Mansoura University
Faculty of Medicine
Internal Medicine Dept

LOG BOOK

Internal Medicine Department

(2014-2015)

LOGBOOK for Medical Students

Mansoura University
Faculty of medicine
Internal medicine Department

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Student's Logbook

Internal Medicine

Student's name:……

Student's ID: ……

Form:……**To:**……

Head of Department

Prof. Salah El-Gamal

Course Specifications

Internal medicine
2013/2014

Faculty: Mansoura Faculty of Medicine.
Department: Internal Medicine.
Course Specifications:

1. Program on which the course is given: MBBCh
2. Department offering the program: Internal (General) Medicine.

3. Department offering the course:

General medicine department including the following specialties:
Gastroenterology and hepatology,
Endocrinology,diabetes and metabolism,
Geriatrics,
Hematology and oncology,
Nephrology,
Rheumatology and immunology,
Infectious disease and fevers,
Emergency medicine and general internal medicine.

4. Academic year/ level: 2013/2014
5. Date of specification approval: 24-9-2013

A. Basic information

1. Title: Internal medicine course for undergraduate students. Code: **MED**
2. Lectures : 92 hours.
   Tutorial/clinical : 18h / week (15 weeks)

B. Professional Information

Overall Aims of Course:
a. Students should acquire a KNOWLEDGE AND UNDERSTANDING of common diseases and life threatening illnesses related to internal medicine and its prevention and management.

b. Students should acquire and become proficient in basic clinical SKILLS, such as the ability to obtain a patient's history, to perform a comprehensive physical examination and to interpret the findings, to formulate a treatment plan and to demonstrate competence in the performance of basic technical procedures.

c. Students should acquire and demonstrate ATTITUDES that foster patient centered care and support the highest standards of the medical professionand to develop the habits of self learning and self development.

Intended learning Outcomes of the Course (ILOs):

A .Knowledge& Understanding:

By the end of the course, the medical graduate will be able to;

A.1. Identify altered structure and function of the body and its major systems that are seen in various diseases and integrate it in clinical conditions.

A.2. Express etiology, pathogenesis, clinical features, diagnoses and complications of common and life threatening illnesses affecting the body and each of its major organ systems, presenting throughout the age spectrum from adolescents to elderly.

A.3. Define principles of management of common and life threatening illnesses Including:

A.3.1. Pharmacological and non pharmacological basics of therapy.

A.3.2. Non invasive and invasive interventions (e.g. endoscopy, aspiration of body fluids …).

A.3.3. Basic pre- and post-operative care (in cases of medical disorders such as diabetes ,hypertension, Addison's disease……..)

A.3.4. Pain relief and palliative care in case of end organ failure.

A.4. Explain Basics of ethics, medico legal aspects of health problems, malpractice and common medical errors.

A.5. Explain Basics of health, patient's safety and safety procedures during practical and clinical years.

A.6. Identify common medical illnesses with multi-system reflections

A.7. Describe the principles of evidence based medicine (EBM).

B- Intellectual skills:

By the end of the program, the medical graduate will be able to;

B.1. Integrate basic biomedical science with clinical care.

B .2. Reason deductively in solving clinical problems:

B *.2.1. Prioritize clinical problems.*

B *.2.2. Evaluate information objectively, recognizing its limitations.*

B.3. Use personal judgment for analytical and critical problem solving.

B.4. Integrate the results of history, physical and laboratory test findings into a meaningful diagnostic formulation of various medical conditions including gastrointestinal, hepatic, endocrinal, renal , hematological, infectious diseases, rheumatological and general medical diseases.

B.5. Construct appropriate management strategies for patients with common diseases, both acute and chronic, including gastrointestinal, hepatic, diabetes, endocrinal, renal , hematological, infectious diseases ,rheumatological and general medical diseases.

B.6. Design an initial course of management for stabilization of patients with serious illnesses.

B.7. Classify factors that place individuals at risk for disease or injury, to determine strategies for appropriate response.

B.8. Evaluate relevant and current data from literature, using information technologies and library resources, in order to help solve a clinical problem based on evidence (EBM).

B.9. Recognize and cope with uncertainty that is unavoidable in the practice of medicine by accepting and reacting to uncertain situation through proper counseling, consultation and referral.

B.10. Design a research and apply scientific methods through:

B.10*.1. Formulation of research questions that is pertinent to medicine.*

B.10*.2. Recognition of the importance of precision in collecting, analyzing and interpreting medical data.*

C. Clinical Skills

By the end of the course, the medical graduate will be able to;

C.1. Take and record a structured, patient centered history.

C.2. Perform full physical examination of patients with acute and chronic clinical conditions appropriate to the age, gender, acute and chronic clinical conditions while being culturally sensitive.

C.3. Record patients ' data appropriately.

C.4. Formulate management plans for common diseases and acute emergencies.

C.5. Write safe prescriptions of different types of drugs based on patient's weight, age and health condition.

C.6. Provide first aid measures for injured and critically ill patients.

Practical technical and procedural skills:

C.7. Demonstrate competency in cardiopulmonary resuscitation and basic life-support.

C.8. Perform and interpret basic bedside laboratory tests.

C.9. Insert a nasogastric tube.

C. 10. Adopt suitable measures for infection control.

C. 11. Demonstrate how to perform paracenthesisabdominis and insert a Sungstaken tube**.**

D. General and transferable skills:

By the end of the program, the medical graduate will be able to;

D.1. Adopt principles of the lifelong learning needs of the medical profession.

D.**2**. Use information and communication technology effectively in the field of medical practice.

D.**3**. Retrieve, manage, and manipulate information by all means, including electronic means.

D.**4**. Present information clearly in written, electronic and oral forms.

D.**5**. Communicate ideas and arguments effectively.

D.**6**. Work effectively within a team.

D.**7**. Analyze and use numerical data including the use of simple statistical methods.

D.8. Use Evidence Based Medicine in management decisions.

D.9. Effectively manage time and resources and set priorities.

D.10. Work efficiently within the health care team and as an effective team leader.

D.11. Solve problems related to patients, work management, and among colleagues.

D.12. Cope with a changing work environment.

D.13. Apply safety and infection control measures during practice.

D.14. Evaluate their work and that of others using constructive feed back.

E- Professional attitude:

By the end of the course, the medical graduate will be able to;

E.1. Adopt an empathic and holistic approach to the patients and their problems.

E.2. Respect patients' rights and involve them and /or their caretakers in management decisions.

E.3. Understand and respect the different cultural beliefs and values in the community they serve.

E.4. Recognize the important role played by other health care professions in patients' management.

E.5. Be aware of and understand the national code of ethics issued by the Egyptian

Medical Syndicate.
E.6. Counsel Patients and families suffering from different conditions.
E.7. Recognize one's own limitations of knowledge and skills and refer patients to appropriate health facility at the appropriate stage.
E.8. Ensure confidentiality and privacy of patients'information.
E.9. Treat all patients equally, and avoid stigmatizing any category regardless of believes, culture, and behaviors.
E.10. Demonstrate respect and work cooperatively with other health care professions for effective patient management.
E.11. Be willing to share in all types of inter-professional activities including collaborative and shared learning
E.12. Ensure the cost effectiveness of health care management.
E.13. Notify/report about any physical or mental conditions related to himself, colleagues or any other person that might jeopardize patients' safety.

F- Communication skills:
Graduates should be able to practice the following:
F.1. Communicate clearly, sensitively and effectively with patients and their relatives,and colleagues from a variety of health and social care professions.
F.2. Communicate effectively with individuals regardless of their social, cultural, ethnic backgrounds, or their disabilities.
F.3. Cope with situations where communication is difficult including breaking bad news.
F.4. Show compassion to the patients and their relatives in situations of stress and grief.
F.5. Honor and respect patients and their relatives, superiors, colleagues and any other member of the health profession.

Contents:

Topic	Lecture	Tutorial/clinical
Gastroenterology & **Hepatology.**	**11** **15**	**8 clinical rounds** **12 clinical rounds**
Endocrinology, **diabetes and metabolism** **Nutrition**	**13** **9** **2**	**12 clinical rounds** **8 clinical rounds** **2**
Hematology and oncology	**9**	**8 clinical rounds**
Nephrology	**10**	**8 clinical rounds**
Rheumatology & clinical immunology	**7**	**8 clinical rounds**
Geriatrics	**2**	**2 clinical rounds**
General medicine **Fevers & infectious diseases** **Emergency medicine** **Differential diagnosis**	**14**	**12 clinical rounds**
Case taking and clinical examination. **Procedural skills.**		**6 clinical rounds** **4 clinical round**
Total	**92 hours**	**270 hours** **(15 weeks, 6 rounds /week, each round 3 hours)**

Topics covered through the course:

Topics	Number of teaching hours	
	lectures	Tutorial /clinical
GASTROENTEROLOGY & HEPATOLOGY	**Total (26)**	**(20 rounds)**
GASTROENTEROLOGY 1. Approach to a patient with gastrointestinal disease 2. Oesophageal Diseases: Dysphagia, GERD 3. Peptic Ulcer Diseases & related disorders 4. Malabsorption syndrome 5. Diarrhea 6. Constipation 7. Irritable Bowel Syndrome 8. Inflammatory Bowel Disease 9. Upper GIT bleeding 10. Lower GIT bleeding 11. GIT malignancies	**11**	**8**
HEPATOLOGY 1. Acute Hepatitis 2. Chronic Hepatitis I 3. Chronic Hepatitis II 4. Acute liver failure 5. Liver cirrhosis and Chronic liver failure 6. Ascites 7. Portal hypertension 8. Hepatic encephalopathy 9. Hepatorenal syndrome, HPS 10. Non viral hepatitis Non alcoholic fatty liver disease, Wilson disease, hemochromatosis & others. 11. Liver Tumours& Hepatomegaly (differential diagnosis) 12. Jaundice &cholestasis . 13. Liver transplantation. 14. Pancreatic Diseases 15. Gall bladder Diseases	**15**	**12**

ENDOCRINOLOGY, DIABETES , METABOLISM & NUTRITION	Total (24)	22
ENDOCRINOLOGY 1. Approach to a patient with endocrinal disorder 2. Pituitary Disorders – I Hypopituitarism , diabetes insipidus Short stature in adults 3. Pituitary Disorders – II Acromegaly, differential diagnosis of tall stature. SIADH 4. Metabolic Bone Disease: Osteoporosis and osteomalacia 5. Disorders of the Parathyroid Glands: Hypo- and hypercalcemia 6. Adrenal Disorders – I Cushing syndrome Conn's syndrome Pheochromocytoma 7. Adrenal Disorders – II Addison disease Acute suprarenal failure 8. Hypothyroidism 9. Hyperthyroidism 10. Other thyroid disorders : Goiter, thyroiditis, thyroid emergencies. 11. Gonadal disorders 12. Common presentations of endocrine disorders (including Hirsutism and hyperprolactinemia) 13. Case scenarios in Endocrinology	13	12
DIABETES&METABOLISM: 1. Classification , Clinical Aspects & a. Diagnosis of DM. 2. Acute complications of diabetes I 3. Acute complications of diabetes II 4. Chronic complications of diabetes I 5. Chronic complications of diabetes II 6. Management of Diabetes I 7. Management of Diabetes II 8. Hypoglycemia 9. Lipid disorders	9 2	8 2
NUTRITION 1. Obesity & Metabolic syndrome 2. Assessment of nutrition & Nutritional deficiencies		

GERIATRICS **1. Introduction to geriatric medicine I** **2. Introduction to geriatric medicine II**	**2**	**2**
ONCOLOGY / HAEMATOLOGY **1. Anemia – I** **Iron deficiency anemia** **Megaloblastic anemia** **2. Anemia – II** **Aplastic anemia** **Hemolytic anemia** **3. Blood transfusion (clinical aspects)** **4. Acute Leukemia** **5. Chronic Leukemia** **6. Myeloproliferative Disorders** **Polycythemia** **Multiple myloma** **7. Lymphoma** **8. Haemorrhagic disorders I** **9. Haemorrhagic disorders II**	**9**	**8**
RHEUMATOLOGY and CLINICAL IMMUNOLOGY: **1. SLE & Lupus related syndromes I** **2. SLE & Lupus related syndromes II** **3. Rheumatoid arthritis (systemic manifestations and treatment)** **4. Seronegativearthropathies.** **5. Progressive Systemic Sclerosis & Myositis.** **6. Vasculitis** **7. Differential diagnosis of arthritis**	**7**	**8**
NEPHROLOGY **1. Common symptomatology of a renal patient I** **2. Common symptomatology of a renal patient II** **3. Evaluation of patient with kidney disease** **4. Acute kidney injury I** **5. Acute kidney injury II** **6. Chronic Kidney disease I** **7. Chronic Kidney disease II** **8. Fluid and Electrolyte disturbance.** **9. Acid Base Balance** **10. Drugs and Kidney**	**10**	**8**

GENERAL INTERNAL MEDICINE **EMERGENCY MEDICINE** **FEVERS and INFECTIOUS DISEASES** **1. Evidence based medicine (EBM) principles** **2. Iatrogenic disorders:** **3. Nanotechnology in medicine** **4. Principles of Regenerative medicine** **5. Medical ethics** **6. Patterns of fevers, Hyperpyrexia , hypothermia, Bacteremia and Septicemia.** **7. Emergency medicine: Sudden death & resuscitation & Care of critically ill patient.** **8. Common differential diagnosis in medicine I** **Pyrexia of unknown origin (infectious and non infectious causes).** **9. Common differential diagnosis in medicine II** **a. Fatigue and chronic fatigue syndrome** **b. Dyspnea** **10. Common differential diagnosis in medicine III** **a. Polyuria** **b. Oedema** **11. Common differential diagnosis in medicine** **Non surgical causes of abdominal pain** **12. Common differential diagnosis in medicine I** **Lymphadenopathy** **13. Case scenarios in internal medicine I** **14. Case scenarios in internal medicine II**	**14**	**12**
General approach to history taking and clinical (general and local) examination		**6**
PROCEDURAL SKILLS : **At the end of the course the student will be able to:** • **Identify the medical instruments used for liver biopsy,nasogastric and Sungstaken tube.** • **Predict and describe the indications, contraindications, precautions and possible complications of such procedures.** • **Demonstrate competency on cardiopulmonary resuscitation and basic life support.**		**4 clinical rounds** **1 skill lab**

N.B. *Other topics of internal medicine are covered by special medicine departments including cardiology ,chest, neurology , radiology , clinical pathology , psychiatry , dermatology, tropical medicine and rheumatology & rehabilitation .*

Course ILOs matrix:

Course	A	B	C	D	E	F
Gastroenterol/hepatol	A 1-3, 6,7	B 1-5, 9	C1,2,5,6,10 ,11	D 1,2, 4,11	E 2-4, 6-12	F1-5
Endocrine/diabetes Metabolism/nutrition	A 1-3, 6,7	B 1-6,9	C 1,2,4-6	D 1-6	E 1-4, 7-10	F1-5
Hematology/oncology	A 1-3,5,6	B 1-6	C 1,2,4,5	D 1-4,6	E 1-4	F1,3,5
Nephrology	A 1-3	B 1-6	C 1,2,4-6	D1-3,11	E 1,7-9	F3-5
Rheumatol /Immunol	A 1-3,7	B 1-5,9	C 1,2,4,6	D1,3,5	E 1,2,6, 7,8	F1,4
Fevers/infectious dis	A 1-3,7	B 3-5	C1,2,5,6,10	D1,2,4, 13	E 1,8,9	F1,2,5
General intern med/ Emergency med	A 1-4, 7,8	B 1-6, 8-10	C 1,2,4-6	D 1-5, 8-10	E 1,2 7-12	F1,3,5
Procedural skills	A 3,6	B 5,7	C 7-11	D 6,13	E 2-4, 7-10	F1
Geriatrics	A 2	B 3-5,7	C 1,2,6	D11	E 6,9	F1-5

4 – Teaching and Learning Methods

4.1- *Lectures:* Illustrated lectures with power point presentations in lecture halls which can accommodate moderate number of students.

4.2-*Clinical bedside teaching and interactive tutorial:*
Clinical skills including history taking and clinical examination are taught for small groups (40 students each), and subgroups(around 10 students each) six days /week for 15weeks of rotation during the academic year.

4.3-Case studies (*problem solving learning*) and presentation of clinical cases by students supervised by clinical tutors.

4.4-*Self learning* :
Solving case scenario and student presentation supervised by clinical tutors.

5 – Student Assessment Methods:

5.1 -	**5.1-Multistation clinical examination:**	**to assess**	**Knowledge (A1-7) , clinical examination skills C1-6) Intellectual skills (B1-10)**
5.2 -	**5.2-Case scenario on clinical topics**	**to assess**	**Intellectual skills (B1-10) practical clinical skills (C1-11) and knowledge and understanding (A1-7).**

5.3 -	**5.3-Short essay questions and a case scenario (written final exam paper 1 &2)**	**to assess**	**Knowledge (A1-7), intellectual and analytical skills (B1-10) and clinical skills (C3-5).**
5.4 -	**5.3-Clinical/ oral final exam (a multi station clinical case discussion)**	**to assess**	**Knowledge (A1-7), Intellectual (B1-10) , clinical skills (C1-11) attitude**
5.5 -	**5.4-Skills and interpretation of laboratory data.**	**to assess**	**Practical (C8-11) , knowledge (A7) intellectual skills (B1-10)**

Assessment Schedule :

20% midterm , 30% clinical /oral and 50% final written exam.

Assessment 1	**Midterm exam (at the end of clinical round)** **Multi-station clinical exam …….. 40 marks** **Clinical based case scenario exam ……....25marks** **Continuous assessment & logbook……..10 marks**
Assessment 2	**Final written Exam:** **(general +special medicine)** **Short essay and a case scenario in paper 1** **Short essay paper 2** **MCQs paper 3.** **(130 marks each)** **+ Dermatology and clinical pathology**
Assessment 3	**Final oral exam** **Procedures skills …….20 marks** **X ray interpretation……...20 marks** **Dermatology (oral +MCQs).** **Clinical pathology (oral+MCQs)**
Assessment 4	**Final clinical exam: …….200 marks** **multi-station case discussion.** **(general +special medicine)**

Continuous assessment include :

Case taking in clinical rounds to assess clinical, intellectual and communication skills and interpretation of clinical and investigation data to reach logic differential diagnosis.

6– List of References:

6.1- Course Notes	**Handouts of lectures given by the staff of internal medicine department**
6.2-Department website	**Lectures in power point presentations are also available for the students on department website. http://mansvu.mans.edu.eg/imd/**
6.3- Essential Books (Text Books)	**Kumar & Clark , Clinical Medicine (latest edition)**
6.4- Recommended Books	**Harrison principles of medicine (latest edition) Cecil Textbook of medicine Davidson's Principles and Practice of Medicine. Macleod's Clinical Examination by John Munro and C. Edwards A guide to physical examination, Barbara Bates**
6.5- Periodicals, Web Sites, …etc	**MDconsult, emdicine, BMJ , NEJM……..**

7 – Facilities Required for Teaching and Learning:

7.1. Lecture *halls* with data show availabililty:
At the Mansoura faculty of Medicine , Mansoura university hospital, and Specialized Medical Hospital .
7.2. *Seminar rooms* with couch for bed side teaching and interactive tutorials of small group teaching and instruments for procedural skills at Mansoura university hospital and Specialized Medical Hospital
7.3. *Skill lab* for training of students about procedural skills
7.4. A *student'slog book* to follow the attendance of students and show their activities during the clinical training including self-learning and any formative assessment.

Course Coordinator :	**Prof Salah Elgamal Prof Omayma Saleh Prof ManalTarshouby**
Head of Department :	**Prof Salah Elgamal**

Student Instructions

- This book is a document of student attendance and activities during Internal Medicine clinical rotation.
- Attendance should be more than 70% of the actual Teaching hours to be admitted to the end of rotation exam.
- Each student is required to present at least 2 clinical cases over the whole rotation (14 weeks); documentation in the logbook and signature of the supervising Professor is mandatory.
- Each student is scheduled for bedside teaching twice or three times per week, and for skill lab once in the whole rotation.
- Documentation of skills acquired in Bedside teaching and Skill lab session with supervisor signature is required.

COMPLETE Logbook MUST be turned in to the teaching center coordinator by the last day of week 13 of rotation.

Internal Medicine Clinical training Schedule

Duration	Rotation	Starting Time
1st week	Orientation History taking and general examination	----/---/--
4 week	GIT &Hepatology	---/---/--
4 Weeks	Endocrinology, Diabetes, Metabolism, Nutrition & geriatric	---/---/----
4 Weeks	General Medicine, Nephrology, Rheumatology, Immunology, Heamatology and Oncology	---/---/----
Final week	End of rotation Exam	
Total 14 Weeks		

Student need to write down the starting date of each rotation.
Student need to fill the following activities date and details as required
Bedside teaching and skill lab session start after the orientation week.
Bedside teaching in wards at 9:30am to 10:30am according to schedule
Skill lab on Sunday 3:00 pm in the faculty of Medicine

- *Please contact teaching center in cardiology department for your schedule.*

GIT &Hepatology Rotation

	Date	Clinical case
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Endocrinology, Diabetes, Metabolism, Nutrition & geriatric Rotation

	Date	Clinical case
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General Medicine, Nephrology, Rheumatology, Immunology, Heamatology and Oncology Rotation

	Date	Clinical case
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Bedside teaching

	Date	Learning points	Signature
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Skill Lab

Date	Skills learned	Supervisor Signature

Professor name: **Date: / /**

Case Number:1

History:

Personal history: ……

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Complaint:

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Present history:

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Past history:

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Family history:

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General examination

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Examination of the abdomen:

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Cardiac examination:

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Differential diagnosis

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Suggested investigations

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Lines of treatment

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Professor name: **Date: / /**

Case Number: 2

History:

Personal history: ……

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Complaint:

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Present history:

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Past history:

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Examination of the abdomen:

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Differential diagnosis

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