

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

**COURSE 341 -GUIDELINES
School year 1428 – 1429**

GENERAL COURSE ORGANIZER 2007-2008

DR.ABDULKAREEM O AL-SWAIDA; CHAIRMAN OF DEPARTMENT OF MEDICINE

DR.WALEED K AL-HMODI; GENERAL COURSE ORGANIZER

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 إسبوعياً بمعدل 3 ساعات في كل جلسة) =====
3 محاضرات إسبوعياً 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: 22 / 10 / 1428 (3 / 11 / 2007)

Revised by:
Course Development committee:

Name	Title	Position
Dr. Abdulkareem AL Swaida	Assoct.Professor.	Chairman Department
Dr. Waleed AL Hmodi	Asst. Professor.	General Course organizer
Dr. Nahla Azzam	Asst. Professor.	General Course organizer
Dr. Ayman Abdo	Asst. Professor.	Co-organizers
Dr. Mustafa Al Shamairi	Asst. Professor.	Co-organizers
Dr. Hussam Al Falih	Asst. Professor.	Co-organizers
Dr. Amer Aleem	Asst. Professor.	Co-organizers
Dr. Huda Abd Karim	Asst. Professor.	Co-organizers
Dr. Hdel Alattiy	Asst. Professor.	Co-organizers
Dr. Hussein Al Arafj	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

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 84 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.

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 92 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. Clinical Medicine – A textbook for Medical students and doctors. P.J Kumar and M.L. Clark "Latest Edition".
2. Textbook of Medicine – by Souhami and Moxham – 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. A guide to physical examination and history taking, by Barbara Bates – Latest Edition.
2. Edition.
3. Macleod's Clinical Examination by John Munro and C. Edwards.
4. Clinical Examination – 2nd Edition by Nicholas Talley and Simon O'Connor.

EXAMINATIONS

CONTINUOUS ASSESSMENT EXAM is 40% 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 (20%) and Clinical – Long Case Exam (20%)

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 – long case exam (30%)

WRITTEN EXAM – IS COMPOSED OF 45 QUESTIONS OF TRUE OR FALSE AND 15 QUESTIONS OF SINGLE BEST , each question is required to have five stems, setting the questions in a standard form, 5 statements a to e. There shall be 1 mark to be awarded for each correct statement answered in True or False questions (i.e. 1 x 5 = 5) and 5 full marks on every correct answer in the Single Best questions. There is no negative marking in the written exam. Students are advised 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.

MED COURSE 341 LECTURES

THE FOLLOWING ARE LECTURES GIVEN ON THE FIRST SEMESTER:

CARDIOLOGY

1. Hypertension/hypertensive Heart Disease
2. Hyperlipidemia – Diagnosis and Management
3. Investigation of Heart Disease
4. Angina Pectoris
5. Acute Myocardial Infarction
6. Chronic Valvular Heart Disease – 1
7. Chronic Valvular Heart Disease - 11
8. Infective Endocarditis
9. Cardiac Arrhythmias
10. Heart Failure
11. Cardiomyopathies
12. Pericardial Disorders

PULMONOLOGY

1. Pleural Effusion
2. Pulmonary Embolism
3. Interstitial Lung Disease (Allergic Alveolitis)
4. Respiratory Emergencies
5. Pneumonia
6. Investigation of Lung Disease
7. C.O.P.D.
8. Bronchial Asthma
9. Respiratory Failure

INFECTIOUS DISEASES

1. Malaria
2. Some Viral Infections
3. Diarrheal Diseases
4. Prevention and Prophylaxis of Infectious Diseases
5. Infection in the immuno-compromised host
6. Typhoid Fever and Brucellosis
7. Tuberculosis
8. Bacteremia and Septic Shock
9. AIDS
10. Leishmania / Schistosomiasis
11. Fever of Unknown Origin
12. Use of Antibiotics

GASTROENTEROLOGY

1. Pancreatic Diseases
2. Malabsorption and Diarrhea
3. Peptic Ulcer Diseases
4. Irritable Bowel Syndrome
5. Acute Hepatitis and Complications
6. Chronic Liver Diseases (Chronic Hepatitis, Cirrhosis)
7. Oesophageal Diseases
8. Liver Cirrhosis and Complication
9. Liver Tumours
10. Inflammatory Bowel Disease (Specific and Non-specific)

MED COURSE 341 LECTURS

THE FOLLOWING ARE LECTURES GIVEN ON THE SECOND SEMESTER:

ENDOCRINOLOGY

1. Clinical Aspects of Diabetes
2. Management and Complications of Diabetes
3. Metabolic Bone Disease
4. Disorders of the Parathyroid Glands
5. Obesity

6. Pituitary Disorders - I
7. Pituitary Disorders - II
8. Adrenal Disorders - I
9. Adrenal Disorders - II
10. Hypothyroidism and Other Thyroid Disorders
11. Hypothyroidism
12. Sexual Disorders

ONCOLOGY / HAEMATOLOGY

1. Anemia - I
2. Anemia - II
3. Cancer Treatment
4. Acute Leukemia
5. Chronic Leukemia
6. Myeloproliferative Disorder
7. Lymphoma - I
8. Lymphoma - II
9. Haemostasis - I
10. Haemostasis - II

NEPHROLOGY

1. Acute Glomerulonephritis
2. Nephrotic Syndrome
3. Tubulointerstitial Disease
4. Fluid and Electrolyte Acid Base Balance
5. Chronic Renal Failure
6. Dialysis and Immunology of Renal Transplantation
7. U.T.I. (including renal tuberculosis)
8. Acute Renal Failure

NEUROLOGY

1. Myelopathy & AbHC diseases
2. Epilepsy
3. Myopathies and Myasthenia Gravis
4. CNS Infections
5. Peripheral Neuropathies
6. Extra pyramidal Disorders
7. Dementia
8. CNS Demyelination
9. Headache and Migraine
10. Localization in Clinical Neurology
11. Cerebrovascular Diseases

RHEUMATOLOGY

1. SLE and Progressive Systemic Sclerosis
2. Infective Arthritis and Crystal Induced arthritis
3. Vasculitis / Myositis
4. Chronic Arthritis - I
5. Chronic Arthritis - II

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 are a 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 – mid, moderate, sever
 - 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.

Skiin: Skin lesion, itching

Blood: History of blood loss, bleeding tendency

COURSE PROGRAM

MED COURSE 341 BEDSIDE CLINICAL TEACHING

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

DR. Waleed Al Hmodi
Course Organizer
Med Course 341
Bleep No. 3275

DEPARTMENT OF MEDICINE
MEDCOURSE 341
COURSE PROGRAM/First Semester
School year 142 – 142

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
			LEISHMANIA/SCHISTOSOMIASIS	Prof.Abdulkarim AL Aska
			DIARRHEAL DISEASES	Prof. Ibrahim AL -Orainey
			INFECTIONS CAUSED BY HERPES VIRUSES	Dr. Mogbil AL Hedaithy
			INFECTION IN THE IMMUNOCOMPROMISED HOST	Dr. Mogbil AL Hedaithy
			BACTEREMIA AND SEPTIC SHOCK	Dr. Fahad AL majid
			AIDS	Dr. Mogbil AL Hedaithy
			TYPHOID FEVER AND BRUCellosIS	Prof.Abdulkarim AL Aska
			MALARIA	Dr. Awadh AL Anazi
			TUBERCULOSIS	Dr. Fahad AL majid
			FEVER OF UNKNOWN ORIGIN	Prof.Abdulkarim AL Aska
			USE OF ANTIBIOTICS	Prof. Ibrahim AL Orainey
			PREVENTION AND PROPHYLAXIS OF INFECTIOUS DISEASES	Dr. Awadh AL Anazi
			PLEURAL EFFUSION	Prof. Suliman AL Majed
			PULMONARY EMBOLISM	Prof. Feisal AL Kassimi
			INTERSTITIAL LUNG DISEASE (Allergic Alveolitis)	Dr .Essam AL Hamad
			RESPIRATORY EMERGENCIES	Dr. Abdulaziz AL Zeer

DEPARTMENT OF MEDICINE
 MED COURSE 341
 COURSE PROGRAM/First Semester
School year 142 – 142

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 3435, Level 3 MONDAY 9– 10 A.M.	LECTURE TITLES	LECTURER
			IRRITABLE BOWEL SYNDROME	Dr. Abdulrahman Al Jebreen
			OESOPHAGEAL DISEASES	Prof. Saleh Al Amri
			MALABSORPTION AND DIARRHEA	Prof. Saleh Al Amri
			ACUTE HEPATITIS AND COMPLICATIONS	Prof. Faleh Al Faleh
			CHRONIC LIVER DISEASES (Chronic Hepatitis, Cirrhosis)	Prof. Faleh Al Faleh
			PANCREATIC DISEASES	Prof. Ibrahim Al Mofleh
			INFLAMMATORY BOWEL DISEASE (Specific and Non-specific)	Dr. Abdulrahman Al Jebreen
			RESPIRATORY FAILURE	Dr. Essam Al Hamad
			INVESTIGATION OF LUNG DISEASE	Dr. Hatem Mubarak
			LIVER TUMOURS	Dr. Ayman Abdo
			LIVER CIRRHOSIS AND COMPLICATION	Dr. Ayman Abdo
			PEPTIC ULCER DISEASES	Prof. Rashed Al Rashed
			C.O.P.D.	Dr. Ahmad Bahmam
			BRONCHIAL ASTHMA	Prof. Feisal Al Kassimi
			PNEUMONIA	Dr. Mohamad Al Hajjaj

DEPARTMENT OF MEDICINE
 MED COURSE 341
 COURSE PROGRAM/First Semester
School year 142 – 142

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 3435 , Level 3 SUNDAY 9– 10 A.M.	LECTURE TITLES	LECTURER
			ACUTE MYOCARDIAL INFARCTION	Dr. Mohamad R. Arafah
			CARDIAC ARRHYTHMIAS	Dr. Mohamad R. Arafah
			CARDIOMYOPATHIES	Dr. Mustafa Al Shamairi
			HEART FAILURE	Dr. Mustafa Al Shamairi
			CHRONIC VALVULAR HEART DISEASE – I	Dr. Hussam Al Faleh
			HYPERTENSION / HYPERTENSIVE HEART DISEASE	Dr. Khalid Al Habib
			CHRONIC VALVULAR HEART DISEASE –II	Dr. Hussam Al Faleh
			INVESTIGATION OF HEART DISEASE	Dr. Mohamad Kurdi
			INFECTIVE ENDOCARDITIS	Dr. Mohamad Kurdi
			ANGINA PECTORIS	Dr. Khalid Al Habib
			HYPERLIPIDEMIA - DIAGNOSIS AND MANAGEMENT	Dr. Mohamad Kurdi
			PERICARDIAL DISORDERS	Dr. Abdulelah Al Mobeireek
			PULMONARY HYPERTENSION / COR PULMONALE	Dr. Abdulelah Al Mobeireek
			<i>SURGICAL ASPECTS OF HEART</i>	Dr. Ahmed Al Saddigue (Surgery)

DEPARTMENT OF MEDICINE
 MEDCOURSE 341
 COURSE PROGRAM/2nd Semester
School year 142 – 142

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
			Myelopathy & AbHC diseases	Dr. Mansour Al-Moallem
			Epilepsy	Dr. Mansour Al-Moallem
			Myopathies and myasthenia gravis	Dr. Radwan Zaidan
			Diabetic Nephropathy	Prof. Jamal AL- Wakeel
			Approach to hematuria and protenuria	Dr. A. Al-Suwaida
			UTI	Dr. A. Al-Suwaida
			Dementia	Prof. Abdulkadir Daif
			CNS demyelination	Prof. Abdulkadir Daif
			Cerebrovascular diseases	Prof. Saad Al-Rajeh
			Localization in clinical neurology	Prof. Saad Al-Rajeh
			Headache and migraine	Dr. Abdulrahman Shamena
			Peripheral neuropathies	Prof. Abdulrahman Tahan
			Extrapyramidal disorders	Prof. Abdulrahman Tahan
			CNS infections	Dr. Radwan Zaidan
			Myelopathy & AbHC diseases	Dr. Mansour Al-Moallem
			Epilepsy	Dr. Mansour Al-Moallem

DEPARTMENT OF MEDICINE
 MED COURSE 341
 COURSE PROGRAM/2nd Semester
School year 142 – 142

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 3435, Level 3 MONDAY 9– 10 A.M.	LECTURE TITLES	LECTURER
			Clinical aspects of diabetes	Dr. Khalid Al-Rubeaan
			Management And Complications Of Diabetes	Dr. Khalid Al-Rubeaan
			Metabolic bone disease	Dr. Atallah Al-Ruhaily
			Approach to acute renal failure	Dr. Nawaz Memon
			Obesity	Dr. Mohamed Al-Maatouq
			Pituitary disorders I	Prof. Riad Sulimani
			Pituitary disorders II	Prof. Riad Sulimani
			Adrenal disorders I	Males: Dr. Atallah Al-Ruhaily Females: Dr. Mohamed Al-Maatouq
			Adrenal disorders II	Males: Dr. Atallah Al-Ruhaily Females: Dr. Mohamed Al-Maatouq
			Hypothyroidism and other thyroid disorders	Dr. Assim AL - Fadda
			Hyperthyroidism	Dr. Assim AL - Fadda
			Disorders of the parathyroid glands	Dr. Mohamed Al-Maatouq
			Renal replacement therapy	Dr. Niazi

DEPARTMENT OF MEDICINE
 MED COURSE 341
 COURSE PROGRAM/2nd Semester
School year 142 – 142

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 3435 , Level 3 SUNDAY 9– 10 A.M.	LECTURE TITLES	LECTURER
			Haemostasis	Dr. Amer Aleem
			Cancer treatment	Males:Dr. Abdulrahman AL- Diab Females:Dr. Huda AL-Abdulkareem
			Acute leukaemia	Males:Dr. Amer Aleem Females:Dr. Huda AL-Abdulkareem
			Chronic leukemia	Males:Prof. Abdulkareem Al-Momen Females:Dr. Huda AL-Abdulkareem
			Myeloproliferative disorder	Males:Dr. Abdulrahman AL-Diab Females:Dr. Huda AL-Abdulkareem
			Lymphoma	Males:Dr. Amer Aleem Females:Dr. Ahmed AL-Sagir
			Anaemia	Prof. Abdulkareem Al-Momen
			SLE and progressive systemic sclerosis	Prof. Abdulrahman Al-Arfaj
			Infective arthritis and crystal induced arthritis	Dr. Saleh Al-Sugair
			Vasculitis/Myositis	Prof. Sulaiman Al-Balla
			Chronic arthritis	Dr. Hussein Al-Arfaj
			Sodium and potassium disorder	Dr. Akram Askar.
			Approach to acid-based disorder	Dr. Niazi
			Haemostasis	Dr. Amer Aleem