



MedEdu Tabuk



Weekly Newsletter of the Department of Medical Education, Faculty of Medicine,
University of Tabuk
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Activity

TIPS of Medical Education

Time and Date: 12:00 noon. Thursday, 27th of April, 2017

Topic: OSCE - Dr. Nagwa Gad

Meeting Room: Staff's activity hall in the 2nd floor opposite the Dean's office

Please refer to attachment for relevant reading

Academic Affairs Arrangement- Prof. Magdy ElShamy

For Female Section:

GIT System & Metabolism Module: OSPE on Thursday 27/4/2017

Abnormal Human Morphology I (AHM I) Module: OSPE on Thursday 27/4/2017

For Male Section:

GIT System & Metabolism Module: OSPE on Thursday 27/4/2017

Abnormal Human Morphology I (AHM I) Module: OSPE on Thursday 27/4/2017

Computer Skills and Applications: Second Mid Exam for preparatory year on Wednesday for group (22) and on Thursday for Group (21)

Faculty Development Program

Workshop on Writing and Revising Learning Outcomes- Dr. Tanveer Raza

The "Workshop on Writing and Revising Learning Outcomes" was held on Thursday 20th of April 2017. It was organized by the Vice Deanship of Academic Affairs, Department of Medical Education of The Faculty of Medicine, and The Measurement and Evaluation Unit of University of Tabuk. In his welcome speech, Dr. Abdullah Al-Huwetti, Vice-Dean for Academic Affairs talked about the advantages of learning outcomes (LOs) for teachers and students. Dr. Ahmad AbdulAzeem, Department of General Surgery talked about the importance of SAUDIMED in designing curriculum. The Keynote speech was given by Prof. Dr. Ahmad Audeh, General Supervisor of The Measurement and Evaluation Unit. He talked about the importance of properly written Learning Outcomes. Well-constructed LOs facilitate all aspects of teaching and learning, curriculum design and creation of appropriate assessment methods. Dr. Tanveer Raza, coordinator of the workshop thanked all colleagues for attending and said that the workshop was a part of the activities taken by the Department of Medical Education for Faculty Development.

Please refer to attachment for Prof Audeh's presentation at the Workshop.

Reader's Corner

Is a Low-Salt Diet Always Healthy?- WebMD News

Steering clear of salty foods might not be as helpful for your heart health as previously thought, a new study claims. Participants in a long-range heart study did not appear to derive any health advantage from a low-salt diet, said lead researcher Lynn Moore. "People who were on a lower-sodium [salt] diet in general over the next 20 or 30 years actually had no benefit, specifically in terms of their blood pressure or their risk of developing heart disease," said Moore, an associate professor with the Boston University School of Medicine. On the other hand, these people did enjoy better health when they increased their intake of potassium, a mineral that helps the heart in a couple of ways, Moore and her colleagues found.

However, the leading proponent of low-sodium diets, the American Heart Association (AHA), questioned the study's validity and said it would continue to recommend limiting salt intake. "When there are really well-conducted clinical trials that show a direct and progressive relationship between sodium and blood pressure, I would pause before I did anything based on what's reported in this abstract," said AHA spokeswoman Cheryl Anderson. She's an associate professor of cardiovascular epidemiology with the University of California, San Diego School of Medicine.

[Link to full article](#)

Knowledge Refreshment- Dr. Abdullah A Alwakeel

A 45-year old women with systemic lupus erythematosus (SLE) comes to the physician for a routine checkup. Her condition has been stable for several years, and she currently is not taking any medication. Blood chemistry studies and hematologic parameters are remarkable for (BUN) of 23 mg/dl, a creatinine of 1.6 mg/dl, and a mild normocytic anemia. The erythrocyte sedimentation rate is 18 mm/min. Urinalysis shows microhematuria and mild proteinuria.

Which of the following is the most appropriate next step in management?

- (A) Repeat urinalysis at next routine examination.
- (B) Sequential serum complement and ANA studies.
- (C) Treatment with corticosteroids.
- (D) Treatment with cyclophosphamide.
- (E) Renal biopsy.

The correct answer for the previous question is (C) Vitamin B12

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