



جامعة الشارقة
UNIVERSITY OF SHARJAH

MEDICINE | CLERKSHIP MANUAL

2021

Ver.24.08.2021

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1. Preamble

The Medicine I clerkship is a core clinical clerkship that provides the critical foundations for not only adult inpatient medicine but also for the care of the acutely ill patient. Students will be part of inpatient care teams that will include interns, residents, and faculty.

Students will learn through case-based discussions, case scenarios and MCQ review sessions, self-directed study, and in the daily care of patients. Students are expected to attain the necessary skills to care for their patients as their primary point of contact and to begin to assume the responsibility for caring and coordinating care for patients.

In addition, students are expected to develop the basic skills of patient care in an academic environment. These skills include working across disciplines and professions on a health care team, effectively documenting and relaying patient care information, and learning how to gather information to create a well-formulated assessment and plan. The skills learned will provide the foundation for patient care that students will use across disciplines for the remainder of medical school, into residency, and beyond.

This manual will provide students with relevant details regarding the Medicine I clerkship, to pave their paths to successful completion of their rotations.

Prepared by.

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2. Clerkship coordinator welcome note

A warm welcome to the Medicine I clerkship, a 10-week clinical rotation where students are expected to acquire necessary skills for the diagnosis and management of common medical conditions. The delivery format of the course will be blended involving on-campus resource sessions and workshops, hospital training including bedside teaching and case-based discussions, as well as online formative and summative assessments in the form of quizzes, assignments and e-portfolio.

3. Clerkship description

Academic Year: Year 4

Course ID: 0900503

Credit Hours: 11

Duration: 10 weeks

Contact hours: 243 hours

Self-directed learning: 135 hours

Clerkship Description: The medicine I clerkship is an active learning experience in which students learn by engaging in the care of patients. The goal of the clerkship is for students to develop the knowledge, skills, and professional attributes related to the practice of internal medicine.

Clerkship goals: By the end of the clerkship, the students are expected to:

- be able to perform a complete history and physical examination
- write orders and notes
- develop the problem list
- formulate a differential diagnosis, diagnostic strategy, and management plan for common medical problems
- interact as a professional with the patient, family, and members of the medical team.

Teaching Methodologies: Students are sent in small groups up to 10 to different hospitals attached to their respective medical teams, five days a week starting 8 AM to 1.30 PM. Members of the team take responsibility in teaching during hospital hours. Students also gain their clinical skills through observation and assessment of available bedside procedures (e.g., insertion of NG tubes, blood withdrawals etc.). In addition, students closely follow patients and actively participate in discussions regarding the diagnosis and management. Moreover, dedicated bedside teaching takes place once per day within the hospital settings. Resource sessions are delivered online by designated faculty to help bridge their knowledge

needs. In addition, case-based discussions will take place to help build students' constructive thinking. Finally, focused workshops are provided to give an equal opportunity for all students to gain basic clinical skills.

Assessment Tools: Students are tested throughout their clerkship rotation for their clinical knowledge and management skills. During their continuous assessment, they are evaluated by two DOCEE examinations, and faculty evaluations by the clinical doctor. In addition, the students are continuously evaluated by clinical e-Portfolios through Taskstream. At the end of each rotation, students are further assessed by written examination and OSCE.

4. Outcome competencies of MBBS program

1. Gather essential and accurate information to aid problem identification, reasoning and management through effective communication with patients and their families.
2. Integrate basic and clinical knowledge necessary for patient and community care.
3. Make informed decisions about diagnostic and therapeutic interventions based on accurate analysis of patient information, evidence-based practice, and good clinical reasoning and judgment.
4. Develop patient management plans with engagement of their families and community as partners in the process.
5. Perform medical procedures considered essential for the management of common health problems.
6. Utilize information technology to achieve patient care decisions and education of patients and families.
7. Promote health care services aimed at preventing health problems and improving community health profile.
8. Work in a multidisciplinary team with other healthcare professionals, as member or leader in order to provide a state-of-the-art patient, family and community care.
9. Integrate research principles and statistical analysis methods in designing and conducting research studies aiming at improving diagnostic and therapeutic measures.
10. Apply ethical principles about provision or withholding of clinical care, research, confidentiality of patient information, informed consent and medico-legal aspects.
11. Practice sensitivity and respect to patients' culture, age, gender, and disabilities.
12. Advocate for quality patient care and assist patients in dealing with healthcare system complexities.

5. Professional code of conduct

Attendance policy

Attendance is COMPULSORY throughout the clerkship for students to remain in good standing at the University. Students missing 20% of the total number of the hours assigned for the clerkship are not permitted to take their final exams and shall receive a grade of 'F' for the clerkship. Students reaching 20% in their absences shall be informed by an e-mail reflecting this.

For on-campus sessions, attendance will be recorded using portable fingerprint devices. Students will be counted as absent if they are late a session by 20 minutes.

For hospital training, students are expected to have their attendance sheets signed daily at check-in and check-out from their designated hospitals. Attendance sheets need to be submitted weekly (Thursdays) to the internship office.

Minimum attendance is 80% (20% absence).

- 1st warning (notification) will be sent at 10% absence
- 2nd warning (notification) will be sent at 15% absence

Attitude

Students will be asked by the College of Medicine to sign confidentiality forms. During hospital training, here are some of the important rules as a reminder.

Rules of hospital confidentiality that each student MUST follow:

- Understand that it is your legal and ethical responsibility to maintain the confidentiality of all patients' medical records, employee information, financial information, proprietary information, confidential information used in research, and other confidential information arising from or pertaining to the hospital.
- Never disclose any such information or records to any person outside the hospital you are training in without proper authorization. Information accessed and used for research, including outside presentation and publications, requires appropriate Training & Development Unit review and approval as well as privacy documentation prior to access, use or disclosure.
- You may only discuss confidential information in the workplace as appropriate, and only for job-related purposes, and to refrain from discussing this information outside of the workplace or within the hearing of other people who do not have a need to know about the information.
- Understand that unauthorized release of confidential information may make you subject to legal action and/or disciplinary action.

- Understand that any and all references to HIV testing, such as any clinical test, laboratory or otherwise used to identify HIV, a component of HIV, or antibodies or antigens to HIV, are specially protected and that unauthorized disclosure may make you subject to legal action and/or disciplinary action.
- Understand that the law specially protects psychiatric and drug abuse records and that unauthorized release of such information may make you subject to legal action and/or disciplinary action.
- Understand that your access to all electronic systems is audited regularly and that any inappropriate access to information may make me subject to legal and/or disciplinary action.
- Understand that violation of any portion of the policies and procedures related to confidentiality of patient records and the Code of Conduct or any violation of federal regulations governing the patient's right to privacy may result in immediate dismissal from the hospital and/or the university.

General rules and student responsibilities

During the rotations, students are expected to adhere to the following:

- Students are not allowed to take photographs of the patients at any place.
- Students should NEVER be LATE for a session.
- They should act like DOCTORS not as STUDENTS.
- Care should be taken not to make NOISE in the corridors and wards at the hospitals.
- Students are obliged to meet with their instructors in a timely fashion before the scheduled dates for the teaching sessions.
- Students are required to meet with their coordinators on the first day of the rotation and agree on a plan of action (orientation session).
- Students are expected to register your attendance every morning and at end-of-day at their respective hospitals where training is conducted.
- Students are encouraged to attend all departmental activities conducted in the hospital.
- Each student is expected to present one case per week and discuss the relevant topic. All the other students should come prepared to enrich the discussion. Therefore, all members of the group should know topic(s) of the week.
- Students are expected to undertake night, weekend and holiday duties by rotation and as per schedule.

- Attendance and participation in problem based interactive sessions, case presentation and other structured learning activities is highly encouraged. Students should also attend all bedside and patient management rounds with consultants, as well as participate in other assigned activities at their respective hospitals.
- Students need to document all activities attended, case history write-ups and skills acquired in the E-portfolio.

Dress code

Students are kindly reminded that they represent the College of Medicine in the different hospitals where they train. Therefore, it is certainly required that they should dress professionally throughout the clerkship. They should be smartly dressed, including SCRUBS ± WHITE COAT and name-tag.

Incident reports

An incident report will be written by the F2 doctor/Clinical Tutor and submitted to the clerkship coordinator during a clinical rotation if the student was reported to have a misconduct in the hospital/College.

Transportation

University buses usually operate to and from Clinical facilities located inside or outside Sharjah to take students to their designated clinical site. If students are interested to use their own transportation to the clinical site, they should inform the Clinical Coordinator when commencing the clinical practice.

- There is only one departure and return point for transportation.
- The Transportation schedule (including timing, pick up point, bus number and driver details) will be ready at the beginning of each course. This information will be available to all students enrolled in the clinical practice courses via Blackboard or email.
- Drivers will NOT accept instructions or requests from students.
- Students must report any problems to their Clinical Instructor, and not to contact the drivers directly.
- If students use their own transportation to the clinical site and need to use the University bus while returning or vice versa, they must notify the Clinical instructor one day in advance and will be allowed on the bus after producing their ID card.
- Drivers will not return to pick up students who are late or who miss the bus.
- The transportation timetable is fixed and departures from the University and the training sites will be sharp and on time.

6. Clerkship learning outcomes

By the end of the clerkship students will be able to,

- integrate basic and clinical knowledge necessary for diagnosis and management of medical conditions.
- communicate effectively with patients and their families
- perform complete history taking and relevant physical examination of patients
- develop clinical reasoning and interpretation skills to reach the diagnosis for common clinical encounters in healthcare settings.
- develop a management plan for common health problems including those requiring long- term follow-up and rehabilitation
- perform basic medical procedures required in healthcare settings.
- identify principles of disease prevention and behavior changes
- work effectively with other healthcare professionals in multi-disciplinary teams.
- apply principles of patient-safety in the clinical setting.
- demonstrate professionalism and ethical principles in the healthcare settings.

7. Clerkship structure and organization

During the 10-week clerkship, students are assigned to outpatient and inpatient medical services at several affiliated hospitals in where they will have the opportunity to observe and participate in the active care for patients, under the supervision of faculty and hospital staff. Students are expected to attend regular bed-side teaching sessions which include sessions on problem based interactive learning and laboratory/radiology interpretation. Other in-hospital activities include ward rounds, morning handover reports, night calls and emergency room activities. Students will also observe and perform bed-side procedures under supervision of faculty. On-campus resource sessions vary from case-based discussions to case scenarios and MCQ reviews as well as several workshops. Summary of timeline is as follows:

Activity	Week									
	1	2	3	4	5	6	7	8	9	10
Hospitals	✓	✓	✓	✓	✓	✓	✓	✓	✓	
E-portfolio		✓	✓	✓	✓	✓	✓	✓	✓	
Workshops			✓	✓		✓	✓			
CBD	✓	✓	✓	✓	✓	✓	✓	✓		
CS & MCQ	✓	✓	✓	✓	✓	✓	✓	✓		
Simulation									✓	
Exam week										✓

CBD = Case-based discussion session

CS & MCQ = Case Scenarios and MCQs review session

General weekly plan

The general weekly plan for the first 9 weeks of the rotation is as follows:

Day	Hospital	Workshop	CBD	CS and MCQ
Sunday	✓		✓	
Monday	✓			✓
Tuesday	✓			✓
Wednesday	✓	✓		✓
Thursday	✓			✓

Kindly note that this is subject to change based on availability of instructors or other schedule conflicts.

Please follow the announcements for any changes to the schedule.

Clerkship coordinators

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8. Clerkship core contents

Below is a list of the competency objectives and core topics that constitute the syllabus for the Medicine I clerkship at University of Sharjah.

Cognitive knowledge

Code	Competency objectives – Students are expected to:
ED	<ul style="list-style-type: none"> promptly recognize condition as an emergency describe and perform initial management recognize the need for specialist consultation/referral
DR	<ul style="list-style-type: none"> recognize, identify and consider the medical condition as a preliminary diagnosis describe and perform initial management recognize the need for specialist consultation/referral
DTR	<ul style="list-style-type: none"> recognize, identify and diagnose medical condition describe the management and treatment of the medical condition perform initial management recognize the need for specialist consultation/referral
DT	<ul style="list-style-type: none"> recognize, identify and diagnose medical condition formulate management plan and treat the medical condition recognize the need for specialist consultation/referral
LT	<ul style="list-style-type: none"> describe and perform long term follow-up and management of medical condition in primary healthcare setting
PP	<ul style="list-style-type: none"> describe and apply preventative precautions (primary, secondary, tertiary prevention)
DD	<ul style="list-style-type: none"> formulate a differential diagnosis and initial management plan for the symptom/condition

Below is list of common symptoms and presentations for which students would be expected to formulate a differential diagnosis and initial management plan.

Symptoms/presentation-based approach to diagnosis & management for:	
1. Anemia	DD, DR
2. Fever	DD, DR
3. Headache	DD, DR
4. Shortness of breath	DD, DR

5. Palpitations	DD, DR
6. Diarrhea	DD, DR
7. Joint pain	DD, DR
8. Chest pain	DD, DR
9. Fatigue	DD, DR
10. Hematuria	DD, DR
11. Constipation	DD, DR
12. Weight loss	DD, DR
13. Jaundice	DD, DR
14. Syncope	DD, DR
15. Splenomegaly	DD, DR
16. Edema	DD, DR
17. Abdominal pain	DD, DR
18. Cough (Chronic cough)	DD, DR
19. Hemoptysis	DD, DR

Below is a topic list classified by body systems. An expected level of competency has been attributed to each condition. Core topics for each discipline have been marked with an asterix (*). These topics are frequently addressed during assessments, and questions related to them may account for 50-60% for the written exam questions.

Topics list and expected level of competency	
Diseases of the Cardiovascular System	
1. Hypertension*	
• Essential hypertension	DT, ED, PP, LT
• Secondary hypertension	DR, LT
2. Ischemic Heart Disease*	
• Stable Angina Pectoris	DTR, ED, PP
• Acute coronary syndrome (unstable angina, non-STE and STE MI)	DTR, ED, PP
• Variant (Prinzmetal) Angina	DR, ED
3. Congestive Heart Failure*	
• Acute Decompensated Heart Failure (pulmonary edema)	ED

4. Arrhythmias	
• Premature Complexes	DR
• Atrial Fibrillation*	DR, ED
• Atrial Flutter	DR, ED
• Multifocal Atrial Tachycardia	DR
• Paroxysmal Supraventricular Tachycardia*	DR
• Wolff–Parkinson–White Syndrome	DR
• Ventricular Tachycardia*	DR, ED
• Ventricular Fibrillation*	DR, ED
5. Bradyarrhythmias	
• Sinus Bradycardia	DR, ED
• Sick Sinus Syndrome	DR
• AV Block*	DR, ED
6. Diseases of heart muscle	
• Dilated Cardiomyopathy	DR
• Hypertrophic Cardiomyopathy	DR
• Restrictive Cardiomyopathy	DR
• Myocarditis	DR
7. Pericardial Diseases	
• Acute Pericarditis	DR
• Constrictive Pericarditis*	DR
• Pericardial Effusion	DR
• Cardiac tamponade*	DR, ED
8. Valvular Heart Disease	
• Mitral Stenosis*	DR
• Aortic Stenosis*	DR
• Aortic Regurgitation*	DR
• Mitral Regurgitation*	DR
• Tricuspid Regurgitation	DR
• Mitral Valve Prolapse	DR
• Rheumatic Heart Disease	DR

• Infective Endocarditis and its prophylaxis*	PP
• Nonbacterial Thrombotic Endocarditis (Marantic Endocarditis)	DR
• Nonbacterial Verrucous Endocarditis (Libman–Sacks Endocarditis)	DR
9. Congenital Heart Diseases	
• Atrial Septal Defect	DR
• Ventricular Septal Defect	DR
• Coarctation of the Aorta	DR
• Patent Ductus Arteriosus	DR
• Tetralogy of Fallot	DR
10. Diseases of the Vasculature	
• Hypertensive Emergencies	DR
• Aortic Dissection	DR
• Abdominal Aortic Aneurysm	DR
• Peripheral Vascular Disease (Chronic Arterial Insufficiency)	DTR
• Acute Arterial Occlusion	DR
• Cholesterol Embolization Syndrome	DR
• Deep Venous Thrombosis*	DR, PP
• Chronic Venous Insufficiency (Venous Stasis Disease)	DR
• Superficial Thrombophlebitis	DTR
11. Cardiac Neoplasms	
• Atrial Myxoma	DR
12. Shock (hypovolemic, cardiogenic, septic, neurogenic)	DR, ED
Diseases of the Respiratory System	
1. Obstructive Lung Diseases	
• Chronic Obstructive Pulmonary Disease*	DT, ED, PP, LT
• Bronchial asthma*	DT, ED, PP, LT
• Bronchiectasis	DR, PP, LT
• Cystic Fibrosis	DR
2. Lung Neoplasms	
• Lung Cancer	DR, PP

• Solitary Pulmonary Nodule	DR
• Mediastinal Masses	DR
3. Diseases of the Pleura	
• Pleural Effusion*	DR
• Empyema	DR
• Pneumothorax & Tension Pneumothorax*	DTR, ED
• Malignant Mesothelioma	DR
4. Granulomatous Lung Diseases	DR
• Sarcoidosis	DR
• Histiocytosis X	DR
• Wegener granulomatosis	DR
• Churg–Strauss syndrome	DR
5. Environmental Lung Disease/Pneumoconiosis	DR, PP, LT
• Coal worker's pneumoconiosis	DR, PP, LT
• Asbestosis	DR, PP, LT
• Silicosis	DR, PP, LT
• Berylliosis	DR, PP, LT
6. Interstitial Lung Disease Associated with Hypersensitivity	DR
• Hypersensitivity pneumonitis (extrinsic allergic alveolitis)	DR
• Eosinophilic pneumonia	DR
• Chronic respiratory Failure	DR
7. Goodpasture syndrome	DR
8. Miscellaneous Interstitial Lung Disease	DR
• Idiopathic pulmonary fibrosis	DR
• Cryptogenic organizing pneumonitis (COP)	DR
• Radiation pneumonitis	
9. Respiratory failure	
• Acute Respiratory Failure	ED
• Acute Respiratory Distress Syndrome	DR
• Mechanical Ventilation	DR
10. Diseases of the Pulmonary Vasculature	

• Pulmonary Hypertension	DR
• Cor Pulmonale*	DR
• Pulmonary Embolism*	DR, ED, PP
11. Miscellaneous Topics	
• Pulmonary Aspiration	DR
• Dyspnea*	DD
• Hemoptysis*	DD
• Chronic cough	DD
12. Obstructive Sleep Apnea*	DR
Diseases of the Gastrointestinal System	
1. Common gastrointestinal symptoms and condition	
• Dyspepsia*	DD, DTR, PP, LT
• Gastroesophageal Reflux Disease*	DT, PP, LT
• Diarrhea*	DD
• Constipation*	DTR, PP, LT
• Irritable Bowel Syndrome*	DTR, PP, LT
• Nausea and Vomiting	DD
• Hemorrhoids	DTR, PP, LT
2. Diseases of the Colon	
• Colorectal Cancer	DR, PP
• Colonic Polyps	DR, PP
• Diverticular diseases*	DTR
• Angiodysplasia of the Colon	DR
• Acute Mesenteric Ischemia	DR
• Chronic Mesenteric Ischemia	DR
• Ogilvie Syndrome	DR
• Pseudomembranous colitis	DR
• Colonic Volvulus	DR
3. Diseases of the Liver	
• Viral hepatitis*	DR, PP

• Cirrhosis*	DR, PP
• Wilson Disease	DR
• Benign tumors of the liver (hepatocellular Adenoma, Cavernous Hemangiomas Focal Nodular Hyperplasia)	DR
• Hepatocellular Carcinoma	DR
• Nonalcoholic Steatohepatitis	DR, PP, LT
• Liver Cysts	DR, DD
• Liver Abscess	DR, DD
• Budd–Chiari Syndrome	DR
• Jaundice*	DD
• Abnormal Liver Function Tests*	DD
4. Diseases of the Gallbladder and Biliary Tract	
• Cholelithiasis	DR
• Calculous cholecystitis	DR
• Choledocholithiasis*	DR
• Cholangitis	DR
• Primary Sclerosing Cholangitis	DR
• Primary Biliary Cholangitis*	DR
• Cholangiocarcinoma	DR
• Congenital hepatic fibrosis and choledochal cysts	DR
• Bile Duct Stricture	DR
• Biliary Dyskinesia	DR
5. Diseases of the Appendix	
• Acute Appendicitis	DR
• Carcinoid Tumors and Carcinoid Syndrome	DR
6. Diseases of the Pancreas	
• Acute Pancreatitis*	DR
• Chronic Pancreatitis*	DR
• Pancreatic Cancer	DR
7. Gastrointestinal Bleeding*	DTR, ED, PP, LT
8. Diseases of the Esophagus	

• Esophageal Cancer	DR
• Achalasia*	DR
• Diffuse Esophageal Spasm	DR
• Esophageal Hiatal Hernias	DR
• Mallory–Weiss Syndrome	DR
• Plummer–Vinson Syndrome (Upper Esophageal Webs)	DR
• Schatzki Ring (Distal Esophageal Webs)	DR
• Esophageal Diverticula	DR
• Esophageal Perforation	DR, ED
9. Diseases of the Stomach	
• <i>H.pylori</i> infection*	DTR
• Peptic Ulcer Disease*	DT, PP, LT
• Acute Gastritis	DT, PP, LT
• Gastric Cancer	DR, PP
• Gastric Lymphoma	DR
10. Diseases of the Small Intestine	
• Small Bowel Obstruction	DR
• Paralytic Ileus	DR
• Coeliac disease*	DR, PP, LT
• Whipple Disease	DR
• Tropical sprue	DR
11. Inflammatory Bowel Disease	
• Crohn Disease	DR
• Ulcerative Colitis	DR
Endocrine and Metabolic Diseases	
1. Hyperlipidemia	DTR, PP, LT
2. Diabetes Mellitus*	DTR, PP, LT
• Chronic Complications of Diabetes Mellitus	DTR, PP, LT
• Acute Complications of Diabetes Mellitus (diabetic ketoacidosis, Hyperosmolar hyperglycemic nonketotic syndrome)	DTR, ED

3. Diseases of the Thyroid Gland	
• Hyperthyroidism*	DR
• Thyroid Storm*	DR, ED
• Hypothyroidism*	DT, LT
• Thyroiditis*	DR, PP
• Thyroid Nodules	DR, PP
• Thyroid Cancer	DR, PP
• Goiter	DT, PP, LT
4. Diseases of the Pituitary Gland	
• Pituitary Adenomas*	DR
• Hyperprolactinemia	DR
• Acromegaly	DR
• Craniopharyngioma	DR
• Hypopituitarism	DR
• Diabetes Insipidus*	DR
• SIADH*	DR
5. Diseases of the Parathyroid Glands	
• Hypoparathyroidism	DR
• Primary Hyperparathyroidism*	DR
6. Diseases of the Adrenal Glands	
• Cushing Syndrome*	DR
• Pheochromocytoma*	DR
• Primary Hyperaldosteronism*	DR
• Adrenal Insufficiency*	DR
• Nelson's syndrome	DR
• Congenital Adrenal Hyperplasia	DR
7. Diseases of the Pancreas	
• Insulinoma*	DR
• Zollinger–Ellison Syndrome (Gastrinoma)*	DR
• Glucagonoma	DR
• Somatostatinoma	DR

• VIPoma	DR
8. Obesity*	DTR, PP, LT
9. Hypoglycemia	DD
Diseases of the Central and Peripheral Nervous Systems	
1. Cerebrovascular Disease (Stroke)	
• Ischemic Stroke (Cerebral Infarction)*	DTR, ED, PP, LT
• Hemorrhagic Stroke*	DTR, ED, PP, LT
• Transient ischemic attack*	DR
• Subarachnoid hemorrhage	DR
2. Movement Disorders	
• Parkinson Disease*	DR
• Huntington Chorea	DR
• Tremor	DR
• Ataxia	DD
3. Dementia	
• Alzheimer Disease	DR
• Dementia with Lewy Bodies	DR
• Creutzfeldt–Jakob disease	DR
4. Altered Mental Status	
• Acute Confusional State (Delirium)	DD
• Coma	DD
5. Demyelinating Disease	
• Multiple Sclerosis*	DR
• Guillain–Barré Syndrome*	DR
6. Neuromuscular Diseases	
• Myasthenia Gravis*	DTR, ED
• Duchenne Muscular Dystrophy	DR
• Becker Muscular Dystrophy	DR
7. Spinal Cord Diseases	
• Syringomyelia	DR
• Brown–Séquard Syndrome*	DR

• Transverse Myelitis*	DR
• Horner Syndrome	DR
• Poliomyelitis	DR
8. Epilepsy*	DR, LT
9. Miscellaneous Conditions	
• Dizziness	DD
• Vertigo	DD
• Syncope*	DD
• Amyotrophic Lateral Sclerosis or “Lou Gehrig Disease”	DR
• Aphasia	DD
• Bell Palsy	DR
• Trigeminal Neuralgia (Tic Douloureux)	DR
10. Headache*	DD
• Tension Headache	DT
• Cluster Headaches	DT
• Migraine	DTR, ED, PP, LT
11. How to Localize a Neurologic Lesion*	DD
Musculoskeletal disorders and connective tissue diseases	
1. Common musculoskeletal problems	
• Low Back Pain*	DD
• Common Disorders of the Cervical Spine	DR
• Knee Pain*	DD
• Tendinitis and Bursitis	DR
• Carpal Tunnel Syndrome	DR
• Osteoarthritis*	DR, PP
• Osteoporosis*	DR, PP
2. Connective Tissue Diseases	
• Systemic Lupus Erythematosus*	DR
• Scleroderma (Systemic Sclerosis)*	DR
• Sjögren Syndrome	DR
• Mixed Connective Tissue Disease	DR

• Rheumatoid Arthritis*	DR
3. Crystal-induced Arthritides	
• Gout*	DR, PP
• Pseudogout	DR
4. Myopathies and Pain Syndromes	
• Idiopathic Inflammatory Myopathies	DR
• Inclusion Body Myositis	DR
• Polymyalgia Rheumatica*	DR
• Fibromyalgia	DR
5. Seronegative Spondyloarthropathies	
• Ankylosing Spondylitis*	DR
• Reactive Arthritis/Reiter Syndrome*	DR
• Psoriatic Arthritis*	DR
6. Vasculitis	
• Temporal/Giant Cell Arteritis*	DR
• Takayasu Arteritis	DR
• Churg–Strauss Syndrome	DR
• Wegener Granulomatosis	DR
• Polyarteritis Nodosa	DR
• Behçet Syndrome	DR
• Hypersensitivity Vasculitis	DR
Diseases of the Renal and Genitourinary System	
1. Renal Failure	
• Acute Kidney Injury*	DTR, ED, PP
• Chronic Kidney Disease*	DTR, ED, PP, LT
• Dialysis*	DR
2. Proteinuria and Hematuria	
• Proteinuria*	DD
• Hematuria*	DD
3. Glomerular Disease (Glomerulonephropathies)	
• Primary Glomerular Disorders*	DR

• Secondary Glomerular Disorders*	DR
4. Tubulointerstitial Diseases	
• Acute Interstitial Nephritis	DR
• Renal Papillary Necrosis	DR
• Renal Tubular Acidosis	DR
• Fanconi Syndrome	DR
5. Renal Cystic Diseases	
• Autosomal Dominant Polycystic Kidney Disease	DR
• Autosomal Recessive Polycystic Kidney Disease	DR
• Medullary Sponge Kidney	DR
6. Renal Vascular Disease	
• Renal Artery Stenosis (Renovascular Hypertension)	DR
• Renal Vein Thrombosis	DR
• Atheroembolic Disease of the Renal Arteries	DR
• Hypertensive Nephrosclerosis	DR
Fluids, Electrolytes, and Acid–Base Disorders	
1. Volume Disorders	
• Approach to Volume Disorders	DD
• Hypovolemia*	DTR, ED, PP
• Hypervolemia*	DTR, ED, PP
2. Sodium	
• Overview of Sodium Homeostasis	DD
• Hyponatremia*	DTR, ED, PP
• Hypernatremia*	DTR, ED, PP
3. Calcium	
• Overview of Calcium Metabolism	DD
• Hypocalcemia*	DTR, ED, PP
• Hypercalcemia*	DTR, ED, PP
4. Potassium	
• Overview of Potassium Metabolism	DD
• Hypokalemia*	DTR, ED, PP

• Hyperkalemia*	DTR, ED, PP
5. Magnesium	
• Overview of Magnesium Metabolism	DD
• Hypomagnesemia	DD
• Hypermagnesemia	DD
6. Phosphate	
• Overview of Phosphate Metabolism	DD
• Hypophosphatemia	DD
• Hyperphosphatemia	
7. Acid–base Disorders	
• Metabolic Acidosis*	DD, DR
• Metabolic Alkalosis	DD, DR
• Respiratory Acidosis*	DD, DR
• Respiratory Alkalosis	DD, DR
Hematologic Diseases and Neoplasms	
1. Anemias	
• Basics of Anemia	DD
2. Microcytic Anemias	
• Iron Deficiency Anemia*	DT, PP
• Thalassemias	DR, PP
• Sideroblastic Anemia	DR
3. Normocytic Anemias	
• Anemia of Chronic Disease	DR
• Aplastic Anemia	DR
4. Macrocytic Anemias	
• Vitamin B12 Deficiency*	DT, PP, LT
• Folate Deficiency	DT, PP, LT
5. Hemolytic Anemias	
• Overview	DD
• Sickle Cell Anemia*	DR
• Hereditary Spherocytosis	DR

• Glucose-6-phosphate Dehydrogenase Deficiency	DR
• Autoimmune Hemolytic Anemia*	DR
• Paroxysmal Nocturnal Hemoglobinuria	DR
6. Platelet Disorders	
• Thrombocytopenia*	DD
• Immune (Idiopathic) Thrombocytopenic Purpura*	DR
• Thrombotic Thrombocytopenic Purpura*	DR
• Bernard–Soulier Syndrome	DR
• Glanzmann Thrombasthenia	DR
7. Disorders of coagulation	
• von Willebrand Disease*	DR
• Hemophilia A*	DR
• Hemophilia B	DR
• Disseminated Intravascular Coagulation	DR
• Vitamin K Deficiency*	DR
• Coagulopathy of Liver Disease	DR
• Inherited Hypercoagulable States	DR
8. Plasma Cell Disorders	DR
• Multiple Myeloma	DR
• Monoclonal Gammopathy of Undetermined Significance	DR
• Waldenström Macroglobulinemia	DR
9. Myeloproliferative Disorders	
• Polycythemia Vera*	DR
• Essential Thrombocythemia	DR
• Myelofibrosis	DR
10. Lymphoproliferative Disorders	
• Hodgkin Lymphoma	DR
• Non-Hodgkin Lymphoma	DR
11. Leukemias	
• Acute Leukemias*	DR
• Chronic Lymphocytic Leukemia*	DR

• Chronic Myeloid Leukemia*	DR
12. Myelodysplastic Syndromes	DR
13. Cancer Prevention and Screening*	PP
14. Principles of Cancer Staging and Therapy	DD
15. Palliation and Pain Management*	DD
Infectious Diseases	
1. Infections of the Respiratory Tract	
• Community-acquired Pneumonia*	DT, PP
• Healthcare-associated pneumonia*	DR
• Ventilator Associated Pneumonia	DR
• Lung Abscess	DR
• Tuberculosis*	DT, PP, LT
• Influenza	DT, PP
2. Infections of the Central Nervous System	
• Meningitis*	ED, PP
• Encephalitis	DR
3. Infections of the Gastrointestinal Tract	
• Viral Hepatitis	DTR, PP
• Botulism	DR
• Hydatid cyst	DR
4. Infections of the Genitourinary Tract	
• Lower Urinary Tract Infections*	DT, PP
• Pyelonephritis	DR
5. Sexually Transmitted Diseases*	
• Genital Warts	DT, PP
• Chlamydia	DT, PP
• Gonorrhoea	DT, PP
• Herpes Simplex	DT, PP
• Syphilis	DT, PP
• Chancroid	DT, PP
• Lymphogranuloma Venereum	DT, PP

• Granuloma inguinale	DT, PP
• Pediculosis Pubis (Pubic Lice)	DT, PP
6. HIV and AIDS	DR, PP
7. Wound and Soft Tissue Infections	
• Cellulitis	DT
• Erysipelas	DT
• Necrotizing Fasciitis	DR
• Lymphadenitis	DR
• Tetanus	DTR, PP, LT
8. Infections of the Bones and Joints	
• Osteomyelitis	DR
• Septic arthritis*	DTR
9. Zoonoses and Arthropod-borne Diseases	
• Lyme Disease*	DR
• Rocky Mountain Spotted Fever and other Rickettsial infections	DR
• Malaria*	DTR, PP
• Rabies	DR, PP
• Leptospirosis	DR
• Tularemia	DR
• Q fever	DR
• Cat scratch fever	DR
10. Fungal Infections	
• Candidiasis	DR
• Aspergillus	DR
• Cryptococcosis	DR
• Rare infections (blastomycosis, histoplasmosis, coccidioidomycosis, and sporotrichosis)	DR
11. Common Parasitic Infections	
• Cryptosporidiosis	DR
• Amebiasis*	DT, PP
• Giardiasis*	DT, PP

• Ascariasis	DT, PP
• Hookworm	DT, PP
• Pinworm (enterobiasis)	DT, PP
• Tapeworm	DT, PP
• Schistosomiasis*	DT, PP
12. Fever and Sepsis	
• Fever of Unknown Origin*	DD, DR
• Toxic Shock Syndrome	DR
• Catheter-related Sepsis	DR
• Febrile Neutropenia*	DR, ED
13. Miscellaneous Infections	
• Infectious Mononucleosis*	DR, PP
• Brucellosis*	DT, PP
• Leishmaniasis	DR, PP
• Salmonella infections*	DT, PP
• Hydatid cyst*	DR, PP
• Diphtheria	DR, PP
Multisystem disorders	
1. Familial Mediterranean Fever	DR
2. Acute rheumatic fever	DTR, PP
3. Amyloidosis	DR, PP
4. Food poisoning	ED, PP
5. Hereditary hemochromatosis	DR
6. Henoch-Schönlein purpura	DTR
7. Transfusion reactions	DR
8. Cystic fibrosis	DR
9. Paraneoplastic syndromes	DR
10. Polymyositis & dermatomyositis	DR
11. Raynaud's disease	DR
12. Wilson disease	DR
13. Drug adverse reactions	DT, ED, PP, LT

14. Hemolytic uremic syndrome	DR
15. Thrombotic Thrombocytopenic Purpura	DR
16. Paget's disease	DR

Procedural skills

Examples of bed-side procedures to be observed and, if possible, performed by the students include (but is not limited to):

- Insertion of peripheral venous canula
- Demonstration an inhaler use
- Performing an ECG
- Insertion of a nasogastric tube
- Insertion of a urethral catheter
- Insertion of a central line
- Bone marrow aspiration (biopsy)
- Abdominal paracentesis
- Aspiration of a pleural effusion
- Lumbar puncture
- Bronchoscopy
- G.I. Endoscopy
- Drawing venous blood
- Preparing peripheral smear
- Preparing thick smear
- Blood culturing
- Intramuscular injection
- Subcutaneous injection
- Intradermal injection
- Intravenous injection
- Assessment of blood glucose using glucometer
- Assessment of ketone in urine
- Drawing arterial blood gas sample

- Thoracentesis
- Dressing a wound
- Pharyngeal culturing
- Preparing a smear from a lesion
- Preparing a sputum smear
- Application of nasal oxygen

9. Clerkship teaching and learning strategies and activities

On-campus resource sessions

Case-based discussions (CBDs)

For this session, a clinical case is first shared with students 3-4 days prior, along with tentative questions for discussion. On the day of the session, the case is reviewed and different aspects of history taking, physical examination, diagnosis, investigations and management are discussed in an interactive setting. CBDs are scheduled to held on Sundays between 3 pm to 4.30 pm. However, there may be changes depending on instructor availability or other scheduling issues.

Duration of CBD sessions is 90 minutes (1.5 hours)

Case Scenarios and MCQs review

This session entails the presentation of a case scenario(s) followed by questions (MCQs/EMQs) to be discussed with the students in an interactive setting. Although the sessions are not designed as a classical didactic lectures, relevant information such as management algorithms and guidelines may be shared during. The "flipped classroom" approach is highly encouraged, where subject material (lecture notes, videos, articles, etc.) is uploaded a few days before the session, which would allow students to review content and prepare at their own pace. It is expected that the sessions be interactive with almost no didactic component. Formative assessments during or after the sessions, as well as post-session assignments will be utilized to provide feedback to students which would also be a study guide for them. These sessions are scheduled to be held on Mondays-Thursdays, between 3 pm to 3.50 pm (some days until 4.50 pm). Duration of these sessions is 50 minutes.

Workshops

Three hands-on workshops have been integrated into the clerkship schedule where students are expected to obtain practical clinical skills relevant to their practice:

- Abdominal organomegaly workshop
- Ultrasound workshop
- ECG workshop

Workshops are scheduled to be held on Sundays. Attendance to the workshops is MANDATORY. Duration of the workshops is 90-120 minutes (1.5-2 hours)

Hospital training and student activities

Students are expected to attend hospital training at the hospitals/departments they have been designated, starting from 1st week of the rotation up to the end of the 9th week. Each student will be designated two different hospitals in the form for sub-rotations. Hospital schedule is sent to all students at the beginning of rotation and is also accessible via the clerkship Blackboard page.

Hospital training is scheduled for 5 days a week (except public/national holidays), from Sunday-Thursday, between 8 am and 1.30 pm.

During training, students are expected to participate in:

1. Morning Handover Reports
 - This is an important activity, which all students should attend and participate in presenting patients seen and managed the night before. They will learn from comments of faculty and residents and develop confidence in presentation. Each student should present at least 2-3 patients during the 10 weeks rotation in Medicine I.
2. Ward Rounds
 - These bedside rounds are conducted by the consultants every morning, and are an opportunity for students to impress their team with their presentation skills and knowledge of their patients. Students are expected to pre-round on their patients and have notes prepared before rounds start. Students must be on time for morning rounds. A perfect presentation is complete but succinct. Students do not have to present everything but are expected to know everything when asked. Presentations should also follow the format of a daily progress note (e.g. S.O.A.P format). Rounds are an opportunity for students to demonstrate their team's playing capabilities. Students should proactively assist their team with procedures, dressing changes, other tasks during rounds. The most successful students are respectful of their classmates and residents, always bearing in mind that rounds are learning as well as a working environment. Students should not interrupt others during their presentations, and should expect to be asked questions regarding their cases. It is critical for students to

pay attention to others' presentations; students can learn from others' cases just as much as their own ones.

3. Bed-side teaching sessions

- Two to three times a week, sessions of 2 hours duration each, will be conducted at the bedside with one faculty. Students take a focused history and physical examination of their patients with their hospital course and present it to the clinical teacher. This is an outstanding opportunity to shine in front of the faculty. The teacher will guide you and improve your history taking, physical examination, and reasoning and management skills. It may also include problem based interactive learning sessions (Based on real patients encountered in the hospital) and laboratory medicine and radiology interpretation sessions.

4. Night Calls & Emergency room activities

- Students are expected to be on call approximately 9 evenings during the 9 weeks of clerkship rotation. The doctor on duty works with the students in his charge to make the schedule. When on call, students should work with the on-duty-doctor in evaluating patients and consultations, whenever possible. Following the doctor's around is the easiest way to do this. When the action slows, students should use such times to "pick the resident's brain" for surgery topics, to practicing suturing, etc. Students should take the initiative to take their own history and physical examination and try to formulate a diagnosis and plan themselves.

5. Bed-side procedures

Cases to be covered during clinical/bedside teaching sessions at the hospital include:

- Thorough History taking.
- Detailed physical examination of all systems
- Congestive heart failure
- Valvular heart diseases
- Angina, Arrhythmias, MI
- Bronchial asthma, COPD
- Bronchiectasis, Pulmonary fibrosis, Tuberculosis
- Renal failure, Hematuria, proteinuria,
- Nephrotic syndrome
- Thyroid disorders

- Diabetes mellitus and its complications
- Jaundice, Hepatomegaly, liver cirrhosis, Ascites
- splenomegaly
- Inflammatory bowel Diseases (UC and Crohn's)
- G.I bleeding/ Hematemesis and /or melena
- lymphadenopathy
- Bleeding disorders
- Tumors of the brain, lung, liver, pancreas, colon,
- Stroke, hemiplegia, paraplegia
- Epilepsy
- Meningitis
- Parkinson's disease
- Multiple sclerosis
- Rheumatoid arthritis, SLE,
- Monoarthritic, Joint infection, gout, pseudo-gout

Attendance sheets need to be signed daily by the supervising faculty member and uploaded to E-portfolio along with weekly submissions providing a summary of OPD activities, case write-ups and personal reflections.

Resource session schedule

Week 1		
Sunday	12. ⁰⁰ -15. ⁰⁰	Introduction to Medicine I Clerkship History taking
Monday	15. ⁰⁰ -16. ³⁰	Case-based discussion <i>Shortness of breath (Congestive Heart Failure)</i>
Tuesday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Diagnosis and management of Bronchial Asthma</i>
	16. ⁰⁰ -16. ⁵⁰	Case scenarios and MCQs review <i>COVID-19: Pathogenesis and Management</i>
Wednesday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>COPD/Bronchiectasis</i>
Thursday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Cardiac Arrhythmias</i>
Week 2		

Sunday	12. ⁰⁰ -15. ⁰⁰	Case-based discussion <i>Approach to Pleural Effusion and Pleural disorders</i>
Monday	15. ⁰⁰ -16. ³⁰	Case scenarios and MCQs review <i>Ischemic heart diseases</i>
Tuesday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Valvular heart diseases</i>
	16. ⁰⁰ -16. ⁵⁰	Case scenarios and MCQs review <i>Diagnosis and management of sleep apnea</i>
Wednesday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Diagnosis and management of Hypertension</i>
Thursday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Principles of antibiotics use in clinical practice</i>
Week 3		
Sunday	12. ⁰⁰ -15. ⁰⁰	<i>ECG Workshop</i>
Monday	15. ⁰⁰ -16. ³⁰	Case scenarios and MCQs review <i>Diagnosis and Management of Pulmonary Embolism</i>
Tuesday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Pulmonary Tuberculosis</i>
	16. ⁰⁰ -16. ⁵⁰	Case scenarios and MCQs review <i>Diagnosis and management of Pneumonia</i>
Wednesday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Acute Monoarthritis & Polyarthritis</i>
Thursday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>SLE and other connective tissue diseases</i>
Week 4		
Sunday	12. ⁰⁰ -15. ⁰⁰	Case-based discussion <i>Low back pain</i>
Monday	15. ⁰⁰ -16. ³⁰	Case scenarios and MCQs review <i>Glomerulopathies and Nephrotic syndrome</i>
Tuesday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Urinary tract infections</i>
	16. ⁰⁰ -16. ⁵⁰	Case scenarios and MCQs review <i>Acute Renal failure</i>
Wednesday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Chronic renal failure and dialysis</i>

Thursday	15. ⁰⁰ -15. ⁵⁰	Case-based discussion <i>Fever of unknown origin</i>
Week 5		
Sunday	12. ⁰⁰ -15. ⁰⁰	Case-based discussion <i>Approach to a patient with unexplained weight loss</i>
Monday	15. ⁰⁰ -16. ³⁰	Case scenarios and MCQs review <i>Multidisciplinary management of Cancer</i>
Tuesday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Adult Leukemia and lymphomas</i>
	16. ⁰⁰ -16. ⁵⁰	Case scenarios and MCQs review <i>Infection in the Immune compromised patients</i>
Wednesday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Approach to patient with Anemia</i>
Thursday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Supportive care of Cancer patients</i>
Week 6		
Sunday	12. ⁰⁰ -15. ⁰⁰	Ultrasound Workshop
Monday	15. ⁰⁰ -16. ³⁰	Case scenarios and MCQs review <i>Approach to bleeding and Platelets disorders</i>
Tuesday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Approach to Hypercoagulable disorders</i>
	16. ⁰⁰ -16. ⁵⁰	Case scenarios and MCQs review <i>Common geriatric syndromes and conditions</i>
Wednesday	15. ⁰⁰ -15. ⁵⁰	Abdominal organomegaly Workshop
Thursday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>CNS infections</i>
Week 7		
Sunday	12. ⁰⁰ -15. ⁰⁰	Case-based discussion <i>Approach to patient with Headache</i>
Monday	15. ⁰⁰ -16. ³⁰	Case scenarios and MCQs review <i>Approach to a patient with Epilepsy</i>
Tuesday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Diagnosis and management of Stroke</i>
	16. ⁰⁰ -16. ⁵⁰	Case scenarios and MCQs review <i>Multiple Sclerosis/Parkinson disease</i>

Wednesday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Peripheral Neuropathy & Myasthenia Gravis</i>
Thursday	15. ⁰⁰ -15. ⁵⁰	Case-based discussion <i>Approach to the patient with abdominal pain</i>
Week 8		
Sunday	12. ⁰⁰ -15. ⁰⁰	Case-based discussion <i>Approach to Diarrhea</i>
Monday	15. ⁰⁰ -16. ³⁰	Case scenarios and MCQs review <i>Dyspepsia and IBS</i>
Tuesday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Approach to upper and lower gastrointestinal bleeding</i>
	16. ⁰⁰ -16. ⁵⁰	Case scenarios and MCQs review <i>Interpretation elevated liver enzymes</i>
Wednesday	15. ⁰⁰ -15. ⁵⁰	Case-based discussion <i>Approach to the patient with Jaundice</i>
Thursday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Liver cirrhosis and its complications</i>
Week 9		
Sunday	12. ⁰⁰ -15. ⁰⁰	Case scenarios and MCQs review <i>Diagnosis and management of Diabetes Mellitus</i>
Monday	15. ⁰⁰ -16. ³⁰	Case scenarios and MCQs review <i>Diagnosis and treatment of thyroid disorders</i>
Tuesday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Adrenal Disorders (Cushing's syndrome)</i>
	16. ⁰⁰ -16. ⁵⁰	Case scenarios and MCQs review <i>Metabolic bone diseases</i>
Wednesday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Pituitary disorders</i>
Thursday	15. ⁰⁰ -15. ⁵⁰	Case scenarios and MCQs review <i>Management of Obesity</i>

10. Student Assessment

Current assessment has two main components: continuous assessment with a weightage of 40%, and end of clerkship assessment with a weightage of 60%.

The mark distribution for every rotation in year 4 is as follows:

Continuous Assessment (40%)

- E-portfolio = 10%
- Student performance evaluation = 10%
- Direct observation clinical encounter examination (DOCEE) = 20%

End of clerkship (60%)

- Written exam (MCQs/EMQs) = 35%
- Objective structured clinical examination (OSCE) = 25%

The minimum cumulative pass mark is 70%, provided that a student scores a minimum pass mark (70%) in the DOCEE + OSCE.

Assessment tool	Weightage
Continuous assessment (40%)	
E-portfolio	10%
General assessment	10%
DOCEE	20%
End of clerkship assessment (60%)	
OSCE	25%
Written Exam	35%

E-portfolio submissions

Starting from Week 2 up to Week 9 of the rotation, students will be required to submit weekly a total of 5 case write-ups, 8 reports on bedside teaching and hospital outpatient duties, 2 reflections, list of night/on call duties undertaken and a list of observed/performed specific skills and procedures. An additional feature as of the 2020/2021 is 9 marks that will be awarded for participation in Blackboard activities and contribution during online resource sessions. All students are also expected to participate in community service which has now become a COMPULSORY activity to be documented and submitted with the e-portfolio. Two documented reports are to be included in the e-portfolio submissions on 5th and 8th week of each rotation. A summary of the e-portfolio submissions is provided below.

Week	Case Write Up	Bedside Teaching	Hospital OPD	Community service	Reflections	On call list	Specific skills and procedures	Online activities
Week 2	✓	✓	✓					
Week 3	✓	✓	✓					
Week 4	✓	✓	✓					
Week 5	✓	✓	✓	✓				
Week 6	✓	✓	✓		✓			
Week 7		✓	✓					
Week 8		✓	✓	✓				
Week 9		✓	✓		✓	✓	✓	✓

Mark distribution of the e-portfolio components (out of 100):

E-portfolio component	No. of submissions	Points per submission	Total points
Specific skills and Procedures	1	10	10
Case write-ups	5	8	40
Bedside teaching and Hospital OPD	8	2	16
Community service	2	3	6
Student reflections on learning	2	2	4
On call list (minimum 8)	1	1	15
Online activities	1	9	9
		Grand total	100

Details regarding E-portfolio submissions are available on Taskstream.

Community service

Community service has become compulsory activity during the clerkship. Students are highly encouraged to participate in such community service and are expected to document and submit TWO activities as part of their E-portfolio on the 5th and 8th week of each rotation. Students are expected to participate for at least 1 hour for each activity they wish to submit.

Definition of community service

“Community service refers to activities undertaken for the benefit of individuals and/or the community for no financial reward.”

Criteria for what qualifies as community service

For activities to qualify as community service they should:

- be for the benefit of others,

- give service in an area of need,
- provide opportunities for learning and reflection; and
- not involve payment.

However, activities that attract a small honorarium and fulfill the other criteria are still considered community service.

Community service activities can be:

- University-oriented or community-oriented;
- Organized by the university, hospitals or other organizations
- Undertaken either during working hours, or after hours
- One-off or more long-term; and
- Direct, involving personal contact with the person being served, or indirect (public awareness campaigns, health drives, portable clinics, etc.).

Examples for community service

- Participate in hospital-based world health days
- Participate in health awareness and education activities in the hospital
- Attend hospital staff providing counselling, and communicating with patients or their family/parents/relatives about any related concerns or preventive measures etc.
- Participate in college-based community service activities or any other relevant activities done at the University

Guide to Case Write-ups

The following are instructions on how to prepare Medicine I case write-ups for submission on E-portfolio. Note that writing case write-ups is considered a learning tool not a burden. Please follow the instructions below to maximize your benefits as well as to guarantee good grades:

1. Cover page:

- Have a cover page for you case write up with your name and ID written on it. Also, write the rotation and the academic year.

2. History:

- **Demographics:**
 - Mention the patient's initial not his full name to maintain patient's confidentiality
 - MRN is mandatory
 - Age, Marital status, Occupation, etc.

- **Chief complaint:**
 - In this part, you only need to mention what brought the patient to seek medical care in 2-3 words. You should not add any associated symptoms unless you feel it is highly necessary.
- **History of presenting illness:**
 - This is the part where you should apply all your history-taking skills.
 - For the pain complaints, use **WWQQAAB** or **SOCRATES**
 - W: When?, or Onset. Mention all details about the onset
 - W: Where?, or Location. Mention if shifting or radiating
 - Q: Quality, Type of pain
 - Q: Quantity, Pain severity, out of 10 if possible
 - A: Aggravating factors
 - A: Alleviating factors
 - A: Associated symptoms
 - B: Beliefs
 - OR
 - Site – Where is the pain? Or the maximal site of the pain.
 - Onset – When did the pain start, and was it sudden or gradual? Include also whether it is progressive or regressive.
 - Character – What is the pain like? An ache? Stabbing?
 - Radiation – Does the pain radiate anywhere? (See also Radiation.)
 - Associations – Any other signs or symptoms associated with the pain.
 - Time course – Does the pain follow any pattern?
 - Exacerbating/relieving factors – Does anything change the pain?
 - Severity – How bad is the pain.
- For the other symptoms (Non pain related), use **ODIPARA**
 - O: Onset
 - D: Duration
 - I: Intensity of the symptom
 - P: Progress
 - A: Alleviating factors
 - R: Relieving factors

A: Associated symptoms

- **Review of systems:**
 - Make your own template and add/modify on it whenever needed. Rule in or rule out differential diagnoses.
- **Other histories:**
 - (Surgical, Medical, Family, and Social histories)
- **Important note:**
 - While you are taking History, you need to fulfil the following:
 - Exclude red flags! (Example: In a case of chest pain, you need to exclude pulmonary embolism even if it is suggestive of something else) (Another example: In a case of fever, you need to exclude CNS infection even if the case is suggestive of other infections).
 - All relevant associated symptoms must be written.
 - Pertinent negative symptoms are as important as the positive symptoms.
 - Differentiate between associated symptoms and review of systems:
 - Example: Known case of diabetes for the last 20 years presented with epigastric pain. (provisional diagnosis: ketoacidosis)
 - Associated symptoms are related to the chief complaint.
 - Review of system symptoms are related to the patient overall health condition, chronic illnesses, etc.
 - Associated symptoms: vomiting, nausea
 - Review of systems: vision changes, urine changes, neuropathies, etc.
 - Build a differential diagnosis.
 - Assess risk factors.

3. **Physical examination:**

- **General examination:** In this part, you need to write about the patient's general appearance.
 - Well or ill? Alert? Oriented? Comfortable? Agitated? Irritable? In pain? Stable or unstable? In distress?
 - Vital signs.
- **Focused examination:** (according to the complaint and the differential diagnosis). Mention both the positive and the negative signs. Do and report all the steps of the physical examination.
- You can make your own template and add/modify on it whenever needed.

- You need to differentiate between the examination done upon admission and the examination done at the time of your encounter. (Example: Patient might be unstable and in severe pain on admission. Upon your encounter, the patient might have been stabilized and on painkillers already).

4. Differential diagnosis:

- Write your differentials in a convenient order.
- Highlight your working diagnosis.

5. Investigations:

- Don't capture texts and lab results from the hospital system.
- Include radiography pictures whenever you can. (Example: A case of pneumonia is better expressed when there is CXR attached) (Another example: A case of chest pain is of no use if ECG wasn't attached nor reported).
- If you can't include pictures of the radiographs, you will still need to report them.
- You don't need to write irrelevant investigations.
- Make sure you include even the normal results if necessary to exclude a specific diagnosis.
- If there is a pending investigation of high importance, mention it as pending as it may change the plan of care once it is out. (Example: Blood culture, Urine culture, etc.).
- If the diagnosis is dependent on an investigation that is pending, then this case is still not complete to be used as a case write up.

6. Diagnosis (Confirmed)

7. Management plan:

- Do it in two parts:
 - 1st part: Write your own plan as per references and guidelines
 - 2nd part: Write the plan decided by the department/hospital
- Management plan may include:
 - Supportive treatment (O2 mask, IV fluids, etc.)
 - Medications (adding, changing, suspending, stopping). Doses are not required at your level
 - Further investigations (Lab investigations as well as radiological investigations)
 - Procedures (catheter insertion, ascetic tap, pleural tap, NG tube, etc.)
 - Consultations and referrals
 - Discharge advice

- OPD appointments

8. *Follow up:*

- This part is to be written in SOAP manner to report the patient progress in the next encounter:
 - S: subjective progress of the patient (any new symptom, or cease of symptoms).
 - O: objective progress of the patient (any new signs on physical examination).
 - A: assessment of the patient (e.g. ready for discharge, critical, stable, etc.).
 - P: any further Plan that you need to add (ordering more investigations, adding new drug to the regimen, etc.).
- Note that this can be done in a very short summarized way, no need for details.
- In case the patient is to be discharged right away. Follow up should include discharge medication, discharge advice, OPD appointment, and further scheduled plan of care.

9. *Learning points:*

- Write full meaningful sentences about things that you have learnt while doing the case write-up.
- Write at least 3 points in this section
- Examples:
 - The gold standard investigation to diagnose pulmonary embolism is Chest CT Angiography.
 - CURB-65 is a score system used to define the management plan for patients with pneumonia.
- Don't write your learning points like the following:
 - I learnt about the investigations done to diagnose pulmonary embolism.

10. *Literature review:*

- In this section, you need to write IN YOUR OWN WORDS a review/summary of an article that you have read and that is also related to the case.
- As long as it is sufficient, there will be no minimum word count.
- Plagiarism is taken very seriously.
- Don't rephrase as the system might still count this as plagiarism to lesser extent.
- Write the reference(s) at the end.

Objective structured clinical examination or OSCE

The OSCE is a component of the end-of-clerkship assessment and has a weightage of 25% from the final clerkship grade.

Each OSCE exam is expected to consist of at least 12 stations which include:

- History taking stations
- Physical examination stations
- Basic procedures stations
- Communication and counselling stations
- Unmanned clinical skills and interpretation stations.

The OSCE evaluates skills such as history taking, physical examination, basic procedures and communication while also assessing professionalism. It also assesses clinical reasoning and interpretation skills as well as evaluating student's ability to formulate basic management plans to common problems.

OSCEs are designed to include at least 1 station assessing each of the systems, namely cardiovascular, respiratory, musculoskeletal, digestive, renal and urogenital, hematopoietic, nervous and endocrine system. The exam is based on the MRCP "carousel" pattern and each encounter should be witnessed from start to end by at least one independent examiner. A minimum score of 70% is required in the OSCE regardless of the final clerkship grade. Students cannot pass the clerkship without attaining the minimum pass mark in the OSCE, and they will need to have re-sit at a future date.

Direct Observation Clinical Encounter Examination or DOCEE

DOCEE is a component of continuous assessment and has a weightage of 20% from the final clerkship grade.

Each student will undertake a total of TWO DOCEEs on the 5th and 9th week of the rotation. Each encounter should be witnessed from start to end by at least 2 independent examiners, and usually lasts 30-45 minutes.

Components of the DOCEE are:

Clinical skills

- History taking
- Physical examination
- Data organization & presentation

Reasoning & analysis skills

- Identification of problem(s)
- Differential Diagnoses and final diagnosis

Decision-making skills

- Ordering relevant investigation
- Interpretation of laboratory and radiological tests

- Identification of appropriate management plan
- Consideration of priority and sequence of investigations and treatment

Professional attitude

- Approach and respect to patient
- Communication skills (with patient and examiner)

The best of the two DOCEES will be counted in the final grade. A minimum score of 70% is required in the DOCEE regardless of the final clerkship grade. Students cannot pass the clerkship without attaining the minimum pass mark in the DOCEE, and they will need to have re-sit at a future date.

Student performance evaluation

Student performance evaluation is a component of continuous assessment and has a weightage of 10% from the final clerkship grade.

Students performance will be assessed on:

- Attendance & punctuality (20%)
- Interaction & communication (20%)
- Participation & self-learning (20%)
- Behavior & attitude (20%)
- Knowledge & skills (20%)

A total of TWO student evaluation forms (one for each sub-rotation) will be collected from supervising faculty members for each student depending on their assigned hospitals. A sample student evaluation form may be found in the appendix section.

Written exam

The written exam is a component of the end-of-clerkship assessment and has a weightage of 35% from the final clerkship grade.

The exam consists of 100 questions; multiple choice (A-type; 5 choices) and extended matching questions (R-type) at an approximate ratio of 70:30.

One point is awarded for each correct answer. There is no negative marking, and students are encouraged to answer ALL questions.

The general breakdown of the questions is as follows:

- Basic Sciences (mostly Recall) \approx 10%
- Diagnosis and Investigations (Comprehension, Application and Problem-solving) \approx 80%

- Management plan and Treatment (Evaluation and Synthesis) ≈ 10%

Examples for basic sciences questions include functional neuroanatomy, mechanism of disease, cardiac anatomy, clinical microbiology, clinical pharmacology, etc. Exam duration is 150 minutes (2.5 hours) which is subject to change depending on the length of questions. The exam is computer-based using the Exemplify application provided by ExamSoft. Written exam is usually scheduled on the last day of each rotation. Kindly note that there will be questions pertaining to the workshops (ECG, Abdominal ultrasonography and Organomegaly).

Written exam blueprint

System / Theme	Number of Qs	MCQs	EMQs	EMQ themes	Recall	Comprehension	Application / problem solving	Evaluation / Synthesis
Cardiovascular	13	9	4	1	2	4	5	2
Respiratory	12	8	4	1	1	4	5	2
Rheumatology/musculoskeletal	9	6	3	1	1	3	4	1
Digestive system	12	8	4	1	1	4	5	2
Renal system	9	6	3	1	1	3	4	1
Hematopoietic + Neoplasms	9	6	3	1	1	3	4	1
Infectious Diseases	9	6	3	1	1	3	4	1
Nervous system	9	6	3	1	1	3	4	1
Endocrine system	13	9	4	1	2	4	5	2
Workshops	5	5	0	0	1	2	2	0
Total	100	69	31	9	12	33	42	13

11. STUDENT EVALUATION FORMS

Clinical training record sheet



Clinical Training Record Sheet (Year-4)

Name: _____ ID: _____

Hospital: _____ Rotation: _____

Date	Clinical Training Session (please circle)	MRN	Specific Skills & Procedures	Clinical Case Discussed	Time	Tutor Sign & Stamp
				Summary		
Sun	Dedicated Teaching: Bedside, Hands on Clinical Session					
	Non-dedicated Teaching: rounds, OPD, OT, Procedures etc.					
	Other clinical encounters: Clinical Seminars, Tutorials, Staff Meetings, Grand Rounds & CME.					
Mon	Dedicated Teaching, Bedside, Hands on Clinical Session					
	Non-dedicated Teaching: rounds, OPD, OT, Procedures etc.					
	Other clinical encounters: Clinical Seminars, Tutorials, Staff Meetings, Grand Rounds & CME.					
Tue	Dedicated Teaching, Bedside, Hands on Clinical Session					
	Non-dedicated Teaching: rounds, OPD, OT, Procedures etc.					
	Other clinical encounters: Clinical Seminars, Tutorials, Staff Meetings, Grand Rounds & CME.					
Wed	Dedicated Teaching, Bedside, Hands on Clinical Session					
	Non-dedicated Teaching: rounds, OPD, OT, Procedures etc.					
	Other clinical encounters: Clinical Seminars, Tutorials, Staff Meetings, Grand Rounds & CME.					
Thu	Dedicated Teaching, Bedside, Hands on Clinical Session					
	Non-dedicated Teaching: rounds, OPD, OT, Procedures etc.					
	Other clinical encounters: Clinical Seminars, Tutorials, Staff Meetings, Grand Rounds & CME.					

Community service documentation form

This is to certify that _____

(Student Name and University ID number)

has performed volunteer service on the date(s) and location(s) listed below.

Name of Organization/Non-Profit/Event: _____

Address: _____

Phone Number: _____

Date of the Event	Time In	Time Out	Total Hours Per Day

Specific Duties/Services Performed:

Supervisor Name (Please Print): _____

Supervisor Signature: _____

Date: ___/___/___

Phone Number: _____

Rubrics for DOCEE examination

MCR item	1 (Unsatisfactory)	2 (Borderline)	3 (Pass)	4 (Good)	5 (Excellent)
Patient Assessment (history and examination)	<ul style="list-style-type: none"> Very inadequate, falls short of the required standard 	<ul style="list-style-type: none"> Performs an assessment that has frequent incomplete and inaccurate elements Assessment is conducted in an unstructured manner. Student is unsure and/or uncoordinated in examination techniques and demonstrates lack of sensitivity to patient's comfort and dignity 	<ul style="list-style-type: none"> Mostly demonstrates a coherent approach to assessment in which most of the important elements are covered Examination techniques are reasonably coordinated Is aware of the need to demonstrate sensitivity to patient's comfort and dignity 	<ul style="list-style-type: none"> Exceeds the required standard but there is room for improvement 	<ul style="list-style-type: none"> A coherent, comprehensive, accurate and structured approach to assessment; Examination techniques are well coordinated. Assessment is appropriate to the clinical problem, Facilitates patient's telling of the story Effectively uses appropriate questions Is sensitive to patient's comfort and dignity.
Clinical Reasoning	<ul style="list-style-type: none"> Very inadequate, falls short of the required standard 	<ul style="list-style-type: none"> Formulates some simple diagnostic hypotheses but neglects important data; 	<ul style="list-style-type: none"> Formulates a list of common simple diagnostic hypotheses. Synthesizes important data and can estimate severity of illness. 	<ul style="list-style-type: none"> Exceeds the required standard but there is room for improvement 	<ul style="list-style-type: none"> Formulates a complete list of all/almost all diagnostic hypotheses; Identifies all of Important patient problems and

		<ul style="list-style-type: none"> • Unable to accurately estimate severity of illness; • Superficial discussion of relevant investigative tests; • Management plans are poorly developed. 	<ul style="list-style-type: none"> • Can determine and justify appropriate investigative tests. • Able to develop a suitable management plans 		<ul style="list-style-type: none"> estimates severity of illness; • Able to discuss and justify investigative tests cognizant of differential diagnosis and individual patient factors; • Able to develop well formulated management plans and consider risks benefits.
<p>Medical Interview- Information giving</p>	<ul style="list-style-type: none"> • Very inadequate, falls short of the required standard 	<ul style="list-style-type: none"> • Provides some inaccurate information that is not always presented in a logical order; • Information of the management plan is mostly unclear and not easily understood by the patient; • Does not 'always check the patient's understanding of the information 	<ul style="list-style-type: none"> • Gives mostly accurate information in logical order; • instructs the patient on the main aspects of the management plan and presents information that enables patient understanding; • Emphasizes important points and attempts to check patient understanding 	<ul style="list-style-type: none"> • Exceeds the required standard but there is room for improvement 	<ul style="list-style-type: none"> • Gives accurate Information in a logical order; • Explores patient's perspective • Clearly instructs the patient about the management plan/therapy; • Uses jargon free, open, honest and explicit language and terms that are easily understood;

					<ul style="list-style-type: none"> • Checks the patient's understanding of the information and if the patient has any questions or concerns; • Uses active listening during the patient encounter.
<p>Professional Ethical Behavior</p>	<ul style="list-style-type: none"> • Very inadequate, falls short of the required standard 	<ul style="list-style-type: none"> • Occasionally lacks discretion and neglects patients' needs of confidentiality, comfort and respect; • At times behaves unprofessionally in front of or in the hearing of patients and/or relatives; • Allows own views to impact on the consultation; • Not able to fully grasp the ethical issues quickly 	<ul style="list-style-type: none"> • Demonstrates discretion and pays attention to patient's needs of confidentiality, comfort and respect; • Demonstrates a safe grasp of ethical issues, students is non-judgmental and has some insight into own clinical ability 	<ul style="list-style-type: none"> • Exceeds the required standard but there is room for improvement 	<ul style="list-style-type: none"> • Shows respect, compassion, empathy and is always discrete; • Is fully aware of patients' needs for confidentiality, comfort and respect. • Behaves in an ethical manner and has a well-developed understanding of ethical Issues; • Is non-judgmental, and is aware of limitations and uses a professional approach at all times.

Direct Observation Clinical Encounter Examination (DOCEE) Student Evaluation

Form

Name of Student: _____	ID No _____
Hospital: _____	Clerkship: _____
Date of Rotation: _____	

CLINICAL PROBLEM/S ENCOUNTERED _____

Item Examined	Students Mark	
CLINICAL SKILLS		
* History Taking skills	20%	
* Physical Examination skills	20%	
* Data organization & presentation	10%	
REASONING & ANALYSIS SKILLS		
* Problem/s identification	10%	
* Differential Diagnosis and most likely Diagnosis	10%	
DECISION MAKING SKILLS		
* Ordering relevant investigation	5%	
* Interpretation of laboratory and Radiological tests	2.5%	
* Identification of appropriate management plan	10%	
* Consideration of priority and sequence of investigations and treatment	2.5%	
PROFESSIONAL ATTITUDE		
* Approach and respect to patient	5%	
* Communication abilities (Patient and Examiner)	5%	
Final Score /100	

Tutor's Comments:

Tutor's Name: _____ **Signature** _____ **Date:** _____

Clerkship Student's Performance Evaluation

Name o Name of Student:	ID No:
Clerkship:	Hospital:
Date of Rotation	

Student photo

The purpose of this form is to evaluate student's performance by clinical faculty during the clerkship.

		%	Comments:												
1	Attendance & Punctuality (20%)														
2	Interaction & Communication (20%)														
3	Participation & Self learning (20%)														
4	Behavior & Attitude (20%)														
5	Knowledge & Skills (20%)														
Overall marks "Global Rating (100%)		_____ / 100													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Overall Rating:</td> <td style="width: 15%;">Excellent</td> <td style="width: 15%;">V. Good</td> <td style="width: 15%;">Good</td> <td style="width: 15%;">Fair</td> <td style="width: 15%;">Poor</td> </tr> <tr> <td></td> <td style="text-align: center;">> 85</td> <td style="text-align: center;">80 - 84</td> <td style="text-align: center;">75 - 79</td> <td style="text-align: center;">70 - 74</td> <td style="text-align: center;">< 70</td> </tr> </table>				Overall Rating:	Excellent	V. Good	Good	Fair	Poor		> 85	80 - 84	75 - 79	70 - 74	< 70
Overall Rating:	Excellent	V. Good	Good	Fair	Poor										
	> 85	80 - 84	75 - 79	70 - 74	< 70										

General Comments:

Student's Feedback of Clinical Faculty

(To be filled by the student at the end of the period of Clinical Clerkship Rotation)

Clinical Tutor's Name: _____	Clerkship: _____
Date of Rotation: From: _____ To: _____	Hospital: _____

Rating Scale: 5- Excellent 4 = V. Good 3 = Good 2 = Fair 1 = Poor		5	4	3	2	1
1.	Available as scheduled.					
2.	Gave orientation and clarified clerkship objectives at beginning of the rotation.					
3.	Arranged training opportunities to meet student learning needs.					
4.	Facilitated student access to patients and integrated the students with the team providing care.					
5.	Effectively communicated knowledge and trained students to master new skills.					
6.	Encouraged students to use clinical reasoning and critical appraisal in patient problem-solving.					
7.	Tested student progress and gave continuous feedback.					
8.	Motivated student learning and stimulated self-directed learning.					
9.	Functioned as a good professional role model in his relation with patient, team members and students.					
10.	Demonstrated respect for the student and sensitivity to their needs.					
11.	Overall effectiveness as a clinical tutor.					

What are the strengths of the faculty?

Provide suggestions for improvement

Clerkship Evaluation Form

Name of Student: _____

ID No: _____

Clerkship: _____

Hospital: _____

Date of Rotation: From: _____

To: _____

		<i>Fully agree</i>			<i>Fully disagree</i>	
		5	4	3	2	1
1.	The information provided about the structure and organisation of the clerkship was sufficient .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Faculty were willing to give explanations and to answer questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The patient problems that I have met during my clerkship were of a sufficient level of variety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The number of patients that I have met during my clerkship were sufficient "good mix of patient's problems"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Bedside teaching sessions were in general instructive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Faculty explained to me why something was done in a specific way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I was frequently observed during patient contacts (eg. when I was taking a history or doing a physical examination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I received sufficient supervision and constructive feedback about my performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I was provided with sufficient possibilities to conduct activities independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	The educational activities organized for the students at the hospital or college were instructive	<i>n.a.</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	The clerkship stimulated me to think and reflect about my strengths and weaknesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	The assessment of my performance at the hospital / health centre was adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall assessment of the clerkship:		Excellent	V.Good	Good	Fair	Poor
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like about this clerkship?

I suggest for improvement the following:

12. Recommended textbooks and sources

Below is a list of textbooks recommended as resources for the Medicine I clerkship.

Davidson's Principles and Practice of Medicine

Paperback: 1440 pages
Publisher: Elsevier Health Sciences
Language: English
ISBN-10: 0702070270
ISBN-13: 978-0702070273

Step-up to Medicine (5th edition)

Paperback: 592 pages
Publisher: Wolters Kluwer Health
Language: English
ISBN-10: 1975103610
ISBN-13: 978-1975103613

Current Medical Diagnosis & Treatment 2020

Paperback: 1936 pages
Publisher: McGraw-Hill Education
Language: English
ISBN-10: 1260455289
ISBN-13: 978-1260455281

Oxford Handbook of Clinical Medicine

Paperback: 904 pages
Publisher: Oxford University Press
Language: English
ISBN-10: 9780199689903
ISBN-13: 978-0199689903

Online resources

Below is a list of subscription-based online resources that are available to University of Sharjah students via the student library, free of charge.

The Journal of Visualized Experiments (styled JoVE)

JOVE is a peer-reviewed scientific journal that publishes experimental methods in video format. In the Science Education section, under Clinical Skills, you will have access to many videos on physical examination and common procedures.

AMBOSS

This is a learning system designed for medical students, residents and physicians, who can use the library as an easily navigable reference tool for their clinical work. The Qbank is optimized for medical students to prep for exams with an integrated USMLE-style question bank. AMBOSS is created by a team of physicians and clinicians. It is a better way to study by providing Smart Study Medical Questions Bank and Answers.

UpToDate

The UpToDate system is an evidence-based clinical resource. It includes a collection of medical and patient information, access to Lexi-comp drug monographs and drug-to-drug interactions, and a number of medical calculators. UpToDate is written by over 5,700 physician authors, editors, and peer reviewers. It is available both via the Internet and offline on personal computers or mobile devices.

13. CONTACTS

Hospital coordinators

1. Dr. Mohamed Ibrahim
Al-Kuwait Hospital, Sharjah
Email Mibrahim_57@yahoo.com
2. Dr. Mohamed Yousef
Al-Qassimi Hospital, Sharjah
Email eltamimix@gmail.com
3. Dr. Mohamed Seif
University Hospital of Sharjah, Sharjah
Email: mohamed.seif@uhs.ae
4. Ms. Manal Fahed Fayad (Executive Assistant)
Sheikh Khalifa Medical City, Ajman
Email Manal.fayad@skmca.ae
5. Mr. Rafi Alnjadat (Clinical Education Manager)
Sheikh Khalifa General Hospital, Umm Al Quwain
Email: Rafi.Alnjadat@skgh.ae
6. Dr. Fratoon Patrawala
Zuleikha Hospital, Sharjah
Email: fpatrawala@zulekhahospitals.com
7. Dr. Firas Raouf Alani
American Hospital, Dubai
Email: falani@ahdubai.com

8. Dr. Abeer Akaila (Project manager of DHA medical education department)

Rashid Hospital and Dubai Hospital

Email: Abakaila@dha.gov.ae

9. Sharon Dalal

Fakeeh University Hospital

Email: sdalal@fakeeh.care

Clinical tutors and F2 doctors

1. Dr. Ali Banan

Email: azibdeh@sharjah.ac.ae

2. Dr. Mohammad Alsarraj

Email: malsarraj@sharjah.ac.ae

3. Dr. Omar Al-Khatib

Email: oalkhatib@sharjah.ac.ae

Hospital	F2 Doctor / Clinical tutor
Al-Qassimi	Dr. Mohamed Alsarraj
Al-Kuwaiti Sharjah	Dr. Mohamed Alsarraj
UHS	Dr. Mohamed Alsarraj
SKMC/Ajman	Dr. Ali Banan
Zulekha Hospital (Sharjah)	Dr. Ali Banan
American Hospital	Dr. Omar Alkhatib
Fakeeh University Hospital	Dr. Omar Alkhatib
Rashid Hospital	Dr. Omar Alkhatib
Dubai Hospital	Dr. Omar Alkhatib
SKCH/UAQ	Dr. Ali Banan

Changes in the manual

24.08.2021	<ul style="list-style-type: none">• List of hospitals, F2 doctors, clinical tutors and their designations were updated• Tables of general clerkship overview and weekly plan updated according to new schedule, while also including SIMULATION week in Week 9.
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