CURRICULUM of
SAUDI DIPLOMA of FAMILY MEDICINE
January 2016
General supervision and review:

~ Dr. Mohammed ALAteeq
Chair, Scientific Board of Family & Community Medicine

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  ~ Dr. Nawal Al-Gahatani

* Local Supervisory Committee (Western Region)
  ~ Dr. Jawaher Al-Ahmadi
  ~ Dr. Nahed Fallatah

* Local Supervisory Committee (Southern Region)
  ~ Dr. Mohammed Mabkhoot
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INTRODUCTION

Foreword

In this updated curriculum, we are adopting the CanMeds framework, as it is an innovative, competency-based framework that describe the core knowledge, skills, and attitude of physicians. This curriculum is intended to provide a broad framework for residents and faculty to focus on teaching and learning as well as clinical experience and professional development during the residency training. Residents are expected to acquire knowledge and skills as well as develop appropriate attitude and behavior throughout their training program and take personal responsibility in learning. They must learn from every patient encounter whether or not that particular condition or disease is mentioned in this curriculum.

This curriculum is part of strategic planning of SCFHS to review and update the curricula of the training programs, it was developed and reviewed by The Scientific Committee of Saudi Family Medicine Diploma, residents feedback, and experts.

The Saudi Commissions for Health Specialties, as it is represented by The Scientific Board, Family Medicine Regional Training Committee, and Central Accreditation Committee are committed to providing full support for the implementation of the curriculum by way of allocating necessary resources, providing faculty development, and establishing a monitoring system. Further reinforcements and continuous quality improvement process through feedback from residents, trainers, and program directors and site visits will be done by the Central Accreditation Committee and The Family Scientific Committee.

CONTEXT OF PRACTICE

The health services in Saudi Arabia started with limited medical resources. This is evident in investing in overseas scholarships and local training especially after establishing the Saudi Commissions for Health Specialties, and implementation of structured training program.

Saudi Arabia has reached a population of 27 million, more than 18 millions are Saudis. The demographic of Saudi Arabia is unique, with nearly 30% of the population at younger age group with high growth rate. This trend is expected to be maintained in the future.

Primary care health services provided by the Ministry of Health are provided through 1,787 health centers distributed all over the country. Around 5,200 doctors out of 34,000 are working in family practice settings. The training programs targeting family medicine have recently increased in Saudi Arabia, the first one dating back to 1988.

Family Medicine is a unique specialty, as it takes care of the entire body as one unit with high emphasis on family, health promotion, and disease prevention. Residents will have a broad exposure to the health care of all age groups and substantial experience in the management of diverse pathologic conditions. This include experience in those conditions commonly encountered in primary care practice. It will include wide range of acute and chronic medical conditions of family medicine in ambulatory settings.
Preventive health care, ethical issues, and discussions of the cost and benefits of diagnostic tests, procedures, and therapies will be an integral part of the residency training throughout the two years of training.

Residency training in family medicine will provide educational experience that prepare residents to be competent family medicine physicians to be able to provide comprehensive, coordinated care to a broad range of family medicine patients.

Residents will become sufficiently familiar with the fields of subspecialty family medicine to enable them to participate as team members in the care of patients with chronic and complex disorders.

Residents will be given the opportunity to function with other members of the health care team in Family Practice to become proficient as leaders in the organization and bring systematic improvement of the process of patient care.

Residents will have a progressive educational experience with increasing patient care responsibility over the 2-year period of their training.

Throughout the 2 years of training, emphasis, will be placed on enhancement of residents’ competence in the medical interview, physical examination, and communication and interpersonal skills.

Training will be conducted under the supervision of certified family medicine Trainers, maintaining high level of competencies at regular intervals.

PROFILE OF PRACTICE

Family Medicines is specialty which focus on the physical, emotional, and social health of all age groups. This specialty deals with health promotion and prevention, and the detection and management of physical, behavioral, developmental, mental/emotional, environmental, and social problems that affect all family members. The ability to communicate effectively with patients, families, and social service professionals is the key to providing effective patient care.
**Saudi Family Medicine Diploma Program**

**Program Structure***

<table>
<thead>
<tr>
<th>Year</th>
<th>Rotations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td></td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>FM-I</td>
<td>6 wks</td>
</tr>
<tr>
<td></td>
<td>IM</td>
<td>10 weeks [6wk OPD + 4wk in Pt]</td>
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<tr>
<td></td>
<td>Pediatrics</td>
<td>8 weeks [4wk OPD + 4wk in Pt]</td>
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<tr>
<td></td>
<td>Psychiatry</td>
<td>8 wks</td>
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<tr>
<td></td>
<td>G. Surgery</td>
<td>4 wks</td>
</tr>
<tr>
<td></td>
<td>OB/GYN$</td>
<td>6 wks</td>
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<tr>
<td></td>
<td>Adult ER $</td>
<td>5 wks</td>
</tr>
<tr>
<td></td>
<td>Annual Leave</td>
<td>4 wks</td>
</tr>
<tr>
<td></td>
<td>Eid</td>
<td>1 wk</td>
</tr>
<tr>
<td>Two</td>
<td></td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>ENT</td>
<td>4 wks</td>
</tr>
<tr>
<td></td>
<td>Radiology</td>
<td>3 wks</td>
</tr>
<tr>
<td></td>
<td>Ortho</td>
<td>3 wk</td>
</tr>
<tr>
<td></td>
<td>Dermatology</td>
<td>4 wks</td>
</tr>
<tr>
<td></td>
<td>FM II + Audit</td>
<td>17 weeks</td>
</tr>
<tr>
<td></td>
<td>Community courses#</td>
<td>4 wks</td>
</tr>
<tr>
<td></td>
<td>Elective</td>
<td>4 wks</td>
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<tr>
<td></td>
<td>Ophtha</td>
<td>4 wks</td>
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<tr>
<td></td>
<td>Pediatric ER$$</td>
<td>4 wks</td>
</tr>
<tr>
<td></td>
<td>Annual Leave</td>
<td>4 wks</td>
</tr>
<tr>
<td></td>
<td>Eid</td>
<td>1 wk</td>
</tr>
</tbody>
</table>

*Hospital Rotations in Year One and Year Two can be done in any order.

$4 weeks in OPD and 2 weeks in L & D

$$part of Emergency Rotation during one of the Eid holiday each year

#two weeks research methodology course, one week biostatistics course, and one week Epidemiology course

$In-patient rotation has 5 on-call duties

- HDR one session/wk and FM clinic one session/wk are run through whole training period
- Elective can be divided into 2 subjects each is 2wks in duration
Outcome and Competencies

Continuum of Learning

Residents in training will deal with a wide variety of conditions that are seen at the training centers. As family medicine residents progress, they have increasing responsibility in the management of their clients. The first-year resident has primary responsibility for initial assessment and comprehensive continuous care for the patient on family medicine centers. This care is provided under the close supervision of certified family medicine and full-time consultant. The second-year resident has primary responsibility in the Family Medicine Practice under appropriate supervision.

This is a short section that show expected learning that should take place in each key stage of progression within the family medicine specialty. The role changes between training level (R1 – R2).

<table>
<thead>
<tr>
<th>R1</th>
<th>R2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain fundamental knowledge related to core clinical problems in family medicine.</td>
<td>Apply knowledge to provide appropriate clinical care related to core clinical problems of the specialty.</td>
</tr>
<tr>
<td>Develop clinical skills such as physical examination and practical procedures related to the core presenting problems and procedure in family medicine.</td>
<td>Analyze and interpret the findings from the clinical skills to develop appropriate differential diagnoses and management plan for the patient.</td>
</tr>
<tr>
<td>Direct supervision is immediately available.</td>
<td>The resident is expected to perform independently the duties learned at R1 level.</td>
</tr>
<tr>
<td>Examples of tasks that are expected at R1 level :</td>
<td>1. The residents is expected to perform independently all tasks required at R1 level with appropriate supervision.</td>
</tr>
<tr>
<td>~ perform a history and physical examination</td>
<td>2. R2 residents may perform required, advanced procedures with appropriate supervision.</td>
</tr>
<tr>
<td>~ order medications and diagnostic tests</td>
<td></td>
</tr>
<tr>
<td>~ collect and analyze test results</td>
<td></td>
</tr>
<tr>
<td>~ communicate those to other members of the team</td>
<td></td>
</tr>
<tr>
<td>~ obtain informed consent</td>
<td></td>
</tr>
<tr>
<td>~ perform simple required procedures</td>
<td></td>
</tr>
<tr>
<td>The residents is expected to exhibit a dedication to the principles of professional preparation that emphasizes primacy of the patient as the focus of care.</td>
<td></td>
</tr>
<tr>
<td>With the assistance of an assigned mentor or the program director, a resident must develop and implement a plan for study, reading, and research of selected topics that promotes personal and professional growth and be able to demonstrate successful use of the literature in dealing with patients.</td>
<td>Residents are required to submit research proposal and performance audit project that will impose patient care.</td>
</tr>
<tr>
<td>The resident should be able to communicate with patients and families about the disease process and the plan of care as outlined by the supervisor physician.</td>
<td>~ The resident should take a leadership role in teaching junior residents and medical students the practical aspects of the patient care.</td>
</tr>
<tr>
<td>~ The resident should be able to explain diagnostic and therapeutic procedures to the patient and family.</td>
<td></td>
</tr>
<tr>
<td>The resident should be adept at the interpersonal skills needed to handle daily situations.</td>
<td>The resident should be adept at the interpersonal skills needed to handle more difficult situations.</td>
</tr>
<tr>
<td>The resident is expected to demonstrate an understanding of the socioeconomic, cultural, and managerial factors inherent in providing cost-effective care.</td>
<td>The resident is expected to demonstrate an understanding of the socioeconomic, cultural and managerial factors inherent in providing cost-effective care.</td>
</tr>
</tbody>
</table>
Core Conditions

Top 50 conditions that a competent family doctor must master (alphabetical):

1) Acne
2) Acute Abdomen
3) Acute Gastroenteritis
4) Allergic Rhinosinusitis
5) Anemia
6) Antenatal care
7) Anxiety
8) Atopic dermatitis
9) BA
10) Back pain
11) Basic life support
12) Bedwetting
13) BPH
14) Cataract
15) Chest infection
16) Cholelithiasis / Cholecystitis
17) Dementia
18) Depression
19) DM
20) Epilepsy
21) Failure to thrive
22) Family Planning & Vaginal Discharge
23) GERD
24) Glaucoma
25) Heart failure
26) HTN
27) Hyperlipidemia
28) IBS
29) IHD
30) Influenza
31) Menopause
32) Migraine
33) Minor injuries
34) OA
35) Obesity
36) Osteoporosis
37) Periodic health maintenance (man & woman health)
38) Psychotic disorders
39) Peptic-ulcer Disease (PUD) / chronic gastritis
40) Renal stone
41) Skin Infection
42) Smoking
43) Somatization
44) Stroke / TA
45) Tuberculosis (TB)
46) Thyroid disease
47) URTI (nose / ear / sinuses .. etc..)
48) UTI
49) Viral hepatitis
50) Well baby care
Family Medicine-1 (FM-1)
[Introductory Course]

Duration:
Total of 6 weeks

Aim:
Rotation in family medicine will allow trainees to develop a generic concept about family medicine and relevant subjects. Additionally, basic clinical skills necessary for primary care will be taught during this period. Trainees will learn approaches to problem solving and management in the PHC setting. The trainees will improve their knowledge and skills in areas such as principles and scope, core competencies of family medicine [can meds], introduction to evidence-based medicine, clinical audit, communication skills, health promotion, patient education, rational drug use, medical ethics, and clinical skills training.

Objectives:
1. Define and describe the scope of the family medicine discipline and its pivotal role in the health care system
2. Bridging the gap of knowledge for managing common health problems relevant to family practice
3. Acquire skills in problem solving and clinical decision while managing the interface between primary and secondary care
4. Adopt the holistic approach of family medicine and provide patient centered longitudinal care
5. Recognize disease patterns in the community and subsequently construct plans to implement effective anticipatory care programs for their future practice

Weekly Framework:
- Eight theoretical sessions over four days.
- One family medicine clinics [FMC]/week. [Exception of 1st and 6th weeks]
- One sessions of half-day release Activity (HDRA). [Exception of 1st and 6th weeks]
- FMC & HDRC recommended to be in the same day.
# Family Medicine (FM-1)

## FM – 1 Course:

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction of the program: objectives, learning needs, design, Curriculum, requirements, Evaluation, learning contract &amp; portfolio.</td>
</tr>
<tr>
<td>2</td>
<td>Concepts and principles of Family Medicine.</td>
</tr>
<tr>
<td>3</td>
<td>Primary health care system in Saudi Arabia.</td>
</tr>
<tr>
<td>4</td>
<td>Consultation, Communication &amp; Counseling: Principles and practice.</td>
</tr>
<tr>
<td>5</td>
<td>Health promotion and education.</td>
</tr>
<tr>
<td>6</td>
<td>Morbidity patterns and approach to most common health problems in family practice.</td>
</tr>
<tr>
<td>7</td>
<td>Rational drug prescription.</td>
</tr>
<tr>
<td>8</td>
<td>Women’s health/reproductive health.</td>
</tr>
<tr>
<td>9</td>
<td>Child health care.</td>
</tr>
<tr>
<td>10</td>
<td>Adolescent health care.</td>
</tr>
<tr>
<td>11</td>
<td>Geriatric medicine.</td>
</tr>
<tr>
<td>12</td>
<td>Evidence-based medicine</td>
</tr>
<tr>
<td>13</td>
<td>Professional development.</td>
</tr>
<tr>
<td>14</td>
<td>Practice management and team work.</td>
</tr>
<tr>
<td>15</td>
<td>Continuous Quality Improvement (CQI).</td>
</tr>
<tr>
<td>16</td>
<td>Medical Ethics.</td>
</tr>
<tr>
<td>17</td>
<td>Mental health.</td>
</tr>
<tr>
<td>18</td>
<td>Complementary and Alternative Medicine</td>
</tr>
<tr>
<td>19</td>
<td>Nutrition</td>
</tr>
<tr>
<td>20</td>
<td>Home Care</td>
</tr>
</tbody>
</table>

### Methods:
- Interactive teaching is based on the Learning Center Learning (LCL) Model, which is mainly delivered by applying
  - Small Group techniques and methods,
  - Interactive lectures
  - Constructive feedback and reflection.
- These should be the core of teaching and learning methods.
# Family Medicine Diploma
## Introductory Course

Example of the weekly schedule for the first two weeks in FM I

<table>
<thead>
<tr>
<th>Week ONE</th>
<th>Date</th>
<th>8:00 - 9:15</th>
<th>9:15 - 10:15</th>
<th>10:15 - 10:30</th>
<th>10:30 - 11:30</th>
<th>11:30 - 12:15</th>
<th>12:15 – 13:00</th>
<th>13:00 – 14:15</th>
<th>14:15 – 15:30</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sunday</strong></td>
<td>03/01/2016</td>
<td>04/01/2016</td>
<td>05/01/2016</td>
<td>06/01/2016</td>
<td>07/01/2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Monday</strong></td>
<td>04/01/2016</td>
<td>05/01/2016</td>
<td>06/01/2016</td>
<td>07/01/2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Tuesday</strong></td>
<td>05/01/2016</td>
<td>06/01/2016</td>
<td>07/01/2016</td>
<td></td>
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<td></td>
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<tr>
<td><strong>Wednesday</strong></td>
<td>06/01/2016</td>
<td>07/01/2016</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>Thursday</strong></td>
<td>07/01/2016</td>
<td></td>
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</tbody>
</table>

**Introduction to Diploma Program**

- **Orientation to (FM-1) & Needs Expectation**
  - **Break**
- **Portfolio Evaluation & Assessment**
  - **Break**
- **Presentation Skills**
  - **Practice Management & Team Work**
- **Medical Records in Family Practice**
  - **Family Dynamics & the role of Family in Health and Illness**

**PHC (Elements, Principles & Strategies)**

- **Overview on CBAHI**
  - **Break**
- **Definition, Concepts, Principles & Competencies of Family Medicine**
  - **Break**
- **Consultation (Models of Consultation / Workshop)**
  - **Consultation (Doctor-Patient Relationship)**

**Consultation (Illness behavior & Patient Perspectives)**

- **Consultation (Referral System & Sharing Care)**
  - **Break**
- **Clinical Diagnostic (Methods & Management)**
  - **Break**
- **Consultation (Models of Consultation)**
  - **Break**
- **Consultation (Dealing with Difficult Patient)**

**Consultation (Basic Communication Skills & Workshop)**

- **Break**
- **Consultation (Breaking Bad News)**
  - **Break**
- **Consultation (Dealing with Difficult Patient)**

**Counseling (Concepts & Principles)**

- **Break**
### Family Medicine Diploma Introductory Course

Example of the weekly schedule of FM I form week 3 to week 6

<table>
<thead>
<tr>
<th>Date</th>
<th>Monday 11/01/2016 01/04/1437</th>
<th>Tuesday 12/01/2016 02/04/1437</th>
<th>Wednesday 13/01/2016 03/04/1437</th>
<th>Thursday 14/01/2016 04/04/1437</th>
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</thead>
<tbody>
<tr>
<td><strong>Week TWO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>8:00 - 9:15</td>
<td>9:15 - 10:15</td>
<td>10:15 - 10:30</td>
<td>10:30 - 11:30</td>
</tr>
<tr>
<td><strong>FM CLINIC</strong></td>
<td>Break</td>
<td>Break</td>
<td>Break</td>
<td>Break</td>
</tr>
<tr>
<td>Date</td>
<td>11:30 - 12:15</td>
<td>12:15 - 13:00</td>
<td>13:00 - 14:15</td>
<td>14:15 - 15:30</td>
</tr>
<tr>
<td><strong>Break</strong></td>
<td>Break</td>
<td>Break</td>
<td>CMR *</td>
<td>Prevention of travel related illness</td>
</tr>
<tr>
<td><strong>Portfolio / supervision meeting / Self-directed learning</strong></td>
<td></td>
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<table>
<thead>
<tr>
<th>Date</th>
<th>10:15 - 10:30</th>
<th>10:30 - 11:30</th>
<th>11:30 - 12:15</th>
<th>12:15 - 13:00</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Break</strong></td>
<td>Ethics from Islamic Perspective</td>
<td>Rational Drug Prescription</td>
<td>Break</td>
<td>Break</td>
</tr>
<tr>
<td><strong>Portfolio / supervision meeting / Self-directed learning</strong></td>
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<th>11:30 - 12:15</th>
<th>12:15 - 13:00</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Break</strong></td>
<td>Introduction to Medical Ethics</td>
<td>Break</td>
<td>Break</td>
<td>Break</td>
</tr>
<tr>
<td><strong>Portfolio / supervision meeting / Self-directed learning</strong></td>
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<th>12:15 - 13:00</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Break</strong></td>
<td>Health Promotion &amp; Anticipatory Care</td>
<td>Break</td>
<td>Break</td>
<td>Break</td>
</tr>
<tr>
<td><strong>Portfolio / supervision meeting / Self-directed learning</strong></td>
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<th>11:30 - 12:15</th>
<th>12:15 - 13:00</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Break</strong></td>
<td>EBM (Introduction to EBM &amp; PICO)</td>
<td>Break</td>
<td>Break</td>
<td>Break</td>
</tr>
<tr>
<td><strong>Portfolio / supervision meeting / Self-directed learning</strong></td>
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<th>12:15 - 13:00</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Break</strong></td>
<td>EBM (Critical Appraisal) (RR, Odd ratio, CI &amp; value)</td>
<td>Break</td>
<td>Break</td>
<td>Break</td>
</tr>
<tr>
<td><strong>Portfolio / supervision meeting / Self-directed learning</strong></td>
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<th>12:15 - 13:00</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Break</strong></td>
<td>EBM (Searching the evidence)</td>
<td>Break</td>
<td>Break</td>
<td>Break</td>
</tr>
<tr>
<td><strong>Portfolio / supervision meeting / Self-directed learning</strong></td>
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</tbody>
</table>

*EBM Evidence Based Medicine General Objectives
*CMR Cardio-Metabolic (CMR) risk assessment
FM-1 Introductory Course Themes

(1) Orientation

Objectives:
- Orientation to program training objectives, components, Rules & examination regulations.

Contents:
- Introduction to the FM diploma program.
- Training sites.
- Needs, expectations & HDRC topics.
- Theoretical objectives and contents.
- Hospital rotations & discussion trainees training schedules.
- SCFHS: Rules & Examination Regulations.
- Portfolio.
- Meeting with the training director and trainers.

(2) Concepts and Principles of Family Medicine

Objectives:
- Define family medicine/general practice.
- Family medicine concepts and principles in patient health care.
- Core competencies of Family medicine and the characteristic of the family physician.
- Recognize the family functions, structures, and dynamic to be applied in the family practice.
- Records & filing system in the family practice.

Contents:
1- Definition and principles of family medicine.(comparable to community, PHC)
2- Identify the historical background of family medicine.
3- Recognize the importance of family medicine in the health care system.
4- Characteristics of Family medicine: continuous, coordinated, comprehensive and patient centered care.
5- Understand the family medicine model and how to implement it in real practice.
6- Family medicine competencies & the spectrum of family practice.
7- Explore the future of family physician & continuing professional development.
8- Family dynamics & the role of family in health and illness.
9- Define the family and understand its dynamics.
10- Describe the role of family in health & illness.
11- Draw & explain family pedigree.
12- Recognize the role of family physician in caring of patients within their family context.
13- Difference between hospital and family medicine care.
14- Medical records in family practice.
   - Define "source oriented medical record" concept.
   - Define "problem oriented medical record" concept.
   - Identify reasons for keeping medical records.
   - Implement the PSOAP acronym (Problem, Subjective, Objective, Assessment & Plan) for keeping medical records.
(3) PHC System in KSA

Objectives
- Define health according to Alma-Ata declaration.
- Recognize the historical background and the development of PHC in Saudi Arabia.
- Identify the major elements and principles of PHC.

Content
1- Elements and principles of PHC.
2- Identify the development of PHC in Saudi Arabia.
3- Recognize PHC elements and the quality of care (CBAHI).
4- Identify factors influencing care.
5- Recognize the role PHC in health expenditure and the cost effectiveness.
6- Describe the current Saudi health care system.
7- Describe different practices of Family medicine in Saudi Arabia
8- Describe the future of family medicine and what distinguish them from other specialties.
9- Identify the role of family physician in providing effective health.

(4) Consultation, Communication Skills & Counseling

Objectives:
- Consultation models.
- Concepts of Counseling.
- Principles of Doctor-Patient Relationship
- Apply doctor-patient communication skills effectively.
- Explore the patient' perception, stress and their effects on the chronic cases control using the "ICE & Impact Technique".

Content:
1- Basic communication skills.
   Apply effective communication skills.
   Barriers to communication
   Workshop 1
2- Doctor-patient relationship types & factors that enhance and empower doctor-patient relationship.
3- Recognize different types of doctor-patient relationships.
4- Communication with different age groups.
5- Identify improving factors. Illness behavior & patient's perspectives.
6- Understand Mind-body relationship.
7- Explore patient perspectives (ICE and impact techniques).
8- Disease –illness approach.
9- Models of consultation 2[List different types of consultations models.] Apply Pendleton and disease illness models. workshop
10- Special communication encounters ( like Angry patient, Depressed or Sad patient, Anxious patient, dying patient)
11- Apply different techniques in dealing with difficult patients.[workshop 2]
12- Definition, principle and models of Counseling Difference between counseling & psychotherapy Examples of Counseling. Workshop
13- Define bad news in medical practice. How to break bad news? Apply different steps in breaking bad news (ABCD, SPIKE).
14- Recognize different situations which necessitate breaking bad news.
15- Referral system and sharing care
16- Clinical diagnostic methods & management in family practice.
(5) Health Promotion & Education

Objectives:
- Recognize prevention principles in family practice.
- List the criteria of screening and disease prevention.
- Identify the principles of chronic disease care model and effective anticipatory care in family practice.
- List the recommended immunizations in high risk groups based on evidence based guidelines.
- Recognize steps to advise patients on life style modification.

Content:

1. Health promotion and anticipatory care
   - Concepts and principles.
   - Define the term health promotion.
   - List the different level of prevention.
   - List examples of health promotion programs.
   - Identify steps for health promotion and disease prevention.
   - Screening and periodic health examination (PHE).
   - Recognize the role of Periodic Health Examination (PHE) in family medicine.
   - Identify the diseases with highest mortality.

2. Screening & PHE
   - Recognize the effective screening criteria used in PHE
   - Describe the importance of PHE and preventive medicine in family practice.
   - List PHE guideline resources.
   - Describe the risks in PHE

3. Health education
   - Health education concepts, principles, Models, methods & communication in health education.
   - Health education planning.
   - Construct health education project for life style interventions.
   - Healthy living project (Diet, exercise, obesity, smoking, Drug addiction aionnd alcohol abuse).

4. Prevention of travel related illnesses
   - Describe travelers’ Health Epidemiology.
   - List sources of Information.
   - Identify steps for traveler Assessment.
   - Recognize Traveler's Risks.
   - Identify important vaccination and medications.
   - List steps for effective traveler counseling

5. Cardio-metabolic (CMR) risk assessment
   - Recognize the aim of cardiovascular approach.
   - Identify the principles & tools of CMR assessment.
   - Recognize how CMR assessment will aid Clinical decision.
(6) Morbidity Patterns & Approach to Most Common Health Problems in Family Practice

Objectives:
- Demonstrate the epidemiological pattern of the most common health problems in the family practice.
- Identify the family approach to common health problems in family practice.
- Conduct proper assessment, in the diagnosis, and management of patients in the appropriate setting (emergency and ambulatory).
- Use and apply the available practice guidelines in patient care.
- Recognize the changing disease pattern in the community.
- Differentiate the patient clinical encounter in family practice.

Content:

1. **Dealing with uncertainty.**
   - Define uncertainty and the complexity of common problems in family practice.
   - Explore factors that lead to medical uncertainty.
   - Recognize some practical techniques of dealing with medical uncertainty.

2. **Hypertension Management**
   - Overview Saudi hypertension guidelines.
   - Effectively assess newly diagnosed hypertension and perform the proper Cardio-metabolic risk assessment.
   - Review the evidence for antihypertensive treatment and initiating and optimizing therapy.
   - Approach to uncontrolled hypertension (discovering hidden problems & causes, Management and referral).
   - Deal with hypertensive urgencies and emergencies.

3. **Diabetes Management**
   - Review current diabetes Saudi guidelines.
   - Identify steps to assess newly diagnosed diabetes.
   - Recognize updates on oral hypoglycemic agents.
   - Optimizing Insulin therapy for optimal glycemic control.
   - Identify approach to uncontrolled diabetes (discovering hidden problems & causes, Management and referral).
   - Manage diabetic emergency.

4. **Approach to low back pain (LBP).**
   - Describe the epidemiology of LBP.
   - Recognize risk factors for LBP.
   - Identify primary care approach to patients with LBP.
   - List red flags, yellow flags as indications for referral in LBP.
   - Review NICE guideline for management of LBP.
5. **Approach to joint pain.**
   - Identify the Pathophysiology of joint pain.
   - List different causes of joint pain.
   - List steps for the diagnosis of patients with joint pain.
   - Describe general management of joint pain.
   - Identify referral criteria for common joint problems.

6. **Approach to abdominal pain.**
   - Recognize common causes of acute & chronic abdominal pain in PHC.
   - Identify red flags in patient with abdominal pain.
   - List steps to assess and manage functional abdominal pain.

7. **Approach to Patient with headache.**
   - Differentiate between primary and secondary headache.
   - Differentiate common causes of headache in primary care.
   - Identify various treatment modalities for primary headache.
   - Recognize red flags and indications for referral.

8. **Approach to patient with Bronchial Asthma.**
   - Overview Saudi Asthma (SINA) guidelines.
   - Identify steps to assess newly diagnosed Bronchial Asthma (classification and stepwise approach).
   - List other differential diagnosis of similar presentation.
   - Identify elements to Educate patient for self-monitoring and self-management techniques.
   - Identify important steps to manage asthma exacerbation (discovering hidden problems & causes, Management and referral).

9. **Approach to chest pain.**
   - List common cause of chest pain (cardiac and non-cardiac)
   - identify the immediate management of chest pain
   - Differentiate acute presentations of ischemic cardiac disease from other life-threatening disorders

10. **Data interpretation**
    - Interpret different blood chemistry results including U/A, RFT, TFT, LFTs,
    - Assess renal function by different measures (eGFR, S.creatinine, ACR)
    - Read and analyze CBC result (IDA, Anemia of chronic disease, hemolytic disease..etc.)
    - Serology : viral hepatitis profile.

11. **ECG Interpretation**
    - Apply a systematic approach to interpret ECG for common problems in family practice.

12. **Infection control**
    - Concepts & principles.
    - Disinfectant & anti septic's used in health care institutes
    - hand hygiene & Personal protective equipment's [PPE]
Rational Drug Prescription

Objectives:
- Identify essential elements for safe prescription.
- List important elements for writing an ideal drug prescription.
- Constructing own personal drug formulary.
- Identify factors to improve patient compliance.
- Recognize the concept of essential drug list.
- Antimicrobials

Content:
- Drug prescription Strategies
  - Review the pattern of current prescribing practice
  - Define the rational drug use
  - Review the WHO steps towards rational drug use
  - Identify the dimensions of inappropriate prescribing practice
  - List factors to improve patient's adherence to drug regimen.
  - Essential drug list and Personal drug list.
  - Recognize the concept of personal drug list and historical development of essential drug list model developed by WHO
  - Construct a personal-drug (p-drug) list
  - Antimicrobials: types, mechanism of action, indication, susceptibility, appropriate selection.

Women Health Care

Objectives:
- Identify and deal with common presenting problems during the different stages of female sexual development.
- Describe elements for effective preconception, antenatal and postpartum care.
- Recognize steps to Manage common gynecological and obstetric problems family practice.
- List elements for comprehensive health care during the menopause.
- Recognize indication for referral of obstetric and gynecological cases for the secondary care.

Content:

1. Introduction to women's health.
   - Identify common causes of mortality and morbidity in women.
   - Identify gender differences of different health problems in women as compared to men

2. Approach to women with dysmenorrhea
   - Define & classify dysmenorrhea.
   - Identify steps for evaluating women with dysmenorrhea.
   - Recognize different treatment modalities for primary dysmenorrhea.
   - List indications for referral.
3. **Approach to women with Vaginal discharge & Pelvic inflammatory disease**
   - Identify steps to assess women with vaginal discharge.
   - Recognize important investigation and tests for patient with vaginal discharge.
   - Differentiate vaginal discharge caused by STDs and when to treat the partner.
   - Diagnosed PID and recognize appropriate outpatient treatment.

4. **Approach to abnormal uterine bleeding (AUB) in non-gravid women**
   - Differentiate between ovulatory and non-ovulatory causes of AUB.
   - Assess and manage AUB in family practice.
   - List of referral indications.

5. **How to approach Infertility**
   - Define Sub-fertility and review its prevalence.
   - Identify the role of family doctor in infertility cases.
   - Evaluation and Management of Male Sub-fertility
   - Evaluation and Management of Female Sub-fertility

6. **F. Approach to UTI in women**
   - Management of UTI in women
   - Management of asymptomatic bacteruria and UTI in pregnancy

7. **Uterine bleeding during pregnancy**
   - List & assess the causes of uterine bleeding during pregnancy.
   - Provide a comprehensive management approach.

8. **ANC and Immunization during pregnancy**
   - Recognize the normal physiological changes during pregnancy.
   - Review MOH ANC protocol.
   - Identify high risk pregnancy.
   - Recognize general principles of immunization during pregnancy.
   - List indications for anti-D prophylaxis during pregnancy.

9. **Approach to High risk pregnancies**
   - Detect & assess high risk pregnancy
   - Define the role of family physician in high risk pregnancies as a collaborative care.
   - List referral indications to specialist care.

10. **Anemia during pregnancy**
    - Define & screen for anemia during pregnancy
    - Recognize causes and differential Diagnosis.
    - Apply evidence based management of anemia during pregnancy.

11. **Postpartum care**
    - Recognize normal postpartum physiology
    - Manage common complains during PP
    - Screen & manage common postnatal morbidities & complications
    - Implement an action plan in postnatal visits
12. **Approaching women in menopausal stage**
   - Define menopause and its related symptoms.
   - Screen and proper risk assessment for menopausal women.
   - Apply comprehensive approach to common menopausal problems.

13. **Contraception & family planning**
   - Recognize steps for counseling the mother about different method of contraception & describe its efficacy and failure rate.
   - List side effects and contraindications to different types of contraceptives.
   - Deal with emergency contraception.
   - Prescribe different types of oral contraceptive pills and deal with missed pills.

14. **Approach to common breast complaints**
   - List most common breast complaint.
   - Describe family physicians' approaches to different breast complaint.
   - List red flags in breast complaint.
   - Breast screening methods

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**Child Health Care**

**Objectives:**
- Assess and monitor the health status, growth and development of infants and children in the family practice.
- Diagnose and manage the common Health problems in newborn, infant and children.
- Identify principles of health promotion and disease prevention through immunization and accident prevention

**Content:**

1. **Well Baby care**
   - Recognize the rationale of well-baby clinic.
   - List basic WBC Clinic resources
   - Recognize presentation variability
   - Identify relevant history & initial – follow up – focused on (developmental/nutritional/immunization)
   - Perform physical examination (newborn – neonate – infant).

2. **Infant feeding & growth monitoring**
   - Explore the feeding practice.
   - Identify steps in counseling mother for breast feeding.
   - Identify steps in counseling mothers about weaning.
   - Recognize steps to Evaluate baby with failure to thrive and provide the proper management.

3. **Routine immunization in children**
   - Review current immunization schedule.
   - Recognize General principles of timing & vaccinations spacing.
   - Identify routine vaccines indications, contraindications and side effects.
   - Recognize measures to minimize vaccine side effects.
• Updates on new vaccines.
• Defaulters.

4. **Approach to Child with fever**
   • Identify steps for effective Assessment for child with fever.
   • Recognize features of serious illnesses.
   • Manage child with fever and list indications for referral.

5. **Approach to skin rash in children**
   • Differentiate between allergic and non-allergic skin rash.
   • Describe the pattern of rash distribution and list possible differential.
   • Diagnose and manage common causes of skin rash.

6. **Approach to child with Upper respiratory tract infections (URTIs)**
   • Describe the epidemiology of URTIs in PHC.
   • Identify common causes of URTIs.
   • List evidence based management of URTIs (rational antibiotic use, antihistamine, decongestant use)

7. **Lower respiratory tract infections (LRTIs) in children**
   • Describe the epidemiology of LRTIs in PHC.
   • Identify common causes of LRTIs.
   • List evidence based management of LRTIs and indications for referrals.

8. **Baby with Diarrhea**
   • Review epidemiology of gastroenteritis (GE) & its classifications.
   • Assess child with diarrhea and provide the proper management
   • Counsel mothers about home based treatment of child with diarrhea
   • Recognize complications of GE and manage dehydration.

9. **Parasitic infestations in children**
   • Recognize the epidemiology and classifications of parasitic infections.
   • Describe approach to common parasitic diseases in children.

10. **Anemia in children**
    • Diagnose and manage anemia in children.
    • Interpret and analyze Complete Blood Count and hemoglobin electrophoresis.
    • Describe work up for anemia to reach the correct diagnosis.

11. **Child with rickets**
    • Explain principles, reflected history & diagnosis of rickets.
    • Explain factors influence incidence of rickets.
    • Identify the classic features of rickets.
    • Describe distinct features of radiological findings of rickets.
    • Describe treatment and follow up baby with rickets.
12. **Ear pain in children**
   - Explore differential diagnosis of Otalgia.
   - Diagnose otitis media (OM) in children.
   - Describe OM microbiology and risk factors.
   - Describe Management of OM and list possible complications.

13. **UTI in children**
   - Identify risk factors of UTI in children.
   - Describe clinical findings, complications & provide a comprehensive management.

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### (10) Adolescent Health

**Objectives:**
- Identify the principles of Adolescent Medicine
- Identify the different stages of adolescence maturity.
- Describe screening recommendations for age appropriate anticipatory guidance.
- Identify Risk-taking behaviors .
- Recognize the nutritional requirements and common nutritional disorders during adolescence.

**Content:**

1. **Health maintenance during adolescence and screening guidelines**
   - Conduct comprehensive adolescent Assessment
   - Identify Risk-taking behaviors (smoking, drug addiction, alcohol consumption, sexual health, accidents) and their detrimental effects on future adolescent health.
   - Normal and abnormal behaviors in adolescents
   - Identify adolescents health needs and screening guidelines
   - Recognize the different stages of maturity during adolescence period.
   - Recognize the appropriate response to adolescents with a greater sensitivity during consultation
   - Family role in adolescence care.

2. **Nutritional requirements and eating disorders**
   - Identify the nutritional requirements in adolescents.
   - Recognize and screen for potential eating disorders in adolescents.
   - Recognize the multidisciplinary approach to adolescent with eating disorders.

3. **Substance abuse**
   - Recognize substance use and abuse among adolescence.
   - Describe steps to manage & refer patient with suspected substance abuse.
   - Identify the ethical issues in dealing with such cases.

4. **Sexual health and Sexually Transmitted Disease (STDs)**
   - Define STIs and its risk factors.
   - Recognize the syndromic approach to diagnose and manage common STDs in PHC.
   - Describe the Notification process of STDs in KSA.
(11) Geriatric Health Care

Objectives:
- Recognize the important physiological changes with aging process and their effects on the elderly health.
- Overview the epidemiological aspect of geriatric group.
- Describe approach and management of common health problem in geriatric population.
- List preventive health measures for elderly

Content:

1. **Approach to common health problem in elderly & Safety measures**
   - Describe the epidemiology of geriatric problems in PHC.
   - Elderly screening and assessment.
   - Apply various assessment tools for geriatric problems.
   - Apply preventive and safety measures for geriatric population.
   - Understand the role of care givers in geriatric care.

2. **Depression in elderly**
   - Recognize depression in elderly & its burden on the quality of life.
   - Describe the complexity of management of depression and associated medical conditions in elderly.
   - Provides comprehensive care for elderly with depression.

3. **Dementia and delirium**
   - Recognize the increasing incidence & the impact of dementia globally.
   - Differentiate clinically between dementia and delirium.
   - Identify steps for diagnosis and management of dementia.

4. **Approach to tremor in elderly**
   - Identify possible causes of tremor and differential diagnosis in this population.
   - Recognize the most commonly presenting symptoms of this condition and describe its pathology.
   - Describe steps to reach the correct diagnosis and management.

(12) Evidence Based Medicine

Objectives
- Recognize the importance of incorporating evidence, values, preferences and experience in clinical decision making in patient care.
- Critically appraising topics related to diagnosis, treatment, prognosis and harm.
- Effectively search for primary and secondary EBM resources in family practice.
- Differentiate hierarchy of evidence in clinical trial and meta-analysis.

Content:

1. **Introduction to EBM**
   - Define evidence based medicine; identify its principles & steps of EBM practice.
   - Recognize the rationale why to use EBM.
   - List limitations of EBM & Misperceptions
   - Describe how to practice Evidence Based Medicine? The (5As) model.
2. **How to formulate clinical questions**
   - Identify steps how to formulate answerable clinical questions: PICO question
   - List different types of clinical questions
   - Identify the hierarchy of evidence.

3. **Searching the evidence**
   - Search the literature for primary and secondary resources.
   - List the selection criteria for choosing or evaluating resources.
   - Categorizing articles & reading review articles
   - Retrieve relevant evidence and when to use it in patient care.
   - Recognize the use and advantage of clinical practice guidelines.

4. **Critical appraisal of articles in general**
   - Use and appraise evidence for therapy, diagnostic tests and prognosis.
   - Analyze and appraise Systematic review & Meta-analysis.
   - Recognize how to apply evidence in clinical practice.

5. **Quantitative concepts**
   - Understand and interpret RR, Odds Ratio, Confidence intervals, and P value.

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**Objective:**

- Identify the concept and teams’ structure and processes.
- Recognize the characteristics of the high performance team.
- Distinguish the different types of teams.
- Recognize steps to apply a healthy deal with the work team building stages.
- Identify techniques to monitor work team performance.

**Objective:**

- Principles of health care management
- Management cycle
- Planning Health services
- Describe steps for effective meeting strategy and its requirement
- Recognize definition & of team concept.
- Describe Types of teams, dynamics & development.
- Recognize work team building stages and it's monitoring.
- Describe steps for effective work team meeting.
- List important steps for team application & monitoring.
**Medical Ethics**

**Objectives:**
- Provide the background for recognizing issues that may raise legal conflict in the healthcare practice & the role of ethics in medicine.
- Recognize the fundamental background of dealing with ethical issues from the Islamic viewpoint.
- Analyze examples of ethical dilemmas common in the family practice in a systematic manner and choose the appropriate decision.

**Content:**

1. **Introduction to Medical Ethics principles**
   - Identify and discuss the principles of medical ethics.
   - Discuss patients and family rights
   - Identify the ethical issues of PHC
   - Recognize the Health care –professional relationship

2. **Ethics from Islamic perspectives**
   - Identify the principles and sources of medical ethics in Islam.
   - Discuss truth-telling and withholding
   - Ethical issues in terminal care
   - Identify code of ethics and code of conduct in Saudi Arabia.

3. **Medical Malpractice**
   - Differentiate between medical errors & malpractice & review the situation in KSA
   - Describe the magnitude, different causes and impact of medical errors in family practice.
   - List measures to prevent medical errors.
   - Recognize the discipline of patient safety & its role in minimizing the incidence and impact of adverse events.

**Professional Development**

**Objectives:**
- Differentiate between the concepts of CPD and continuous medical education (CME).
- Construct and apply an efficient self-professional development plan with proper use of time, place and resources.
- Apply a practical guide for self-directed learning with an effective self-assessment in their career.
- (CPD) and CME: Implementation and assessment
Content:

1. **Describe the historical background of CPD**
   - Define the concept of CPD and CME.
   - Describe the process and steps of CPD
   - Application of CPD cycle & describe the twelve steps for Self Professional development.
   - Explore tools to meet own professional needs and evaluate CPD
   - Implementing Reflective Practice

2. **Define reflection and learning cycles**
   - Recognize benefits of reflective practice.
   - Apply steps of reflective process.
   - Clinical Audit
   - Adult learning.

3. **Understand the principles and the advantage of clinical audit**
   - Effectively implement the audit cycle

4. **Self-directed E-Learning**
   - Promote self-directed learning and list relevant family medicine resources.
   - Conduct effective searching methodology for literature.

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### (16) Continuous Quality Improvement (CQI)

**Objectives:**
- Recognize the healthcare quality concepts as a tool of change and improvement.
- Identify the Dimensions and principles of Quality applications
- Recognize the organization principles.
- Acquired the skills of the educational leadership.

Content:

1. **Continuous Quality Improvement (CQI)**
   - Define the concept, principles and goals of CQI.
   - Differentiate Quality improvement from quality assurance.
   - Describes CQI models.

2. **Leadership: Concept & Principles**
   - Recognize the leader's role in promoting and developing QI
   - Recognize concept & elements of leadership.
   - Identify the 5- dimensions of leadership.
   - Demonstrate leadership continuous commitment to achieving the organization's QI goals
(17) Mental Health

Objectives:
- Recognize the burden of mental health in the primary health care centers
- Recognition, diagnosis and management of common mental health problems.
- Provide relevant psychotherapy in the family practice.
- Recognize the indications and effects of the antidepressant therapy in the management of common mental health problems.

Content:

1. Burden of Mental illness
   - Recognize the burden and spectrum of mental health problems in family practice.
   - Identify approach to integrate mental health into PHC.
   - Demonstrate the role or family physician in mental health problems.

2. History taking and mental status examination & when refer
   - Describe skills in consultation patient with mental health problems.
   - Identify steps in mental state examination.

3. Depression diagnosis and management in Family Practice
   - Understand criteria for diagnosis of depression.
   - List possible secondary causes of depression.
   - Demonstrate appropriate management of depression.
   - Recognize indications for referral.

4. Generalized anxiety disorders
   - Recognize the key features of different types of anxiety disorders.
   - List differential diagnosis for GAD.
   - Describe the pharmacological as well as non-pharmacological therapy for anxiety disorders.
   - List indications for referral of such cases.
   - Basic Psychotherapy management in Family Practice( Cognitive Behavioral therapy, palliative & Family therapy)
   - List different non-pharmacological management options for psychiatric disorders.
   - Identify steps for application of the above in family medicine practice.

5. Antidepressants therapy
   - Describe the aim of treatment and available treatment options.
   - Planning the treatment and clarify the principles in selection of one antidepressant drug over the other.
   - Evaluate for urgent intervention
   - Provide proper follow up to monitor therapeutic response, dose titration and manage emerging side effects.

6. Common childhood psychiatric problems screening (Enuresis, Autism, impulsive, antisocial, ADHD), 4
   - Overview common psychiatric problems in childhood.
   - List the criteria for diagnosis.
   - Identify the recommended management for each type.
   - List indications for referral.
**(18) Complementary and Alternative Medicine**

**Objectives:**
- Overview of Complementary and Alternative Medicine (CAM).
- Domains of CAM.
- Different types & methods CAM.
- EBM of Complementary and Alternative Medicine (CAM).
- Researches in KSA.

**(19) Nutrition**

**Objectives:**
- Define normal dietary needs in different patient groups.
- Define daily requirement for children and adults.
- Identify the causes and management of malnutrition.

**Contents:**
- Content and elements of normal diet.
- Daily nutritional requirements.
- Malnutrition: causes and management.
- Diet role in therapy and management of chronic diseases like DM, Hyperlipidemia, Hypertension, Osteoporosis, obesity, and others.
- Nutrition of special patient groups like Infants, Children and Adolescents, Pregnancy and Lactation, and Elderly.
- Community Nutrition Resources.
**Hospital Rotations**
Examples of weekly schedule during hospital rotations

### Weekly Schedule of Hospital OPD rotations

<table>
<thead>
<tr>
<th></th>
<th>AM</th>
<th>PM</th>
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<tbody>
<tr>
<td>Sun</td>
<td>Family Medicine Clinic</td>
<td>H D R C</td>
</tr>
<tr>
<td>Mon</td>
<td>Hospital OPD</td>
<td>Hospital OPD</td>
</tr>
<tr>
<td>Tue</td>
<td>Hospital OPD</td>
<td>Portfolio / supervision meeting / Self-directed learning</td>
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<tr>
<td>Wed</td>
<td>Hospital OPD</td>
<td>Hospital OPD</td>
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<tr>
<td>Thue</td>
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### Weekly Schedule of Hospital inpatient rotations

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<tr>
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<td>Hospital Inpatient</td>
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</tbody>
</table>
Internal Medicine Rotation

Duration:

Total of 10 weeks:
- Outpatient: 6 weeks
- Inpatient: 4 weeks

Aim:

The trainees should be competent in the initial assessment and management of the common adult problems with emphasis on problems that are more prevalent at the PHC level.

Structure of Rotation:

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
<th>On call duty</th>
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</thead>
<tbody>
<tr>
<td>* Outpatient</td>
<td>6 week</td>
<td>None</td>
</tr>
<tr>
<td>* Inpatient</td>
<td>4 week</td>
<td>Maximum 5 / month</td>
</tr>
<tr>
<td>* Attending morning meeting, teams rounds &amp; ground rounds</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### CanMeds Competencies for Internal Medicine

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Specific objectives. At the end of the rotation program the trainee should be able to;</th>
</tr>
</thead>
</table>
| **Medicine Expert**| • Recognizes the importance of relevant historical subtleties that inform the differential diagnoses and diagnostic plans.  
  • Gathers an accurate and relevant history from the patient in an efficient, prioritized, and hypothesis driven fashion.  
  • Seeks and obtain appropriate, data from secondary sources (e.g. family, medical records).  
  • Performs an accurate physical examination that is appropriately targeted to the patient's complaints and medical conditions and recognizes pertinent abnormalities.  
  • Synthesizes available data, including interview, physical examination, and preliminary laboratory data, to define each patient's clinical problems and develop a differential diagnosis.  
  • Demonstrates a prioritized differential diagnosis and evidence based approach to a wide variety of clinical problems  
    (List 1)  
  • Develops evidence-based diagnostic and therapeutic plan for common medical conditions  
  • Modifies the differential diagnosis and care plan base on clinical course and data as appropriate  
  • Describe the general pathogenesis, natural history, common presentations and findings and management for the following medical conditions:  
    (List 2)  
  • Recognizes disease presentations that deviate from common patterns and that require complex decision making  
  • Demonstrates competence in the independent performance of technical skills related to internal medicine:  
    (List 3) |
| **Communicator**   | • Facilitative the doctor-patient relationship and communicate clearly, knowledgeably, and empathetically with patients and their families.  
  • Demonstrate effective history-taking from patients and their families.  
  • Communicates information regarding treatments to the patient in a clear, accurate manner.  
  • Provides clear, patient centered communication regarding diagnosis and management plans.  
  • Provides clear, accurate and suitably detailed consultation and progress notes.  
  • Participates in patient hand-over with clear and relevant communication of the patient’s status outlining potential |
**Collaborator**

- Recognizes the roles of the interprofessional health care providers in the provision of holistic, patient centered care.
- Participates effectively as a member of an inter-disciplinary healthcare team to optimize patient care and outcomes.
- Recognizes the role of allied healthcare professionals in the management of the patient.
- Consults judiciously other specialty services.

**Manager**

- Understand the central role of physicians in health care organization in regards to resource allocation leadership and quality of care.
- Develops and models time management skills to reflect and balance priorities for patient care, sustainable practice, and personal life.
- Participates in coordinating the relevant elements of patient care to ensure safe, transition from the inpatient service.

**Health Advocate**

- Recognizes the key elements of assessing a patient's capacity for decision making.
- Identifies opportunities for patient counseling and education regarding their medical conditions.
- Addresses and appreciates socio-economic barriers to health and medical care.
- Use the expertise to advance the health and well-being of individual patients, communities and populations.
- Participates in patient and family counseling for the purpose of health promotion, risk factor stratification, lifestyle modifications and long-term care.

**Scholar**

- Appreciates the importance of disease-specific guidelines, best practice measures, and issues related to patient safety and quality.
- Engage in the process of self-reflection to identify and address learning needs.
- Develops and implements a personal learning strategy.
- Accesses medical resources to answer clinical questions and support decision making.
- Actively participates in learning activities.

**Professional**

- Appreciates the role of the physician in the context of interprofessional care and respects and supports allied health care team members.
- Demonstrates respect, compassion and tolerance in interactions with patients and other healthcare providers.
Maintains patient confidentiality
- Responds promptly and appropriately to clinical responsibilities
- Engages in ethical practice and maintain high personal standards of behavior.
- Supports colleagues and other trainees through careful hand-over of patient issues, and timely notification of absence from clinical duties.

Content:

**List 1:**

6) Demonstrates a prioritized differential diagnosis and evidence based approach to a wide variety of clinical problems:

   a) **General:** Fever, weight loss, fatigue
   b) **Cardiorespiratory:** Chest pain, cough, dyspnea, syncope, shock, Hemoptysis
   c) **Gastrointestinal:** Dysphagia, abdominal pain, nausea and vomiting, diarrhea, upper and lower gastrointestinal hemorrhage.
   d) **Hematologic:** Anemia, thrombocytopenia, hypercoagulable states, bleeding disorders, lymphadenopathy and splenomegaly.
   e) **Nephrologic:** Fluid, electrolyte and acid-base abnormalities, proteinuria, hematuria, renal insufficiency.
   f) **Endocrinologic:** Diabetes and its complications, adrenal disorders, thyroid disorders, osteoporosis. Complications of steroid use,
   g) **Neurologic:** Altered mental status, stroke, seizures, delirium, dementia, peripheral neuropathy, headache, dizziness.
   h) **Nephrologic:** UTI And chronic kidney disease
   i) **Rheumatologic:** Joint pain and swelling

**List 2:**

9) Describe the general pathogenesis, natural history, common presentations and findings and management for the following medical conditions:

   a) **Cardiovascular:** Heart failure, coronary artery diseases, atrial fibrillation, valvular heart disease, hyper-tension, cardiomyopathies and pericarditis.
   b) **Respiratory:** Obstructive airway diseases, lower respiratory tract infections, pleural effusion, thromboembolic disease, malignant disease, interstitial lung diseases.
   c) **Gastrointestinal:** Liver diseases and their complications, pancreatitis, peptic ulcer disease, malabsorption diseases, and
malignant disease.

d) **Neurologic:** Stroke, seizures, delirium, dementia, peripheral neuropathy, headache, dizziness

e) **Rheumatologic:** Mono-arthritis, polyarthritis, gout and pseudogout, rheumatoid arthritis, systemic lupus erythematosus, and vasculitis

f) **Hematologic:** Anemia, thrombocytopenia, bleeding disorders, lymphadenopathy, splenomegaly

g) **Endocrinologic:** Diabetes and its complications, adrenal disorders, thyroid disorders, osteoporosis

h) **Infectious:** Acute infectious illness (meningitis, encephalitis, pneumonia, endocarditis, gastro-enteritis, sepsis, septic arthritis, cellulitis, pyelonephritis) tuberculosis and fever of unknown origin,

***List 3***:

11) Demonstrates competence in the independent performance of technical skills related to internal medicine:

   a) **Blood pressure measurement**
   b) **Arterial puncture for blood gas analysis**
   c) **Apply common methods of injections**
   d) **Record and interpret ECG**
   e) **Chest radiograph interpretation**
   f) **Insertion of central and peripheral venous lines**
   g) **Knee aspiration**
   h) **Lumbar puncture**
   i) **Insertion of nasogastric tube**
   j) **Insertion of Foley's catheter**
   k) **Appropriate use of medications (antibiotics, steroids, hormones ..)**
   l) **Demonstrate the proper use of inhalers and nebulizers and spacers**
   m) **Demonstrate the use of peak-flow meter appropriately**
   n) **Initiate vascular access and Give IV fluids & different solutions**
   o) **Write proper referral letters**
Pediatric Rotation

Duration:

Total of 8 weeks:

Aim:

The trainees should be competent in the initial assessment and management of the common pediatric problems with emphasis on problems that are more prevalent at the PHC level.

Structure of Rotation:

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
<th>On call duty</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Outpatient</td>
<td>4 week</td>
<td>None</td>
</tr>
<tr>
<td>* Inpatient</td>
<td>4 week</td>
<td>Maximum 5 / month</td>
</tr>
</tbody>
</table>

*Attending morning meeting, teams rounds & ground rounds
## CanMeds Competencies in Pediatrics

<table>
<thead>
<tr>
<th>CanMeds-FM Roles (expected competencies)</th>
<th>Specific objectives. At the end of the rotation program the trainee should be able to;</th>
</tr>
</thead>
</table>
| **Medicine Expert**                    | • Obtains an efficient, focused history common presentations among pediatric age group patients  
• Performs the standardized Physical examination, ensuring the patient’s comfort.  
• Initiates appropriate investigations guided by differential diagnosis  
• Interprets critical clinical and laboratory investigations  
• Outlines and conduct management plan according to updated guidelines  
• Responds to individual patient health needs and issues as part of patient care |
| **Communicator**                       | • Conduct effective consultations within the context of consultation models  
• Educate and counsels parents on the diagnosis, causative factors, prognosis and prophylaxis.  
• Communicates with patient and his/her parents about the management plan  
• Document patient findings in the medical records in a legible and timely manner  
• Be able to Train mothers on how to establish and maintain breast feeding |
| **Collaborator**                       | • Provide coordination of patient care including collaboration and consultation with other health professionals and caregivers |
| **Manager**                            | • Participate in systemic quality process evaluation and improvement such as patient safety initiatives.  
• Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life.  
• Recognize the importance of appropriate allocation of healthcare resources, including referral to other health care professionals and community resources, balancing effectiveness, efficiency and access with optimal patient care |
| **Health advocate**                    | • Implement health promotion and disease prevention policies and interventions for individual patients and the patient population served  
• Identify the determinants of health within their communities, including barriers to accessing care and resources  
• Identify opportunities for advocacy, health communities that they serve, and respond appropriately |
| **Scholar**                            | • Demonstrate evidence-based healthcare in patient management  
• Integrate clinical knowledge and effective patient-centered care skills into their care of patients |
| **Professional**                       | • Apply professionalism and ethics in making decisions regarding individual patient care.  
• Act professionally during the care of patients and their families; and in interactions with their health care team and communities |
## Content:

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Skills</th>
</tr>
</thead>
</table>
Emergency Medicine Rotation

Duration:

Total of 9 weeks:
- Adult: 5 weeks (one week during one Eid)
- Pediatric: 4 weeks (one week during one Eid)

Aim:
To utilize the relevant competencies contained within the CanMeds-FM roles to develop the skills necessary to manage undifferentiated patient presentations to the emergency department.
## CanMeds Competencies in Emergency Medicine

| Competencies       | Specific objectives.  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At the end of the rotation program the trainee should be able to;</td>
</tr>
</tbody>
</table>
| Medicine Expert    | - Identify and treat conditions requiring immediate resuscitation or stabilization  
|                    | - Synthesize all available data, including interview, physical exam, and lab data to define each patient’s central clinical problem  
|                    | - Formulate an appropriate differential diagnosis listing life-threatening and common (most likely) disorders  
|                    | - Develop a strategy of investigation and treatment appropriate to the patients presenting complaint  
|                    | - Modify differential diagnosis, investigations and treatment based on clinical course  
| Communicator       | - Rapidly establish rapport with patients and families in such a way as to develop an understanding of patients’ experiences of illness including their ideas, feelings, and expectations and of the impact of illness on the lives of patients and families  
|                    | - Incorporate into the individual patient interaction an understanding of the human condition, especially the nature of suffering and patients’ response to illness  
|                    | - Overcome barriers to communication such as language, patient disabilities, cultural differences and age group differences  
|                    | - Manage the difficult patient encounter  
|                    | - Explain complex medical issues in language adapted to the needs of the individual patient  
|                    | - Deliver bad news in a compassionate and humane manner including “death telling”  
|                    | - Maintain clear (legible), accurate and concise medical records  
| Collaborator       | - Participate in a team based model in the care of emergency department patients  
|                    | - Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in relation to their own and consult other specialists in such a way as to respect the consultants individual skills  
|                    | - Maintain respect for the principle of effective resource allocation  
|                    | - The resident will demonstrate a respectful attitude towards other colleagues and members of an inter-professional team  
|                    | - The resident will function as a resource to the community as a consultant in emergency medicine  
| Manager            | - Understand the principles of Quality Improvement (QI)  
|                    | - Allocate finite healthcare resources appropriately  

<table>
<thead>
<tr>
<th>Content</th>
</tr>
</thead>
</table>

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### General Surgery Rotation

**Duration:**

Total of 4 weeks

**Aim:**

This rotation is a time to build a foundation in clinical problem solving and decision-making, a time to build clinical experience and acumen on a foundation of didactic information. Upon completion of the rotation, the resident should be able to elicit a surgical history, perform a physical examination, obtain appropriate laboratory studies, assess the results, develop a diagnosis, formulate a management plan, and assist in implementation of appropriate therapy for common surgical principles and practices.
Structure of Rotation:

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
<th>On call duty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>3 week</td>
<td>None</td>
</tr>
<tr>
<td>Minor surgery clinic</td>
<td>1 week</td>
<td>None</td>
</tr>
</tbody>
</table>

CanMeds Competencies in General Surgery

<table>
<thead>
<tr>
<th>CanMeds-FM Roles (expected competencies)</th>
<th>Specific objectives. At the end of the rotation program the trainee should be able to;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine Expert</td>
<td>• Obtains an efficient, focused history common surgical presentations</td>
</tr>
<tr>
<td></td>
<td>• Performs the standardized Physical examination, ensuring the patient’s comfort.</td>
</tr>
<tr>
<td></td>
<td>• Initiates appropriate investigations guided by differential diagnosis</td>
</tr>
<tr>
<td></td>
<td>• Interprets critical clinical and laboratory investigations</td>
</tr>
<tr>
<td></td>
<td>• Outlines and conduct management plan according to updated guidelines</td>
</tr>
<tr>
<td></td>
<td>• Perform simple surgical outpatient procedures and minor surgeries.</td>
</tr>
<tr>
<td></td>
<td>• Identify the common surgical complications such as fever, hemorrhage, atelectasis, pulmonary embolism, or deep vein thrombosis.</td>
</tr>
<tr>
<td></td>
<td>• Responds to individual patient health needs and issues as part of patient care</td>
</tr>
<tr>
<td>Communicator</td>
<td>• Conduct effective consultations within the context of consultation models</td>
</tr>
<tr>
<td></td>
<td>• Educate and counsels patients on the diagnosis, causative factors, prognosis and prophylaxis.</td>
</tr>
<tr>
<td></td>
<td>• Communicates with patient and his/her care givers about the management plan</td>
</tr>
<tr>
<td></td>
<td>• Document patient findings in the medical records in a legible and timely manner</td>
</tr>
<tr>
<td></td>
<td>• Be able to Train mothers on how to establish and maintain breast feeding</td>
</tr>
<tr>
<td>Collaborator</td>
<td>• Provide coordination of patient care including collaboration and consultation with other health professionals and caregivers</td>
</tr>
<tr>
<td>Health advocate</td>
<td>• Implement health promotion and disease prevention policies and interventions for individual patients and the</td>
</tr>
<tr>
<td>Patient population served</td>
<td>Scholar</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Identify the determinants of health within their communities, including barriers to accessing care and resources</td>
<td>Demonstrate evidence-based healthcare in patient management</td>
</tr>
<tr>
<td>Identify opportunities for advocacy, health communities that they serve, and respond appropriately</td>
<td>Integrate clinical knowledge and effective patient-centered care skills into their care of patients</td>
</tr>
</tbody>
</table>

### Content

#### Conditions

<table>
<thead>
<tr>
<th>Conditions</th>
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</thead>
</table>

#### Skills

<table>
<thead>
<tr>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injection( intramuscular intravenous, subcutaneous, and Intra-dermal) - Peripheral intravenous line. adult &amp; children - Nasogastric tube insertion and lavage - Foley’s catheter insertion &amp; removal - Thoracic tube insertion - Soft tissue injections e.g. planter fasciitis – Proctoscopy - Wound debridement and wound management.(Closure &amp; Dressings) - Suturing and laceration repair and Suture removal - Incision and drainage of superficial abscesses - Simple excision and removal of superficial masses - Local anesthesia techniques “infiltration ,ring block” - Excision of in-growing nails - Incision and drainage of perianal hematoma - Fecal occult blood testing</td>
</tr>
</tbody>
</table>
Orthopedic Rotation

Duration:

Total of 3 weeks

Aim:

The comprehensive care delivered by family physicians spans the preoperative and post-operative timeframes. The aim of this rotation is to equip the trainees with the necessary knowledge, skills and attitudes necessary to cope with the comprehensive acute and chronic orthopedic problems encountered in PHC.

Structure of Rotation:

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
<th>On call duty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>3 weeks</td>
<td>None</td>
</tr>
</tbody>
</table>
## CanMeds Competencies in Orthopedics

<table>
<thead>
<tr>
<th>CanMeds-FM Roles (expected competencies)</th>
<th>Specific objectives. At the end of the rotation program the trainee should be able to;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine Expert</td>
<td>• Obtains an efficient, focused history common orthopedic presentations</td>
</tr>
<tr>
<td></td>
<td>• Performs the standardized Physical examination, ensuring the patient’s comfort.</td>
</tr>
<tr>
<td></td>
<td>• Initiates appropriate investigations guided by differential diagnosis</td>
</tr>
<tr>
<td></td>
<td>• Interprets critical clinical and laboratory investigations</td>
</tr>
<tr>
<td></td>
<td>• Outlines and conduct management plan according to updated guidelines</td>
</tr>
<tr>
<td></td>
<td>• Perform simple surgical outpatient procedures and minor surgeries.</td>
</tr>
<tr>
<td></td>
<td>• Identify the common complications of orthopedics procedures.</td>
</tr>
<tr>
<td></td>
<td>• Responds to individual patient health needs and issues as part of patient care</td>
</tr>
<tr>
<td>Communicator</td>
<td>• Conduct effective consultations within the context of consultation models</td>
</tr>
<tr>
<td></td>
<td>• Educate and counsels patients on the diagnosis, causative factors, prognosis and prophylaxis.</td>
</tr>
<tr>
<td></td>
<td>• Communicates with patient and his/her care givers about the management plan</td>
</tr>
<tr>
<td></td>
<td>• Document patient findings in the medical records in a legible and timely manner</td>
</tr>
<tr>
<td></td>
<td>• Be able to Train mothers on how to establish and maintain breast feeding</td>
</tr>
<tr>
<td>Collaborator</td>
<td>• Provide coordination of patient care including collaboration and consultation with other health professionals and caregivers</td>
</tr>
<tr>
<td>Scholar</td>
<td>• Demonstrate evidence-based healthcare in patient management</td>
</tr>
<tr>
<td></td>
<td>• Integrate clinical knowledge and effective patient-centered care skills into their care of patients</td>
</tr>
<tr>
<td>Professional</td>
<td>• Apply professionalism and ethics in making decisions regarding individual patient care.</td>
</tr>
<tr>
<td></td>
<td>• Act professionally during the care of patients and their families; and in interactions with their health care team and communities</td>
</tr>
</tbody>
</table>

### Content

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills</td>
<td>Aspiration and injections of joints e.g. shoulder and knee joints - Splinting and techniques of immobilization of sprained joints and fractures - Closed reduction of joint dislocation - Suturing and laceration repair and Suture removal - Local anesthesia techniques “infiltration, ring block”</td>
</tr>
</tbody>
</table>
Obstetrics and Gynecology Rotation

Duration:

Total of 6 weeks

Aim:

1) To equip the trainees with the necessary knowledge, skills and attitudes necessary to cope with the comprehensive acute and chronic obstetrics and gynecological problems encountered in PHC.

2) Recognize, assess, manage and follow-up of common gynecological conditions and to appropriately refer when necessary.

3) Proper follow-up and identify the risk factors affecting course and management of pregnant women.

4) Recognize the role of other health care professionals as psychologist, social workers and agencies involved in obstetric and gynecological care to be able to utilize their expertise in patient management.

5) Demonstrate proper prescribing for gynecological problems.

Structure of Rotation:

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
<th>On call duty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>4 week</td>
<td>None</td>
</tr>
<tr>
<td>Inpatient: L&amp;D</td>
<td>2 week</td>
<td>2 / week</td>
</tr>
</tbody>
</table>
CanMeds Competencies in Gyne / Obstetrics

<table>
<thead>
<tr>
<th>CanMeds-FM Roles (expected competencies)</th>
<th>Specific objectives. At the end of the rotation program the trainee should be able to;</th>
</tr>
</thead>
</table>
| Medicine Expert                        | • Obtains an efficient, focused history of common presentations of gynecological conditions and antenatal care.  
• Performs the standardized Physical examination, ensuring the patient’s comfort.  
• Initiates appropriate investigations guided by differential diagnosis  
• Interprets clinical and laboratory investigations  
• Plan management of physical and psychosocial problems of the mother in postnatal period for conditions such as post-partum depression  
• Provide antenatal care including health promotion and disease prevention aspects.  
• Manage common Gynecological problems.  
• Be able to perform premarital counseling  
• Outlines and conduct management plan according to updated guidelines  
• Responds to individual patient health needs and issues as part of patient care |
| Communicator                          | • Conduct effective consultations within the context of consultation models  
• Educate and counsels patients on the diagnosis, causative factors, prognosis and prophylaxis.  
• Communicates with patient about the management plan  
• Document patient findings in the medical records in a legible and timely manner  
• Be able to train mothers on how to establish and maintain breast feeding |
| Collaborator                          | • Provide coordination of patient care including collaboration and consultation with other health professionals and caregivers |
| Scholar                               | • Demonstrate evidence-based healthcare in patient management  
• Integrate clinical knowledge and effective patient-centered care skills into their care of patients |
| Professional                          | • Apply professionalism and ethics in making decisions regarding individual patient care.  
• Act professionally during the care of patients and their families; and in interactions with their health care team and communities |
### Content

<table>
<thead>
<tr>
<th>Conditions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Menarche, Climacterium, Menopause, Amenorrhea, Infertility, Oligomenorrhea, Polymenorrhea, Premenstrual syndrome, Dysmenorrhea, DUB, AUB, Miscarriage, Abortion, Abnormal menstruation, AUB, PID, Infertility, Premenstrual syndrome, Menopause, Dysmenorrhea, Vaginal discharge, STDs, Normal pregnancy (antenatal care, postnatal care, puerperium, breastfeeding problems), high risk pregnancy, Contraceptive methods (Hormonal, IUD, Surgical procedures, Barrier methods, Traditional methods), Breast discharge, breast mass mastitis</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtaining vaginal and cervical cytology - Episiotomy and repair - Intrauterine contraceptive device insertion and removal - Diaphragm fitting - Injectable long term contraceptives - Obstetric ultrasound</td>
<td></td>
</tr>
</tbody>
</table>

### Radiology Rotation

**Duration:**

Total of 3 weeks

**Aim:**

Candidate should obtain necessary skill to request, interpret necessary radiological investigation.

**Sites:** Radiology Department for general and interventional radiologic imaging as general ultrasound, Bone Mineral Densitometry (BMD) and CT scan studies.
CanMeds Competencies in Radiology

<table>
<thead>
<tr>
<th>CanMeds-FM Roles (expected competencies)</th>
<th>Specific objectives. At the end of the rotation program the trainee should be able to;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine Expert</td>
<td>• To recognize basic radiological anatomy and variants thereof</td>
</tr>
<tr>
<td></td>
<td>• To understand basic physical principles behind radiological techniques</td>
</tr>
<tr>
<td></td>
<td>• To know the indication, relative and absolute contraindication of different contrasts media</td>
</tr>
<tr>
<td></td>
<td>• To recognize the indication and contraindication of various radiological techniques</td>
</tr>
<tr>
<td></td>
<td>• To be able to list the most important differential diagnosis of radiological findings</td>
</tr>
<tr>
<td></td>
<td>• To appropriately prescribe radiological examination</td>
</tr>
<tr>
<td>Communicator</td>
<td>• Conduct effective communication with patient and relative</td>
</tr>
<tr>
<td></td>
<td>• To generate accurate and informative radiological report</td>
</tr>
<tr>
<td>Scholar</td>
<td>• Demonstrate evidence-based healthcare in patient management</td>
</tr>
<tr>
<td></td>
<td>• Integrate clinical knowledge and effective patient-centered care skills into their care of patients</td>
</tr>
<tr>
<td>Professional</td>
<td>• Apply professionalism and ethics in making decisions regarding individual patient care.</td>
</tr>
<tr>
<td></td>
<td>• Act professionally during the care of patients and their families; and in interactions with their healthcare team and communities</td>
</tr>
</tbody>
</table>
Mental Health Rotation

Duration:

Total of 8 weeks

Aim:

Candidate should obtain basic skill to diagnose, treat and manage different psychiatric illness.

Structure of Rotation:

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
<th>On call duty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>8 week</td>
<td>None</td>
</tr>
</tbody>
</table>

CanMeds Competencies in Mental Health

<table>
<thead>
<tr>
<th>CanMeds-FM Roles (expected competencies)</th>
<th>Specific objectives. At the end of the rotation program the trainee should be able to;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine Expert</td>
<td>• Demonstrate a thorough understanding of relevant basic sciences including path physiology basis of diseases of the presenting problems and disease conditions listed below.</td>
</tr>
<tr>
<td></td>
<td>• Perform a complete clinical patient assessment including history, conduct a proper mental status examination, and interpret its findings.</td>
</tr>
<tr>
<td></td>
<td>• Formulate appropriate provisional diagnoses and alternative diagnoses of key presenting problems and underlying conditions</td>
</tr>
<tr>
<td></td>
<td>• Order appropriate and selective investigations and interpret the findings in the context of patient problems</td>
</tr>
<tr>
<td></td>
<td>• Recognize, assess, manage and follow-up psychiatric conditions commonly dealt with in Family Medicine settings including psychiatric emergencies</td>
</tr>
<tr>
<td></td>
<td>• Recognize and manage appropriately patients with psychiatric complaints and refer appropriately those who</td>
</tr>
</tbody>
</table>
need referral Identify social, economic, cultural factors affecting the etiology, course and management of psychiatric and behavioral problems.
• Perform effective counseling and behavioral modifications appropriate to a primary care setting.
• Demonstrate proper prescribing for psychiatric problems

Communicator
• Conduct effective consultations within the context of consultation models
• Document patient findings in the medical records in a legible and timely manner

Collaborator
• Provide coordination of patient care including collaboration and consultation with other health professionals and caregivers
• Recognize the role of other professionals e.g. psychologist, social worker and agencies involved in such care and be able to utilize their expertise.

Manager
• Participate in systemic quality process evaluation and improvement such as patient safety initiatives.
• Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life.
• Recognize the importance of appropriate allocation of healthcare resources, including referral to other health care professionals and community resources, balancing effectiveness, efficiency and access with optimal patient care

Health advocate
• Implement health promotion and disease prevention policies and interventions for individual patients and the patient population served
• Identify the determinants of health within their communities, including barriers to accessing care and resources
• Identify opportunities for advocacy, health communities that they serve, and respond appropriately

Scholar
• Demonstrate evidence-based healthcare in patient management
• Integrate clinical knowledge and effective patient-centered care skills into their care of patients

Professional
• Apply professionalism and ethics in making decisions regarding individual patient care.
• Act professionally during the care of patients and their families; and in interactions with their health care team and communities

Content

| Skills | Mini Mental exam – Counseling – Cognitive Behavioral Therapy |
Dermatology Rotation

Duration:

Total of 4 weeks

Aim:

A significant proportion of problems dealt with in PHC practice is related to the specialty of dermatology. The aim of this rotation is to equip the trainees with the necessary knowledge, skills and attitudes necessary to cope with the comprehensive acute and chronic dermatologic problems encountered in PHC setting as well as to refer when necessary.

Structure of Rotation:

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
<th>On call duty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>4 week</td>
<td>None</td>
</tr>
</tbody>
</table>
CanMeds Competencies in Dermatology

<table>
<thead>
<tr>
<th>CanMeds-FM Roles (expected competencies)</th>
<th>Specific objectives. At the end of the rotation program the trainee should be able to;</th>
</tr>
</thead>
</table>
| Medicine Expert                        | • Demonstrate a thorough understanding of relevant basic sciences including path physiology and microbial basis of diseases of the presenting problems and disease conditions listed below.  
  • Perform a complete clinical patient assessment including history and conduct a proper examination and interpret its findings.  
  • Formulate appropriate provisional diagnoses and alternative diagnoses of key presenting problems and underlying conditions  
  • Order appropriate and selective investigations and interpret the findings in the context of patient problems  
  • Recognize, evaluate and manage acute and chronic dermatological conditions  
  • Demonstrate appropriate prescribing in dermatology including steroids.  
  • Perform core procedure skills as defined below  
  • Recognize serious conditions and perform appropriate and timely referrals.  
  • Recognize that skin disfigurement causes considerable psychological and emotional distress |
| Communicator                          | • Conduct effective consultations within the context of consultation models  
  • Document patient findings in the medical records in a legible and timely manner |
| Scholar                               | • Demonstrate evidence-based healthcare in patient management  
  • Integrate clinical knowledge and effective patient-centered care skills into their care of patients |
| Professional                          | • Apply professionalism and ethics in making decisions regarding individual patient care.  
  • Act professionally during the care of patients and their families; and in interactions with their health care team and communities |

Content

| Conditions | Skin Rash / Lesion – Acne–Angioedema/Urticaria–Dermatitis(Atopic/Contact/Seborrhea - Cutaneous Leishmaniasis – Impetigo - Chicken Pox - Herpes (Simplex/Zoster) – Scabies - Superficial Fungal Infection – Warts , Acne Rosacea , Acne vulgaris , Bacterial skin infections, Bullous pemphigoid, Contact dermatitis, Fungal skin infections, Lichen planus , fungoidis, |
Ophthalmology Rotation

Duration:

Total of 4 weeks

Aim:

Eye diseases represent an important proportion of problems dealt with in family practice. The aim of this rotation is to equip the trainees with the necessary knowledge, skills and attitudes necessary to cope with the comprehensive acute and chronic ophthalmic problems encountered in PHC setting as well as to refer when necessary.

Structure of Rotation:

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
<th>On call duty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>4 week</td>
<td>None</td>
</tr>
</tbody>
</table>
## CanMeds Competencies in Ophthalmology

<table>
<thead>
<tr>
<th>CanMeds-FM Roles (expected competencies)</th>
<th>Specific objectives. At the end of the rotation program the trainee should be able to;</th>
</tr>
</thead>
</table>
| **Medicine Expert**                    | • Demonstrate a thorough understanding of relevant basic sciences including path physiology and microbial basis of diseases of the presenting problems and disease conditions listed below.  
• Perform a complete clinical patient assessment including history and conduct a proper examination and interpret its findings.  
• Formulate appropriate provisional diagnoses and alternative diagnoses of key presenting problems and underlying conditions.  
• Order appropriate and selective investigations and interpret the findings in the context of patient problems.  
• Recognize, evaluate and manage acute and chronic ophthalmology conditions & emergencies.  
• Perform core procedure skills as defined below. |
| **Communicator**                       | • Conduct effective consultations within the context of consultation models.  
• Document patient findings in the medical records in a legible and timely manner. |
| **Collaborator**                       | • Provide coordination of patient care including collaboration and consultation with other health professionals and caregivers. |
| **Scholar**                            | • Demonstrate evidence-based healthcare in patient management.  
• Integrate clinical knowledge and effective patient-centered care skills into their care of patients. |
| **Professional**                       | • Apply professionalism and ethics in making decisions regarding individual patient care.  
• Act professionally during the care of patients and their families; and in interactions with their health care team and communities. |

### Content

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Red Eye – Strabismus - Impaired Vision – Conjunctivitis – Corneal abrasions - eye injuries – cataract – Glaucoma, Blepharitis, Stye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills</td>
<td>Corneal foreign body removal – eye patching</td>
</tr>
</tbody>
</table>
Otolaryngology (ENT) Rotation

Duration:

Total of 4 weeks

Aim:

A significant proportion of problems dealt with in family practice is related to the specialty of ENT. The aim of this rotation is to equip the trainees with the necessary knowledge, skills and attitudes necessary to cope with the comprehensive acute and chronic ENT problems encountered in PHC setting as well as to refer when necessary.

Structure of Rotation:

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
<th>On call duty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>4 week</td>
<td>None</td>
</tr>
</tbody>
</table>
**CanMeds Competencies in ENT**

<table>
<thead>
<tr>
<th>CanMeds-FM Roles (expected competencies)</th>
<th>Specific objectives. At the end of the rotation program the trainee should be able to;</th>
</tr>
</thead>
</table>
| **Medicine Expert**                     | • Demonstrate a thorough understanding of relevant basic sciences including path physiology and microbial basis of diseases of the presenting problems and disease conditions listed below.  
• Perform a complete clinical patient assessment including history and conduct a proper examination and interpret its findings.  
• Formulate appropriate provisional diagnoses and alternative diagnoses of key presenting problems and underlying conditions  
• Order appropriate and selective investigations and interpret the findings in the context of patient problems  
• Recognize, evaluate and manage acute and chronic E.N.T. conditions |
| **Communicator**                        | • Conduct effective consultations within the context of consultation models  
• Document patient findings in the medical records in a legible and timely manner |
| **Collaborator**                        | • Provide coordination of patient care including collaboration and consultation with other health professionals and caregivers |
| **Scholar**                             | • Demonstrate evidence-based healthcare in patient management  
• Integrate clinical knowledge and effective patient-centered care skills into their care of patients |
| **Professional**                        | • Apply professionalism and ethics in making decisions regarding individual patient care.  
• Act professionally during the care of patients and their families; and in interactions with their health care team and communities |

**Content**

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills</td>
<td>Nasal packing or cautery for control Epistaxis - Ear wax aspiration and ear syringing - Removal of foreign body from nose and external ear.</td>
</tr>
</tbody>
</table>
Family Medicine II

Duration:
- FM II : 16 weeks

Aim:
The rotation will allow trainees to implement the concepts of family practice and provides initial, continuing Comprehensive and Coordinated care for Individuals, Families and Communities. It integrates current biomedical, Psychological and social understanding of health in caring for patient using a holistic approach with a great attention to prevention.

Additionally, essential clinical skills necessary for family medicine/ primary care will be taught during this period. Trainees will learn the ideal approach for problem-solving and management in the family medicine/ primary health care setting.

Example of weekly schedule during FM II rotation:

<table>
<thead>
<tr>
<th>Weekly Schedule of FM – II rotations</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
</tr>
<tr>
<td>Sun</td>
</tr>
<tr>
<td>Mon</td>
</tr>
<tr>
<td>Tue</td>
</tr>
<tr>
<td>Wed</td>
</tr>
<tr>
<td>Thue</td>
</tr>
</tbody>
</table>

Clinical Teaching Strategies in Family Medicine clinic:

General rules:
1. Apply the Four Principles of family medicine.
2. Follow the competencies achieved during the trainee training using CanMEDS 2005 structure which includes seven physician roles: Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional.
3. Provide an ideal, safe, and stimulating learning environment.
4. Apply effective clinical teaching methods for trainer and trainees such as SNAPPSS strategy 6-steps for Novus residents, 5-Micro-skill teaching Steps and activated demonstration - teaching a skill.

5. Provide a planned clinical training in different family medicine /primary health care components (Acute and chronic disease management, well baby, ANC, health promotion clinic)

6. Train the Trainee during consultation to provide a comprehensive (preventive, curative, promotive, and rehabilitative) care to all family members.

7. Apply appropriate consultation model in the process of clinical training for example the “Disease – Illness model” during consultation.


9. Provide trainees with a constructive feedback.

10. Provide the trainee with WPBA for their formative assessment and progress.

Weekly Framework:
- Seven Family Medicine clinics
- One session for skill / tutorial
- One session for HDR activity
- One session self-directed learning (for supervision meeting and learning needs)

Half Day Release (HDR) Activities:
One session per week to be conducted according to the development of the learning needs (see half-day activity chapter)
CanMEDs Competencies in Family Medicine Rotation:

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Specific objectives. At the end of the rotation program the trainee should be able to; CanMeds-FM Roles (expected competencies)</th>
</tr>
</thead>
</table>
| Medicine Expert  | • Define and express the common terms used in primary care  
                            • Describe and summarize the structure of history taking  
                            • Practice complete physical examination  
                            • Can define Incidence, Prevalence, Morbidity, Mortality  
                            • State the prevalence of the common problems in primary care in S.A.  
                            • Explain disease control measures from an epidemiological perspective.  
                            • Classify the differential diagnosis of the most common diseases in primary care  
                            • Effective use of laboratory tests in the management of the common diseases in primary care.  
                            • Apply the biopsychosocial approach.  
                            • Express the principles for rational drug use.  
                            • Summarize the criteria for referral of the most common diseases (according to guidelines).  
                            • State the literature resources for family medicine.  
                            • Apply knowledge in own practice in consideration of its relevance and validity. |
| Communicator     | • Apply the rules of good communication  
                            • Communicate with all patients regardless of social group  
                            • Manage poor compliance  
                            • Maintain a mutual trusting relationship with the patients and families during the treatment course  
                            • Describe how psycho-social and cultural factors influence communication  
                            • Break bad news  
                            • Conduct telephone consultations |
| Collaborator | • Believe in mutual respect in relation to patients, staff and colleagues  
• Effectively utilize the practice’s human resources  
• Value and apply team work principles  
• Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in relation to their own  
• Prepare a detailed problem-oriented consultation/referral and inform the patient about the relevant procedures and precautions. |
| Manager | • Describe the role of the family physician in the health care system and their relationships with other health care professionals, and community organizations  
• Participate in relevant administrative roles related to clinical care  
• Recognize the importance of appropriate allocation of healthcare resources, including referral to other health care professionals and community resources, balancing effectiveness, efficiency and access with optimal patient care |
| Health Advocate | • Explain and apply the principles of patient education  
• Accept that educational interventions are essential in family practice.  
• Identify patient's educational needs  
• Execute periodic health examinations and screenings  
• Describe factors related with lifestyle changes  
• Guide and advise in relation to exercise, nutrition, and self management. |
| Scholar | • Maintain and enhance professional activities through ongoing self-directed learning based on reflective practice  
• Use different methods to reveal gaps in own knowledge or abilities (e.g. audit, self-evaluation, critical incident reporting)  
• Register own training activities (e.g. portfolio)  
• Understand basic research and statistical methods used in medical articles |
| Professional | • Demonstrate professional behaviors in practice, including honesty, integrity, reliability, compassion, and respect to patient and team work.  
• Provide relevant feedback to colleagues and practice staff  
• Effective use of electronic resources at work  
Can follow local and international guidelines on ethical issues |
## Appendix-1: Core Skills

<table>
<thead>
<tr>
<th>Skills</th>
<th>Rotation/setting</th>
<th>Level of competence</th>
<th>Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access and utilize relevant websites</td>
<td>FM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Apply casts and splints</td>
<td>SO, EM</td>
<td>L-I</td>
<td>Skill Lab</td>
</tr>
<tr>
<td>Apply common methods of injections</td>
<td>FM, IM, EM, Ped., SO</td>
<td>L-I</td>
<td>Skill Lab</td>
</tr>
<tr>
<td>Apply different vaccines and sera.</td>
<td>FM, Ped.</td>
<td>L-I</td>
<td>Skill Lab</td>
</tr>
<tr>
<td>Apply gastric lavage</td>
<td>FM, IM, Ped. SO.</td>
<td>L-II</td>
<td>Skill Lab</td>
</tr>
<tr>
<td>Apply Glasgow coma scaling and Trauma scoring</td>
<td>EM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Apply skin sutures</td>
<td>SO</td>
<td>L-I</td>
<td>Skill Lab</td>
</tr>
<tr>
<td>Apply wound dressing</td>
<td>SO</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Assess strabismus in children</td>
<td>O, FM, Ped.</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Communicate effectively to patients</td>
<td>FM, IM, Ped, SO, OG, D, ENT, EM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Conduct antenatal and postnatal care</td>
<td>OG, FM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Conduct CPR (Adult and Pediatric)</td>
<td>EM, Ped., IM</td>
<td>L-I</td>
<td>Skill Lab</td>
</tr>
<tr>
<td>Conduct proper mental &amp; psychiatric examination.</td>
<td>Psy, FM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Conduct screening</td>
<td>FM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Conduct telephone consultations</td>
<td>FM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Control nasal bleeding by pressure and chemical cautery</td>
<td>ENT</td>
<td>L-II</td>
<td>OPD</td>
</tr>
<tr>
<td>Critically reading scientific papers</td>
<td>FM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Demonstrate the proper use of inhalers and nebulizers and spacers</td>
<td>FM, IM, Ped</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Demonstrate the use of peak-flowmeter appropriately</td>
<td>FM, IM, Ped</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Draw family tree and genogram</td>
<td>FM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Examination of the CNS</td>
<td>FM, IM, Ped</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Examine children in different ages and doing routine check up in WBC</td>
<td>FM, Ped.</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Family planning counseling</td>
<td>FM, OG</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>General Examination including female breast examination</td>
<td>FM, IM, Ped, SO, OG, D, O, ENT</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>General eye examination</td>
<td>O, FM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Initiate vascular access and Give IV fluids &amp; different solutions</td>
<td>EM, Ped., IM, SO</td>
<td>L-I</td>
<td>Skill Lab</td>
</tr>
<tr>
<td>Give local anesthesia.</td>
<td>SO</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Immobilize fractures</td>
<td>FM, SO, EM</td>
<td>L-I</td>
<td>Skill Lab</td>
</tr>
<tr>
<td>Incise and drain abscess</td>
<td>SO</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Insert and remove IUD</td>
<td>OG, FM</td>
<td>L-II</td>
<td>Skill Lab</td>
</tr>
<tr>
<td>Insert Foley's catheter</td>
<td>FM, IM, Ped. OG, SO.</td>
<td>L-II</td>
<td>Skill Lab</td>
</tr>
<tr>
<td>Insert NGT</td>
<td>FM, IM, Ped. OG, SO.</td>
<td>L-II</td>
<td>Skill Lab</td>
</tr>
<tr>
<td>Interpret Growth chart</td>
<td>FM, Ped</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Interpret x-rays</td>
<td>FM, IM, Ped, SO, ENT</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Manage burns (degree 1 and 2 )</td>
<td>FM, EM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Manage sprains and strains</td>
<td>FM, SO</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>blood pressure measurement</td>
<td>Ped., EM, IM</td>
<td>L-I</td>
<td>Skill Lab</td>
</tr>
<tr>
<td>Perform and interpret Weber &amp; Rinne test properly</td>
<td>ENT</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Perform cervical smear</td>
<td>OG, FM</td>
<td>L-I</td>
<td>Skill Lab</td>
</tr>
<tr>
<td>Perform direct ophthalmoscopy</td>
<td>O, FM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Perform Leopold maneuvers</td>
<td>OG, FM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Perform otoscopy / rhinoscopy properly</td>
<td>ENT, FM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Perform proper bone &amp; joints exam.</td>
<td>SO</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Task</td>
<td>Discipline(s)</td>
<td>Level</td>
<td>Location</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>----------------</td>
<td>-------</td>
<td>----------</td>
</tr>
<tr>
<td>Perform the Heimlich maneuver</td>
<td>EM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Perform vaginal Exam and vaginal swab</td>
<td>OG, FM</td>
<td>L-I</td>
<td>Skill Lab</td>
</tr>
<tr>
<td>Physical examination for congenital hip dislocation</td>
<td>Ped., SO</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Rational prescription</td>
<td>FM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Record and interpret ECG</td>
<td>FM, IM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Reduce common dislocations</td>
<td>SO, EM</td>
<td>L-II</td>
<td>OPD</td>
</tr>
<tr>
<td>Remove different foreign bodies</td>
<td>EM</td>
<td>L-II</td>
<td>OPD</td>
</tr>
<tr>
<td>Remove ear wax</td>
<td>ENT, FM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Take throat swab and culture specimen</td>
<td>FM, IM, Ped. OG, SO, ENT, Opth.</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Transport the traumatic patient safely.</td>
<td>EM, SO</td>
<td>L-I</td>
<td>Skill Lab</td>
</tr>
<tr>
<td>Treat skin warts</td>
<td>D, FM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
<tr>
<td>Write proper referral letters</td>
<td>FM</td>
<td>L-I</td>
<td>OPD</td>
</tr>
</tbody>
</table>

D = Dermatology, EM = Emergency Medicine, ENT = Ear Nose and Throat, FM = Family Medicine, IM = Internal Medicine, Skill Lab = Skills laboratory, O = Ophthalmology, OG = Obstetrics and Gynecology, OPD = Outpatient department, Ped. = Pediatrics, SO = Surgery and Orthopedics, WBC = Well baby clinic
Community Health Course

Aim:
To gain an understanding of community health parameters and indicators and develop the skills needed to scientifically study the population health problems and needs. To provide the trainees a broad introduction about the methodological foundations and tools of the medical research.

Objectives:
1) Attain full orientation to the practice of community Medicine.
2) Familiarize the trainee to the basic concepts of biostatistics and epidemiology.
3) Learn the application of those concepts in medical research.
4) Apply community Medicine in a three-dimensional context, incorporating knowledge, skill and process.
5) To understand the role of family physician in the health care system & Community.
6) To provide the trainees a broad introduction about the methodological foundations and tools of the medical research.

** N/B During community health course the family clinic and half-day activity will be paused.

Duration:

Four weeks

- Epidemiology (6 days)
- Biostatistics (4 days)
- Research Methodology (10 days)

| CanMeds-FM Roles (expected competencies) | Specific objectives.  
At the end of the rotation program the trainee should be able to; |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine Expert</td>
<td>Carry out epidemiological studies effectively</td>
</tr>
<tr>
<td></td>
<td>Apply and interpret statistical measures related to epidemiological and health studies</td>
</tr>
<tr>
<td></td>
<td>Select and interpret statistical inference</td>
</tr>
<tr>
<td></td>
<td>Investigate and control of an outbreak of a communicable disease</td>
</tr>
<tr>
<td></td>
<td>Apply surveillance steps</td>
</tr>
</tbody>
</table>
• Conduct preventive and management plan

Communicator
• Able to involve family members to break down the chain of infection
• Provide health education and promotion to the families and community
• Able to communicate with stakeholders

Collaborator
• Involve the stakeholders in the preventive and management plan
• Active participant in health events, world health days
• Involved related people effectively in the preventive and management strategies considering the organization roles.

Scholar
• Identify morbidity and mortality statistics and their distribution by person, place and time
• Measurement of disease-Risk / preventive factors association
• Be knowledgeable of the probability, sensitivity specificity and predictive value of screening tests
• Raise a research questions & formulate the hypothesis
• Formulate objectives
• Define the variables
• Review literature
• Select appropriate study design
• Write research proposal
• Sampling (types, calculating sample size)
• Know how to make data collection
• Know how to make data processing (entering, editing, coding) & Applied SPSS
• Write research report (inferences results, conclusion references)

Course Contents:

(A) Epidemiology

• Introduction to public health and epidemiology concept, types, and applications
• Role of epidemiology in health care and health service organization
• Measurement of disease frequency in human population
• Etiology of the disease and causal relationships
• Measurement of disease-Risk/preventive factors association
• Epidemiological surveillance system
• Study types and designs
• The concept of communicable diseases prevention and control.
• The concept of non-communicable diseases prevention and control
• Disease Notification in KSA
• Morbidity and mortality statistics and their distribution by person, place and time
• Natural history of disease and levels of prevention
• Investigation and control of an outbreak of a communicable disease
• Introduction to International Health Regulations and Classifications of Disease.
(B) **Biostatistics**

- Introduction to biostatistics, types of statistical data
- Descriptive Statistics and analysis
- Statistical Inference and Hypothesis Testing
- Overview about the commonly used parametric (T-test) and Non parametric (Chi-Square) tests
- Probability, Sensitivity, Specificity and predictive value of screening tests

(C) **Research Methodology Course**

1- **Introduction to Research Methodology**
2- **Conducting clinical Research**:
   - **How to formulate question or problem?**
     - Raise the research question
     - Formulate objectives
     - Formulate the hypothesis
     - Define the variables (how)
     - How to review literature
   - **Conceptualize a research design (how you find the answer to your research question):**
     - What is study design?
     - Types of designs
     - Sampling
   - **Date and research instruments**
     - Data and information
     - Source of information
     - Method of collection (tools)
     - Validity / reliability
     - Pilot study
   - **Sampling: (Types, Calculating sample size)**
   - **How to write research proposal**
   - **Step in data processing (Editing, Coding)**
   - **Data analysis (biostatistics)**
     - Applied SPSS
     - How to choose an analysis test
   - **Making and writing inferences (Results, Conclusions)**
   - **Writing the research report and references**
3- **Ethical issues in research**
4- **Course feedback and reflection**
5- **Presentation of the research proposal**
Half Day Release (HDR) Activities

The HDR activities are aimed to reinforce the trainees' knowledge, skills, and bridge the learning gap, longitudinally throughout the training period (FM-1, Hospital Rotations, FM-2) These activities are of 50 sessions in total (one session per week).

Objectives:

1. To review the most common encountered problems in family medicine/primary health care settings.
2. To identify and fulfill the trainees' learning needs using the most effective methods of learning.
3. To improve the presentation skills, and ability to teach others.
4. To enhance communication skills and exchange experiences.
5. To update trainees with family medicine principles and concepts.
6. To help trainees manage their stress and socialize with trainers and colleagues.

HDRC Activity Guidelines:

- The topics should be predefined by trainees and facilitated by the HDR coordinator
- Trainee/s should be assigned to a supervisor for developing the activity's lesson plan in advance (at least 2 weeks). Then, trainee/s should present that activity.
- Supervisor should attend, facilitate, and evaluate the activity providing a constructive feedback and encouraging reflection.
- The teaching methods of HDRC activity should be utilize the small group techniques and methods such as case based discussions, tutorials, group discussions, role play, etc.

**NOTE:** Suggested topics are listed in Appendix-4, but the trainees have the right to modify it according to their learning needs.
Assessment

I. Assessment Purposes:

- Support learning processes
- Develop professional growth
- Monitor progression
- Improve competencies achievement
- Evaluate the quality of the training program

General Principles:

- Judgment should be based on holistic profiling of a trainee rather than individual traits or instruments
- Assessment should be continuous in nature
- Trainee and faculty must meet together to review portfolio and logbook every month
- Assessment should be strongly linked to the curriculum and the content

II. Assessment Methods:

The following assessment methods to be used during training:

a) Portfolio
b) Supervisor meeting
c) Workplace assessment: (Mini-CEX, DOPS, CBD)
d) Logbook

A. Portfolio

This assessment mainly consists of Selection-Portfolio: a tool by which the trainees collect his/her learning documentation PLUS Reflection according to their training rotation tasks i.e. FM-1, community course, hospital rotation, FM-2. Each has its identified requirements that trainee should attend and master.

By this way, the trainer can easily be able to follow the trainee's performance, and provide a feedback on the learning achievement and progression.

- The portfolio will be an integral component of training. Each trainee will be required to maintain a logbook. The educational supervisor should be in charge of monitoring and reviewing the portfolio and provide continuous feedback to the trainee. The portfolio may include the following:
  
  - Curriculum Vitae
  - Professional development plan
  - Records of educational training events
  - Reports from the educational supervisors
  - Logbook
  - Case write-ups (selected)
B. Supervision Meeting

One of the strengths of this curriculum is applying the supervision meeting to assess the Portfolio. The trainer and the trainee meet on regular basis (once/month) to discuss the portfolio contents for its quality and quantity in safe environment.

- **Supervision Meeting Rules:**
  1. In each supervision meeting, both supervisor and trainee work as a team for three important tasks:
     - Identify the learning gap
     - Define the appropriate learning process
     - Monitor and assess the learning achievements
  2. At the end of each task discussion, both the trainer and the trainee should agree upon the defined learning gaps, and how it could be achieved, the learning process, and how to be monitored.
  3. Forms need to be completed are (F8), (F9) and (F10). These are used to organize the supervision-meeting task during FM-1, hospital rotation and FM-2 consequently.

- **Supervision-Meeting Assessment Process:**
  The Supervisor should provide a feedback on each reflection, and must document the learning gap(s) in the "Follow-up Sheet (F11)" that it can be re-assessed in the next meeting.

- **Supervision-Meeting Scoring Roles:**
  - Scoring system will be based on **3 domains**:
    1) Ability to identify the learning needs
    2) Searching for evidence/s
    3) Achieving the identified needs

C. Workplace Assessment : (Mini-CEX, DOPS, CBD)

- Should have a very high emphasis on the performance development (formative assessment)
- In CBD and Mini-CEX the trainers scores the trainee's performance on the rating scales, and then gives a feedback to the trainee.
- At least 15 minutes should be given for the feedback by asking the trainee to answer these two questions and followed by trainer answering the same questions:
  - What things went well?
  - How could be done better (area of improvement)

1. **Mini-Clinical Evaluation Exercise (Mini-CEX):**
The trainer observes the trainee taking a history, performing a physical examinations, managing a case. The trainee is given feedback across a range of areas relating to professional qualities and clinical competence from a assessor immediately after the observation.

2. **Case-Based Discussion (CBD):**

   It is a structure comprehensive interview between the trainee and the trainer about the clinical case. Case-Based Discussion is designed to explore the clinical judgment/Clinical-Reasoning plus help improved clinical decision-making, clinical knowledge and patient management.

3. **Direct Observation of Practical Skills (DOPS):**

   The trainee performs a procedure on a real patient in the clinic or in the skill lab. It is observed by an experienced knowledgeable supervisor who reviews the trainee's performance and gives constructive feedback to the trainee to identify learning needs and plan future learning Gaps.

D. **Logbook.**

   It will be a part of the portfolio. The purposes of the logbook are to:

   1. Monitor trainee's performance on a continual basis especial in the quantity part assessment.
   2. Document and record the cases seen and managed by the trainees.
   3. Enable trainee and supervisor to determine the uncovered areas.
   4. Provide a basis to the trainee.

III. **Types of Assessment:**

   Different assessment tools have been adopted during the trainee evaluation. The assessment and evaluation methods used in the program are in the form of formative and summative assessments.

   1. **Family Medicine Rotation I (FM-1) Assessment:**

      | FM-1 Formative Assessment Methods           |        |
      |-------------------------------------------|--------|
      | Mini-CEX Once / FM-1                       | 5%     |
      | CBD Once / FM-1                            | 5%     |
      | FM Clinics Logbook                         | 10%    |
      | Attendance in FM lectures                  | 10%    |
      | In-Training Evaluation                     | 30%    |
      | End of FM-1 Written Assessment (MCQs)      | 40%    |
      | **Total**                                  | **100%**|

   - **Attendance:**
     - If less than 100%, absence must be justified
     - If less than 75%; candidate will repeat the course

   2. **HDRC Assessment:**
H D R C Assessment

<table>
<thead>
<tr>
<th>Evaluation of presentations (minimum of 4 sessions/year)</th>
<th>40%</th>
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<tbody>
<tr>
<td>Attendance</td>
<td>60%</td>
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<tr>
<td>Total</td>
<td>100%</td>
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</table>

- **Attendance** :
  - If less than 100%, absence must be justified
  - If less than 75%; candidate will repeat the course

3. **Hospital Rotations**:

<table>
<thead>
<tr>
<th>Hospital Rotations Formative Assessment Methods</th>
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<tbody>
<tr>
<td>Mini-CEX Once / month</td>
<td>10%</td>
</tr>
<tr>
<td>CBD Once / month</td>
<td>10%</td>
</tr>
<tr>
<td>DOPs Once / month</td>
<td>10%</td>
</tr>
<tr>
<td>Clinics Logbook</td>
<td>10%</td>
</tr>
<tr>
<td>In-Training Evaluation</td>
<td>60%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

- **Attendance** :
  - 100% attendance of clinical sessions is mandatory
  - Unjustified absence from clinical sessions may result in failure and repeating of the clinical rotations OR part of it according to the judgment of program director

**Assessment of Family Medicine Clinics during Hospital rotations**:

<table>
<thead>
<tr>
<th>Assessment of Family Medicine Clinics during Hospital rotations</th>
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</thead>
<tbody>
<tr>
<td>Mini-CEX Once / month</td>
<td>10%</td>
</tr>
<tr>
<td>CBD Once / month</td>
<td>10%</td>
</tr>
<tr>
<td>Clinics Logbook</td>
<td>10%</td>
</tr>
<tr>
<td>In-Training Evaluation</td>
<td>70%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
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</table>

- **Attendance** :
  - 100% attendance of clinical sessions is mandatory
  - Unjustified absence from clinical sessions may result in failure and repeating of the clinical rotations OR part of it according to the judgment of program director
4. **Assessment of Community Health Course :**

<table>
<thead>
<tr>
<th>Assessment of Family Medicine Clinics during Hospital rotations</th>
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</thead>
<tbody>
<tr>
<td>Submission of research proposal</td>
</tr>
<tr>
<td>Discussion of research proposal</td>
</tr>
<tr>
<td>Attendance</td>
</tr>
<tr>
<td>End of course MCQ exam ( 50 items )</td>
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<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

- **Attendance :**
  - If less than 100% , absence must be justified
  - If less than 75% ; candidate will repeat the course

- **Failing the course :**
  - If trainee fails for the 1st time: to set for a reset exam.
  - If trainee fails for the 2nd time: need to repeat the course.

5. **FM II :**

<table>
<thead>
<tr>
<th>Assessment of Family Medicine Clinics during Hospital rotations</th>
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</thead>
<tbody>
<tr>
<td>Mini-CEx Once / month</td>
</tr>
<tr>
<td>CBD Once / month</td>
</tr>
<tr>
<td>DOPs Once / month</td>
</tr>
<tr>
<td>Clinics Logbook</td>
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<tr>
<td>Audit</td>
</tr>
<tr>
<td>In-Training Evaluation</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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</tbody>
</table>

- **Attendance :**
  - 100% attendance of clinical sessions is mandatory
  - Unjustified absence from clinical sessions may result in failure and repeating of the clinical rotations OR part of it according to the judgment of program director

**Promotion :**

- The general objective of the promotion examination is to assess that the trainee has satisfactorily acquired the theoretical knowledge and clinical competences that he/she should have acquired during the first year.
- Evaluation for promotion consists of the following components:
  - Written examination (50%): one paper with 100 multiple-choice questions Single Best Answer. Two hour shall be allowed for this exam. The promotion written examination shall be held once a year within 4-6 weeks of completion of 9 months of training in that particular year
  - Sum of clinical rotation assessment ( 20% )
  - Sum of portfolio evaluation ( 20% )
  - Evaluation of HDRC (10%)
- Minimum of 60% score in the promotion examination with a minimum of 50% in each component is required for passing
Final Diploma Exam

1. **Written exam :**

<table>
<thead>
<tr>
<th>Final written exam</th>
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<tbody>
<tr>
<td>MCQ (100 Items)</td>
<td>60%</td>
</tr>
<tr>
<td>Data &amp; Slides</td>
<td>40%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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</table>

2. **Clinical Exam**

<table>
<thead>
<tr>
<th>Final Clinical exam</th>
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<tbody>
<tr>
<td>OSCE (8 – 10 stations)</td>
<td>80%</td>
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<tr>
<td>Oral</td>
<td>20%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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</tbody>
</table>

- Successful completion of the clinical rotations (with score of 65% or more) is prerequisite for written final exam
- Passing the written exam is prerequisite to set for final clinical exam
Assessments Forms

[ F1 ] HDRC Activity Assessment Form

Trainee’s Name: __________________________

Activity Title: ___________________________ Date: _____________

Please comment on the following areas using the scale indicated below:

1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree, NA= Not-Applicable

<table>
<thead>
<tr>
<th>#</th>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Punctuality (timekeeping)</td>
<td></td>
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<tr>
<td>2</td>
<td>Keen to learn/show enthusiasm</td>
<td></td>
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<tr>
<td>3</td>
<td>The presenter was well prepared</td>
<td></td>
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<td>4</td>
<td>Polite and respectful to the trainer/Collegues</td>
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<tr>
<td>5</td>
<td>Knowledgeable</td>
<td></td>
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<tr>
<td>6</td>
<td>Information presented were evidence based and updated</td>
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<tr>
<td>7</td>
<td>Lesson plan was clear</td>
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<tr>
<td>8</td>
<td>Good Communication skills</td>
<td></td>
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<tr>
<td>9</td>
<td>Visual aids (power point, slides) were well organized</td>
<td></td>
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<tr>
<td>10</td>
<td>Trainee presentation skills</td>
<td></td>
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<tr>
<td>11</td>
<td>Competent in applying small group dynamics teaching</td>
<td></td>
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<tr>
<td>12</td>
<td>Effective as facilitator/leading the session</td>
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<tr>
<td>13</td>
<td>Submission of material 2 weeks before presentation</td>
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</tbody>
</table>

Overall Assessment

☐ Poor  ☐ Adequate  ☐ Good  ☐ Very good  ☐ Excellent

General comment and recommendations: __________________________

Date when the presentation was submitted: __________________________

Evaluator Name and Signature: __________________________
[F2] Case-Based Discussion (CBD)

(Filled by Trainer)

Trainee's Name: _______________________

Case Diagnosis: _______________________ Date: ____________

Please comment on the following areas using the scale indicated below:

1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree, NA= Not-Applicable

<table>
<thead>
<tr>
<th>#</th>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical record keeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>2</td>
<td>History taking</td>
<td></td>
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<tr>
<td>3</td>
<td>Clinical findings and interpretation</td>
<td></td>
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<tr>
<td>4</td>
<td>Management plan</td>
<td></td>
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<tr>
<td>5</td>
<td>Follow-up and future planning</td>
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<tr>
<td>6</td>
<td>Professional qualities</td>
<td></td>
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<tr>
<td>7</td>
<td>Overall clinical judgment</td>
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</tbody>
</table>

**Overall Assessment**

- □ Poor
- □ Adequate
- □ Good
- □ Very good
- □ Excellent

Anything specially good | Areas for improvement

Observer name & Signature: | Trainees' Signature:

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**[F3] DOPS Evaluation Form**

(Filled by Trainer)

**Trainee's Name:** ______________________________

**Case Diagnosis:** ______________________________  **Date:** ____________

Please comment on the following areas using the scale indicated below:

1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree, NA= Not-Applicable

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<tr>
<th>#</th>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Proper explanation of procedure to the patient</td>
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<tr>
<td>2.</td>
<td>Take patient consent</td>
<td></td>
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<td>3.</td>
<td>Demonstrate appropriate preparation of the procedure</td>
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<td>4.</td>
<td>Maintain patient privacy</td>
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<td>5.</td>
<td>Appropriate analgesia</td>
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<td>6.</td>
<td>Technical ability</td>
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<td>7.</td>
<td>Aseptic techniques</td>
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<td>8.</td>
<td>Seek help when appropriate</td>
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<td>9.</td>
<td>Patient instruction post procedure</td>
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<td>10.</td>
<td>Follow up Planning</td>
<td></td>
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<td>11.</td>
<td>Overall ability to perform the procedure</td>
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</tbody>
</table>

**Overall Assessment**

☐ Poor    ☐ Adequate    ☐ Good    ☐ Very good    ☐ Excellent

**Anything specially good**

**Areas for improvement**

*Procedure/technique description can be surgical (suturing, etc) or non-surgical (glucometer).*
# Log Diary of Patients

Trainee's Name: ______________________ Date: __________

Rotation: ___________________________  FM Clinic  Hospital

<table>
<thead>
<tr>
<th>#</th>
<th>Patient's Name</th>
<th>Age</th>
<th>Reason For Encounter</th>
<th>Diagnosis</th>
<th>Management</th>
<th>Follow Up</th>
</tr>
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</tbody>
</table>
**[F5] Mini-CEX Form**

Trainee's Name: ___________________________  Date: _____________

Clinical Problem : __________________________  New □  F/UP □

Training Rotation:  FM1 □  Hospital □  FM2 □

Please comment on the following areas using the scale indicated below:

1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree, NA= Not-Applicable

<table>
<thead>
<tr>
<th>#</th>
<th>Items</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>History taking skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>Physical clinical examination</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>Communication skills</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4</td>
<td>Risk factors assessment</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>Problem list</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6</td>
<td>Problem solving skills</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>Management plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Follow-up planning</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Professionalism</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10</td>
<td>Effective use of resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Organization/Documentation</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>12</td>
<td>Overall clinical care</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Overall Assessment**

- □ Poor
- □ Adequate
- □ Good
- □ Very good
- □ Excellent

**Resident Reflection:**

- Anything especially good
- Anything for improvement

**Consultant's Comments:**

**Trainee's Signature:**  Consultant's name & signature:
### Clinical Reflective Learning Sheet

<table>
<thead>
<tr>
<th>What was the learning event?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What did I learn?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What more do I have to learn?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How can I learn it (Plan &amp; Strategy)?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence of learning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trainee’s Name &amp; Signature:</th>
<th>Supervisor’s Name &amp; Signature:</th>
</tr>
</thead>
</table>
[ F7 ] Resident In-Training Evaluation  
(Front Sheet)

Name : _____________ Registration Nº : _____  Level of Training : _____  
Hospital : _____________ Rotation : _____________ Date : From ____ To ____  
FM Center : ____________________________________________  

(Please fill-up the appropriate box for each item using number indicated for each column.)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge and Assignment</td>
<td>Mark : / 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History taking and Physical Examination</td>
<td>Mark : / 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Interpretation and Utilizing Information</td>
<td>Mark : / 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management Plan and Decision Making</td>
<td>Mark : / 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Skills</td>
<td>Mark : / 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Completeness of Charts and Reports</td>
<td>Mark : / 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluated Attitude and Relationship with others</td>
<td>Mark : / 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managerial Skills</td>
<td>Mark : / 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scholar</td>
<td>Mark : / 5</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Attendance and Punctuality</td>
<td>Mark : / 5</td>
<td></td>
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</tbody>
</table>

**Given Score** (sum of 10 items – maximum of 50) : _____________

**Final Score** : \[ \frac{\text{Total Score}}{\text{No. of Evaluated}} \] = ____ ____ x 20 = __________

**Evaluator Comments** :

<table>
<thead>
<tr>
<th>Evaluator Name :</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature :</td>
</tr>
<tr>
<td>Date :</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Director :</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature :</td>
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<tr>
<td>Date :</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Resident Name :</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature :</td>
</tr>
<tr>
<td>Date :</td>
</tr>
</tbody>
</table>
### Resident In-Training Evaluation (Back Sheet)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge and Assignment</td>
<td>The trainee did not have the knowledge to understand the activity.</td>
<td>The trainee had some knowledge to understand the activity, but only at an overview level, not in depth.</td>
<td>The trainee had adequate knowledge for most of the activity.</td>
<td>The trainee had a thorough understanding of the activity.</td>
<td>The trainee had exceptionally grounded knowledge to understand all aspects of the activity.</td>
<td></td>
</tr>
<tr>
<td>History taking and Physical Examination</td>
<td>The trainee demonstrated poor knowledge in history taking and physical examination skills.</td>
<td>The trainee sometimes demonstrated poor knowledge in history taking and physical examination skills.</td>
<td>The trainee demonstrated satisfactory knowledge in history taking and physical examination skills.</td>
<td>The trainee demonstrated very good knowledge in history taking and physical examination skills.</td>
<td>The trainee demonstrated exceptional knowledge in history taking and physical examination skills.</td>
<td></td>
</tr>
<tr>
<td>Data Interpretation and Utilizing Information</td>
<td>Major concern in the ability to interpret the investigation tools, analyzed and integrate all the relevant data.</td>
<td>Minor concern in the ability to interpret the investigation tools, analyze and integrate all the relevant data.</td>
<td>No concern in the ability to interpret the investigation tools, analyze and integrate all the relevant data.</td>
<td>Impressive ability to interpret the investigation tools, analyze and integrate all the relevant data.</td>
<td>Outstanding ability to interpret the investigation tools, analyze and integrate all the relevant data.</td>
<td></td>
</tr>
<tr>
<td>Communication Skills</td>
<td>Major concern in the ability to communicate effectively to patients, families, and healthcare providers.</td>
<td>Minor concern in the ability to communicate effectively to patients, families, and healthcare providers.</td>
<td>No concern in the ability to communicate effectively to patients, families, and healthcare providers.</td>
<td>Impressive ability to communicate effectively to patients, families, and healthcare providers.</td>
<td>Outstanding ability to communicate effectively to patients, families, and healthcare providers.</td>
<td></td>
</tr>
<tr>
<td>Completeness of Charts and Reports</td>
<td>The trainee was not able to complete charts and reports satisfactorily.</td>
<td>The trainee could complete some aspects of this activity adequately, with some support from an expert.</td>
<td>The trainee could complete some aspects of this activity very well.</td>
<td>The trainee could complete all aspects of this activity very well.</td>
<td>The trainee could complete all aspects of this activity exceptionally well.</td>
<td></td>
</tr>
<tr>
<td>Evaluated Attitude and Relationship with others</td>
<td>Didn’t follow the legal and ethical codes. *The trainee’s attitude was poor in performance towards patients, colleagues, and superiors. *Rude but not willing to collaborate or help others.</td>
<td>*The trainee’s attitude was satisfactory and asks for help when required. *Nice but not cooperative.</td>
<td>*The trainee’s attitude was very good and followed the legal and ethical codes. *Cooperative but tough.</td>
<td>The trainee’s attitude was exceptional and professional. Very pleasant and cooperative.</td>
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<tr>
<td>Managerial Skills</td>
<td>*Unable to develop or maintain continuous education strategy. *Unable to provide constructive feedback.</td>
<td>*Can minimally develop or maintain continuous education strategy. *Can provide non-constructive feedback. *Unable to do dependently rounds and take decisions.</td>
<td>*Can develop or maintain continuous education strategy. *Can provide constructive feedback. *Able to do dependently rounds and take decisions.</td>
<td>*Always develop or maintain continuous education strategy. *Always provide constructive feedback. *Always do supervise rounds and take right decisions.</td>
<td></td>
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<tr>
<td>Scholar</td>
<td>*Not participating in the teaching of junior residents, preparation and presentation of weekly activities. *Not showing any interest in reviewing medical literature for his patients.</td>
<td>*Participating in the teaching of junior residents, preparation and presentation of weekly activities. *Mostly review medical literature for his patients.</td>
<td>*Actively participate in the teaching of junior residents and presentation of weekly activities. *Always review medical literature for his patients. *Sometime practice the skill of self-assessment.</td>
<td>*Always participate in the teaching of junior residents supervise preparation and presentation of weekly activities. *Always review and discuss medical literature for his patients. *Always practice the skill of self-assessment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance and Punctuality</td>
<td>The trainee has unsatisfactory attendance.</td>
<td>The trainee has poor attendance.</td>
<td>The trainee has satisfactory attendance.</td>
<td>The trainee has good attendance.</td>
<td>Punctuality when reporting to duty.</td>
<td></td>
</tr>
</tbody>
</table>

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Page 82 of 88
<table>
<thead>
<tr>
<th>Assessment Forms</th>
<th>Clinical Reflection</th>
<th>HDR</th>
<th>CBD</th>
<th>Logbook</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Forms</td>
<td>F6</td>
<td>F1*</td>
<td>F2</td>
<td>F4</td>
</tr>
<tr>
<td>Required Cases (RCs)</td>
<td>Twice / 6 weeks</td>
<td>1 session / week (attendance ± presentation)</td>
<td>2 cases</td>
<td>#cases</td>
</tr>
</tbody>
</table>

**Overall Assessment**

Achieved RCs (yes, partial, or No)

Score#

# Rank the candidate from 1-5 based on completion of the following Assessment Domains:

- a) Identify learning needs
- b) Search for evidence
- c) Achieve the identified needs

**1-5 Items interpretation:**

1 = Poor = Not done completely [30%]
2 = Borderline = Partial achievement in all domains [50%]
3 = Good = Done but with partial achievement in one domain [70%]
4 = Very Good = Done in all domains [90%]
5 = Excellent = Done and goes beyond the defined expectations [100%]

*N.B: Kindly submit this form to the program to assigned administrative assistant after Completion.*

Trainee's Signature: ______________ Supervisor's signature: ____________
## Hospital Supervisor Meeting

*(Portfolio Assessment)*

Supervisor's Name: ____________________________ Date: _________

Trainee's Name: ______________________________

Rotation: ________________________________

### Hospital Rotation Activities

<table>
<thead>
<tr>
<th>Hospital Rotation Activities</th>
<th>Clinical Reflective Learning Sheet</th>
<th>Hospital CBD</th>
<th>HDR</th>
<th>FM Clinic Logbook</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Forms</td>
<td>F6</td>
<td>F2*</td>
<td>F1**</td>
<td>F4</td>
</tr>
<tr>
<td>Required Cases (RCs)</td>
<td>once / week</td>
<td>once / 3 weeks</td>
<td>once / 3 weeks</td>
<td>#cases</td>
</tr>
</tbody>
</table>

### Overall Assessment

<table>
<thead>
<tr>
<th>Achieved RCs (yes, partial, or No)</th>
<th>Score#</th>
</tr>
</thead>
</table>

### 1-5 Items interpretation:

1  = Poor = Not done completely [30%]
2  = Borderline = Partial achievement in all domains [50%]
3  = Good = Done but with partial achievement in one domain [70%]
4  = Very Good = Done in all domains [90%]
5  = Excellent = Done and goes beyond the defined expectations [100%]

*N.B: Kindly submit this form to the program Registrar after completion*

Trainee's Signature: ________________ Supervisor's signature: ____________
**[ F10 ] FM-2 Supervisor Meeting**

(Portfolio Assessment)

**Supervisor's Name:** __________________________  **Date:** ___________

**Trainee's Name:** ____________________________

Meeting:  ○ 1  ○ 2  ○ 3

<table>
<thead>
<tr>
<th>FM-2 Rotation</th>
<th>Clinical Reflective Learning Sheet</th>
<th>HDRC</th>
<th>CBD</th>
<th>Logbook</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Forms</td>
<td>F6</td>
<td>F1*</td>
<td>F2</td>
<td>F4</td>
</tr>
<tr>
<td>Required Cases (RCs)</td>
<td>once / 2 weeks</td>
<td>once / 2 weeks</td>
<td>once / 2 weeks</td>
<td>Minimum of 5 cases / session</td>
</tr>
</tbody>
</table>

**Overall Assessment**

**Achieved RCs**
(yes, partial, or No)

**Score#**

---

*Rank the candidate from 1-5 based on completion of the following Assessment Domains:*

a) Identify learning needs
b) Search for evidence
c) Achieve the identified needs

**1-5 Items interpretation:**

1 = Poor = Not done completely [30%]
2 = Borderline = Partial achievement in all domains [50%]
3 = Good = Done but with partial achievement in one domain [70%]
4 = Very Good = Done in all domains [90%]
5 = Excellent = Done and goes beyond the defined expectations [100%]

_N.B: Kindly submit this form to the program Registrar after completion_

**Trainee's Signature:** _______________  **Supervisor's signature:** ____________
[ F11 ] Tasks Forms
(Supervisor Meeting Follow-up Report)

Supervisor's Name: __________________________  Date: ____________

Trainee's Name: ____________________________

*Keep this report in your portfolio document for next follow-up meeting.*

<table>
<thead>
<tr>
<th>What you want to learn more?</th>
<th>How will you learn?</th>
<th>Assessment</th>
<th>Evaluator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting1:</td>
<td></td>
<td>□ Complete</td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
<td>□ Partial</td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
<td>□ Not done</td>
<td></td>
</tr>
<tr>
<td>Meeting2:</td>
<td></td>
<td>□ Complete</td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
<td>□ Partial</td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
<td>□ Not done</td>
<td></td>
</tr>
<tr>
<td>Meeting3:</td>
<td></td>
<td>□ Complete</td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
<td>□ Partial</td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
<td>□ Not done</td>
<td></td>
</tr>
<tr>
<td>Meeting4:</td>
<td></td>
<td>□ Complete</td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
<td>□ Partial</td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
<td>□ Not done</td>
<td></td>
</tr>
</tbody>
</table>
Suggested reading material:

6) Doherty GM. Current Surgical Diagnosis & Treatment. McGraw-Hill Medical.
8) Essentials of General Surgery by Peter F. Lawrence
9) Textbook of Surgery by Courtney M. Townsend
10) Cunningham FG. Williams Obstetrics Crafts, McGraw-Hill Professional
11) DeCherney AH. Current Obstetrics and Gynecologic Diagnostics & Treatment. McGraw-Hill Medical
20) Textbook of Family Medicine ; Rakel
21) Primary Care Medicine ; (Goroll )

Journals and Websites:

1) Saudi Medical Journal www.smj.org.sa
3) Evidence Based Medicine Journal http://ebm.bmj.com/
4) Annals surgery www.annalsofsurgery.com
5) Orthopedics Information www.worldortho.com
6) Annals of Urology www.annalsofurology.com
9) Pictures and Images in Dermatology  www.dermis.net
12) ENT Journal www.entjournal.com
13) American Family Physician  www.aafp.org
14) Up-to-date
15) Bmj