

THE UNIVERSITY OF JORDAN

FACULTY OF MEDICINE

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

ROTATION OUTLINE

Classification:	Medicine
Course Code:	0508502
Course Title:	Radiology and Nuclear medicine
Year Level :	5 th . Year
Round Schedule:	Arranged by individual teachers
Duration (Weeks):	2 Weeks
Tutorial Schedule	8am-5pm (sun-thurs)
Credit Hours	2.25
Course Coordinator	Prof. Emad Saleh Tarawneh
Prepared by:	Prof. Emad Saleh Tarawneh
Date of Outline Preparation:	19-05-2005
Date of Last Revision:	29-11-2012
Checked by:	Members of Department
Approved by Head of Department:	Prof. Emad Saleh Tarawneh

I. Rotation Description:

The Material covers the following:

- Indications, contraindications and concepts of different radiological investigations.
- Approach to commonly encountered chest imaging pathologies.
- Approach to Interpretation of Brain CT and MRI.
- Recognizing common radiological signs encountered in gastrointestinal tract, with emphasis on malignant conditions and Inflammatory Bowel Disease.
- Bone and joint lesions, relatively common benign and malignant bone tumors.
- Benign and malignant Breast conditions on mammogram.
- Introduction to nuclear medicine.
- Introduction to interventional radiology.

II. Rotation Objectives:

This 2-week course is offered to 5th year medical students to introduce them to basic concepts in diagnostic radiology. Its main aim is to train students to identify and diagnose common emergent and non-emergent conditions using different diagnostic modalities. The course also presents an introduction to basic radiological techniques and procedures.

III. Rotation Expected Outcomes:

- Know indications and contraindications of different radiological exams.
- Know the basic radiological anatomy.
- Be able to identify and diagnose common and emergent pathological conditions using different radiological modalities.

IV. Suggested Textbook(s) and Readings:

- Learning Radiology :Recognizing the basics
Authors: William Herring
Publisher: Saunders
- Radiology 101: The Basics and Fundamentals of Imaging.
Authors: Wilbur Smith, William Erkonen.
Publisher: Lippincott Williams and Wilkins.
- Imaging Atlas of Human Anatomy
Authors: Jamie Weir, Peter Abrahams
Publisher: Mosby

V. Teaching Material Made Available to Students:

- Textbook and references.
- Lecture Notes, from seminars prepared by the students and moderated by the consultants and teaching assistants.

VI. Educational Facilities:

- Classroom with whiteboard.
- College library.
- Internet.
- Tour in different sections of the radiology department.

VII. Rotation Outline:

The following topics will be covered in this rotation:

NO	Topic	Objectives
1	Introduction	<ul style="list-style-type: none">- Review the basic concepts of radiation and its different types.- Review the sources of photons (x and gamma rays) and its interaction with matter.

		<ul style="list-style-type: none"> - Review the principles of radiation protection. -Discuss different radiological modalities and their indications and contraindications.
2	Neuro-radiology.	<ul style="list-style-type: none"> -Review the radiological anatomy of central nervous system. - Discuss the indication for different imaging modalities in neuro-radiology. - Discuss the appearances of basic pathological process on CT and MRI. - Show example of common and emergency pathology on CT and MRI.
3	Chest Imaging.	<ul style="list-style-type: none"> - Describe different modalities used to evaluate chest pathology. - Introduce the students to chest radiological anatomy. -Expose the students to urgent and common chest pathology seen on x-rays.
4	Musculoskeletal Radiology.	<ul style="list-style-type: none"> - General radiological anatomy of bone/joints. - Common pathologies of bone/joints. -Benign Bone tumors. -Malignant Bone tumors.
5	Gastro-intestinal Radiology.	<ul style="list-style-type: none"> - Discuss the radiological modalities used to investigate GI problems, indication and contraindications (Barium Swallow, Barium Enema, AXR, and Abd CT). -Show examples on some GI pathologies; particularly Tumors and Inflammatory Bowel disease.
6	Uro-Radiology.	<ul style="list-style-type: none"> - Explain the radiological modalities used to investigate urological problems. - Show examples of common pathological entities on different radiological exams.

7	Mammogram	<p>-Explain how to approach a mammogram image.</p> <p>-Show examples on different benign and malignant breast pathologies.</p> <p>-Learn how to spot signs of malignancy on mammogram.</p>
8	Nuclear medicine	<p>-Introduce the medical students to the concept of nuclear medicine; Its concepts and precautions.</p> <p>- Show examples of normal different nuclear medicine tests and some pathological entities.</p> <p>- Discuss the indications of common investigations in nuclear medicine.</p>
9	Interventional Radiology	<p>-Diagnostic VS Therapeutic.</p> <p>-Pre-requisites.</p> <p>-Biopsies (Ultrasound or CT-guided).</p> <p>-Fluoroscopy.</p> <p>-Angiography.</p>

VIII. Instructional Methods:

- Lectures/Seminars.
- Tour in different sections of the radiology department.

IX. Student Rotation Evaluation Methods:

- In course evaluation (Attendance, discussing seminars, discussion in writing reports).
- End of course evaluation (Writing reports on 10-12 various radiological images).
- Final year exam (MCQs).

THE UNIVERSITY OF JORDAN

FACULTY OF MEDICINE

DEPARTMENT OF DERMATOLOGY

ROTATION OUTLINE

Classification:	Medicine
Course Code:	0508502
Course Title:	Dermatology
Year Level :	5 th . Year
Round Schedule:	Arranged by individual teachers
Duration (Weeks):	2 Weeks
Tutorial Schedule	8am-5pm (sun-thurs)
Credit Hours	2.25
Course Coordinator	Dr. Laith Akkash
Prepared by:	Dr. Laith Akkash
Date of Outline Preparation:	19-05-2005
Date of Last Revision:	29-11-2012
Checked by:	Members of Department
Approved by Head of Department:	Dr. Laith Akkash

I. Rotation Description

This is a 2-week full time rotation in Dermatology. During this course medical students are introduced to general Dermatology with emphasis on performing dermatological history and examination using dermatological descriptive terms. In addition students are exposed to various clinical cases during clinics at Jordan university hospital. Common topics are also emphasized on by seminar discussions done on daily basis during the 2-week rotation in dermatology.

II. Rotation Objectives

1. Students should know the basic Anatomy, physiology and function of various skin structures.
2. Students should become able to take History and perform dermatological examination using dermatological descriptive terms (primary and secondary lesions).
3. Students should become familiar with the diagnostic tools used in dermatology that can help in narrowing the differential diagnosis for various Dermatoses.

III. Rotation Expected Outcomes

1. Students are expected to know clinical presentations, complications, diagnostic workup for common Dermatoses (See outline and seminar list).
2. Students are expected to know basic principles about managing common dermatological disorders (See outline and seminar list).

IV. Suggested Textbook(s) and Readings

- Clinical Dermatology, 4th edition by HUNTER, SAVIN and DAHL.

V. Teaching Materials Made Available to Students

- Textbook and references
- Lecture Notes, from seminars prepared by the students.
- Clinical teaching on patients attending the outpatient clinic.

VI. Educational Facilities

- Classroom with whiteboard.
- College library.
- Internet.

VII. Rotation Outline

The following topics will be covered in this rotation:

No.	Topic	Objectives
1	Structure, function, history, dermatological examination and approach to dermatological patients	<p>a. Students are expected to know basic skin structure including various skin layers and additional structures present within skin.</p> <p>b. Functions of various structures should also be known.</p> <p>c. The students are introduced to dermatological history and examination using the proper dermatological descriptive terms.</p> <p>d. Also the use of various diagnostic aids is also introduced and students should become familiar with these tests during the clinical sessions.</p>
2	Approach to patients with Red Non –scaly rash	<p>a. Students are introduced to the common conditions that present with redness without scales including: reactive erythemas (Erythema multiforme, Erythema Nodosum and Urticaria), vasculitis, drugs and common infections associated with a rash.</p> <p>b. Common clinical presentations and complications related to these conditions should be also understood by students.</p> <p>c. Diagnostic workup and management of various conditions in this group</p>
3	Approach to patients with Red Scaly Rashes (Papulosquamous conditions)	<p>a. What is a scale and the importance of finding scales on a rash.</p> <p>b. Differential diagnosis for a scaly rash. Emphasis given to common scaly Dermatoses: Eczema, Psoriasis, Lichen Planus, Pityriasis Rosea and Fungal infections.</p> <p>c. Main clinical presentations for various scaly Dermatoses.</p> <p>d. Diagnostic workup for scaly Dermatoses</p> <p>e. Main complications and Principles of management.</p>
4	Infections	<p>a. Normal flora and related clinical problems to skin flora.</p> <p>b. Staphylococcal infections: Impetigo, Ecthyma, folliculitis, boils and recurrent staphylococcal infections.</p> <p>c. Streptococcal infections: cellulitis/erysipelas.</p> <p>d. Viral infections: Human papilloma virus (warts) and Herpes virus (1, 2, and 3).</p> <p>e. Infestations:- Scabies, Pediculosis</p>
5	Fungal infections	<p>a. Classified into :</p> <ol style="list-style-type: none"> 1. Superficial mycoses (Tinea versicolor, Tinea nigra palmaris, Piedra) 2. Cutaneous mycoses (T.captis, T.corporis, T.cruis, T.barbae, T.pedis, T.manium, T.unguium) 3. Subcutaneous mycoses 4. Systemic mycoses (actinomycosis, coccidiomycosis, blastomycosis) 5. Facultative pathogens (Candida albicans, Mucormycosis)

		<ul style="list-style-type: none"> b. Clinical types for each group c. Management of each type
6	Eczema	<ul style="list-style-type: none"> a. Definition of Eczema b. Chronological classification of eczema into: <ul style="list-style-type: none"> 1. Acute eczema 2. Subacute eczema 3. Chronic eczema c. Classification of eczema into : <ul style="list-style-type: none"> 1. Exogenous eczema (contact dermatitis) <ul style="list-style-type: none"> a. Causes of contact dermatitis b. Treatment of contact dermatitis 2. Endogenous eczema <ul style="list-style-type: none"> a. Atopic dermatitis (phases ,etiology and management) b. Seborrhoeic dermatitis (clinical variants and management) c. Pityriasis alba d. Dyshidrosis (Pompholyx) e. Discoid (nummular) eczema
7	Approach to patients with Generalized Pruritus/Itch:	<ul style="list-style-type: none"> a. Common dermatological causes: Scabies, Lice, Eczema, Psoriasis, Urticaria, neurodermatitis, dry skin...) b. Non-Dermatological conditions: chronic liver disease, Renal failure, Lymphomas, Leukemias, anemia, Thyroid dysfunction.
8	Approach to patients with Pigmentary changes: Hyper and Hypopigmentation:	<ul style="list-style-type: none"> a. Differential diagnoses for diseases causing pigmentary changes. b. Clinical presentation for common causes of pigmentary changes including hyper- and hypopigmentation, as well as depigmentation c. Complications related to such conditions. d. Principles of therapy
9	Bullous Disorders:	<ul style="list-style-type: none"> a. Simplified classification: Genetic, Immunobullae , infectious, frictional/traumatic, Diabetic bullae, insect bites and edematous bullae. b. Pathogenesis c. Clinical picture d. Complications e. Principles of therapy
10	Approach to patients with hair, nail diseases:	<ul style="list-style-type: none"> a. Patients with diffuse hair loss: causes, diagnosis, principles of management. b. Patients with localized hair loss: scarring vs. non-scarring. c. Patients with nail problems: emphasis on common disorders including: Psoriasis, Lichen planus, and Onychomycosis.
11	Acne and Rosacea:	<ul style="list-style-type: none"> a. Pathogenesis b. Clinical picture c. Complications d. Principles of therapy
12	Skin tumors	<ul style="list-style-type: none"> 1. Basal cell carcinoma <ul style="list-style-type: none"> a. Types

		<ul style="list-style-type: none"> b. Histopathological features c. Treatment <ol style="list-style-type: none"> 2. Squamous cell carcinoma <ul style="list-style-type: none"> a. Types b. Histopathological features c. Treatment 3. Seborrheic keratosis, Actinic keratosis, Keratoacanthoma 4. Malignant melanoma <ul style="list-style-type: none"> a. Types b. Signs and symptoms of malignant transformation of a nevus c. Prognostic indicators d. treatment 5. Types of nevi and dermal melanoses
13	Ichthyosis	<ol style="list-style-type: none"> 1. Classification into : <ul style="list-style-type: none"> a. inherited b. acquired c. syndromes 2. Brief clinical manifestation for each type 3. 3. Management
14	Cutaneous manifestations of connective tissue diseases	<ol style="list-style-type: none"> 1. Contents of the connective tissue 2. Factors affecting connective tissue diseases 3. Connective tissue diseases are classified into : <ul style="list-style-type: none"> a. Inherited b. Acquired <ol style="list-style-type: none"> 1. Chronic discoid lupus erythromatosis: histology, clinical features, management. 2. Scleroderma : definition, histology ,types (systemic sclerosis, CREST ,generalised morphea, lichen sclerosis et atrophicans, linear morphea) 3. Dermatomyositis
15	Cutaneous manifestations of sexually transmitted diseases	<ol style="list-style-type: none"> 1. Syphilis : <ul style="list-style-type: none"> a. Features of syphilitic chancre b. Secondary syphilis c. Tertiary syphilis d. Treatment 2. Gonorrhea: <ul style="list-style-type: none"> a. Incubation period b. Clinical features and microscopic appearance c. Culture and sensitivity d. treatment

VIII. Instructional Methods

1. Clinical sessions:

Students are rotated during their 2 weeks in Dermatology to clinics at Jordan university hospital. Dermatology clinics tend to be very busy and during these sessions students are

exposed to many patients with various dermatological problems. During clinics emphasis is directed at teaching students how to obtain History and to perform dermatological examination for patients with various Dermatoses. Students also get familiar with the commonly used diagnostic tools and their interpretation. Discussion towards differential diagnosis, diagnostic workup and then principles of management is also done for the common Dermatoses.

2. Seminars:

Daily seminars in the form of interactive discussion for selective topics allocated for each group of students.

IX. Student Rotation Evaluation Methods

Evaluation will be done based on the following:-

- Attendance of clinics and seminars.
- In course evaluation (taking history and picking up signs)
- Preparing seminars, and sharing in discussions.
- Behavior and relation to staff (including nurses and residents)

X. Major Evaluation Dates

Rotation Final Evaluation	End of Rotation (see above)
End of Year Final Exam	As suggested by University Calendar

FACULTY OF MEDICINE
DEPARTMENT OF PATOLOGY, MICROBIOLOGY
AND FORENSIC MEDICINE

ROTATION OUTLINE

Classification:	Medicine
Course Code:	0508502
Course Title:	Forensic Medicine and Toxicology
Year Level :	5 th . year
Round Schedule:	Arranged each rotation
Duration (Weeks):	2 Weeks for each group (20 groups)
Credit Hours	2.25
Course Coordinator	Dr. Hasan Abder-Rahman
Prepared by:	Dr. Abdelkader Battah
Date of Outline Preparation:	19-05-2005
Date of Last Revision:	29-01-2012
Checked by:	Professor Kamal Hadidi
Approved by Head of Department:	Dr. Abdelkader Battah

I. Rotation Description

Forensic Medicine and Toxicology

Each student will spend two weeks in forensic medicine and toxicology department. During this period the student will prepare and attend seminars in forensic medicine and toxicology, according to the schedule attached. He will also attend examinations that are conducted at forensic medicine clinics at the hospitals and courts of law, emergency room, and mortuaries.

II. Rotation Objectives

The student is expected to acquire knowledge and understanding of

- a. Legal aspect of medical practice and principles of medical ethics.
- b. Medical issues needed for the application of non medical Acts of law.
- c. Principles of medico-legal cases and writing medico-legal reports.
- d. Physician's legal rights and duties towards Acts of Law
- e. Medical subjects related to forensic Medicine
- f. Principles of management of acute poisoning, types of poisoning, substance of abuse and their pathophysiology of intoxication and manifestation and their principle investigation of toxicology.

III. Rotation Expected Outcomes

1. Demonstrate awareness of ethical codes of medical practice.
2. Demonstrate awareness of Medical issues needed for the application of non-medical Acts of law.
3. Demonstrate awareness of analysis of medico-legal cases and preliminary reporting on them, including injuries, sexual crimes, criminal abortion, criminal death, etc.
4. Know and understand the principles of pathophysiology of intoxication by selected examples of poisons and substance of abuse.
5. Recognize the sources and circumstances of poisoning, routes of exposure, clinical manifestation and the principles lines of management.

IV. Suggested Textbook(s) and Readings

1. Forensic Pathology. Night B.
2. Gunshot wounds. DiMaio JM.

3. Forensic Medicine. Maison
4. Medical Toxicology, Diagnosis and Treatment of Human Poisoning, Ellenhorn, Barceloux
5. Principles of Clinical Toxicology, Gossel TA, Bricker JD.
6. Casarett and Doulls Toxicology, The Basic Science of Poisons, Klaassen CD, Amadur MO and Doull J.
7. Goodman and Gilmans, The Pharmacological Basis of Therapeutics, Gilman AG, Goodman LS and Gilman A.
8. Internet search

V. Teaching Materials Made Available to Students

- 1- Textbooks and references
- 2- Handouts,
3. Slides and videos

VI. Educational Facilities

- Classroom with whiteboard and projection facilities, data show
- Library
- Internet

VII. Rotation Outline

The following topics will be covered in this rotation:

No.	Topic	Objectives
1	Medical ethics and Medical Jurisprudence	1. Definition of Forensic Medicine and Medical Jurisprudence 2. Forensic laboratory investigations 3. Introduction to non medical acts of law 4. Aims or laws. Medico-legal cases, patients' rights and Physician duties regarding them, Medical laws (MOH, Medical councils, licensing) 5. Professional conduct, Etiquette and Ethics in medical practice. 6. Rights and privileges and duties of a registered medical practitioner 7. Medical certification and medico-legal reports including dying declaration

2	Injuries or wounds	<ol style="list-style-type: none"> 1. Definition, classification of mechanical injuries; description of blunt force, sharp force and firearm injuries. 2. Medico-legal aspects of injuries
3	Burns	<ol style="list-style-type: none"> 1. Definition 2. Types 3. General complication 4. differences between antemortem and post-mortem burns. 5. Medico-legal aspects
4	Violent Asphyxias ,hanging and drowning	<ol style="list-style-type: none"> 1. Definition, 2. Causes, types, post-mortem appearances 3. Medico-legal aspects
5	Domestic violence	Child abuse
6	Sexual Offences and illegal pregnancies	<ol style="list-style-type: none"> 1. Virginity, rape, unnatural sexual offences; sexual perversions, illegal pregnancies, illegal abortions
7	Firearm Wounds	<ol style="list-style-type: none"> 1. Understand the basic principles on which modern firearms work and the major substances emitted by a gun when it fires 2. Know the basic principles of determination of the range of fire in rifled and smoothbore firearms 3. Know the basic distinguishing features of entry and exit firearm wounds. 4. Know the basic principles on which determination of accidental, suicidal and homicidal firearm wounding is made.
8	Identification	<ol style="list-style-type: none"> 1. Definition 2. Identification of unknown person, dead bodies and remains of a person by age, sex, stature, dental examination, scars, moles, tattoos, dactylography, DNA typing and personal belonging including photographs
9	Death and Postmortem Changes	<ol style="list-style-type: none"> 1. Know the methods by which the postmortem interval can be estimated and their limitations. 2. Know the way in which the body cools after death, its rate of doing so and the factors which influence this 3. Know the nature and significance of hypostasis, cadaveric spasm, rigor mortis, putrefaction, mummification and adipoceros change and the rates at which these phenomena occur 4. Know the nature and significance of postmortem injury. 5. Sudden death
10	Mental health and organ transplant	<ol style="list-style-type: none"> 1. Laws and regulations 2. Role of physician

11	Principles of clinical toxicology	<ol style="list-style-type: none"> 1. Definitions and scope of toxicology related to management approach 2. Comprehend principles of dose response relationship 3. List the factors affecting dose toxic effects 4. List unusual toxic response 5. List types of chemical interactions
12	Approach to management of patient with suspected acute poisoning	<ol style="list-style-type: none"> 1. Apply supportive medicine 2. Recognize patients with suspected poisoning 3. Apply method for patient stabilization 4. Evaluate patients with suspected poisoning 5. Apply procedures to decontaminate the poison 6. Apply procedures to enhance illumination of the poison 6. Knows when and how to apply antidotes 7. Apply procedure to continuous support for the patient.
13	Alcohol poisoning (ethanol, Methanol, Ethylene glycols)	<ol style="list-style-type: none"> 1. Know briefly the sources, absorption, metabolism and elimination of ethanol. 2. Know the measurement of ethanol consumption in units. 3. Know the effects of ethanol. 4. Know the local and some foreign laws concerning drinking & driving. 5. Understand the interpretation of clinical findings in relation to alcohol levels. 6. Understand the alcohol related causes of death.
14	Toxic gases and volatiles (Carbon monoxide, cyanide and sulfides)	<ol style="list-style-type: none"> 1. Know the physical characteristics of these gases 2. Recognize the sources and circumstances of poisoning 3. Explain the mechanism of toxicity 4. Explain their toxicokinetics 5. Recognize acute poisoning and list their clinical manifestation 6. Conduct the proper investigations 7. Manage poisoned patients
15	Substance of Abuse	<ol style="list-style-type: none"> 1. Know the terms related to substance of abuse. 2. Laws and regulations related to psychoactive substances and drugs of abuse. 3. List examples of abusable substances to include common CNS depressants, Stimulants and Hallucinogen agents 4. List examples for each category 5. Recognize method of abuse, manifestation of abuse and toxicity of them, mechanism of action and investigations

		6. Outline management approach for acute poisoning and physical dependence
16	Pesticides (Organophosphates, carbamates)	1. Type on common pesticides 2. Mechanism of toxicity of insecticides 2. Toxicokinetics 3. Recognize acute poisoning and their clinical manifestation 4. Management of acute poisoning
17	Common drug poisoning (acetaminophen)	1. Mechanism of toxicity 2. Absorption ,metabolism and excretion 3. Acute poisoning and clinical manifestation of poisoning 4. Treatment of poisoning
18	Doping in sport	1. Prohibited list 2. Prohibited method and types of doping 3. Role of physician

VIII. Instructional Methods

1. Problem solving sessions.
2. Seminars.
3. Case Studies.
4. Attendance forensic medicine clinics, emergency room, poison information center and mortuaries

IX. Student Rotation Evaluation Methods

Evaluation will be done based on the following:-

1. Reports presentations
2. Seminars presentation
3. Activities attendance
4. End of Rotation practical and oral Examination

X. Major Evaluation Dates

Rotation Final Evaluation	End of Rotation (see above)
End of Year Final Exam	As suggested by University Calendar

THE UNIVERSITY OF JORDAN
FACULTY OF MEDICINE
DEPARTMENT OF FAMILY MEDICINE

ROTATION OUTLINE

Classification	Medicine
Course Code:	0508502
Course Title:	Family Medicine
Year Level :	5 th . Year
Round Schedule:	Arranged by individual teachers
Duration (Weeks):	2 Weeks
Tutorial Schedule	8am-5pm (sun-thurs)
Credit Hours	2.25
Course Coordinator:	Dr. Farihan Al-Barghouti Dr. Nada Yasein
Prepared by:	Dr. Farihan Al-Barghouti Dr. Nada Yasein
Date of Outline Preparation:	19-05-2005
Date of Last Revision:	29-11-2012
Checked by:	Members of Department
Approved by Head of Department:	Dr. Farihan Al-Barghouti Dr. Nada Yasein

I. Course Objectives:

Objectives:

- 1- Introduce students to the discipline of family medicine as a specialty
- 2- Anticipate potential health problems and provide rational health maintenance (continued of care) and disease prevention.
- 3- Deal efficiently with acute, chronic diseases and psychosocial problems
- 4- Provide comprehensive patient care in the context of family and society (whole person medicine)
- 5- Recognize when and how to refer patients
- 6- Set up and maintain an efficient record system

II. Learning Outcomes:

A- Knowledge and understanding

1- Setting the scene

- *Introduction
- *Community morbidity and patient illness behavior
- *Factors which influence the decision to consult
- *Clinical applications
- *The nature and content of family medicine
- *The contrasting roles of the family practitioner and hospital specialist
- *The differing clinical tasks in the two settings

2- The diagnostic process

- *Introduction
- *Inductive and hypotheticodeductive, methods of problem –solving.
- *The relative contribution of the clinical history, physical examination and investigation in the diagnostic process
- *Generating and ranking appropriate diagnostic possibilities (probability, seriousness, treatability, novelty)
- *Difficulties students experience in making diagnoses (some common errors, some practical tips to assist in generating diagnoses)
- *The triple diagnosis
- *Use of time as an a diagnostic tool is particularly suited to family medicine
- *Two practical examples of problem –solving
- *Prevention

3- The doctor-patient relationship

- *Introduction
- *What's it all about
- *The changing nature of the relationship

- *The practical uses of the doctor-patient relationship (diagnosis, whole-person medicine, compliance)
- *Why do some relationships go wrong? (Assumptions, detachment, anxiety, the difficult patient, frequent attendance, dependence)
- *Conclusions

4- Anticipatory care

- *Introduction
- *What is anticipatory care? Primary prevention, secondary prevention, tertiary prevention, health promotion
- *The new role of the clinician in prevention (changes in the pattern of diseases and opportunities for prevention, the limitations of the 'heroics of salvage.')
- *Increasing pressure on doctors to practice prevention)
- *Family practice: the optimum setting for anticipatory care (responsibility for a defined population, the contribution of the primary –care team, the power of the doctor –patient relationship)
- *Observing prevention in action

5- Doctor-patient communication

- *Why doctors must be good communicators
- *The communication skills needed in the consultation
- *The interview (the opening, the history, questioning and listening, non-verbal Behavior, responding, reasons why the interview may fail)
- *The physical examination
- *The exposition (explaining, breaking bad news, the ending, reasons why the exposition may fail)
- *Monitoring your own performance (methods of direct observation) consultations (interview skills, clinical skills, overall communication skills)

6- Evidence-Based Medicine (EBM)

Introduction to EBM *

B- Intellectual skills (cognitive and analytical)

- * Methods of problem –solving.
- *The relative contribution of the clinical history, physical examination and investigation in the diagnostic process
- *Generating and ranking appropriate diagnostic possibilities (probability, seriousness, treatability, novelty)
- *Difficulties students experience in making diagnoses (some common errors, some practical tips to assist in generating diagnoses)
- *The triple diagnosis
- *Use of time as an a diagnostic tool is particularly suited to family medicine
- *Two practical examples of problem –solving
- The interview (the opening, the history, questioning and listening, non-verbal Behavior, responding, reasons why the interview may fail)
- *The physical examination

*The exposition (explaining, breaking bad news, the ending, reasons why the exposition may fail)

C- Subject specific skills

1- Doctor-patient communication

*The tasks of the consultation (identification and management of presenting problems, management of continuing problems, opportunistic anticipatory care, modification of the patient's help-seeking behavior)

*The required consultation skills and competences

*Detailed components of consultation competence

*Consultation style

*Consultation style and health outcomes

2-Patient management

*Reassurance and /or explanation

*Advice (consulting)

*Prescription

*Referral

*Investigation

*Observation

D- Transferable skills

Consultations (interview skills, clinical skills, overall communication skills)

III. Course Contents and Schedule

1- Setting the scene

*Introduction

*Community morbidity and patient illness behavior

*Factors which influence the decision to consult

*Clinical applications

*The nature and content of family medicine

*The contrasting roles of the family practitioner and hospital specialist

*The differing clinical tasks in the two settings

2- The consultation

*Introduction

*The tasks of the consultation (identification and management of presenting problems, management of continuing problems, opportunistic anticipatory care, modification of the patient's help-seeking behavior)

*The required consultation skills and competences

- *Detailed components of consultation competence
- *Consultation style
- *Consultation style and health outcomes

3- The diagnostic process

- *Introduction
- *Inductive and hypotheticodeductive, methods of problem –solving.
- *The relative contribution of the clinical history, physical examination and investigation in the diagnostic process
- *Generating and ranking appropriate diagnostic possibilities (probability, seriousness, treatability, novelty)
- *Difficulties students experience in making diagnoses (some common errors, some practical tips to assist in generating diagnoses)
- *The triple diagnosis
- *Use of time as an a diagnostic tool is particularly suited to family medicine
- *Two practical examples of problem –solving

4- Patient management

- *Introduction
- *Reassurance and /or explanation
- *Advice (consulting)
- *Prescription
- *Referral
- *Investigation
- *Observation
- *Prevention

5- The doctor-patient relationship

- *Introduction
- *What's it all about
- *The changing nature of the relationship
- *The practical uses of the doctor-patient relationship (diagnosis, whole-person medicine, compliance)
- *Why do some relationships go wrong? (Assumptions, detachment, anxiety , the difficult patient, frequent attendance, dependence)
- *Conclusions

6- Doctor-patient communication

- *Introduction
- *Why doctors must be good communicators
- *The communication skills needed in the consultation
- *The interview (the opening, the history, questioning and listening, non-verbal behavior, responding, reasons why the interview may fail)
- *The physical examination
- *The exposition (explaining, breaking bad news, the ending, reasons why the exposition may fail)

*Monitoring your own performance (methods of direct observation) consultations (interview skills, clinical skills, overall communication skills)

7- Anticipatory care

*Introduction

*What is anticipatory care? Primary prevention, secondary prevention, tertiary prevention health promotion

*The new role of the clinician in prevention (changes in the pattern of diseases and opportunities for prevention, the limitations of the 'heroics of salvage. *Increasing pressure on doctors to practice prevention)

*Family practice: the optimum setting for anticipatory care (responsibility for a defined population, the contribution of the primary –care team, the power of the doctor –patient relationship)

*Observing prevention in action

8- Clinical problem–solving and patient management:

*some practical scenarios

- 1- The patient complaining of tiredness
- 2- The patient complaining of chest pain
- 3- The patient complaining of sore throat
- 4- The patient complaining of Headache
- 5- The patient complaining of Neck pain
- 6- The patient complaining of cough
- 7- The patient complaining of dizziness / vertigo
- 8- The patient complaining of difficulty in breathing
- 9- The patient complaining of diarrhea
- 10- The patient complaining of abdominal pain
- 11- The patient complaining of Backache
- 12- The patient complaining of rectal bleeding
- 13- The patient complaining of frequency or dysuria
- 14- Family medicine approach: Depressed patient
- 15- Breaking bad new

IV. References

- Robert B. Taylor
- Family Medicine Principles and practice

V. Major Evaluation Dates

Rotation Final Evaluation	Evaluation of both skills and theory (short cases)
End of Rotation Exam	Written
End of Year Final Exam	As suggested by University Calendar