9 SLS

6 CBD

6 INTERACTIVE LECTURES

**مقرر 421 اسر**

**طب الأسرة**

**FMED 421**

# FAMILY MEDICINE

**DEPARTMENT of FAMILY and COMM. MEDICINE**

**COLLEGE OF MEDICINE**

**KING SAUD UNIVERSITY**

**1440/1441**

**2019/2020**

**(Updated september, 2019)**

**

**General information:**

Course Title : Family Medicine

Course Code & Number : FMED 421

Credit hours : 6 hours

Course duration : FOUR weeks

Department Chairman : Dr. Amr Jamal

**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.

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TABLE OF CONTENTS

 PAGE

Course Description and Goals 2

Course Objectives 2

Teaching and Learning Methods 3

Lectures 3

Student Led Seminar 10

Team Based Learning 16

Case Based Discussion and Evidence Based Medicine 23

Directed Self Learning 27

Clinical Attachment 27

Assessment 29

Learning Resources 30

Guidelines for Presentation 34

Important Remarks 35

Appendices 37

**Course Description**

FMED 421 in family medicine is a fourth-year course that will introduce the principles and concepts of family medicine to medical students. In addition, the students will be oriented to the consultation skills and the family medicine principles and nature. We will adopt a variety of teaching and learning strategies, such as lectures, students led seminars, and case based discussion. Coupled with the newly adopted strategies; we will also use the team based learning to enhance a collaborative learning.

**Course Learning Outcomes (CLOs- 2019)**

1. **KNOWLEDGE**

1.1 Explain the concepts, principles and historical subtle differences of PHC, Family Medicine and General Practice

1. **COGNITIVE SKILLS**

2.1 Discuss different models of consultation and the role of bios-psychosocial and environmental factors in health and diseases.

2.2 Formulate a reasonable differential diagnosis of the common problems (Appendix-1) presented in primary care.

2.3 Investigate patients presenting with common problems in primary care and interpret the results.

2.4 Discuss basic management plan for common conditions seen in primary care based on current evidence.

2.5 Discuss important preventive measures applied for primary care setting including patient safety

1. **INTERPERSONAL SKILLS AND RESPONSIBILITY**

3.1 Communicate effectively with all team members, peers and seniors.

1. **COMMUNICATION, IT AND NUMERICAL SKILLS**

4.1 Communicate effectively with the patients and their family to take history for common problems

4.2 Apply evidence-based medicine concepts and principles including searching for best evidence using technology

1. **PSYCHOMOTOR**

5.1 Elicit physical signs related to the common clinical problems.

**Teaching and Learning Methods**

The learning process will be conducted as follow:

* Lectures
* Student Led Seminars (SLS)
* Evidence Based Case Based Discussion in the form of students’ Presentations
* Team Based Learning (TBL)
* Clinical attachment

**Lectures**

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

|  |  |  |
| --- | --- | --- |
| * Family Medicine: Principles and concept
* Evidence-based Health care

 * Fatigue and tiredness
* Prescribing in Family Practice
* Doctor patient Communication
 | * The consultation tasks and competencies.
* Patient management.
* Enhancing the consultation performance.
* Patient Counselling
* Data Interpretation
 | * The diagnostic process.
* Consultation Skills
* Electrocardiogram (ECG) Interpretation
* Healthcare for Elderly
* Patient education and Health Promotion.
 |

**Objectives of Lectures:**

These lecture objectives were mapped with the themes, course learning outcomes (CLOs) and Saudi-MEDS competencies (PLOs).

* **Family Medicine: Principles and concept**

**By the end of this session, students will be able to:**

* Outline the history of Family Medicine Development
* Understand the concepts and principles of Family Medicine, including its definition
* Explain the desirable qualities of a Family Physician.
* Describe the evolution of Family Medicine in Saudi Arabia
* **The Consultation tasks and competencies**

**By the end of this session, students will be able to:**

* Explain the tasks of consultation.
* Interpret the consultation competencies.
* Apply patient centered consultation.
* Assess the consultation and health outcomes
* **Evidence Based Health Care (EBHC)**

**By the end of this session, students will be able to:**

* Define evidence-based health care
* Discuss the decision making in evidence based health care
* Identify the skills required in searching for evidence
* Explain how to construct a clinical question using PICO
* Recognize sources of Evidence such as:
	+ BMJ Best practice
	+ Clinical evidence
	+ Guidelines
	+ Up-to-date
	+ Cochrane
	+ Others
* Practice it for coming up with an evidence based informed answer.
* Consider how to use this answer in dealing with patients.
* **Patient management**

**At the end of the session, the student should be able to:**

* Recognize management of patient under the following headings; reassurance, advice, prescription, referral, investigation, follow-up and prevention
* Identify patient’s perception of the problem with implementation of communication and trust.
* Recognize investigations to be in terms of their cost-benefit and risks, and to be requested when helping diagnosis and management.
* Relate health promotion and disease prevention in patient management.
* **Consultation Skills: the following three sessions**
1. **Tasks and competencies,**
2. **Videos**
3. **Enhancing the consultation performance**

**By the end of the three sessions, the student should be able to:**

* Describe the different models of consultation, namely Stott and Davis, Pendleton and Roger Neighbor.
* Explain the different tasks to be performed during the consultation.
* Explain patient-centered clinical method (care) such as the bio-psychosocial approach
* Explain the benefits of effective consultations.
* Identify the pitfalls and facilitators of the doctor-patients interaction that will be presented in the form of videos.
* Apply these consultation (verbal and cognitive) skills in the form of a role play for health problems shown in Appendix 1.

**Fatigue and tiredness**

**By the end of this session, students will be able to:**

* Define the meaning of fatigue vs. malaise vs. tiredness
* Discuss the pathophysiology of fatigue and malaise
* Discuss the common causes of fatigue and tiredness
* Explain the diagnostic criteria of chronic fatigue syndrome
* Understand the basic clinical approach to patient with fatigue

**ECG Interpretation**

**By the end of session Students will be able to complete the following tasks:**

* Calculate Heart rate
* Determine the axis deviation
* Determine type of the rhythm
* Diagnose all degrees of heart block (1st, 2nd type 1, 2nd type2, and third degree heart block)
* Diagnose bundle branch block (Rt and Lt)
* Diagnose main types of arrhythmia: Atrial fibrillation, Atrial flutter, Ventricular tachycardia, Ventricular Fibrillation, WBW, SVT, sinus tachycardia, prolong QT-interval, sinus arrhythmia and bradycardia.
* Diagnose ischemic changes with determining heart anatomy involved.
* Diagnose pericarditis and LVH.

**Prescribing in Family Practice**

**By The end of session Students will be able to:**

* Discuss the strategies of good prescribing habits.
* Explain self-medications, social prescribing and placebo prescribing.
* Describe reasons for inappropriate prescribing.
* Discuss prevention of adverse drug reaction in different patient groups
* Identify factors related to poor compliance.

**Patient Counseling**

**By The end of session Students will be able to:**

* Explain the meaning and concept of patients’ counseling
* List three examples of cases where counseling is needed
* Describe the theories and approaches to counseling
* Recognize values in counseling
* Application of the stages of counseling to solve patients’ problems
* **Health care for the Elderly and Home Health Care**

**By The end of session Students will be able to:**

* Define the elderly population
* Understand the aging process
* Understand the giant geriatric syndromes
* Explain the meaning of healthy aging
* Discuss the health risks in aging population
* Recognize the common causes of dementia
* Discuss the common preventive measures for elderly people
* **Doctor patient Communication**

**By The end of session Students will be able to:**

* Describe the principles of Doctor patient communication.
* Discuss effective listening, language, and non-verbal skills to be used
* Demonstrate effective communication with patients and their family
* Practice effective communication with colleagues
* **Data Interpretation**

**By The end of session Students will be able to:**

* Interpret CBC findings of anaemia (IDA, Normocytic, Macrocytic and haemolytic) and polycythaemia
* Interpret problems of liver function tests
* Explain different types of thyroid disorders
* Recognize the likely explanations for hypocalcaemia or hypercalcemia.
* Explain different presentation of Hepatitis B markers
* Interpret urine and stool analysis
* **Patient Education and Health Promotion**

**By the end of session Students will be able to:**

* Recognize the impact of different lifestyle modification measures on the morbidity of Saudi population.
* Explain patient education purposes and factors to ensure its effectiveness.
* Define health promotion with example to discuss good and bad health behavior.
* Become aware of health belief model.
* Discuss why primary care is the optimum setting for health education and health promotion on different scenarios.

Student Led Seminar:

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

|  |  |
| --- | --- |
| * Approach to a patient with back pain
* Smoking and substance abuse
* Screening and Prevention
* Approach to Adolescent health
* Maternal and Child health
 | * Approach to breaking bad news
* Sexually transmitted infections
* Changes in bowel habits
 |
| * Approach to obese patients
 |  |

**Instructions for Presentation of SLS:**

* Students will be divided into groups according to number of SLS, and directed by the leader
* Each group will be supervised by a tutor according to the schedule’s **distribution**
* The PowerPoint presentation will be revised by the tutor early before presentation (at least one week before the presentation)
* The presentation will cover the objectives already listed in student guidelines
* The presentation will be updated and include evidence-based reference to the guidelines
* Every student will participate in the presentation.
* The **evaluation form** will be used to evaluate every student separately

**How the session is to be conducted**

* **First 5 minutes**, and **5 MCQs of single best answer** will be prepared by the group and presented on screen for students to give their answers
* **60 minutes** are allowed to present the content
* The presentation guidelines in student guide should be followed.
* The content will be supervised by the Tutor
* **20 minutes** for Cases discussion and Role Play.
* **5 minutes** will be used for the **5 MCQs**, and to be answered by the same method as above.
* **30 minutes** for the tutor to give his feedback, and discuss the cases that will be beneficial for students.

**N.B:**

**The groups scheduled to run the seminar should attend 10 minutes before the tutor arrives.**

**Objectives of Student Led Seminars:**

**The Students are expected to cover the following presentation objectives**

1. **Approach to the patient with Back pain**

**By The end of session Students will be able to:**

* Define common causes of acute and chronic back pain
* Screen for red and yellow flags related to back pain
* Conduct appropriate history and physical exam for individuals complaining of back pain
* Formulate differential diagnoses for back pain based on history and physical examination
* Outline appropriate management plan, including investigations and referrals with proper utilization of available resources.
* Provide essential health education and promotion to prevent and relieve back pain
* Identify the family physician’s role in dealing with individuals with back pain
* Discuss the common causes of low back pain
* Discuss the diagnosis including history, red flags and examination
* Explain the mechanical, inflammatory, nerve root compression and malignancy in LBP
* Identify the role of primary health care in management
* Explain the referral indications to a specialist
* Prevention and education
1. **Smoking and Substance Abuse**

**By The end of session Students will be able to:**

* Describe the Epidemiology of smoking in Saudi Arabia
* Recognize Risks of smoking (Morbidity and Mortality)
* Appreciate the Effect of passive smoking on pregnancy, children…..
* Be able to help the smoker to quit with smoking cessation aids and overcoming nicotine withdrawal symptoms
* Appreciate the Role of PHC physician in “smoking cessation clinic’
* Discuss the smoking cessation medication, Nicotine preparations, Varenicline, Bupropion, …….
* Recognize Factors that lead to substance abuse
* List types of substance abuse
* Appreciate Method to approach subjects with substance abuse
1. **Screening and prevention**

**By The end of session Students will be able to:**

* Define screening/ prevention and its uses in family practice \
* Recognize the criteria for screening tests
* Identify screening types and illustrate examples of targeted people
* Explain appropriate approach for prevention and screening of common problems in primary care
* Indicate the pros and cons of screening
* Summaries the recommendations for screening programs in adults e.g. Breast cancer, Colorectal ca, cervical ca, Prostate ca, osteoporosis…etc.
* Identify levels of prevention in primary care practice
* Review the local vaccination schedule from Saudi M.O.H
1. **Adolescent health**

**By The end of session Students will be able to:**

* Define adolescence age according to World health organization.
* Describe adolescence physiological and behavioral characteristics.
* Determine adolescence health problems according to physical, psychological and social aspects based on best available evidence in the KSA.
* Summarize the Comprehensive approach to common adolescent health problems in primary health care
* Assess the Role of family, school and community in adolescent health care.

**5. Maternal and Child health**

**By The end of session Students will be able to:**

* Describe health behaviors and health systems indicators that affect the health, wellness, and quality of life of women, children, and families.
* Explain factors affecting pregnancy and childbirth, including preconception health status, Age, access to appropriate preconception and interconnection health care, and poverty
* Discuss health risks that include hypertension and heart disease, diabetes, depression, genetic conditions, sexually transmitted diseases (STDs), inadequate nutrition, unhealthy weight, tobacco use and alcohol abuse
* Describe social and physical determinants of maternal and child health
* Discuss how to improve the health and well-being of women, infants and children

**6. Approach to obese patient**

**By The end of session Students will be able to:**

* Define obesity and classify the degree of obesity based on BMI, waist circumference and waist-hip-ratio.
* Discuss the prevalence of obesity in Saudi Arabia
* Explain the methods to prevent obesity in the community
* Recognize common causes of obesity in the community
* Recognize common health problems associated with obesity
* Describe the evidence-based approach to reducing weight (exercise, dieting, drug treatment, and bariatric surgical intervention
* Illustrate the roles of health team, medical students, and school health professionals in addressing the problems of obesity in the community

**7. Approach to breaking bad news**

 **By The end of session Students will be able to:**

* Define bad news.
* Describe the strategies to deliver bad news.
* Describe the impact receiving bad news can have on patients and family.
* Describe the physician’s responsibilities when breaking bad news.
* Demonstrate the six-step protocol for breaking bad news eg. Reports of cancer, hepatitis B or C, newly diagnosed diabetes, HIV positive report etc. (role play).

**8. Sexually transmitted infections**

**By The end of session Students will be able to:**

* Recognize that sexually transmitted infections (STIs) are caused by a wide array of organisms.
* Describe the different routes of transmission of common STIs.
* Recognize the epidemiology of STIs in KSA.
* Communicate properly with a patient presenting with a suspected STI.
* Apply the medical knowledge to properly take history, examine, order and interpret laboratory tests, manage, and counsel a patient presenting with urethral or vaginal/endocervical discharge.
* Apply the medical knowledge to properly take history, examine, order and interpret laboratory tests, manage, and counsel a patient presenting with a genital ulcer.
* Apply the medical knowledge to properly take history, examine, order and interpret laboratory tests, manage, and counsel a patient presenting with an anogenital wart.
* Recognize latent syphilis and able to order screening tests for it.
* Recognize the common complications of common STIs.
* Discuss the natural history of HIV, interpret the results of HIV tests, and manage a patient with a positive result.
* Manage a spouse of a patient who is HBsAg +ve.

**9. Changes in Bowel Habits**

**By The end of session, Students will be able to:**

* Define constipation and diarrhea
* Discuss the definition, etiology and classification of irritable bowel syndrome (IBS)
* Demonstrate history taking, physical examination, and management for patients presented with history suggestive of IBS. i.e Role play.
* Discuss the alarm symptoms in patients presenting with change bowel habit.
* Identity the criteria for the referral to specialist
* Practical: Examination of Abdomen, How to do?

**Team Based Learning**

A method of learning aiming to encourage students to participate in the teaching sessions focusing on more than one group contrary to student-led-seminar that focuses on only one group.Students should be accountable for pre-class preparation. The topics included in these activities are:

* Hypertension
* Upper respiratory tract diseases
* Diabetes Mellitus
* Approach to a Patient with Headache
* Bronchial Asthma
* Common psychiatric problems.
* IHD, Dyslipidemia and CV Risk Assessment

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Four components of TBL are:

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

**How is a typical TBL session conducted?**

1. Pre-session preparation

Students will study the assigned materials and prepare before the TBL’s session

1. First step {Readiness Assurance} (45 minutes)
2. The students are divided into groups.
3. *The instructor will start the session by distributing* the Pre-Test of MCQ, short answers, fill the gap, *… as a quiz.* (Readiness Assurance Process (RAP) will be answered by individual students and collected by the instructor. Name and Computer No. are recorded, and will be marked 1 out of 2.
4. Then students take the same the test again as a team, and come to a consensus on the answers.
5. The answers will be discussed by students’ team member
6. Students receive **immediate feedback** on the team test.
7. **Second step (45 minutes)**
8. The instructor will distribute the clinical cases relating 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 relating 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). The tutor may add comments after exhaustion of all teams’ discussion.
11. Third step (30 minutes)
12. The rest of the 30 minutes could be used by the tutor for a presentation to highlight the important points discussed in this session and especially those the students do not understand.

**Objectives of Team Based Learning sessions:**

1. **Hypertension**

**By The end of session Students will be able to:**

* Epidemiology in Saudi Arabia
* Diagnosis of hypertension, and recent guidelines
* Describe the epidemiology of hypertension in Saudi Arabia.
* Discuss the reasons to control hypertension and the measures of prevention.
* Outline the diagnosis of hypertension based on recent guidelines.
* Distinguish the different methods for diagnosis of hypertension such as measurement, role of “Ambulatory BP Monitoring” ABPM, Home monitoring).
* Provide a comprehensive approach for hypertensive patient in clinic
* List the risk factors of hypertension.
* List the essential Investigations (Routine and Optional, especially for young)
* Recognize the target organs damage (TOD)
* Discuss the management of hypertension, non-pharmacological and pharmacological and focus on certain chronic illnesses like Diabetes, IHD, Stroke, heart failure,
* Compare the choices of antihypertensive medication and its indications.
1. **Upper respiratory tract diseases**

 **By The end of session Students will be able to:**

A-**Rhinosinusitis**

* Identify the most common infectious etiologies responsible for rhinosinusitis.
* Distinguish between common cold and influenza.
* Discuss the epidemic causing potential and antigenic stability of different types of influenza viruses.
* Explain the transmission of influenza.
* Recognize symptoms of rhinosinusitis.
* Demonstrate proper examination of a patient presenting with rhinosinusitis.
* Identify the advantages and disadvantages of different diagnostic influenza tests.
* Summarize the differences between viral & bacterial rhinosinusitis.
* Classify bacterial rhinosinusitis in terms of chronicity.
* Discuss the indications of imaging in acute rhinosinusitis.
* Discuss the Management of a patient with rhinosinusitis including symptomatic management, and appropriate prescribing of antiviral or antibiotic therapy.
* Outline preventive measure of rhinosinusitis with a special focus on influenza vaccination.

**B-Pharyngitis**

* Define sore throat and classify pharyngitis according to the specific anatomic location.
* Lists infectious & noninfectious etiologies of pharyngitis
* Distinguish the symptoms and signs of viral and bacterial pharyngitis
* Recognizes the alarming symptoms and signs in a patient presenting with a sore throat
* Order and interpret Tests for group A streptococcus (GAS)
* Manage a patient with pharyngitis symptomatically, with appropriate prescription of antibiotics.
* Explain the potential benefits of antibiotic therapy when it’s indicated
* Summarize the complications of GAS pharyngitis
* Recognize the carriage state of GAS and properly manage such patients

**C- Middle East respiratory syndrome- coronavirus (MERS CoV)**

* Recognizes risk factors, signs, and symptoms of (MERS CoV)

**D-Otitis Media**

* Identify the most common infectious etiologies responsible for otitis media.
* Recognize risk factors for otitis media.
* Explain the mechanism responsible for the development of otitis media.
* Outline symptoms of otitis media.
* Recognize the findings of otitis media on clinical examination.
* Apply the criteria of the American Academy of Pediatrics (AAP) for diagnosing acute otitis media.
* Manage a patient with otitis media symptomatically, with appropriate prescription of antibiotics and referral for tympanostomy.
* Discuss with parents of children the preventive measure for otitis media.
* Recognize the complications of otitis media.

1. **Diabetes Mellitus**

**By The end of session Students will be able to:**

* Discuss the definition, etiology and classification of diabetes.
* Explain the diagnosis and screening criteria for prediabetes and diabetes.
* Discuss comprehensive approach for diabetic patients could be provide in the clinic.
* List the essential Investigations and when should be done.
* Identify the glycemic targets for diabetic patients.
* Enumerate the microvascular and macrovacular complications of diabetes.
* Discuss the management including non-pharmacological and pharmacological for a diabetic patients.
1. **Headache**

**By The end of session Students will be able to:**

* Describe common types of function a headache “A migraine, Tension headache, Cluster headache”
* Design an appropriate clinical approach to patient with headache
* Identify the red Flags of headache ( e.g. intracranial tension, temporal arteritis, space-occupying headaches) and indications for further investigations, like CT brain, and MRI
* Discuss the family physician role in the management of headache “Drug treatment and Prophylaxis,” .
* Explain types of investigations and referral to be requested if needed

1. **Bronchial asthma**

**By The end of session Students will be able to:**

* Discuss the definition, epidemiology, etiology and classification of asthma.
* Apply the criteria for the diagnosis of asthma in applied patient scenario.
* Assess the severity of bronchial asthma
* Demonstrate the use of different types of inhalers and the Peak Expiratory Flow Rate (PEFR).
* Provide a comprehensive approach for the management of asthmatic patients.
1. **Common psychiatric problems**

**By The end of session Students will be able to:**

* Estimate the prevalence of anxiety, depression ,and somatic symptom disorder in Saudi Arabia
* Explain the aetiology of anxiety, depression and somatic symptom disorder
* Interpret the clinical features of anxiety, depression and somatic symptom disorder in a family medicine setting
* Design a management plan for anxiety, depression and somatic symptom disorder.
* Summarize about the role of counseling and psychotherapy in the management of common psychiatric problems.
* Judge when to refer patients to Psychiatrist.
1. **IHD, Dyslipidemia and Risk Assessment of cardiovascular diseases**

**By The end of session Students will be able to:**

* Describe the pathogenesis, etiology, and the CVD risk factors of coronary artery disease.
* Compare various CVD risk assessment tools
* Discuss the comprehensive management for patients with acute coronary syndrome (ACS)
* Discuss the AHA/ACC 2018 guidelines for management of dyslipidemia
* Discuss the primary prevention of cardiovascular disease (CVD)

Case Based Discussion (CBD) and EBHC objectives

* Provide a structured feedback to enhance students’ learning through
* Enhance clinical decision making, clinical knowledge and patient management
* Give a student with an opportunity to discuss their approach to the case and identify strategies to improve their practice
* Allow the assessor to share professional knowledge and experience

**The Case-based Discussion objectives are to:**

* Develop clinical reasoning skills.
* Providing students with the opportunity to learn about the practice of evidence based medicine (EBHC), including formulating focused questions, acquiring relevant studies, appraising the quality of the study and applying the results to patient care.
* Connect between the knowledge of the basic and clinical sciences

**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 and into 6 sessions.
* Each group will be in a separate room under the guidance of a tutor.
* Every student will present the case from his/her log diary for 15 minutes as seen in the clinics
* For each case presented, student will formulate and answer PICO/EBM question related to the case and present it for 5 -10 minutes
* Every student will be evaluated based on the evaluation form
* Every student should contact his supervisor, at least one week before the session

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

1. Problem (Scenario) selected from the PHC Clinics, followed by Differential Diagnosis / most and least likely
2. History taking “Appropriate questions to be raised to make differential diagnosis more or less likely”
3. Problem Reformulation, according to available history, then proceed to
4. Examinations including vital signs “physical signs of the positive findings and negative findings related to the problem to be mentioned”
5. Refinement of differential diagnosis “most likely” then proceed to
6. Investigations “all investigations have to be presented (Do not say normal, present all available investigations done for the patient) and if there are still appropriate investigations not requested, it should be mentioned.”
7. Refinement of differential diagnosis “most likely” and mostly the final diagnosis is reached. then proceed to
8. Management plan “which diagnosis that has already have been done in the clinic and what is the proper evidence based management to be applied to the patient?” (education, treatment, further investigations, referral, and 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 appropriately to the discussion.
* Provide a constructive feedback to the student after the presentation
* Give a five-minute brief regarding what has been done and presented by students.
* Use 10-mark grade to evaluate every student based on the evaluation form

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

**Case Based Discussion (CBD)**

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

Self-Directed -Learning (SDL)

The students will choose 5 topics, other than listed in the schedule.

The objectives of each topic will be presented by students, which will be revised by the tutor. Three topics will be chosen by the organizer to be included in the MCQs’ examination.

Clinical Attachment

Every student is assigned to a PHC center (Ministry of Health) under the supervision of the assigned primary care supervisor and preferred centers from Board Certified Physicians.

The student will spend TEN clinical session’s morning/afternoon in King Saudi Medical City.

Every student will spend FOUR clinical sessions’ morning/afternoon in PHC Centers of Ministry of Health.

The student in the 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, and assist the pharmacist to bring the appropriate medicines
* **Lab.** Observe the blood extraction, and safety measures
* **Well baby clinic:** vital signs for babies and children and record them in files "Growth Chart", schedule of vaccination and types of vaccines
* **Antenatal clinic:** follow up of pregnant, weight, blood pressure, fundal height, fetal sounds, and required investigations

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

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

**Assessment:** Both teaching and learning methods and assessment methods would be mapped to the lesson objectives. The lesson objectives, in turn, should be mapped to the CLOs and PLOs (i.e. SaudiMEDS competencies)/

**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** for each then the average from 10 will be calculated)

 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**

**Blueprint for OSCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Acute1 | Chronic3 | Counselling & consul skills1 | Consultation/Management/Concepts of FM 1 | General miscellaneous | No of stations |
| History |  |  |  |  |  | 3 |
| Exam |  |  |  |  |  | 1 |
| Communication |  |  |  |  |  | 1 |
| Health education |  |  |  |  |  | 1 |
| No of stations | 1 | 3 | 1 | 1 | 6 |

**Resources (References)**

**Note: The books are available from the course Facillator**

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

    Third Edition

1. **A Textbook of family medicine by Ian McWhinney**

 **4th edition**

1. **Oxford Handbook of General Practice** Chantal Simon, Hazel Everitt, Francoise van Dorp Fourth Edition

**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))

**Lessons Specific References:**

|  |  |  |
| --- | --- | --- |
| **Day / date** | **Lesson name** | **Suggested Reference** |
| **Sunday (01/09/2019)** | Orientation  | **Student guide** |
| The Consultation tasks and competencies | Reference 1 Chapter 2, Page 25-36 The Inner Consultation by Roger Neighbour |
| Monday(02/09/2019) |  |  |
| Evidence Based Approach (Part I)  | * Evidence-Based Medicine: How to Practice and Teach EBM 5th Edition by [Straus MD, Sharon E.](https://www.amazon.com/s/ref%3Ddp_byline_sr_book_1?ie=UTF8&field-author=Straus+MD%2C+Sharon+E.&text=Straus+MD%2C+Sharon+E.&sort=relevancerank&search-alias=books) (Author), [Glasziou MRCGP FRACGP PhD, Paul](https://www.amazon.com/s/ref%3Ddp_byline_sr_book_2?ie=UTF8&field-author=Glasziou+MRCGP+FRACGP+PhD%2C+Paul&text=Glasziou+MRCGP+FRACGP+PhD%2C+Paul&sort=relevancerank&search-alias=books) (Author), [Richardson MD, W. Scott](https://www.amazon.com/s/ref%3Ddp_byline_sr_book_3?ie=UTF8&field-author=Richardson+MD%2C+W.+Scott&text=Richardson+MD%2C+W.+Scott&sort=relevancerank&search-alias=books) (Author), [Haynes MD, R. Brian](https://www.amazon.com/s/ref%3Ddp_byline_sr_book_4?ie=UTF8&field-author=Haynes+MD%2C+R.+Brian&text=Haynes+MD%2C+R.+Brian&sort=relevancerank&search-alias=books) (Author)
 |
| Patient management | **Reference 1**, Chapter 4,Page 59-77 , **Reference 2 chapter** 9 |
| Tuesday(03/09/2019) | Consultation Skills  | **Reference 1** Chapter 2 |
| Fatigue & tiredness  | * <https://www.aafp.org/afp/2008/1115/p1173.pdf>
* <https://www.racgp.org.au/afp/2014/july/fatigue/>
* <https://www.racgp.org.au/afp/2013/april/chronic-fatigue-syndrome/>
 |
| Family Medicine: Principles and concept  | **Reference 1**, Chapter**Reference 2 chapter** 2Year book of ministry of health , Saudi Arabia |
| Wednesday(04/09/2019) | Evidence Based Approach (Part II )  | **Need to be added by Dr Amr Jamal** |
| ECG Interpretation | **Need to be added by Dr Abdullah Alrasheed** |
| Prescribing in Family Practice | 1. Oxford Hand Book of General Practice (4th edition)2. Clinical Methods by Robin C. Fraser  |
| Thursday(05/09/2019) | Patient Counselling  | **Need to be added by Prof Jamal Al-Jarallah** |
| Health care for Elderly  | https://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=55NICE guidelines for old people care |
| Student selected objectives and topics | **No need for a reference** |
| Sunday (08/09/2019) | Approach to a patient with Back Pain  | Reference 2 chapter 12Reference 4 Page 50NICE guidelines |
| Smoking and Substance Abuse  | National Institute for Health and Care Excellence Guidelines  |
| Screening and prevention | - Oxford handbook of General practice - U.S. Preventive Services Task Force recommendations “USPSTF” (<https://www.uspreventiveservicestaskforce.org/Page/Name/recommendations>)- Saudi Ministry of Health vaccination schedule <https://www.moh.gov.sa/en/HealthAwareness/EducationalContent/vaccination/Pages/vaccination1.aspx> |
| Monday(09/09/2019) | Hypertension | JNC 8, NICE guidelines  |
| Dr patient Communication | **Reference 2 chapter 8****Ref 1 Chapter 6,pg 36-58****Need to be checked by Prof. Mohd Al- Rukban** |
| Data interpretation I HBV markers, thyroid, metabolic  | Need to be added by Dr Hussain Amin |
| Wednesday(11/09/2019) | Approach to Adolescent Health  | Adolescents: health risks and solutions: WHO Retrieved May 08, 2017, from [http://www.who.int/mediacentre/factsheets/fs345/en/#](http://www.who.int/mediacentre/factsheets/fs345/en/) -Oxford handbook of General practice  |
| Maternal and Child Health  | Centers for Disease Control and Prevention (CDC)World Health Organization  |
| Patient Education and Health Promotion  | **Need to be added by Prof. Sulaiman Al-Shammari** |
| Upper Respiratory Tract diseasesSore throat, sinusitis, otitis media... | A suggested approach to URTIs for family physicians in KSA, prepared by Dr. Haytham AlSaif from the following resources: UpToDate, AFP, MOH, CDC, and WHO. |
| Approach to Obese patient | McWhinney’s Textbook of Family Medicine – Chapter 15Oxford handbook of General practice NICE guidelines: <https://www.nice.org.uk/guidance/cg189> |
| Monday(16/09/2019) | MOCK of OSCE | No need for a reference  |
| Approach to Breaking Bad News | Need to be added by Dr Irfan |
| Enhancing the consultation performance  | Reference 1 Chapter 11,Page 178-191 |
| Wednesday(18/09/2019) | Data interpretation Li CBC, urine, stool biochemistry  | Need to be added by Dr Abdullah Alrasheed |
| Sexually transmitted infections  | A suggested approach to STIs for family physicians in KSA, prepared by Dr. Haytham AlSaif from the following resources: UpToDate, Dynamed, Toronto notes, CDC, WHO, and local studies. |
| Thursday(19/09/2019) | Changes in Bowel Habits | NICE guidelines |
| Diabetes Mellitus | Guideline: ADA 2019 Standards of Medical Care in Diabetes |
| Wednesday(25/09/2019) | Common Psychiatric problems | - Oxford handbook of General practice - Swanson’s Family Medicine Review- section eight, pages: 701-8. 714-18. 745-49. 756-60.  |
| IHD, Dyslipidaemia and CV Risk Assessment | 2018AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol |
| Thursday(26/09/2019) | Approach to a patient with Headache | Headache in over 12s: diagnosis and Management, NICE guidance |
| Bronchial Asthma | GINA guidelines Downloads/GINA\_Pocket\_2015-١%20(1).pdfRef 3 and ref 4 (Pocket Guide for Asthma Management and Prevention) |

**Guidelines for Presentation**

**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
* Stick to your time and break in between if longer
* Know your audience, their level of knowledge and keep them attentive.
* Rehearse your presentation in advance, well-prepared and updated with the topic.
1. **TECHNIQUE and FACILITIES**
* Choosing appropriate facilities according to time and presentations
* Arrange before the time and check audio-visual aids
* Correct the spelling and avoid unknown abbreviations
* Slides of PowerPoint presentation must be clear and not dull.
* Allow animations in your presentation if appropriate and will help your presentation.
* The presentation must be legible and avoid the crowd slide if possible except for diagrams or pictures with labels.
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 and make it clear at the end of the presentation.
* Your last words must be best remembered
* Summarize important ideas to stimulate the audience

Messages to be taken home if possible

**Important Remarks:**

1. **Attendance:**

**All Tutors must 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 must cover at least 75% of the attendance in lectures. Those who do not achieve this percentage level will not be allowed to attend the FINAL EXAMINATION. The first warning letter will be issued to any student who does not attend 20% of lectures (about 7 lectures). If the student continues not to attend the lectures and his/her absence reaches 25%, the second letter will be directed to Vice Dean, Academic Affairs to disallow the student from attending the final examination.

1. **Warning:**

As it is not a sign of courtesy and keenness to be non-punctual because this can add to 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 the lecture starts, the teacher might allow you to attend, however, your name will be taken, and your signature will be canceled making you considered being absent for the 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 during the Exam.**

* **The Final Written Examination will be at 27 March 2019 (more details will be provided to the students).**
* **The OSCE will be held in 2 April 2019, in the Family Medicine Clinics in KKUH.**

**Appendices**

**Appendix 1**

1. Bronchial Asthma, and COPD
2. Patient with a cough
3. Dyspepsia
4. Irritable Bowel Syndrome
5. Diarrhea for investigation
6. Bleeding per rectum
7. Urethral discharge
8. Headache Chest pain, SOB for investigation
9. Anemia
10. Back pain
11. Patient with low mood, and anxiety,
12. Vaginal discharge, Bleeding
13. Menstrual cycle irregularities
14. Dizziness, and Tinnitus
15. CVA, TIA
16. Obesity

**Appendix 2:**

**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: |  |  |  |  |
|  |  |  | Med. Record: |  |  |  |  |
|  |  |  | Med. Record: |  |  |  |  |
|  |  |  | Med. Record: |  |  |  |  |
|  |  |  | Med. Record: |  |  |  |  |
|  |  |  | Med. Record: |  |  |  |  |

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

**Appendix 3**

**Student Led Seminar “Evaluation Form”**

**Tutor: …………………………………… Date: ……………… 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**.

**Appendix 4**

**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 |  |  |  |  |  |  |

**TUTOR: ………………………………… DATE: / /14**

**Appendix 5**

**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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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**.

**Appendix 6**

**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 / /**

**Appendix 7**

**OSCE blueprint**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Acute1 | Chronic3 | Counselling 1 | General miscellaneous1 | No of stations |
| Lesson numbers  | 15,24, 33, 35, 36 | 7,13,15,18, 24, 25,31,32,33,34, 35, 36 | 6,12,16,17,27,28 | 1,2,4,5,8, 114,9, 13,17, 21,22,30 |  |
| History4 |  |  |  |  | 4 |
| Exam1 |  |  |  |  | 1 |
| Mge1-4\* |  |  |  |  | 1-4\* |
| Health education 1 |  |  |  |  | 1 |
| No of stations | 1 | 3 | 1 | 1 | 6 |

\* The management task will be requested for the same stations testing Hist or exam