

DEPARTMENT OF MEDICINE
COLLEGE OF MEDICINE
KING KHALID UNIVERSITY HOSPITAL
KING SAUD UNIVERSITY

COURSE 341 -GUIDELINES
School year 1430 – 1431
2009-2010

GENERAL COURSE ORGANIZER
DR.ABDULRAHMAN M AL-JEBREEN; CHAIRMAN OF DEPARTMENT OF MEDICINE
DR.WALEED K AL-HAMOUDI & Nahla Azzam; GENERAL COURSE ORGANIZERS

DEPARTMENT OF MEDICINE
MED COURSE 341

Curriculum Proposal Form

Course Name : Internal Medicine	اسم المقرر: الباطنة العام
Course Code & No : 341	رقم المقرر ورمزه: طب 341
Credits : 10 (7 +3)*	الساعات المعتمدة: 10 (3+7)*
Duration :one year	مدة المقرر: سنة كاملة
Study year: Third year	سنة الدراسة: الثالثة

*تدريب عملي
(جلستين عمليتين اسبوعياً بمعدل 3 ساعات في كل جلسة) =====
3 محاضرات اسبوعياً على مدار السنة بمعدل ساعة واحدة =====

== clinical teaching ==
2 sessions per week(3 hours each)
-3 lecture per week (one hour each)

=====

Curriculum revision date: 10 / 10 / 1430

Revised by:

Course Development committee:

Name	Title	Position
Dr. Abdulrahman Aljebreen	Assoct.Professor.	Chairman Department
Dr. Waleed AL Hamoudi	Asst. Professor.	General Course organizer
Dr. Nahla Azzam	Asst. Professor.	General Course organizer
Dr. Othman Al-Harbi	Asst. professor	Co-organizer
Dr. Sultan Al Mogereen	Asst. Professor.	Co-organizers
Dr. Ahmed Hersi	Asst. Professor.	Co-organizers
Dr. Anwer Jamah	Asst. Professor.	Co-organizers
Dr. Amer Allem	Asst. Professor.	Co-organizers

TABLE OF CONTENTS

NO	Item	Page No.
1	Introduction	1
2	Suggested Reading List	2
3	EXAMINATIONS	3
4	Objectives	
5	Teaching Methodology	4 -7
6	MEDICAL INTERVIEW	8
7	GENERAL GUIDELINES	9
8	TECHNIQUE OF CLINICAL TEACHING	10-14
9	Weekly Schedule(LECTURE TIMETABLE)	15-20
10	Weekly Schedule(BEDSIDE CLINICAL TEACHING)	21-22
11	Evaluation and attendance forms	

MED COURSE 341

10 Credit hours

Med Course 341 is the first clinical course for the medical students. It is a 10 credit hours course of theoretical part (lectures) and clinical part (bedside teaching). The main objective of the course is mastering history taking: learning the technique of how do physical exam and know the physical sings of patients. The course was taught over 28 week's period.

TEACHING PART OF THE COURSE

THEORETICAL PART: There shall be three lectures per week covering all the general medicine aspect such as cardiology, rheumatology, pulmonology, endocrinology, nephrology, gastroenterology, hematology/oncology, infectious diseases and neurology given over 72 lectures during 28 weeks.

CLINICAL BEDSIDE TEACHING: There shall two clinical sessions per week. The teaching consists mainly of basic history taking, basic technique of different system examinations and definition and identification of physical sings.

ATTENDANCE

Attendance is continuously monitored and kept to see whether students will meet the required percentage of attendance set by the University. The attendance will give the **students 5% out of total marks100% each semester ???shell we keep it**

As early as possible, any student noticed to have poor attendance would be given warning letters to call their attention and given them a chance to improve. As a rule, students should have attended at least 75% of the total 71 lectures and 56 sessions of the bedside clinical teaching of the course to be allowed to sit in the final exam. Names of students who will have less than 75% attendance will be submitted to the Vice Dean – Academic Affairs Office and will not be included in the exam until the University gives their approval.

CONTRIBUTING TEACHING STAFF / HOSPITALS

Students were distributed in two different hospitals, King Khalid University Hospital and Riyadh Medical Complex for their bedside clinical teaching. Consultants from KKHU rotates between the two hospitals to do the teaching.

RECOMMENDED REFERENCES

A. Textbook of Medicine

Any one of the following excellent books:

1. Cecil essentials of medicine Latest Edition (Recommended)
2. Clinical Medicine – A textbook for Medical students and doctors.
P.J Kumar and M.L. Clark “Latest Edition”.
3. Davidson’s Principles and Practices of Medicine – C.R. Edward and Ian,

A.D

Bonchir – Latest Edition.

B. Physical Examination

Any one of the following books:

1. Clinical Examination – last Edition by Nicholas Talley and Simon O’Connor.
2. Macleod’s Clinical Examination by John Munro and C. Edwards.
3. **We need to add 1-2 OSCE books**

EXAMINATIONS

CONTINUOUS ASSESSMENT EXAM is 30% from the total 100% marks.

- This is the first exam done after the students finished the first half of the course and it
Consists of Written Exam (15%) and Clinical – Long Case Exam (15%)

FINAL EXAMINATION is 60% from the total 100% marks.

- This will be the second exam after the students finished the 28 weeks of teaching and
Just like the first exam it consists of written exam (30%) and clinical –OSCE stations (30%)

WRITTEN EXAM – IS COMPOSED OF 60 QUESTIONS OF SINGLE BEST , each question is required to have four or five stems. There is no negative marking in the written exam. Students are advice to answer all the questions and make sure to submit the answer sheets with out any empty space.

CLINICAL EXAM - Students will be marked on his/her ability to take history and perform a physical examination of all the systems taking into consideration that this is their first clinical exam. On both occasions, examiners do not expect the students to know the diagnosis or differential diagnosis of patients. Students are not expected yet to know the management approach. **This will be evaluated by long case presentation and discussion in Mid term exam and by OSCE in the final exam**

OSCE is objective structured clinical examination
It is standards in clinical exam in Europe and states It consist of 6 stations over 60 minutes

- Divided by 3 clinical stations
- 2 history taking

- 1 rest stations
- All are patients oriented

3

MED COURSE 341 LECTURS

A. CARDIOLOGY

1. Acute Coronary Syndromes
2. Heart Failure – Etiology and Diagnosis
3. Heart Failure – Prognosis and Management
4. Rheumatic Heart Diseases
5. Rheumatic Heart Diseases and Infective Endocarditis
6. Arrhythmia
7. Approach to Chest Pain
8. Approach to patient with Heart Failure

B. PULMONOLOGY

1. Cough
2. Dyspnea
3. Bronchial Asthma
4. C.O.P.D.
5. Approach to Pleural Effusion
6. DVT / Pulmonary Embolism
7. Investigation of Lung Disease
8. Shock
9. Respiratory Failure

C. INFECTIOUS DISEASES

1. Tuberculosis
2. Approach to Febrile Patients
3. HIV/AIDS
4. Approach to Acute Diarrheal Disease
5. Common Viral Infection
6. Common Endemic Infection in Saudi Arabia
7. Health Care associated Infections
8. Use of Antibiotics
9. Infection in the Immunocompromised Host
10. Malaria and Travel medicine

D. GASTROENTEROLOGY

1. Approach to Chronic Diarrhea
2. Liver Cirrhosis and Complication
3. Inflammatory Bowel Disease
4. Acute Viral Hepatitis
5. Approach to Dysphagia
6. Approach Abdominal Pain
7. Gastrointestinal Bleeding

E. ENDOCRINOLOGY

1. DM (types, diagnosis, etiology)
2. DM (chronic complications.. Nephropathy, Vasculopathy...etc)
3. DM (Acute complications DKA, hyperosmolar, and hypoglycemia)
4. Metabolic Bone Disease
5. Obesity
6. Pituitary Disorders
7. Adrenal Disorders
8. Thyroids Disorders
9. Hyperlipidemia
10. DM (Approach to Diabetic Patients)

F. ONCOLOGY / HAEMATOLOGY

1. Bleeding Disorders
2. Anemia
3. Leukemia (Acute and Chronic)
4. Approach to Anemia
5. Hypercoagulable states
6. Common Solid Tumor
7. Lymphoma
8. Introduction to cancer diagnosis and treatment

G. NEPHROLOGY

1. Hypertension
2. Approach to Acute Kidney Injury
3. Chronic Kidney Disease
4. UTI
5. Acid Base Disorder
6. Approach to Hematuria and Proteinuria

H. NEUROLOGY

1. Approach to Localization in Clinical Neurology
2. Physical Examination of Nervous System
3. Approach to patients with Weakness
4. Muscle Disease
5. Seizure
6. Cerebrovascular Disease
7. Peripheral Neuropathies
8. CNS Infections
9. Approach to Headache
10. Altered Mental Status

I. RHEUMATOLOGY

1. SLE and Scleroderma
2. Rheumatoid Arthritis & OA
3. Approach to Chronic Arthritis and Chronic Back Pain

THE MEDICAL INTERVIEW

The main purpose of the medical interview is to obtain information about the patient's illness in order to reach a diagnosis. Diagnosis means identifying and characterizing the disease that the patient has. It is a mental exercise that depends on three basic components.

- a. History of illness
- b. Physical examination
- c. Diagnostic procedures (Laboratory of radiological, etc.)

Patient history is the most important component as 80% of diagnosis can be made from history alone. Physical examination increases the diagnostic yield by 10% and laboratory investigations by another 10%. Therefore taking a good medical history is essential in providing good patient care.

Clinical manifestation of disease are classified as:

- a. Symptoms: Abnormal sensations/changes that the patient feel or observe (e.g. pain, weakness, shortness of breath).
- b. Signs: Abnormal findings detected by physician on examination (e.g. high temperature, enlarged liver, heart murmur).

HISTORY TAKING:

The objective of taking a medical history is to obtain information about patient illness to make a diagnosis, assess the severity of illness and evaluate its effects on patient's bodily functions and life. It also serves to establish a relationship between the physician and the patient. The medical history consists of eight components:

1. Personal data.
2. Chief complaint (presenting illness)
3. History of presenting illness
4. Past history (medical and surgical)
5. Family history
6. Social history
7. Drugs and allergies
8. Review of systems

GENERAL GUIDELINES:

Obtaining a good history and physical examination depends largely on patient's cooperation and confidence in his physician. Students should learn ways to facilitate communication with patients and increase their cooperation during history taking and physical examination. The following are helpful guidelines:

- a. At the beginning, greet the patient and introduce yourself to him: call the patient by his/her first name (if young, use brother/sister: if old, use uncle/aunt). Ask the patient "how is he feeling now?"
- b. Put the patient at ease, make sure that he is comfortable, e.g. in posture, light and Temperature. Draw the curtains around him to ensure privacy. For females, a female attendant or nurse has to be present.
- c. Show the patient that you are interested in him: by paying attention to his words, Making sure he is comfortable, answering his needs (e.g. blanket, glass of water , bathroom, etc.). Your posture, words and facial expression should show continuous Attention to the patient.
- d. Facilitate communication to promote free flow of information. This is done by Asking general open-ended questions. Encourage the patient to speak freely about His problem. Show interest in his statements by nodding your head, saying "yes", "ahah", and then repeating the last phrase of his account.
- e. Avoid actions or words that reduce communication, e.g. using technical terms (patients did not study pathology) or interrupting patient's speech. Avoid actions that suggest to the patient that you are not interested in him, e.g. talking to another person while the patient talks, reading the hospital chart or book or not actively listening to him.

TECHNIQUE OF HISTORY TAKING

For proper history taking, you are advised to use a systematic approach covering the major components of the medical history mentioned above. I advise you to use the following method:

Step 1: **Introduction**

- Greet the patient (as above)
- Introduce yourself “I am (mention your name), I am part of the medical team responsible for your care, and I wish to speak to you about your illness”.
- Make sure he is comfortable ... (as above), put him at ease.
Ask “how are you feeling now?” “where are from, uncle?”
- To improve communication, you may chat with him about the weather, his city or
Region, etc.

Step 2: **Personal data**

- Get the patient’s name (preferably from records), age, sex, nationality, and area of
Residence, occupation.

Step 3: **Chief complaint (presenting illness)**

- Ask the patient about the symptom, complaint or problem that brought him to the
Hospital, e.g. “What was the problem that brought you to the hospital?
“When did
It starts?” “Were you well before that?” “What was the first thing that you
felt?”
Here, encourages the patient to speak freely, and give a full account of his
problem.
Do not interrupt except by nodding your head or saying “Yes “, “ah “.
“What else “? When the patient finishes his initial description, ask him “are
there any other problems “. Repeat until the patient has nothing to add.
Avoid suggestions and do not ask leading questions, e.g. “Do you have loin
pain?”.
Your objective here is to identify the main symptom or symptoms that the
patient has and their duration. This is the chief complaint(s).

Step 4: **History of present illness (HPI)**

Here, your objective is to analyze or dissect the main symptom(s) in details, and in a chronological order. Symptoms (e.g. pain) are usually characterized by the

Following features:

1. Body site (exact area of body affected)
2. Duration – since the beginning of the symptom
3. Radiation – to other areas of the body
4. Character – describe the symptom (what is it like) and clarify what the patient means by symptom.
5. Onset – did it start gradually or suddenly
6. Severity – mild, moderate, severe
 - Does it interfere with daily activity or sleep?
 - Frequency of the symptom (if intermittent)
 - Size (swelling), volume (fluid, sputum, etc.)
7. Aggravating factors – factors that make it worse.
Precipitating factors – factors that lead to it.
Relieving factors – factors that make it better.
8. Course of the symptom since the beginning: did it improve or get worse? If
Multiple attacks, frequency and duration of attacks
9. Associated symptoms: these include:
 - Positive symptoms within the same system or other systems.
 - Negative symptoms of the same system (state that they are absent)
 - General symptoms of disease (fatigue, weight loss, anorexia, fever) whether present or absent.

Step 5: **Past History**

- Ask about any significant medical problems in the past – since childhood.
Hospital
Admissions, trauma, fractures, surgical operations, blood transfusions.
Mention diseases/ surgeries and the dates (year).

N.B.: Remember that past medical history includes illnesses that happened in the past and are cured. Chronic diseases that started in the past and are still present (like diabetes mellitus, hypertension, rheumatoid arthritis) are not past medical problems, they are current problems and should be included in history of present illness.

Step 6: **Family History**

Ask about:

- Family members and their state of health (parents, brothers and sisters, wife and Children)
- Illnesses and deaths in the family
- Any similar illness family members

Step 7: **Social History**

Ask about:

- Nature of occupation – recent and old
- Home surroundings
- Any problems with work or family members or financial problems
- Habits: Drinking/smoking
- History of travel

Step 8: **Drugs and Allergies**

- Is the patient using any drugs? Mention names, dosages.
- Is the allergic to any drugs or substances?

Step 9: **Review of system**

General : Anorexia, weight loss, fatigue, fever, sleep disturbance

CVS : Chest pain, dyspnea, cough, hemoptysis, palpitations, syncope, Ankle swelling, leg pains.

Respiratory : Chest pain, dyspnea, cough, sputum, hemoptysis, wheezing.

G.I.T. : Nausea, vomiting, dysphagia, heartburn, abdominal pain, Distension, dyspepsia, diarrhea, constipation, jaundice.

Urinary : History of loin pain, dysuria, hematuria, frequency, polyuria, Hesitancy, difficulty in micturition, urethral discharge.

- Locomotor : Joint pain, swelling, muscle pain, weakness, backpain, bone pain.
- C.N.S. : Headache, dizziness, loss of consciousness, seizures, visual or Auditory symptoms. Weakness and numbness in any part of the Body.
- Skin : Skin lesion, itching
- Blood : History of blood loss, bleeding tendency

COURSE PROGRAM

**MED COURSE 341
BEDSIDE CLINICAL TEACHING 1st semester**

For all 6 weeks 2-3 history are required each week in addition to the physical exam as the following

General Exam	WEEK 1
Abdomen Exam	WEEK 2
Cardiovascular Exam	WEEK 3
Chest Exam	WEEK 4
Musculoskeletal Exam	WEEK 5
All Systems Review	WEEK 6

± NEUROLOGY

DR. Waleed Al Hamoudi

DR. Nahla Azam

Course Organizer

Med Course 341

Bleep No. 3275

COURSE PROGRAM

**MED COURSE 341
BEDSIDE CLINICAL TEACHING 2nd semester**

For all 6 weeks 2-3 history are required each week in addition to the physical exam as the following

General Exam (OSCE oriented) WEEK 1

Abdomen Exam (OSCE oriented) WEEK 2

Cardiovascular Exam (OSCE oriented) WEEK 3

Chest Exam (OSCE oriented) WEEK 4

Musculoskeletal Exam (OSCE oriented) WEEK 5

All Systems Review WEEK 6

± NEUROLOGY

DR. Waleed Al Hamoudi

DR. Nahla Azam

Course Organizer

Med Course 341

Bleep No. 3275

DEPARTMENT OF MEDICINE
 MED COURSE 341
 COURSE PROGRAM/First Semester
School year 1429 – 1430

Set : 1

MALE GROUP A Room 3141, Level 3 Saturday 8 – 9 a.m.	MALE GROUP B Room 3110, Level 3 Wednesday 8 – 9 a.m.	FEMALE GROUP C Room (1) level 3 new Building Saturday 1 – 2 p.m.	LECTURE TITLES	LECTURER
			Introduction	Dr. Waleed Al-Hamudi(male Dr. Nahla Azzam (females))
			DM (types, diagnosis, etiology)	Dr. Khalid A Al Rubaan
			DM (chronic complications.. Nephropathy, Vasculopathy...etc)	Dr. Attalla Al Ruhaily
			Heart Failure – Etiology and Diagnosis	(M) Al Habib (F) Al Baker
			Heart Failure – Prognosis and Management	
			Approach Chest Pain	(M) Dr. Hussam Al Faleh (F) Al Baker
			Acute Coronary Syndromes	Dr. Hussam Al Faleh
			DM (Acute complications DKA, hyperosmolar, and hypoglycemia)	Dr. Khalid A Al Rubaan
			DM (Approach to Diabetic Patients)	Dr. Moh'd A Al Maatouq
			Approach Abdominal Pain	(M) Prof Ibrahim A Al Mofleh (F) Dr. Nahla A Azzam
			Approach to Pleural Effusion	Prof.Bahammam

DEPARTMENT OF MEDICINE
 MED COURSE 341
 COURSE PROGRAM/ First Semester
School year 1429 - 1430

Set : 2

MALE GROUP A Room 3141, Level 3 TUESDAY 8 – 9 A.M.	MALE GROUP B Room 3110, Level 3 SATURDAY 11– 12 A.M.	FEMALE GROUP C Room (1) level 3 new Building MONDAY 9– 10 A.M.	LECTURE TITLES	LECTURER
			Gastrointestinal Bleeding	Dr. K. AlSwat
			Approach to Acute Kidney Injury	Dr. Moh'd Al Ghonaime
			Liver Cirrhosis and Complication	Dr. Ayman Abdo
			Inflammatory Bowel Disease	Dr. A/rahman M Al Jebreen
			Hypertension	Prof. Jamal Al Wakel
			Approach to Chronic Diarrhea	(M) Prof Saleh M Al Amri (F) Dr. Nahla A Azzam
			Chronic Kidney Disease	Dr. Akram Askar
			UTI	Dr. Feraz Niaz
			Approach to Hematuria and Protenuria	Dr. Abdulkareem Al Suwaida
			Bronchial Asthma	Prof. Moh'd Al Hajjaj
			C.O.P.D.	Prof. Feisal Al Kassimi
			DVT / Pulmonary Embolism	Prof. Bahammam

DEPARTMENT OF MEDICINE
MED COURSE 341
COURSE PROGRAM
School year 1429 - 1430

Set : 3

MALE GROUP A Room 3141, Level 3 WEDNESDAY 9 – 10 A.M.	MALE GROUP B Room 3110, Level 3 TUESDAY 11– 12 A.M.	FEMALE GROUP C Room (1) level 3 new Building SUNDAY 9– 10 A.M.	LECTURE TITLES	LECTURER
			Tuberculosis	Dr. Awadh al-Anazi
			Common Endemic Infection in Saudi Arabia	Prof. abdulkarim al-aska
			Approach to Febrile Patients	Dr.Fahad al majid
			Anemia	Dr Aamer (M) Dr. Farjah (F)
			Bleeding Disorders	Dr Aamer (M) Dr. Farjah (F)
			Approach to Anemia	Prof. Momen (M) Dr. Farjah (F)
			Rheumatoid Arthritis & OA	Dr. Hussein Al-Arfaj
			Approach to Chronic Arthritis and Chronic Back Pain	Dr. Sultan ALMogereen.
			SLE and Scleroderma	Prof. Abdulrahman Al Arfaj
			Approach to Acute Diarrheal Disease	Prof.Ibrahim al orainey
			Malaria and Travel medicine	Dr. Awadh al-Anazi

DEPARTMENT OF MEDICINE
 MED COURSE 341
 COURSE PROGRAM/2nd Semester
School year 1429 – 1430

set : 1

MALE GROUP A Room 3141, Level 3 Saturday 8 – 9 a.m.	MALE GROUP B Room 3110, Level 3 Wednesday 8 – 9 a.m.	FEMALE GROUP C Room 3435 level 3 Saturday 1 – 2 p.m.	LECTURE TITLES	LECTURER
			Valvula Heart Diseases	(M) Dr. Moh'd R Arafah (F) Al Baker
			Rheumatic and Infective Endocardeti	Dr. A/ellah F Al Mobeireek
			Arrhythmia	Al Hersi
			Approach to patient with Heart Failure	Dr. Khalid F Al Habib
			Metabolic Bone Disease	(F) Dr. Mona Fouda Prof. Riad A Sulimani
			Obesity	Dr Assim A Al Fadda
			Pituitary Disorders	Prof. Riad A Sulimani
			Adrenal Disorders	Dr. Attalla Al Ruhaily
			Thyroids Disorders	Dr Assim A Al Fadda
			Hyperlipidemia	Dr. Moh'd A Al Maatouq
			Acute Viral Hepatitis	Prof: Faleh Al Faleh
			Approach to Dysphagia	Prof Saleh M Al Amri (F) Dr. Nahla A Azzam
			Leukemia (Acute and Chronic)	Dr. Aamer (M) Prof Momen (F)

DEPARTMENT OF MEDICINE
 MED COURSE 341
 COURSE PROGRAM/2nd Semester
School year 1429 – 1430

set : 2

MALE GROUP A Room 3141, Level 3 TUESDAY 8 – 9 A.M.	MALE GROUP B Room 3110, Level 3 SATURDAY 11 – 12 N.N	FEMALE GROUP C Room 3435, Level 3 MONDAY 9 – 10 A.M.	LECTURE TITLES	LECTURER
			Common Solid Tumor	(Dr. Theyab (M/F)
			Lymphoma	Prof. Momen (M) Dr. Farjah (F)
			Introduction to cancer diagnosis and treatment	(Dr. Theyab (M/F)
			HIV/AIDS	Dr.Fahad al majid
			Common Viral Infection	Dr. Mogdil AlHedithy
			Health Care associated Infections	Prof. abdulkarim al-aska
			Use of Antibiotics	Prof.Ibrahim al orainey
			Infection in the Immunocompromised Host	Dr. Mogdil AlHedithy
			Cough	Prof. Feisal Al Kassimi
			Dyspnea	Female group Dr. Hadil Al Otair
			Investigation of Lung Disease	Dr. Essam Al Hamad
			Shock	Dr.Hadeel Otair
			Respiratory Failure	Dr. Al-Zeer

DEPARTMENT OF MEDICINE
 MED COURSE 341
 COURSE PROGRAM/2nd Semester
School year 1429 – 1430

set : 3

MALE GROUP A Room 3141, Level 3 WEDNESDAY 9 – 10 A.M.	MALE GROUP B Room 3110, Level 3 TUESDAY 11 – 12 N.N	FEMALE GROUP C Room 3435, Level 3 SUNDAY 9 – 10 A.M.	LECTURE TITLES	LECTURER
			Approach to Localization in Clinical Neurology	Prof Saad Al Rajeh
			Physical Examination of Nervous System	Dr Mansour Al Moallem
			Approach to patients with Weakness	Dr. Abdulrahman I Al Daif
			Muscle Disease	Dr Mansour Al Moallem
			Seizure	Dr. Abdulrahman I Al Daif
			Cerebrovascular Disease	Prof Saad Al Rajeh
			Peripheral Neuropathies	Prof Abdelrahman Al Tahan
			CNS Infections	Dr Radwan Zaidan
			Approach to Headache	Dr. AR Shamena
			Altered Mental Status	Prof Abdelrahman Al Tahan
			Acid Base Disorder	Dr. Moh'd Al Ghonaime
			Hypercoagulable states	Prof Momen (M/F)

and attendance sheet evaluation forms 1,2,3