

# An introduction to 341 Medicine COURSE

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# Objectives

- Introduction
- Aim
- Structure
- Evaluation
- Attendance
- Recommended references

# Introduction

- 341 MED is a longitudinal 10 hour credit course.
- Along with the 351 surgery course they both are probably the most important 2 clinical courses in medical school.
- A very busy and tight schedule of other courses has prevented students from concentrating on our course.
- The increasing number of students is probably the most important and difficult factor affecting the quality of teaching delivered by our department.

# Aim

- The aim of this course is to teach students the art of clinical evaluation and management.
- This includes developing the skills to be able to:
  - 1) Take a detailed targeted history.
  - 2) Perform a complete clinical examination.
  - 3) Generate a differential diagnosis of the active problem.
  - 4) Choose the appropriate type of investigation to identify the right diagnosis and its severity.
  - 5) Form a management plan for every identified problem.

# Structure

- The course consists of a theoretical and clinical part.
- Each week 1-3 lectures and 2 clinical sessions are delivered by the department over 32 weeks (excluding holidays and exam weeks).

# Structure

- The theoretical part includes 64 lecture distributed on all subspecialties.
- The clinical teaching consists mainly of basic history taking, basic technique of different system examinations and definition and identification of physical findings.
- 28 Bed side teaching sessions
- 15 Case based learning sessions

# Lectures

- Standard format
- The lecturer is not supposed to cover all of the aspects of the topic (it is only a guide for reading and understanding the topic)
- Objectives of the lectures will be available to you
- Every disease discussed in the lecture or CBL should be covered by the student before the exam.
- QUESTION CAN COME FROM OUTSIDE THE LECTURES.

# Bedside teaching

- Traditional: it is by far the most important activity in your medical school.
- Many problems surround this activity and prevent students from getting the maximum benefit.
- The secretary, course organizer and the chairman of medicine are working hard to solve problems arising.
- Teaching staff usually use “the help me help you” strategy in teaching.
- Students are expected to prepare 2 cases (full history and examination) before each session to get the maximum benefit from the teaching staff.



# CBL

- New: mind storming activity, that depends solely on the amount of preparation before the session.
- Cases have been chosen and prepared accurately to deliver specific teaching points.
- Students should generate other cases and discuss them with each other and with the teaching staff.

# Evaluation

<b>No.</b>	<b>Examination</b>	<b>Proportion of Final Assessment</b>
1	Midterm written examination	20%
2	Long case examination	15%
3	Final written examination	30%
4	DXR	5%
5	Final OSCE	30%

# MCQ's

- Brand new group of well structured MCQ's following the blue print of the department of medical education.
- All questions will be best answer of 4 options.
- Questions are not confined to the lectures presented.
- A list of diseases that are included in the exam are in the student guide.

# Long Case

- This assessment test is characterized by incorporating the knowledge and skills acquired during the lectures and clinical session.
- There will be no midterm OSCE.
- The long case will be 4-6 weeks prior to the OSCE.



Student's Name: .....

Student's ID Number:

Day/Date: ..... (DD/MM/YY)

General Assessment		Points	Examiner assessment
1	Maintain appropriate and professional behavior to patient, staff and examiner through the examination	5	
<b>History Taking</b>			
1	Present medical history	20	
2	Past medical history	5	
3	Past surgical history	5	
4	Allergy history	5	
5	Social history	5	
6	Family history	5	
<b>Physical Examination</b>			
1	General Examination	10	
2	System Involved	10	
3	Remaining of Systemic examination	5	
<b>Discussion</b>			
1	Summary of the case	5	
2	Differential diagnosis / most likely diagnosis	10	
3	Appropriate request of investigation	5	
4	Initial management plan	5	
<b>Total score</b>		<b>100</b>	

Final Result: In words: ..... In Number: .....

**Comments:**  
.....  
.....  
.....

- \* Please write the mark for each point. No check mark.
- \* Final Result: (Passing mark is from 60%. If the student scored below 60, please fill the next page)

**Examiner:** ..... **Signature:**  
.....

# OSCE

- **Focused** history taking and clinical evaluation are tested
- Simulators and mannequins will be used in the exam.
- 16 stations:
  - 8 active (4 targeted history) and (4 clinical skills)
  - 8 rest
- The duration of each station is 7 minutes
- There will be no negative marking.

# Issues & Attendance

- During the course you can communicate the secretary course Mr. Ronaldo Eulin (extension 71497) (email: [medcourse341@gmail.com](mailto:medcourse341@gmail.com)) in case of any problems.
- Attendance should be submitted to Mr. Ronaldo by the group leaders directly after the lecture or session.
- Please don't contact any of us through mobiles (except for group leader).
- If a tutor doesn't show up in the first 10 minutes report to Mr. Ronaldo immediately.
- Lecture rescheduling should always be through the secretary.

# Recommended References

- Theory:
  - Davidson's Principles and Practice of Medicine, 22<sup>st</sup> Edition
  - Kumar and Clark's Clinical Medicine, 8<sup>th</sup> Edition
- Bed side teaching:
  - **Nicholas Talley and Simon O'Connor. Clinical Examination, 7<sup>th</sup> Edition**
  - Macleod's Clinical Examination, 12<sup>th</sup> Edition
  - Bates' Guide to Physical Examination and History-Taking 11<sup>th</sup> Edition



# Any Questions?

We wish all of you the maximum benefit and a very enjoyable time during the course