**مقرر 421 اسر**

**الرعاية الصحية الاولية**

**FMED 421**

# FAMILY MEDICINE

**DEPARTMENT of FAMILY and COMM. MEDICINE**

**COLLEGE OF MEDICINE**

**KING SAUD UNIVERSITY**

**1437/1438**

**2016/2017**

**

**General information:**

Course Title : Family Medicine

Course Code & Number : FMED 421

Credit hours : 6 hours

Course duration : 4 – 5 weeks

Department Chairman : Dr. Ali bin Mohsen AL- Hazmi

**PEOPLE YOU MAY MEET:**

You will meet some of the Doctors from the Department of Family and Community Medicine, many of whom may be involved in the teaching.

**Course** **Organizer**s (Males)

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**PEOPLE YOU MAY MEET: (Females)**

You will meet some of the Doctors from the Department of Family and Community Medicine and other sectors.

**Course Organiser (Females)**

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**Course Description and Goals**

FMED 421 course of family medicine will introduce the fourth year medical students to the principles and concepts of family medicine. In addition they will be oriented about the health care system and primary health care services in Saudi Arabia. We will adopt varieties of teaching and learning strategies such as lectures, students led seminars, and case based discussion. In addition to newly adopted strategies; Team based learning.

**The aim of this course is to produce medical students who are able to:**

1. Adopt a scientific approach to family medicine practice
2. Demonstrate an aptitude in patient-centered care and management
3. Participate in a community oriented practice activities
4. Communicate effectively with colleagues, patients, and their families, and practice within a multi-professional team.
5. Deliver the ethical and professional behavior in health practice.
6. Take a responsibility for own personal and professional development.

**COURSE OBJECTIVES:**

This is an outcome based education course. The outcomes are grouped under five themes.

* Principles of Family Medicine and Primary Health Care Services
* Skilled Physician
* Communication and Consultation
* Health Promotion
* Professionalism

At the completion of this course, each student will be expected to master competencies related to each theme:

**1- Principles of Family Medicine and Primary Health Care Services**

**Knowledge**

1.1 Describe family medicine elements and basic concepts to provide primary care services

1.2 Define concepts and historical differences of PHC, Family Medicine and General Practice

1.3 Identify role of PHC and family medicine in health care system in Saudi Arabia and worldwide.

1.4 Recognise importance of continuous coordinated care to all individuals and their families within family medicine practice

**Cognitive Skills**

1.5 Integrate comprehensive care to population within their community; addressing physical, psychological and social factors (bio-psych-social model).

**2- Skilled Physician**

**Knowledge**

2.1 Outline diagnosis and management of common (acute, chronic and life threatening) problems presenting in primary health care among different age groups.

2.2 Describe different strategies to promote patient’s compliance.

**Cognitive Skills**

2.3 Formulate patient assessment appropriate to the clinical setting

2.4 Provide a comprehensive health care based on the best available evidence, for patients according to their age and gender.

2.5 Use of appropriate drugs, investigation and time.

2.6 Interpret common investigations related to family medicine practice.

**Psychomotor**

2.7 Conduct a focused history, combining appropriate level of detail with efficient use of time

2.8 Perform physical examination that is accurate and appropriate to the presenting problem

**3- Communication and Consultation**

**Knowledge**

3.1 Outline principles and importance of communication skills with patients and colleagues

3.2 Describe role of multidisciplinary approach in patient care.

**Cognitive Skills**

 3.3 Recognize hypothetical deductive model and other diagnostic problem-solving styles with reference to common presenting complaints in PHC.

**Interpersonal Skills & Responsibility**

3.4 Demonstrate effective consultation skills according to different described consultation models.

3.5 Illustrate skills of breaking bad news

3.6 Demonstrate skills of interacting with difficult patients

3.7 Explore and respect patient's agenda.

**Psychomotor**

3.8 Demonstrate verbal and non-verbal patient-centred communication

**4- Health Promotion**

**Knowledge**

4.1 Describe morbidity pattern in PHC and factors leading to variations among practices.

4.2 Describe role of screening and periodic health assessment in promoting patients and community health.

**Cognitive Skills**

4.4 Explain basic principles of prevention and control of communicable and non-communicable disease in the hospital and community.

4.5 Identify impact of chronic diseases and disabilities on individual, families and society.

**5- Professionalism**

**Knowledge**

5.1 Describe concepts for patient safety

**Cognitive Skills**

5.2 Plan appropriate directed-self learning (DSL) activities according to the best available resources.

**Interpersonal Skills & Responsibility**

5.3 Demonstrate professional and ethical standards with patients and collegues

5.4 Respect patient's rights and confidentiality.

5.5 Demonstrate respect of patient's autonomy and willingness to involve people in the responsibility for their own health

**Psychomotor**

5.6 demonstrate appropriate skills of topic presentation

**Teaching and Learning Methods**

Learning process will be conducted as follow:

* Lectures
* Student Led Seminars
* Case Based (Presentation) Discussion with Evidence Based Medicine
* Team based learning
* Clinical attachment

**Lectures**

This includes lectures which will be prepared and presented by tutors and mostly will be conducted in first week. The time allocated for each lecture will rang from 60 to 120 minutes. These lectures include the following topics

|  |  |  |
| --- | --- | --- |
| * Patient education and health promotion | * Family physician desirable competences | * PHC principles and health system in Saudi Arabia |
| * Patient counselling | * Consultation Skills | * Rational use of medication and patient compliance |
| * Evidence based medicine | * Elderly care | * Home health care |
| * Domestic violence * Communication skills | * Approach to difficult patient | * Patient safety |
|  |  |  |
| * Data interpretation | * Introduction to ECG interpretation | |

Student Led Seminar:

Student led seminars involve activities presented by students and supervised by tutors. The topics included in these activities are

|  |  |
| --- | --- |
| * Upper respiratory tract infection | * Metabolic bone disease (osteoporosis and vitamin D deficiency) |
| * Women health | * Smoking and substance abuse |
| * Approach to obese patients | * Approach to patient with back pain |
| * Sexually transmitted diseases * Adolescent health * Maternity and Child health   Team Based Learning   * Diabetes mellitus * Hypertension * IHD, Dyslipidaemia and Risk factors * Bronchial Asthma * Headache | * Breaking bad news * Screening and Prevention |

**Instructions for Presentation:**

* Students will be divided into groups, through the leader.
* Each group will be supervised by a tutor according to distribution in the schedule.
* The power point presentation should be revised by the tutor early before presentation.
* The presentation should cover the objectives already listed in student guide.
* The presentation should be updated and evidence based with reference to guidelines.
* Every student will participate in presentation.
* Every student will be evaluated based on the **evaluation form**.

**How the session will be conducted?**

* **First 5 minutes**, **5 MCQs of single best answer**, prepared by the group and will be presented on screen for students, to give their answers.
* **60 minutes** for presenting the content.
* The guidelines of presentation in student guide have to be followed.
* The content will be supervised by the Tutor.
* **20 minutes** for Cases to be discussed and Role Play.
* **5 minutes** for the same **5 MCQs** to be answered by the same way as above.
* **30 minutes** for the tutor to give his feedback, to add on, discuss some cases. Whatever the way he finds that it will be beneficial for students.

**N.B:**

**The Groups who will start the presentation should attend earlier by 10 minutes to prepare for the presentation before the Tutor arrives.**

Case Based Discussion (CBD) and EBM

**CBD** is actively encouraged during the **Log Diary Tutorials**.

* First all students will be divided into two main groups (A and B)
* The students will be divided into groups according to 6 sessions.
* Each group will present with a tutor in a separate room.
* Every student will present the case from the log diary that was seen in clinics for 15 minutes.
* For each case presented, student will formulate and answer PICO/EBM question related to the case and present it for 5 minutes
* Every student will be evaluated based on evaluation form.

**The “CBD” selected cases will be presented through power point as follow:**

1. Problem (Scenario) selected from the PHC Clinics, followed by Differential Diagnosis
2. History taking “What appropriate questions raised to make differential diagnosis are more or less likely”
3. Problem Reformulation, according to available history, then proceed to
4. Examinations including vital signs “physical signs of positive findings and also the negative ones related to the problem have to be mentioned”
5. Refinement of differential diagnosis “most likely” then proceed to
6. Investigations “all investigations done have to be presented (Do not say normal, present all available investigations done for the patient) and if there is still appropriate investigations not requested should be mentioned.
7. Refinement of differential diagnosis “most likely” and mostly the final diagnosis is reached. then proceed to
8. Management plan “what already have been done in clinic and what is the proper management should be done for this patient and to be evidence based” (education, treatment, further investigations, referral, follow up)
9. EBM presentation based on formulated clinical question (PICO)
10. The time allocated for each presentation is 20 minutes.

**The Tutor** is expected to:

* Guide the students to select clinical cases commonly encountered in general practice.
* Contribute when appropriate to discussion.
* Provide a constructive feedback to the student after the presentation
* Give a brief for 5 minutes regarding what have been done and presented by students.
* Evaluate every student for 10 marks based on the evaluation form.

**List of Suggested Health Problems to be encountered in**

**Case Based Discussion (CBD)**

1. URTI "Sore throat, Allergic rhinitis, Sinusitis and Otitis Media
2. Bronchial Asthma, COPD
3. Patient presents with cough
4. Dyspepsia, PUD, GERD, Cholecystitis
5. Irritable Bowel Syndrome
6. Abdominal pain for investigation
7. Diarrhoea for investigation
8. Bleeding per rectum; Hemorrhoids, Anal fissure, CA Colon, Polyps, Ulcerative colitis
9. Liver problems, Fatty liver, HBV, HCV, Raised liver enzymes
10. UTI, Cystitis, pyelonephritis, Urethral discharge
11. Benign Prostatic Hyperplasia
12. Renal Stones
13. Chest pain, SOB for investigation
14. Joint pains, Sport injury, OA, RA, SLE
15. Skin Rash, Acne, Eczema, Warts, Hypo and Hyperpigmentation
16. Hair fall
17. Thyroid disorders, Hyperthyroidism, Hypothyroidism, Thyroid nodule
18. Breast lump
19. Headache
20. Diabetes, Nephropathy, Neuropathy
21. Hypertension
22. Oedema / Swelling of lower limbs
23. Anaemia, IDA, SCA, Normocytic, Macrocytic
24. Polycythaemia; Primary and Secondary
25. Backpain, Mechanical, Root nerve compression
26. Patient with low mood, anxiety,
27. Short stature
28. Osteoporosis, Vit D deficiency, Rickets, Osteomalacia
29. Vaginal discharge, Bleeding
30. Menstrual cycle irregularities, Dysmenorrhea,Menopause
31. Dizziness, Tinnitus for investigation
32. CVA, TIA, peripheral vascular disease
33. Obesity
34. Others related to Family Medicine Practice

Team Based Learning

A method of learning aiming to encourage students to participate in the teaching sessions and not only one group as in student led seminar.The students should be accountable for pre-class preparation.

The four components of TBL are:

* Permanent student teams,
* Readiness assurance test,
* Application activities,
* Timely feedback.

How a typical TBL session is conducted?

1. Pre-session preparation

Students will study the assigned materials and prepare themselves before the session of TBL.

1. First step {Readiness Assurance}(45 minutes)
2. The students are divided into groups.
3. *The instructor will start the session by distributing* Pre-Test of MCQ, short answers, fill the gap, *… as a quiz.* (Readiness Assurance Process “RAP”) and will be answered by students individually and collected by the instructor (Name and Computer No. are recorded), will be marked out of 2.
4. Then students take the same bald test again as a **team**, coming to consensus on team answers.
5. The answers will be discussed among students as teams.
6. Students receive **immediate feedback** on the team test.
7. **Second step (45 minutes)**
8. The instructor will distribute the clinical cases related to the objectives of the session; All groups will be responsible for the same case.
9. A time will be given to the groups to answer the questions related to cases.
10. Each group will start to discuss the case and comments will be raised from the groups (During the discussion the case is presented on screen for all). The tutor may add after exhaustion of all teams’ discussion.
11. Third step (30 minutes)
12. The 30 minutes left could be a presentation from the tutor for the important points discussed in this session and especially those the students do not understand

Topics to be covered by TBL are:

|  |  |  |  |
| --- | --- | --- | --- |
| * Hypertension | * Diabetes mellitus | | * Bronchial asthma |
| * Approach to patient with headache | | * IHD, Dyslipidemia and CVD risk assessment | |

Directed self learning

Every student will choose 5 topics, then the top 3 topics selected by students will be studied as DSL, and included in examination.

Clinical Attachment

Every student is assigned to a PHC center (Ministry of Health) under the supervision of the assigned primary care supervisor. The student will spend TWO weeks in King Saud Medical City. Every student will spend FOUR clinical sessions’ morning / afternoon in PHC Centers of Ministry of Health.

The student in clinical attachment is expected to:

• Attend the clinic and encounter patient plan for investigation, management, skills of taking BP, technique of inhalers, PEFR for asthmatic, glucose level checked by glucometer,

• Learn to perform general and specific examination under supervision.

• Observing the planning for care and follow-up in the clinic;

• Be involved in communicating information to patients.

* Observe the different services provided to patients in PHC Centers like:
* **Pharmacy:** read the prescription, assist the pharmacist to bring the appropriate medicines,
* **Lab.** Observe the blood extraction, safety measures,
* **Well baby clinic:** vital signs for babies and children and record in files "Growth Chart", schedule of vaccination and types of vaccines
* **Antenatal clinic:** follow up of pregnant, weight, blood pressure, fundal height, foetal sounds, required investigations,

• Attend and participate in clinical unit meetings and case presentations and attend CME meetings especially in PHC clinics of KKUH which is held on Tuesday from 1:00 to 4:00 pm.

• Participate in Activities of PHC center e.g. Health education, Immunization in kingdom, Antenatal Care, Mini-clinics (chronic diseases like DM, HTN, … ), Health Sanitarian, ……

**Objectives of Lectures:**

1. **PHC Principles and Health System in Saudi Arabia**

* Identify the causes of adverse health situations in both developed and developing countries.
* Understand the World Health Organization declaration of Health for All by the year 2000 through PHC.
* Understand Saudi Strategies for PHC and its implementation.
* Compare PHC and hospital practice
* Analyze the current PHC situation and challenges facing Family Medicine Specialty
* Keep professionalism and high self-esteem.

1. **Family Physician Desirable Competency**

* To become aware of the history of Family Medicine
* To become familiar with the desirable qualities of a Family Physician
* To understand the concepts of Family Medicine, including its definition

1. **Consultation and Communication Skills**

* To practice integration of communication skills with consultation skills.
* To understand the skills involved in patient-centered questioning.
* To identify different models of consultation .
* To understand how an effective consultation model can improve patient satisfaction in their psychosocial environment.
* To explain how to apply consultation skills in dealing common but difficult scenario’s.

1. **Data Interpretation**

* Interpret CBC findings regarding types of anaemia, polythycaemia
* Interpret liver function tests
* Interpret findings of thyroid disorders
* Interpret metabolic bone disorders including Calcium, Phosphate, Vit D
* Interpret some urine and stool analysis
* Interpret Hepatitis B markers
* Identify role of Family physician to approach patients with such Laboratory findings

1. **ECG Interpretation**

Introduction of how to read an ECG

How to interpret some common abnormal findings

* Heart rate, Arrythmias (Tachycardia, Bradycardia, AF, Flutter, Vent. Tachcardia)
* Axis deviation
* Left Ventricular Hypertrophy
* Right Ventricular Hypertrophy
* Premature Ventricular Complexes
* Premature Atrial Complexes
* RBBB
* First degree heart block
* Ischaemia and Myocardial infarction

**Objectives of Student Led Seminars:**

**The Students are expected to cover these objectives in presentation**

1. **Approach to obese patient**

* Define obesity and classify the degree of obesity (BMI, Waist circum. And Waist to Hip ratio)
* Highlight the prevalence of obesity in Saudi Arabia
* Discuss how to prevent obesity in the community
* Discuss the common causes of obesity in the community
* Morbidity “common health problems due to obesity”
* Discuss the evidence based approach to decrease weight (Exercise, Dieting, Drug treatment, and Bariatric Surgical Intervention like gastric banding, Sleeve gastrectomy and gastric bypass.
* Role of health team, medical students, and school health in dealing with obesity in the community

**Reference: General Practice by John Murtagh**

**Obesity,** Recommendations for management in general practice and beyond, Australian Family Physician Vol. 42, No. 8, august 2013

1. **Common Psychiatric problems in primary care**

* Highlight the prevalence of anxiety, depression , and somatization in Saudi Arabia
* Highlight the aetiology of anxiety, depression and somatization
* Highlight on use of Tricyclic antidepressants and Selective Serotonin Reuptake Inhibitors “SSRI”
* Discuss the clinical features and management of anxiety in family medicine setting
* Discuss the clinical features and management of depression in family medicine setting
* Discuss the clinical features and management of psycho-somatic illness in family medicine setting
* Brief discussion about the role of counseling and psychotherapy in the management of common psychiatric problems in family medicine
* When to refer to Psychiatrist

**References: General Practice by John Murtagh**

**Health Care Guideline:** Adult Depression in

Primary Care Guideline, 2013 *www* *.icsi.org*

1. **Smoking and Substance Abuse**

* Epidemiology of smoking in Saudi Arabia
* Risks of smoking (Morbidity and Mortality)
* Effect of passive smoking on pregnancy, children, ….
* How are you going to help the smoker to quit and how to overcome withdrawal symptoms
* Role of PHC physician “smoking cessation clinic’
* Update in pharmacological management, smoking cessation medication
* Nicotine preparations, Varniciline, Bupropion, …….
* Factors lead to substance abuse
* Highlight on types of substance abuse
* How to approach subjects with substance abuse

**Reference: NICE guidelines**

1. **Changes in bowel movement**

* Definition
* Focus on IBS and Rome criteria
* Diagnosis including alarm symptoms
* Management and follow up
* When to refer to specialist
* **Practical: Examination of Abdomen, How to do?**

**Reference: NICE guidelines**

1. **Breaking Bad News**

* How to break the news
* Role of primary care physician
* Examples how to break news
* Role play / Video

**Reference:**

1. **Sore Throat, Sinusitis, Otitis Media**

How can we differentiate between viral and bacterial infections?

Update in management and role of Antibiotics

* Sore throat (clinical features, differential diagnosis, complications, management)
* Sinusitis including allergic rhinitis (Clinical features and management)
* Otitis media in children (AOM and Secretory OM, Features, management)

How can we modify help seeking behavior of patients with flu illness?

**Reference: NICE guidelines**

1. **Backpain**

* Common causes
* Diagnosis including history, Red Flags, Examination
* Brief comment on Mechanical, Inflammatory, Root nerve compression, Malignancy
* Role of primary health care in management
* When to refer to specialist
* Preventionand Education

**Practical: How to do examination of Back including lower limbs?**

**Reference: NICE guidelines**

1. **Sexual Transmitted Diseases**

1- List common sexual transmitted infections.

2- Discus how to obtain sexual history and risk factors.

3- Discus the differential diagnosis of:

* Vaginal and urethral discharge.
* Ulcerative and non-ulcerative genitalia.
* Pelvic pain and dysuria.

4- List the possible sexual transmitted infections among heterosexual and homosexual person.

5- Discus the investigation, diagnosis and management of sexual transmitted infections.

6- Discus the methods of prevention.

7- Discus the complications of sexual transmitted disease.

8- Dermatological pictures of different sexual transmitted infection.

**Reference: NICE guidelines**

**British Association of Sexual Health and HIV**

1. **Osteoporosis and Vitamin D deficiency**

* Definition of Oteoporosis and Osteomalacia / Rickets
* Highlight on Vitamin D deficiency
* Prevalence in world / Saudi Arabia
* Factors lead to Osteoporosis and Vitamin D deficiency
* How patients could be presented
* Common fractures with osteoporosis
* Vitamin D and Comorbidities
* Diagnosis, through
  + - X- Ray
    - Role of DXA and how interpret (Normal, Osteopenia [Grades] and Osteoporosis)
    - Biochemistry
* Management: (Osteopenia and Osteoporosis)
* Prevention and advice
* Role of Vitamin D and Calcium
* Vitamin deficiency in pregnancy
* Role of medications for osteoporosis like Alendronate, …

**Reference: NICE guidelines**

**UpToDate**

1. **Women’s Health**

* Women health risk factors
* Gender related diseases
* Health promotion for women

1. **Adolescent health**

* define adolescent age:  World health organization definition
* understand adolescent physiological and behavioral characteristics
* recognize the importance of adolescent health
* determine adolescent health problems: physical, psychological and social dimension
* recognize  common adolescent health problems in Saudi Arabia: from available evidence based studies
* Comprehensive approach to common adolescent health problems in primary health care
* understand the  Role of family, school and community in adolescent health

1. **Maternal and Child health**

* Health behaviors and health systems indicators that affect the health, wellness, and quality of life of women, children, and families.
* Factors can affect pregnancy and childbirth, including: Preconception health status, Age, Access to appropriate preconception and interconception health care, Poverty
* Health risks may include: Hypertension and heart disease, Diabetes, Depression, Genetic conditions, Sexually transmitted diseases (STDs), Tobacco use and alcohol Abuse, Inadequate nutrition, Unhealthy weight

### Social and Physical Determinants of Maternal Health

### Social and Physical Determinants of Infant and Child Health

* How to improve the health and well-being of women, infants, children, and families.

**References:** Centers for Disease Control and Prevention (CDC)

**WHO**

1. **Screening and Prevention**

* To Define screening / prevention and its uses in family practice
* To understand the Criteria for screening tests
* To identify Screening types and targeted people for each type with examples.
* To identify appropriate approaches for prevention and screening of common problems in primary care .
* To explain pros and cons of screening .
* To justify the rational for selection of a screening test with practical case /condition, examples like for CA. breast, Ca. colon, Ca. prostate, …….

**References**: NICE Guidelines

Oxford Hand Book Of General Practice 4TH Edition.

**Objectives of Team Based Learning:**

1. **Diabetes Mellitus**

* Epidemiology in brief of Diabetes in Saudi Arabia and over the world
* Diagnosis of diabetes, Recent guidelines for diagnosis and classification
* Screening for Diabetes
* Highlight on Pre-diabetes and how to prevent development of diabetes
* How to approach a diabetic patient in clinic?
* Role of Diabetic team in management and **Goals** to be achieved (HbA1C, LDL, HDL and Trig.) and for BP.
* Important aspects of clinical examination, focus on LL examination, Eye, ..
* Essential Investigations (regular visits and annual check up)
* Update in Management especially for Type 2 Diabetes including education, Life style modification, Role of Diet and Exercise

Highlight on oral medications like Biguanides, Sulphonylurea, Glitazones, Incretins, DPP 4 inhibitors, Meglitinides, Liraglutide, Insulin types

* Annual check up (what to do)
* **Practical: Examination of the lower limbs in a diabetic patient, How to do?**

**Reference: American Diabetes Association (ADA), are issued and updated every year in January 2016**

**Diabetes Care**

1. **Hypertension**

* Epidemiology in Saudi Arabia
* Diagnosis of hypertension, recent guidelines
* Why we have to control hypertension, measures of prevention
* How to approach hypertensive patient in clinic?
* Risk factors
* Diagnosis of hypertension (measurement, role of “Ambulatory BP Monitoring” **ABPM**, Home monitoring)
* Important aspects of clinical examination
* Essential Investigations (Routine and Optional, especially for young)
* Focus on target organs damage (TOD)
* Update in management, non-pharmacological and pharmacological and focus on certain chronic illnesses like Diabetes, IHD, Stroke, heart failure,
* Follow up to prevent complications especially Stroke and IHD
* Highlight on HTN in pregnancy (Diagnosis and common antihypertensives)
* When to decide the start of medication and what to choose to start with?

Antihypertensives (ACEi, ARB, CCB, Thiazides, B Blockers) and its indications.

**◙ Practical: Examination of CV system, How to do?**

**Referrence: JNC 8**

1. **CVD, Dyslipidaemia and Risk Assessment of cardiovascular diseases**

* How to reduce incidence of development of CVD
* Primary prevention of CVD
* Patient with chest pain “Angina” and how is approached
* Management of Angina / post MI
* How to assess risk factors like ASCVD
* What are goals of LDL, HDL and triglycerides to be achieved for CVD and DM
* ATP IV guidelines and Risk categorization
* Medications for high cholesterol; Statins and Ezetimibe
* Medication for high triglyceride; Fibrates, Nicotenic Acid and Omega-3

**Reference: American Heart Association (AHA) and American**

**College of Cardiology (ACC) 2013**

1. **Headache**

* Common types of headache “Migraine, Tension headache, Cluster headache”
* How to approach a patient with headache
* Red Flags and indications for further investigations like CT brain, MRI
* Brief comment on Migraine, Tension Headache, Cluster headache, benign intracranial tension, temporal arteritis, space-occupying headaches.
* What is the role of primary health care physician in management “Drug treatment and Prophylaxis” like propranolol, topiramate, amitriptyline, ….
* What investigations could be requested if needed
* When to refer to specialist

**Reference: Canadian Guideline for primary care management of headache**

**In adults (Canadian Family Physician)**

[**http://m.cfp.ca/content/61/8/670.full.pdf**](http://m.cfp.ca/content/61/8/670.full.pdf)

**Bronchial asthma**

* Diagnosis of Asthma in children and adults
* History
* Clinical
* Use of PEFR to assess in diagnosis
* Investigations “PFT; Spirometry”
* Factors trigger Asthma
* Highlight on COPD “Diagnosis by PFT and Treatment”
* How to assess the severity of Asthma
* Exercise induced asthma (triggers and management)
* Management of Asthma
* Rescue management
* Prophylaxis
* How to use different types of inhalers
* Asthma education for patient and how patient can use inhalers properly

**◙ Practical: Examination of Respiratory system (chest), How to do?**

**Reference: GINA guidelines**

**ASSESSMENT**

**I. Continuous Assessment: (40 marks)**

1. Student Led Seminars …………………. (**6 marks**)

2. Case Presentation Discussion +EBM… (**10 marks as 5+5**)

3. Team Based Learning ……… (**10 marks**, **Each 2 marks**)

4. Data Interpretation (Written Exam) …… (**10 marks**)

5. ECG interpretation …………………. (**4** marks)

**II. Final Assessment/Summative: (60 marks)**

1. Multiple Choice Questions (**60 MCQ** )….…….. (**30 marks**)

2. Objective Simulated Clinical Examination (**OSCE)** (**25marks**)

3. Clinical attendance and Log book …………………… (**5 marks**)

**Total : 100 marks**

**Learning Resources**

***Prescribed:***

1. **Clinical methods**: **A General Practice Approach** – Robin Fraser.

    Third Edition

***Recommendeed:***

1. **Oxford Handbook of General Practice \*\*\*\*\***

Chantal Simon, Hazel Everitt, Francoise van Dorp

Third Edition (Fourth Edition about to be published)

2. **Practical General Practice**

# Guidelines for Effective Clinical Management

[Alex Khot MA MB BChir DCH](http://www.amazon.com/s/ref=ntt_athr_dp_sr_1?_encoding=UTF8&field-author=Alex%20Khot%20MA%20%20MB%20%20BChir%20%20DCH&search-alias=books&sort=relevancerank) (Author), [Andrew Polmear MA MSC FRCP FRCGP](http://www.amazon.com/s/ref=ntt_athr_dp_sr_2?_encoding=UTF8&field-author=Andrew%20Polmear%20MA%20%20MSC%20%20FRCP%20%20FRCGP&search-alias=books&sort=relevancerank) **Sixth Edition, ISBN 978 0 7020 3053 6**

**Recommended Scientific Websites:**

* + **NICE** organization for guidelines ([www.nice.com](http://www.nice.com))
  + Bandolier ([www.medicine.ox.ac.uk/bandolier](http://www.medicine.ox.ac.uk/bandolier))
  + Cochrane Database ([www.cochrane.org](http://www.cochrane.org))

([www.cochranelibrary.com](http://www.cochranelibrary.com))

* + Clinical Evidence ([www.clinicalevidence.bmj.com](http://www.clinicalevidence.bmj.com))
  + American Family Physician ([www.aafp.org](http://www.aafp.org).)
  + Australian Family Physician (www.racgp.org.au/afp)
  + British Medical Journal ([www.bmj.com](http://www.bmj.com))
  + American Diabetes Association (ADA)
  + **Canadian** Hypertension Society
  + **Saudi Thoracic Society**, **GINA** or **SIGN** guidelines for Bronchial Asthma
  + **UpToDate**

**GUIDELINES FOR PRESENTATION**

1. **SPEAKER**

* Berelaxed and confident with clear voice and language.
* Good eye contact and do not speak to the screen.
* Sense of humor.
* Changing style, bodily actions and gestures will help you.
* Stick to your time and break in between if longer.
* Know about your audience and level of knowledge and keep them attentive.
* Rehearse your presentation in advance, well-prepared and up-dated topic.

1. **TECHNIQUE and FACILITIES**

* Choosing appropriate facilities according to time and presentations.
* Arrange before and check audio-visual aids.
* Correct the spelling and avoid unknown abbreviations.
* The slides of power point must be clear and not dull.
* Allow animations in your presentation if appropriate and will help your presentation.
* Must be legible and avoid the crowd slide if possible except for diagrams or pictures with lables.

1. **CONTENT of PRESENTATION**

* Title is brief and clear
* Introduction, what are you going to do, give an overview of whole subject.
* Objectives of presentation
* Well and systematically arranged.
* Allow questions or interruption or make it clear at the end of presentation.
* Your last words may be best remembered.
* Summarize important ideas which will stimulate the audience.

Messages to be taken home if possible

**Important Remarks:**

1. **Attendance:**

**All Tutors have to take the attendance by calling names of students and tick in front of the name.**

According to the University regulations and instructions, we would like to inform you that, each student has to cover at least 75% of the attendance in lectures. Those who do not achieve this percentage will not be allowed to attend the FINAL EXAMINATION. The first warning letter will be issued if you did not attend 20% of lectures (about 7 lectures). If you continued not to attend the lectures and your absence reached 25%. The second letter will be directed to Vice Dean, Academic Affairs to be not allowed to attend the final examination.

1. **Warning:**

As it is not a sign of courtesy and keenness, to be non-punctual in addition to its bad effect on the teaching course plan, please try to enter the class before the teacher starts his lecture. You should know that if you arrived 15 minutes late after start of the lecture, the teacher might allow you to attend but your name will be taken, and your signature will be cancelled and will be considered absent in this lecture.

1. **Courtesy:**

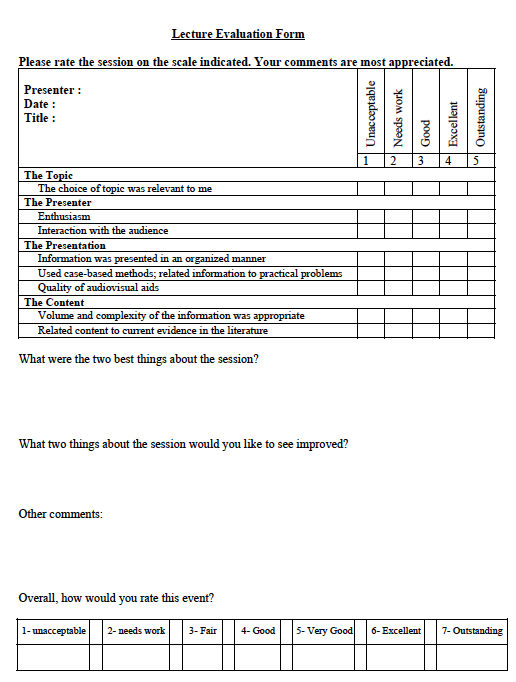
If you have problems with getting to a session, please discuss it with your tutor in advance or with the organizer.

1. **Final Written Examinations**

**Every student should have Calculator, 2 Pencils, Ball Pen, Sharpener and Eraser.**

**Cell Phones are NOT Allowed in Exams.**

**Appendices**



**Patient Log**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comp. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day: ……………… Date: / / Morning ( ) / Afternoon ( )

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr.  No | Sex | Age | **Chief Complaint** | **Diagnosis** | **MANAGEMENT**  Treatment Investigation Referral | | |
|  |  |  | Med. Record: |  |  |  |  |
|  |  |  | Med. Record: |  |  |  |  |
|  |  |  | Med. Record: |  |  |  |  |

Name of the Supervisor: Dr. ……………. Signature: …………………….

**Student Led Seminar “Evaluation Form”**

**Tutor: …………………………………… Date: / /14**

**Title: ………………………………………**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ser.** | **NAME of STUDENT** | **COMPUTER No.** | **Content**  **2 Marks** | **Presentation**  **2 Marks** | **Clinical Part**  **2 Mark** | **Total**  **6**  **Marks** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |

**Evaluation is based on:**

**Content: updated, evidence based with reference to guidelines, covered the objectives with appropriate**

**References.**

**Presentation: well organized, time was well managed, clear, stimulating and confident with good eye contact.**

**Clinical Consultation Part: Cases for discussion, Role play, video, … ” Well organized, relevant, patient centered and stimulating.**

**Note:** If any student came late for presentation or power point is not ready e.g. on desktop or not on flash, **1 Mark will be cut**.

**Case Based Discussion “Evaluation Form”** **GROUP:** ………………………

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ser.** | **Name of Student** | **Comp. No.** | **CONTENT** (Clear, Legible, organized and relevant actual data)  **2 MARKS** | **Related to Family Practice/ Primary care**  **1MARK** | **PRESENTATION**  (Confident, Clear Voice, Good eye contact, Stimulating and Patient centered)  **2 MARKS** | TOTAL  **5**  MARKS |
|  |  |  |  |  |  |  |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |

**TUTOR: …………………………………………………………. DATE: / /14**

**EBM Presentation**

**Tutor: ………………………………….. Date: / / 14**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Name | Comp. No | **Quality of Question**  **1** | | | **Why chosen?**  **1** | | | | **What did student do to answer it?**  **2** | | | | **What are the findings and Conclusion?**  **1** | | | | **Total**  **5**  Marks | |
| Done  **1** | Partially Done  **1/2** | Not Done  **0** | | Done  **1** | Partially  Done  **1/2** | Not Done  **0** | | Done  **2** | Partially Done  **1** | Not Done  **0** | | Done  **1** | Partially Done  **1/2** | Not Done  **0** | |  |
| 1 |  |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| 2 |  |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| 3 |  |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| 4 |  |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| 5 |  |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| 6 |  |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| 7 |  |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| 8 |  |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |

If any student came late for presentation or power point is not ready e.g. on desktop or not on flash, **1 Mark will be cut**.

**Department of Community and Family Medicine / Comm-421**

**(Clinical setting / SUPERVISOR ASSESSMENT)**

**Hospital / Health Centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Computer No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Excellent**  **9 - 10** | **V. Good**  **8 – 8.5** | **Good**  **6.5 – 7.5** | **Fair**  **≤ 6** |
| 1. | Attendance |  |  |  |  |
| 2. | Professionalism |  |  |  |  |
| 3. | Skills of History /Communication |  |  |  |  |
| 4. | Management plans |  |  |  |  |
| 5. | Fund of knowledge |  |  |  |  |
| 6. | Overall Assessment | **/ 50** | | | |

**Supervisor Name: Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date / /**

**King Saud University**

**College of Medicine**

**Department of Family and Community Medicine**

**4th Year male B1**

**1437/1438**  **(REVISED II)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Week | | **Week 1 (18/09/2016 to 22/09/2016)** | | | | | | | | | |
| Theme | | **Introduction to primary health care** | | | | | | | | | |
| Day | Time | **8:00 – 9:00** | **9:00 – 10:00** | **10:00 – 11:00** | **11:00 – 12:00** | | **12:00 – 1:00** | **1:00 – 2:00** | **2:00 – 3:00** | | **3:00 – 4:00** |
| **Sunday**  **18/09/2016** | | **ORIENTATION FOR FOURTH YEAR STUDENTS**  **NEW ACADEMIC YEAR** | | | | | **Lunch Break** | **Orientation**  **Dr Hussein Saad** | **Family Physician Desirable Competency**  **(Lecture)**  **Dr Sayed Irfan** | | |
| **Monday**  **19/09/2016** | | **Consultation Skills**  **(Lecture)**  **Prof. Hamza Abdel-Ghani** | | **Patient Education and Health Promotion**  **(Lecture)**  **Prof. Sulaiman Al-Shammari** | | | **Rational Use of Medications and Compliance**  **(Lecture)**  **Dr Sayed Irfan** | | | **Directed Self-Learning** |
| **Tuesday**  **20/09/2016** | | **PHC Principles and Health System in Saudi Arabia**  **(Lecture)**  **Prof. Sulaiman Al-Shammari** | | **Evidence Based Medicine**  **(Lecture)**  **Dr Hussein Saad** | | | **Elderly Care**  **(Lecture)**  **Dr A. Aziz Al-Odhayani** | | | **Directed Self-Learning** |
| **Wednesday**  **21/09/2016** | | **Directed Self- learning** | **Home Health Care**  **Dr A. Aziz Al-Odhayani** | **Patient Counselling**  **(Lecture)**  **Prof Jamal Al-Jarallah** | | | **Directed Self-Learning**  **Dr Hussein Saad** | | | **Self-directed learning** |
| **Thursday**  **22/09/2016** | | **Communication Skills**  **(Lecture)**  **Prof. Hamza Abdel-Ghani** | | **Approach to Difficult Patient**  **Prof. Mohd Al-Rukban** | | **Patient Safety**  **Dr Hussein Saad** | **Domestic Violence**  **Dr Mohd Batais** | | **Directed Self-Learning** | **Self-directed learning** |

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**Department of Family and Community Medicine**

**4th Year male B Group I**

**1437/1438**

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| Week | | **Week 02 (25/09/2016 to 29/09/2016)**  **( )** | | | | | | | | |
| Theme | | **Exposure to primary health care** | | | | | | | | |
| Day | Time | **8:00 – 9:00** | **9:00 – 10:00** | **10:00 – 11:00** | **11:00 – 12:00** | **12:00 – 1:00** | **1:00 – 2:00** | **2:00 – 3:00** | **3:00 – 4:00** | |
| **Sunday**  **25/09/2016** | | **Clinics** | | | | **Lunch Break** | **Clinics** | | | |
| **Monday**  **26/09/2016** | | **Data interpretation I**  CBC, urine, stool, biochemistry  **(Interactive practical session)**  **Prof. Eiad Al-Faris** | | Diabetes Mellitus  (**Team Based Learning 1**)  **Dr Turky Al Migbal** | | **Osteoporosis and Vitamin D deficiency**  **(Student led seminar)**  **Dr Sayed Irfan** | | | **Directed Self-Learning** |
| **Tuesday**  **27/09/2016** | | **Clinics** | | | | **Clinics** | | | |
| **Wednesday**  **28/09/2016** | | **Case Based Discussion 1**  **(2 groups)**  **Prof. Sulaiman Al-Shammari**  **Prof. Yosef Al-Turki** | | **Maternal Child Health**  **(Student led seminar)**  **Prof. Mohd Al-Rukban** | | **Upper Respiratory Tract Infection**  Sore throat, sinusitis, otitis media...  **(Student led seminar)**  **Dr Sayed Irfan** | | | **Directed Self-Learning** |
| **Thursday**  **29/09/2016** | | **Data interpretation II**  HBV markers, thyroid, metabolic  **(Interactive practical session)**  **Prof. Eiad Al-Faris** | | **Sexual Transmitted Diseases**  **(Student led seminar)**  **Dr Hussein Saad** | | **Breaking Bad News**  **(Student led seminar)**  **Prof Jamal Al-Jarallah** | | | **Directed Self-Learning** |

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**1437/1438**

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| Week | | **Week 03 (02/10/2016 to 06/10/2016)** | | | | | | | |
| Theme | | **The family physician** | | | | | | | |
| Day | Time | **8:00 – 9:00** | **9:00 – 10:00** | **10:00 – 11:00** | **11:00 – 12:00** | **12:00 – 1:00** | **1:00 – 2:00** | **2:00 – 3:00** | **3:00 – 4:00** |
| **Sunday**  **02/10/2016** | | **Clinics** | | | | **Lunch Break** | **Clinics** | | |
| **Monday**  **03/10/2016** | | **Case Based Discussion 2**  **(2 groups)**  **Prof. Jamal Al-Jarallah**  **Prof. Sulaiman Al-Shammari** | | **Hypertension**  **(Team Based Learning 2)**  **Dr Turky Al Migbal** | | **Adolescent Health**  **(Student led Seminar)**  **Prof. Yosef Al-Turki** | | **Directed Self-Learning** |
| **Tuesday**  **04/10/2016** | | **Clinics** | | | | **Clinics** | | |
| **Wednesday**  **05/10/2016** | | **Smoking and Substance Abuse**  **(Student led seminar)**  **Prof Jamal Al-Jarallah** | | **Screening and Prevention**  **(Student Led Seminar)**  **Prof. Mohd Al-Rukban** | | **Approach to a patient with Headache**  **(Team Based Learning 3)**  **Prof. Eiad Al-Faris** | | **Directed Self-Learning** |
| **Thursday**  **06/10/2016** | | **Case Based Discussion 3**  **(2 groups)**  **Dr A. Aziz Al-Odhayani**  **Dr Sayed Irfan** | | **ECG Interpretation**  **Dr Hussein Saad** | | **Common Psychiatric problems**  **(Student led seminar)**  **Prof. Yosef Al-Turki** | | **Directed Self-Learning** |

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| Week | | **Week 04 (09/10/2016 to 13/10/2016)** | | | | | | | | |
| Theme | | **Exposure to primary health care** | | | | | | | | |
| Day | Time | **8:00 – 9:00** | **9:00 – 10:00** | **10:00 – 11:00** | | **11:00 – 12:00** | **12:00 – 1:00** | **1:00 – 2:00** | **2:00 – 3:00** | **3:00 – 4:00** |
| **Sunday**  **09/10/2016** | | **Clinics** | | | | | **Lunch Break** | **Clinics** | | |
| **Monday**  **10/10/2016** | | **Case Based Discussion 4**  **Prof. Eiad Al-Faris**  **Dr A. Aziz Al-Odhayani** | | | **Bronchial Asthma**  **(Team Based Learning 4)**  **Prof. Mohd Al-Rukban** | | **Women Health**  **(Student led seminar)**  **Dr Mohd Batais** | | **Directed Self-Learning** |
| **Tuesday**  **11/10/2016** | | **Clinics** | | | | | **Clinics** | | |
| **Wednesday**  **12/10/2016** | | **Approach to Obese patient**  **(Student led seminar)**  **Prof. Yosef Al-Turki** | | | **Case Based Discussion 5**  **(2 groups)**  **Prof. Mohd Al-Rukban**  **Dr Sayed Irfan** | | **Directed Self-Learning** | | **Directed Self-Learning** |
| **Thursday**  **13/10/2016** | | **Clinics** | | | | | Clinics | | |

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| Week | | **Week 5 (16/10/2016 to 18/10/2016)** | | | | | | | | |
| Theme | | **Primary health care** |  | | | |  | | | |
| Day | Time | **8:00 – 9:00** | **9:00 – 10:00** | **10:00 – 11:00** | | **11:00 – 12:00** | **12:00 – 1:00** | **1:00 – 2:00** | **2:00 – 3:00** | **3:00 – 4:00** |
| **Sunday**  **16/10/2016** | | **Approach to a patient with Back Pain**  **(Student Led Seminar)**  **Prof. Sulaiman Al-Shammari** | **IHD, Dyslipidaemia and CV Risk Assessment**  **(Team Based Learning 5)**  **Dr Mohd Batais** | | | | **Lunch Break** | **Directed Self-Learning** | | **Directed Self-Learning** |
| **Monday**  **17/10/2016** | | **Clinics** | | | | | **Clinics** | | |
| **Tuesday**  **18/10/2016** | | **MOCK of OSCE**  **Prof. Hamza Abdel-Ghani** | **Case Based Discussion 6**  **(2 groups)**  **Dr Mohd Batais**  **Dr Turky Al Migbal** | | | | **Directed Self-Learning** | | **Directed Self-Learning** |
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