

مقرر ٤٢١ طبع
(دورة الرعاية الصحية الأولية)

PRIMARY HEALTH CARE CYCLE
CURRICULUM
for
UNDERGRADUATE STUDENTS
COMM 421 (MALES)

DEPARTMENT of FAMILY and COMM. MEDICINE
COLLEGE OF MEDICINE
KING SAUD UNIVERSITY

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INTRODUCTION

We are pleased to welcome you in the cycle of primary health care (PHC). PHC is an essential element of the health services of any country that aimed at providing a good health care for its community. Family Medicine is a diverse discipline in that it deals with the whole patient and his or her family. Students who intend to pursue Family Medicine as a career will have an introduction to the discipline and practice. For those who will specialize, the rotation provides exposure to different aspects of medicine where patients enter the system, and where most care takes place. We hope that you will find this attachment useful and enjoyable. To achieve the maximum benefit; hard work and appropriate methods of learning are the keys for that target.

GENERAL AIMS FOR ATTACHMENT

1. To gain an overview of PHC specialty e.g., its philosophy and features; its methods and its holistic approach to patient care.
2. To help students become familiar with the knowledge, attitudes and skills necessary to become sensitive communicators physicians, educators and effective good team member in PHC center.
3. To adopt and develop the knowledge and skills already acquired by students during their study and attachment in other departments and specialties in the medical school to be utilized in the PHC.
4. To provide an appropriate exposure to the discipline of Family Medicine which will assist student in making career decisions.

SPECIFIC OBJECTIVES:

At the completion of the attachment each student will be expected to:

BASIC AND CLINICAL KNOWLEDGE:

1. Be able to list the Principles of PHC and demonstrate an understanding of their role in patient care in Saudi Arabia.
2. Be able to discuss diagnosis and management of common Family Medicine problems (see Appendix II).
3. Demonstrates awareness of community resources and appropriate use of consultants.
4. Recognize different models of consultations.
5. Demonstrate and understand the role of social, psychological and environmental factors in the pathogenesis and management plan of illness.
6. Recognize the functions of Family Medicine Records.

II. CLINICAL SKILLS:

1. Interviewing (Consultation) skills:

- a. Conducts a focused history, combining appropriate level of detail with efficient use of time.
 - b. Elicits and attends to patient's agenda.
2. Interpersonal (communication) skills:
 - a. Establishes good rapport and applies good affective skills.
 - b. Demonstrate verbal and non-verbal communication.
 3. Problem solving skills:
Selective and appropriate use of drugs, investigation and time.
 4. Physical Examination:
 - a. Performs a physical examination which is accurate and appropriate at the presenting problem.
 - b. Demonstrates concern for patient.
 5. Application of Knowledge/Judgment.
 - a. Formulates and assessment appropriate to the clinical setting.
 - b. Able to identify significant issues in patients presenting with undifferentiated problems, including differentiation of serious illness from minor or self-limiting problems.
 - c. Application of bio-psychosocial model.
 - d. Demonstrates ability to deal with uncertainty when the diagnosis is unclear.
 - e. Formulates a patient-centered management plan, which takes into account the physical, psychological and sociological factor identified.
 - f. Recognize factors that promote good teamwork.

III. ATTITUDES AND RESPONSIBILITIES:

1. Motivated to take on tasks and completes them reliably.
2. Cooperative and productive member of the health care team.
3. Assumes responsibility for own learning (self-directed learning) and changes behavior accordingly.
4. Demonstrates good professional and ethical standards. Conscientious and honest in all undertakings. Shows respect for patients and co-workers.
5. Demonstrate respect of patient's autonomy and willingness to involve people in the responsibility for their own health.
6. Understand the patient's right to confidentiality and respect.

METHODOLOGY:

The attachment to PHC rotation lasts 5 week, each student is expected to spend 4 clinical sessions per week in PHC clinics (Ministry of Health) or those related to hospitals like, KKUH, National guard, Security hospital, Military hospital, The rest of the time will be spent in the Family Medicine Department (the details are shown in the attached timetable page 10).

LEARNING PROCESS:

The learning process in this primary care rotation is centered around small group sessions. A two hour group session is held once or twice a week with small number of students under the guidance of faculty tutors. They will analyze and discuss tasks and problems assigned from the previous week. Other learning activities include: large group tutorial, student presentation, and training in a PHC clinics. Self directed learning is an important element in our rotation and a self study time is available for the students (see Appendix 1).

I. SMALL GROUP DISCUSSION (SGD):

The students will be divided into small groups during tutorials. Each group consists of 20 - 30 students. A heterogeneous composition of students aims to encourage creative interaction and co-operation between different personalities. Each group of students works together during the whole rotation, which allows them to function well. Each group has 1-2 faculty tutors alternating one at a time.

The role of the tutor is active guidance, by asking questions at the most opportunate moment, bring students back on to the right track, focus attention on neglected aspects of the problem in hand, and stimulate discussion.

Learning needs should be identified by the end of each group discussion by the students and the tutor.

Student Objectives.

During the first week each student is required to identify and specify what he wants to learn and how to achieve it.

A form of the student objectives is included (see Appendix IX). The common objectives given by the students are usually selected to be the topics for small group presentation.

Tutorials are divided into:

- a. Log diary (problem solving)
- b. Presentation tutorials.

A. Log Diary Tutorials.

Problem based learning (PBL) is actively encouraged during these tutorials.

Each student is requested to present 1-2 true cases from his log diary (Appendix II).

On each session 2-3 students are expected to discuss their cases within the group and this includes:-

Presenting complaint, findings at physical examination, investigations and management. Role-play is encouraged whenever possible.

Arrangement with the tutor should be done to select cases, which fit with the learning needs of the group, and to inform the other students for preparation.

B. Student group presentation:

The students will be divided to groups. Each group will be of 5 - 7 students. The group has to present a topic related to PHC chosen on basis of student objectives and expectations. The presentation should not exceed 30 minutes for the group, followed by 10 minutes for discussion and feedback on the presentation.

II. Formal Teaching.

This includes lectures and tutorials (see the attached timetable). The student preparation and participation will be encouraged in order to help you get most of the course.

III. Clinical Attachment

Each student is assigned to a PHC center (Ministry of Health) under the supervision of the assigned primary care supervisor. The student will spend three weeks in centers and join PHC Clinics, in King Khalid University Hospital or KAUH for one week.

A group of students will be assigned to the clinics related to Family and Community Medicine of some hospitals like, National Guard Hospital, Security Forces Hospital, Armed Forces Hospital and will spend the whole period there.

The student is expected to involve gradually and actively in each consultation. Discussion, Activities of PHC center e.g. Health education, Immunization, Antenatal care ... etc.

Clinical tasks requested:

i. Log Diary:

Each week every student must complete a log diary of patients observed receiving care. This must be signed by the assigned PHC supervisor and is utilized during the log diary tutorials. (See Appendix VI).

VI. ASSESSMENT:

I. Continuous Assessment: (40 marks)

1. Multiple Choice Question (MCQ) (15 marks)
2. Modified Essay Questions (MEQ) (10 marks)
3. Critical Reading Questions (CRQ) (10 marks)
4. Student Group Presentation (Evidence Based). (5 marks)

II. Final examination: (60 marks)

A. Written..... (36 marks)

- MCQ (20 marks)
- MEQ (16 marks)

B. Presentation and Participation.

- i. EBM Presentation. (4 marks)
- ii. EBM Report. (6 marks)
- iii. Participation in Centers. (8 marks)
- iv. Participation in Tutorials. (6 marks)

Total: 100 marks

VII. EVALUATION FORMS:

Different evaluation forms will be distributed to evaluate the process and outcome of teaching in this course.

These include:-

A. Lecture session evaluation form:

This should be filled directly after each lecture and delivered to the lecturer.

(See page 25).

B. Small group assessment form:

This will help in assessing the dynamics of the group work and identifying the learning needs in each group meeting. (See page 24).

C. Tutor evaluation form:

Each tutor will be evaluated by his small group at the end of the rotation this will help in further improvement of his/her teaching skills. (See page 28).

D. Rotation evaluation form:

This evaluation form will give us a feedback about your level of satisfaction with this PHC course and your own comments for further improvement. (See page 26).

Weekly Schedule of Course
Comm-421 (Males)

Days	T I M E				
	8:30-10:00	10:30-12:00	12:00-1:00	1:00-4:00	4:00-8:00
Saturday	Clinical Attachment*		Prayer and Lunch	Clinical* Attachment	Clinical * Attachment
Sunday	DIDACTICS		Prayer and Lunch	DIDACTICS	
Monday	Clinical Attachment*		Prayer and Lunch	Clinical* Attachment	Clinical * Attachment
Tuesday	DIDACTICS		Prayer and Lunch	DIDACTICS	
Wednesday	DIDACTICS		Prayer and Lunch	DIDACTICS	

* At PHC Centers or PHC Clinics related to hospitals

Revised on 11/11/1428

Department of Family and Community Medicine
 COMM-421 (Males)
 15/10/1428 (27/10/2007) to 18.11.1428 (28.11.2007)

FIRST WEEK SCHEDULE

DATE	DAY	TIME	T I T L E	TUTOR
15.10.28 (27.10.07)	Saturday	9:00-10:00	Orientation-I	Dr.Hamza Abdulghani
		10:30-12:00	Anticipatory care	Dr. Hamza Abdulghani
		1:00-3:00	SDL	-----
16.10.28 (28.10.07)	Sunday	8:30-10:00	Orientation-II Student Objectives for small group presentation	Dr. Hussein Saad
		10:30—12:00	§ Consultation skills § Problem Solving Methods	Dr. Khalid Bin A/Rahman
		1:00-3:00	Learning how to learn? Self-Directed Learning (SDL)	Dr. Khalid Bin A/Rahman Dr. Khalid Bin A/Rahman
17.10.28 (29.10.07)	Monday	8:30-10:00	Communication skills	Dr. Khalid Bin A/Rahman
		10:30—12:00	Bronchial Asthma (LGT)	Dr. Ahmed Al-Taweel
		1:00-3:00	Breaking Bad News	Dr. Yousef Al-Turki
18.10.28 (30.10.07)	Tuesday	8:30-10:00	Diabetes Mellitus (LGT)	Dr. Hussein Saad
		10:30—12:00	Irritable bowel syndrome (LGT)	Dr. Hussein Saad
		1:00-3:00	Introduction to Evidence Based Medicine Sources of Evidence on the Internet Guidelines of EBM Presentation	Prof. Eiad Al-Faris
19.10.28 (31.10.07)	Wednesday	8:30-10:00	Modified Essay Question	Dr. Yousef Al-Turki Dr. Yusuf El-Gezuli
		10:30—12:00	SDL	-----
		1:00-3:00	SDL	-----

LGT = Large Group Tutorial
 SDL = Self Directed Learning

SECOND WEEK SCHEDULE

DATE	DAY	TIME	TITLE	TUTOR
23.10.28 (4.11.07)	Sunday	8:30-10:00	Sore throat Otitis Medial (LGT)	Dr.Hamza Abdulghani
		10:30-12:00	Concept of PHC in Saudi Arabia	Prof. Sulaiman Al-Shammari
		1:00-3:00	Approach to a patient with Headache (LGT)	Dr. Khalid Bin A/Rahman
25.10.28 (6.11.07)	Tuesday	8:30-10:00	Smoking	Prof. Jamal S. Al-Jarallah
		10:30-12:00	Hypertension	Dr. Hussein Saad
		1:00-3:00	Guidelines of EBM Presentation-II	Prof. Eiad Al-Fairs
26.10.28 (7.10.07)	Wednesday	8:30 – 10:00	Problem Solving-(1) Log Diary	Dr. Yusuf El-Gezuli
		10:30–12:00	Patient education	Dr. Yousef Al-Turki Dr. Yusuf El-Gezuli
		1:00-3:00	Critical Appraisal Skills-I	Prof. Jamal S. Al-Jarallah

THIRD WEEK SCHEDULE

DATE	DAY	TIME	TITLE	TUTOR
1.11.28 (11.11.07)	Sunday	8:30-9:30	Problem Solving (2) Log Diary	Prof.Sulaiman Al-Shammari
		10:00-12:00	Approach to a patient with Back Pain (LGT)	Prof. Eiad Al-Faris
		1:00-3:00	Approach to obese patient	Dr. Yousef Al-Turki
3.11.28 (13.11.07)	Tuesday	8:30-10:00	CHD Risk Factors Dyslipidaemia (LGT)	Dr. Hussein Saad
		10:30-12:00	Anxiety, depression and somatization (LGT)	Dr. Ahmed Al-Taweel
		1:00-3:00	SDL	-----
4.11.28 (14.11.07)	Wednesday	8.30-9:30	Problem Solving (3) Log Diary	Dr. Yusuf El-Gezuli
		10:00-12:00	Critical Appraisal Skills II	Prof. Jamal S. Al-Jarallah
		1.00 – 3.00	Vaccination	Prof. Sulaiman Al-Shammari

* Problem Solving: Discussion of cases in Log Diary.

FOURTH WEEK SCHEDULE

DATE	DAY	TIME	TITLE	TUTOR
8.11.28 (18.11.07)	Sunday	8:30-9:15 9:15-10:00 10:15-11:30 1:00-3:00	MID TERM EXAMINATION MCQ MEQ B R E A K & Prayer Critical Reading Question SDL	Dr. Hussein Saad -----
10.11.28 (20.11.07)	Tuesday	8:30-12:00 1:00-3:00	Student group presentation First group: (A1,A2,B1 & B2) Student group presentation Second group (C1, C2, D1 & D2) SDL	Prof. Sulaiman Al-Shammari Dr. Yosef Al-Turki Prof. Jamal S. Al-Jarallah Dr. Ahmed Al-Taweel -----
11.11.28 (21.11.07)	Wednesday	8:30-9:30 10:00-12:00 1:00-3:00	Problem Solving (4) Log Diary Dyspepsia (PUD/GERD) SDL	Dr. Ahmed Al-Taweel Dr. Hamza Abdulghani Dr. Yusuf El-Gezuli -----

FIFTH WEEK SCHEDULE

DATE	DAY	TIME	TITLE	TUTOR
15.11.28 (25.11.07)	Sunday	9:00 – 11:00 1:00-3:00	6 minutes EBM presentation Group A (Room 3118) Group B (Seminar Room) 6 minutes EBM presentation Group C (Room 3118) Group D (Seminar Room)	Prof. Eiad Al-Faris Dr. Hamza Abdulghani Dr. Ahmed Al-Taweel Dr. Shaffi Ahmed
17.11.28 (27.11.07)	Tuesday	8:30 – 11:00 8:30-9:45 9:45-11:00	Final Examination MCQ MEQ	Dr. Hussein Saad

EBM Presentation:

Group A Supervisor: Prof. Eiad Al-Faris
Group B Supervisor: Dr. Hamza Abdulghani
Group C Supervisor: Dr. Ahmed Al-Taweel
Group D Supervisor: Dr. Shaffi Ahmed

Student Group Presentation

Each group has 30 minutes for presentation.

First group:	(A1 and A2)	Dr. Yousef Al-Turki	1.30 hr. (8:30-10.00)
	(B1 and B2)	Prof. Sulaiman Al-Shammari	1.30 hr. (10:00 – 11.30)
Second group:	(C1 and C2)	Prof. Jamal S. Al-Jarallah	1.30 hr. (8:30 – 10.00)
	(D1 and D2)	Dr. Ahmed Al-Taweel	1.30 hr. (10.00 – 11.30)

Appendix (1)

LEARNING HOW TO LEARN (LEARNING AND TEACHING METHODS).

There are certain clues for your learning.

A. In the PHC Centre:

- (I) Observation and discussion with the PHC physician while consulting their patients. Make notes about what you observe.
- (II) Interviewing certain selected patients alone.
- (III) Attachment and discussion with different them members (one session each).
- (IV) Lecturing in the center.
- (V) Design a health education material for the practice.
- (IV) Free time in your schedule should be made use of e.g. by reading in the library or discussion with colleagues or any other useful activity.
- (VI) A good deal of learning in the practice is one to one.

Clinical and non-clinical materials faced in the center will raise certain learning needs. You are expected to respond by careful and critical thinking, reading from the PHC literature and discussion with clinical tutors, colleagues or teachers during the tutorials.

(B) In the University

The sessions include tutorials on topics known to you beforehand. The tutorial will be given to the whole class or the class will be divided into small groups (each with a tutor). Transparencies, slides, role-playing and video display (presentation) will each be used. Reading and thinking about the topic (and possibly discussing it) before attending the class are the keys for active learning. This will make it possible for you to identify difficult areas and learning needs to be solved during the class. Participation and involvement in discussions and debate are essential for learning.

(C) Outside formal and clinical sessions.

- (i) Reading from books and journals.
- (ii) Thinking about the experiences and incidents you have seen.
- (iii) Group discussion with your colleagues, teachers and trainers.

Appendix (2)

LIST OF LOG DIARY CASES

- URTI
- Anxiety and Depression
- UTI
- Dyspepsia
- I.B.S.
- Headache
- Diabetes Mellitus*
- Bronchial Asthma
- Hypertension*
- Hyperlipidaemia
- Ischaemic Heart Disease
- Obesity
- Backache
- Allergic Rhinitis/Sinusitis
- Anaemia; IDA, SCA,.....
- Otitis media
- Osteoarthritis
- Acne vulgaris (common skin diseases)
- Conjunctivitis (common eye diseases)
- Some surgical problems; Haemorrhoids, Anal Fissure, Pilonidal Sinus,....
- Abdominal pain (Diarrhea)
- Endocrine problems, Hypothyroidism, Osteoporosis, Short Stature,.....
- Others

SUGGESTED READING LIST (Appendix 3)

1. * Clinical methods: A General Practice Approach – Robin Fraser.
2. A textbook Family Medicine by Ian R McWhiney.
3. * Tutorials in General Practice.
4. Principles and Practice of PHC by Yaquob Al-Mazrou.
5. Primary Care Medicine by Allan A. Goroll, May Mulla 482.
6. Essentials of Family Practice by Rakel.

Journals:

1. Saudi Medical Journal.
2. Annals of Saudi Medicine.
3. * British Journal of General Practice.
4. British Medical Journal.
- 5.* The Journal of Family Practice.
6. Family Practice.
7. * The Practitioner.
8. Up-date of General Practice.
9. Scandinavian Journal of PHC.
10. American Family Physician.

* Main References.

Suggested Topics for Presentation (See Appendix)

Appendix (4)

Suggested topics for Presentation.

1. Breaking bad news.
2. Medical ethics (confidentiality).
3. Difficult patient.
4. Anxiety and Depression.
5. Counseling.
6. Doctor patient relationship.
7. Bereavement/terminal care.
8. Tired all the time (chronic fatigue syndrome).
9. Others.

Appendix (5)

GUIDELINES FOR PRESENTATION/LECTURER

I. SPEAKER

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

II. TECHNIQUE AND FACILITIES:

- * Choosing appropriate facilities according to time and presentations.
- * Arrange before and check audio-visual aids.
- * If using overhead transparencies:-
 - [a] Must be legible and not more than 8 lines in a sheet and not more than 8 words per line.
 - [b] Letters must be large and bolder than can be seen at the back of a lecture theater.
 - [c] Correct spelling and avoid unknown abbreviation.
 - [d] Sequentially releasing the matter in a single transparency if possible.

III. CONTENT OF A TOPIC [THE FORMAT]

- * Title brief, clear and projection
- * Introduction what you are going to do, give an overview of whole subject.
- * Objectives
- * Subject Proper
- * ?? Questions/Discussion
- * Summary/Conclusion
 - Your last words may be best remembered
 - Summarize important ideas which stimulate the audience to believe and action.

Appendix (6) Patient Log

Name: _____ Number: _____

Day: Date: (Morning/Afternoon).

Sr. No	Sex M F	Age	Chief Complaint	Diagnosis	<u>MANAGEMENT</u>			
					R&A*	RX**	Investigation	Referral

*R & A = Reassurance and advice

** RX = Treatment

Name of the Supervisor: Dr.

King Saud University
College of Medicine
Department of Community and Family Medicine
Comm-421 - Males

SUPERVISOR ASSESSMENT

Hospital / Health Centre: _____

Student's Name: _____ Computer No. _____

		Excellent	V.Good	Good	Fair
1.	Attendance				
2.	Friendliness - Supervisor - Patients				
3.	Co-operative manner				
4.	Fund of knowledge				
5.	Treatment plans				
6.	Over all assessment				

Supervisor Name: _____

Signature: _____

Date: _____

NB: This evaluation is confidential and should be put in an envelope before handling to the student or send by Fax # 4671967.

Appendix (7)

PHC Cycle (Comm-421)

Student Objectives.

What do you hope to gain from this course?

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Appendix (8)

ASSESSMENT FORM
(Small group work)

Trainer: _____ Date: _____

Trainee: _____ Session format: 1. Structured 2. Unstructured

Summary of content:

- 1.
- 2.
- 3.
- 4.
- 5.

Strengths Demonstrated:

- 1.
- 2.
- 3.
- 4.
- 5.

Learning Needs Identified:

- 1.
- 2.
- 3.
- 4.
- 5.

Possible Resources (Teaching Methods)

- 1.
- 2.
- 3.
- 4.
- 5.

Follow up:

STUDENT RATING FORM

Please indicate the following:

Subject:

Lecturer/Speaker:: Date: / /14

Please give your reaction to each separate item on the six-point scale below:
[< 3 please explain why?]

Do not omit any item.

- | | |
|---------------------------|---------------------------|
| 6 = Very highly favorable | 3 = Slightly unfavorable |
| 5 = Highly favorable | 2 = Unfavorable |
| 4 = Favorable | 1 = Extremely unfavorable |

Put a ring round the number which most clearly describes your view on that item.

1.	The session was clearly structured	6	5	4	3	2	1
2.	It was easy to take notes during the session	6	5	4	3	2	1
3.	The session was thought provoking	6	5	4	3	2	1
4.	The main points given clear and understandable	6	5	4	3	2	1
5.	The examples given were relevant and interesting	6	5	4	3	2	1
6.	The talk was clearly audible	6	5	4	3	2	1
7.	The blackboard or other audiovisual aids were used appropriately	6	5	4	3	2	1
8.	The session was well conducted	6	5	4	3	2	1
9.	The tutor summarized the main points of the session	6	5	4	3	2	1
10.	My overall impression is	6	5	4	3	2	1

Further comments (you can write by any language):

.....

.....

.....

.....

Thank you.

Important Remarks:

1. Attendance:

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

2. Warning:

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

3. Courtesy:

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

PEOPLE YOU MAY MEET:

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

1. Dr. Hamza Abdulghani, ABFM, MRCGP Course Organizer
Assistant Professor and
Consultant of Family Medicine
2. Dr. Hussein Saad, MRCP Consultant Physician
Assistant Clinical Professor Course Co-organizer

Tutors:

1. Prof. Eiad Al-Faris, MRCGP Professor
2. Prof. Jamal S. Jarallah, MRCGP Professor
3. Prof. Sulaiman Al-Shammari, FRCGP Professor
4. Dr. Khalid Bin Abdulrahman,
DPHC, ABFM, MHSc (Med) Associate Professor
5. Dr. Yousef Al-Turki, DPHC, ABFM Assistant Professor
6. Dr. Ahmed Al-Taweel, DPHC, ABFM Assistant Professor
7. Dr. Mohamed Al-Rukban, DPHC, SBFM Associate Professor
- 8- Dr. Yusuf Al-Hadi Al-Gezuli, MRCGP Senior Registrar
