SAUDI BOARD
FAMILY MEDICINE CURRICULUM

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ACKNOWLEDGMENTS

The Curriculum Scientific Group sincerely thanks the Scientific Group of the previous curriculum for their effort and excellent work. Part of this work was based on the previous curriculum. The group would like to share its profound appreciation for the various committees, colleagues, and residents all over the Kingdom who contributed to the development of this curriculum, for their hard work and commitment, without which this edition would not have been possible.

The group would like also to thank the Medical Education Department of the Saudi Commission for Health Specialties for their support and guidance.
WHAT IS NEW IN THIS VERSION?

This version of the Family Medicine Residency Training Program Curriculum follows the competency-based framework adopted by the Saudi Commission for Health Specialties.

In addition, the following changes have been included in this version:

- All rotations of the training program, as well as educational activities, are described in a competency-based format with clear objectives according to CanMEDS—FM: Family Medicine Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional.
- Minor changes for the duration of some rotations (elective rotation to be 6 weeks, Family Medicine IV to be 42 weeks) have been made.
- The Introductory Course has been merged with Family Medicine I, to be one block.
- Rotations in palliative care and geriatric medicine, 2 weeks each, have been added to year four.
- A list of the most important clinical topics and procedures in family medicine as well as universal topics has been added.
- Topics in the Introductory Course and Advanced Family Medicine Course have been revised and rearranged to avoid duplication and to be linked with required competencies in each level.
- The methods of assessment for every rotation have been revised and changed drastically.
- New regulations regarding attendance and punctuality have been added.
- The Promotion, Part One Exam, and Final Examination have been revised according to the new Examination Rules and Regulations of the Saudi Commission.
- A new section about mentoring has been added.
- A new section on rules and regulations has been added (resident job description, chief resident, levels of supervision).
The goal of postgraduate medical education is to create the best possible and safe physicians to meet the healthcare needs of society. Medical educators, trainees, patients, and society recognize that being well trained in the scientific aspects of medicine is necessary but insufficient on its own for effective medical practice; the good doctor must draw upon a wide array of knowledge and skills. The Canadian Medical Education Directives for Specialists (CanMEDS—FM) framework, which is applied in postgraduate training programs in many countries, offers a model of physician competencies that emphasizes not only medical expertise but also multiple additional nonmedical expert roles that aim to better serve society’s needs. Therefore, the Saudi Commission for Health Specialties (SCFHS) has adopted the CanMEDS—FM framework to set up the core curriculum of all training programs, including the Saudi Board Certification in Internal Medicine. Hence, as a physician, you will function within the seven roles of CanMEDS—FM: family medicine expert, communicator, collaborator, manager, health advocate, scholar, and professional.

Background
The Kingdom of Saudi Arabia has determined that well-trained family physicians are needed as the cornerstone for the development of an effective healthcare system. Thus, the family medicine residency training program (Saudi Board of Family Medicine) provides supervised guided learning opportunities for family medicine in ambulatory care and hospital-based medicine in a four-year, full-time, supervised residency training program.

Goals
1) To produce fully competent family physicians who are capable of providing high-quality healthcare to their patients and the community through broad-based learning
2) To equip family physicians with knowledge, skills, and attitudes required to provide comprehensive, compassionate, and continuous patient care that is accessible to and appropriate for all individuals and their families
3) To emphasize lifelong continuing professional development and learning to accommodate the expanding knowledge of an evolving specialty with the aim of improving healthcare services

Objectives
1) To provide structured training to the graduate physician with the required skills, knowledge, and attitudes to
   • Provide comprehensive integrated care to the population within their community, addressing physical, psychological, and social factors
   • Provide continuous coordinated and integrated care to all the individuals and their families within their practice
   • Serve as first contact for the entry of individuals and their families into the healthcare system
   • Provide efficient, effective, timely care to patients and their families
   • Use resources efficiently
2) To describe the elements and basic concepts of family medicine for providing primary care services
3) To describe the healthcare system in Saudi Arabia and the role of family medicine in it
4) To foster in residents self-directed learning habits as well as lifelong interest in and motivation to continue medical education
5) To recognize the social, cultural, and psychological factors that influence health and disease and to apply principles of medical ethics
6) To train residents to be healthcare educators and quality improvement leaders

Scope of Training
Training is designed to:
1) Provide learning opportunities in multiple settings (e.g., hospital, ambulatory care, and emergency settings, and in home- and long-term care facilities).
2) Provide opportunities for learning skills and procedures required as a family physician.
3) Foster self-directed and lifelong learning
ESSENTIAL ATTRIBUTES OF A COMPETENT FAMILY PHYSICIAN

Contextual Aspects
Understand the context and environment in which family doctors work, including their working conditions, community, culture, and financial and regulatory frameworks

- Understand the impact of the local community (including socioeconomic and workplace factors, geography, and culture) on patient care
- Recognize the impact of overall workload on the care provided to the individual patient and the facilities (e.g., staff, equipment) available to deliver that care
- Understand the financial and legal frameworks in which healthcare is delivered at the practice level
- Understand the impact of the doctor’s personal life and working environment on the care that he or she provides

Attitudinal Aspects
Aware of professional capabilities, values, feelings, and ethics

- Awareness of their own capabilities and values
- Identification of the ethical aspects of clinical practice (prevention, diagnostics, therapy, factors that influence lifestyles)
- Awareness of self: to understand that their own attitudes and feelings and their impact on practice
- Awareness of personal and professional ethics and patient rights
- Awareness of the interaction of work and personal life, and the need for a good balance between them

Scientific Aspects
Adopt a reflective and research-based approach to practice, which is maintained through continuous learning and quality improvement

- Become aware of the general principles, methods, and concepts of scientific research and the fundamentals of statistics
- Acquire knowledge of the scientific backgrounds of pathology; the symptoms, diagnosis, therapy, and prognosis of common healthcare problems; epidemiology; decision theory; problem-solving; and preventive healthcare
- Assess medical literature critically and applying evidence wisely to their patients’ problems
- Develop and maintain a habit of continuous learning and quality improvement
The Family Medicine Residency Training Program is a four-year full-time program. It starts with a 6-week introductory course, and in the following years up to end of R3, trainees undergo different rotations in various specialties apart from a 3-month rotation in family practice each year. The trainee will spend the entire fourth year in family medicine practice. The research methodology and fieldwork rotation are to be taken at R2. The Community Medicine course is to be taken at R3.

<table>
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<tr>
<th>R1</th>
<th>18 Weeks</th>
<th>8 weeks</th>
<th>8 weeks</th>
<th>4 weeks</th>
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<th>4 weeks</th>
<th>6 weeks</th>
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<tr>
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<td>4 weeks</td>
<td>8 weeks</td>
<td>8 weeks</td>
<td>4 weeks - 4 weeks</td>
<td>6 weeks</td>
<td>12 weeks</td>
<td>6 weeks</td>
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<td>Research methods</td>
<td>FM II</td>
<td>Annual + Eit + Educ</td>
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<tr>
<td>R3</td>
<td>4 weeks</td>
<td>4 weeks -</td>
<td>4 weeks</td>
<td>6 weeks</td>
<td>8 weeks</td>
<td>12 weeks</td>
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<td>ENT</td>
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<td>R4</td>
<td>2 weeks</td>
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<td>42 weeks</td>
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<td>Geriatric M</td>
<td>Palliative C</td>
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<td>FM II</td>
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<td>Annual + Eit + Educ</td>
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*Adopted with permission from The College of Family Physicians of Canada: http://www.cfpc.ca/ProjectAssets/Templates/Resource.aspx?id=3031

CanMEDS—FM 2009 is an adaptation of CanMEDS 2005, the competency framework for medical education developed by the Royal College of Physicians and Surgeons of Canada (RCPSC). In keeping with CanMEDS—FM2005, the purpose of CanMEDS—Family Medicine 2009 is to guide curriculum and to form the basis for the design and accreditation of residency programs. Its ultimate goal is to improve patient care and to ensure that postgraduate training programs in family medicine respond to societal needs.

The CanMEDS—FM structure includes seven physician roles: medical expert, communicator, collaborator, manager, health advocate, scholar, and professional. These roles reflect quite closely those of family physicians; however, the Royal College’s medical expert role, as described, is most applicable to consultant physicians. CanMEDS—FM replaces “medical expert” with “family medicine expert.” This role, which has been extensively revised from the CanMEDS—FM 2005 medical expert role, identifies many of the key competencies required in the daily practice of broad-based, comprehensive, and continuing care in family medicine.

**Expert**

**Definition**

Family physicians are skilled clinicians who provide comprehensive, continuing care to patients and their families within a relationship of trust. Family physicians apply and integrate medical knowledge, clinical skills, and professional attitudes in their provision of care. Their expertise includes knowledge of their patients and families in the context of their communities, and their ability to use the patient-centered clinical method effectively. As family medicine experts, they integrate all the CanMEDS—FM roles in their daily work.

**Description**

Family physicians provide care for a wide range of health issues throughout the life cycle, from birth through death, in a variety of settings within the community. A patient may present with multiple problems that are not preselected, and are often undifferentiated and interdependent. Through expert judgment and clinical reasoning, family physicians formulate the clinical problems presented and, in partnership with the patient, arrive at decisions regarding investigation, management, and monitoring. The clinical responsibilities of family physicians span the spectrum of medical care: health promotion and disease prevention; diagnosis; acute treatment, including the management of life-threatening illness; chronic disease management; rehabilitation; supportive care; and palliation. Family physicians approach and manage clinical problems effectively, often in situations of diagnostic uncertainty and limited resources.

Family physicians’ unique expertise is intimately linked with their relationships with their patients, for whom they are often the primary and continuing contact for healthcare. Theirs is a generalist approach and their perspective is comprehensive, integrating elements from multiple domains.
Family physicians are a resource for their practices and communities as they adapt their knowledge base and skills over time to the specific patient populations they serve and to local needs. The four principles of family medicine guide the work of the family physician.

Family physicians possess a core body of knowledge, clinical and procedural skills, and professional attitudes. They use the patient-centered clinical method, which involves partnering with patients and families in health and illness, in assessing and managing clinical problems.

Family physicians are skilled at acquiring and interpreting information and solving clinical problems. They adapt effectively to the situation at hand and identify relevant priorities.

Family physicians communicate and collaborate effectively with patients, families, communities, and other healthcare professionals, including teams of providers. They serve as coordinators of care and demonstrate a long-term commitment to their patients.

The role of the family medicine expert draws on the competencies included in the roles of the communicator, collaborator, manager, health advocate, scholar, and professional.

**Components Of Expert Role**
Family physicians are able to

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<td>1. Integrate all the CanMEDS—FM roles in order to function effectively as general lists</td>
<td>1.1 Utilize relevant competencies contained within the CanMEDS—FM roles when approaching clinical situations</td>
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<tr>
<td></td>
<td>1.2 Prioritize professional duties when faced with multiple competing demands</td>
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<td>1.3 Demonstrate an awareness of the role of the family physician in situations other than patient care, such as participation in healthcare management, policy development, and planning</td>
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<td>1.4 Consider issues of patient safety and ethical dimensions in the provision of care and other professional responsibilities</td>
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<td>2. Establish and maintain clinical knowledge, skills and attitudes required to meet the needs of the population served</td>
<td>2.1 Apply acquired knowledge, skills, and attitudes in daily clinical practice</td>
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<td>2.2 Recognize personal limitations in knowledge, skills, and attitudes</td>
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<td>2.3 Apply the life-long learning skills of the scholar role to implement a personal learning program in response to the</td>
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<td>Enabling Competencies</td>
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<td>needs of their practice and patient population</td>
<td>need of their practice and patient population</td>
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<td>Contribute to the enhancement of quality of care in their practice, integrating</td>
<td>Contribute to the enhancement of quality of care in their practice, integrating the available best evidence and best practices</td>
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<td>the available best evidence and best practices</td>
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<td>3. Demonstrate proficient assessment and management of patients, using the</td>
<td>3.1 Describe the components of the patient-centered clinical method</td>
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<td>patient-centered clinical method</td>
<td>3.2 Demonstrate skill in interviewing and physical examination techniques in gathering clinical data</td>
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<td></td>
<td>3.3 Explore both the disease and the patient’s personal experience of illness</td>
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<td>3.4 Understand the whole person: the life history, personal and developmental issues, and their context</td>
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<td>3.5 Find common ground with the patient in regard to defining problems and priorities, setting treatment goals, and recognizing the roles of the</td>
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<td>3.6 Incorporate prevention and health promotion into the clinical encounter</td>
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<td>3.7 Consciously enhance the patient-physician relationship, recognizing the characteristics of a therapeutic and caring relationship</td>
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<td>3.8 Manage time and resources effectively</td>
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<td>3.1</td>
<td>Provide primary contact and comprehensive continuing care to a defined population of patients through the spectrum of health promotion and disease</td>
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<td>3.2</td>
<td>diagnosis; acute treatment, including the management of life-threatening illness; chronic disease management; rehabilitation; supportive care; and palliation</td>
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<td>3.3</td>
<td>Provide preventive care through application of current standards for the practice population</td>
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<td>Utilize diagnostic and therapeutic interventions meeting the needs of the patient according to available evidence while balancing risks, benefits, and</td>
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<td>4. Provide comprehensive and continuing care incorporating appropriate preventive,</td>
<td>4.1 Through clinical reasoning strategies, adapt the scope of clinical evaluation to the particular context in a selective manner in order to</td>
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<td>diagnostic, and therapeutic interventions</td>
<td>appropriately assess each patient</td>
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<td>4.2 Develop diagnostic hypotheses informed by prevalence, community incidence, and consideration of urgent treatable problems</td>
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<td>5. Attend to complex clinical situations in family medicine effectively</td>
<td>5.2</td>
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</tbody>
</table>
### Key Competencies

| 5.3 | Identify relevant priorities for management, based on the patient’s perspective, medical urgency, and the context |
| 5.4 | Make clinical decisions informed by best available evidence, past experience, and the patient’s perspective |
| 5.5 | Recognize and respond to the ethical dimensions in clinical decision-making |
| 5.6 | Use time effectively in assessment and management |
| 5.7 | Manage simultaneously multiple clinical issues, both acute and chronic, often in a context of uncertainty |

| 6.1 | Demonstrate timely performance of relevant diagnostic and therapeutic procedures, including obtaining informed consent |
| 6.2 | Appropriately document procedures performed and their outcomes, and ensure adequate follow-up |

| 7.1 | Coordinate the care of patients with multiple care providers and teams of providers |
| 7.2 | Apply the competencies of the collaborator role in team-based care and when working with consulting health professionals |
| 7.3 | Appropriately include families and other caregivers in the care of patients, while abiding by the ethical standards of patient autonomy and consent |

### Communicator

**Definition**
As communicators, family physicians facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

**Description**
The patient-physician relationship is central to the role of the family physician. Family physicians perform a sensitive, skillful, and appropriate search for disease and illness. They demonstrate an understanding of patients’ experiences of illness, their ideas, feelings, and expectations and of the impact of illness on the lives of patients and families. They use repeated contacts with patients to build on the patient-physician relationship and to promote the healing power of interactions. Family physicians understand and appreciate the human condition, especially the nature of suffering and patients’ response to illness.
Family physicians are adept at working with patients and families to reach a common ground on the definition of problems, goals of treatment, and roles of the family physician and patient in management. They are skilled at providing information to patients in a manner that respects their autonomy and empowers them to take charge of their own healthcare and make decisions in their best interests.

Family physicians enable effective dynamic interactions with patients, families, caregivers, health professionals, and other individuals. They communicate in various ways and in a variety of settings through their own initiative or at the request of the patient or family, with the purpose of achieving the best health outcomes for patients as well as to comfort patients, reassure them, and alleviate suffering.

Family physicians are able to establish and maintain effective communication in the face of patients’ disabilities, cultural differences, and age group differences and in challenging situations. The competencies of this role are essential for establishing rapport and trust, formulating a diagnosis, delivering information, striving for mutual understanding, and facilitating a shared plan of care.

Components of Communicator Role
Family physicians use the patient-centered clinical method.

<table>
<thead>
<tr>
<th>Key Competencies</th>
<th>Enabling Competencies</th>
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<tbody>
<tr>
<td>1 Develop rapport, trust, and ethical therapeutic relationships with patients and families</td>
<td>1.1 Recognize that being a good communicator is a core clinical skill for physicians, and that physician-patient communication can foster patient satisfaction, physician satisfaction, adherence, and improved clinical outcomes</td>
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<td></td>
<td>1.2 Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty, and empathy</td>
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<td>1.3 Respect patient confidentiality, privacy, and autonomy</td>
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<td>1.4 Listen effectively</td>
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<td>1.5 Develop awareness of, and responsiveness to, nonverbal cues</td>
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<td>1.6 Facilitate a structured clinical encounter</td>
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<td>1.7 Acquire cross-cultural communication skills</td>
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<td>1.8 Respect boundaries in the doctor-patient relationship</td>
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<td>2 Accurately elicit and synthesize information from, and perspectives of, patients and families, colleagues, and other professionals</td>
<td>2.1 Gather information about not only a disease, but also a patient’s beliefs, concerns, expectations and illness experience</td>
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<td>2.2 Explore the patient’s psychosocial context through sources such as the patient’s family, caregivers, and other professionals</td>
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<td>2.3 Conduct an interview with multiple participants to gather information about factors affecting the patient</td>
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<tr>
<td>Key Competencies</td>
<td>Enabling Competencies</td>
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</table>
| **3** | **3.1** Deliver information to a patient and family, colleagues and other professionals in a humane manner and in such a way that it is understandable and encourages discussion and participation in decision-making  
**3.2** Disclose errors/adverse events in an effective manner |
| **4** | **4.1** Effectively identify and explore problems to be addressed from a patient encounter, including the patient’s context, responses, concerns, and preferences  
**4.2** Respect diversity and differences, including but not limited to the impact of gender, religion and cultural beliefs on decision-making  
**4.3** Encourage discussion, questions, and interaction in the encounter  
**4.4** Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care  
**4.5** Communicate effectively as a member or leader of a healthcare team or other professional group  
**4.6** Provide follow-up contact with patient and family by using a form of communication that will achieve the best outcome for the patient and family  
**4.7** Effectively address challenging communication issues such as motivating behavioral change, delivering bad news, and addressing anger or dependency  
**4.8** Provide therapeutic interventions through supportive and other counseling techniques used in primary care  
**4.9** Communicate utilizing an interpreter |
| **5** | **5.1** Maintain clear, accurate, and appropriate records (e.g., written and electronic) of clinical encounters and plans  
**5.2** Effectively use written and oral communication for referral and collaborative care.  
**5.3** Effectively present verbal reports of clinical encounters and plans |
Collaborator

Definition
As collaborators, family physicians work with patients, families, healthcare teams, other health professionals, and communities to achieve optimal patient care.

Description
Family physicians collaborate and consult with others in the healthcare system who are involved in the care of individuals or specific groups of patients. Family physicians see themselves as part of a community network of health professionals and are skilled at collaborating as team members or team leaders. This is increasingly important in a modern multiprofessional environment, where the goal of patient-centered care is widely shared.

Modern healthcare teams include not only a group of professionals working closely together at single sites but also extended teams with a variety of perspectives and skills, in multiple locations. Family physicians must therefore be able to collaborate with patients, families, health professionals, community agencies, and policy makers to provide optimal care, education, and scholarship.
<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Key Competencies</th>
<th>Sr. No</th>
<th>Enabling Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Participate in a collaborative team-based model and in the care of patients with consulting health professionals</td>
<td>1.1</td>
<td>Clearly describe their roles and responsibilities to other professionals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.2</td>
<td>Describe the roles and responsibilities of other professionals within the healthcare team</td>
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<tr>
<td></td>
<td></td>
<td>1.3</td>
<td>Recognize and respect the diversity of roles, responsibilities, and competencies of other professionals in relation to their own</td>
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<td>1.4</td>
<td>Work with others to assess, plan, provide, and integrate care for individual patients or groups of patients</td>
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<td>1.5</td>
<td>Where needed, work with others to assess, plan, provide, and review nonclinical tasks, such as research problems, educational work, program reviews, or administrative responsibilities</td>
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<td>1.6</td>
<td>Participate effectively in interprofessional team meetings</td>
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<td>1.7</td>
<td>Enter into interdependent relationships with other professions for the provision of quality care</td>
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<td>1.8</td>
<td>Utilize the principles of team dynamics to enhance team performance</td>
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<td>1.9</td>
<td>Contribute to working relationships on teams and participate in a collegial process to designate appropriate team leadership roles</td>
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<td>1.10</td>
<td>Respect team ethics, including confidentiality, resource allocation, and professionalism</td>
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<td>1.11</td>
<td>Where appropriate, demonstrate leadership in a healthcare team</td>
</tr>
<tr>
<td>2</td>
<td>Maintain a positive working environment with consulting health professionals, health care team members, and community agencies</td>
<td>2.1</td>
<td>Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team</td>
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<td></td>
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<td>2.2</td>
<td>Work with other professionals to prevent conflicts</td>
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<td>2.3</td>
<td>Employ collaborative negotiation to resolve conflicts</td>
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<td></td>
<td></td>
<td>2.4</td>
<td>Respect differences, misunderstandings, and limitations in other professionals</td>
</tr>
<tr>
<td>Sr. No</td>
<td>Key Competencies</td>
<td>Sr. No</td>
<td>Enabling Competencies</td>
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<tr>
<td>2.5</td>
<td>Recognize one’s own differences, misunderstandings, and limitations that may hinder interprofessional tension</td>
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<tr>
<td>2.6</td>
<td>Reflect on interprofessional team functions</td>
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<tr>
<td>3</td>
<td>Engage patients or specific groups of patients and their families as active participants in their care</td>
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<tr>
<td>3.1</td>
<td>Find common ground on the identification of problems and priorities of interventions</td>
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<tr>
<td>3.2</td>
<td>Find common ground on treatment methods and goals</td>
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<tr>
<td>3.3</td>
<td>Work to establish the respective roles of the family physician and the patient</td>
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<tr>
<td>3.4</td>
<td>Work with patients and families to optimize health</td>
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</tbody>
</table>

**Manager**

**Definition**
As managers, family physicians are central to the primary healthcare team and integral participants in healthcare organizations. They use resources wisely and organize practices that are a resource to their patient population to sustain and improve health, coordinating care within the other members of the healthcare system.

**Description**
Family physicians interact with their work environment as individuals, as members of teams or groups, and as participants in the health system locally, regionally, and nationally. They are often the first contact a patient has with the healthcare system, and they need to coordinate care with other members of the healthcare system, including the community. They manage everyday practice activities and balance their personal lives. They organize their practices using information systems as a resource for their patient population. Family physicians require the ability to prioritize, use health resources wisely, and effectively execute tasks collaboratively with colleagues. Family physicians engage in continuous quality improvement within their own practice environment. Family physicians are actively engaged as integral participants in decision-making in the operation of the healthcare system.
## Components of Manager Role

Family physicians are able to

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Key Competencies</th>
<th>Sr. No</th>
<th>Enabling Competencies</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Participate in activities that contribute to the effectiveness of their own practice, healthcare organizations, and systems</td>
<td>1.1</td>
<td>Describe the role of the family physician in the health care system and their relationships with other health care professionals, and community organizations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.2</td>
<td>Work collaboratively with other healthcare professionals and community organizations to provide coordinated care for patients</td>
</tr>
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<td></td>
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<td>1.3</td>
<td>Participate in systemic quality process evaluation and Improvement activities, such as patient safety initiatives</td>
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<td>1.4</td>
<td>Participate in continuous quality improvement activities within their own practice environment, such as practice audits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.5</td>
<td>Describe the structure and function of the health care system, including different models of primary care organization and funding</td>
</tr>
<tr>
<td>2</td>
<td>Manage their practice and career effectively</td>
<td>2.1</td>
<td>Set priorities and manage time to balance patient care, practice requirements, outside activities, and personal life</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.2</td>
<td>Manage a practice, including finances and human resources, collaboratively when indicated</td>
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<td></td>
<td></td>
<td>2.3</td>
<td>Implement processes to ensure continuous quality improvement within a practice</td>
</tr>
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<td></td>
<td></td>
<td>2.4</td>
<td>Employ information technology, including electronic medical records, to plan appropriately for patient care.</td>
</tr>
<tr>
<td>3</td>
<td>Allocate finite healthcare resources appropriately</td>
<td>3.1</td>
<td>Recognize the importance of appropriate allocation of healthcare resources, including referral to other healthcare professionals and community resources, balancing effectiveness, efficiency, and access with optimal patient care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.2</td>
<td>Apply evidence and management processes for cost-appropriate care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.3</td>
<td>Judiciously manage access to scarce community resources and referral sources</td>
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<tr>
<td></td>
<td></td>
<td>3.4</td>
<td>Integrate knowledge of the structure of the healthcare system and its components in the provision of care</td>
</tr>
<tr>
<td>4</td>
<td>Serve in administration and leadership roles, as appropriate</td>
<td>4.1</td>
<td>Chair or participate effectively in committees and meetings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.2</td>
<td>Lead or implement a change in healthcare practice</td>
</tr>
</tbody>
</table>
Health Advocate

Definition
As health advocates, family physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Description
Family physicians recognize their duty and ability to improve the overall health of their patients and the society they serve. Family physicians identify advocacy activities as important for the individual patient, for populations of patients, and for communities. Individual patients need their family physician to assist them in health promotion, navigating the healthcare system, and accessing the appropriate health resources in a timely manner. Communities and societies need family physicians’ special expertise to identify and collaboratively address broad health issues and the determinants of health. At this level, health advocacy involves efforts to change specific practices or policies on behalf of those served. Framed in this multi-level way, health advocacy is an essential and fundamental component of health promotion. Health advocacy is appropriately expressed both by the actions of individual family physicians and through collective actions with other health professionals influencing population health and public policy.
## Components of Health Advocate Role

Family physicians are able to:

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Key Competencies</th>
<th>Sr. No</th>
<th>Enabling Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Respond to individual patient health needs and issues as part of patient care</td>
<td>1.1</td>
<td>Identify the health needs of an individual patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.2</td>
<td>Advocate for individual patients around relevant health matters</td>
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<tr>
<td></td>
<td></td>
<td>1.3</td>
<td>Implement health promotion and disease prevention policies and interventions for individual patients and the patient population served</td>
</tr>
<tr>
<td>2</td>
<td>Respond to the health needs of the communities they serve</td>
<td>2.1</td>
<td>Describe the practice communities that they serve</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.2</td>
<td>Identify opportunities for advocacy, health communities that they serve, and respond appropriately</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.3</td>
<td>Appreciate the possibility of competing interests between the communities served and other populations</td>
</tr>
<tr>
<td>3</td>
<td>Identify the determinants of health within their communities</td>
<td>3.1</td>
<td>Identify the determinants of health within their communities, including barriers to accessing care and resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.2</td>
<td>Identify vulnerable or marginalized populations and respond as needed</td>
</tr>
<tr>
<td>4</td>
<td>Promote the health of individual patients, communities, and populations</td>
<td>4.1</td>
<td>Describe approaches to implementing changes in determinants of health of the population served</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.2</td>
<td>Describe how public policy, healthcare delivery, and healthcare financing impact access to care and the health of the population served</td>
</tr>
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<td></td>
<td></td>
<td>4.3</td>
<td>Identify points of influence in the healthcare system and its structure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.4</td>
<td>Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity, and idealism</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.5</td>
<td>Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with the role of manager or gatekeeper</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.6</td>
<td>Describe the role of the medical profession in advocating collectively for health and patient safety</td>
</tr>
</tbody>
</table>
**Scholar**

**Definition**
As scholars, family physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application, and translation of knowledge.

**Description**
Family physicians engage daily in the search for answers to patient care questions and strive to adapt and increase their knowledge and skills to meet the needs of their patients and community. As reflective learners, they recognize the need to be continually learning and model this for others. Through their scholarly activities, they contribute to the creation, dissemination, application, and translation of knowledge. As teachers, they facilitate the education of their students, patients, colleagues, and others. Family physicians adopt a critical and evidence-informed approach to practice and maintain this approach through continued learning and quality improvement.

**Components of Scholar Role**
Family physicians are able to

<table>
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<tr>
<th>Sr. No</th>
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<th>Enabling Competencies</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Maintain and enhance professional activities through ongoing self-directed based on reflective practice</td>
<td>1.1</td>
<td>Describe the principles in maintaining professional competence and implementing a personal knowledge management system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.2</td>
<td>Recognize and reflect learning issues in practice</td>
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<td></td>
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<td>1.3</td>
<td>Conduct a personal practice audit</td>
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<td>1.4</td>
<td>Formulate a learning question</td>
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<td>1.5</td>
<td>Identify sources of knowledge appropriate to the question</td>
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<td></td>
<td></td>
<td>1.6</td>
<td>Access and interpret relevant evidence</td>
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<td></td>
<td></td>
<td>1.7</td>
<td>Integrate new learning into practice</td>
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<td></td>
<td></td>
<td>1.8</td>
<td>Evaluate the impact of any change in practice</td>
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<td>1.9</td>
<td>Document the learning process</td>
</tr>
<tr>
<td>2</td>
<td>Critically evaluate medical information, its sources, and its relevance to their practice, and apply this information to practice decisions</td>
<td>2.1</td>
<td>Describe the principles of critical appraisal</td>
</tr>
<tr>
<td>Sr. No</td>
<td>Key Competencies</td>
<td>Sr. No</td>
<td>Enabling Competencies</td>
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<tr>
<td></td>
<td>Facilitate the education of patients, families, trainees, other health professionals, and the public, as appropriate</td>
<td>2.2</td>
<td>Critically appraise retrieved evidence in order to address a clinical question</td>
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<tr>
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<td>2.3</td>
<td>Integrate critical appraisal conclusions into clinical care</td>
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<tr>
<td>3</td>
<td></td>
<td>3.1</td>
<td>Describe principles of learning relevant to medical education</td>
</tr>
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<td></td>
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<td>3.2</td>
<td>Collaboratively identify the learning needs and desired learning outcomes of others</td>
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<td>3.3</td>
<td>Discuss the benefits of collaborative learning</td>
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<td>3.4</td>
<td>Employ a learner-centered approach in teaching</td>
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<td>3.5</td>
<td>Select effective teaching strategies and content to facilitate others' learning</td>
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<td></td>
<td></td>
<td>3.6</td>
<td>Deliver an effective presentation</td>
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<td>3.7</td>
<td>Assess and reflect on a teaching encounter</td>
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<td>3.8</td>
<td>Provide effective feedback</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.9</td>
<td>Describe the principles of ethics with respect to teaching</td>
</tr>
<tr>
<td>4</td>
<td>Contribute to the creation, dissemination, application, and translation of new knowledge and practices</td>
<td>4.1</td>
<td>Describe the principles of research and scholarly inquiry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.2</td>
<td>Judge the relevance, validity, and applicability of research findings to their own practice and individual patients</td>
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<tr>
<td></td>
<td></td>
<td>4.3</td>
<td>Describe the principles of research ethics</td>
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<td>4.4</td>
<td>Pose a scholarly question</td>
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<td>4.5</td>
<td>Conduct a systematic search for evidence</td>
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<td>4.6</td>
<td>Select and apply appropriate methods to address the question</td>
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<td>4.7</td>
<td>Appropriately disseminate the findings of a study</td>
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</table>

**Professional**

**Definition**
As professionals, family physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behavior.
**Description**

Family physicians have a societal role as professionals who are dedicated to the health and caring of others. Their work requires the mastery of a complex body of knowledge and skills, as well as the art of medicine. As such, the professional role is guided by codes of ethics and a commitment to clinical competence, appropriate attitudes and behaviors, integrity, altruism, personal well-being, and the public good. These commitments form the basis of a social contract between a physician and society. Society, in return, grants physicians the privilege of profession-led regulation with the understanding that they are accountable to those served.

**Components of Professional Role**

Family physicians are able to:

<table>
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<tr>
<th>Sr. No</th>
<th>Key Competencies</th>
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<th>Enabling Competencies</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Demonstrate a commitment to their patients, profession, and society through ethical practice</td>
<td>1.1</td>
<td>Exhibit professional behaviors in practice, including honesty, integrity, reliability, compassion, respect, altruism, and commitment to patient well-being</td>
</tr>
<tr>
<td></td>
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<td>1.2</td>
<td>Demonstrate a commitment to delivering the highest quality care and maintenance of competence</td>
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<td>1.3</td>
<td>Recognize and appropriately respond to ethical issues encountered in practice</td>
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<td></td>
<td>1.4</td>
<td>Demonstrate respect for colleagues and team members</td>
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<td></td>
<td>1.5</td>
<td>Appropriately manage conflicts of interest</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.6</td>
<td>Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law</td>
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<td></td>
<td>1.7</td>
<td>Maintain appropriate professional boundaries</td>
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<td></td>
<td></td>
<td>1.8</td>
<td>Speak directly and respectfully to colleagues whose behavior may put patients or others at risk</td>
</tr>
<tr>
<td>2</td>
<td>Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation</td>
<td>2.1</td>
<td>Appreciate the professional, legal, and ethical codes of practice, including knowledge of the CMA Code of Ethics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.2</td>
<td>Fulfill the regulatory and legal obligations required of current practice</td>
</tr>
</tbody>
</table>
### Sr. No | Key Competencies | Sr. No | Enabling Competencies
--- | --- | --- | ---
2.3 | Demonstrate accountability to professional regulatory bodies
2.4 | Recognize and respond to others’ unprofessional behaviors in practice
2.5 | Participate in peer review
3 | Demonstrate a commitment to physician health and sustainable practice | 3.1 | Balance personal and professional priorities to ensure personal health and sustainable practice
 | 3.2 | Strive to heighten personal and professional awareness and insight
 | 3.3 | Recognize and respond to other professionals in need
4 | Demonstrate a commitment to reflective practice | 4.1 | Demonstrate the ability to gather information about personal performance, know their own limits, and seek help appropriately
 | 4.2 | Demonstrate an awareness of self and an understanding how their attitudes and feelings impact their practice.
 | 4.3 | Reflect on practice events, especially critical incidents, to deepen self-knowledge

### Core Conditions

In contrast to other specialists, a family physician encounters in real practice a variety of clinical conditions and presentations. The top fifty conditions listed below were selected based on pertinence and prevalence in local community. Many other conditions/presentations should be considered during academic teaching and clinical training and should be covered with varying weight in everyday practice.

**Top 50 conditions in the priority list of the family physician (alphabetical)**

1) Acne
2) Acute abdomen
3) Acute gastroenteritis
4) Allergic rhinosinusitis
5) Anemia
6) Antenatal care
7) Anxiety disorders
8) Back pain
9) Benign paroxysmal positional vertigo
10) Benign prostatic hyperplasia
11) Bronchial asthma/COPD
12) Cholelithiasis/cholecystitis
13) Common infectious diseases: brucellosis/influenza/dengue fever/viral hepatitis
14) Conjunctivitis (allergic, infective)
15) Convulsion disorders
16) Dementia
17) Depression
18) Dermatitis (atopic, contact)
19) DM
20) Domestic violence (child abuse, spouse abuse)
21) Dyslipidemia
22) Enuresis
23) Failure to thrive
24) Family planning
25) GERD
26) Headache (migraine, tension headache, etc.)
27) Heart failure
28) HTN
29) IBS
30) IHD
31) infertility
32) Injuries (wounds, lacerations, MSS, etc.)
33) Menopause
34) Menstrual disorders
35) OA
36) Obesity
37) Osteoporosis/rickets/vitamin D deficiencies
38) Periodic health maintenance (men’s and women’s health)
39) Premarital counseling
40) PUD/chronic gastritis
41) Skin rash/infections
42) Sleep disorders
43) Smoking
44) Somatization
45) Stroke/TIA
46) TB
47) Thyroid disease
48) Upper and lower respiratory tract infections
49) UTI/renal stone
50) Well baby care

Procedures
51) Aspiration and injections of joints (e.g., shoulder and knee joints)
52) Cauterization and cryosurgery (liquid nitrogen)
53) Closed reduction of joint dislocation
54) Corneal foreign body removal
55) Demonstrate peak flow measurement and inhaler techniques
<table>
<thead>
<tr>
<th></th>
<th>Procedure</th>
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<tr>
<td>56)</td>
<td>Diaphragm fitting</td>
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<td>57)</td>
<td>Ear wax removal</td>
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<td>58)</td>
<td>Episiotomy and repair</td>
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<td>59)</td>
<td>Excision of in-growing nails</td>
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<td>60)</td>
<td>Foley's catheter insertion &amp; removal</td>
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<td>61)</td>
<td>Incision and drainage of superficial abscesses.</td>
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<td>62)</td>
<td>Injectable long-term contraceptives</td>
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<td>63)</td>
<td>Intramuscular, intravenous, subcutaneous, and intra-dermal injection</td>
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<td>64)</td>
<td>Intrauterine contraceptive device insertion and removal</td>
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<td>65)</td>
<td>Local anesthesia techniques: infiltration, ring block</td>
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<td>66)</td>
<td>Lumbar puncture</td>
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<td>67)</td>
<td>Nasal packing or cautery for epistaxis control</td>
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<td>68)</td>
<td>Naso-gastric tube insertion and lavage.</td>
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<td>69)</td>
<td>Obstetric ultrasound</td>
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<td>70)</td>
<td>Obtaining an arterial blood gas</td>
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<td>71)</td>
<td>Obtaining vaginal and cervical cytology</td>
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<td>72)</td>
<td>Perform swabs (throat, eye, ear, wound, vaginal, urethral, etc.)</td>
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<td>73)</td>
<td>Performing an ECG</td>
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<td>74)</td>
<td>Peripheral intravenous line, adult and child</td>
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<td>75)</td>
<td>Proctoscopy</td>
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<td>76)</td>
<td>Removal of foreign body from nose and external ear</td>
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<td>77)</td>
<td>Scraping for mycology</td>
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<tr>
<td>78)</td>
<td>Simple excision and removal of superficial masses</td>
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<tr>
<td>79)</td>
<td>Skills of BLS, ACLS, and ATLS</td>
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<td>80)</td>
<td>Skin biopsy and excision of skin lesions</td>
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<td>81)</td>
<td>Soft tissue injections (e.g., plantar fasciitis)</td>
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<td>82)</td>
<td>Splinting and techniques of immobilization of sprained joints and fractures</td>
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<tr>
<td>83)</td>
<td>Suturing and laceration repair and suture removal</td>
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<td>84)</td>
<td>Urine dipstick and microscopy</td>
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<td>85)</td>
<td>Using a Wood’s lamp</td>
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<tr>
<td>86)</td>
<td>Wound care: debridement, suturing, repair, and dressing</td>
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</tbody>
</table>
UNIVERSAL TOPICS

Intent
These are high-value, interdisciplinary topics of outmost importance to the trainee. The reason for delivering the topics centrally is to ensure that every trainee receives high-quality teaching and develops essential core knowledge. These topics are common to all specialties.

Topics included here have one or more of the following characteristics:
- Impactful: topics that are common or life-threatening
- Interdisciplinary: topics that are difficult to teach by a single discipline
- Orphan: topics that are poorly represented in the undergraduate curriculum
- Practical: topics that trainees will encounter in hospital practice

Development and Delivery
The core topics for the PG curriculum will be developed and delivered centrally by the commission through an e-learning platform. A set of preliminary learning outcomes for each topic will be developed. Content experts, in collaboration with the central team, may modify the learning outcomes.

These topics will be didactic in nature with a focus on the practical aspects of care. These topics will be more content-heavy than the workshops and other face-to-face interactive session planned.

The duration of each topic is to be decided by the training committee of the program as needed.

Assessment
The topics will be delivered in a modular fashion. At the end of each learning unit, online formative assessment will be conducted. After completion of all topics, there will be a combined summative assessment in the form of context-rich multiple-choice questions (MCQs). All trainees must attain minimum competency in the summative assessment. Alternatively, these topics can be assessed in a summative manner along with specialty examinations.
Some ideas: case studies, high-quality images, worked examples of prescribing drugs in disease states, and Internet resources.

<table>
<thead>
<tr>
<th>Year of Training</th>
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| 1st and 2nd years (R1 & R2) | Safe drug prescribing  
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Cancer prevention  
Abnormal ECG results  
Management of acute chest pain  
Management of acute breathlessness  
Management of hypotension and hypertension  
Preoperative assessment  
Recognition and management of diabetic emergencies  
Management of diabetic complications  
Comorbidities of obesity  
Acute pain management  
Evidence-based approach to smoking cessation  
Patient advocacy  
Treatment refusal; patient autonomy |
| R3 | Care of the elderly  
Assessment of frail elderly  
Prescribing drugs for the elderly  
Occupational hazards of healthcare workers |
| R4 | Transplantation/organ harvesting; withdrawal of care  
Role of doctors in death and dying  
Mini-Mental State Examination  
Chronic pain management |

Module 1: Introduction

1) Safe drug prescribing
2) Antibiotic stewardship

**Safe drug prescribing:** At the end of the learning unit, the trainee should be able to:

a) Recognize the importance of safe drug prescribing in the healthcare
b) Describe various adverse drug reactions with examples of commonly prescribed drugs that can cause such reactions
c) Apply principles of drug-drug interactions, drug-disease interactions, and drug-food interactions into common situations
d) Apply principles of prescribing drugs in special situations such as renal failure and liver failure
e) Apply principles of prescribing drugs for elderly, pediatric, pregnant, and lactating patients
f) Promote evidence-based cost-effective prescribing
g) Discuss the ethical and legal framework governing safe drug prescribing in Saudi Arabia
Antibiotic stewardship: At the end of the learning unit, the trainee should be able to
a) Recognize antibiotic resistance as one of the most pressing public health threats globally
b) Describe the mechanism of antibiotic resistance
c) Determine the appropriate and inappropriate use of antibiotics
d) Develop a plan for safe and proper antibiotic usage, including right indications, duration, types of antibiotics, and discontinuation
e) Appraise local guidelines for prevention of antibiotic resistance

Module 2: Cancer
1) Cancer prevention
2) Surveillance follow-up of cancer patients

Cancer prevention: At the end of learning unit, the trainee should be able to
a) Realize that many major cancers are preventable
b) Identify smoking prevention and lifestyle modifications as major preventable measures
c) Recognize cancers that are preventable
d) Discuss the major cancer prevention strategies at the individual as well as national level
e) Counsel patients and families in a proactive manner regarding cancer prevention, including screening

Surveillance and follow-up of cancer patients: At the end of the learning unit, the trainee should be able to:
 a) Describe the principles of surveillance and follow-up of patients with cancers
b) Enumerate a surveillance and follow-up plan for common forms of cancer
c) Describe the role of primary care physicians, family physicians, and other similar professionals in the surveillance and follow-up of cancer patients
d) Liaise with oncologists to provide surveillance and follow-up for patients with cancer

Module 3: Diabetes And Metabolic Disorders
1) Recognition and management of diabetic emergencies
2) Management of diabetic complications
3) Comorbidities of obesity
4) Abnormal ECG results

Recognition and management of diabetic emergencies: At the end of the learning unit, the trainee should be able to
a) Describe the pathogenesis of common diabetic emergencies, including their complications
b) Identify risk factors of and groups of patients vulnerable to such emergencies
c) Recognize a patient presenting with diabetic emergencies
d) Institute immediate management
e) Refer the patient to an appropriate next level of care
f) Counsel patients and families to prevent such emergencies
Management of diabetic complications: At the end of the learning unit, the trainee should be able to
a) Describe the pathogenesis of important complications of Type 2 diabetes mellitus
b) Screen patients for such complications
c) Provide preventive measures for such complications
d) Treat such complications
e) Counsel patients and families with special emphasis on prevention

Comorbidities of obesity: At the end of the learning unit, the trainee should be able to
a) Screen patients for presence of common and important comorbidities of obesity
b) Manage obesity-related comorbidities
c) Provide dietary and lifestyle advice for prevention and management of obesity

Abnormal ECG results: At the end of the learning Unit, the trainee should be able to
a) Recognize common and important ECG abnormalities
b) Institute immediate management, if necessary

Module 4: Medical And Surgical Emergencies
1) Management of acute chest pain
2) Management of acute breathlessness
3) Management of altered sensorium
4) Management of hypotension and hypertension

For all the above, the following learning outcomes apply:
At the end of the learning unit, the trainee should be able to
a) Triage and categorize patients
b) Identify patients who need prompt medical and surgical attention
c) Generate preliminary diagnoses based history and physical examination
d) Order and interpret urgent investigations
e) Provide appropriate immediate management to patients
f) Refer the patients to the next level of care, if needed

Module 5: Acute Care
1) Acute pain management
2) Chronic pain management

Acute pain management: At the end of the learning unit, the trainee should be able to
a) Review the physiological basis of pain perception
b) Proactively identify patients who might be in acute pain
c) Assess a patient with acute pain
d) Apply various pharmacological and nonpharmacological modalities available for acute pain management
e) Provide adequate pain relief for uncomplicated patients with acute pain
f) Identify and refer patients with acute pain who can benefit from specialized pain services
Chronic pain management: At the end of the learning unit, the trainee should be able to
a) Review the biopsychosocial and physiological basis of chronic pain perception
b) Discuss various pharmacological and nonpharmacological options available for chronic pain management
c) Provide adequate pain relief for uncomplicated patients with chronic pain
d) Identify and refer patients with chronic pain who can be benefitted from specialized pain services

Module 6: Frail Elderly
1) Assessment of frail elderly
2) Mini-Mental State Examination
3) Prescribing drugs for the elderly
4) Care of the elderly

Assessment of frail elderly: At the end of the learning unit, the trainee should be able to
a) Enumerate the differences and similarities between comprehensive assessment of the elderly and assessment of other patients
b) Perform comprehensive assessment, in conjunction with other members of the healthcare team, of a frail elderly adult, with special emphasis on social factors, functional status, quality of life, diet and nutrition, and medication history
c) Develop a problem list based on the assessment of the elderly adult

Mini-Mental State Examination: At the end of the learning unit, the trainee should be able to
Review the appropriate usages, advantages, and potential pitfalls of the Mini-Mental State Examination
Identify patients for whom the Mini-Mental State Examination is suitable
Screen patients for cognitive impairment through the Mini-Mental State Examination

Prescribing drugs for the elderly: At the end of the learning unit, the trainee should be able to
a) Discuss the principles of prescribing for elderly patients
b) Recognize polypharmacy, prescribing cascade, inappropriate dosages, inappropriate drugs, and deliberate drug exclusion as major causes of morbidity in the elderly
c) Describe the physiological and functional declines in the elderly that contribute to increased drug-related adverse events
d) Discuss drug-drug interactions and drug-disease interactions among the elderly
e) Be familiar with the Beers criteria
f) Develop a rational prescribing habit for the elderly
g) Counsel elderly patients and their families on safe medication usage

Care of the elderly: At the end of the learning unit, the trainee should be able to
a) Describe the factors that need to be considered while planning care for the elderly
b) Recognize the needs and well-being of caregivers
c) Identify local and community resources available in the care of the elderly
d) Develop, with inputs from other healthcare professionals, an individualized care plan for an elderly patient
Module 7: Ethics And Healthcare

1) Occupational hazards of healthcare workers
2) Evidence-based approach to smoking cessation
3) Patient advocacy
4) Ethical issues: transplantation/organ harvesting; withdrawal of care
5) Ethical issues: treatment refusal; patient autonomy
6) Role of doctors in death and dying

Occupational hazards of healthcare workers: At the end of the learning unit, the trainee should be able to

a) Recognize common sources and risk factors of occupational hazards among healthcare workers (HCW)
b) Describe common occupational hazards in the workplace
c) Develop familiarity with legal and regulatory frameworks governing occupational hazards among HCW
d) Develop a proactive attitude to promote workplace safety
e) Protect oneself and colleagues against potential occupational hazards in the workplace

Evidence-based approach to smoking cessation: At the end of the learning unit, the trainee should be able to

a) Describe the epidemiology of smoking and tobacco usage in Saudi Arabia
b) Review the effects of smoking on the smoker and family members
c) Effectively use pharmacological and nonpharmacological measures to treat tobacco usage and dependence
d) Effectively use pharmacological and nonpharmacological measures to treat tobacco usage and dependence among special population groups such as pregnant women, adolescents, and patients with psychiatric disorders

Patient advocacy: At the end of the learning unit, the trainee should be able to

a) Define patient advocacy
b) Recognize patient advocacy as a core value governing medical practice
c) Describe the role of patient advocates in the care of the patients
d) Develop a positive attitude towards patient advocacy
e) Be a patient advocate in conflicting situations
f) Be familiar with local and national patient advocacy groups

Ethical issues: transplantation/organ harvesting; withdrawal of care: At the end of the learning unit, the trainee should be able to

a) Apply key ethical and religious principles governing organ transplantation and withdrawal of care
b) Be familiar with the legal and regulatory guidelines regarding organ transplantation and withdrawal of care
c) Counsel patients and families in the light of applicable ethical and religious principles
d) Guide patients and families to make informed decisions

Ethical issues: treatment refusal; patient autonomy: At the end of the learning unit, the trainee should be able to
a) Predict situations where a patient or family is likely to decline prescribed treatment
b) Describe the concept of “rational adult” in the context of patient autonomy and treatment refusal
c) Analyze key ethical, moral, and regulatory dilemmas in treatment refusal
d) Recognize the importance of patient autonomy in the decision-making process
e) Counsel patients and families declining medical treatment in the light of best interest of patients

Role of doctors in death and dying: At the end of the learning unit, the trainee should be able to
a) Recognize the important role a doctor can play during the dying process
b) Provide emotional as well as physical care to a dying patient and family
c) Provide appropriate pain management for a dying patient
d) Identify suitable patients and refer them to palliative care services
Residents in training will encounter patients of different age groups with a wide variety of conditions at the training centers. As family medicine residents progress, they have increasing responsibility in the management of their patients. First-year residents have primary responsibility for initial assessment and approach of patients presenting at the clinic. This care is provided under the close supervision of the senior family medicine resident and full-time consultant. Second-year residents have primary responsibility in the management plan of their patients under appropriate supervision. Third-year residents will play a greater role in the care of their patients, including patients at urgent care centers, and they will participate in office procedures under the supervision of their consultants. Fourth-year residents will have greater responsibility and independence in the care of their patients, under supervision of their consultants. Third- and fourth-year residents will have more responsibilities for the supervision and teaching of other junior residents.

**General Principles**
Teaching and learning is structured and programmatic, with more responsibility for self-directed learning. Every week, 4–6 hours of formal training time will be reserved. The Core Education Program (CEP) includes formal teaching and learning activities: universal topics, core specialty topics, and trainee-selected topics. At least 3 hours per week should be allocated to the CEP. The CEP will be supplemented by other practice-based learning (PBL) such as:

- Morning reports or case presentations
- Morbidity and mortality reviews
- Journal clubs including systematic reviews
- Hospital grand rounds and other CMEs

Every four weeks, at least 2 hours should be assigned to meeting with mentors, review of portfolio, mini-clinical evaluation exercise, directly observed procedural skills, etc.
**Universal Topics**

These are high-value, interdisciplinary topics of utmost importance to the trainee. They are developed and delivered centrally to ensure that every trainee receives high-quality teaching and develops essential core knowledge. These topics are common to all specialties and their suggested time is 1.5 hrs.

The topics will be delivered in a modular fashion. At the end of each module, there will be online formative assessment. After completion of all topics, there will be a combined summative assessment in the form of context-rich MCQs. All trainees must attain minimum competency in the summative assessment. These topics can be assessed in a summative manner along with specialty examinations.

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### Core Specialty Topics

Core specialty topics are important family medicine clinical problems. They are interactive, case-based discussions with pre-learning materials. They include workshops and simulation to develop skills in core procedures.

#### Examples of Core Specialty Topics: Case Discussions; Interactive Lectures

<table>
<thead>
<tr>
<th>Topic</th>
<th>Learning Outcomes</th>
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<tbody>
<tr>
<td><strong>Anemia</strong></td>
<td>1) Differentiate between the different causes of anemia</td>
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<td></td>
<td>2) Discuss the investigations that may clarify the diagnosis</td>
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<td>3) Recognize the predisposing factors and consequences of iron deficiency anemia and discuss how to manage it</td>
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<td>4) Discuss the hereditary basis and clinical features of sickle cell anemia and thalassemia and how to screen for it</td>
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<td>5) Recognize and initiate management of sickle cell crisis</td>
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<td><strong>Approach to limping child</strong></td>
<td>1) Formulate differential diagnosis of a limp at different ages and clinical presentations</td>
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<td>2) Determine when to refer for a specialist opinion</td>
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<td></td>
<td>3) Distinguish between inflammatory and non-inflammatory conditions</td>
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<td><strong>Abdominal pain</strong></td>
<td>1) Distinguish between acute and chronic pain</td>
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<td></td>
<td>2) Generate a complete differential diagnosis (DDx)</td>
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<td>3) Investigate in an appropriate and timely fashion</td>
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<td><strong>Anxiety</strong></td>
<td>1) Recognize and rule out organic causes of symptoms of anxiety (e.g., shortness of breath, palpitations, hyperventilation)</td>
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<td>2) Differentiate between the different types of anxiety disorders (e.g., agoraphobia, social phobia, generalized anxiety disorder, and panic disorder)</td>
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<td>3) Offer appropriate treatment for anxiety</td>
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<td><strong>Asthma</strong></td>
<td>1) Assess the severity of an asthma attack</td>
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<td>2) Discuss guidelines for management of asthma</td>
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<td>3) Recognize the patterns of asthma and contributing factors</td>
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<td>4) Determine the complications of long-term use of medications for asthma</td>
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<td>5) Institute age-appropriate individualized management plan for asthma</td>
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<td>6) Teach patients how to use a peak flow meter and diary Teach and assess inhaler technique</td>
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<tr>
<td><strong>Obesity</strong></td>
<td>1) Define the causes of obesity</td>
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<td>2) Recognize the long-term complications</td>
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<td>3) Discuss the interventional strategies that are involved in weight reduction</td>
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<td>4) Calculate and interpret body mass index</td>
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<td>5) Promote healthy lifestyle and obesity prevention</td>
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<td><strong>Breaking bad news</strong></td>
<td>1) Ensure that the setting is appropriate</td>
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<td>2) Ensure the patient’s confidentiality</td>
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<td>3) Arrange definitive follow-up to assess impact and understanding</td>
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<tr>
<td><strong>Failure to thrive</strong></td>
<td>1) Differentiate between the different causes of malnutrition, including organic and non-organic causes</td>
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</table>
| **Fever of unknown origin (FUO)**         | 1) Differentiate between different causes of fever of unknown origin  
2) Recognize features in the presentation that suggest serious or unusual pathology  
3) Determine how to conduct investigations to establish cause                                                                                                                                 |
| **Immunization**                          | 1) Differentiate between passive and active immunization  
2) Discuss using immunoglobulin and the indications, contraindications, and complications  
3) Recognize the principles and the rationale behind the national immunization policy for children in Saudi Arabia  
4) Discuss the indications, contraindications, and complications of routine childhood immunizations  
5) Determine how to immunize a child with special conditions or illness or missing vaccine  
6) Recognize important recommended adult immunizations                                                                                                                                 |
| **Lower respiratory tract infection**     | 1) Discuss the causes of respiratory tract infections and recurrent infection  
2) Recognize the indicators of severity  
3) Determine when patients require intensive care  
4) Discuss how to manage these infections  
5) Recognize complications and manage them appropriately                                                                                                                                 |
| **Skin rash**                             | 1) Describe skin rash accurately  
2) Differentiate between and recognize the cutaneous and mucosal manifestations of systemic disease  
3) Recognize the serious nature of some skin disorders or their associated conditions  
4) Discuss the different potencies of topical steroids and their side effects  
5) Identify the indications for and the procedure involved in skin biopsy  
6) Recognize when to refer to specialists for further management of skin diseases                                                                                                                                 |
| **Chest pain**                            | 1) Take an adequate history to make a specific diagnosis  
2) Begin timely treatment  
3) Rule out ischemic heart disease                                                                                                                                                                                  |
| **Chronic obstructive pulmonary disease** | 1) Assess the severity of a COPD attack  
2) Institute an appropriate management plan  
3) Encourage smoking cessation                                                                                                                                                                                       |
| **Cough**                                 | 1) Generate a broad differential diagnosis  
2) Consider nonpulmonary causes (e.g., GERD, congestive heart failure, rhinitis), as well as other serious causes (e.g., cancer, PE)  
3) Investigate appropriately                                                                                                                                                                                      |
| **Dementia**                              | 1) Use the Mini-Mental State Examination and other measures of impaired cognitive function  
2) Take a careful history and physical examination, to make an early diagnosis                                                                                                                                 |
<table>
<thead>
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</table>
| Depression   | 1) Screen for depression and diagnose it in high-risk groups  
2) Consider the diagnosis of depression and explore this possibility in patients with multiple somatic complaints |
| Diabetes     | 1) Screen patients at high risk for diabetes at appropriate intervals  
2) Treat and modify treatment according to disease status (e.g., use oral hypoglycemic agents, insulin, diet, and/or lifestyle changes)  
3) Look for complications (e.g., proteinuria)  
4) Refer as necessary to specialists for further management |
| Diarrhea     | 1) Determine hydration status  
2) Treat dehydration appropriately  
3) Pursue investigation in a timely manner |
| Dizziness    | 1) Take a careful history to distinguish vertigo, presyncope, and syncope  
2) Rule out serious cardiovascular, cerebrovascular, and other neurologic disease  
3) Investigate further those patients with warning findings |
| Dyspepsia    | 1) To differentiate, by history and physical examination, between conditions presenting with dyspepsia (e.g., gastroesophageal reflux disease, gastritis, ulcer, cancer)  
2) Ask about and examine the patient for worrisome signs/symptoms (e.g., gastrointestinal bleeding, weight loss, dysphagia) |
| Dysuria      | 1) Use history and dipstick urinalysis to determine if the patient has an uncomplicated urinary tract infection  
2) Consider etiologies of dysuria not related to urinary tract infection (e.g., prostatitis, vaginitis, sexually transmitted disease, chemical irritation) |
| Fractures    | 1) Assess neurovascular status and examine the joint above and below the injury  
2) Identify and manage limb injuries that require urgent immobilization and/or reduction in a timely manner.  
3) Look for and diagnose high-risk complications (e.g., an open fracture, unstable cervical spine, compartment syndrome) |
| Headache     | 1) Differentiate benign from serious pathology through history and physical examination  
2) Perform the appropriate work-up (e.g., biopsy, computed tomography [CT], lumbar puncture [LP], erythrocyte sedimentation rate) |
| Hepatitis    | 1) Take a focused history to assist in establishing the etiology (e.g., new drugs, alcohol, blood or body fluid exposure, viral hepatitis)  
2) Interpret the results to distinguish between different causes for hepatitis as the subsequent investigation differs |
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| **Hyperlipidemia**            | 1) Screen appropriate patients for hyperlipidemia  
                               2) Take an appropriate history, and examine and test the patient for modifiable causes (e.g., alcohol abuse, thyroid disease)  
                               3) Treat hyperlipidemic patients, establish target lipid levels based on overall CV risk  
                               4) Give appropriate lifestyle and dietary advice |
| **Hypertension**              | 1) Screen for hypertension  
                               2) Use correct technique and equipment to measure blood pressure  
                               3) Assess and periodically re-evaluate the overall cardiovascular risk and end-organ complications  
                               4) Suggest individualized lifestyle modifications to patients with hypertension. (e.g., weight loss, exercise, dietary changes)  
                               5) Treat hypertension with appropriate pharmacological therapy (e.g., consider the patient’s age, concomitant disorders, other cardiovascular risk factors) |
| **Infertility**               | 1) Assess couples for primary and secondary infertility  
                               2) Initiate investigations at level of family medicine to establish the common causes of infertility  
                               3) Provide appropriate referral and follow up |
| **Low-back pain**             | 1) Make a positive diagnosis of musculoskeletal pain through an appropriate history and physical examination  
                               2) Rule out serious causes (e.g., cauda equina syndrome, pyelonephritis, ruptured abdominal aortic aneurysm, cancer) through appropriate history and physical examination  
                               3) In all patients with mechanical low back pain, discuss exercises and posture strategies to prevent recurrences |
| **Menopause**                 | 1) Screen for symptoms of menopause and (e.g., hot flashes, changes in libido, vaginal dryness, and incontinence)  
                               2) Explore other therapeutic options and recommend some appropriate choices  
                               3) Provide counseling about preventive health measures (e.g., osteoporosis testing, mammography) |
| **Osteoporosis**              | 1) Assess osteoporosis risk of all adult patients as part of their periodic health examination  
                               2) Counsel all patients about primary prevention of osteoporosis (i.e., dietary calcium, physical activity, smoking cessation)  
                               3) Treat patients with established osteoporosis |
| **Benign prostatic hypertrophy** | 1) Assess patients with suspicion of benign prostatic hypertrophy  
                               2) Perform appropriate work up to diagnose BPH by using appropriate history, physical examination, and investigations  
                               3) Rule out other causes of lower urinary tract symptoms such as prostatitis and prostate cancer  
                               4) Appropriately treat patients with BPH |
| **Palliative care**           | 1) Use the principles of palliative care to address common end of life symptoms (e.g., dyspnea, pain, constipation, nausea)  
                               2) Identify the individual issues important to the patient, like emotional issues, social issues (e.g., guardianship, wills, finances), and religious issues |
<table>
<thead>
<tr>
<th>Topic</th>
<th>Learning Outcomes</th>
</tr>
</thead>
</table>
| Periodic health assessment/screening | 1) Perform a periodic health assessment in a proactive or opportunistic manner  
                                           2) Adapt the periodic health examination to the patient’s gender and age.                       |
| Pregnancy                        | 1) Recommend appropriate changes before pregnancy (e.g., folic acid intake, smoking cessation, medication changes)                           
                                           2) In a patient presenting with a confirmed pregnancy for the first encounter, assess maternal risk factors (medical and social), establish accurate dates, and advise the patient about ongoing care  
                                           3) Identify and refer high-risk patients to appropriate resources throughout the antepartum and postpartum periods |
| Red eye                          | 1) Take an appropriate history (e.g., photophobia, changes in vision, history of trauma)                                                              
                                           2) Conduct a focused physical examination (e.g., pupil size, and visual acuity, slit lamp, fluorescein) to distinguish between serious causes (e.g., keratitis, glaucoma, perforation, temporal arteritis) and nonserious causes (i.e., do not assume all red eyes are caused by conjunctivitis) |
| Upper respiratory tract infection | 1) Take appropriate history and/or physical examination  
                                           2) Differentiate life-threatening conditions (epiglottitis, retropharyngeal abscess) from benign conditions  
                                           3) Manage the condition appropriately with appropriate use of antibiotics                                |
### Recommended Workshops

**Recommended Workshops/Simulation/Interpretation Sessions**

<table>
<thead>
<tr>
<th>Topics</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS</td>
<td>R1/R2</td>
</tr>
<tr>
<td>ATLS</td>
<td>R1/R2</td>
</tr>
<tr>
<td>Electrocardiography interpretation and response</td>
<td>R1/R2</td>
</tr>
<tr>
<td>Chest X-ray interpretation</td>
<td>R1/R2</td>
</tr>
<tr>
<td>Urine dipstick interpretation</td>
<td>R1/R2</td>
</tr>
<tr>
<td>Complete blood count interpretation</td>
<td>R1/R2</td>
</tr>
<tr>
<td>Wound suturing</td>
<td>R1/R2</td>
</tr>
<tr>
<td>Pap smear</td>
<td>R1/R2</td>
</tr>
<tr>
<td>Foley's catheter insertion</td>
<td>R1/R2</td>
</tr>
<tr>
<td>Digital rectal examination</td>
<td>R1/R2</td>
</tr>
<tr>
<td>Breast lump</td>
<td>R1/R2</td>
</tr>
<tr>
<td>Genital examination</td>
<td>R1/R2</td>
</tr>
<tr>
<td>Premarital counseling</td>
<td>R1/R2</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>R1/R2</td>
</tr>
<tr>
<td>Breaking bad news</td>
<td>R3/R4</td>
</tr>
<tr>
<td>End of life care</td>
<td>R3/R4</td>
</tr>
<tr>
<td>Skin biopsy</td>
<td>R3/R4</td>
</tr>
<tr>
<td>Lumbar puncture and cerebrospinal fluid</td>
<td>R1/R2</td>
</tr>
<tr>
<td>interpretation</td>
<td></td>
</tr>
<tr>
<td>Synovial fluid aspiration</td>
<td>R3/R4</td>
</tr>
<tr>
<td>Joint injections</td>
<td>R3/R4</td>
</tr>
<tr>
<td>Ingrown nail</td>
<td>R3/R4</td>
</tr>
</tbody>
</table>

Trainees can suggest other topics for workshops to be added to above list. All the topics need to be approved by the program training committee.

### Examples of extra topics

1. Communication skills
2. Presentation skills
3. Decision making
4. Evidence-based medicine
5. Passing the MCQs
6. Clinical teaching and learning strategy
7. Breaking bad news
8. Medical ethics and malpractices and patient safety
9. Writing scientific papers
10. Objective Structured Clinical Examination (OSCE) preparation
11. Medication safety practices
12. Child safety and environmental hazards
13. Child psychiatry and learning disabilities
14. Stress coping and management
15. Management skills course
16. Critical appraisal and how to form a journal club
# Educational Activities

Tables of teaching and learning activities linked to CanMEDS—FM:

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>OBJECTIVES</th>
<th>CanMEDS—FM COMPETENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morning Meeting</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morning report and case presentation</td>
<td>• To monitor patient care and management decisions and their outcomes</td>
<td>Manager Medical expert</td>
</tr>
<tr>
<td></td>
<td>• To develop competence in the short presentation of cases in a concise and</td>
<td>Professional Scholar</td>
</tr>
<tr>
<td></td>
<td>and informative way</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• To develop appropriate differential diagnoses and proper management plans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• To develop appropriate presentation skills</td>
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<td></td>
<td></td>
<td>Professional</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical expert</td>
</tr>
<tr>
<td><strong>Morbidity and mortality report</strong></td>
<td>• To identify areas of improvement for clinical care</td>
<td>Medical expert</td>
</tr>
<tr>
<td></td>
<td>• To learn from incidents to prevent future medical errors</td>
<td>Professional</td>
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<tr>
<td></td>
<td>• To identify system issues, such as outdated policies and patient</td>
<td>Manager Medical expert</td>
</tr>
<tr>
<td></td>
<td>identification procedures</td>
<td></td>
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<td></td>
<td>• To emphasize the confidentiality of cases discussed and colleagues</td>
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<tr>
<td></td>
<td>involved</td>
<td>Professional</td>
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<tr>
<td></td>
<td></td>
<td>Medical expert</td>
</tr>
<tr>
<td><strong>Grand rounds</strong></td>
<td>• To add to the residents’ medical knowledge and skills</td>
<td>Medical expert</td>
</tr>
<tr>
<td></td>
<td>• To learn about the latest advances in medical research</td>
<td>Professional</td>
</tr>
<tr>
<td></td>
<td>• To identify and discuss areas of controversy in the medical field</td>
<td></td>
</tr>
<tr>
<td><strong>Journal clubs, critical appraisal</strong></td>
<td>• To promote continuing professional development</td>
<td>Medical expert Scholar</td>
</tr>
<tr>
<td></td>
<td>• To be updated about current medical research.</td>
<td>Health advocate</td>
</tr>
<tr>
<td></td>
<td>• To disseminate information and debate on good practice</td>
<td></td>
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<tr>
<td></td>
<td>• To learn and practice efficient searching strategies and critical</td>
<td></td>
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<tr>
<td></td>
<td>appraisal skills</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• To implement and apply the gained knowledge and skills in clinical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>practice</td>
<td></td>
</tr>
<tr>
<td><strong>Half Day Release Course (HDRC)</strong></td>
<td>• Develop patient-centered therapeutic communication through shared</td>
<td>Communicator</td>
</tr>
<tr>
<td></td>
<td>decision-making and effective dynamic interactions with patients,</td>
<td>Professional</td>
</tr>
<tr>
<td></td>
<td>families, other professionals, and other important individuals</td>
<td></td>
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<tr>
<td></td>
<td>• Counsel and educate patients and their parents on the role of early</td>
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<tr>
<td></td>
<td>diagnosis and prophylaxis</td>
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<tr>
<td></td>
<td>• Master skills of basic interviewing and demonstrate competence in some</td>
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<tr>
<td></td>
<td>advanced interviewing skills</td>
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<tr>
<td></td>
<td>• Exhibit professional behavior, including demonstration of respect for</td>
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<tr>
<td></td>
<td>patients, colleagues, faculty, and others in all settings</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Professional</td>
</tr>
<tr>
<td>ACTIVITY</td>
<td>OBJECTIVES</td>
<td>CanMEDS—FM COMPETENCIES</td>
</tr>
<tr>
<td>----------</td>
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</tr>
</tbody>
</table>
| **Communication skills** | • Apply ethical knowledge in clinical care  
  • Describe the process of informed healthcare decision making  
  • Discuss surrogate decision making for incapacitated patients, including who can and should act as a proxy decision maker and what standards they should use to make healthcare choices for another.  
  • DNR orders, community-based DNR orders, and advance directives  
  • Describe the legal, ethical, and emotional issues surrounding withholding and withdrawing medical therapies  
  • Describe the legal issues related to refusal to treat, discharge against medical advice, etc. | Communicator  
Medical expert  
Professional |
| **MCQs/Slides** | • Train and teach residents in how this mode of assessment is to be done  
  • Identify weaknesses and strengths in knowledge and practice  
  • Acquire more confidence in attending such examinations | Medical expert  
Scholar |
| **Data interpretation** | • Describe the different investigational tools used in family medicine  
  • Improve interpretation of different investigational data  
  • Improve utilization of investigational tools in common and uncommon conditions  
  • Recognize limitations of various investigation tools | Medical expert  
Scholar |
| **Research methodology & preparation** | • Acquire basic knowledge of research design, including study design, abstract writing skills, and presentation skills  
  • Gain competence in literature review, data synthesis, data analysis, and interpretation  
  • Develop a viable research proposal with the help of faculty mentor  
  • Conduct research on a topic broadly related to pediatric or pediatric subspecialties  
  • Communicate research findings through oral presentations, poster presentations, abstract preparation, or article publication | Professional  
Manager  
Scholar |
| **Approaches to common conditions** | • Demonstrate diagnostic and therapeutic skills  
  • Access and apply relevant information to clinical practice  
  • Practice contemporary, evidence-based, and cost-effective medicine  
  • Avoid unnecessary or harmful investigations or management | Medical expert  
Scholar  
Health advocate |
| **Clinical teaching** | • Practice history taking, and demonstrate competence in some advanced interviewing skills  
  • Master basic skills in physical examination and be able to perform and interpret a focused examination  
  • Exhibit professional behavior, including demonstration of respect for patients, colleagues, faculty, and others in all settings  
  • Prepare the resident for the clinical exams | Medical expert  
Scholar  
Communicator  
Professional |
<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>OBJECTIVES</th>
<th>CanMEDS—FM COMPETENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Work-based Learning</strong></td>
<td></td>
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</tr>
</tbody>
</table>
| Clinic-based learning (CBL)    | • Elicit a focused history and physical examination under the supervision of the consultant/senior resident  
• Present briefly the clinical finding to the attending consultant/senior resident  
• Discuss the differential diagnosis and the management plan with the attending consultant/senior resident  
• Write the patient’s assessment and differential diagnosis, and the plan of management  
• Develop communication skills from the attending consultant/senior resident | Medical expert  
Communicator  
Health advocate |
| Daily round based learning (during specialty training) | • Present a focused history and physical examination finding to the team.  
• Document historical and physical examination findings according to accepted formats, including a complete written database, problem list, and a focused SOAP note  
• Develop a patient management plan in consultation with others  
• Present a complete concise informative follow-up to old patients. | Medical expert  
Communicator  
Health advocate |
| On-call duty-based learning    | • Elicit a comprehensive history and perform a complete physical examination on admission, clearly write down the patient’s assessment and differential diagnosis of medical problems, and initiate the plan of management  
• Discuss the plan of management, including investigations and treatment plan with seniors  
• Communicate the plan to the nurse assigned to the patient  
• Perform the basic procedures necessary for diagnosis and management  
• Attend to consultations within and outside the department, including emergency consultations, and participate in the outpatient clinic once or twice a week | Medical expert  
Scholar  
Communicator  
Professional |
| Self-directed learning         | • Maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)  
• Identify a good starting point for one’s learning task, obtaining assistance from colleagues or one’s mentor if needed  
• Acquire the ability to identify one’s own learning needs and objectives.  
• Gather examples of acceptable learning outcomes  
• Encourage critical thinking skills  
• Locate appropriate learning resources  
• Develop confidence and independence in learning  
• Develop a habit of reading journals | Medical expert  
Scholar |

SAUDI BOARD FAMILY MEDICINE CURRICULUM
Half-Day Release Course (HDRC)

There should be one weekly 4-hour session. Residents should be released from their commitments in rotations or any block courses during this time.

Objectives
1) To link family medicine to hospital medicine
2) To enable trainees to acquire up-to-date knowledge and exchange information and experiences with their colleagues and trainers
3) To incorporate the family medicine approach into clinical problem management
4) To acquire skills important for family physicians (e.g., problem solving, team work, consultation skills, negotiation skills, presentation skills)
5) To alleviate residents’ stress and allow them to socialize with their colleagues of various levels

Guidelines for HDRC
1) Main Themes (60–80% of sessions): Presentations by trainees and small groups and workshops facilitated by trainers. These should be presented in line with the problem-solving approach in Family Medicine, with information given as much evidence-based as possible.
2) To assure maximum benefit of these sessions, the trainer must contribute actively to the session.
3) Open Activity: Allow one to two sessions per year of HDRC to be a free activity in which both trainees and trainers gather socially to reduce stress
4) Elective sessions per year: These sessions aim to improve certain skills of residents in an enjoyable way. Priorities and selection should be based on trainees’ needs.
5) HDRC content should take into consideration that HDRCs are run on a 4-year cycle to accommodate learning needs (identified from feedback) as well as curriculum requirements.

Regulations
The Academic Half-Day program is a mandatory component of the residency program. It is meant to complement the clinical experience that residents gain during their clinical rotations. Substantial effort should be made into making these sessions interesting and relevant.
1) For each session, there will be one resident and one trainer responsible for conducting and organizing the whole session. The residents should work under trainer supervision.
2) The entire group should participate actively in preparation and during the activities.
3) Details of each HDRC should be sent to all residents at least one week before the presentations.
4) A trainer should supervise each trainee during the preparation of the presentation (the HDRC schedule indicates the supervisors’ and residents’ names with corresponding dates).
5) The trainees should contact their supervisors at least 2–3 weeks before the presentation to discuss the timetable, presentation(s), and methods of learning and topics for discussion. (If the trainees have any difficulty contacting their supervisors, they should contact the program secretary.)
6) The supervisor trainer should attend the presentation with the trainees to facilitate the session.
7) Educational activities should have different educational methods and strategies, but passive learning methods such as lecturing should be avoided. These methods include but are not restricted to the following: problem solving, case discussion, interactive mini lectures, group discussion, role play, tutorials, workshops, and assignments.
8) In all educational sessions, emphasis should be placed on important issues of ethics, evidence-based medicine, practice management, disease prevention, health promotion, proper communication skills, and professionalism. Please adhere to the training preprogram mission and the Saudi Commission manual.
Trainees Attendance

1) Attendance should be registered and a copy of the attendance record will be kept for report and documentation.

2) Each trainee must attend 100% of the HDRC sessions. In the first three months of the academic year, trainees with poor attendance shall receive a reminder or warning letter for unjustified absences. Trainees who continue to show poor attendance with no acceptable reason will be sent a second warning letter. Further action will be taken according to the Saudi Commission rules and regulations in this regard.

Self-Directed Learning (SDL)

SDL refers to a learning experience that is planned and organized by the resident. SDL is used to further learning in a particular topic/area or to meet a personal learning objective.

Residents should be encouraged to:

- Engage in a variety of SDL activities
- Perform activities of higher levels of learning: from knowledge to application to impact
- Collaborate with others or work in teams to achieve a common goal

Rules

- The resident must document SDL he/she achieved.
- The mentor or supervisor will review SDL activities during the supervisory meeting and evaluate level of achievement and score in the portfolio evaluation sheet accordingly.

Examples of SDL activities

- Journal article reading
- Internet searching for a certain clinical question (PICO)
- Attendance of accredited conferences/courses
- Case presentation
- Small-group activities
- Practical Evidence Applied in Real Life Situations (PEARLS)
- InfoPOEMS (presentation)
- Practice guidelines (summarizing)
- Journal clubs
- Attending a specialty clinic (e.g., teen clinic or family planning clinic) in an SDL session
- Teaching other residents and medical students
- Quality improvement/patient safety activity (mini project)
- Working on a chart audit
- Joining in research or departmental project
- Performing a literature review for certain topics
- Designing an e-learning object: patient education/educational activities (podcasts, audiotapes, videotapes, etc.)
Journal article reading
The trainee chooses an interesting article to read by him/herself and then discusses it with the clinical supervisor during supervision meeting while considering the following:

- Write down a brief description of the research
- Identify the most important aspects of the article
- Start by defining the research question
- Discuss the methodology used by the authors
- Describe the results
- Connect the main ideas presented in the article
- Conclusions

Internet searching for a certain clinical question (PICO)
Based on the trainee’s clinical duty, he/she is assigned to look up the answer to a clinical query related to the cases seen. The trainee should bring a printed outcome of the search performed and discuss it in the supervision meeting.

Attendance of accredited conferences
Trainees have 7 educational days per academic year of nonmandatory courses; for example, a Pediatric Updates or an OB U/S course can be considered SDL. The trainee should provide a copy of the attendance certificate.

Case presentation
A trainee clinical case presentation in department or group activity can be considered SDL. The case presentation should be evaluated by one of the clinical trainers.

Small-group activities
Trainees of the same center (same residency level or different levels) can jointly engage in a group activity such as choosing a simulated scenario session (history taking/physical examination/consultation) that is evaluated and discussed with one of the clinical trainers. All attendees of the session will be considered to have performed 1 SDL activity.

Practical Evidence Applied in Real Life Situations (PEARLS)
Trainees can choose one of the PEARLS and discuss it during the supervision meeting or present it in a department activity (e.g., provide a summary on whether a treatment is effective or ineffective).

Info POEMS
Trainees can choose one of the InfoPOEMS and discuss it during the supervision meeting or present it in a department activity.

Practice guidelines
Trainees can choose one of the practice guidelines and discuss it during the supervision meeting or present it in a department activity.

Journal clubs
Trainees should select a journal article with the clinical supervisor and prepare it for presentation in a journal club activity that is attended by all trainees.
Attending a specialty clinic (e.g., teen clinic or geriatric clinic) in an SDL session
Trainees should prepare a request to attend a specialty clinic in the desired hospital or center and to be evaluated by the attending physician.

Teaching other residents and medical students
Clinical teaching or lecture to junior residents or involvement in undergraduate teaching lecturing (demonstrator)

Quality improvement/patient safety activity (mini project)
Trainees can be involved in a mini project on quality/patient safety to learn more practical principles. This can be either an individual or group project conducted through the family medicine rotation (more applicable for R4 due to time factors).

Working on a chart audit
A trainee in a clinic/training center needs to be involved in a chart audit from the start of family medicine rotation individually or in a group of maximum 2 persons. Findings should be submitted before the end of that rotation.

Participate in a research or departmental project
Based on department/training center needs, a trainee can be involved in a study from the start of a family medicine rotation either individually or in a group of maximum 2 persons. Findings should be submitted before the end of that rotation.

Performing a literature review for a certain topic
The clinical trainer can assign a certain topic for a literature review to the trainee.

Designing an e-learning object: patient education/educational activities (podcasts, audiotapes, videotapes, etc.)
The trainee can design an e-learning object related to field practice in family medicine (e.g. health education or lecture for trainees/students in the form of videotapes, audiotapes, or podcasts). The material should be evaluated for topic, content, design, and presentation.

Tutorial Session
There should be one 4-hour session, once weekly during the family medicine rotation that uses one of the following teaching methods:
- Journal clubs
- Seminar/workshop
- Case discussion
- Assignments discussion (individual/group)
- Video analysis
- Consultation analysis
- Application of evidence-based medicine
- Role play/simulated clinical
- Small-group/one-to-one discussion
### Example of Weekly Schedules of Formal Educational Activities:

<table>
<thead>
<tr>
<th>Time</th>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30-8:30</td>
<td>Grand Round</td>
<td>Family Medicine HDRC</td>
<td>Special Round JC, CP, M&amp;M, RR</td>
<td>Family medicine Clinic</td>
<td>Family medicine Clinic</td>
</tr>
<tr>
<td>8:30-12</td>
<td>Family Medicine Clinic</td>
<td>Family Medicine HDRC</td>
<td>Family Medicine Clinic</td>
<td>Family Medicine Clinic</td>
<td>Family medicine Clinic</td>
</tr>
<tr>
<td>12:00-13:00</td>
<td>Lunch/Prayer</td>
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<tr>
<td>1-4</td>
<td>Family Medicine Clinic</td>
<td>Family Medicine Clinic</td>
<td>Family Medicine Clinic</td>
<td>Special Tutorial Slides/Clinical Teaching/MCQs/OSCE</td>
<td>Meeting with Mentor/Mini-CEX etc. Minimum (1–2 meetings/month)</td>
</tr>
</tbody>
</table>

**Abbreviations:**
- GR: grand round
- CP: case presentation
- JC: journal club
- RR: radiology rounds
- MM: mortality & morbidity
- MCQ: multiple-choice questions
- Mini-CEX: Clinical Evaluation Exercise
PROGRAM ROTATIONS

The duration of the family medicine training program is four years. Training is structured so that a coherent and integrated educational program with progressive resident responsibility is ensured. Education is designed as a spiral curriculum: through a process of repetition, re-exposure, and re-emphasis, residents learn and continue to add to their overall knowledge and skills.

Training consists of three phases. The first two years are designed for training mainly in major specialties (internal medicine, general surgery, pediatrics, emergency medicine, and OB/GYN). The third year training is mainly in small specialties. Family medicine clinical rotations are part of each training year. The fourth-year training is entirely in family medicine.

Introductory Course and Family Medicine Module I

Duration: 18 weeks
Level: R1

Objectives/Competencies (Academic component)

Medical Expert
- Define family medicine/general practice
- Identify the basic principles of family medicine
- Identify the role and scope of a family doctor
- Identify family structure, lifecycles, and family dynamics
- Discuss the role of the family in health and illness
- Identify the basic principles/elements and tools of primary healthcare
- Discuss recommendations for immunization and cancer screening
- Understand the value of special clinics for chronic diseases

Communicator
- Know of consultation models
- Identify the principles of communication skills
- Understand the principles of the doctor-patient Relationship
- Identify the disease-illness model
- Apply communication skills
- Apply consultation models
- Assess consultation

Manager
- Identify the principles of quality improvement and patient safety
- Use quality improvement tools
- Apply infection control measures
- Identify and implement patient safety strategies
**Health Advocate**
- Identify at-risk patients
- Learn of patients’ and families’ rights

**Scholar**
- Identify the different components of the training program
- Identify the training objectives, rules, and regulations
- Discuss training and examination regulations
- Learn the principles of adult learning
- Be able to use a learning portfolio
- Prepare an effective presentation
- Use knowledge to improve patient care

**Professional**
- Integrate self-development and learning needs into the training process
- Assess and manage self and time
- Manage personal stress
- Identify own learning needs and learning styles
- Use feedback effectively
- Identify the principles and elements of medical ethics
- Identify the elements of professionalism
- Integrate medical ethics and elements of professionalism in everyday work

**Clinical component**
Trainee will develop all seven CanMEDS—Family Medicine core competencies while learning the basic skills of diagnosis and management of a broad range of general medical conditions among pediatric and adult patients.

**Family Medicine Expert**
- Demonstrate a thorough understanding of relevant basic sciences, including path physiology, drug therapy, and the microbial basis of diseases of the key presenting problems and disease conditions listed above
- Perform a complete clinical patient assessment including history and relevant physical examinations
- 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
- Able to attend to all problems presented by their patients and be able to cope with uncertainties
- Apply knowledge of common problems, wellness, and prevention within the framework of the family medicine approach to patient care (biopsychosocial model).
- Apply the family medicine approach to healthcare exemplified by the following key components: biopsychosocial aspects of care, comprehensive care, continuity of care, context of care, and coordination and integration of care
PROGRAM ROTATIONS

- Establish and maintain the clinical knowledge, skills, and attitudes required to meet the needs of the practice and the patient population served

Collaborator
- Be aware of the community resources for supporting the care of their patients
- Provide comprehensive and continuing care throughout the life cycle, incorporating appropriate preventive, diagnostic, and therapeutic interventions
- Facilitate coordination of patient care, including collaboration and consultation with other health professionals and caregivers

Communicator
- Conduct effective consultations within the context of consultation models
- Consciously enhance the patient-physician relationship, recognizing the characteristics of a therapeutic and caring relationship
- Manage time and resources effectively
- Document patient findings in the medical records in a legible and timely manner

Health Advocate
- Advocate the patient’s and community’s healthcare needs

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

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 healthcare team and communities

Academic Component Content

<table>
<thead>
<tr>
<th>Theme</th>
<th>Content</th>
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<tbody>
<tr>
<td>Orientation (2 days)</td>
<td>- Introduction to the family medicine residency program</td>
</tr>
<tr>
<td></td>
<td>- Training objectives and contents</td>
</tr>
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<td></td>
<td>- SCFHS: rules &amp; regulations</td>
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<td>- SCFHS: examination regulations</td>
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<td>- Hospital rotations</td>
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<td>- Family medicine rotations</td>
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<td>- Training sites</td>
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<td></td>
<td>- Meeting with the senior residents (Questions &amp; Answers)</td>
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<td></td>
<td>- Meeting with the training director and trainers</td>
</tr>
<tr>
<td>Theme</td>
<td>Content</td>
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</tbody>
</table>
| Principles and Characteristics of Family Medicine   | • Definition and scope of family medicine  
• The role of the family doctor in the healthcare system  
• Family structure, lifecycles, and family dynamics  
• The role of the family in health, illness and care  
• Characteristics of family medicine: continuous, coordinated, comprehensive, and patient centered care.  
• Biopsychosocial and holistic approaches  
• Community orientation/family-oriented/centered PHC  
• Difference between hospital and family medicine care |
| Medical Educational and Continuous Professional     | • Principles of adult learning  
• Learning needs assessment  
• Introduction to and defining the use of portfolios  
• Time management  
• Stress management  
• Decision making  
• Problem solving  
• Reflection and learning  
• Collaborative/cooperative learning |
| Development (3 days)                                |                                                                                                                                       |
| Consultation and Communication Skills               | • Communication skills and application  
• Consultation models and application  
• Doctor-patient relationship and its role in consultation  
• Barriers to communication  
• Special communication encounters (e.g., angry patient, depressed or sad patient, anxious patient, dying patient, and breaking bad news)  
• Communication with different age groups and sexes  
• Communication with healthcare team  
• Cost-effective prescribing  
• Referral |
| (6 days)                                            |                                                                                                                                       |
| Quality Improvement and Patient Safety Essentials    | • Quality improvement concepts and principles  
• Quality improvement tools: PDCA, root cause analysis, fishbone, etc.  
• Key performance indicators  
• Role of the family physician as a quality leader  
• Patient safety principles, goals, and programs  
• International patient safety goals achievement  
• Medical errors and sentinel events  
• Facility safety  
• Risk management  
• Information management  
• Use of guidelines and clinical pathways  
• Infection control programs  
• Analysis of data trends |
| (2 days)                                            |                                                                                                                                       |
### Ethics and Professionalism (2 days)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Content</th>
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<tbody>
<tr>
<td>Principles and elements of medical ethics (autonomy, justice, confidentiality, beneficence)</td>
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<tr>
<td>Patients’ and families’ rights</td>
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<tr>
<td>Dealing with ethical dilemmas (e.g., do not resuscitate orders, disclosure of HIV status)</td>
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<tr>
<td>Care of patients with terminal illness</td>
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<tr>
<td>Professionalism in the relationship with healthcare professionals and patients</td>
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<tr>
<td>Codes of ethics and codes of conduct in Saudi Arabia</td>
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<tr>
<td>Conflicts of interest</td>
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<tr>
<td>Awareness of values and the health beliefs system and their role in patient care</td>
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</tr>
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### Clinical Component Content

See Section Two (Competencies, Topics and Core Conditions) and Section Three (Teaching and Learning Activities)

### Suggested Rotation Structure

<table>
<thead>
<tr>
<th>Day</th>
<th>AM</th>
<th>PM</th>
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</thead>
<tbody>
<tr>
<td>Saturday</td>
<td>Lectures</td>
<td>Lectures</td>
</tr>
<tr>
<td>Sunday</td>
<td>Lectures</td>
<td>Lectures</td>
</tr>
<tr>
<td>Monday</td>
<td>HDRC</td>
<td>Self-directed /Portfolio</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Family Medicine Clinic</td>
<td>Family Medicine Clinic</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Family Medicine Clinic</td>
<td>Family Medicine Clinic</td>
</tr>
</tbody>
</table>

### Learning Methods

Interactive learning should be the core of teaching methods, and the format should include the following as appropriate:

- Interactive lectures
- Clinical sessions
- Group work
- Field visits
- One-to-one teaching
- Workshops
- Regular continuous feedback
Program Rotations

Rules
- The weekly activities should be distributed equally between academic and clinical sessions.
- The number of patients in each clinic should not exceed 12 for effective training and discussion.
- The minimum number of booked patients clinic is 2/week for purpose of continuity of care and follow up.
- There must be a minimum number of 2 clinics/week with full supervision by the clinical teacher/trainer (see Rules & Regulation Section: levels of supervision).

Suggested Learning Resources for the Family Medicine Module
- The Doctor’s Communication Handbook—Peter Tate
- The New Consultation - D Pendleton, Theo Schofield, P Tate and P Havelock
- The Doctor, His Patient & The Illness—Michael Balint
- Six Minutes for the Patient—E Balint and J S Norwell
- Textbook of Family Practice—R Rakel
- Family Practice Review—R Swanson
- A Textbook of Family Medicine—Ian McWhinney
- ABC Series of Clinical Topics
- Clinical Audit for Doctors - Robert Ghosh
- Tutorials for the GP Trainee—Edward Warren
- Contraception: Your Questions Answered -John Guillebaud
- Skills for Communicating with Patients—Jonathan Silverman
- Teaching and Learning Communication Skills—S KurtzSilverman, J Draper
- Oxford Handbook of General Practice—C Simon, H Everitt and F Van Dorp
- Clinical Medicine—Parveen Kumar and Michael Clark
- How to Read A Paper—Trisha Greenhalgh
- British National Formulary
- Hot Topics in General Practice - Julian Kilburn
- Evidence-Based Medicine How to practice & Teach EBM—Sharon E Strauss, W Richardson, Paul Galsziou, R Brian Haynes
- Quality in General Practice—K Birch, S Field, and E Scrivens
- Management in General Practice—P Pritchard, K Low, and M Whalen
- Current peer-reviewed journals
- Evidence-based websites
Family Medicine Rotations: Modules II, III, and IV

Family Medicine Modules II, III, and IV will incorporate a longitudinal approach to achieve the goals of training and instill the competencies required of a family physician in different contexts and settings. Family physicians provide initial, continuing, comprehensive, and coordinated care for Individuals, families, and communities. In caring for patients, family physicians integrate current biomedical knowledge with a psychological and social understanding of health and illness. They use the holistic approach to provide healthcare services to their patients and their families and communities, incorporating preventive and curative medicine.

Objectives/Competencies
Trainee will develop all seven CanMEDS—FM core competencies while learning the basic skills of diagnosis and management of a broad range of general medical conditions of pediatric and adult patients.

Family Medicine Expert
- Demonstrate a thorough understanding of relevant basic sciences, including path physiology, drug therapy, and the microbial basis of diseases of the key presenting problems and disease conditions listed above
- Perform a complete clinical patient assessment including history and relevant physical examination
- 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
- Be able to attend to all problems presented by their patients and be able to cope with uncertainties
- Apply knowledge of common problems, wellness, and prevention within the framework of the family medicine approach to patient care (biopsychosocial model).
- Apply the family medicine approach to healthcare exemplified by the following key components:
  - Biopsychosocial aspects of care
  - Comprehensive care
  - Continuity of care
  - Context of care
  - Coordination and integration of care
- Establish and maintain the clinical knowledge, skills, and attitudes required to meet the needs of the practice and the patient population served

Collaborator
- Be aware of the community resources for supporting the care of their patients
- Provide comprehensive and continuing care throughout the life cycle, incorporating appropriate preventive, diagnostic, and therapeutic interventions
- Facilitate coordination of patient care, including collaboration and consultation with other health professionals and caregivers
Communicator
- Conduct effective consultations within the context of consultation models
- Consciously enhance the patient-physician relationship, recognizing the characteristics of a therapeutic and caring relationship
- Manage time and resources effectively
- Document patient findings in the medical records in a legible and timely manner

Health Advocate
- Advocate the patient’s and community’s healthcare needs

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

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 healthcare team and communities

Duration of Family Medicine Modules II, III, and IV

<table>
<thead>
<tr>
<th>Module</th>
<th>Duration (weeks)</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine II</td>
<td>12</td>
<td>R2</td>
</tr>
<tr>
<td>Family Medicine III</td>
<td>12</td>
<td>R3</td>
</tr>
<tr>
<td>Family Medicine IV</td>
<td>42</td>
<td>R4</td>
</tr>
</tbody>
</table>
Rotation Structure for Modules II, III, and IV

<table>
<thead>
<tr>
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<tr>
<td>Tuesday</td>
<td>Family Medicine clinic</td>
<td>Tutorial</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Family Medicine clinic</td>
<td>Family Medicine clinic</td>
</tr>
</tbody>
</table>

**Content:** See Section Two (Competencies, Topics, and Core Conditions) and Section Three (Teaching and Learning Activities)

**Rules**
- In the three modules, the Residents should be doing minimum 7 clinics per week
- Number of patients in each clinic should not exceed 12 for effective training and discussion
- The minimum number of booked patients clinic is 2/week for purpose of continuity of care and follow up
- There must be a minimum number of 2 clinics/week with full supervision by the clinical teacher/trainer (see Rules & Regulation Section: levels of supervision)
Suggested Learning Resources for Family Medicine Modules

- The Doctor's Communication Handbook—Peter Tate
- The New Consultation—D Pendleton, Theo Schofield, P Tate, and P Havelock
- The Doctor, His Patient & The Illness—Michael Balint
- Six Minutes for the Patient—E Balint and J S Norwell
- Textbook of Family Practice—R Rakel
- Family Practice Review—R Swanson
- A Textbook of Family Medicine—Ian McWhinney
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- Evidence-Based Medicine How to practice & Teach EBM—S Strauss, W Richardson, Paul Galsziou, and R Brian Haynes
- Quality in General Practice—K Birch, S Field, E Scrivens
- Management in General Practice—P Pritchard, K Low, and M Whalen
- Current peer-reviewed journals
- Evidence-based websites

Research Course

(Epidemiology, Evidence-Based Medicine (EBM), And Research Methodology Course)

Duration: 6 weeks
Level: R2

Objectives:
By the end of this module, residents will be able to

1) Know the principles and clinical implications of epidemiology and evidence-based medicine
2) Extrapolate results from research and apply them to clinical practice
3) Know the fundamentals of research types and research methodology
4) Write a research proposal for medical research
5) Plan and execute medical research
6) Critically evaluate research
**Learning methods:**
Interactive learning should be the core of teaching methods, and the format should include the following as appropriate:
- Interactive lectures
- Group work
- Field visits
- One-to-one teaching
- Workshops
- Regular continuous feedback

<table>
<thead>
<tr>
<th>Theme</th>
<th>Specific Objectives/Competencies</th>
<th>Content</th>
</tr>
</thead>
</table>
| Health Advocate | • Define epidemiology  
• Identify the morbidity and mortality statistics in the Kingdom of Saudi Arabia  
• Identify epidemiology of communicable and noncommunicable diseases  
• Identify healthcare indicators | Epidemiology  
• Epidemiological definitions and concepts  
• Measurement of disease frequency in human population  
• 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  
• Epidemiology of communicable and noncommunicable diseases  
• Community diagnosis and health survey  
• Role of epidemiology in healthcare and health service organization  
• Health planning and organization |
| Scholar | • Identify the principles of evidence-based health practice  
• Translate knowledge  
• Apply evidence in practice | EBM  
• Principles of evidence-based health practice (EBHP)  
• Search skills  
• Critical appraisal of different types of evidence  
• Information mastery  
• Understanding statistics of EBHP  
• Knowledge translation  
• Applying evidence and changing own practice |
<table>
<thead>
<tr>
<th>Theme</th>
<th>Specific Objectives/Competencies</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholar</td>
<td>Select an appropriate research project in relation to a family medicine or community healthcare problem</td>
<td>• Introduction to research methodology</td>
</tr>
<tr>
<td></td>
<td>Formulate a research question</td>
<td>• Types of research</td>
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<tr>
<td></td>
<td>Prepare a background statement concerning the problem selected for study and writing the research protocol</td>
<td>• Planning of research and research tools</td>
</tr>
<tr>
<td></td>
<td>Develop research objectives and hypotheses</td>
<td>• Questionnaire design and methods</td>
</tr>
<tr>
<td></td>
<td>Prepare a review of literature relevant to the problem</td>
<td>• Validity and reliability of a research instrument</td>
</tr>
<tr>
<td></td>
<td>Develop a research design and methodology</td>
<td>• Sampling</td>
</tr>
<tr>
<td></td>
<td>Write a protocol/proposal for medical research</td>
<td>• Biostatistics methods</td>
</tr>
<tr>
<td></td>
<td>Collect, analyze, and present data</td>
<td>• Data management</td>
</tr>
<tr>
<td></td>
<td>Interpret data and draw relevant conclusions</td>
<td>• Use of SPSS/Epi-info in data processing and analysis</td>
</tr>
<tr>
<td></td>
<td>Present appropriate recommendations</td>
<td>• Displaying data and results</td>
</tr>
<tr>
<td></td>
<td>Document the research</td>
<td>• Writing a research proposal and a manuscript paper</td>
</tr>
<tr>
<td></td>
<td>Defend the project methodology, conclusions, and recommendations</td>
<td>• Principles of research writing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ethics in medical research</td>
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<td></td>
<td></td>
<td>• Presenting a research paper</td>
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</tbody>
</table>

**General Rules**

- After submission of the research proposal, the trainee has to submit full research before the promotion examination of R3. Research submission is a prerequisite for promotion to R4.
- If the resident does not submit the research before the promotion examination of R3, he/she shall receive a warning letter and a request to submit the research before September 30, of that academic year. If he/she fails to submit before September 30, his/her case will be referred to the Central Committee of Training and the Saudi Commission rules and regulations of training shall be applied.
- The proposal should be reviewed with the supervisor at least once every week until completion.
- A progress assessment plan should be designed by the trainee and his/her supervisor to define
  - Regular attendance
  - Using time efficiently
  - Work performance progression according to agreed timetable
- The research progress plan should be followed and monitored by the supervisor after the candidate finishes the research course
General guidelines for conducting research

i. Residents, supervisors, evaluators, and research committees (the research committee in the training program) in all training programs/centers of the Saudi Board of Family Medicine should comply with the following steps in conducting research:

1) Select a topic
2) Write a proposal
3) Proposal approval by supervisor
4) Submit proposal to the research committee
5) Evaluation of proposal by research committee
6) Approval of proposal by research committee
7) Approval proposal by research ethical committee
8) Conduct the research
9) Write the research paper
10) Research approval by supervisor
11) Submit research to research committee.
12) Submit three physical and one electronic copies of the paper to the research committee
13) Presentation and defense to a panel of two evaluators (internal and external)
14) Evaluation of the research

ii. In all training programs/centers, the research committee should consist of at least three individuals with appropriate experience in the research field/community medicine/epidemiology/biostatistics

iii. The research committee is responsible for the following tasks/functions:

1) Suggest areas or topics for research and study designs
2) Allocate trainees to supervisors
3) Review and approve research proposals
4) Follow up on the progress of research project and take appropriate actions
5) Select external and internal evaluators for each research
6) Conduct research methodology workshops for supervisors
7) Organize and supervise an annual research day for trainers and trainees
8) Conduct monthly meetings to discuss the progress of research in the program
9) Ensure availability and accessibility of essential infrastructure for conducting research (supervisors, advisors, educational resources, funds, etc.)
10) Coordinate with the research center/IRB of the institution for research approval and funding

iv. Research supervisors:

1) Supervisor should have sufficient experience in research or publications (should preferably have published papers in peer-reviewed journals).
2) Supervisors should hold a Saudi Board or equivalent certificate in family or community medicine/public health.
3) Residents will be given the opportunity to choose their supervisors but the program director will finalize the assignments, ensuring fair distribution.
4) Performance of the supervisor will be reviewed within 2 months of assignment by the program director, and if there are major issues, the residents will be assigned to another supervisor.
5) The supervisor is responsible the following:
Program Rotations

- Guiding residents in selection of research topics
- Reviewing and approving the research proposal and timeline made by the resident by the end of R2
- Regularly supervising residents according to timeline (once per month/resident)
- Documenting all supervision sessions in the Research Progress Form
- Reporting all supervisory sessions with residents to research committee by using the supervision form in this document
- Reviewing and approving the final copy of the proposal and manuscript
- Signing the research submission letter stating that the research was conducted under his/her supervision and guidance
- Attending the presentation and defense of his/her trainee
- Participating in evaluation of proposals and research papers submitted to research committee if required
- Attending the annual research day

v. Role of the Resident:
The resident is responsible for preparing and conducting research within the time frame specified by program and for following up with his/her supervisor and departmental research unit. He/she should report any difficulties encountered to the program director or his deputy.

1) Selecting the research topic:
   - Select a research topic with the guidance of his/her supervisor
2) Proposal:
   - Prepare, finalize, and submit the proposal to his/her supervisor for approval
3) Conducting research and writing the manuscript:
   - Conduct the fieldwork (data collection, data entry, etc.)
   - Perform all other research tasks (data entry, analysis, and manuscript writing) with the help and guidance of his/her supervisor/research unit
   - Submit the final draft of the research on time
4) Budget:
   - Follow-up the reimbursement of the research expenses

vi. Topic Selection:
In selecting a topic for research, the research committee, supervisors, and residents should consider the following important points (FINER):

1) F- Feasible. Is the question answerable? Do you have access to all the materials you will need to do the study? Do you have access to enough subjects? Will you have enough time and money? Do you have the expertise to do this study or can you collaborate with someone who does?
2) I- Interesting. The question has to be interesting to the investigator, but it should also be interesting to others.
3) N- Novel. Has this study been performed before? Does it add to the current body of medical knowledge?
4) E- Ethical. Can the study be performed in a way that does not subject subjects to excess risks? Will an IRB approve the study?
5) R- Relevant. Will it further medical science? Will the results change clinical practice or health policy or point towards further avenues of research?
A copy of the resident’s research paper after passing should be submitted to the Saudi Commission Local Supervisory Committee.

vii. **Joint research:**

Joint research (more than one resident) should be encouraged and can be conducted under the following conditions (after approval from the research committee):
1) Large national research projects
2) Projects spanning multiple sectors and or different regions in the Kingdom of Saudi Arabia
3) Meta-analysis or systematic review

viii. **Process of Writing**

1) The research paper should be written and properly edited in English with no grammar or spelling mistakes, with an abstract in both Arabic and English (abstract should not exceed 300 words)
2) The cover page should include the following:
   - Name of the training program on the right side of the page
   - Title of the research
   - Name of the researcher
   - Date of research submission
   - The following statement "This research was submitted in Partial Fulfillment of the Saudi Board in Family Medicine."
     - The second page should contain the name of supervisor/s of the research.
     - The paper should be printed on white A4 paper in black ink and on one side per page
     - Style should be as shown in the Style Table below
     - The last page should contain a short CV of the researcher.

<table>
<thead>
<tr>
<th>Style Table</th>
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<tbody>
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<td><strong>Font</strong></td>
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<td><strong>Font size</strong></td>
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<td><strong>Page numbers</strong></td>
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<tr>
<td><strong>Charts/Graphs</strong></td>
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</tbody>
</table>

ix. **Submission and presentation**

The research can be submitted in any of the following forms:
1) A cover letter approved and signed by the supervisor should be submitted with the research
2) Evidence of publication or acceptance for publication in a peer-reviewed medical journal, stating that the researcher is the first author and his/her supervisor are coauthors
3) Three physical spiral-bound copies and one electronic (PDF) version of the final manuscript should be submitted to the research committee.

4) The research should be submitted before the date of the promotion examination at the end of the third residency year (R3).

5) Submission of the research is a prerequisite for the promotion to R4 after passing the promotion exam.

x. Research evaluation:

1) A panel of two evaluators (internal and external) will perform a written and oral defense evaluation.

2) The evaluators should be active in supervision of research and preferably have performed research or participated in paper publication.

3) All evaluators should be granted 500 SR/research by the training program.

4) The Local Research Committee of Training announces a schedule for research evaluation to all residents; the date will be in three months of the R4 year.

5) The schedule of research evaluation will be sent to all residents by an official letter from the Local Research Committee.

6) Each resident’s research will be evaluated by a panel of two (internal and external) evaluators appointed by the Local Research Committee for the written and oral defense.

7) The supervisor of the resident should attend the oral defense and will be informed by a written letter from the Local Research Committee about the date and time of defense.

8) The supervisor’s role is that of an observer and he/she should not interfere in the discussion during the presence of the candidate. He/she can answer/ask questions after the candidate leaves (HE/SHE WILL NOT MARK THE RESEARCH).

9) The total duration of defense is one hour per candidate (20 minutes for presentation and 40 minutes for oral defense).

10) The marks for the research are 60 for the text and 40 for the oral presentation and defense, for a total of 100.

11) The research text evaluation form is marked out of 60 by each evaluator independently before the oral defense.

12) The oral defense evaluation is marked out of 40 by each evaluator independently.

13) The candidate must score at least 50% in each part separately to pass.

14) The evaluation of the two examiners will be averaged to yield the final marks for candidate evaluation.

15) The cumulative pass cutoff (written and oral defense) is 60%.

xi. Research revision and re-evaluation

1) If research revision is recommended by the evaluators, a detailed report should be written by the evaluating panel and submitted to the Local Research Committee to re-evaluate the candidate within 3 months from the primary evaluation.

2) All evaluation of research revisions should be finalized by the end of 6 months of R4.

3) Failure in research after the first revision will preclude the resident from sitting for the Part 2 examination for that year, and he/she will be held back for one year for research revision and correction.

4) Passing the research evaluation is an essential prerequisite for the end-of-training certificate. (NO RESIDENT SHOULD BE ISSUED THE END-OF-TRAINING CERTIFICATE IF HE/SHE DID NOT PASS THE RESEARCH EVALUATION)
5) The final evaluation worksheet should be filled and signed by both evaluators.
6) The final research results sheet (appendix-1) should be sent to all residents.
7) All comments of the evaluators that are sent to the successful candidate must be included in a final version of the research.
8) One finalized hard and soft copy in PDF for each resident must be submitted within one month of the research defense to the local supervisory committee by the training programs.

xii. Other conditions:
Any condition that arises that is not covered by this document should be referred to the local supervisory committee for review.

Family Medicine Advanced Course

Duration: 8 weeks
Level: R3

Learning methods
Interactive learning should be the core of teaching methods, and the format should include the following as appropriate:
- Interactive lectures
- Group work
- Clinical session: inpatient and outpatient
- Field visits
- One-to-one teaching
- Workshops
- Regular continuous feedback

Contents/Competencies

<table>
<thead>
<tr>
<th>Theme</th>
<th>Specific Objectives/Competencies</th>
<th>Content</th>
</tr>
</thead>
</table>
| Management and Leadership (2 days) | **Manager:**
  - Identify the principles of healthcare management
  - Apply the management cycle
  - Plan healthcare services
  - Define and develop strategic planning
  - Identify the principles of health economics
  **Collaborator:**
  - Work in teams | **Content:**
  - Principles of healthcare management
  - Management cycle
  - Planning health services
  - Team and group work
  - Strategic planning
  - Conflict management
  - Health economics and their impact on healthcare
  - Leadership
  - Audit |
| Prevention and promotion (2 days) | **Medical Expert:**
  - Define and implement preventive care for a certain population
  - Identify requirement for screening programs and their role in community care | **Content:**
  - Anticipatory care
  - Screening and Regular Health checks for all age groups
  - Well baby clinic / Child health surveillance |
<table>
<thead>
<tr>
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<th>Specific Objectives/Competencies</th>
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</tr>
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</table>
| Occupational Medicine (2 days) | **Medical Expert:**  
• Identify common presentations in occupational medicine  
• Define vulnerable and at-risk workers  
• Manage common conditions related to occupation  
• Implement screening programs and prevent work hazards and risks  
**Health Advocate:**  
• Identify the concepts and role of occupational health services and programs  
• Identify the role of the family physician in occupational health  
• Identify occupational hazards | • Introduction to occupational medicine  
• Role of occupational medicine in patient care  
• Occupational health services in the Kingdom of Saudi Arabia  
• Occupational hazards and risks and their prevention  
• Diagnostic strategies in occupational health and medical examinations in occupational health  
• Sickness analysis  
• Adverse health effects of physical agents  
• Occupational lung diseases (inhalation injury and occupational asthma, hypersensitivity pneumonitis, pneumoconiosis, vanadium, nickel, cadmium, chromium, and welding)  
• Organization of occupational health services, including employee assistance programs |
| Environmental Health (2 days) | **Medical Expert:**  
• Identify common presentations related to the environment  
• Define vulnerable and at-risk individuals and groups  
• Manage common conditions related to environmental exposure  
• Implement screening programs and measures to prevent environmental hazards and risks  
**Health Advocate:**  
• Identify the principles of environmental health | • Introduction to environmental Health  
• Environment control measures  
• The Health Promotion Strategy Analysis Model (HELPSAM) and the Supportive Environments Action Model (SESAME)  
• Indoor and outdoor environment  
• Water and environment pollution and its prevention  
• Methods of monitoring water, air, soil, and food  
• Risk assessment techniques |
<table>
<thead>
<tr>
<th>Theme</th>
<th>Specific Objectives/Competencies</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Identify environmental control measures</td>
<td>• Principles of toxicology</td>
</tr>
<tr>
<td></td>
<td>• Knowledge of the Health Promotion Strategy Analysis Model and the Supportive Environments Action Model</td>
<td>• Health effects and epidemiological aspects of major environmental agents (e.g., physical, chemical, biological [including sanitation]), water purification, sewage treatment, milk hygiene, and quality control (water, air, soil and food)</td>
</tr>
<tr>
<td></td>
<td>• Management of environmental exposure</td>
<td>• Management of environmental exposure</td>
</tr>
<tr>
<td>School Health (2 days)</td>
<td>Medical Expert: • Identify the scope of school healthcare • Identify health promotion at the school and school environment. • Conduct health assessment of a school environment Communicator: • Conduct effective consultations within the context of consultation models • Create efficient and informative reports and medical records related to school health Health Advocate: • Offer a support system to students, teachers, and families</td>
<td>• Scope of school health • Component and elements of school health • School health programs (preventive and curative) • Common problems encountered in among school students • Health education in schools • School immunization programs • Role of the family physician in school health</td>
</tr>
<tr>
<td>Scholar:</td>
<td>• Demonstrate evidence-based healthcare in patient management • Integrate clinical knowledge and effective preventive and promotive healthcare at school.</td>
<td></td>
</tr>
<tr>
<td>Professional:</td>
<td>• Apply professionalism and ethics in making decisions • Act professionally in dealing with school health and in interactions with the healthcare team and communities</td>
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<tr>
<td>Adolescent Medicine (2 days)</td>
<td>Medical Expert: • Identify the principles of adolescent care • Demonstrate clinical knowledge and skills pertinent to diagnosis and management of common adolescent disorders • Conduct comprehensive adolescent assessment • Order appropriate and selective investigations and interpret the</td>
<td>• Normal physical and sexual development in adolescence • Normal and abnormal behaviors in adolescents • Drug and alcohol problems in adolescents</td>
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<td></td>
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<td>• Psychiatric and emotional problems in adolescents • Role of the family in adolescence</td>
</tr>
<tr>
<td>Theme</td>
<td>Specific Objectives/Competencies</td>
<td>Content</td>
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</tr>
<tr>
<td>Communicator:</td>
<td>- Conduct effective consultations within the context of consultation models&lt;br&gt;- Document patient findings in the medical records in a legible and timely manner</td>
<td>- Comprehensive adolescent assessment&lt;br&gt;- Identification and prevention of risky behavior&lt;br&gt;- Prevention of disease and disability&lt;br&gt;- Social and emotional development&lt;br&gt;- Effect of recent technology on social and physical impairments among adolescents</td>
</tr>
<tr>
<td>Health Advocate:</td>
<td>- Offer a support system to help families in caring for their teenagers</td>
<td></td>
</tr>
<tr>
<td>Scholar:</td>
<td>- Demonstrate evidence-based healthcare in patient management&lt;br&gt;- Integrate clinical knowledge and effective patient-centered care skills into patient care</td>
<td>- Demonstrate evidence-based healthcare in patient management&lt;br&gt;- Integrate clinical knowledge and effective patient-centered care skills into patient care</td>
</tr>
<tr>
<td>Professional:</td>
<td>- Apply professionalism and ethics in making decisions regarding individual patient care.&lt;br&gt;- Act professionally during the care of patients and their families and in interactions with their healthcare team and communities</td>
<td>- Apply professionalism and ethics in making decisions regarding individual patient care.&lt;br&gt;- Act professionally during the care of patients and their families and in interactions with their healthcare team and communities</td>
</tr>
<tr>
<td>Geriatric Medicine (2 days)</td>
<td>Medical Expert:&lt;br&gt;- Identify the principles of geriatric care&lt;br&gt;- Demonstrate clinical knowledge and skills pertinent to diagnosis and management of common geriatric disorders&lt;br&gt;- Conduct comprehensive geriatric assessment&lt;br&gt;- Order appropriate and selective investigations and interpret the findings in the context of patient problems&lt;br&gt;- Integrate the psychological, social, and spiritual aspects of patient care&lt;br&gt;- Provide geriatric care comprehensively&lt;br&gt;- Understand the special medical, social, and ethical problems related to the aging process</td>
<td>- Characteristics of the elderly population&lt;br&gt;- Geriatric multidisciplinary care&lt;br&gt;- Elderly screening and assessment&lt;br&gt;- Elderly nutrition&lt;br&gt;- Elderly prescribing&lt;br&gt;- Risk definition in elderly&lt;br&gt;- Psychiatric disorders</td>
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<td></td>
<td>Collaborator:&lt;br&gt;- Use a team approach to address the needs of patients and their families, including bereavement counseling, if necessary</td>
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<td>Theme</td>
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<tr>
<td>Facilitator indicated</td>
<td>• Facilitate coordination of patient care, including collaboration and consultation with other health professionals and caregivers</td>
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<tr>
<td>Communicator:</td>
<td>• Conduct effective consultations within the context of consultation models</td>
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<tr>
<td>Health Advocate:</td>
<td>• Offer a support system to help the family cope during the patient’s illness</td>
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<tr>
<td>Scholar:</td>
<td>• Offer a support system to help patients live as actively and healthily as possible</td>
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<tr>
<td>Professional:</td>
<td>• Demonstrate evidence-based healthcare in patient management</td>
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<td></td>
<td>• Integrate clinical knowledge and effective patient-centered care skills into patient care</td>
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<tr>
<td>Medical Expert:</td>
<td>• Apply professionalism and ethics in making decisions regarding individual patient care.</td>
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<td></td>
<td>• Act professionally during the care of patients and their families and in interactions with their healthcare team and communities</td>
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<tr>
<td>Palliative Care (2 days)</td>
<td>• Diagnose and manage common palliative conditions in pediatric, adult, and geriatric patients</td>
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<td></td>
<td>• Formulate appropriate provisional diagnoses and alternative diagnoses of key presenting problems and underlying conditions</td>
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<td>• Order appropriate and selective investigations and interpret the findings in the context of patient problems</td>
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<td>• Integrate the psychological, social, and spiritual aspects of patient care</td>
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<td></td>
<td>• Provide relief from pain and other distressing symptoms</td>
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<td>• Affirm life and regard dying as a normal process.</td>
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<td></td>
<td>• Intend to neither hasten nor postpone death</td>
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<tr>
<td></td>
<td>• Introduction to palliative care</td>
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<td></td>
<td>• Elements of palliative care</td>
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<td></td>
<td>• Multidisciplinary team in palliative care</td>
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<td></td>
<td>• Care of the carer</td>
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<td></td>
<td>• Concept of respite care and supportive services</td>
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<td></td>
<td>• Pain management</td>
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<td></td>
<td>• Role of the family physician in palliative care</td>
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<tr>
<td>Theme</td>
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<td>Content</td>
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<tr>
<td><strong>Collaborator:</strong></td>
<td>Use a team approach to address the needs of patients and their families, including bereavement counseling, if indicated</td>
<td>Nutrition (2 days)</td>
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<tr>
<td></td>
<td>Facilitate coordination of patient care, including collaboration and consultation with other health professionals and caregivers</td>
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<tr>
<td><strong>Communicator:</strong></td>
<td>Conduct effective consultations within the context of consultation models</td>
<td>Content and elements of a normal diet</td>
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<tr>
<td></td>
<td>Offer a support system to help the family cope during the patient’s illness and in their own bereavement</td>
<td>Daily nutritional requirements</td>
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<td></td>
<td>Document patient findings in the medical records in a legible and timely manner</td>
<td>Malnutrition: causes and management</td>
</tr>
<tr>
<td><strong>Health Advocate:</strong></td>
<td>Offer a support system to help patients live as actively as possible until death</td>
<td>Role of diet in therapy and management of chronic diseases like diabetes mellitus hyperlipidemia, hypertension, osteoporosis, and obesity</td>
</tr>
<tr>
<td><strong>Scholar:</strong></td>
<td>Demonstrate evidence-based healthcare in patient management</td>
<td>Nutrition of special patient groups like infants, children and adolescents, pregnant and lactating women, and elderly adults</td>
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<td></td>
<td>Integrate clinical knowledge and effective patient-centered care skills into patient care</td>
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<tr>
<td><strong>Professional:</strong></td>
<td>Apply professionalism and ethics in making decisions regarding individual patient care</td>
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<td></td>
<td>Act professionally during the care of patients and their families and in interactions with their healthcare team and communities</td>
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<tr>
<td><strong>Medical Expert:</strong></td>
<td>Define the normal dietary needs of different patient groups</td>
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<td></td>
<td>Define daily dietary requirements for children and adults</td>
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<td></td>
<td>Identify the causes and management of malnutrition</td>
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</tbody>
</table>
PROGRAM ROTATIONS

<table>
<thead>
<tr>
<th>Theme</th>
<th>Specific Objectives/Competencies</th>
<th>Content</th>
</tr>
</thead>
</table>
|       |                                 | • Community nutrition resources  
|       |                                 | • Complementary and alternative medicine |

**Example of weekly schedule during the Family Medicine Advanced Course:**

<table>
<thead>
<tr>
<th>Day</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sun</td>
<td>Lectures</td>
<td>Clinical/Field visit</td>
</tr>
<tr>
<td>Mon</td>
<td>Lectures</td>
<td>Clinical/Field visit</td>
</tr>
<tr>
<td>Tue</td>
<td>Half Day Release Course (HDRC)</td>
<td>Clinical/Field visit</td>
</tr>
<tr>
<td>Wed</td>
<td>Lectures</td>
<td>Family Medicine Clinic</td>
</tr>
<tr>
<td>Thurs</td>
<td>Lectures</td>
<td>Clinical/Field visit</td>
</tr>
</tbody>
</table>

**Rules:**
- Some topics can be covered in a workshop
- Clinical sessions in this rotation should be for the following topics: school health, nutrition, adolescent medicine, and occupational health
- The clinical sessions for Geriatric Medicine and Palliative Care will be performed in separate rotation (2 weeks each) at R4.
- Field visit sessions in this rotation should be for the following topics: management & leadership, prevention & promotion, and environmental health
- Clinical sessions must be documented with signed attendance sheets
- Field visits must be documented with signed attendance sheets and visit reports

**Hospital Rotations**

A significant proportion of medical problems, both acute and chronic, are frequently encountered in family medicine. Therefore, in order to experience the role of the family physician and the scope of family medicine, trainees must have adequate specialty experience. This will enable them to have confidence and competency in terms of assessment and overall management of common medical problems.

At the end of the rotation, the trainee should acquire knowledge, skills, and attitudes and demonstrate core competencies as described below

**Guidelines**
- Hospital rotations in first two years are considered one block and can be done in any sequence. In other words, any rotation can be taken any time during the first two year after the introductory course.
- Rotations including inpatient settings cannot be changed to the outpatient department (OPD).
- In OPD rotation, candidates should attend a minimum of 8 clinics per week
Content
Candidates should acquire the core knowledge and skills expected by the Saudi Board of Family Medicine during appropriate hospital rotations as described for each rotation.

Learning methods
- Outpatient department
- Clinical rounds case discussion
- Presentations in continuing professional development activities
- Chart reviews
- Clinical and other presentations
- Self-directed learning
- Workshops and conferences
- Small-group discussions
- Journal clubs
- Teaching other healthcare professionals
- Learning with other healthcare professionals (dieticians, educators, nurses, etc.)

Internal Medicine

Duration: 16 weeks
Level: R1 or R2

Objectives & Competencies
Trainee should develop all seven CanMEDS—FM core competencies while learning the basic skills of diagnosis and management of common medical conditions of adolescents and adults that are relevant to family medicine, examples of which are listed below

Medical Expert
- Demonstrate a thorough understanding of relevant basic sciences, including path physiology, drug therapy, and the microbial basis of diseases of the presenting problems and disease conditions listed below
- Perform a complete clinical patient assessment including history and relevant physical examination
- 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
- Be able to attend to all problems presented by their patients and be able to cope with uncertainties

Collaborator
- Be aware of the community resources for supporting the care of their patients
- Facilitate coordination of patient care, including collaboration and consultation with other health professionals and caregivers
**Communicator**
- Conduct effective consultations within the context of consultation models
- Document patient findings in the medical records in a legible and timely manner

**Health Advocate**
- Advocate patients’ and communities’ healthcare needs.

**Scholar**
- Demonstrate evidence-based healthcare in patient management
- Integrate clinical knowledge and effective patient-centered care skills into patient care

**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 healthcare team and communities

**Content**

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes mellitus, metabolic syndrome and obesity, hypertension, hyperlipidemia, metabolic syndrome, heart failure, Asthma, COPD, bronchiectasis, pulmonary embolism, pneumothorax, pleural effusion, pneumonia, urinary tract infection, gastroenteritis, upper respiratory tract infection, fever of unknown etiology, malaria, tuberculosis, brucellosis, visceral leishmaniasis, Rift Valley fever, dengue fever, swine flu, coronavirus infection, Ischemic heart diseases, Pleurisy, Pulmonary embolism, GERD, valvular heart disorders, arrhythmias, viral hepatitis, non-viral hepatitis, chronic liver disease and cirrhosis, syphilis, HSV, gonorrhea, chlamydia, hypo- and hyperthyroidism, SLE and similar disorders, inflammatory bowel disease, headache, DEEP VEIN THROMBOSIS, electrolyte disturbance, stroke, meningitis, acute and chronic osteomyelitis, Infectious arthritis, nephropathies, osteoporosis/Vitamin D deficiencies, thyroid disease, PUD, gastritis</td>
<td>Intramuscular, intravenous, subcutaneous, and intradermal injection; peak flow measurement and inhaler techniques; urine dipstick and microscopy; fecal occult blood testing; peripheral intravenous line; adult lumbar puncture; insertion and removal of Foley’s catheter; performing an ECG; naso-gastric tube insertion and lavage</td>
</tr>
</tbody>
</table>

**General Rules**
- Training should preferably be conducted in a general medical unit.
- Training could be in a specialized unit relevant to family medicine (e.g., cardiology, endocrinology, pulmonary, gastroenterology, infectious diseases, and rheumatology)
- The training duration is 8 weeks in inpatient settings and 8 weeks in the outpatient internal medicine department
- The number of monthly on call instances should not exceed 5
- Residents should not be on call during rotation in the OPD.
- Residents should be released to attend HDRCs.
General Surgery

Duration: 4 weeks
Level: R1 or R2

Objectives & Competencies
Trainee should develop all seven CanMEDS—FM core competencies while learning the basic skills of diagnosis and management of common surgical conditions.

Medical Expert
- Demonstrate a thorough understanding of relevant basic sciences, including path physiology and the microbial basis of diseases of the presenting problems and disease conditions listed above
- Perform a complete clinical patient assessment including history and relevant physical examination
- 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
- Be able to perform minor surgical procedures and perform core procedures as defined below
- Demonstrate competence in identifying the normal wound healing process, measures to prevent wound dehiscence or infection, and wound management
- Demonstrate knowledge of common complications of surgical interventions such as fever, hemorrhage, atelectasis, pulmonary embolism, or deep vein thrombosis
- Be able to attend to all problems presented by their patients and be able to cope with uncertainties

Collaborator
- Facilitate coordination of patient care, including collaboration and consultation with other health professionals and caregivers

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 patient care

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 healthcare team and communities
Content

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Acute abdomen, benign prostatic hyperplasia, breast lump/pain, cholelithiasis/cholecystitis, deep vein thrombosis/varicose veins, burns, hemorrhoid, hernia, injuries (wounds, lacerations, etc.), neck pain/mass, urinary stone, obesity, peptic ulcer disease/chronic gastritis, rectal bleeding, thyroid disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures</td>
<td>Intramuscular, intravenous, subcutaneous, and intradermal injection; peripheral intravenous line for adults and children; naso-gastric tube insertion and lavage; insertion and removal of Foley’s catheter; thoracic tube insertion; soft tissue injections (e.g. planter fasciitis), proctoscopy, wound debridement and wound management (closure and 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>

General Rules
- Training should be conducted in the general surgery unit.
- Residents should not be on call during rotation in general surgery.
- Residents should be released to attend HDRCs.

Learning Resources:
- Essentials of General Surgery—Peter F Lawrence
- Textbook of Surgery—Courtney M Townsend

Obstetrics and Gynecology

Duration: 8 weeks
Level: R1 or R2

Objectives & Competencies
Trainees should develop all seven CanMEDS—FM core competencies while learning the basic skills of diagnosis and management of gynecological and obstetric conditions commonly encountered in family medicine.

Medical Expert
- Demonstrate a thorough understanding of relevant basic sciences, including path physiology and the microbial basis of diseases of the presenting problems and disease conditions listed below
- Perform a complete clinical patient assessment including history and relevant physical examination
- 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
- Be able to perform minor surgical procedures and perform core procedures as defined below
- Plan management of physical and psychosocial problems of the mother in the postnatal period for conditions such as postpartum depression
Be able to attend to all problems presented by their patients and be able to cope with uncertainties
- Provide antenatal care, including health promotion and disease prevention aspects.
- Manage common gynecological problems.
- Be able to perform premarital counselling

**Collaborator**
- Facilitate coordination of patient care, including collaboration and consultation with other health professionals and caregivers

**Communicator**
- Conduct effective consultations within the context of consultation models
- Document patient findings in the medical records in a legible and timely manner
- Be able to train mothers on how to establish and maintain breastfeeding

**Scholar**
- Demonstrate evidence-based healthcare in patient management
- Integrate clinical knowledge and effective patient-centered care skills into patient care

**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 healthcare team and communities

**Content**

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Abdominal/pelvic pain, contraception, vaginal bleeding, antenatal care, ante-partum hemorrhage, breast lump/pain, vaginal discharge, menopause, dysmenorrhea, dysuria, breastfeeding, urinary incontinence, spontaneous vaginal delivery, breast cancer/screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures</td>
<td>Obtaining vaginal and cervical cytology, episiotomy and repair, insertion and removal of intrauterine contraceptive device, diaphragm fitting, injectable long-term contraceptives, obstetric ultrasound</td>
</tr>
</tbody>
</table>

**General Rules**
- Training is conducted as follows:
  - In the OB/GYN OPD for 6 weeks
  - In L&D for 2 weeks
- Residents should not be on call during rotation in the OPD.
- Residents should be released to attend HDRCs.
Learning Resources
- Textbook of Family Practice. Robert E Rakel and David P Rakel
- Medical Disorders in Obstetric Practice. 3. M De Swiet et al.
- Obstetrics and Gynecology. David N Danforth and JB Lippincott

Pediatrics
Duration: 12 weeks
Level: R1 or R2

Objectives & Competencies
Trainees should develop all seven CanMEDS—FM core competencies while learning the basic skills of diagnosis and management of common pediatric conditions.

Medical Expert
- Demonstrate a thorough understanding of relevant basic sciences, including path physiology and the microbial basis of diseases of the presenting problems and disease conditions listed below
- Perform a complete clinical patient assessment including history and relevant physical examination
- 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
- Be able to attend to all problems presented by their patients and be able to cope with uncertainties
- Manage common medical emergencies in pediatrics, such as diabetic ketoacidosis, severe acute asthma attack, and meningitis
- Identify the important norms of physical, intellectual, emotional, and social development of children at different ages
- Identify the effect of diseases of children on the family
- Organize, plan, conduct, and evaluate a well-baby clinic (screening, records, and immunizations)
- Effectively prescribe for children in terms of dose, route, expected side effects, and interactions

Collaborator
- Facilitate coordination of patient care, including collaboration and consultation with other health professionals and caregivers

Communicator
- Conduct effective consultations within the context of consultation models
- Educate and counsel parents on the diagnosis, causative factors, prognosis, and prophylaxis
- Communicate with the 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 breastfeeding
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 within the health communities served and respond appropriately

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

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 healthcare team and communities

Content

| Conditions | Abdominal/pelvic pain, back pain, cough, dyspnea, fever, headache, joint pain, injury, diarrhea, constipation, loss of weight, obesity, well baby clinic, failure to thrive, milestones, dysuria, breastfeeding, vomiting, vaccinations, infantile colic, enuresis, short stature, jaundice, impetigo, chicken pox, herpes (simplex/zoster), acute bronchitis/bronchiolitis, bronchial asthma, child abuse, gastroesophageal reflux disease, irritable bowel disease, gastroenteritis |
| Procedures | Intramuscular, intravenous, subcutaneous, and intradermal injection; peripheral intravenous line for children; lumbar puncture; swabs (throat, eye, ear, wound, vaginal, urethral, etc.); peak flow measurement and inhaler techniques; urine dipstick and microscopy |

General Rules
- Training is as follows:
  - General pediatrics inpatient ward: 4 weeks
  - General pediatrics OPD: 4 weeks
  - Emergency room pediatrics: 4 weeks
- The number of monthly on call instances should not exceed 5.
- Residents should not be on call during rotation in the OPD.
- Residents should be released to attend HDRCs.

Learning resources:
- Nelson Textbook of Pediatrics—RE Behrman, RM Kliegman, AB Jensen
- Essentials of Family Practice—Robert Rakel
- Essential Pediatrics—David Hull
- Community Pediatrics—Leon Polanay
Emergency Medicine

**Duration:** 8 weeks  
**Level:** R2

**Objectives & Competencies**
Trainees should develop all seven CanMEDS—FM core competencies while learning the basic skills of diagnosis and management of common emergency conditions.

**Medical Expert**
- Demonstrate a thorough understanding of relevant basic sciences, including path physiology and the microbial basis of diseases of the presenting problems and disease conditions listed below
- Perform a complete clinical patient assessment including history and relevant physical examination
- 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
- Manage common medical emergencies in adults such as diabetic ketoacidosis, severe acute asthma attack, meningitis, and trauma
- Recognize the social, economic, and cultural factors affecting the causation and management of emergencies
- Perform core procedures as defined below

**Collaborator**
- Facilitate coordination of patient care, including collaboration and consultation with other health professionals and caregivers

**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 patient care

**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 healthcare team and communities
### Content

<table>
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<tr>
<th>Conditions</th>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal/pelvic pain, cough, dyspnea, fever,</td>
<td>Intramuscular, Intravenous, subcutaneous, and Intra-dermal injection;</td>
</tr>
<tr>
<td>headache, joint pain/injury, contraception,</td>
<td>peripheral intravenous line for adults and children; lumbar puncture;</td>
</tr>
<tr>
<td>red eye, skin rash/lesion, neck pain/mass,</td>
<td>naso-gastric tube insertion and lavage; ECG; insertion and removal of</td>
</tr>
<tr>
<td>vaginal bleeding, urinary stone, rectal</td>
<td>Foley’s catheter; obtaining an arterial blood gas; intubation of airways;</td>
</tr>
<tr>
<td>bleeding, diarrhea/constipation, palpitation,</td>
<td>thoracic tube insertion; aspiration and injections of joints (e.g.,</td>
</tr>
<tr>
<td>deep vein thrombosis, ante-partum, loss of</td>
<td>shoulder and knee joints); splinting and techniques of immobilization of</td>
</tr>
<tr>
<td>consciousness, bronchial asthma, violence</td>
<td>sprained joints and fractures; closed reduction of joint dislocation; soft</td>
</tr>
<tr>
<td>(wife/child/elderly), stroke hemorrhage, renal</td>
<td>tissue injections (e.g., planter fasciitis); proctoscopy; wound debride</td>
</tr>
<tr>
<td>colic, urinary tract infection, vaginal</td>
<td>ment and wound management (closure and dressings); suturing and laceration</td>
</tr>
<tr>
<td>discharge, chest pain—angioedema/urticaria,</td>
<td>repair and suture removal; incision and drainage of superficial abscesses;</td>
</tr>
<tr>
<td>gallbladder stone, meningitis, dysuria,</td>
<td>local anesthesia techniques (infiltration, ring block); incision and</td>
</tr>
<tr>
<td>vomiting, hepatitis, hemorrhoid, fractures,</td>
<td>drainage of perianal hematoma; nasal packing or cauterization to control</td>
</tr>
<tr>
<td>seizures, spontaneous vaginal delivery,</td>
<td>epistaxis; ear wax aspiration and ear syringing; removal of foreign body</td>
</tr>
<tr>
<td>epistaxis, migraine, hematemesis, hypertension,</td>
<td>from nose and external ear; peak flow measurement and inhaler techniques;</td>
</tr>
<tr>
<td>burns, hemoptysis</td>
<td>urine dipstick and microscopy; fecal occult blood testing</td>
</tr>
</tbody>
</table>

### General Rules
- Training is conducted in the adult emergency room for 8 weeks.
- There should be 18 shifts of 8 hours per month.
- Two HDRC sessions equal one shift and should be counted as a working shift.
- Residents should be released to attend HDRCs.

### Learning Resources
- ABC of Emergency Medicine, BMJ

### Orthopedics

**Duration:** 4 weeks  
**Level:** R1 or R2

#### Objectives & Competencies
Trainees should develop all seven CanMEDS—FM core competencies while learning the basic skills of diagnosis and management of common orthopedic conditions.
Medical Expert
- Demonstrate a thorough understanding of relevant basic sciences, including path physiology and the microbial basis of diseases of the presenting problems and disease conditions listed below
- Perform a complete clinical patient assessment including history, and perform an 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 and manage common orthopedic problems and emergencies
- Recognize and manage common fractures, their diagnosis, and proper management as well as prompt referral to the specialist
- Recognize the role of radiological investigation in the diagnosis of orthopedic problems
- Recognize the importance, indications and applications of physiotherapy, occupational therapy, and rehabilitation therapy in orthopedic problems
- Perform core procedures as defined below

Collaborator
- Facilitate coordination of patient care, including collaboration and consultation with other health professionals and caregivers

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 patient care

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 healthcare team and communities

Content

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Back pain, joint pain/injury, osteoporosis, tendinitis, osteoarthritis, fractures, ligamentous injuries/sprains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures</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>
General Rules
- Training is conducted in the General Orthopedics OPD for 4 weeks.
- Residents should not be on call during rotation in the OPD.
- Residents should be released to attend HDRCs.

Learning Resources
- ABC of Sports and Exercise Medicine. BMJ Books

Psychiatry
Duration: 8 weeks
Level: R3

Objectives & Competencies
Trainees should develop all seven CanMEDS—FM core competencies while learning the basic skills of diagnosis and management of common psychiatric conditions.

Medical Expert
- Demonstrate a thorough understanding of relevant basic sciences, including path physiology and the 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 mental status 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, assess, manage, and follow-up on psychiatric conditions commonly encountered in family medicine settings, including psychiatric emergencies
- Recognize and manage appropriately patients with psychiatric complaints and refer appropriately those who need referral
- Identify social, economic, and 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

Collaborator
- Facilitate coordination of patient care, including collaboration and consultation with other health professionals and caregivers
- Recognize the role of other professionals (e.g., psychologists, social workers, and agencies involved in such care) and be able to utilize their expertise

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 patient care

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 healthcare team and communities

Content

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Depressive disorders, anxiety disorders, somatization, delirium, dementia, alcohol/drug abuse, sleep disorders, psychosis, addiction, personality disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures</td>
<td>Mini Mental State Examination, counseling, cognitive behavioral therapy</td>
</tr>
</tbody>
</table>

General Rules
- Training is conducted as follows:
  o 4 weeks in the General Psychiatry OPD
  o 4 weeks in Inpatient General Psychiatry
- The number of monthly on call instances should not exceed 5.
- Residents should not be on call during rotation in the OPD.
- Residents should be released to attend HDRCs.

Learning resources
- Diagnostic and Statistical Manual of Mental Disorders: Primary Care Version. American Psychiatric Association.
- Textbook of Family Practice. Rakel

Otolaryngology (ENT)

Duration: 4 weeks
Level: R3

Objectives & Competencies
Trainees should develop all seven CanMEDS—FM core competencies while learning the basic skills of diagnosis and management of common ENT conditions.

Medical 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 ENT conditions

Collaborator
- Facilitate coordination of patient care, including collaboration and consultation with other health professionals and caregivers

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 patient care

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 healthcare team and communities

Content

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Cough, neck pain/mass, vertigo, dizziness, tonsillitis, acute pharyngitis, earache, epistaxis, allergic rhino-sinusitis, acute upper respiratory tract infection, otitis media, otitis externa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures</td>
<td>Nasal packing or cauterization to control epistaxis, ear wax aspiration and ear syringing, removal of foreign body from nose and external ear</td>
</tr>
</tbody>
</table>

General Rules
- Training is conducted in the General ENT OPD for 4 weeks,
- Residents should not be on call during rotation in the OPD.
- Residents should be released to attend HDRCs.

Learning Resources:
- Text Book of Otolaryngology. William, David
- ABC of Otolaryngology (ENT). BMJ Books
Ophthalmology

**Duration:** 4 weeks  
**Level:** R3

**Objectives & Competencies**
Trainees should develop all seven CanMEDS—FM core competencies while learning the basic skills of diagnosis and management of common ophthalmology conditions.

**Medical Expert**
- Demonstrate a thorough understanding of relevant basic sciences, including path physiology and the 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 and emergencies
- Perform core procedures as defined below

**Collaborator**
- Facilitate coordination of patient care, including collaboration and consultation with other health professionals and caregivers

**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 patient care

**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 healthcare team and communities

**Content**

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Red eye, strabismus, impaired vision, conjunctivitis, corneal abrasions, eye injuries, cataract, glaucoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures</td>
<td>Corneal foreign body removal, eye patching</td>
</tr>
</tbody>
</table>
General Rules
- Training is conducted in the General Ophthalmology OPD for 4 weeks.
- Residents should not be on call during rotation in the OPD.
- Residents should be released to attend HDRCs.

Learning Resources
- Oxford Textbook of Primary Medical Care Oxford. R Jones, N Britten, and L Culpepper
- ABC of Ophthalmology. BMJ Books

Dermatology

Duration: 4 weeks
Level: R3

Objectives & Competencies
Trainees should develop all seven CanMEDS—FM core competencies while learning the basic skills of diagnosis and management of common dermatological conditions.

Medical Expert
- Demonstrate a thorough understanding of relevant basic sciences, including path physiology and the 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 procedures 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 patient care
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 healthcare team and communities.

Content

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin rash/lesion, acne, angioedema/urticaria, dermatitis (atopic/contact/seborrheic), cutaneous leishmaniasis, impetigo, chicken pox, herpes (simplex/zoster), scabies, superficial fungal infection, warts</td>
<td>Excision of in-growing nails, scraping for mycology, using woods light, cauterization and cryosurgery (liquid nitrogen), skin biopsy and excision of skin lesions</td>
</tr>
</tbody>
</table>

General Rules:
- Training is conducted in the General Ophthalmology OPD for 4 weeks.
- Residents should not be on call during rotation in the OPD.
- Residents should be released to attend HDRCs.

Learning Resources
- Clinical Dermatology: A Color Guide to Diagnosis and Therapy. Habif TP.
- Dermatology in General Medicine. 4. Wolff K, Goldsmith LA, Katz SI, Gilchrest BA, Paller A, Leffell DJ. Fitzpatrick’s
- ABC of Dermatology. BMJ Books

Radiology

Duration: 4 weeks
Level: R2 or R3

Objectives & Competencies
Trainees should develop all seven CanMEDS—FM core competencies while learning the basic skills of diagnostic imaging.

Medical Expert
- Recognize basic radiological anatomy and variants thereof
- Understand basic physical principles behind radiological techniques
- Know the indications and relative and absolute contraindications of different contrast media
- Recognize the indications and contraindications of various radiological techniques
- Be able to list the most important differential diagnoses of radiological findings
- Appropriately prescribe radiological examinations

Communicator
- Effectively communicate with patients and relatives
- Generate an accurate and informative radiological report
Scholar
- Demonstrate evidence-based healthcare in patient management
- Integrate clinical knowledge and effective patient-centered care skills into patient care

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 healthcare team and communities

General Rules
- Training is conducted in the plain x-ray radiology, U/S, and CT departments for 4 weeks.
- Residents should not be on call during rotation in the OPD.
- Residents should be released to attend HDRCs.

Learning Resources
- http://www.radiologyeducation.com/
- http://www.mypacs.net/repos/mpv3_repo/static/m/Home/index.html
- http://www.radport.com/

Other Rotations

Geriatric Medicine
Duration: 2 weeks
Level: R4

Objectives & Competencies
Trainees should develop all seven CanMEDS—FM core competencies while learning and practicing geriatric medicine.

Medical Expert
- Identify the principles of geriatric care
- Demonstrate clinical knowledge and skills pertinent to diagnosis and management of common geriatric disorders
- Conduct comprehensive geriatric assessment
- Order appropriate and selective investigations and interpret the findings in the context of patient problems
- Integrate the psychological, social, and spiritual aspects of patient care
- Provide geriatric care comprehensively
- Understand the special medical, social, and ethical problems related to the aging process

Collaborator
- Use a team approach to address the needs of patients and their families, including bereavement counseling, if indicated
- Facilitate coordination of patient care including collaboration and consultation with other health professionals and caregivers
Communicator
- Conduct effective consultations within the context of consultation models
- Offer a support system to help the family cope during the patient’s illness
- Document patient findings in the medical records in a legible and timely manner

Health Advocate
- Offer a support system to help patients live as actively and healthily as possible

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

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 healthcare team and communities

Content

<table>
<thead>
<tr>
<th>Presenting Problems</th>
<th>Underlying Key Conditions</th>
<th>Primary Focus in Learning</th>
</tr>
</thead>
</table>
| Ethical issues in the elderly | • Capacity assessment  
• Guardianship  
• Trusteeship  
• Caregiver burden |                                                                                          |
| Major Geriatric Presentations | • Polypharmacy and drug hazards  
(drug-drug interaction, drug-disease interactions, drug-diet interactions)  
• Delirium  
• Dementia  
• Depression  
• Falls  
• Incontinence | • Demonstrate understanding of the pharmacokinetic changes that commonly occur with aging  
• Demonstrate ability to modify drug regimens in the elderly  
• Manifestation  
• Diagnosis  
• Management  
• Prevention |
| Assessment of elderly     | • Alteration of normal physical examination and laboratory investigations  
• Use of aids | • Define frailty  
• Apply knowledge and expertise in performing and interpreting the results of a mental status examination  
• Assess basic and instrumental activities of daily living  
• Assess basic mobility skills |
**Weekly Schedule of Geriatric Medicine Rotation**

<table>
<thead>
<tr>
<th>Day</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sun</td>
<td>Clinical session</td>
<td>Clinical session</td>
</tr>
<tr>
<td>Mon</td>
<td>Clinical session</td>
<td>Clinical session</td>
</tr>
<tr>
<td>Tue</td>
<td>HDRC</td>
<td>Family medicine clinic</td>
</tr>
<tr>
<td>Wed</td>
<td>Clinical session</td>
<td>SDL/Portfolio</td>
</tr>
<tr>
<td>Thurs</td>
<td>Clinical session</td>
<td>Clinical session</td>
</tr>
</tbody>
</table>

**General Rules**
- Training is conducted in the Palliative Medicine OPD for 2 weeks.
- Residents should not be on call during this rotation.
- Residents should be released to attend HDRCs and their weekly family medicine clinic.

**Palliative Care**

**Duration:** 2 weeks  
**Level:** R4

**Objectives & Competencies**
Trainees should develop all seven CanMEDS—FM core competencies while learning the basic skills of palliative care.

**Medical Expert**
- Diagnosis and management of common palliative conditions of pediatric, adult, and geriatric patients
- 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
- Integrate the psychological, social, and spiritual aspects of patient care
- Provides relief from pain and other distressing symptoms
- Affirm life and regard dying as a normal process.
- Intend neither to hasten nor postpone death

**Collaborator**
- Use a team approach to address the needs of patients and their families, including bereavement counseling, if indicated
- Facilitate coordination of patient care including collaboration and consultation with other health professionals and caregivers
COMMUNICATOR
- Conduct effective consultations within the context of consultation models
- Offer a support system to help the family cope during the patient’s illness and in their own bereavement
- Document patient findings in the medical records in a legible and timely manner

HEALTH ADVOCATE
- Offer a support system to help patients live as actively as possible until death

SCHOLAR
- Demonstrate evidence-based healthcare in patient management
- Integrate clinical knowledge and effective patient-centered care skills into patient care

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 healthcare team and communities

CONTENT

<table>
<thead>
<tr>
<th>Presenting Problems</th>
<th>Underlying Key Conditions</th>
<th>Primary Focus in Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td></td>
<td>Pathophysiology, Assessment, Psychosocial factors, Management, Monitoring, Prevention</td>
</tr>
<tr>
<td>Conditions and symptoms common in incurable and life-threatening diseases</td>
<td>Hypercalcemia, Mouth problems (mouth ulcers, thrush, and dysphagia), Anorexia, Weakness, Nausea and vomiting, Dyspnea, Intestinal obstruction, Constipation, Diarrhea, Incontinence, Anxiety, Depression, Restlessness, Delirium syndrome, Malignant effusions and ascites, Lymphedema</td>
<td>Etiology, Pathophysiology, Diagnosis, Management, Prevention</td>
</tr>
</tbody>
</table>
### Presenting Problems

<table>
<thead>
<tr>
<th>Underlying Key Conditions</th>
<th>Primary Focus in Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation</td>
<td>Physical therapy</td>
</tr>
<tr>
<td>Postoperative care</td>
<td>Occupational therapy</td>
</tr>
<tr>
<td>Postradiotherapy care</td>
<td>Speech therapy</td>
</tr>
<tr>
<td>Postchemotherapy care</td>
<td>Swallowing therapy</td>
</tr>
</tbody>
</table>

### End of life care

<table>
<thead>
<tr>
<th>Underlying Key Conditions</th>
<th>Primary Focus in Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home-based care</td>
<td>Discuss discontinuation of anticancer therapy</td>
</tr>
<tr>
<td>Inpatient care</td>
<td>Discuss the anticipated clinical course</td>
</tr>
<tr>
<td></td>
<td>Know the signs and symptoms of imminent death</td>
</tr>
<tr>
<td></td>
<td>Ensure optimum patient comfort and family support</td>
</tr>
</tbody>
</table>

### Death

<table>
<thead>
<tr>
<th>Underlying Key Conditions</th>
<th>Primary Focus in Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Confirming death</td>
</tr>
<tr>
<td></td>
<td>Postdeath procedures</td>
</tr>
</tbody>
</table>

### Weekly Schedule of Palliative Care Rotation

<table>
<thead>
<tr>
<th>Day</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sun</td>
<td>Clinical session</td>
<td>Lectures</td>
</tr>
<tr>
<td>Mon</td>
<td>Clinical session</td>
<td>Clinical session</td>
</tr>
<tr>
<td>Tue</td>
<td>HDRC</td>
<td>Family medicine clinic</td>
</tr>
<tr>
<td>Wed</td>
<td>Clinical session</td>
<td>SDL/Portfolio</td>
</tr>
<tr>
<td>Thurs</td>
<td>Clinical session</td>
<td>Clinical session</td>
</tr>
</tbody>
</table>

### General Rules

- Training is conducted in the Palliative Medicine OPD for 2 weeks.
- Residents should not be on call during this rotation.
- Residents should be released to attend HDRCs and their weekly family medicine clinic.
Elective Rotation

**Duration:** 6 weeks  
**Level:** R2/R3

**Structure of Rotation**

- The approval of the director of training program is mandatory for resident to be scheduled for the desired elective rotation.
- Special interest areas related to family medicine include:
  - Quality improvement
  - Geriatric care
  - Home care
  - Adolescence medicine
  - Diabetic care
  - Occupational medicine
  - Others as appropriate
- Can be separated into 2 rotations of 3 weeks each or a full 6 weeks
ASSESSMENT

Evaluations and assessments throughout the program are conducted in accordance with the Commission’s training and examination rules and regulations. The process includes the following steps.

Annual Assessment

Continuous Appraisal

This assessment is conducted toward the end of each training rotation throughout the academic year and at the end of each academic year as a continuous assessment in the form of a formative and summative evaluation.

Formative Continuous Evaluation

1) Help residents identify their strengths and weaknesses and target areas that need work.
2) Help faculty recognize where residents are struggling and address problems immediately.
3) To fulfill the CanMEDS competencies based on the end-of-rotation evaluation, the resident’s performance will be jointly evaluated by relevant staff for the following competencies:
   • Performance of the trainee during daily work.
   • Performance and participation in academic activities.
   • Performance in a 10- to 20-min direct observational assessment of trainee–patient interactions. Trainers are encouraged to perform at least one assessment per clinical rotation, preferably near the end of the rotation. Trainers should provide timely and specific feedback to the trainee after each assessment of a trainee–patient encounter.
   • Performance of diagnostic and therapeutic procedural skills by the trainee. Timely and specific feedback for the trainee after each procedure is mandatory.
   • The CanMEDS-based competencies end-of-rotation evaluation form must be completed within 2 weeks after the end of each rotation (preferably in electronic format) and signed by at least two consultants. The program director will discuss the evaluation with the resident, as necessary. The evaluation form will be submitted to the Regional Training Supervisory Committee of the SCFHS within 4 weeks after the end of the rotation.
   • The assessment tools used, can be in the form of an educational portfolio (i.e., monthly evaluation, rotational Mini-CEX*, long case assessment CBDs, ** DOPS, *** and MSF****).
   • Academic and clinical assignments should be documented on an annual basis using the electronic logbook (when applicable). Evaluations will be based on accomplishment of the minimum requirements for the procedures and clinical skills, as determined by the program.

*Clinical evaluation exercises
**Case-based discussions
***Direct observation of practical skills
****Multisource feedback
**Summative Continuous Evaluation**

This is a summative continuous evaluation report prepared for each resident at the end of each academic year. The report may also involve the result of clinical examination, oral examination, objective structured practical examination (OSPE), objective structured clinical examination (OSCE), and international in training evaluation exam.

**End-of-Year Examination**

The end-of-year examination will be limited to R1, R2, and R3. The number of exam items, eligibility, and passing score will be in accordance with the Commission’s training and examination rules and regulations. Examination details and blueprints are posted on the commission website: [www.scfhs.org.sa](http://www.scfhs.org.sa)

**Annual Promotion**

Annual promotion depends on obtaining satisfactory evaluation in rotation in that year, in addition to passing the end-of-year exam. An average of 60% score in the end-of-year examination and continuous assessment with a minimum of 50% in each is required for passing.

**Principles of Family Medicine Examination (Saudi Board Examination: Part I)**

This written examination, which is conducted in multiple choice question formats, is held at least once a year. The number of exam items, eligibility, and passing score will be in accordance with the Commission’s training and examination rules and regulations. Examination details and blueprints are published on the commission website: [www.scfhs.org.sa](http://www.scfhs.org.sa)

**Final In-training Evaluation Report (FITER)/Comprehensive Competency Report (CCR)**

In addition to approval of the completion of clinical requirements (resident’s logbook) by the local supervising committee, FITER is also prepared by program directors for each resident at the end of his or her final year in residency (R4). This report may also involve clinical examinations, oral examinations, or other academic assignments.

**Final Family Medicine Board Examination (Saudi Board Examination: Part II)**

The final Saudi Board Examination comprises of two parts, a written examination and a clinical examination.

**Written Examination**

This examination assesses the trainee’s theoretical knowledge base (including recent advances) and problem-solving capabilities with regard to the specialty of family Medicine. It is delivered in multiple choice question formats and held at least once a year. The number of exam items, exam format, eligibility, and passing score will be in accordance with the Commission’s training and examination.
Clinical Examination
This examination assesses a broad range of high-level clinical skills, including data collection, patient management, communication, and counseling skills. The examination is held at least once a year, preferably in an OSCE format in the form of patient management problems (PMPs). The exam eligibility, format, and passing score will be in accordance with the Commission’s training and examination rules and regulations. Examination details and blueprints are published on the commission website: www.scfhs.org.sa

Certification
Certificates of training completion will only be issued upon the resident’s successful completion of all program requirements. Candidates passing all components of the final specialty examination are awarded the “Saudi Board in Family Medicine” certificate.
Mentoring

Mentor and Mentee
A mentor is an assigned faculty supervisor responsible for professional development of residents under his/her responsibility. Mentoring is the process by which the mentor provide support to the resident. A mentee is the resident under the supervision of the mentor.

Need for Mentors
Postgraduate residency training is a formal academic program for residents to develop their full potential as future specialists. This is potentially the last substantial training program before they become an independent specialist. However, unlike the undergraduate programs, which have a well-defined structure, residency training is inherently less organized. Residents are expected to be in the clinical settings delivering patient care. They are rotated through multiple sites and sub-specialties. This structure of residency program, while necessary for good clinical exposure, also lacks an opportunity for a long-term professional relationship with a faculty member. Residents may feel lost without proper guidance. Moreover, without a long-term longitudinal relationship, it is extremely difficult to identify struggling residents. They also struggle to develop professional identity with the home program, especially when they are rotating away in other disciplines for a long duration. Finally, the new curriculum has a more substantial component of work-based continuous assessment of clinical skills and professional attributes. Residents are expected to maintain logbooks, complete mini-CEX and DOPS, and meticulously chart their clinical experience. This requires a robust and structured monitoring system in place, with clear accountability and defined responsibility.

Nature of Relationship
Mentorship is a formal yet friendly relationship. This is a partnership between the mentor and resident (i.e., the mentee). Residents are expected to take the mentoring opportunity seriously and help the mentor to achieve the outcomes. The mentor should receive a copy of any adversarial report by other faculty members about the resident.

Goals
- Guiding residents towards personal and professional development through continuous monitoring of progress
- Early identification of struggling residents as well as high achievers
- Early detection of residents who are at risk of emotional and psychological disturbances
- Career guidance

Roles of the Mentor
The primary role of the mentor is to nurture a long-term professional relationship with the assigned residents. A mentor is expected to provide an “academic home” for the residents so that they can feel comfortable in sharing their experiences, express their concerns, and clarify issues in a nontreathening environment. The mentor is expected to keep sensitive information about the residents in confidence. The mentor is also expected to make appropriate and early referral to the program director or head of department if he/she determines a problem that would require expertise or resources that is beyond his/her capacity. Examples of such referral might include
- Serious academic problems
- Progressive deterioration of academic performance
- Potential mental or psychological issues
• Personal problems interfering with academic duties
• Professional misconduct

However, the following are NOT expected roles of a mentor
• Providing extra tutorials, lectures, or clinical sessions
• Providing counseling for serious mental and psychological problems
• Being involved in residents’ personal matters
• Providing financial or other material support

Roles of the Resident
• Submits resume at the start of the relationship
• Provide mentor with medium (1–3 years) and longer term (3–7 years) goals
• Takes primary responsibility in maintaining the relationship
• Schedules monthly meeting with the mentor in a timely manner; does not request for an ad hoc meeting except in an emergency
• Recognizes self-learning as an essential element of residency training
• Reports any major events to the mentor in a timely manner

Who can be a Mentor?
Any faculty member at the grade of a consultant or above within the residency program can be a mentor. There is no special training required.

Number of residents per mentor
As a guideline, each mentor should not have more than 4–6 residents. As much as possible, the residents should be from all years of training. This will create an opportunity for senior residents to work as a guide for junior residents.

Frequency and duration of engagement
The recommended minimum frequency is once every 4 weeks. Each meeting might take 30 minutes to 1 hour. It is also expected that once assigned, the mentor should continue with the same resident preferably for the entire duration of the training program or at least two years.

Tasks during the meeting
The following are suggested tasks to be completed during the meeting:
• Discuss overall clinical experience of the resident with particular attention to any concerns raised
• Review logbook or portfolio with the resident to determine whether the resident is on track for meeting the training goals
• Revisit earlier concerns or unresolved issues, if any
• Explore any nonacademic factors seriously interfering with training
• Document excerpts of the interaction in the logbook
Mandatory reporting to the program director or head of department

- Consecutive absence from three scheduled meetings without any valid reasons
- Unprofessional behavior
- Consistent underperformance in spite of counseling
- Serious psychological, emotional, or health problems that may potentially cause unsafe patient care
- Any other serious concerns determined by the mentor

Rules And Regulations

For additional and detailed rules and regulations, please refer to the Regulations of Training for Saudi Board Specialties: http://www.scfhs.org.sa/Reglations/Pages/default.aspx

Resident

Job Title: Trainee in Saudi Board Training Program of Family Medicine
Reporting to: Program Director

Responsibilities: All levels
1) Demonstrate commitment to general regulations of training issued by the SCFHS
2) Demonstrate commitment to all components and rotations/courses of the training program of family medicine
3) Demonstrate commitment to the rules and regulations of health facilities/training center in which he/she functions
4) Attend all clinics assigned by the clinical coordinator
5) Perform a comprehensive history and complete physical examination of patients, applying the family medicine approach, write down clearly the patient’s assessment and differential diagnosis of medical problems, and initiate the plan of management
6) Discuss the plan of management, including investigations and treatment plan, with the trainee’s senior and communicate the plan to the nurse assigned to patient care
7) Perform the basic procedures necessary for diagnosis and management according to level of training and competency
8) Perform all jobs required from residents of other specialties during hospital rotations according to level of training and competency
9) Complete and submit all components of portfolio of training and the ITER on time and precisely, using the approved forms
10) Attend and actively participate in all academic activities of the training program of family medicine
11) Attend all scheduled meetings with his/her supervisor/mentor and discuss with him/her learning progress by using the portfolio to discuss educational activities, projects, research, etc.
12) Be punctual, attending all clinical and academic duties on time and leaving on time
13) Demonstrate professional conduct; respect patients, families and colleagues; pay attention to patient safety; and apply high quality standards
14) Not remain absent except for emergency reasons acceptable to the trainer and program director. Trainers should be notified of nonattendance, and report them to the program director.
15) Be accessible at all times during working hours and respond promptly
Additional Responsibilities for Senior Residents
In addition to the responsibilities mentioned above, the following are additional responsibilities of senior residents:

1) Review the junior residents’ notes and orders, discuss the proposed plan of management, and supervise its implementation.
2) Help and supervise the junior residents during working hours and on-call duties to interpret laboratory investigations and perform bedside diagnostic and therapeutic procedures.
3) Assist the junior residents in acquiring computer skills for searching the literature and following evidence-based approaches to patient care.
4) Participate actively in education and training of medical students, interns, and junior residents.

Chief Resident

Candidate for the Chief Resident
- Preferably R3 or R4 in the Program

Candidate Selection
- The residents in the Family Medicine Residency Training Program elect a chief resident formally (by ballot) or informally. The program director should make the final approval and appointment officially.

Term of Appointment
- Chief Residents will be selected no later than October 15 of the academic year.
- The appointment will be for a period of one year or as established by the program director. The appointment is valid as long as the individual is on rotation at the program and performing his duties properly.

Evaluation of Performance
The Residency Program Director will evaluate performance on a tri-monthly basis based on the criteria of the job description below and will be available for support of the chief resident in his/her role.

Job Description:
The Chief Resident will perform the following duties:
- Act as an advocate for the residents in the program
- Act as liaison between residents and trainers/consultants
- Be a representative for the residents, attending meetings as required related to residents’ teaching and administrative issues
- Organize some academic or scientific rounds and activities
- Participate in planning of content and schedule of teaching activities.
- Draft agenda for and chair residents’ meetings that are held as needed
- Act as a resource person for new residents
- Orient new incoming chief resident(s) to their new responsibilities.
- Perform any other mandates requested by the program director.
**Level Of Supervision**

The Saudi Board Training Program of Family medicine consists of four years of full-time supervised residency training in family medicine. Training in each rotation must be comprehensive, including both inpatient and outpatient care. As the trainees gain experience and competence, their responsibilities will continue to increase; in addition to patient care, they will be actively involved in teaching the juniors and other colleagues.

<table>
<thead>
<tr>
<th>Level of Supervision</th>
<th>Definition</th>
<th>Applied to</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
<td>Trainee observes trainer, and trainer is physically present.</td>
<td>First two weeks of the program</td>
</tr>
<tr>
<td><strong>Level 2</strong></td>
<td>Trainer observes trainee for every case, and trainer is physically present. No patient can be discharged without detailed discussion with trainer.</td>
<td>R1 and R2: all clinics R3 and R4: booked clinics (minimum 2 clinics/week)</td>
</tr>
<tr>
<td><strong>Level 3</strong></td>
<td>Trainer is immediately available for consultation or backup as needed for difficult cases that need senior opinion.</td>
<td>R3 and R4: walk-in clinics</td>
</tr>
</tbody>
</table>
# Mini Clinical Evaluation Exercise (Mini-CEX) Form

**Saudi Board of Family Medicine Mini Clinical Evaluation Exercise (Mini-CEX) Form**

**Resident Name:** .............................................................. □R1 □R2 □R3 □R4

**Assessor name:** .........................  Date: ...............  Location: ....................

☐ FM Clinic  ☐ OPD  ☐ Inpatient  ☐ A&E  ☐ New  ☐ Follow up

**Reason for clinical encounter:** ...........................................................

**Focus of clinical encounter:**
- ☐ Clinical assessment
- ☐ Management
- ☐ Record keeping
- ☐ Professionalism

**Complexity of case:**
- ☐ Low
- ☐ Average
- ☐ High

<table>
<thead>
<tr>
<th>Theme</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical interviewing skills</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>n/o</td>
</tr>
<tr>
<td>2. Physical examination skills</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>n/o</td>
</tr>
<tr>
<td>3. Communication skills</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>n/o</td>
</tr>
<tr>
<td>4. Use of resources</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>n/o</td>
</tr>
<tr>
<td>5. Clinical judgment</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>n/o</td>
</tr>
<tr>
<td>6. Management</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>n/o</td>
</tr>
<tr>
<td>7. Follow up</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>n/o</td>
</tr>
<tr>
<td>8. Professionalism</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>n/o</td>
</tr>
<tr>
<td>Overall clinical judgment</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td></td>
</tr>
</tbody>
</table>

**Time taken for discussion:** .................min  **Time taken for feedback:** .................min

**Assessor satisfaction using Mini-CEX**
- LOW 1 2 3 4 5 6 7 8 9 HIGH

**Trainee satisfaction using Mini-CEX**
- LOW 1 2 3 4 5 6 7 8 9 HIGH

**Assessor’s signature:** ..........................................................  **Trainee’s signature:** ..........................................................

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106  SAUDI BOARD FAMILY MEDICINE CURRICULUM
Direct Observation Procedure Evaluation Form

Saudi Board of Family Medicine Direct Observation Procedure (DOP) Evaluation Form

Resident Name: ............................................................ □ R1  □ R2  □ R3  □ R4

Assessor name: ........................................... Date: ................. Location: .................................

□ FM Clinic  □ OPD  □ Inpatient  □ A&E  □ New  □ Follow up

Reason for clinical encounter:  ........................................................................................................

Focus of clinical encounter:
□ Clinical assessment  □ Management  □ Record keeping  □ Professionalism

Complexity of case:  □ Low    □ Average    □ High

<table>
<thead>
<tr>
<th>Theme</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Understanding indications, relative anatomy, and technique</td>
<td>1  2  3</td>
<td>4  5  6</td>
<td>7  8  9</td>
<td>n/o</td>
</tr>
<tr>
<td>10. Obtain informed consent</td>
<td>1  2  3</td>
<td>4  5  6</td>
<td>7  8  9</td>
<td>n/o</td>
</tr>
<tr>
<td>11. Preprocedure preparation</td>
<td>1  2  3</td>
<td>4  5  6</td>
<td>7  8  9</td>
<td>n/o</td>
</tr>
<tr>
<td>12. Safe sedation</td>
<td>1  2  3</td>
<td>4  5  6</td>
<td>7  8  9</td>
<td>n/o</td>
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<tr>
<td>13. Antiseptic technique</td>
<td>1  2  3</td>
<td>4  5  6</td>
<td>7  8  9</td>
<td>n/o</td>
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<tr>
<td>14. Technical ability</td>
<td>1  2  3</td>
<td>4  5  6</td>
<td>7  8  9</td>
<td>n/o</td>
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<tr>
<td>15. Seek help where appropriate</td>
<td>1  2  3</td>
<td>4  5  6</td>
<td>7  8  9</td>
<td>n/o</td>
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<tr>
<td>16. Postprocedure management</td>
<td>1  2  3</td>
<td>4  5  6</td>
<td>7  8  9</td>
<td>n/o</td>
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<tr>
<td>17. Communication skills</td>
<td>1  2  3</td>
<td>4  5  6</td>
<td>7  8  9</td>
<td>n/o</td>
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<tr>
<td>18. Professionalism</td>
<td>1  2  3</td>
<td>4  5  6</td>
<td>7  8  9</td>
<td>n/o</td>
</tr>
<tr>
<td>Overall clinical judgment</td>
<td>1  2  3</td>
<td>4  5  6</td>
<td>7  8  9</td>
<td></td>
</tr>
</tbody>
</table>

Time taken for discussion: ......................min  Time taken for feedback: ......................min

Assessor satisfaction using Mini-CEX  LOW 1  2  3  4  5  6  7  8  9  HIGH
Trainee satisfaction using Mini-CEX  LOW 1  2  3  4  5  6  7  8  9  HIGH

Assessor’s signature: .............................................Trainee’s signature: ..............................
**In-Training Evaluation Report (ITER)**

Saudi Board of Family Medicine In-Training Evaluation Report (ITER)

Center: __________________________ Level of trainee: __________________________

Name: ____________________________________________

Registration number: __________________________

Rotation: __________________________ Period: __________________________

Program director: ____________________________________________

<table>
<thead>
<tr>
<th>A. Expert</th>
<th>Fail (1)</th>
<th>Borderline (2)</th>
<th>Pass (3)</th>
<th>Excellent (4)</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrate a thorough understanding of relevant basic sciences, including path physiology, drug therapy, and the microbial basis of diseases of key presenting problems and disease conditions</td>
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<td>2. Perform a complete clinical patient assessment including history and relevant physical examination</td>
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<td>3. Formulate appropriate provisional diagnoses and alternative diagnoses of key presenting problems and underlying conditions</td>
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<td>4. Order appropriate and selective investigations and interpret the findings in the context of patient problems</td>
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<td>5. Be able to attend to all problems presented by their patients and be able to cope with uncertainties</td>
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<tr>
<td>6. Apply knowledge of common problems, wellness, and prevention within the framework of family medicine approach to patient care (biopsychosocial model)</td>
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<tr>
<td>7. Apply the family medicine approach to healthcare exemplified by the following key components: – Biopsychosocial aspects of care – Comprehensive care – Continuity of care – Context of care, coordination and integration of care</td>
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<tr>
<td>8. Establish and maintain clinical knowledge, skills, and attitudes required to meet the needs of the practice and the patient population served</td>
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<tr>
<td>B. Communicator</td>
<td>Fail (1)</td>
<td>Borderline (2)</td>
<td>Pass (3)</td>
<td>Excellent (4)</td>
<td>Not applicable</td>
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<tr>
<td>1. Record appropriate progress notes and transfer and discharge summaries</td>
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<tr>
<td>2. Communicate appropriately with junior medical, nursing, and allied health staff</td>
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<tr>
<td>3. Communicate appropriately with patients</td>
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<td>4. Communicate appropriately with patients’ families</td>
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<tr>
<td>5. Establish therapeutic relationships with patients/families</td>
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<td>6. Deliver understandable information to patients/families</td>
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<tr>
<td>7. Provide effective counseling to patients/families</td>
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<tr>
<td>8. Maintain professional relationships with other healthcare providers</td>
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<tr>
<td>9. Document clear and complete records, reports, and informed and written consent</td>
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<thead>
<tr>
<th>C. Collaborator</th>
<th>Fail (1)</th>
<th>Borderline (2)</th>
<th>Pass (3)</th>
<th>Excellent (4)</th>
<th>Not applicable</th>
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</thead>
<tbody>
<tr>
<td>1. Work effectively as a member of a team</td>
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<td>2. Work appropriately with allied healthcare staff</td>
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<tr>
<td>3. Work appropriately with nursing staff</td>
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<tr>
<td>4. Work appropriately with attending and junior medical staff</td>
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<tr>
<td>5. Consult effectively with other physicians and other healthcare providers</td>
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<thead>
<tr>
<th>D. Manager</th>
<th>Fail (1)</th>
<th>Borderline (2)</th>
<th>Pass (3)</th>
<th>Excellent (4)</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participate in activities that contribute to the effectiveness of the healthcare organizations and systems</td>
<td></td>
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<tr>
<td>2. Manage medical/clinical practice and career effectively</td>
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<td>3. Allocate finite healthcare resources appropriately</td>
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<td>4. Serve appropriately as an administrator and effectively assume leadership roles</td>
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<tr>
<td>5. Utilize information technology to optimize patient care, life-long learning, and other activities</td>
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<table>
<thead>
<tr>
<th>E. Health Advocate</th>
<th>Fail (1)</th>
<th>Borderline (2)</th>
<th>Pass (3)</th>
<th>Excellent (4)</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Attentive to preventive measures</td>
<td></td>
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<tr>
<td>2. Demonstrate adequate patient education on compliance and role of medications</td>
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<td>3. Attentive to issues of public policy for health</td>
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<tr>
<td>4. Recognize important social, environmental, and biological determinants of health</td>
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<tr>
<td>5. Demonstrate concern about patients’ access to appropriate support, information, and services</td>
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<tr>
<td>6. Offer competent advocacy on behalf of patients at practice and general population levels</td>
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</tbody>
</table>
### APPENDICES

**110**

**SAUDI BOARD FAMILY MEDICINE CURRICULUM**

<table>
<thead>
<tr>
<th>F. Scholar</th>
<th>Fail (1)</th>
<th>Borderline (2)</th>
<th>Pass (3)</th>
<th>Excellent (4)</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Attend and contribute to rounds, seminars, and other learning events</td>
<td></td>
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<tr>
<td>2. Appropriately discuss and present selected topics as requested</td>
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<td>3. Demonstrate adequate ability to search literature</td>
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<tr>
<td>4. Demonstrate efforts to increase knowledge base</td>
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<td>5. Accept and act on constructive feedback</td>
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<tr>
<td>6. Read around patient cases and take an evidence-based approach to managing problems</td>
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</tr>
<tr>
<td>7. Contribute to the education of patients, house staff/students, and other health professionals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Contribute to the development of recent knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Professional</th>
<th>Fail (1)</th>
<th>Borderline (2)</th>
<th>Pass (3)</th>
<th>Excellent (4)</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recognize limitations and seek advice and consultation when needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Understand the professional, legal, and ethical obligations of physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Deliver evidence-based care with integrity, honesty, and compassion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Demonstrate appropriate insight into own strengths and weaknesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Exercise initiative within limits of knowledge and training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Discharge duties and assignments responsibly and in a timely and ethical manner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Report facts accurately, including own errors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Maintain appropriate boundaries in work and learning situations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Respect diversity of race, age, gender, disability, intelligence, and socioeconomic status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Percentage (%) (Total score/Total number of evaluated items X 100)**

<table>
<thead>
<tr>
<th>Final Score of ITER (100%)</th>
<th>ITER Score (out of 50)</th>
<th>Portfolio Score (out of 50%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (100%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

(I certify that I have read all the parts of this evaluation report and I have discussed it with the evaluators)

Resident name: ___________________________ Signature: ___________________________

Evaluator name: _________________________ Signature: ___________________________

Evaluator name: _________________________ Signature: ___________________________

Program director: ______________________ Signature: ___________________________

---
Portfolio Assessment

Saudi Board Family Medicine Portfolio Assessment

(This form is to be completed at least every month during the mentoring/supervision meeting with the resident)

Resident Name: ............................................................. Level: ..................................................

Mentor Name: ................................................................

Date: ......................... Time: .........................

Clinical Rotation: ........................................ Rotation: ........................................ Duration: ........................................

<table>
<thead>
<tr>
<th>Domain</th>
<th>Achievement Required</th>
<th>Scoring</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mini CEX (2/month)</strong></td>
<td>Minimum number achieved</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Competency assessment score</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>DOPs (2/month)</strong></td>
<td>Minimum number achieved</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Competency assessment score</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Learning contract/objectives (2–3 objectives/week)</strong></td>
<td>Did the resident complete at least one sheet for the learning objectives, for an average of 2–3 objectives every week with feedback and signed by trainer?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Evidence of self-directed learning</strong></td>
<td>Did the resident show any document of self-directed learning (CME, topic review, course, workshop, etc.)?</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Overall assessment of portfolio /18 /50

Comments:

..................................................................................................................................................

..................................................................................................................................

Original for program secretary/resident file
Copy for the resident
# APPENDICES

## Research Evaluation Criteria

### Saudi Board in Family Medicine Research Evaluation Criteria

### PART ONE: TEXT/Written Evaluation

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>ITEM</th>
<th>CRITERIA FOR ASSESSMENT</th>
</tr>
</thead>
</table>
| 1.    | Originality of Topic | • To what extent was the topic selected novel?  
      |                   | • Was there evidence of innovation in the research methodology used compared with previous related studies? |
| 2.    | Abstract/Summary | - Structured abstract  
|       |                   | (Background/methods/results/conclusions/key words)  
|       |                   | • Was the abstract:  
|       |                   | o Brief—not exceeding 300 words  
|       |                   | o Structured  
|       |                   | o Accurate: with no data not present in/or in contradiction with the main text  
|       |                   | o Complete: including the following components:  
|       |                   | ▪ Introduction/Background: the problem to be studied, the research questions or hypothesis(es)?  
|       |                   | ▪ Methods: techniques used to collect and/or analyze the data  
|       |                   | ▪ Results: The most important findings  
|       |                   | ▪ Conclusion & Recommendations: The implications of these findings |
| 3.    | Literature Review  | • Was evidence presented of skills in searching the literature?  
|       |                   | • Was the literature reviewed pertinent to the research?  
|       |                   | • To what extent could the general review of the literature be criticized on the grounds of insufficiency or excessiveness?  
|       |                   | • Is evidence displayed of the ability to identify key ideas in the literature and to compare, contrast, and critically review them?  
|       |                   | • Was there any plagiarism?  
|       |                   | • Did the review cover all the important aspects of the topic?  
|       |                   | • Was the review free from any redundancy?  
|       |                   | • Did the review provide evidence of the significance and rationale of the study? |
|       | Aims & Objectives | • Was the aim of the study clearly defined and placed within the context of current knowledge? Were the hypotheses to be tested and the research questions to be answered clearly stated?  
|       |                   | • Were the specific objectives stated clearly and appropriately?  
|       |                   | • Was the relationship between the current and previous research in related topic areas defined?  
|       |                   | • Was the nature and extent of the research contribution clear? |
### APPENDICES

<table>
<thead>
<tr>
<th>4.</th>
<th>Materials &amp; Methods (Methodology)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Was the methodology appropriate and described clearly in regard to</td>
</tr>
<tr>
<td></td>
<td>o Reference population</td>
</tr>
<tr>
<td></td>
<td>o Sample characteristics, sample size, and sampling techniques</td>
</tr>
<tr>
<td></td>
<td>• Were the methods used for data collection appropriate?</td>
</tr>
<tr>
<td></td>
<td>• Were the main study variables specified?</td>
</tr>
<tr>
<td></td>
<td>• Were potential confounders recognized and either controlled in the research design or properly measured?</td>
</tr>
<tr>
<td></td>
<td>• Was evidence displayed of knowledge of the ability to collect the data?</td>
</tr>
<tr>
<td></td>
<td>• Were valid and reliable instruments used to collect the data?</td>
</tr>
<tr>
<td></td>
<td>• Given the facilities available, did it seem that the best possible techniques were employed to gather data?</td>
</tr>
<tr>
<td></td>
<td>• Were limitations inherent in the study recognized and stated?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5.</th>
<th>Results/Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Was there evidence of care and accuracy in recording and summarizing the data?</td>
</tr>
<tr>
<td></td>
<td>• Was the data presentation well organized and clear?</td>
</tr>
<tr>
<td></td>
<td>• Were the statistical methods used to analyze the data suitable and accurate?</td>
</tr>
<tr>
<td></td>
<td>• Were the results adequately and logically presented?</td>
</tr>
<tr>
<td></td>
<td>• Was the presentation of the results free from duplications between the tables, figures, and text?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6.</th>
<th>Discussion, Conclusions &amp; Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Were the results</td>
</tr>
<tr>
<td></td>
<td>o Not repeated from previous section</td>
</tr>
<tr>
<td></td>
<td>o Interpreted in view of the current knowledge</td>
</tr>
<tr>
<td></td>
<td>o Compared with findings from relevant studies</td>
</tr>
<tr>
<td></td>
<td>• Were the discrepancies with previous studies explained?</td>
</tr>
<tr>
<td></td>
<td>• Were the conclusions reached justifiable in the light of the results and the way they were analyzed?</td>
</tr>
<tr>
<td></td>
<td>• Did the summary comprehensively reflect the contents of the study?</td>
</tr>
<tr>
<td></td>
<td>• Were the recommendations</td>
</tr>
<tr>
<td></td>
<td>o Based on the study findings</td>
</tr>
<tr>
<td></td>
<td>o Specific</td>
</tr>
<tr>
<td></td>
<td>o Applicable</td>
</tr>
<tr>
<td></td>
<td>o Of possible help in solving the problem</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7.</th>
<th>Ethical Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Were the following ethical considerations observed in planning and in the implementation of the study?</td>
</tr>
<tr>
<td></td>
<td>o Approval from scientific body</td>
</tr>
<tr>
<td></td>
<td>o Official permissions from settings used</td>
</tr>
<tr>
<td></td>
<td>o Informed consent</td>
</tr>
<tr>
<td></td>
<td>o Confidentiality</td>
</tr>
<tr>
<td></td>
<td>• Was due credit given to previous writers for ideas and techniques used by the author?</td>
</tr>
<tr>
<td></td>
<td>• Were people involved in the study appropriately acknowledged?</td>
</tr>
</tbody>
</table>
### APPENDICES

<table>
<thead>
<tr>
<th>8.</th>
<th>Style &amp; Structure of the Text, Tables, &amp; Graphs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Was the style clear and readable with regard to</td>
<td></td>
</tr>
<tr>
<td>o Sentence structure</td>
<td></td>
</tr>
<tr>
<td>o Vocabulary</td>
<td></td>
</tr>
<tr>
<td>o Paragraph length</td>
<td></td>
</tr>
<tr>
<td>o Paragraph independence</td>
<td></td>
</tr>
<tr>
<td>• Was the text free of (or with minimal) errors in</td>
<td></td>
</tr>
<tr>
<td>o Grammar</td>
<td></td>
</tr>
<tr>
<td>o Spelling</td>
<td></td>
</tr>
<tr>
<td>o Punctuation</td>
<td></td>
</tr>
<tr>
<td>• Was the layout attractive in terms of</td>
<td></td>
</tr>
<tr>
<td>o Fonts</td>
<td></td>
</tr>
<tr>
<td>o Headings and sub-headings</td>
<td></td>
</tr>
<tr>
<td>o Margins</td>
<td></td>
</tr>
<tr>
<td>o Alignment of text and bullets</td>
<td></td>
</tr>
<tr>
<td>• Was there logical breakdown and order consistent with a reasonable account of research work?</td>
<td></td>
</tr>
<tr>
<td>• Were the study findings presented in an effective and appropriate manner through text, tables, and appendices?</td>
<td></td>
</tr>
<tr>
<td>• Did the tables and figures enhance the understanding of the text?</td>
<td></td>
</tr>
<tr>
<td>• Did the report format and length comply with the requirements of the program?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9.</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Were the references used</td>
<td></td>
</tr>
<tr>
<td>o Relevant</td>
<td></td>
</tr>
<tr>
<td>o Recent (unless justifiable)</td>
<td></td>
</tr>
<tr>
<td>• Were the references prepared in accordance with Vancouver style? <strong>See Appendix -1</strong></td>
<td></td>
</tr>
<tr>
<td>• Was the reference list complete (no missing, no extras)?</td>
<td></td>
</tr>
<tr>
<td>• Was the use of secondary references minimal?</td>
<td></td>
</tr>
</tbody>
</table>

### PART TWO: ORAL DEFENSE EVALUATION

<table>
<thead>
<tr>
<th>SR. NO</th>
<th>ITEM</th>
<th>CRITERIA FOR ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Presentation</td>
<td>• Did the presenters’ master the subject?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Was the presentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Informative, highlighting the study</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Background</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Aim and objectives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Methods</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Findings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Conclusions and implications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Attractive with regard to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use of suitable audio-visual aids</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Not lengthy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Candidate speaking freely rather than reading slides</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Proper voice level, clear speech</td>
</tr>
<tr>
<td>2.</td>
<td>Defense &amp; Discussion</td>
<td>• Was the candidate aware of every minute detail of the work?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Was the candidate able to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Defend, explain, and elaborate on any part of the study?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Recognize errors and how to correct them</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Recognize the limitations of the study</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Avoid any defensive attitude</td>
</tr>
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</table>
Saudi Board in Family Medicine Research Evaluation Sheet

Name of the candidate: ________________________________________________________________
Research title: ________________________________________________________________

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>Mark</th>
<th>CANDIDATE SCORE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Originality of topic</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Abstract/summary</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Aims and objectives</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Literature review</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Methodology</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Results (data analysis, presentation)</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Discussion, conclusions and recommendations</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Ethical considerations</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Style and structure of the text, tables, and diagrams</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. References</td>
<td>5</td>
<td></td>
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<tr>
<td><strong>Total Written Evaluation</strong></td>
<td><strong>60</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Part 2 - Defense Evaluation</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Presentation</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Defense</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Defense Evaluation</strong></td>
<td><strong>40</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Cumulative Marks</td>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results: Pass ☐ Revision ☐
Evaluator name: ____________________________ Signature: ____________________________
≥60% = PASS Under 60% = Revision ☐
Recommendation Correction within: ____________________________
# Cumulative Research Evaluation Sheet

**Saudi Board in Family Medicine Cumulative Research Evaluation Sheet**

**Name of the candidate:**

**Research title:**

<table>
<thead>
<tr>
<th>Component</th>
<th>MARKS</th>
<th>Final Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Evaluator One</td>
<td>Evaluator Two</td>
</tr>
<tr>
<td>Written</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Defense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Research Supervisor:**

**Result:** Pass [ ] Revision [ ]

≥60% = PASS

Under 60% = Revision [ ]

**Correction within**

**Evaluation Panel**

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

**Date:______________________**
Final Research Result Sheet

Saudi Board in Family Medicine Final Research Results Sheet

Name of the candidate ____________________________________________________________

Research title: __________________________________________________________________

<table>
<thead>
<tr>
<th>Research Component</th>
<th>Mark</th>
<th>Final Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>Oral Defense</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Result:    Pass ☐    Revision ☐

Recommendation: (attach paper if necessary)
Resident Presentation Supervisor Evaluation

Saudi Board in Family Medicine Resident Presentation Supervisor Evaluation

Resident name:_____________________________ Level:______________
Supervisor:________________________________________________
Date of Presentation:__________________________
Topic:_________________________________________________________________________

Please use the following scale to evaluate the presentation:

<table>
<thead>
<tr>
<th>Very weak</th>
<th>Weak</th>
<th>Acceptable</th>
<th>Good</th>
<th>Very good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Medical Expert**
- Demonstrates thorough knowledge of the topic
- Presents at appropriate level and with adequate details
- Comments (optional)

**Communicator**
- Provided objectives and an outlines
- Presentation was clear and organized
- Used clear, concise and legible materials
- Used an effective methods/style of presentation
- Established good rapport with the audience

**Collaborator**
- Invited comments from learners and led discussion
- Worked effectively with staff supervisor in preparing the session
- Comments (optional)

**Health advocate**
- Managed time effectively
- Addressed preventive aspects of care if relevant
- Comments (optional)

**Scholar**
- Posed an appropriate learning question
- Accessed and interpreted the relevant literature
- Comments (optional)

**Professional**
- Maintained patients’ confidentiality if clinical material was used
- Identified and managed relevant conflicts of interest
- Comments (optional)

**Total**
Comments: