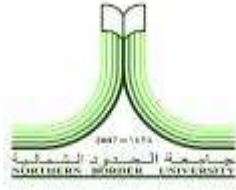


Kingdom of Saudi Arabia
Ministry of Higher Education
Northern Border University
Faculty of Medicine



المملكة العربية السعودية
وزارة التعليم العالي
جامعة الحدود الشمالية
كلية الطب

DEPARTMENT OF INTERNAL MEDICINE



CLINICAL SKILLS COURSE (INTERNAL MEDICINE) (MEDM 431) (10 CREDIT HOURS)

Study Guide

Phase III, MBBS
4th year, semester 8
19/7/1438– 13/9/1438

PLANNING COMMITTEE

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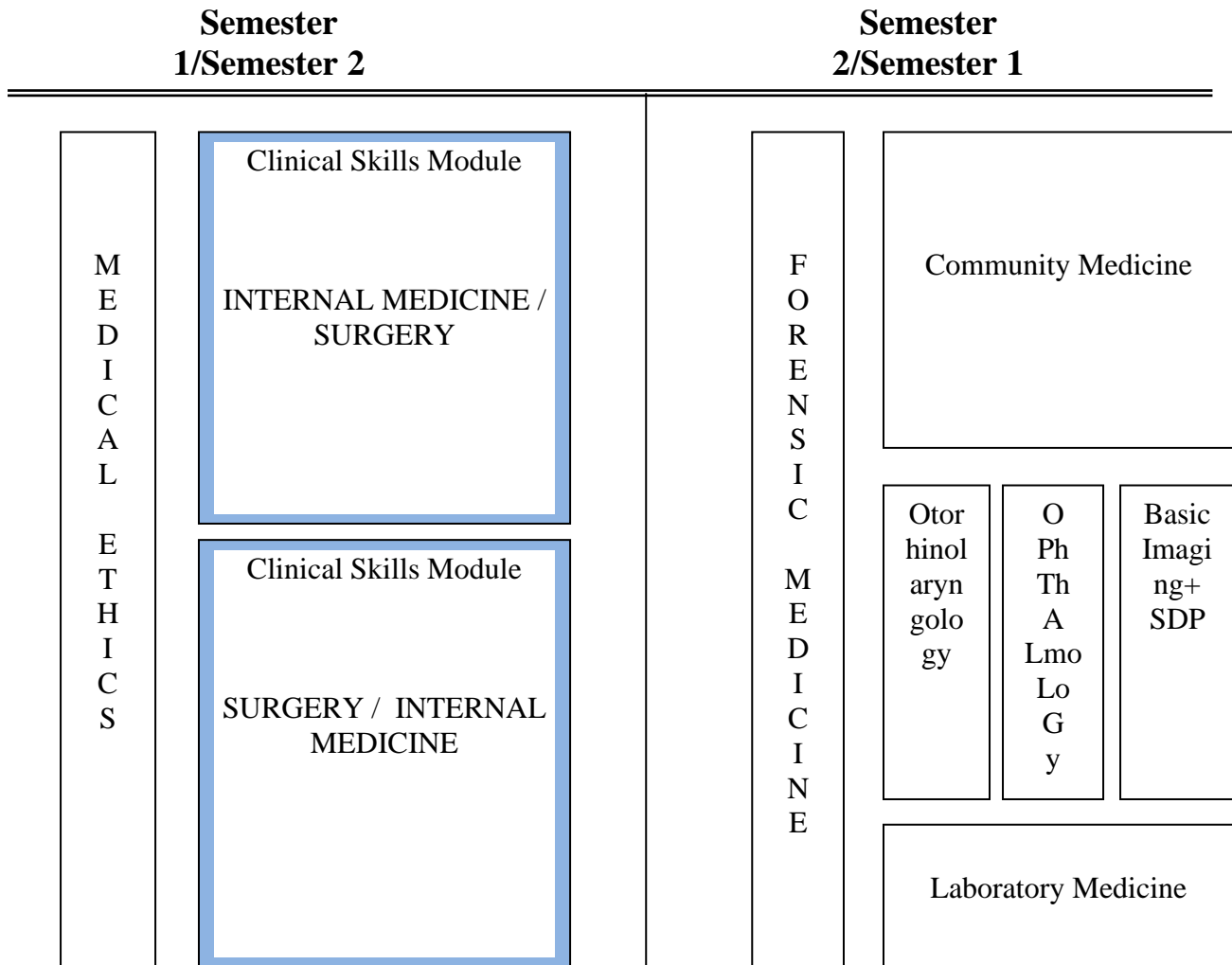
Course Specifications

- Institution :NORTHERN BORDERS UNIVERSITY
- College/ COLLEGE OF MEDICINE & HEALTH SCIENCES
- Department : DEPARTMENT OF INTERNAL MEDICINE

A Course Identification and General Information:

1. Course title and code: MEDM 431
2. Credit hours : 10 CREDIT HOURS
3. Program(s) in which the course is offered. (If general elective available in many programs indicate this rather than list programs): MBBS
4. Name of faculty member responsible for the course:
HAFIZ OSMAN IBNIDRIS ALMISBAH
5. Level/year at which this course is offered : PHASE III, 4TH YEAR
6. Pre-requisites for this course (if any): BASIC SCIENCES
7. Co-requisites for this course (if any) : NON
8. location if not on main campus: Clinical bed side teaching at Arar central hospital and prince Abdul-Aziz bin Musaad hospital

4TH YEAR STRUCTURE OF COURSES



DESCRIPTION OF THE COURSE

| COURSE NO. | Course title | LECT | TUT | PBL | BED SIDE TEACHING | SKILLS LAB. | CASE PRESENT. | CONTACT/ CR.HOURS |
|------------|---------------------|------|-----|-----|-------------------|-------------|---------------|-------------------|
| MEDM 431 | Internal medicine I | 24 | 1x8 | 8X2 | 4x2x8 | 2X2X8 | 2x8 | 152/10 |

INTRODUCTION

Welcome to the 4th year Basic Medicine Course. You will spend with us 9 weeks learning the basics of internal medicine. We hope that you will enjoy it. You will find the details of the syllabus in the schedule at the end of this study guide. Please go through it for fine details and more information.

The basic sciences courses you had in the last three years are pre-requisites for this basic medicine course particularly Anatomy, Physiology, microbiology, Pathology and pharmacology. Please refresh your knowledge as this will help you in the forthcoming medicine courses.

This Study Guide is not a list of facts and information about medical diseases. It has not been designed to replace recommended textbooks. It is designed to help you manage your learning and access to resources available to you.

For any assistance please do not hesitate to contact the members of department.

Welcome again in Department of internal medicine and we hope that your rotation in our department will be very fruitful and enjoyable.

With compliments of all members of Department of internal medicine.

Thanks

Aims and objectives

1- General objectives:

By the end of the course the student should:

1. Show responsible and compassionate behavior with the patient and family considering the cultural, social and economic background, and in dealing with all levels of education and abilities.
2. Master the required communication skills for appropriate history taking and medical examination.
3. Appreciate the role of perfect understanding of basic sciences (anatomy, physiology, and biochemistry) and the underlying pathophysiological processes relevant to medical practice in diagnosis and management of common illnesses in patient and community.
4. Be acquainted with the epidemiological profile of the population and society, their heritage and cultural, social, geographic and economic characteristics, and relationship of all those to medical disease aetiology and management.
5. Have the basic knowledge and skills necessary to identify and manage the health problems of a patient: emergency situations, common endemic or epidemic diseases and disabilities.
6. Interact effectively with the health team (and appreciate the role of others) in providing medical services.
7. Continue independent learning and prepare themselves for the advanced course of internal medicine.

2- Specific objectives:

By the end of this course the student should achieve the following objectives:

Basic Clinical Skills

1. Reflect, through attitudes, responsible and serious concern to the patient's problems and his/her family, taking into account the moral and cultural characteristics of the society.
2. Comply with the hospital system regarding uniform attendance, team work and ethical and responsible behavior.
3. Describe patterns of common medical disease, in various adult age groups, and recognize urgent problems and emergency and critical conditions in the area.
4. Take full medical history, with appropriate sequence and comprehensiveness, and write it as clear as possible.

5. Carry out the general and systemic examination in the appropriate manner, sequence and comprehensiveness relevant to the medical problem.
6. Select the laboratory investigations relevant to the problem of the patient, considering limitations of the patient, the health system and/or hospital routine, and issuing clear directives to the patient on how and where to do these investigations.
7. Use the skills learned to reach a diagnosis or suggest a differential diagnosis of the problem presented.
8. Deal with chronic and malignant diseases, disabilities and life-threatening illnesses. Such disorders include: Physical disabilities like stroke and paraplegia , asthma and other chronic respiratory diseases (bronchiectasis, emphysema, and pulmonary fibrosis), hepatitis, and other chronic gastrointestinal diseases (peptic ulcer, irritable bowel syndrome), cardiac (rheumatic and ischemic) diseases, chronic urinary tract infections, renal failure, rheumatologic diseases like rheumatoid arthritis and systemic lupus in addition to anemia and cancer .
9. Be able to examine and explain the common causes of common emergencies like coma, gastrointestinal bleeding, convulsions, seizures, chest pain, acute abdominal pain and colic.

3. Plans for developing and improving the course:

- a. Yearly review of the course components and activities putting in consideration the feedback and opinion of staff members and students to reach standard fruitful and interesting study material.
- b. Introducing new methods of teaching and training like data interpretation , slide interpretation and journal clubs.
- c. Implementing the standard clinical assessment of students eg. Osce and paces.

INTENDED LEARNING OUTCOMS

Knowledge :

- i. By the end of this basic skills in internal medicine course the student will be able to:**
 1. Understand the patterns and causes of common medical diseases related to different medical subspecialties, in various adult age groups.
 2. Recognize urgent problems and emergency and critical conditions in the area
 3. Understand the pathogeneses of common medical diseases in the area
 4. Know the clinical presentations of different medical diseases in various adult age groups
 5. Know how to plan investigations related to different diseases
 6. Understand the outlines of treating various adulthood diseases common in the area
 7. Know the complications that can develop in relation to specific diseases.

- ii. Teaching strategies to be used to develop that knowledge**
Lectures. Tutorials, Problem based learning(PBL) and self-directed learning

- iii. Methods of assessment of knowledge acquired**
Quiz and final written exam composed of multiple choice questions.

Cognitive Skills :

- i. By the end of this basic skills in internal medicine course the student will be able to:**
 1. Correlate the knowledge gained from different theoretical activities to the actual medical problems of patients in the hospital
 2. Assimilate history taking methods and use them in hospital to assess patients medical problems.
 3. Correlate physical signs found on examination of patients to the complaints of patients.
 4. Interpretate laboratory investigation results to reach specific conclusions in relation to patient medical problems
 5. Plan outlines to treat different common disease presentations

- ii. **Teaching strategies to be used to develop these cognitive skills**
PBL sessions, case presentations and clinical bed side teaching
- iii. **Methods of assessment of students cognitive skills**
PBL assessment, quiz and final written MCQs and clinical exams.

Interpersonal Skills and Responsibility :

- i. **By the end of this basic skills in internal medicine course the student will be able to:**
 1. Regular in attending classes
 2. Exchange opinion and knowledge
 3. Distribute and conduct task delivered to them by the tutors
 4. Work in a group in the clinical setting to conduct specific clinical assessment task
 5. Work independently to conduct specific clinical assessment task
- i. **Teaching strategies to be used to develop these skills and abilities:**
PBL sessions, case presentations and clinical bed side teaching
- i. **Methods of assessment of students interpersonal skills and capacity to carry responsibility:**
PBL assessment using a special form and final clinical exam.

Communication, Information Technology and Numerical Skills:

- i. **By the end of this basic skills in internal medicine course the student will be able to:**
 1. Use communication skills and utilise it in dealing with patients and their relatives to solve the different medical problems and also to communicate effectively with colleagues and other staff members in the hospital.
 2. Use trusted medical websites to gather updated information for helping patients and their families.
 3. Inform patients about their medical problems in simple language understandable to them.
 4. Analyse and evaluate updated medical information from different sources in the web.

- ii. **Teaching strategies to be used to develop these skills**
Clinical rounds and bed side teaching, clinical presentations, tutorials and self-directed learning.
- iii. **Methods of assessment of students numerical and communication skills**
PBL assessment, case presentation assessment and clinical exam.

Psychomotor Skills:

- i. **By the end of this basic skills in internal medicine course the student will be able to:**
 1. Take proper and comprehensive history for problems in all body systems
 2. Give differential diagnoses for the different presentations at the end history taking
 3. Do proper general and systemic physical examination for most of the body systems especially cardiovascular, respiratory, gastrointestinal, urinary and endocrine systems.
 4. Give the differential diagnoses and the most likely diagnosis after interpretation of symptoms and signs.
 5. Interpretate laboratory and imaging results to confirm a specific diagnosis.
- ii. **Teaching strategies to be used to develop these skills:**
Case presentations, clinical bed side teaching and skills lab. Simulator sessions.
- iii. **Methods of assessment of students psychomotor skills:**
Case presentation assessment and clinical exam.

CONTENTS OF THE COURSE**1- LECTURES:**

| No. | LECTURE | Contact hours | Lecturer | Date |
|-----------------------------|--|---------------|-----------------|-----------|
| 1 | Cardiomyopathies | 1 | Dr. Amer | 20/7/1438 |
| 2 | Heart failure & pulmonary oedema | 1 | Dr. Abdelrahman | 20/7/1438 |
| 3 | Rheumatic heart disease | 1 | Dr. Shereen | 21/7/1438 |
| 4 | Ischaemic heart disease | 1 | Dr. Salah | 27/7/1438 |
| 5 | Myocarditis & pericarditis | 1 | Dr. Ahmed | 27/7/1438 |
| 6 | Acute renal failure | 1 | Dr. Ghazala | 28/7/1438 |
| 7 | Urinary tract infection | 1 | Dr. Naglaa | 28/7/1438 |
| 8 | Lymphomas | 1 | Dr. Salma | 5/8/1438 |
| 9 | Hepatitis | 1 | Dr. Ahmed | 5/8/1438 |
| 10 | Glomerulonephritis | 1 | Dr. Naglaa | 6/8/1438 |
| 11 | Chronic renal failure | 1 | Dr. Ghazala | 6/8/1438 |
| 12 | Diabetes mellitus & causes of hyperglycaemia | 1 | Dr. Amer | 12/8/1438 |
| 13 | Upper resp. Tract infections/Pneumonias | 1 | Dr. Amer | 12/8/1438 |
| 14 | Hyperthyroidism and Hypothyroidism | 1 | Dr. Ghazala | 13/8/1438 |
| 15 | Obstructive & restrictive resp. Disease | 1 | Dr. Hafiz | 19/8/1438 |
| 16 | Rheumatoid arthritis | 1 | Dr. Shereen | 19/8/1438 |
| 17 | Bronchiectasis, lung abscess & empyema | 1 | Dr. Ehtesham | 20/8/1438 |
| 18 | Leukaemias | 1 | Dr. Hafiz | 27/8/1438 |
| 19 | Cerebrovascular disease & stroke | 1 | Dr. Naglaa | 28/8/1438 |
| 20 | Epilepsy | 1 | Dr. Abdelrahman | 2/9/1438 |
| 21 | Peptic ulcer disease | 1 | Dr. Ehtesham | 3/9/1438 |
| 22 | Systemic lupus erythematosus | 1 | Dr. Salma | 3/9/1438 |
| 23 | Liver cirrhosis & portal hypertension | 1 | Dr. Ahmed | 4/9/1438 |
| 24 | Inflammatory bowel disease | 1 | Dr. Hafiz | 4/9/1438 |
| Total contact /credit hours | | 24/1.6 | | |

2- TUTORIALS:

| No. | Tutorial | Date | Contact hours | Tutors | |
|----------------------------|-----------------------------------|-----------|---------------|--------------|-------------|
| 1 | Rheumatic fever | 20/7/1438 | 1 | Dr. Naglaa | Dr. Ghazala |
| 2 | Bronchial asthma | 26/7/1438 | 1 | Dr. Ehtesham | Dr. Salma |
| 3 | Infective endocarditis | 4/8/1438 | 1 | Dr. Abukanna | Dr. Amer |
| 4 | Pleural effusion | 13/8/1438 | 1 | Dr. Hafiz | Dr. Ghazala |
| 5 | Haemolytic anaemias | 19/8/1438 | 1 | Dr.Salah | Dr. Ahmed |
| 6 | Acute complications of diabetes | 20/8/1438 | 1 | Dr. Shereen | Dr. Salma |
| 7 | Chronic complications of diabetes | 27/8/1438 | 1 | Dr. Hafiz | Dr. Amer |
| 8 | Ascites | 4/9/1438 | 1 | Dr. Naglaa | Dr. Ahmed |
| Total contact/credit hours | | | 8/0.53 | | |

3- PBL

| No. | PBL | Date | Contact hours | Tutors | |
|----------------------------|------------------------|----------------|---------------|--------------|--------------|
| 1 | Mitral stenosis | 21/7&22/7/1438 | 1 | Dr. Ehtesham | Dr.Almujtaba |
| 2 | Myocardial infarction | 27/7&28/7/1438 | 1 | Dr.Amer | Dr.Almujtaba |
| 3 | Pulmonary tuberculosis | 6/8&8/8/1438 | 1 | Dr. Salah | Dr.Almujtaba |
| 4 | Nephrotic syndrome | 12/8&14/8/1438 | 1 | Dr. Shereen | Dr.Almujtaba |
| 5 | Food poisoning | 20/8&21/8/1438 | 1 | Dr. Ehtesham | Dr.Almujtaba |
| 6 | Megaloblastic anaemia | 26/8&27/8/1438 | 1 | Dr. Abukanna | Dr.Almujtaba |
| 7 | Sickle cell anaemia | 26/8&3/9 /1438 | 1 | Dr. Salma | Dr.Almujtaba |
| 8 | Hepatosplenomegally | 3/9&5/9 /1438 | 1 | Dr. Shereen | Dr.Almujtaba |
| Total contact/credit hours | | | 8/0.53 | | |

4. Clinical bed side teaching:

- Students will be divided into three small groups
- Each group will have 4 bed side teaching sessions weekly each session is of 2 hours duration for discussion of medical cases preceded by one hour for history taking and physical examination. This continue for 8 weeks.
- Common signs to be seen in clinical rounds during this course:
 - General:
 - Pallor, jaundice, cyanosis(central and peripheral), buffy face, Ptosis, oral thrush, dental caries, parotid enlargement, palpable lymph nodes, clubbing, Koilonychia, palmer erythema, dupuytren's contracture, gynecomastia, spider nevi, hyper and hypo pigmentation, macules, papules, nodules, pustules.
 - Cardiology:
 - Raised JVP , Irregular pulse, Collapsing pulse, high BP, deviated apex, heaving apex, tapping apex, thrills, left para sternal heave, palpable 2nd heart sound, loud 1st and 2nd heart sounds, gallop rhythm, systolic and diastolic murmurs, radiating murmurs, pericardial rub, basal crepitations, palpable tender liver, LL. Oedema, sacral oedema.
 - Respiratory:
 - Tachypnea, deviated trachea, depressed chest, barrel chest, pigeon chest, funnel chest, decreased chest movement(expansion), increased tactile vocal fremitus, increased vocal resonance, dull percussion, stony dull percussion, hyper resonant percussion, whispering pectoriloquy, normal breath sounds, bronchial breathing, rhonchi and wheezes, coarse crepitations, fine crepitations, pleural rub.
 - Gastroenterology and liver disease:
 - Distended abdomen, scaphoid abdomen, distended superficial veins, striae, palpable spleen, palpable liver, palpable abdominal mass, shifting dullness, fluid thrill, bowel sounds, abdominal bruits.
 - Musculoskeletal:Kyphosis, scoliosis, Signs of arthritis, rheumatoid hand, muscle wasting.

5. Skills lab:

- Students are divided into two groups and simulators and advanced manikins are used to demonstrate techniques of physical examination of different body systems and demonstrate normal and abnormal sounds in the respiratory and cardiovascular systems. There are two sessions weekly each is two hours duration.

6. Case presentation:

- Students will present one or two cases each session. The duration of presentation session is one hour
- There are two sessions weekly for 8 weeks

ASSESSMENT

1. Continuous assessment:
 - a) PBL.....5%
 - b) Case presentations.....5%
 - c) Quiz.....10%

2. Final writtenexam(MCQs).....40%

3. Clinical Exam.....40%
 - a) One long case(20%) .
 - b) One short case(10%).
 - c) OSCE(10 stations) (10%).

STUDENT SUPPORT

Office hours:

There are 6 male and 3 female staff members in internal medicine department.

The number of office hours for each staff member are 6 hours weekly for the purpose of student consultations and academic advice.

TEXTBOOKS & REFERENCES

1. TEXTBOOKS:

- Haslett C. : Davidson Principles and Practice of Medicine. 22nd edition, Churchill Livingstone.
- Kumar.PJ. : Clinical Medicine. 8th edition, WB Saunders.
- Nicholas J. Tally: Clinical Examination. 6TH edition, Elsevier.

2. REFERENCES:

- Kasper DL *et al.* (Eds). Harrison's Principles of Internal Medicine.
- Cicel textbook of medicine, 22nd edition, WB Saunders.

3. WEBSITES:

- Student consult

F. Facilities Required

1. Accommodation:

The expected number of students to be involved in the course is 15 – 20 students each rotation.

Lecture room in the college equipped with data show and computer to accommodate these students is required for conducting lectures.

Two small lecture rooms in the college are required to conduct PBL and tutorials.

One room in the hospital to accommodate this number of student is required to conduct case presentations.

Three small rooms in the hospital are required to conduct discussion of clinical cases.

2. Computing resources:

Computers are required in the small discussion rooms and in the skills lab. for easy computer access.

G. Course Evaluation and Improvement Processes

1. Strategies for Obtaining Student Feedback on Quality of Teaching:
 - a. Confidential questionnaire will be distributed to the students and their feedback analysed and used for improving the course.
 - b. Focus group discussion with small groups of students will also be used to get feedback for purpose of improving the course.
2. Other Strategies for Evaluation of Teaching:
 - a. Observations of the teaching staff will be considered to improve the standards of the course and methodology of application.
 - b. Help from independent institutions and external examiners in evaluation regarding student theoretical and clinical standards.
3. Processes for Improvement of Teaching :
 - a. Workshops and symposia on teaching methodologies
 - b. Annual review of recommended teaching strategies and the use of updated ones.
4. Processes for Verifying Standards of Student Achievement:
 - a. Check marking of a sample of written examination papers by an external examiner or an independent institution.
 - b. Check marking of a sample of clinical examination papers by an external examiner or an independent institution.
5. Action Planning for Improvement
 - a. Process for reviewing feedback on the quality of the course:
We will analyse the feedback from the independent institutions , external examiners , staff members and students and put plans for correction and improvement for any defects found.
 - b. Plan for improvement:
The plans for improvement are discussed in the department meeting in monthly bases and applied after approval.