

King Abdulaziz University

Faculty of Medicine

Department of Family and Community Medicine



FAMILY MEDICINE

Clerkship Syllabus

2017-2018

Table of Contents

Introduction.....	3
Course Description.....	4
Faculty Directory.....	5
Learning Objectives.....	6
Core fundamental topics.....	7
Core clinical topics.....	8
Topics-specific objectives (fundamental).....	10
Topics-specific objectives (clinical).....	15
Instructional methods	30
Learning resources.....	32
Evaluation.....	33
Evaluation Breakdown.....	35
Summarizing timetable.....	36
Appendix A (student’s case presentation evaluation form).....	37
Appendix B (preceptor’s evaluation form).....	38

Introduction

Dear Student,

Welcome to the family medicine rotation! We hope that you will learn a lot and enjoy your time with us!

Specialty of family medicine is an essential component of the primary care infrastructure of any health care delivery system. It is the medical specialty, which provides continuing, comprehensive health care for the individual and family. It is a specialty in breadth that integrates the biological, clinical and behavioral sciences. The scope of family medicine encompasses all ages, sexes, each organ system and every disease entity (AAFP-1984).

This guide to the family medicine rotation has been developed to assist you in gaining the most benefit from ambulatory patient encounter. Description of the course, its contents and the learning objectives of the course are given. In addition, it includes learning resources, and assessment methods. Using it will certainly enhance your learning and performance.

Orientation will be held on the first Sunday morning of each rotation. The schedule along with the study guide, logbook, evaluation forms, and PHCs group distribution list will be emailed to you before the rotation begins.

If you have any questions or feedback, please don't hesitate to contact us at:

Telephone: 012-695-0000 **Extension:** 21037-21186

Best wishes for a wonderful five weeks!

Course Description

Over the next five weeks, you will be introduced to the principles and practice of family medicine. You will spend the majority of your time in family practice at primary health care centers (PHCs) where you evaluate patients under the supervision of faculty and preceptors who will help you to develop basic clinical competencies. That clinical experience will be supplemented by a variety of didactic lectures, problem-based Tutorials, virtual patient cases, and practical sessions.

Evaluation is tied to the stated objectives and goals of the rotation and will be made on the basis of multiple assessments, obtained on different occasions, using a variety of methods.

Faculty Directory

	Female section	Male section
1.	Dr. Jawahir Alahmadi J_al_ahmadi@yahoo.com	Dr. Hashim Fida hfida@kau.edu.sa
2.	Dr. Ekram Jalali Ejalali@kau.edu.sa	Dr. Jamil Bashawri jbashawri@yahoo.com
3.	Dr. Rahila Iftikhar Hussain@kau.edu.sa	Dr. Majde Qutub Mmqutub@kau.edu.sa
4.	Dr. Manal Murad Mmurad@kau.edu.sa	Dr. Sultan Alamri Shalamri1@kau.edu.sa
5.	Dr. Rania Ghamri Raghamri@kau.edu.sa	Dr. Yazeed Khojah yazeedkhojah@hotmail.com
5.	Dr. Reem Alqahtani rmaalqahtani@kau.edu.sa	
	<p align="center">Secretary</p> <p align="center">Ms. Nawal Alzahrani</p> <p align="center">Telephone: 012-640-0000</p> <p align="center">Extension: 72903.</p>	<p align="center">Secretary</p> <p align="center">Mr. Dhaifallah Alshumrani</p> <p align="center">Telephone: 012-695-0000</p> <p align="center">Extension: 21286 / 21037.</p>

All Faculties make themselves as available as possible, including for spontaneous drop-in visits. If you don't find us in our offices, please ask the secretary to schedule an appointment. You may also contact any faculty via e-mail or telephone.

Course Learning Outcomes (CLOs)

A. Knowledge Domain

Upon completion of this course, students should be able to:

- 1) Describe the principles of family medicine.
- 2) Recognize common medical problems encountered in family medicine.
- 3) Define the red flags of different clinical situations encountered in family practice.
- 4) Identify the principles of disease prevention and health promotion including child preventive services in well baby clinic and elements of antenatal care.
- 5) Define basics of geriatric, home care, complementary and alternative medicine.

B. Cognitive Domain

Upon completion of this course, students should be able to:

- 1) Develop the ability to manage common medical problems encountered in family practice.
- 2) Develop an appropriate differential diagnosis.
- 3) Appraise clinical evidence for different clinical problems encountered in family medicine practice.

C. Interpersonal Skills and Responsibility Domain

Upon completion of this course, students should be able to:

- 1) Demonstrate proper communication skills, both orally and in writing, including case presentations, documentation in patients' medical records using SOAP format, and prescriptions and referrals writing.

D. Communication, IT and Numerical Skills

Upon completion of this course, students should be able to:

- 1) Practice effective use of evidence-based medicine resources

E. Psychomotor Domain

Upon completion of this course, students should be able to:

- 2) Demonstrate proper communication skills with patients.
- 3) Demonstrate the ability to take history, perform physical exam and manage common clinical problems in family medicine.
- 4) Perform basic procedural skills commonly performed in family medicine.

Core Fundamental Topics

Topics	HOURS
1. Concepts and principle of family medicine	2
2. Concepts and principle of primary health care	2
3. Rural health	1
4. Consultation and communication skills Including communication in special situations (e.g. breaking bad news, angry patient, talkative patient, etc.)	6
5. Counselling (advising, educating and helping patient and relatives)	1.5
6. Introduction to Evidence Based Clinical Practice I	2
7. Introduction to Evidence Based Clinical Practice II	2
8. Prescribing in family practice	1
9. Problem oriented medical record (POMR)	1
10. Preventive health care	3
Total	21.5

Core Clinical Topics

Topics	HOURS
1. Approach to patient with abdominal pain	1.5
2. Approach to patient with Back pain	1.5
3. Approach to patient with Bronchial Asthma	2
4. Approach to patient with chest pain	2
5. Approach to patient with Diabetes Mellitus	2
6. Approach to patient with Dyslipidemia	1.5
7. Approach to patient with Fatigue	1.5
8. Approach to patient with Headache	1.5
9. Approach to patient with Hypertension	1.5
10. Approach to patient with joint pain	1.5
11. Approach to patient with obesity	1.5
12. Approach to patient with Substance abuse	2
13. Approach to patient with upper respiratory tract infections	2
14. Common eye disorders	1.5
15. Common genitourinary Infections	1
16. Common Psychiatric Encounters: Anxiety and Depression	1.5
17. Common skin diseases	2
18. Common Emergencies in family practice	2
19. Home Care	1
20. Complementary and alternative medicine	1
21. Assessment of geriatric patient	1

22. Well Child Care	1.5
23. Antenatal care	1.5
24. Feed back to Home care visit	1
25. Feedback to CAM visit	1
26. Feedback to geriatric visit	1
Total	39

Topic-specific objectives (fundamentals)

Topic	Objectives
<p>Concepts and Principles of Family Medicine</p>	<p><u>At the end of the lecture you should be able to:</u></p> <ol style="list-style-type: none"> 1. Know the definitions and evolution of family medicine.(L) 2. Apply the concepts and principles of family medicine. (OSCE) 3. Comprehend the basic features of family medicine.(H) 4. Describe the characteristics of family physician.(L) 5. Recognize the role of family in patient care.(L) 6. Discuss the critical role of family physicians within any health care System (L)
<p>Concepts and Principles of PHC</p>	<p><u>At the end of the lecture you should be able to:</u></p> <ol style="list-style-type: none"> 1. List and explain the different levels of health care. (L) 2. Define primary health care (PHC). (L) 3. Discuss the concepts and principles of primary health care. (L) 3. Recognize the elements of primary health care. (L) 4. Understand the role of PHC within the Saudi health care systems (L) 6. Delineate the important influence of the family on health and disease (L)
<p>EBM</p>	<p><u>At the end of the tutorial, you should be able to:</u></p> <ol style="list-style-type: none"> 1. Define EBM (L) 2. Recognize the rationale for EBM (L) 3. Discuss the concepts and steps for EBM (L) 4. Classify and grade evidence (L) 5. Apply EBM in family medicine when possible (H) 6. Recognize the limitations for EBM (L) 7. Develop the skills of formulating clinical question, searching for appropriate literature and critically appraising studies (H)

<p>Counseling</p>	<p><u>At the end of the lecture, you should be able to:</u></p> <ol style="list-style-type: none"> 1. Know the definition of counseling.(L) 2. Discuss counseling in PHC.(H) 3. Application of counseling in clinical practice. (OSCE) 4. Describe stages of counseling.(L) 5. Describe the advantages and disadvantages of counseling in PHC setting.(L) 6. Discuss mechanisms to improve understanding of and adherence to screening recommendations.(L) 7. Provide patient education tools taking into account cultural factors and literacy (L)
<p>Consultation and communication skills</p>	<p><u>At the end of the lecture, the student will be able to:</u></p> <ol style="list-style-type: none"> 1. Share information with patients, families in a clear, respectful manner.(H) 2. Apply the Comprehensive Model Of Consultation. (OSCE) 3. Demonstrate an ability to adapt his/her communication techniques based on a patient's age, and level of education. (H) 4. Write chart notes in a clear using the SOAP (subjective, objective, assessment & plan) format (H) 5. Write clear and accurate orders for investigations, medications, prescriptions and referral letter. (H) 6. Demonstrate active listening skills and empathy for patients. (OSCE) 7. Demonstrate setting a collaborative agenda with the patient for an office visit. (OSCE) 8. Explain history, physical examination, and test results in a manner that the patient can understand. (OSCE) 9. Describe the treatment plans for prevention and management of acute and chronic conditions to the patient (OSCE) 10. Effectively incorporate psychological issues into patient discussions and care planning. (OSCE)

<p>POMR</p>	<p><u>At the end of the lecture, you should be able to:</u></p> <ol style="list-style-type: none"> 1. List the purpose of POMR. (L) 2. Describe the component of POMR. (L) 3. Use POMR to present patient data. (Log book) 4. Use POMR to prioritize patient’s problems. (Log book) 5. Write case summaries using SOAP format. (Log book) 6. Describe the methods used to store medical records. (L) 7. Outline the electronic record system. (L)
<p>Rural Health</p>	<p><u>At the end of this session, you should be able to:</u></p> <ol style="list-style-type: none"> 1. Recognize the differences between rural and urban practice (L) 2. Outline the competencies, skills, resources and training needed for proper rural practice (H) 3. Describe the limitations in rural practice (L) 4. Recognize the factors affecting choosing or leaving the rural practice (L) 5. Recognize the ways to maintain interest in rural health practice (L)

<p>Prescribing in Family Medicine</p>	<p><u>At the end of the lecture you should be able to:</u></p> <ol style="list-style-type: none">1. To identify elements of ideal prescription. (OSCE)2. To know the criteria of essential drugs used in family and primary health care practices. (L)3. To be familiar with common mistakes committed by physician while writing drugs and how to prevent them. (H)4. To know the commonly used abbreviations in family practice in prescribing. (L)5. To identify the important clinical notes before and during prescribing drugs.eg (reaction, interaction, sensitivity affordable, generic name, dose, formula). (L)
--	--

<p>Preventive Health Care</p>	<p><u>At the end of the Tutorial, you should be able to:</u></p> <ol style="list-style-type: none">1. Recall To know the definitions of primary, secondary, and tertiary prevention (L)2. list principles of screening and the characteristics of a good screening test (WHO criteria).(L)3. Recall the definitions of prevalence, incidence, and number needed to screen.(L)4. List the risk factors an USPSTF recommendations for the cancers: colon, breast, lung, ovarian and pancreatic cancers.(L)5. List and recall the risk factors and UPSTF recommendations for the following cardiovascular diseases: hypertension, hyperlipidemia, obesity, abdominal aortic aneurysm, CHD and CVD. (L)6. List the risk factors and USPSTF recommendations for the following substance abuse and mental health issues: tobacco, alcohol, and depression.(L)7. List and recall the risk factors and USPSF recommendations for osteoporosis.(L)8. comprehend and apply the vaccinations based on age, medical conditions, lifestyle, and environment.(H)
--	--

Topic-specific objectives (clinical)

Title	Objectives
Evaluation of Geriatric Patient	<p><u>At the end of this session student should be able to:</u></p> <ol style="list-style-type: none">1. Perform_a comprehensive geriatric assessment (H)2. Define and recognize the following common geriatric conditions (L):<ol style="list-style-type: none">a. Dementia,b. Depressionc. Fallsd. Polypharmacy3. Perform functional assessment in elderly patient (OSCE)4. Differentiate between different components of long-term care (nursing homes, home care and community services) (H)

<p>Home Care, home visits and telephone consultation</p>	<p><u>At the end of the lecture, you should be able to:</u></p> <ol style="list-style-type: none"> 1- Recognize the concepts and importance of home care, home visits and telephone consultation (L) 2- Describe its indications, limitations, advantages and disadvantages of home care, home visits and telephone consultation (L) 3- Outline the assessment of patients in the home care (L)
<p>Complementary And Alternative Medicine</p>	<p><u>At the end of this session you should be able to:</u></p> <ol style="list-style-type: none"> 1. Define complementary and alternative medicine (CAM) (L) 2. List and discuss the most common types of CAM (L) 3. Gain knowledge about conditions for which patients most commonly seek out complementary approaches (L) 4. Gain knowledge about applications of principles of evidence-based medicine to the study of CAM (H) 5. Develop ability to inquire into patients' use of complementary therapies in a non-threatening, non-judgmental manner (H) 6. Develop the ability to gather relevant information (when available) regarding safety, efficacy, and cost of a complementary therapies intervention and to communicate this information clearly 7. Develop the ability to integrate the use of conventional and unconventional options in clinical practice (H)

Diabetes Mellitus	<p><u>At the end of the tutorial you should be able to:</u></p> <ol style="list-style-type: none">1. Take appropriate history (OSCE)2. Perform physical exam in the context of diabetes and diabetes complications (OSCE)3. List the diagnostic criteria of diabetes (L)4. Recognize the needed investigations for acutely or chronically ill- diabetic patients (L)5. Demonstrate the ability to treat and modify treatment according to disease status (e.g., use oral hypoglycemic agents, insulin, diet, and/or lifestyle changes) (H)6. Advise about signs and treatment of hypoglycemia/hyperglycemia during an acute illness or stress (i.e., gastroenteritis, physiologic stress, decreased intake). (L)7. Perform and interpret glucometer testing. (OSCE)8. Recognize the indications for referral (L)
--------------------------	--

<p>Bronchial Asthma</p>	<p><u>At the end of the lecture you should be able to:</u></p> <ol style="list-style-type: none"> 1. Demonstrate the ability to confirm the diagnosis of asthma by appropriate use of: <ul style="list-style-type: none"> - history. - Physical examination. - spirometry (OSCE) 2. Distinguish asthma or bronchiolitis from croup and foreign body aspiration by taking an appropriate history and doing a physical examination in a child with acute respiratory distress (H) 3. recognize the laboratory investigations usually done to make the diagnosis (PEFR, pulmonary function test) (L) 4. Recognize the stepwise management of asthma according to guidelines (H) 5. Know non-pharmacological management (elicit environmental factors contributing to the disease process) (OSCE) 6. Treat the acute episode (e.g., use beta-agonists repeatedly and early steroids, and avoid under-treatment) (OSCE) 7. Counsel the patient about inhaler use (OSCE) 8. Recognize the indications for referral (L)
<p>Hypertension</p>	<p><u>At the end of the lecture, you should be able to:</u></p> <ol style="list-style-type: none"> 1. Define hypertension according to recent guidelines (L) 2. Assess the ability to make the diagnosis of hypertension (L) 3. Screen for hypertension (L) 4. In patients with an established diagnosis of hypertension, assess and re-evaluate periodically the overall cardiovascular risk and end-organ complications using appropriate history physical examinations and laboratory investigations (OSCE) 5. Use correct technique and equipment to measure blood pressure (OSCE) 6. Suspect secondary causes and investigate appropriately (H) 7. Illustrate a management plan for hypertensive patients including pharmacological and non-pharmacological measures (H) 8. Discuss the indications for referral (L)

	<p>9. Establish the diagnosis of hypertensive urgency and emergency and treat promptly (H)</p> <p><i>References:</i></p> <ul style="list-style-type: none"> • The Eighth Joint National Committee (JNC 8) guideline for the management of hypertension. • National Institute for Health and Care Excellence (NICE) guideline for hypertension.
<p>Dyslipidemia</p>	<p><u>At the end of the lecture, you should be able to:</u></p> <ol style="list-style-type: none"> 1. Screen appropriate patients for hyperlipidemia (L) 2. Define dyslipidemia and metabolic syndrome (L) 3. Identify causes of dyslipidemia (genetic, dietary, medical conditions and drugs) and treat modifiable causes. (L) 4. Take an appropriate history and examine patient for modifiable causes (e.g., alcohol abuse, thyroid disease). (OSCE)

	<p>5. In treating hyperlipidemia patients, establish target lipid levels based on overall CV risk (H)</p> <p>6. Describe all treatment modalities (lifestyle, pharmacological) appropriate for target lipid levels. (H)</p> <p>7. Recognize indications for referral. (L)</p> <p><u>References:</u></p> <ul style="list-style-type: none"> • Adult Treatment Panel (ATP III) guidelines on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults. • Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease (2015). • 2013 ACC/AHA Guideline on the treatment of Blood Cholesterol to Reduce Cardiovascular Risk in Adults.
<p>Chest Pain</p>	<p><u>By the end of the lecture, you should be able to:</u></p> <ol style="list-style-type: none"> 1. Conduct a rapid assessment to identify patients requiring emergency care.(H) 2. Conduct a focused history (including cardiac risk factors) and a relevant physical exam (OSCE) 3. Develop a concise differential diagnosis for patients with chest pain including cardiac and non-cardiac causes. (H) 4. Describe the family physician role in the stabilization and initial management of patients identified to require emergency care (H) 5. Recognize cardiac ischemia and injury on an electrocardiogram (ECG) (OSCE)

<p style="text-align: center;">Common Genitourinary Infections</p>	<p><u>At the end of the tutorial you should be able to:</u></p> <ol style="list-style-type: none"> 1. Describe the characteristics of normal vaginal discharge. 2. Understand the epidemiology and the common risk factors associated with vaginitis and cervicitis. 3. Discuss the interpretation of wet prep and potassium hydroxide specimens (KOH). 4. Interpret a urinalysis. 5. Describe the key clinical characteristics of the following dysuria etiologies: urethritis, bacterial cystitis, prostatitis, pyelonephritis, and vulvovaginal candidiasis.
<p style="text-align: center;">Antenatal Care</p>	<p><u>At the end of the Tutorial, student should be able to:</u></p> <ol style="list-style-type: none"> 1. Identify elements of antenatal care in the PHC center (L) 2. Determine risk factors during pregnancy (L) 3. Take appropriate history in the ANC (OSCE) 4. Perform physical exam in the ANC (OSCE) 5. Identify investigations to be requested during ANC on the PHC level (L) 6. Discuss points to be covered in health education of pregnant in ANC clinic (OSCE) 7. Recognize indications for referral (L)

<p>Well Baby Clinic</p>	<p><u>At the end of the Tutorial, student should be able to:</u></p> <ol style="list-style-type: none"> 1. Identify objectives and basic elements of child services in well baby clinic (WBC) in the PHC center. (L) 2. Determine basic principles and techniques used to accomplish different tasks covered during the WBC visit (L) 3. Identify real life problems in the application of these services and possible solutions at the PHC level (L) 4. Discuss points to be covered in health education of mothers getting their children to WBC clinic (L) 5. Anticipate and advise on breast-feeding issues (e.g., weaning, returning to work, sleep pattern) (OSCE) 6. Measure and chart growth parameters (OSCE)
<p>Common Eye Diseases</p>	<p><u>At the end of the Tutorial, student should be able to:</u></p> <ol style="list-style-type: none"> 1. Take an appropriate history (OSCE) 2. Do focused physical exam (OSCE) 3. Do appropriate investigations (L) 4. Distinguish between serious causes and non-serious causes of red eye (H) 5. Recognize important causes of visual impairment or loss. (L) 6. To know the red flag in ophthalmic presentations in primary care that indicate serious diseases (L) 7. Recognize indications for referral (L)

<p>Substance Abuse</p>	<p><u>At the end of the Tutorial, student should be able to:</u></p> <ol style="list-style-type: none"> 1. Apply screening guidelines in patient effectively and elicit history in nonjudgmental way (OSCE) 2. Identifying co morbid conditions associated with substance abuse (depression HIV, hepatitis) and in IV drug user should offer appropriate vaccinations (L) 3. Perform smoking cessation counselling with demonstration of counseling (assessing the readiness of quitting) and pharmacological options. (OSCE)
<p>Fatigue</p>	<p><u>At the end of the Tutorial, you should be able to</u></p> <ol style="list-style-type: none"> 1. Define fatigue and know the alternative names (L) 2. Take appropriate history (OSCE) 3. Perform physical examination (OSCE) 4. List the differential diagnosis of the condition (H) 5. To know how to manage comprehensively his condition (H) 6. Recognize the indications for referral (L)
<p>Obesity</p>	<p><u>At the end of the Tutorial, student should be understand the:</u></p> <ol style="list-style-type: none"> 1. Define obesity (L) 2. List causes of obesity (L) 3. Describe complications of obesity (L) 4. Take history (OSCE) 5. Perform physical exam (OSCE) 6. Calculate BMI (L) 7. Manage obese patient:(H) 8. Recognize the indications for referral (L)

<p style="text-align: center;">Anxiety And Depression</p>	<p><u>At the end of the Tutorial, you should be able to:</u></p> <ol style="list-style-type: none"> 1- Take appropriate history (OSCE) 2. Perform physical examination for cases (OSCE) 3. Do appropriate investigations (L) 4- List the indicators for impending suicide in patient with anxiety or depression (L) 5- appraise the differential diagnosis and secondary causes related to depression and anxiety cases (H) 6- List the red flags related to diagnosis and management of cases of depression and anxiety (L) 7- Recognize the proper management of depression and anxiety cases (H) 8- Define the indications for referral in cases of depression and anxiety (L)
<p>Headache</p>	<p><u>At the end of the lecture, you should be able to:</u></p> <ol style="list-style-type: none"> 1- Take history for acute and chronic headache (OSCE) 2. perform physical examination for patient with headache (OSCE) 3- appraise the differential diagnosis for headache (H) 4- List the red flags in a case of headache (L) 5- recognize the needed investigations for cases of headache(L) 6- Recognize the proper management of the common causes of headache (H) 7- Discuss the indications for referral in patient with headache(L)

**Common Skin
Diseases**

At the end of the tutorial , you should be able to:

1. Describe primary and secondary skin lesions (L)
- 2- Perform appropriate history taking and physical examination in patients with common skin disease. (OSCE)
6. Recognize common skin conditions seen in the primary care setting (L)
- 3- Recognize dermatological emergencies and severe serious dermatological diseases (L)
- 4- Differentiate benign from serious causes of skin lesion. (Red flags) (L)
- 5- Define dermatological manifestations of some important systemic diseases. (H)
- 6- Recognize the proper management of common skin conditions seen in the primary care (H)
7. Define the indications for referral of skin conditions seen in the primary care (L)
8. Apply a biopsychosocial approach to patient with skin disease.
9. Illustrate a management plan for different skin lesion such as:
 - a- infection(viral-bacterial-fungal-parasitic)
 - b- dermatitis
 - c- acne

<p>Upper Respiratory Tract Infections</p>	<p><u>At the end of the Tutorial, you should be able to:</u></p> <ol style="list-style-type: none"> 1- Take appropriate history (OSCE) 2- Perform physical examination for patients with upper respiratory tract Infections (OSCE) 3- Appraise the differential diagnosis related to upper respiratory tract Infections (H) 4- Differentiate between viral and bacterial pharyngitis H) 5. Recognize serious causes of URTI such as MERS-CoV and epiglottitis (L) 6- List the red flags related to cases and diagnosis of upper Respiratory tract- Infections (L) 7- recognize the needed investigations for cases of upper respiratory tract Infections (L) 8- Recognize the proper management of viral and bacterial upper Respiratory tract- Infections (H) 9- Define the indications for referral in upper respiratory tract Infection (l)
<p>Abdominal pain</p>	<p><u>At the end of the Tutorial, you should be able to:</u></p> <ol style="list-style-type: none"> 1. Take appropriate history of patient with abdominal pain (OSCE) 2. Perform physical examination of a patient with abdominal pain (OSCE). 3. Make differential diagnosis /recognize life-threatening causes of abdominal pain (H) 4. recognize the indications for laboratory and radiological investigations (L) 5. list the red flags of abdominal pain (L) 6. recognize the indications for referral (L) 7. Discuss the management of <ul style="list-style-type: none"> • irritable bowel syndrome • Dysmenorrhea • Dyspepsia • Renal colic

<p>Emergencies in Family Medicine</p>	<p><u>At the end of the Tutorial, you should be able to:</u></p> <ol style="list-style-type: none"> 1- Appreciate the importance of emergencies in primary health care and the importance of continuous training in emergency medicine for family physician (L) 2- Recognize important considerations and roles related to emergencies in primary health care (including decision making skills) (L) 3- List the types of emergencies seen in PHC (L) 4- Recognize serious and important emergencies in PHC (L) 5- Identify cautions and precautions in certain important emergencies (L) 6- Recognize certain important life-saving emergency skills (L) 7- Describe the diagnosis and management of certain important emergencies in PHC (H) such as DKA, anaphylaxis 8- Memorize what PHC doctor should know and do regarding emergencies (L)
<p>Joint Pain</p>	<p><u>At the end of the Tutorial you should be able to:</u></p> <ol style="list-style-type: none"> 1. Take appropriate history for patient presenting with joint pain (OSCE) 2. Perform physical examination of a patient with joint pain (OSCE) 3. Distinguish benign from serious pathology (e.g., sarcoma, septic joint) (H) 4. In assessing patients with a diagnosed rheumatologic condition, search for disease-related complications (e.g., iritis) (H)

	<p>5. List and interpret critical laboratory and radiological findings which are key in the processes of exclusion, differentiation, and diagnosis. (H)</p> <p>6. Outline a management plan for patients with inflammatory and non-inflammatory arthritis including drug therapy, physiotherapy, occupational therapy, and treatment of joint deformities (H)</p> <p>7. Recognize the indications for referral. (L)</p>
<p>Back Pain</p>	<p><u>At the end of the Tutorial you should be able to:</u></p> <ol style="list-style-type: none"> 1. Take appropriate history for patient presenting with back pain (OSCE) 2. Perform physical examination (OSCE) 3. Formulate differential diagnosis (H) 4. List and interpret critical laboratory and radiological investigations which are key in the processes of exclusion, differentiation, and diagnosis (H) 5. plan for treatment of a patient with low back pain.(H) 6. list the red and yellow flags for back pain (L) 7. Select patients in need of specialized care (L) 8. Select patients in need of specialized care.

**Common
Procedures in
Family Medicine**

- Blood Pressure (BP) measurement
- Intravenous cannulation (IV)
- Venipuncture
- Rectal (PR) examination
- Bimanual vaginal (PV) examination
- Pregnant abdomen examination
- Urethral catheterization (male)
- Urethral catheterization (female)
- Urinalysis (UA)
- Blood glucose measurement
- Peak Expiratory Flow Rate (PEFR) technique
- The inhaler technique
- Intravenous injection
- Intramuscular injection
- Subcutaneous injection
- Intradermal injection
- Skin suturing
- Wound assessment and management options

Instructional Methods

Different instructional methods are implemented throughout the rotation to convey the learning objectives of the curriculum. Your active role in the learning process, participation in patient simulation, assignments, and patients' encounters at the PHC center can't be over emphasized.

- **Lectures:** These are designed and given by family medicine faculty members. All are intended to be interactive lectures with the opportunity for a small group discussion and or workshop format.
- **Tutorials:** Tutorials are one of the most efficient ways of transmitting content in the academic system. They offer the opportunity for informal discussion and help students to link what they have heard from the faculty and what they have read. Our tutorials are intended to promote active learning. They **are activity-based**, as they require more than just discussion.
 - The faculty staff will start by a mini-lecture to review the intended topic (45-60 minutes).
 - A group of students (4-6) is then required to present 4-6 selected cases related to the topic. In other words, each student is required to present one case. (Please, do not exceed 2 slides for each case).
 - The total time allotted for each case is 15 minutes. This includes the presentation (2-3 minutes) and discussion time.
 - Students should be prepared to engage his/her classmates into the subject and answer all questions about the case.
 - Students must communicate with their supervisor one week before the presentation to clear their proposed cases and provide feedback if needed.
 - At the end of each session, the faculty staff will evaluate each student. The grade will be given based on the student's understanding and abilities to interact with his/her classmates and answer their questions (see **Appendix A** for evaluation form).

- **Small group sessions (PHCCs):** During these sessions, the student will learn how to obtain appropriate history, physical examinations, and diagnostic tests for many common problems in family practice. The discussion, led by the faculty, is often around the patients seen by students at the PHC center or around virtual patient cases.

We encourage students to ask one of their preceptors at PHCCs to observe them interacting with patients and to discuss their performance and progress on regular basis. We also encourage the students to show their active participation during clinical sessions given by the faculty member supervising them at the PHC centers.

- **Logbook:** A copy of logbook will be distributed at the beginning of the rotation. All patient encounters and procedures must be logged until you have reached the minimum requirements. It is to your advantage to enter patient encounters and procedures as soon as possible.
- **Assignment:** This is a work that complements the work in-class to master Evidence Based Medicine skills. In addition to helping students practice the learning expected of them, this one assignment can offer an opportunity for students to become better evaluators of their own work. Additional information on this assignment, as well as some examples, will be provided in the lecture.
- **Field visits**
- **Self- directed learning (SDL):** Due to the fact that the learning objectives do not cover all of family practice nor do they encompass all of which you should hope to gain from this rotation. Rather, they are intended to be a useful instructional tool for further reading and discussion with fellow students at the time dedicated for the self-study. Students may be given specific task during self-directed learning time and then he/she will report to the facilitator whether the task was completed or not.

Learning Resources

Students should utilize the following resources to meet the learning objectives of the family medicine rotation.

E-resources

Evidence based resources for information and clinical summaries, which can be accessed through the Saudi Digital Library (SDL) via KAU library.

- DynaMed
- UpToDate
- Best Practice (recommended)

Textbooks

The recommended texts for this rotation are:

- Essential Family Medicine: Fundamentals and Cases, 3rd Edition by Robert E. Rakel.
- Primary Care Medicine: Office Evaluation and Management of the Adult Patient, 7th Edition by Allan H. Goroll.
- Oxford handbook of general practice. Oxford University Press, 2014 by Simon, Chantal, et al.

Journals:

Useful review articles are available at American Family physicians (AFP)

Supplemental readings

Additional references are posted with the learning objectives.

Evaluation

The Family Medicine Student Evaluation is composed of **SEMN scoring** categories:

1- Attendance (8%):

- Students are expected to be in full-time attendance at the University and Primary Health Care Centers (PHCCs), i.e. to attend all classes and sessions on timetable. Students whose attendance falls below the attendance requirements will be ineligible for examination entry.

2- Assignment for the students (2%):

- It must be completed satisfactorily and submitted to the faculty on time in order to receive a grade. Failure to do so will adversely affect your grade and overall evaluation.

3- Student Presentations in the tutorials (5%):

- More information on tutorials is provided under instruction methods “(page 30)
- Student’s evaluation forms is provided (**Appendix A**).

4- Preceptor’s Evaluation (5%)

- This will be shared between the preceptors and the faculty member supervising the students at the PHC center.
- Prior to a student’s last day at the assigned PHC center, students should remind their preceptor(s) to complete the student evaluation form (**Appendix C**) to rate their clinical performance for the rotation.

5- Mid-Rotation Exam (20%)

- The mid-rotation written examination is administered on the first day of week three of the rotation from 09:00:00 AM to 10:00 AM in the E-Exam lab, library building.
- You are given 1 hour to complete 30 Multiple-choice questions (MCQs).
- The exam is based exclusively on the topics covered prior to the exam date.
- You may not use any material or ask anyone for help answering the questions during the exam.
- In case of any technical concerns during the exam, please contact one of the available supervisors as soon as possible.

6- Final Written Exam (30%)

- The final written examination is administered on Wednesday of week five of the rotation from 10:00 AM to 11:30 AM in the E-Exam lab, library building.
- You are given 1.5 hours to complete 50 Multiple-choice questions (MCQs).
- The exam is based exclusively on the topics listed in this syllabus (less weight will be given to the topics covered in the mid-term exam).
- You may not use any material or ask anyone for help answering the questions during the exam.
- In case of any technical concerns during the exam, please contact one of the available supervisors as soon as possible.

7- OSCE (30%)

- On Thursday of week five of the rotation from 08:30 AM to 02:00 PM, you will participate in a clinical exam, or OSCE, in which you will be expected to demonstrate skills you have learned.
- You will rotate through 6 stations, 5 minutes each. Each station is 5 marks except the logbook station 6 marks. These will test your ability to perform an appropriate history and/or physical exam and/or patient communication and/or management and/or clinical procedure. In addition, your logbook will be evaluated thoroughly.

Evaluation Breakdown

#	Evaluation Items	Grade%
1	Continuous assessment <ul style="list-style-type: none">• Attendance• Student's presentation (Tutorials)• Assignment (EBCP)	8 % 5 % 2 %
2	Preceptor's Evaluation	5%
3	Mid-rotation Evaluation (MCQs)	20 %
4	Final written Exam (MCQs)	30 %
5	Final clinical Exam (OSCE)	30 %
	Total	100%

Student Evaluation of the Course:

Before the final written exam, every student must print out one copy of the Course Evaluation Form, fill it in, and give it to the supervisor (this is a requirement to attend the exam).

There are also many opportunities during the rotation to provide informal written and/or verbal feedback. Please feel welcome to drop into the department at any time and express your concerns to us.

Summarizing Timetable

Instruction method	Number of sessions	Total hours
Fundamental topics	10	21.5
A. Lectures	8	16.5
B. Tutorials	2	5
Clinical topics	26	39
A. Lectures	13	19.5
B. Tutorials	13	19.5
Practical skills	1	3
Field visits	3	9
PHC (Direct patient encounter)	15	45
Self-directed learning (SDL)	5	15
Revision day before the exam	1	7
Total	61	139.5

Appendix A:

Student's Tutorial Evaluation Form

Tutorial Topic: _____

Case presented: _____

Student's name: _____ Faculty name: _____

1.	The student was friendly and eager to help other students understand the case	
2.	The student displayed a clear understanding of the subject	
3.	The student got his/her classmates actively involved in the discussion	
4.	The student answered all questions and comments	
5.	The selected case was relevant to family medicine practice	
Total Marks		/ 5

Faculty Signature: _____ Date _____

Comments:

Appendix B:

Preceptor's Evaluation form

		Poor (0)	Average (0.5)	Good (1)
Interpersonal Skill				
1)	- Establishes rapport with patients			
2)	- Shows respect for patients			
3)	- Works well with all members of the team			
Clinical Skills				
4)	- History taking - Reports clinical data by obtaining and communicating the facts in an organized manner			
5)	- Physical examination			
6)	- Differential diagnosis			
7)	- Problem solving (Interprets clinical data by prioritizing problem list and selecting clinical findings and test results to support the diagnoses)			
8)	- Management plan (Devises an appropriate and comprehensive management strategy)			
Professionalism				
9)	- Attendance (Punctuality)			
10)	- Follows through on commitments and tasks			
TOTAL MARKS		_____ / 10		

- **Please include your written comments:**

A. Student's Strengths: _____

B. Areas for Improvement: _____

- **Was this evaluation discussed with the student?** Yes No

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

Thank you for submitting this form and helping us in the evaluation of the student