



**KADUNA STATE UNIVERSITY
COLLEGE OF MEDICINE
FACULTY OF CLINICAL SCIENCES**

DEPARTMENT OF INTERNAL MEDICINE

UNDERGRADUATE STUDENTS

HAND BOOK

2019

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GENERAL INFORMATION

VISITOR AND PRINCIPAL OFFICERS OF THE UNIVERSITY

VISITOR

His Excellency, Executive Governor of Kaduna State,

Mallam, Nasir Ahmed El-Rufai, OFR

CHANCELLOR

Mallam Tagwai Sambo, Chief of Moroa

PRO CHANCELLOR AND CHAIRMAN OF GOVERNING COUNCIL

Professor shehu Usman Abdullahi

VICE CHANCELLOR

Professor, Muhammad Tanko

REGISTRAR

Mr. Samuel Manshop

BURSAR

Alhaji, ahmed Tijjani Ibrahim

UNIVERSITY LIBERIAN

Dr. Abdullahi Ibrahim Musa

Members of Governing Council

Professor Shehu Usman Abdullahi	Pro- Chancellor & Chairman
Professor Muhammad Tanko	Member (Vice chancellor)
Mal. Hussaini Adamu Dikko	Member
Mal. Ibrahim I. Musa	Member
Dr. Myma Bello – Osage	Member
Pastor Serah Omakwa	Member
Alh. Ibrahim Yakasai (Rep NUC)	Member
Alh Adamu Mansur (PS,MOE & T)	Member
Alh. Aminu Shehu Lere(PS,MOF)	Member
Professor Alexander Kure (DVC, academics)	Member
Dr. Abubakar S. Magaji (Rep. senate)	Member
Professor Bala Dogo (Rep. Senate)	Member
Mrs. Talatu A. Kuri(Rep Congregation)	Member
Mr. Samuel S. Manshop	Secretary to the Council

MISSION OF THE UNIVERSITY

The Kaduna State University was established in May, 2004 to provide all – round university education of the highest standard for the development of the individual and the state, while inculcating the spirit of love, tolerance, understanding and unity in the state in particular and the country in general.

OBJECTIVES OF THE UNIVERSITY

The objectives of the university are:

- a) To encourage the advancement of learning and to hold out to all persons without distinction of race, creed, sex or political conviction the opportunity of acquiring a higher and liberal education.
- b) To provide courses of instruction and other facilities for the pursuit of learning in all its branches, and to make those facilities available on proper terms to such persons as are equipped to benefit from them;
- c) To encourage and promote scholarship and conduct research in all fields of learning and human endeavour.
- d) To relate its activities to the social and economic needs of the people of Nigeria; and
- e) To undertake any other activities, appropriate for a university of the highest standard.

PREFACE

We are pleased to present the Department of Internal Medicine Handbook, detailing the objectives of the posting as well as the expected outcome on the trainees.

The department has the onerous task of introducing trainees to the clinical art of medicine, after completing the intensive training in basic medical sciences. The training is tailored to producing medical officers capable of working anywhere in Nigeria, and be acceptable by the international community.

It is expected that at the end of the postings, the trainees would attain a level of proficiency in skill and practice that would enable them meet the challenge of medical practice in Nigeria and satisfy internationally recognized standards.

DR. A. B. ABUBAKAR, MBBS, FWACP, NPOM
Head of Department

INTRODUCTION

The medical curriculum is divided into two distinct parts, the preclinical period which deals with training in basic medical sciences designed to adequately equip the trainee for the clinical period, conducted in a Teaching Hospital. The clinical component entails rotations in the four core specialties of Internal Medicine, Surgery, Obstetrics and Gynaecology and Paediatrics.

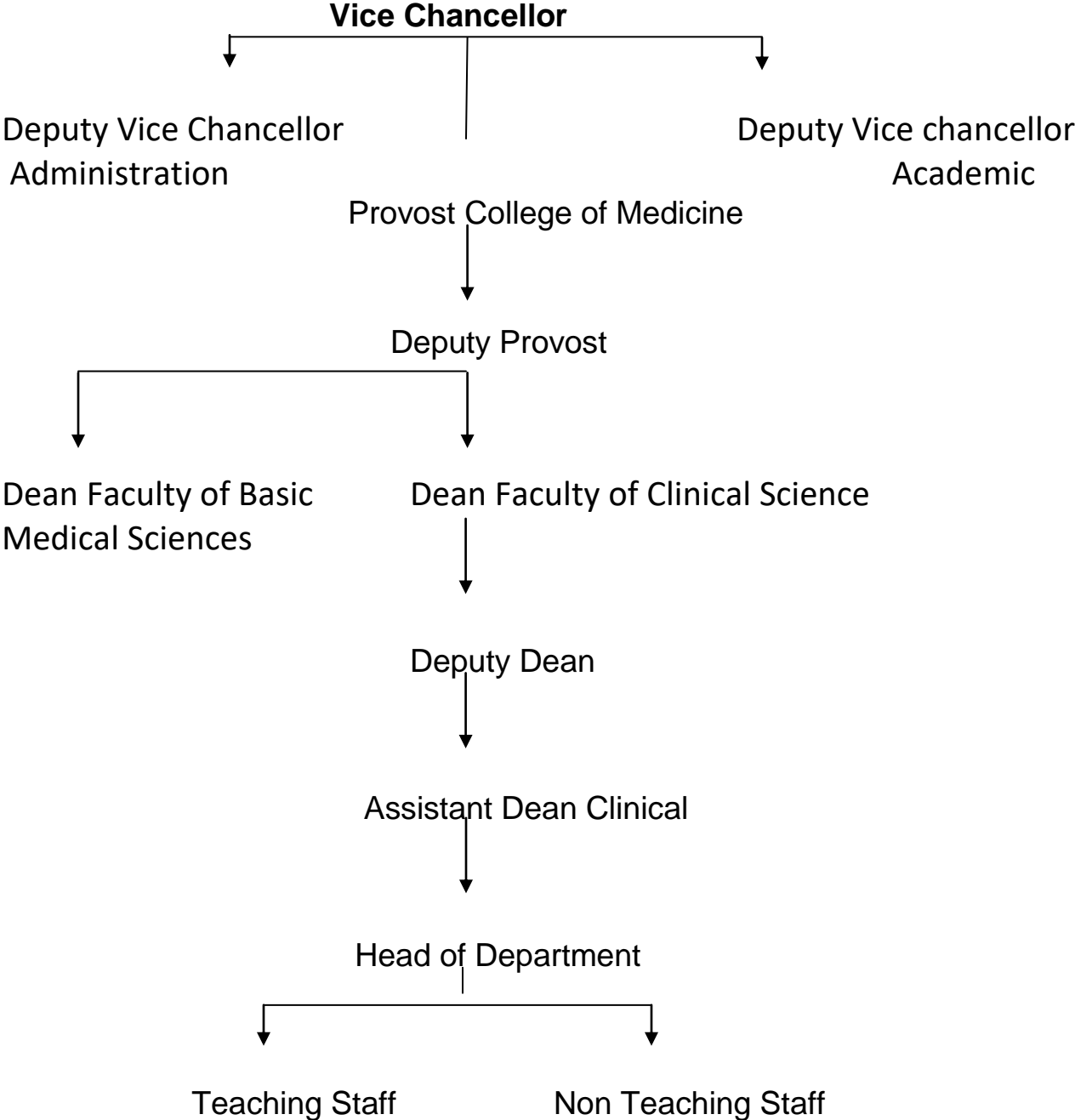
Internal Medicine refers to the branch of medicine which deals with the prevention, diagnosis, treatment and compassionate care of adults across the spectrum from health to complex illness. It involves the application of scientific knowledge and clinical expertise and an evidence based and comprehensive approach to the care of adults.

ORGANISATION OF THE DEPARTMENT

The Department of Internal Medicine is headed by the Head of Department, supported by Teaching Staff from various subspecialties of medicine.

The non teaching staff made up of Administrative and Technical Staff including Nurses and Laboratory Technicians complete the set up, designed to provide both clinical and academic services in the department.

ORGANOGRAM



**LIST OF STAFF
ACADEMIC STAFF**

S/N	NAME	QUALIFICATION (WITH YEAR)	SPECIALITY	MDCN NO	RANK	EMPLOYMENT STATUS
1.	PROF. IBRAHIM ABDU AGUYE	MBBS - 1975 MSc - 1985 FMCP - 1985 DSC - 2006	CLINICAL PHARMACOLOGY INTERNAL MEDICINE	FM 5838 AQ 4809	PROFESSOR	VISITING
2.	PROF. ABDULLAHI A. ABBA	MBBS - 1979 DTCD - 1983 MRCPI - 1988 FCCP - 2000 FRCPI - 2003 FRCP - 2006	RESPIRATORY MEDICINE	FM 8337 AQ 7153	PROFESSOR	SABBATICAL
3.	PROF. BASHIR A. YAKASAI	MBBS - 1979 DIP NEU - 1987 FMCP - 1996 DSC - 2006	NEURO PSYCHIATRY	FM 8917 AQ: 4276	PROFESSOR	CONTRACT
4.	DR. I A. SADA	BSC - 1976 MBBS -1979 FMCP - 1990	CARDIOLOGY	FM 7835 AQ 3522	SENIOR LECTURER	CONTRACT
5.	DR. A. B ABUBAKAR	MBBS - 1980 FWACP - 1991	ENDOCRINOLOGY	FM 8568 AQ 3735	SENIOR LECTURER	CONTRACT
6.	DR. HUSAIN YAHYA	MBBS - 1985 FMCP - 1996 M.Sc - 1999	GASTROENTEROLOGY DERMATOLOGY	FM 12,915 AQ 5,514	SENIOR LECTURER	TENURE
7.	DR. HADIZA SANI	MBBS - 2003 FWACP - 2013 PGD.E	DERMATHOLOGY	FM 3321 AQ 9930	SENIOR LECTURER	TENURE
8.	DR. JOSEPH MAIGARI	MBBS - 2003 FWACP - 2015 FMCPsych - 2015	PSYCHIATRY	FM 33564	LECTURER I	TENURE
9.	DR. P. D YAKUBU	MBBS - 2003 FWACP - 2016	CARDIOLOGY	FM 33558 AQ9789	SENIOR LECTURER	TENURE
10.	DR. MUSA EZEKIEL	MBBS - 2006 FWACP - 2016	ENDOCRINOLOGY	FM 39866 AQ 10966	LECTURER I	TENURE
11.	DR. CHARLES JAMES MARKE	MBBS – 1991 MRCPsych -2003 MPhil – 2007 FRCP -2014	PSYCHIATRY	FM 20508	LECTURER I	TENURE
12.	DR. BOMAN Y. MARCUS	MBBS - 1999 FMCP - 2015	PSYCHIATRY	FM 28,813	LECTURER I	TENURE
13.	DR. BEATRICE BELLO-OVOSI	MBBS- 2003 FWACP- 2016	ENDOCRINOLOGY	FM 33482 AQ 11,397	LECTURER I	CONTRACT

NON ACADEMIC STAFF

S/N	NAME	QUALIFICATION (WITH YEAR)	SPECIALITY	RANK	STATUS
1.	MERCY JUMARE	MED LAB TECH - 2007	LABORATORY TECHNICIAN	MED LAB. TECHNICIAN	TENURE
2.	NINA LAMI OCHIGBO	MCPSS - 2019	BUISNESS MGT	HIGHER EXECUTIVE OFFICER	TENURE

INTERNAL MEDICINE POSTING

The internal medicine posting is divided into six phases, from 400 to 600 levels. At 400 levels, there are four weeks introductory and eight weeks Phase 1 [Junior] postings. At 500 levels there are eight weeks of Phase II (Senior Posting) in addition to two weeks Leprosy and Dermatology and four weeks Psychiatry posting. The rural and revision posting is at 600 level for a period of four weeks.

The method of delivery would be lectures, tutorials, bedside teachings and side laboratory demonstrations and coaching. Students are expected to attend not less than 75% of the all sessions and show evidence of active participation.

Attendance registers would be kept for all sessions and procedural/log books signed by supervising Consultants or Residents. These registers would be scrutinized to assess students to make them eligible to sit for examinations at the end of postings.

Students are to be formally dressed with white overall during all clinical sessions.

OBJECTIVES OF THE POSTING

The objectives of training and expected outcomes of the learning process, include the acquisition of

1. Basic clinical skills in order to organize patient management and care, as well as prevent diseases.
2. Appropriate medical knowledge and ability to integrate the knowledge in critical thinking and evidence based decision making

3. Communication skills for effective communication with patients and relatives as well as encourage interpersonal relationships and team work.
4. Sound ethical and professional values and to develop attitudes that would reflect positively in patient care.

COURSE DESCRIPTION

Introduction to clinical Medicine 400 level

Course Code	Course	Units
MED 401	Introduction to Medicine I	3
MED 403	Bed side Teaching	3
MED 405	Side Lab Teaching	1
Phase I Posting 400 level		
MED 407	Cardiology I	3
MED 409	Respiratory Medicine I	3
MED 411	Gastroenterology	3
MED 413	Clinical Haematology	2
MED 415	Metabolic and Endocrine Medicine	3
MED 417	Neurology I	3
MED 419	Nephrology I	3
MED 421	Tropical Medicine and Infections	3
MED 423	Medical Ethics/ interpersonal Communication Skills	3
MED 425	Information Technology in Medicine	1
MED 427	Tutorials	3
MED 429	Clinical Presentation	3
MED 431	Bed Side Teaching	3
MED 433	Specialty Clinics	3
MED 435	Specialty Procedures	3
MED 437	Side Laboratory	2
MED 439	Radiology in Medicine	1
MED 441	Ward Rounds	3
Dermatology Posting 500 Level		
MED 501	Non Infectious Diseases	3
MED 503	Infectious Diseases	3
Psychiatry Posting 500 Level		
MED 502	History, Human Behavior and Personality	4
MED 504	Therapeutics and Psychological	4

	Testing	
Phase II Posting 500 level		
MED 505	Cardiology II	3
MED 507	Respiratory Medicine II	3
MED 509	Gastroenterology II	3
MED 511	Nephrology II	3
MED 513	Rheumatology	3
MED 515	Clinical Immunology	3
MED 517	Tropical Medicine and Infections	3
MED 519	Endocrinology and Metabolism	3
MED 521	Clinical hematology	3
MED 523	Special Topics in Neurology	3
MED 525	Medical Ethics and Jurisprudence	1
MED 527	Alternative Traditional Medicine	1
MED 529	Tutorials	3
MED 531	Case Presentation	3
MED 533	Bed Side Teaching	3
MED 535	Specialty Clinics	3
MED 537	Specialty Procedures	3
Rural/Revision Posting 600 Level		
MED 602	Respiratory Medicine	2
MED 604	Cardiology	2
MED 606	Nephrology	2
MED 608	Neurology	2
MED 610	Tropical Medicine and Infections	2
MED 612	Gastroenterology	2
MED 614	Endocrinology and Metabolism	2
MED 616	Tutorials	3
MED 618	Case presentation	3
MED 620	Medical Ethics	1

THE INTRODUCTORY POSTING - (400 Level) – 4 Weeks

The expected outcome of this posting is the ability of the trainee to appreciate the nature and composition of the health team, and his role as a clinician. The trainee should be able to take a good history, perform basic physical

examination, appreciate the need and be able to conduct some side laboratory test and apply these to patient evaluations.

The trainee should be able to recognize specific facts, procedures and concepts in clinical medicine. He / She should understand how skillful history taking and physical examination form the basis for proper diagnosis and appreciate how effective use of sensory cues guide motor activity in clinical practice.

Trainee assessment at the end of the posting would be by multiple choice questions examination which forms part of continuous assessments

MED 401 – Introduction to Medicine.

Lectures on basic clinical skills concentrating on demonstration and ability to elicit symptoms and signs of diseases.

MED 403 – Bed Side Teaching – 3units

Demonstration of physical signs and tutorials on techniques of history taking and communication skills, as well as inter personal relations with other members of the health team.

MED 405 – Side Lab Teaching – 1unit.

Introduction to side laboratory procedures and demonstration of basic tests and their interpretations.

MEDICINE PHASE L 400 LEVEL POSTING - 8 Weeks

The posting involves lectures, bedside teaching and tutorials on medical topics designed to let the trainee be familiar with common medical conditions

The bed side teaching involves clerking / presentation and demonstrations on patients in the wards. Each trainee must clerk at least 2 patients per week for presentation and or marking by the Consultant.

Tutorial sessions involving selected topics and case presentations are to be conducted in addition to the lectures and bed side teaching.

At the end of the posting, the trainee should be able to

1. Apply knowledge acquired through history taking and physical examination of patients under supervision and independently with the understanding that adequacy is achieved by practice
2. Elicit history relevant to patient's complaint in a systematic thorough, fluent and progressive manner.
3. Apply his / her knowledge of facts, concepts, and procedures to analyse the information obtained from history and physical examination to create sensible and appropriate management plan.

MED 407 – Cardiology 1 – 3units

Basic cardiovascular diseases such as heart failure, rheumatic heart disease cardiomyopathy hypertension endocarditis and investigative procedures such as ECG, echocardiography.

MED 409 – Respiratory Medicine 1 – 3units

Basic lectures on respiratory Infections, pneumonia, tuberculosis, and other respiratory conditions like asthma, pleural effusion, and emphysema.

MED 411 – Gastroenterology 1 – 3units

Common gastrointestinal conditions such as peptic ulcer disease, gastroenteritis, cholecystitis as well as common hepatic conditions – hepatitis, hepatoma, and gastro internal haemorrhage.

MED 413 – Clinical Haematology – 2units

Types, causes and management of anaemias, sickle cell disease, bleeding disorders and multiple myeloma.

MED 415 – Metabolic and Endocrine Medicine – 3units

Disorders of the pituitary and hypothalamus, Diabetes mellitus, thyroid disorders, fluid and electrolyte balance and disorders of calcium metabolism and uric acid.

MED 417 – Neurology 1 – 3units

Causes and management of common neurological infections, meningitis cerebro vascular accident and paraplegia.

MED 419 – Nephrology 1 – 3units

Urinary tract infections, acute and chronic glomerulonephritis, nephrotic syndrome.

MED 421 – Tropical Medicine and Infection 1 – 3units

Common tropical infections, malaria, enteric fever, schistosomiasis, HIV infection, and host response to infection.

MED 423 – Medical ethics and interpersonal communication skills – 2units

Basic medical ethics and relationship between doctor and patient, as well as between colleagues and other members of the health team. Respect for persons and confidentiality.

MED 425 – Information Technology in Medicine – 1unit

Introduction to information technology as it relates to medical practice, health records, e- diagnosis and tele - medicine.

MED 427 – Tutorials – 3units

Presentations and discussions on common medical conditions, viral haemorrhagic fevers, splenomegaly in the tropics, acute renal failure, myelo proliferative disorders.

MED 429 – Clinical Presentations – 3units

Case presentation on common medical conditions seen on the ward. Pneumonias, stroke, cardiac failure, hepatic encephalopathy, acute diarrheal diseases.

MED 431 – Bed Side Teaching – 3units

Demonstrations on the bedside, of common medical conditions, routinely seen on the medical wards, emphasis on skills of history taking and eliciting basic clinical signs.

MED 433 – Specialty Clinics – 3units

Discussions on routine cases in specialty clinics in respiratory medicine, cardiology, endocrinology, gastroenterology, neurology and nephrology.

MED 435 – Specialty Procedures – 3units

Observation of procedures in various specialties, endoscopy, bronchoscopy, ECG , echocardiography and dialysis.

MED 437 – Side Laboratory - 2units

Basic Laboratory tests on emergency cases admitted to the wards, with emphasis on interpretation and acute patient care.

MED 439 – Radiology in Medicine – 1unit.

Common radiological cases, chest X ray as well on ultrasonography.

MED 441 – Ward rounds – 3units.

Routine ward rounds in the medical wards, with emphasis on patient's progress as well as changing patterns while on admission

At the end of the posting trainees would have a written examination (made up of long and short essays and multiple choice questions,) and a clinical examination to assess

- a. Ability to take history relevant to patient complaints, in a systematic, thorough, progressive and fluent manner.
- b. Ability to perform physical examinations in a correct, thorough, appropriate and professional manner
- c. Ability to identify physical signs correctly
- d. Ability to create sensible differential diagnosis with relevant investigation
- e. Ability to select sensible and appropriate management plan.

The examinations would form part of the trainee's continuous assessment.

LEPROSY AND DERMATOLOGY – 500Level 2 weeks

MED 501 - Non Infectious diseases – 3Units

- a. Basic embryology, anatomy, physiology and function of the skin and its appendages.
- b. Nutritional disorders of the skin.
- c. Pharmacokinetics and absorption of drugs through the skin and mucosa.

- d. Atopic eczema and other erythematous skin disease.
- e. SLE (systemic lupus erythematosus).
- f. Bullous Skin eruptions.

MED 503 - Infectious diseases – 3Units

- a. Fungal diseases – superficial and deep mycoses.
- b. Skin manifestations of HIV/AIDs.
- c. Leprosy.
- d. Diseases of the hair and nails.

PSYCHIATRY POSTING 500level – 4 Weeks.

MED 502 – History, Human Behavior and Personality – 4units

Neuropsychiatric Interview, neurotic stress related and somatoform disorder, psycho-physiological disorder, classification in psychiatry, organic Mental disorders, mental retardation, mood disorder, schizophrenia and delusional disorder, disorders of psychological development, behavioral and emotional disorders with onset occurring in childhood and adolescents, specific psychiatric problems of women, deliberate self harm and suicide, problems of old age, mental and behavioral disorders due to psychoactive substance use.

MED 504 – Therapeutic and Psychological Testing – 4units

Treatment in psychiatry, personality development, testing and disorders of adult personality and behavior, psychological therapies.

MEDICINE PHASE II 500 LEVEL POSTING – 8 Weeks

The posting involves in depth lectures on selected topics to enable the trainee have a clear understanding of pathophysiology, natural history, clinical and laboratory evaluation as well as therapeutic interventions of common medical disorders.

At the end of the posting the trainee should be able to

1. Consolidate the objectives of phase I medicine posting
2. Clerk patients fully and be conversant with most abnormal physical signs

3. Interpret abnormal signs in the context of the patient's presentation and logically make a diagnosis
4. Understand the basic principles and use of modern diagnostic tests – imaging, and ECG
5. Formulate a management plan based on the diagnosis
6. Be familiar with principles of treatment of most common medical Conditions
7. Seek, detect, acknowledge and address patient's and relatives concerns.
8. Show respect, sensitivity and ensure comfort, safety and dignity of patients recognizing ethical issues.
9. Appreciate the need for team work in a clinical setting and take responsibilities for patient's care.
10. Appreciate the importance of social and geographical factors in the presentation and care of patients.

MED 505 – Cardiology II – 3units.

Emphasis on detailed cardiovascular examination to be familiar with abnormal cardiac findings, murmurs of valvular heart diseases, signs of infective endocarditis. The cardiomyopathies and ischemic heart diseases.

MED 507 – Respiratory Medicine II – 3units

Details on pulmonary diseases such as cryptogenic fibrosing alveolitis, lung cancer, chronic obstructive airway diseases.

MED 509 – Gastroenterology II - 3units

Differential diagnosing peptic ulcer disease cholecystitis, pancreatitis, chronic active hepatitis, and diagnostic procedure like endoscopic retrograde cholangio – pancreatography ERCP

MED 511 – Nephrology II 3units

Immune complex mediated diseases, obstructive uropathy, chronic kidney disease, renal failure and renal replacement therapy

MED 513 – Rheumatology – 3units

Details on seropositive and sero negative arthritides. connective tissue disorders systemic lupus erythematosus, scleroderma, polymyositis, giant cell arteritis.

MED 515 – Clinical Immunology - 3units.

Basic clinical immunology and Immunopathology as it relates to patient's response to infection, as well as basic diagnostic techniques in diagnosis of diseases. Introduction to monoclonal antibodies and hybrid technology, tumor and transplantation. Immunology and the HLA system, auto immunity and auto immune disease.

MED 517 - Tropical Medicine and Infection – 3units

More details on tropical infections including fungal infections, amoebiasis, leptospirosis, trypanosomiasis and leishmaniasis

MED 519 – Endocrine and Metabolic Medicine II – 3units

Topics on obesity, dyslipidaemia, erectile dysfunction, multiple endocrine neoplasia.

MED 521 – Clinical Haematology – 3units

The leukemias, lymphomas and myeloproliferative disorders

MED 523 – Special Topics in Neurology – 3units

Details on viral CNS Infections, demyelinating disease, epilepsy, autonomic and peripheral neuropathy, paraplegia and tropical ataxic neuropathy.

MED 525 – Medical ethics and Jurisprudence – 1unit

The right to health, health care of vulnerable and disadvantaged groups, forensic medicine, medical litigations.

MED 527 – Traditional and Alternative Medicine – 1unit

History of medicine, ethno pharmacy, homeopathy, and common traditional medical practice.

MED 529 – Tutorials – 3units

Topics on patient's management and in-depth discussion of management complications, diabetic emergencies, cerebrovascular accident.

MED 531 – Case Presentation – 3units

More detailed presentation on common medical conditions, with emphasis on articulation of natural history laboratory evaluation and therapeutic plans.

MED 533 – Bed Side Teaching – 3units

Demonstrations on different cases of common medical conditions, on admissions across all spectrum of medicine with emphasis on pathophysiology and therapeutic interventions.

MED 535 – Specialty Clinic - 3units

Discussions on clerking in specialist clinics of cardiology, respiratory medicine, endocrinology, gastroenterology, neurology and nephrology.

MED 537 – Specialty Procedures - 3units

Instructions on standard procedures in various specialties including gastro internal and respiratory endoscopy, renal dialysis and cardio vascular evaluation.

The end of posting assessment is similar to phase I medicine posting. In addition, trainees would be assessed for confidence, speed and skillful performance in physical examination, and in ability to demonstrate knowledge of pathologic basis of disease and therapeutic intervention as well as skill in addressing patients and relatives concerns.

RURAL POSTING 600Level 4 weeks

The objective of the positing is to ensure that the trainee is

1. Able to confidently clerk and analyze patients presenting with common medical conditions
2. Able to recognize and manage appropriately, most medical emergencies
3. Able to fully understand the diagnosis, prevention, treatment and prognosis of locally important endemic diseases.
4. Fully conversant with the principles of ethical medical practice.

5. Fully aware of the role of medical practitioners in society and their responsibilities in promoting and maintaining good health of the populace at all times.

MED 602 – Respiratory Medicine 2 units

More detailed discussion on respiratory infections, including pneumonia and tuberculosis as well as obstructive air way and interstitial lung diseases, with emphasis on management strategies and community approach.=

MED 604 – Cardiology 2 units

Rheumatic heart diseases, cardiomyopathies, systematic hypertension and cardiac failure, and hypertensive emergencies with details on traditional and social factors affecting natural history and management of diseases.

MED 606 – Nephrology 2 units

Acute kidney injury, nephrotic syndrome, chronic kidney diseases details on social impact and management.

MED 608 – Neurology 2 units

Common CNS infections , seizure disorders, with emphasis on preventive measures and management strategies in a rural community setting.

MED 610 – Tropical Medicine and Infection 2 units

Extensive discussions on malaria chemotherapy as well as preventive measures, social impact of HIV/AIDS.

MED 612 – Gastroenterology 2 units

Gastroenteritis, chronic liver diseases, celiac and chron's diseases.

MED 614 – Endocrinology and Metabolic Medicine

Diabetes mellitus, social impact and management strategies in a rural setting cushing's syndrome and adrenal insufficiency.

MED 616 – Tutorials 3 units

Detailed discussion on connective tissue diseases lymphomas and common medical conditions and emergencies, with emphasis on practical measures to

manage them. Hypertensive and hyperglycaemic emergencies, acute diarrheal diseases and gastro internal hemorrhage.

MED 618 – Case Presentation 3 units

Presentation of emergency cases in a rural setting, dealing with specific cases as they present to the emergency unit.

MED 620 – Medical Ethics 1 unit

Detailed discussion and ethics common challenges of medical practice, with specific examples from a rural setting.

Conduct Of Examinations In The University

1. At the end of each semester, examinations are conducted for courses taught in various departments. Such examinations may take the form written projects or any combination as approved by the University Senate.
2. The timetable for the examination shall be fixed on the various notice boards in the University stating the time and venues of all examination
3. Students who have clashes in the examination schedule should immediately intimate their departmental/Faculty Examination officers
4. Students who fail to intimate the appropriate officers of the University of Impending Clashes in examination schedule shall hold themselves responsible for any difficulty that may arise.
5. Continuous assessment during course work shall be included in determining the final score of candidate in the examination results.
6. Any student who absents himself/herself from any examination without University approval and has not withdrawn from the course of study shall be graded 'F' for such course(s).
7. Subject to the approval of the Senate, the University may grant concession to student(s) who could not complete or write all the

examinations due to certified illness or other exigencies are acceptable to the Senate.

8. Without prejudice to the regulations cited under academic affairs, the University reserves the right under the law establishing the University to decide finally on all academic matters.
9. Students who satisfy the requirements for examinations shall be issued with an exam card, which shall be presented to the invigilator in all examinations.
10. No student shall be allowed to enter the examinations hall without the University identity card and Examination card.
11. A candidate shall not be allowed to enter the examination hall if he or she is more than 30 minutes late.
12. A candidate shall not be allowed to leave the hall within 45 minutes after the commencement of an examination except under exceptional circumstances approved by the Head of Departmental or the Examinations officer.
13. On entering the examinations hall, it is the responsibility of the candidate to draw the attention of the invigilator to any paper or material on his/her to enable for such material to be removed before the examinations starts.
14. A candidate who is more than 30 minutes late after commencement of an examination may be allowed entry only if the invigilator is satisfied with the reason for the lateness
15. A candidate who arrives late less than 30 minutes at an examination hall shall not be allowed extra time
16. A candidate shall deposit any hand bag, brief case, books, handout, etc. outside the examination hall or in front of the invigilator before the commencement of an examination.

17. All electronic equipment, GSM handsets, calculators are not allowed into the examinations hall except where a specific item is allowed for the paper.
18. A candidate shall comply with the instructions to candidates as set out in the question paper and answer book or other materials supplied.
19. A candidate shall also comply with any instructions given by the invigilator.
20. A candidate shall use only the answer books provided by the invigilator.
21. All rough work must be crossed out neatly before a candidate finally submits his scripts to the invigilator. Note that rough work should only be done in the answer booklet.
22. Under no circumstance shall a candidate write anything other than his/her admission number and name on the question paper. Supplementary answer sheets or book, even if they only contain rough work must be neatly packed into the answer booklet.

STUDENT'S EVALUATION AND GRADING

The Department like all other departments in the University operates the unit course system. Trainees are evaluated using the marking system on a grade point average with a maximum score of 5 equivalent to 70 – 100%.

The grade point average is a grading system using both letters (A-F) and figures (1-5) with the equivalents below

% Score	Letter Grade	Grade point
70 – 100	A	5.0
60 – 69	B	4
50 – 59	C	3

45 – 49	D	2.0
0 – 44	F	0

The minimum pass mark in the Department like all other Departments In the Faculty of Clinical Sciences is 50%, equivalent to C or 3 grade points.

The final examination in Internal Medicine is held in 600 level, and the assessment conducted during the Introductory, Phase I and Phase II postings make up the continuous assessment which forms 40% of the final marks.

The Continuous Assessment Format:

Continuous assessment forms forty percent of the total final marks in Internal Medicine. It is computed as the average of ALL marks that the student scored during the postings in Internal Medicine. The marks generally fall into two main groups:

- A. Ongoing Assessment = 100
- B. End of Posting Assessment = 100

A. Ongoing Assessment

- 1. Performance = 75%
- 2. Attitude/Motivation = 25%

1) Performance:

- a. i) Bedside Teaching
- ii) Ward Rounds
- iii) Clerking and Case Presentations
- b. i) Tutorials
- ii) Seminars
- c. Clinical Procedures
- d. Side Laboratory Procedures

2) Attitude/Motivation

- a. Attitude to work, criticism, and interaction with staff, colleagues, patients and their relatives.

b. Motivation, Sense of responsibility and initiative

MARKING SYSTEM: For each item, the maximum score is ten (10) – seven (7) is a distinction, six (6) is a good pass, five (5) is a pass, four (4) is a clear failure, while three (3) is a bad failure.

If students wish to discuss their results or academic studies, they should make arrangement to see at the Head of Department or level Coordinator in charge of preparing academic studies.

ACADEMIC MISCONDUCT

The Department strictly monitors all examinations. Students are advised not to get involved in examination misconduct. Any student caught in examination malpractice shall be referred to the relevant committee through the appropriate channels for necessary disciplinary action.

All students who satisfy the requirements for examinations shall be issued with an examination identity card, which shall be presented on the invigilator in all examinations hall without an examination card and student's identity card.

A candidate shall not be allowed to enter an examination hall earlier than 15 minutes before the commencement of the examination.

No candidate shall normally be permitted.

- i. To enter the examination hall if he or she is more than 30 minutes late.
- ii. To leave the room before 45 minutes after the commencement of the examination and to leave the examination hall during the last 15 minutes of the examination.

A candidate who arrives late to the examination hall shall not be allowed extra time.

Upon entering the examination hall, every candidate shall promptly take stock or make a quick inspection of his immediate environment and shall draw the attention of the invigilator to any paper or material on his/her seat, table or the floor around him/her to enable for such materials to be removed before the examinations starts.

A candidate shall not take into the examination hall or have pre-programmed electronic device in his possession during examination sessions. Any book, paper or any other form of printed or written material or audio recording or an organized electronic(s) on his body or clothing items, whether relevant to the examination or not except as may be stated in the rubric of the question paper except he/she is specifically authorized to do so constitutes a breach to his rule. An invigilator or a security officer present has the authority to confiscate any such unauthorized document(s) or materials(s) and shall duly forward the same un-tampered document(s) or material(s) to the appropriate officer or authority for necessary disciplinary active in accordance with these regulations and applicable law.

Any student caught with material(s) described in regulation 8 above and which materials(s) is/are capable of giving him/her undue advantage on the examination being conducted shall be liable to expulsion from the University.

Any attempt to suppress, mutilate or destroy any evidence of misconduct (including chewing, swallowing, burning or concealing of the written material, question paper, answer scripts, etc) by a student is considered to as grave as the misconduct alleged.

Any student caught with material(s) described in regulation 8 above but which material(s) is considered not relevant to the examination being conducted shall be liable for rustication for a semester. Proving that such a material is not capable of giving a candidate undue advantage in the examination being conducted shall be the preserve of the appropriate examination malpractice committee investigating the particular matted, subject only to review by the Senate.

A candidate shall deposit any handbag, brief case, etc outside the examination hall or a places(s) designated by the invigilator shall ensure that the regulation is complied with and any candidate who fails or refuses to leave his/her handbag or briefcase tec outside the examination hall shall not be allowed into the examination hall or the designated palace(s) by the invigilator for that particular examination.

A candidate shall comply with all instructions set out on a question paper, answer book or any material supplied during an examination and shall comply with all lawful instruction given by the invigilator.

A candidate shall use only the answer script provided by the invigilator. All rough works must be crossed out neatly.

Supplementary answer books even if they contain only rough works, must be tied together with the answer book the invigilator shall ensure compliance.

Under no circumstances shall a candidate write anything on the question paper or any material. All rough works shall be done on the answer book. Contravention of this regulation, (conclusive) proof of which shall be the question paper of the candidate in question, shall attract rustication for a semester at the discretion of the Vice – Chancellor

A candidate shall not remove or mutilate answer booklet or any other material or paper supplied, whether used or not except that he may remove from the examination hall at the end of the examination, the question paper (if this is not required by the invigilator in furtherance of the purpose of regulation 8,9,10 and 11 above) and such other items authorized by the invigilator. If the removal or mutilation relates to answer booklets the candidates shall be liable to rustication for two semesters.

Until candidates are allowed to leave the examination room, no copy of any question paper shall be removed from the examination hall. Any candidate who removes any question paper from the examination hall before the time candidates are allowed to leave the examination hall shall be liable to rustication for one semester.

In the event that a candidate, for good cause, has to leave the examination hall temporarily, he/she shall be accompanied by the invigilator or security personnel on duty. A candidate shall neither sit for another nor procure another person to sit for him or other candidates in any examination conducted by this University. Such conduct amounts to grave misconduct and shall attract expulsion from the University.

In the course of writing an examination conducted by this University, a candidate shall neither give nor accept any assistance whatsoever from any other candidate or person from within or outside the examination hall. A breach of this regulation shall attract rustication or cancellation of the candidate's paper and may attract further action by the Senate.

Smoking is not permitted inside the examination hall and the cigarettes or popes being smoked will be seized by the invigilator or any security personnel authorized by him and the erring candidate shall be liable to rustication for a semester.

At the end of the time allocated for an examination, a candidate shall gather his/her scripts together neatly and hand them over to the invigilator. A candidate is responsible for the proper return of his/her scripts.

A candidate shall sign the attendance register at the commencement of the examination and at the end while submitting his/her answer scripts. In the event of any disputed arising as to whether or not candidate sat for the examination and submitted his answer scripts the signature on the attendance register shall be conclusive proof thereof.

A candidate shall not, either before or after examination, threaten or blackmail an invigilator, lecturer, examiner, member of Senate or committee or any other officer connected with the examination. Such a conduct is a grave misconduct and shall attract server punishment from Senate which may even lead to expulsion from the University.

For the avoidance of doubt, examination misconduct regulated by these rules shall also include the following

- i. Substitution or alteration of answer scripts by any means after they have been submitted to the invigilator at the end of the examination.
- ii. Breaking into the house, office or vessel of an examiner, lecturer, invigilator or any other officer having anything to do with the marking or evaluation of the performance of candidates at an Examination Centre conducted by this University.
- iii. Obtaining, procuring or possession by any means a preview of question intended for any examination being conducted by this University before its due de aid rime.
- iv. Any other misconduct related to examinations conducted by the University, which the Senate may from time to time consider as examination misconduct.

Any candidate found to have breached or committed any of the examination misconduct shall be liable to rustication for at least two semester expulsion as determined by Senate after due process.

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