Iraqi Board for Medical Specialities *The Scientific Council for Anesthesia and Intensive care*		المجلس العراقي للاختصاصات الطبية المجلس العلمي للتخدير والعناية المركزة

The Iraqi Board For Medical Specializations

SCIENTIFIC COUNCIL OF ANESTHESIA & INTENSTVE CARE

Introduction:

'Anesthesiology' is a medical specialty, which includes patient assessment and provision of life support, and analgesia for both surgical procedures and childbirth; assessment and management of critically ill patients, and patients with acute and chronic pain.

A 'Board Certified Anesthesiologist is a physician who provides medical management and consultation during the perioperative period, in pain medicine and in critical care medicine.

Vision:
To provide the anesthetists the highest ability of scientific practice to effectively manage complicated and critical cases in Iraq.

Goal:
The goal of the study is to train the graduates in the areas of knowledge, skills and attitude specific to anesthesiology, critical care medicine and pain management to current international standards.

ENTRY REQUIREMENTS:

1. The Resident must be a holder of a bachelor's degree in Medicine & Surgery.
2. The Resident must have completed a year of internship.
3. Resident must be medically fit for the training.
4. The Resident must submit a letter of approval from his/her sponsor confirming their permission to release him/her to join the specialty training program on a full time basis.
5. The Resident must pass the the competition exam
6. The Resident must pass the the competition interview.

Study Period:
It encompasses a four-year curriculum designed to equip physicians with the knowledge, skills, and competencies necessary to understand and address the health needs of communities. This period is classified into the following years.

Four-Year Anesthesia and intensive care study Curriculum Map

Phase	Duration	Contents
Introductory Training	6 months	General anesthesia 2 months Gynae & obstetrics anesthesia 2 months Orthopedics anesthesia 2 months
Basic Training	12 months	General anesthesia 2 months Gynae & obstetrics anesthesia 2 months Orthopedics anesthesia 1 month Anesthesia for Urosurgery 3 months Anesthesia for Opthalmolic Surgery 1 month ICU 3 months
Intermediate Training	18 months	General anesthesia 2 months Neonatology & Pediatric Anesthesia 2 months Anesthesia for ENT Surgery 3 months Anesthesia for Plastic Surgery 2 months Anesthesia for Maxillofacial Surgery 2 months Pain management 2 months Anesthesia out of operating rooms 1 month ICU 4 months
Advanced Training	12 months	Cardiac / vascular anesthesia 3 months Anesthesia for Thoracic Surgery 3 months Anesthesia for Neurosurgery 3 months Advanced ICU 2 months Neonatology & Pediatric Anesthesia 1 month

TABLE OF ROTATION PROGRAM

OPERATION THEATRE	MONTHS
Anesthesia for General Surgery	6
Anesthesia for Obstetrics and Gynecology	4
Anesthesia for Thoracic Surgery	3
Cardiac / vascular anesthesia	3
Anesthesia for Orthopedics/Trauma/ Surgery	3
Anesthesia for Urosurgery	3
Neonatology & Pediatric Anesthesia	3
Anesthesia for Neurosurgery	3
Anesthesia for ENT Surgery	3
Anesthesia for Opthalmolic Surgery	2
ICU (Adult, Pediatric, and CCU)	8
Anesthesia for Plastic Surgery	2
Anesthesia for Maxillofacial Surgery	2
Pain management	2
Anesthesia out of operating rooms	1
Total	48

ACADEMIC ACTIVITIES

A. **Academic Activity:** It includes lectures, case-based discussion, and journal club. The scheduled topic is being presented by Anesthesia Faculty or Invited Speaker.
(Details of Lectures' topics for each year in Appendix A)

B. **Journal Club:** The Journal Club Evaluation Form has been developed to assess the Residents' ability to understand the research process and improve his/her ability to critically appraise literature. It helps in building the Residents' medical knowledge as well as interpersonal and communication skills.

C. **Mortality and Morbidity:** Morbidity and mortality (M&M) sessions are considered to be powerful opportunities for learning and reflection. Traditionally, the goal of M&M conferences is to provide a forum for faculty and trainees to explore the management details of cases wherein morbidity or mortality occurred.
Session happens monthly.

Research:

All trainees are expected to perform and present one research project during their training. The objectives of the study should be well defined. For prospective study, the number of cases should be such that adequate material, judged from the hospital attendance, will be available and the candidate will be able to collect the case material within a period of 12 months so that he/she is in a position to complete the work within the stipulated time.
Approval of the study by nominated committee is demanded.

Assessment of Trainees:

1. Primary examination::

Eligibility for Primary examination:

Taking into consideration the examination regulations of the Iraqi Board, the special regulations of the anaesthesia board must be as follows:

A. The candidate must applied and approved as trainee in one of accredited training center.
B. The candidate will sit for the part-one examination 12 months after being enrolled in the training programme, in a hospital unit accredited by the training committee of the Arab Board.
C. The candidate has 4 attempts to pass part one and does not approved for 3rd years of training without passing this exam.

Type of primary examination: MCQs:

The examination comprises two papers, each 80 best of five/four MCQs.
The duration of the examination is one and half an hour for each paper.

The pass mark will be determined by the minimal pass levels of 60% for each paper and 70% for the mean of both

2. Mid examination:

Eligibility for Primary examination:

Taking into consideration the examination regulations of the Iraqi Board, the special regulations of the anaesthesia board must be as follows:

A. The candidate will sit for the part-one examination after being enrolled in the 3rd year of training programme, in a hospital unit accredited by the training committee of the Arab Board.
B. The candidate has 4 attempts to pass part one and does not approved for final exam without passing this exam. Giving additional attempt mandated considering 1st attempt of final exam as failed

Type of mid examination: OSPE:

The examination comprises 10 slides, Each of specific short answered questions. The duration of the examination is 20-40 minutes

The pass mark will be determined by the minimal pass levels is 60% f

3. Final examination:

Eligibility for Final examination:

- After passing both primary and mid examinations
- On completion of four years clinical training in an accredited teaching hospital
- Certificate of dissertation approval
- Completed and duly attested log book
- Certificate from the supervisor testifying rotational training in the required areas for specified period

The Final examination consists of 2 parts:

A. Written examinations:

Comprises two papers, each 80 best of five/four MCQs.

The duration of the examination is one and half an hour for each paper.

The pass mark will be determined by the minimal pass levels of 60% for each paper and 70% for the mean of both

B. Clinical examinations

- Structured clinical station

The pass mark will be determined by the minimal pass levels of 70% as a mean of all stations

APPENDIX: Lectures' topics for each year

First year Topics:	Second year Topics:
Neuro physiology Part:1	Evidence based medicine & How to write thesis
Neuro physiology Part:2	Preoperative assessment
Excitable tissues: nerve & muscle	Neuro anesthesia
Respiratory physiology Part:1	Anesthesia for patient with respiratory diseases
Respiratory physiology Part:2	Thoracic anesthesia
Cardiovascular physiology Part:1	Respiratory failure & Artificial ventilation in the ICU.
Cardiovascular physiology Part:2	Non cardiac anesthesia for patient with cardiac diseases
Renal physiology	Cardiac anesthesia
Physiology of the endocrine Part:1	Anesthesia for patient with renal disease including renal transplant
Physiology of the endocrine Part:2	Anesthesia for pt with endocrine diseases: Thyroid & adrenal
Physiological changes in pregnancy	Anesthesia for pt with endocrine diseases: DM
Fluid :physiology & repalacement	Anesthesia for patient with liver diseases
Blood transfusion Part:1	Perioperative monitoring
Blood transfusion Part:2	Anesthesia in ENT surgery
Acid base balance	Anesthesia for orthopedic surgery
Coagulation physiology	Obstetric anesthesia 2 lec.
General pharmacology Part:1	Painless labore
General pharmacology Part:2	Pediatric anesthesia

I.V anesthetic drugs	Anesthesia for day case surgery
Inhalational anesthetic drugs	Anesthesia for plastic surgery
Analgesics	Anesthesia for maxillofacial surgery
Muscle relaxants &neuro muscular junction	Anesthesia for laparoscopic surgery
Local anesthetic drugs	Anesthesia for radiological conditions
Drugs affecting autonomic nervous system	Coagulation disorder and management
Drugs affecting cardiovascular system	Clinical manifestation of ECG
Anesthetic breathing system	Spinal and epidural anesthesia
Vaporizer	Regional anesthesia
Ventilators	ACLS
Gas laws	Acide base disorders.
Heat & temperature	Electrolyte disorders..
Blood pressure measurement (IBPM + NIBPM)	Sepses.
ECG	Antimicrobial agents in the ICU.
Gas supply [cylinder & central] & scavenging system	Nutrition in ICU.
Humidity & Humidifier	Sedation in the ICU.
O2 & Co2 measurement	Chronic pain management
Anesthesia machine anatomy &check list	Acute pain management including Postoperative pain
Measurement of flow & volum	the use of echo in anesthesia and ICU
C.O.P measurement	Obesty & bariatric anesthesia

Presentations to be introduced by candidates in third and fourth training years under the supervision of the nominated supervisors.

Pheochromocytoma
Cranial-anesthesia
Anes. for pt with respiratory diseases
Thoracic anesthesia
Difficult intubation And fibro-optic intubation
Respiratory failure + Artificial ventilation
Anes. for pt with cardiac diseases
Anesthesia for plastic surgery
Anesthesia for patient with renal disease
The use o f RF in chronic pain management
Anesthesia for pt with endocrine diseases (except DM)
Anesthesia for patient with liver diseases
The use o f US in USGRA
Pediatric anesthesia
Anesthesia for day case surgery
Sepses
Anesthesia for laparoscopic surgery + obesty
Painless labore
neuro-axial anesthesia

anesthesia for pt with neurological diseases
Cardio-pulmonary resuscitation
Obstetric anesthesia
Aanesthesia for thoracic & abdominal aortic aneurism
Geriatric anesthesia
Anesthesia in non theater suites
Acute pain management
Cardiomyopathy
PET
Acid base disorders
DM
The ECHO in anesthesia & ICU
Asthma
Burn
mysthenia Graves
Anesthesia for ENT
Heart Faiure
Anesthesia for traumatic surgery
blood transfusion
Nutrition in ICU
Delayed recovery
enhanced recovery after surgery
Bariatric anesthesia
Preoperative assessment
Anesthesia for endarterectomy
Fluid

valvular heart diseases
Renal transplant
coagulation disorders
Anesthesia for orthopedic surgery
Anesthesia for Maxxilofacial surgery
Anesthesia for patient with IHD
Controlled hypotensive technique
Chronic pain management
Obstetric bleeding: Pre, Per, & Postpartum hemorage