> z	 Medical Microbiology. An Introduction to Infectious Diseases, latest edition Review of Medical Microbiology and Immunology, Seventeenth Edition 17th Edition
Pathology: - Kumar, Abbas &Aster	- Robbins Basic Pathology, Elsevier Inc:10 th edition, (2018). ISBN: 978-0-323-35317-5.
Pharmacology:	-Illustrated Reviews Pharmacology, latest edition

 Lipincott's Bertram Katzung and Anthony Trevor Public Health (Community Medicine): 	Basic and Clinical Pharmacology 15th edition Oxford Textbook of Public Health -Wallace/Maxcy-Rosenau-Last: Public Health & Preventive Medicine

TOPICS DETAILS/ STUDENT LEARNING OUTCOMES MATRIX				
Course objectives	Course student learning outcomes			Assessment method
A-Biomedical: 1. Describe structures of the respiratory organs (nose, pharynx, larynx, trachea, bronchi, and	Topic (subjects& number of lectures/ subject) Topic 1: Upper	Subject	Intended Learning Outcomes Describe the general structures and organs of the respiratory system.	Exams
 lung), as well as their development, their histology, and their blood supply. 2. Describe the mechanics of pulmonary ventilation and the major mechanisms involved in the regulation of respiration. 3. Explain how the respiratory gasses are exchanged and carried throughout the body. 4. Develop an understanding of the respiratory system 	respiratory tract (3 lectures): Anatomy: 2 Pathology: 1	1. Overview of Anatomy of the Respiratory System -Upper respiratory system (I): Nose and paranasal sinuses 2. Upper respiratory system (II): Larynx and pharynx	 Pescribe the anatomical and functional subdivisions of the respiratory system. Describe the structure of the external nose with its blood and nerve supply. Describe the structure of the nasal cavity including the nasal septum. Locate the openings of the paranasal sinuses and naso-lacrimal duct in the nasal meatuses. Describe the nerve and blood supply of the nasal cavities, and its relation to epistaxis. Discuss microscopic structure of nose Describe the larynx (definition, extension, size, and construction). Understand the Laryngeal ligaments and membranes Discuss the laryngeal muscles, actions, and nerve supply. Enumerate the blood supply of the larynx. Describe the pharynx (structure, boundaries, and parts). Define Pharyngeal muscles (names, action, relations, and nerve supply). Discuss the sensory innervation of the pharynx. Describe the interior of the pharynx Describe the interior of the pharynx Describe the interior of the pharynx Describe the microscopic structure of the upper respiratory passage Discuss microscopic structure of larynx and pharynx 	
and hemoglobin roles		Pathology:	- Discuss the clinical features, morphology and prognosis of nasal polyps, nasopharyngeal carcinoma and	

• .1 • 1 1		1 Uner Destruction	laws and lasters including second and with the
in the acid base		1. Upper Kespiratory	laryngeal lesions including vocal cord nodules,
balance		I ract pathology	papilioma, and carcinoma.
 5. Identify and describe the major causes, pathogenesis, morphological changes, and complications of various disease processes that affect the respiratory tract. 6. Identify various bacteria, viruses, parasites, and fungal infections, which infect the respiratory tract and to understand principles of diagnosis, treatment, and prevention. 7. Identify the major environmental factors which contribute to diseases of the respiratory system and to understand their epidemiological 	Topic 2: Breathing (15 lectures) Anatomy: 6 Physiology: 3 Pathology:2 Pharmacology:4	Anatomy: 1. Lower Respiratory System (I): Trachea and bronchi 2,3. Lower Respiratory System (II): lung and pleura 4. Thoracic cage, thoracic Wall, and intercostal muscles 5. Mediastinum and Diaphragm 6. Development of the Respiratory System	 Describe trachea (beginning, ending and important relations). Identify Blood supply of trachea. Study the lymphatic drainage of trachea Study nerve supply of trachea Compare between right and left main bronchus and its clinical importance. Study segmental divisions of bronchi. Identify the bronchopulmonary segments & their clinical significances Describe the microscopic structure of trachea and bronchi Describe the microscopic structure of trachea and bronchi Describe the microscopic structure of the lung. Identify contents of the root of the right and left lung. Discuss relations of the root of the right and left lung. Understand blood supply and nerve supply of the lung Compare between right and left lung. Define parts of the pleura, blood supply and nerve supply of pleura. Define surface anatomy of the lung and pleura Describe the typical appearance of chest X rays. Study the microscopic structure of the lung parenchyma Describe the shape and outline of thoracic cage Describe the shape and outline of thoracic wall Describe the anatomical landmarks of the anterior chest wall. List the various structure marking of thoracic wall Define intercostal spaces and discuss their various components including intercostal muscles Define mediastinum and its anatomical parts Discuss contents of each part of mediastinum Describe the diaphragm (origin, insertion, nerve supply and action). Describe the development of the lungs and bronchi Describe the development of the lungs and bronchi

pattern in the	Physiology:	- Keview the physiological anatomy of the pulmonary system and define conducting and respiratory zones	
community.	102 D 1	- list the respiratory muscle and describe their function during	
	1&2. Pulmonary	tidal and forcefully breathing (Review)	
8. Understand the	mechanics	- List tidal the major functions of the lungs.	
major	3. Airway resistance	- Define cellular respiration and external respiration and	
pharmacological		- Define the mechanical interaction of the lung and the chest	
principles, which		wall.	
provide the basis for		- Describe the generation of a pressure gradient between the	
the treatment of		atmospheres and the alveoli.	
infection including		- Define intrapleural pressure, alveolar pressure,	
tuberculosis, cough		- Identify the forces that generate the negative intrapleural	
and bronchial		pressure when the lung is at functional residual capacity,	
asthma as well as the		- Predict the direction that the lung and chest wall will move if	
astillia, as well as the		the air is introduced into the pleural cavity (pneumothorax).	
pharmacology of		- List the major muscles involved in respiration and state the role of each	
anti-nistamine drugs.		- Define tidal breathing and describe the changes in alveolar	
9- Identify the Public		pressure, transpulmonary and intrapleural during each	
bealth issues		respiratory cycle.	
according with		- Describe how differences in pressure between the atmosphere and alveoli cause air to move in and out of the lungs during	
		normal breathing.	
COVID19.		- Diagram how pleural pressure, alveolar pressure, airflow, and	
10-Correlate the		lung volume change during a normal quiet breathing cycle.	
hosis biomedical		Identify on the figure the onset of inspiration, cessation of inspiration, and cessation of expiration	
basic bioinedical		- Define lung compliance and identify two common clinical	
		conditions in which lung compliance is higher or lower than	
clinical skills		normal.	
B -Critical thinking		- Describe and draw the pressure-volume of the lung	
skille.		- Draw a normal pulmonary pressure-volume (compliance)	
SKIIIS.		curve (starting from residual volume to total lung capacity and	
1-Observe, identify.		back to residual volume), labeling the inflation and deflation	
and predict health		limbs. Define surface tension and describe how it applies to lung	
problems based on		mechanics, including its effects on the alveolar size.	
providus experience		- Define atelectasis and explain the role of surfactant and	
previous experience		alveolar independence in stabilizing the alveoli.	
and make decisions		- Predict changes in lung compliance in restrictive and	
based on evidence		- Define surface tension and describe how it applies to lung	
rather than opinion		mechanics, including the role of pulmonary surfactant and	
2- Draw conclusions		alveolar interdependence in the recoil and expansion of the	
about the collected		lung and the role of surfactants in preventing atelectasis.	
		- Explain now spirometry (pumonary function test)	
data (inference).		individuals and in patients. And define FVC FFV1	
3- Maintain good		(FEF25–75)	
communication		- Understand the flow volume curves volume and define	
habita such as active		(PEFR) and describe the changes in the flow volume curves of	
listoning and respect		obstructive and restrictive pulmonary diseases.	
insteming and respect.		- Define airway resistance and review the biophysical	
		- Define Laminar and turbulent Flow (Review)	

	-		-
4-Improve problem-		- Identify the chief site of airway resistance under normal	
1 1 1 11		conditions.	
solving skills.		- Describe the effects of changing lung volumes on	
		registence	
5-Demonstrate		Describe hymeral and neural control of circular	
knowledge of		- Describe numeral and neural control of airways	
		- Describe the dynamic compression of airways during	
resources and tools		forced expiration and its physiological significance.	
available to support		- List the factors that contribute to the work of breathing.	
lifelong learning		Predict alterations in the work of breathing in different	
6 6 8		nhysiologic and nathologic states	
		physiologic and pathologic states.	

	Pathology: 1,2. Obstructive Lung diseases (I and II)	 Mention the general characteristics of obstructive lung diseases. Define emphysema, and discuss the different types, etiology, pathogenesis, clinical and pathologic (gross & microscopic) features, effects, & complications of emphysema. Discuss briefly the different conditions related to emphysema, including (1) compensatory, (2) obstructive, (3) bullous & (4) interstitial emphysema. Define chronic bronchitis, describe the etiology, types, pathogenesis, pathologic feature, and clinical course of chronic bronchitis. Define asthma, describe the etiology, types, pathogenesis, pathologic features, clinical course, and prognosis of asthma. Define bronchiectasis, describe the etiology, pathogenesis, pathologic features, clinical course, and complications of bronchiectasis.
	Pharmacology 1.Treatment of COPD 2,3. Treatment of bronchial asthma 1& 2 4.Treatment of cough and allergic rhinitis	 Review the pathophysiology of COPD and the risk factors. Understand COPD therapeutic approach Describe the mechanisms of action, pharmacokinetics, uses and side effects of agents can be used for COPD management Describe the pathophysiology, etiology, and clinical presentations with special emphasis on factors known to provoke the attacks of bronchial asthma. Understand the aims of therapy of bronchial asthma. Be familiar with some examples of drugs that can be used in the treatment of bronchial asthma with their method of administration, mechanisms of action, pharmacokinetics, and side effects, such as Beta-agonists Corticosteroids, Anticholinergic agents, Theophylline, Mast – cell stabilizers, Anti-leukotrienes, and Others. Understand the pathophysiology of cough. Understand the sites of actions of antitussive given example Understand the mechanism of action of mucolytic agents and give examples Review histamine synthesis, storage, release, actions, and the clinical manifestations of histamine shock. Understand the mechanisms of actions of antithistamine drugs. Be able to classify, and understand the pharmacokinetics, uses, and adverse effects of antihistamine drugs
<u>Topic 3:</u> <u>Ventilation</u> (<u>12 lectures)</u> Physiology: 6	Physiology 1.Pulmonary and alveolar ventilation 2.Pulmonary circulation 3.Pulmonary Gas Diffusion,	 Define and contrast the following terms: anatomic dead space, physiologic dead space, wasted (dead space) ventilation, total minute ventilation and alveolar minute ventilation. Calculate alveolar ventilation and minute ventilation Predict the effects of alterations of alveolar ventilation on alveolar carbon dioxide and oxygen levels.

Biochemistry:	Gas diffusion across	- Define and contrast the relationships between alveolar	
1	alveolar capillary	ventilation and the arterial PCO2 and PO	
4	membrane and diffusion	- Understand Fowler's method of measuring the anatomic	
Pathology:2	appoints of the lung	dead space	
		-Calculate the volume of dead space in a lung using	
	4. Ventilation/perfusion	the Bohr equation	
	relationship	- Describe and explain the regional differences in alveolar	
	5. Transport of O2 and	ventilation in the normal lung	
	CO2 by the blood	Contract the sustaining of a sub-	
	6 Control of ventilation	-Contrast the systemic and pulmonary circulations with	
		respect to pressures, resistance to blood flow, and response	
		to nypoxia.	
		-Describe how pulmonary vascular resistance changes with	
		alterations in cardiac output or pulmonary arterial pressure.	
		Explain in terms of distention and recruitment of pulmonary	
		vessels.	
		-Identify the neural and humoral factors that influence	
		pulmonary vascular resistance and pulmonary blood flow	
		-Describe how pulmonary vascular resistance changes with	
		lung volume. Explain in terms of alterations in alveolar and	
		extra-alveolar blood vessels.	
		-Describe the consequence of hypoxic pulmonary	
		vasoconstriction on the distribution of pulmonary blood	
		flow.	
		-Explain development of pulmonary edema by a) increased	
		hydrostatic pressure, b) increased permeability, c) impaired	
		lymphatic outflow or increased central venous pressure,	
		-Describe the major functions of the bronchial circulation.	
		-Review Dalton's law Henry's law and understand their	
		application to partial pressure of gasses in airways and	
		blood.	
		-Review the chemical principles of gasses partial pressure	
		and define the concept of gas partial pressure.	
		- Identify the values of PO2 & PCO2 in inspired air, alveolar	
		air, and expired air.	
		- Identify the PO2 and PCO2 of arterial and venous blood.	
		-Define diffusion, and state Fick's law for diffusion.	
		-Describe the anatomical features of the alveolar capillary	
		membrane. (Review)	
		-Discuss and describe the diffusion of O2 and CO2 through	
		the alveolar capillary membrane and list the factors affecting	
		the rate of gas diffusion	
		-Distinguish between perfusion limitation and diffusion	
		initiation of gas transfer in the lung.	
		-Define oxygen diffusing capacity and describe the rationale	
		and technique for the use of carbon monoxide to determine	
		diffusing capacity.	
		-List main causes leading to decreased diffusion capacity of	
		-Define Alveolar O2, Arterial PO2 gradient (A-a gradient)	
		-Be able to calculate the alveolar to arterial PO2 difference,	
		(A-a).	
		-Describe the normal value for $(A-a)$ and the significance of	
		an elevated (A-a) O2.	
		-List some pathophysiological conditions which cause an	
		increase in A-a gradients.	
		-Define hypoxemia, hypoxia and list different types and	
		causes of hypoxia.	
		-Describe and explain the regional difference of alveolar	
		ventilation	

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		-Describe the regional differences in pulmonary blood flow	
		in an upright person. Define zones I, II, and III in the lung,	
		with respect to pulmonary vascular pressure and alveolar	
		pressure	
		-Explain the regional difference of pulmonary blood flow	
		and the effect of gravity on pulmonary blood flow	
		Describe the interrelationships of alweeler pressure	
		-Describe the interfetationships of alveolar pressure,	
		pulmonary arterial pressure, and pulmonary venous pressure	
		and their effects on the regional distribution of blood flow.	
		-Describe how the ventilation/perfusion (V/Q) ratio of an	
		alveolar-capillary lung unit determines the PO2 and PCO2	
		of the blood emerging from that lung unit.	
		-Identify the average V/Q ratio in a normal lung and explain	
		how V/Q is affected by the vertical distribution of	
		ventilation and perfusion in the healthy lung	
		-Describe the normal relative differences from the apex to	
		the base of the lung in alweeler and arterial PO2 PCO2 nH	
		and overgon and carbon diovide eveloping	
		and oxygen and carbon dioxide exchange.	
		- Fredict now the presence of abnormally low and high V/Q	
		ratios in a person's lungs will affect arterial PO2 and CO2.	
		- Define right-to-left shunts, anatomic and physiological	
		shunts, and physiologic dead space (wasted ventilation)	
		-Describe the airway and vascular control mechanisms that	
		help maintain a normal ventilation/perfusion ratio.	
		-Name two compensatory reflexes for V/Q inequality	
		-Describe two causes of abnormal V/O distribution.	
		-State the relationship between the partial pressure of oxygen	
		in the blood and the amount of oxygen physically dissolved	
		in the blood	
		-Define oxygen partial pressure (tension) oxygen content	
		and percent homoglobin saturation as they pertain to blood	
		Describe and draw an enclosure alabia discertification encode.	
		-Describe and draw an oxynemoglobin dissociation curve	
		(nemoglobin oxygen equilibrium curve) snowing the	
		relationships between oxygen partial pressure, hemoglobin	
		saturation, and blood oxygen content.	
		-On the same axes, draw the relationship between PO2 and	
		dissolved plasma O2 content (Henry's Law). Compare the	
		relative amounts of O2 carried bound to hemoglobin with	
		that carried in the dissolved form.	
		-Describe how the shape of the oxyhemoglobin dissociation	
		curve influences the uptake and delivery of oxygen.	
		-Define P50.	
		-Show how the oxyhemoglobin dissociation curve is affected	
		by changes in blood temperature nH PCO2 and 2 3-DPG	
		and describe a situation where such changes have important	
		nhysiological consequences	
		privorological consequences. Describe how anomia and earbon monomide releasing offerst	
		-Describe now anemia and carbon monoxide poisoning affect	
		the snape of the oxyhemoglobin dissociation curve, PaO2,	
		and SaU2.	
		-List the forms in which carbon dioxide is carried in the	
		blood. Identify the percentage of total CO2 transported as	
		each form.	
		Describe the importance of the chloride shift in the	
		transport of CO2 by the blood.	
		-Identify the enzyme that is essential to normal carbon	
		dioxide transport by the blood and its location.	
		-Draw the carbon dioxide dissociation curves for oxy- and	
		deoxyhemoglohin	
I		acoxyneniogiooni.	

Biochemistry 1.RDS, α1- Antitrypsin deficiency and cystic fibrosis 2.Arterial Blood Gases (ABG) 3.Acid-base balance & the respiratory system 4.Role of hemoglobin in acid base balance	 Describe the interplay between CO2 and O2 binding on hemoglobin that causes the Haldane effect. Describe the general organization of the respiratory control system. Identify the regions in the central nervous system that play important roles in the generation and control of cyclic breathing. Describe the central and peripheral chemoreceptors and their role in the control of ventilation List the anatomical locations of chemoreceptors sensitive to changes in arterial PO2, PCO2, and pH that participate in the control of ventilation. Describe the effects of alterations in body oxygen, carbon dioxide, and hydrogen ion levels on the control of breathing and understand the integrated responses to CO2, hypoxia, pH and identify the relative importance of each in sensing alterations in blood gasses List the cardiopulmonary and other reflexes that influence the breathing pattern. State the ability of the brain cortex to override the normal pattern of inspiration and expiration temporarily. Describe the clinical significance and the biochemical basis underlying insufficient surfactant production, α1-Antitrypsin deficiency and cystic fibrosis Interpret the ABGs in various clinical disorders Discribe the role of respiration in pH regulation Describe the defices and types of buffers Explain the role of respiration in pH regulation Describe the allosteric effects of H+, 2,3-BPG and CO2 on the ability of Hb to reversibly bind oxygen. Explain how these effects enable appropriate oxygen delivery to tissues, buffering of the blood, and CO2 removal. 	
Pathology 1. Chronic interstitial (Restrictive) lung diseases I, Atelectasis and Acute Respiratory Distress Syndrome (ARDS) 2. Chronic interstitial (Restrictive) lung diseases II and pulmonary diseases of vascular origin	 Describe the structure of the normal alveolar wall. Define atelectasis and discuss its different types, morphology, and outcomes. Define acute respiratory distress syndrome (ARDS) and list the different etiologic disorders associated with its development. Discuss the pathogenesis, gross & microscopic features, & the clinical course of ARDS. Comment briefly on neonatal respiratory distress syndrome (NRDS) Define restrictive lung diseases. Mention the general characteristics of chronic restrictive interstitial lung diseases. Discuss in detail idiopathic pulmonary fibrosis including pathogenesis, morphology (gross & microscopic) and clinical course. 	

		- Briefly talk about other patterns of fibrosing interstitial	
		lung diseases including 1. Nonspecific interstitial	
		pneumonia, 2. Cryptogenic organizing pneumonia, 3.	
		collagen vascular diseases associated lung diseases and	
		4. drug and radiation related diseases.	
		- Discuss in detail pneumoconiosis, including	
		pathogenesis, gross & microscopic features, effects &	
		complications of (1) coal workers' pneumoconiosis, (2)	
		silicosis, & (3) asbestosis	
		- Discuss in detail sarcoidosis, including epidemiology,	
		pathogenesis, clinical features, morphologic features,	
		and clinical course.	
		- Define hypersensitivity pneumonitis and describe the	
		pathogenesis, morphology, and clinical features.	
		- Discuss smoking related interstitial lung diseases	
		including DIP and RBILD.	
		- Describe the definition, causes, pathogenesis,	
		morphology, and clinical features of pulmonary	
		hypertension.	
		- Briefly discuss diffuse alveolar hemorrhage syndromes	
		including Good pasture syndrome and granulomatosis and	
T • 4	N. 1	poryanginus.	
<u>1 opic 4:</u>	<u>Nicrobiology</u>	-Be familiar with definition, pathogenesis, clinical pictures	
Infections (13	1.Streptococcus	and diagnostic approaches of Upper, Middle and Lower	
lectures)	pyogenes and	I ist important bacterial causes of DTI	
	Corynebacterium	-List important vactorial causes of N11. -Describe microbiological aspects, vigulance factors	
Microbiology: 8	diphtheriae.	- Describe interodological aspects, viruence factors,	
Pathology:2	2.Haemophilus	nvogenes	
Pharmacology	influenzae, Bordetella	-Describe microbiological aspects virulence factors	
$\frac{1}{2}$	pertussis and	pathogenesis, diagnosis, treatment and prevention of	
3	rseudoinonas	Corvnebacterium diphtheria.	
	actuginosa.	-Understand microbiological aspects. virulence factors.	
	5. Sueptococcus	pathogenesis, diagnosis, treatment and prevention of	
	pheumonia, Kieusiella	Haemophilus influenzae.	
	anthracis	-Describe microbiological aspects, virulence factors,	
	4 Mycobacterium	pathogenesis, diagnosis, treatment and prevention of	
	tuberculosis and	Bordetella pertussis.	
	atypical mycobacteria	-Describe microbiological aspects, virulence factors,	
	5. Atypical pneumonia	pathogenesis, Clinical findings, diagnosis, treatment and	
	(Mycoplasma.	resistance of Pseudomonas aeruginosa.	
	Legionella and others)	-Understand microbiological aspects, virulence factors,	
	6. Myxoviruses and	pathogenesis, diagnosis, treatment and prevention of	
	Rhinovirus.	Streptococcus pneumonia.	
	7. Coronavirus and	-Describe microbiological aspects, virulence factors,	
	Adenovirus	pathogenesis, diagnosis and treatment of Klebsiella	
	8. Fungal and parasitic	pneumonia.	
	causes of RTI	-Describe microbiological aspects, virulence factors,	
1		nother annual diamontic threatment and annuation of	
		pathogenesis, diagnosis, treatment and prevention of	
		Bacillus anthracis.	
		Bacillus anthracis. -Understand microbiological aspects, pathogenesis,	
		Bacillus anthracis. -Understand microbiological aspects, pathogenesis, resistance, diagnostic approaches, principle of treatment and	

		-Be familiar with Atypical mycobacteria and diseases	
		caused by them.	
		-Define atypical pneumonia and list its causative microbial	
		causes.	
		-Describe microbiological aspects, virulence factors,	
		pathogenesis, diagnosis and treatment of Mycoplasma	
		pneumonia.	
		-Describe microbiological aspects, virulence factors,	
		pathogenesis, diagnosis and treatment of of Legionella	
		pneumophila.	
		-Be familiar with Chlamydia psittasi and Coxiella burnetti	
		as causative agents of atypical pneumonia.	
		-List important viral causes of RTI.	
		-Understand structure, antigenic variations, epidemiology,	
		clinical findings, diagnosis, treatment and preventive	
		measures of Influenza viruses.	
		-Understand structure, epidemiology, clinical findings,	
		diagnosis, treatment of Parainfluenza virus.	
		-Describe structure, epidemiology, clinical findings,	
		diagnosis and treatment of RSV.	
		-Understand structure, antigenic types, genetic variation and	
		evolution, epidemiology, clinical findings, diagnosis.	
		treatment and preventive measures of Coronaviruses.	
		-Describe structure, epidemiology, clinical findings,	
		diagnosis and treatment of Adenoviruses.	
		-List fungal and parasitic causes of RTL	
		-Describe microbiological aspects, pathogenesis, clinical	
		findings, diagnosis and treatment of Histoplasma	
		capsulatum.	
		-Describe microbiological aspects, pathogenesis, clinical	
		findings, diagnosis and treatment of Aspergillus fumigatus.	
		Understand microbiological aspects, life cvcle.	
		pathogenesis, clinical findings, diagnosis and treatment of	
		Pneumocystis jirovecii.	
		-Describe morphology, life cycle, pathogenesis, clinical	
		findings, diagnosis and treatment of Paragonimus	
		westermani.	
	Pathology	- Define pneumonia.	
	1.Pulmonary	- Talk briefly about the different lung defense	
	Infections I	mechanisms against infection.	
	2. Pulmonary	- Mention the classification of various pneumonia	
	Infections II	syndromes.	
		- Describe in detail the community acquired acute	
		bacterial pneumonia including the different etiologic	
		organisms (mainly streptococcus pneumonia),	
		pathogenesis, morphology, clinical features, and	
		complications.	
		- Discuss community acquired atypical pneumonia	
		including pathogenesis, morphology, and clinical	
		features.	
		- Talk more in detail about SARS-COV.	

	Pharmacology		Discuss hospital-acquired pneumonia and aspiration pneumonia. Discuss lung abscess and describe the mechanisms for microorganism introduction, pathologic features, clinical course & complications. Talk about chronic pneumonia. Discuss Tuberculosis in detail, including etiology, pathogenesis, epidemiology, types, gross and microscopic features, and complications. Comment briefly on the morphology of Histoplasmosis, Blastomycosis, and Coccidioidomycosis. Discuss pneumonia in immunocompromised patients and be familiar with the morphologic features of CMV, PJP, cryptococcosis, candidiasis, and opportunistic molds.	
Topic 5:	Finarmacology 1,2. Treatment of bacterial respiratory infections 3.Treatment of tuberculosis	- - -	adverse effects of drugs commonly used in the treatment of pulmonary bacterial infections. Understand the concepts of TB treatment with special emphasis on two phases of therapy. Understand the concepts of combination therapy particularly the advantages and disadvantages with special emphasis on TB management. Describe the mechanisms of action, pharmacokinetics, uses and side effects of Isoniazid, Rifampin, and Ethambutol. In addition, pyrazinamide as first line therapy of tuberculosis.	
<u>Malignancy (2</u> <u>Lectures)</u> Pathology: 2	1.Lung Tumors I 2.Lung tumors II, Pleural Pathology		 its clinical impacts. Discuss the changes in the classification of malignant epithelial lung tumors. Describe the etiology, pathogenesis, morphology, clinical features, routes of spread and prognosis of lung carcinoma and their precursors. Mention the diagnostic techniques of lung tumors. Briefly comment on the role of immunohistochemistry in the diagnosis of lung carcinoma. Talk in detail about the local and secondary effects of lung carcinoma, including paraneoplastic syndromes. Describe the patterns of metastatic lung tumors. Describe the classification of neuroendocrine tumors. Discuss the morphology and clinical features of carcinoid tumors. Briefly describe the clinical and morphologic features of pulmonary hamartoma. Mention the different types of pleural effusion and pleuritis. Describe pneumothorax, hemothorax and chylothorax. Discuss the etiology, pathogenesis, morphology, clinical presentation, and prognosis of malignant mesothelioma. 	

Topic 6: Environmental issues (2 lectures) Community Medicine: 2	Community Medicine 1. Environmental Health 2. An overview of occupational lung diseases.	 Describe the most prevalent environmental health concerns related to respiratory diseases and how to prevent and control them. Identify how to conduct environmental risk assessment. List common occupational lung diseases, identify their risk factors, and differentiate their clinical and radiological manifestations. Discuss how to prevent occupational lung diseases and promote workplace safety.
Topic 7: Clinical Lectures (3 lectures) Pediatrics: 1 Radiology: 1 Surgery: 1	 Approach to respiratory infections in children Radiological modalities in the respiratory system Surgical procedures and approaches in respiratory diseases 	 Be familiar with the general approach to infections in children To be able to read a simple chest x-ray To be able to diagnose emergency cases Describe the surgical procedures used commonly in respiratory diseases Surgical approach to respiratory diseases
Practical Sessions	Anatomy Labs (2): 1.Anatomy of the Upper respiratory tract And lower respiratory tract 2.Histology of the Respiratory Tract	 Identify the different parts of the external nose, nasal cavity, nasal septum, and nasal walls including conchae and meatuses with their associated openings. Identify the different parts of the laryngeal skeleton, ligaments and membranes, including the vocal and vestibular folds. Identify the different parts of the laryngeal cavity and the rima glottidis. Identify the muscles of the larynx. Revise surface markings of the larynx and site for emergency tracheostomy. Identify different parts of the pharynx and the associated structures including the tonsils and comment on their clinical significance Revise the gross, surface, and radiological anatomy of the trachea. Identify the different parts of pleura and their recesses. Identify the different parts of the lung and contrast between right and left lung. Identify important structural relations of the structures that leave impressions on the right and left lung. Identify the radiological appearance of the lungs, trachea, and bronchial tree. Identify the microscopic structure of the nasal mucosa, larynx, trachea, bronchial tree, and lung

	Physiology Lab (1): 1.Pulmonary	- - -	Discuss the purpose of performing PFT Define spirometry and spirogram. Demonstrate the recording of static lung volumes & identify different lung volumes and capacities measured by chicken and capacities measured by	
	functions tests Spirometry	-	spirometer Draw a normal spirogram, labeling the four lung volumes and four capacities. Identify which volume and capacities cannot be measured by spirometry. Indicate the normal values for lung volumes & capacities and describe the effect of age, gender, body height and race on lung volumes Define the dynamic pulmonary function tests and define FVC, FEV1 and (FEF25–75). Perform spirometry to determine FVC and FEV1 Interpret changes in FVC and FEV1 and indicate their value in the diagnosis of obstructive and restrictive lung diseases. Demonstrate the recording of peak expiratory flow and determine the following from the flow volume curve: PEFR, FEF25% - 75% Explain how volume flow curves can be used to differentiate obstructive from restrictive respiratory dysfunction.	
	Pathology Labs (2): 1,2. respiratory diseases		- - Describe the morphological features, including the gross and microscopic ones, for the most common and important pathological lesions of the different components of the respiratory system	

Microbiology Labs (1) 1.Throat swab 2.Sputum culture	 Be familiar with the selection, collection, and transport of specimens for microbiological examination. Be familiar with the cultivation and isolation of viable pathogens. List types of media used for throat swab culture. Identify and describe the type of hemolysis. Explain the value of using of some biochemical reactions Be familiar with the selection, collection, and transportation of sputum samples. Be familiar with the procedure of Ziehl-Neelsen stain. Be able to visualize and observe mycobacterium under the microscope. Be familiar with the Lowenstein-Jensen medium. Prepare slides from the sputum for staining.
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ACADEMIC SUPPORT

It is The Hashemite University policy to provide educational opportunities that ensure fair, appropriate, and reasonable accommodation to students who have disabilities that may affect their ability to participate in course activities or meet course requirements. Students with disabilities are encouraged to contact their instructor to ensure that their individual needs are met. The University through its Special Need section will exert all efforts to accommodate for individual's needs.

Special Needs Section: Student Services and Care Unit

Tel:053903333 ext. 4132/ 4583/ 5023

Location: Deanship of Students Affairs **Email:** stydent@hu.edu.jo

COURSE REGULATIONS

Participation

Class participation and attendance are important elements of every student's learning experience at The Hashemite University, and the student is expected to attend all classes. If a student is absent **for more than 15%** of the course sessions, then he/she may be liable to fail the course regardless of their performance. It is the students' responsibility to monitor the frequency of their own absences. Attendance record begins on the first day of the course irrespective of the period allotted to

drop/add and late registration. It is a student's responsibility to sign in; failure to do so will result in a non-attendance being recorded.

In exceptional cases, the student, with the instructor's prior permission, could be exempted from attending a class provided that the number of such occasions does not exceed the limit allowed by the University.

<u>Plagiarism</u>

Plagiarism is considered a serious academic offence and can result in your work losing marks or being failed. HU expects its students to adopt and abide by the highest standards of conduct in their interaction with their professors, peers, and the wider University community. As such, a student is expected not to engage in behaviors that compromise his/her own integrity as well as that of the Hashemite University.

- Plagiarism includes the following examples, and it applies to all student assignments or submitted work:
- Use of the work, ideas, images, or words of someone else without his/her permission or reference to them.
- Use of someone else's wording, name, phrase, sentence, paragraph, or essay without using quotation marks.
- Misrepresentation of the sources that were used.
- * The instructor has the right to fail the coursework or deduct marks where plagiarism is detected

Missed exams:

In all cases of assessment, students who fail to attend an exam on the scheduled date without prior permission and/or are unable to provide an accepted medical note will automatically receive a failing grade for this part of the assessment.

Cheating:

Students who are caught cheating will be reported to the Medical Dean, and further action will be taken as necessary, according to the University Regulations.

Student Complaints Policy

Students at The Hashemite University have the right to pursue complaints related to faculty, staff, and other students. The nature of the complaints may be either academic or non-academic. For more information about the policy and processes related to this policy, you may refer to the students' handbook.

COURSE ASSESSMENT

Course Calendar and Assessment

Students will be graded through the following means of assessment and their final grade will be calculated from the forms of assessment as listed below with their grade weighting considered.

Assessmen	Grade	Material	Deadline
t	Weighting		Assessment
Exam 1	40%	TBD	25/4/2024
(Midterm exam)			
Exam 2	20%	Practical Labs	25/4/2024
(Practical)			
Final exam	40%	Inclusive	30/4/2024

Description of Exams

Test questions will predominantly come from the material presented in the lectures. The exam will consist of multiplechoice questions for the regular exams and short essay questions for makeup exams (for students with accepted excuses, only documented absences will be considered as per HU guidelines).

Quizzes: Unannounced quizzes may be given during or/and at the end of each topic based upon the previous lectures. It will enforce that you come prepared to the class.

• Grades of the MD program are not negotiable and are awarded according to the following criteria

Letter	Descriptio	Grade Points
Grade	n	
A+	Excellent	4.00
А		3.75
A-		3.50
B+	Very Good	3.25
В		3.00
В-		2.75
C+	Good	2.50
С		2.25
C-		2.00
D+	Pass	1.75
D	Pass	1.50
F	Fail	0.00
I	Incomplete	-

WEEKLY LECTURE SCHEDULE AND CONTENT DISTRIBUTION

Subject	Number of	Number of	Lecturers
	Lectures	Labs	
Anatomy	8	2	Dr. Mohamed Fathi
Physiology	9	1	Dr. Waleed Refa'at
Biochemistry	4	-	Dr. Walaa Bayoumi
Pathology	9	2	Dr. Ola Abu Al Karsaneh
Microbiology	8	1	Dr. Hala Tabl
Pharmacology	7	-	Dr. Sofian Al Shboul
Community	2	-	Dr. Omnia Elmahdy
Medicine			
Clinical lectures	3	-	Dr. Mohammad AL Hourani,
			Dr. Jehad Fataftah,
			Dr. Sara Alremawi
Clinical Skills	-	2	Dr. Ayman Al Sharo
Total	50	8	

A detailed lectures timetable is provided separately.