**ملف مرجعي لمقرر 421 طبع**

**( دورة الرعاية الصحية الأولية )**

# PRIMARY HEALTH CARE

**CYCLE CURRICULUM FOR THE**

###### UNDERGRADUATE STUDENTS

**AT KING SAUD UNIVERSITY**

**COLLEGE OF MEDICINE**

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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.
   1. **CLINICAL SKILLS:**
7. **Interviewing (Consultation) skills:**
   1. Conducts a focused history, combining appropriate level of detail with efficient use of time.
   2. Elicits and attends to patient’s agenda.
8. **Interpersonal (communication) skills:**
   1. Establishes good rapport and applies good affective skills.
   2. Demonstrate verbal and non-verbal communication.
9. **Problem solving skills:**

Selective and appropriate use of drugs, investigation and time.

1. **Physical Examination:**
   1. Performs a physical examination which is accurate and appropriate at the presenting problem.
   2. Demonstrates concern for patient.
2. **Application of Knowledge/Judgment.**
   1. Formulates and assessment appropriate to the clinical setting.
   2. Able to identify significant issues in patients presenting with undifferentiated problems, including differentiation of serious illness from minor or self-limiting problems.
   3. Application of bio-psychosocial model.
   4. Demonstrates ability to deal with uncertainty when the diagnosis is unclear.
   5. Formulates a patient-centered management plan, which takes into account the physical, psychological and sociological factor identified.
   6. Recognize factors that promote good teamwork.
   7. **ATTITUDES AND RESPONSIBILITIES:**
3. Motivated to take on tasks and completes them reliably.
4. Cooperative and productive member of the health care team.
5. Assumes responsibility for own learning (self-directed learning) and changes behavior accordingly.
6. Demonstrates good professional and ethical standards. Conscientious and honest in all undertakings. Shows respect for patients and co-workers.
7. Demonstrate respect of patient’s autonomy and willingness to involve people in the responsibility for their own health.
8. Understand the patient’s right to confidentiality and respect.

**METHODOLOGY:**

The attachment to PHC rotation lasts 6 week, each student is expected to spend 6 clinical sessions per week in PHC center. 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 10-15 students under the guidance of faculty tutors. Analyze and discuss tasks and problems assigned from the previous week. Other learning activities include: lectures, particles, and training in a PHC center. Self directed learning is an important element in our rotation and a self study time is available for the students (see Appendix 1).

* + 1. **SMALL GROUP DISCUSSION (SGD):**

The students will be divided into small groups during tutorials. Each group consists of 15-20 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 SGD each student is required to identify and specify what he/she 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 and group presentation.

**Tutorials are divided into:**

* + 1. Log diary and role-play tutorials.
    2. Presentation tutorials.
       1. **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/her 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.

* + - 1. **Student group presentation:**

The students will be divided to groups. Each group will be of 5 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. At the end of the sessions the students will vote for the best group.

* + 1. **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.

* + 1. **Clinical Attachment**

Each student is assigned to a PHC center under the supervision of the assigned primary care supervisor. A group of students will be assigned to the clinics related to Family and Community Medicine, National Guard Hospital, Security Forces Hospital.

The student is expected to involve gradually and actively in each consultation. Discussion if possible should follow each case. Students are also expected to participate in other activities of PHC center e.g. Health education, Immunization, Antenatal care … etc.

The student is expected to join the PHC centers for three weeks and Primary Care Clinics, in King Khalid University Hospital for one week.

**Clinical tasks requested:**

1. **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).

* + Before the final examination, the students have to deliver these forms to the

secretary of the Department by the end of fifth week.

**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**……………………………………….. (36marks)

- MCQ ……………………………………… (20 marks)

- MEQ …………………………………… (16marks)

**B. Presentation and Participation.**

i. EBM Presentation. ………………………. (4 marks)

ii.EBM Report. …………………………….. (6marks)

iii.Participation in Centers. ………………….. (8 marks)

iv. Participation in Tutorials. ………………… (6 marks)

\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total: 100 marks**

**\_\_\_\_\_\_\_\_\_\_\_\_\_**

* + - 1. **EVALUATION FORMS:**

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

These include:-

1. **Lecture session evaluation form:**

This should be filled directly after each lecture and delivered to the lecture. (See page 25).

1. **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).

1. **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).

1. **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**  **8:00-10-00 10:00-12:00 12:00-1:30 1:30-4:00 4:00-8:00** | | | |
| Saturday | Clinical Attachment | Prayer and  Lunch | Clinical\*  Attachment | Clinical \*  Attachment |
| Sunday | D I D A C T I C S | Prayer and  Lunch | Didactics | |
| Monday | Clinical Attachment\* | Prayer and  Lunch | Clinical\*  Attachment | Clinical \*  Attachment |
| Tuesday | DIDACTICS | Prayer and  Lunch | Didactics |  |
| Wednesday | Clinical Attachment \* | Prayer and  Lunch | Clinical  Attachment\* | Clinical  Attachment\* |

\* At PHC Centers or at KKUH

\*\* Self-Directed Learning

\*\*\* Small Group Discussion

Department of Family and Community Medicine

COMM-421

**dd/m/yyy (dd/m/yyyy) to dd/m/yyy (dd/m/yyy )**

# FIRST WEEK SCHEDULE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | **DAY** | **TIME** | **T I T L E** | **TUTOR** |
|  | Saturday | 8:30-9:30  10:00-12:00  1:00-3:00 | Orientation I  Learning how to learn?  Self directed learning (SDL)  Communication skills |  |
|  | Sunday | 8:30-10:00  10:30—12:00  1:00-3:00 | Orientation II  Student Objectives for small Group Presentation  Irritable Bowel Syndrome (LGT)  SDL |  |
|  | Monday | 8:30-10:00  10:30—12:00  1:00-3:00 | Consultation skills  Patient education  SDL |  |
|  | Tuesday | 8:30-9:30  10:30—12:00  1:00-3:00 | Breaking Bad News  Introduction to Evidence Based Medicine  Sources of Evidence on the Internet  Guidelines of EBM Presentation  SDL |  |
|  | Wednesday | 8:30-10:00  10:30—12:00  1:00-3:00 | Approach to a patient with arthritis  Smoking  SDL |  |

# SECOND WEEK SCHEDULE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | **DAY** | **TIME** | **T I T L E** | **TUTOR** |
|  | Sunday | 8:30-10:00  10:30-12:00  1:00-3:00 | Sore throat  Otitis Media (LGT)  Diabetes Mellitus (LGT)  Bronchial Asthma (LGT) |  |
|  | Tuesday | 8:00-10:00  10:30-12:00  1:00-3:00 | Modified Essay Question (MEQ)  Hypertension (LGT)  Critical Appraisal Skills I |  |

# THIRD WEEK SCHEDULE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | **DAY** | **TIME** | **T I T L E** | **TUTOR** |
|  | Sunday | 8:30-10:00  10:30-12:00  1:00-3:00 | Log Diary  Approach to a patient with Headache (SGD)  Back Pain (SGD) |  |
|  | Tuesday | 8:00-10:00  10:30-12:00  1:00-3:00 | Anxiety, depression and somatization  CHD Risk Factors  Dyslipidaemia  Critical Appraisal Skills II |  |

LGT = Large Group Tutorial

SDL = Self Directed Learning

SGD = Small Group Discussion

# FOURTH WEEK SCHEDULE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | **DAY** | **TIME** | **T I T L E** | **TUTOR** |
|  | Sunday | 9:00-9:45  9:45-10:30  10:45-12:00  1:00-3:00 | **MID TERM EXAMINATION**  **MCQ**  **MEQ**  **B R E A K & Prayer**  **Critical Reading Question**  SDL |  |
|  | Tuesday | 8:30-12:00  1:00-3:00 | Student group presentation  First group: (A1,A2,B1 & B2)  Second group (C1, C2, D1 & D2)      Dyspepsia PUD/GERD (LGT) |  |

# FIFTH WEEK SCHEDULE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | **DAY** | **TIME** | **T I T L E** | **TUTOR** |
|  | Sunday | 8:30 – 10:00  10:30-12:00  1:00-3:00 | Approach to Obese Patient  Log Diary    SDL |  |
|  | Tuesday | 8:30 – 12:00  1:00-3:15  1:00-2:00  2:00-3:15 | 6 minutes EBM presentation  Group A (Room 3118)  Group B (Seminar Room)  6 minutes EBM presentation  Group C (Room 3035)  Group D (Room 3004)  **Final Examination**  **MCQ**  **MEQ** |  |

**EBM Presentation**

Group A Supervisor: Prof. Jamal Al-Jarallah

Group B Supervisor: Dr. Shaffi Ahmed

Group C Supervisor: Prof. Sulaiman Al-Shammari

Group D Supervisor: Dr. Ahmed Al-Taweel

**Student Group Presentation:**

Each group has 30 minutes presentation and 5 minutes discussion.

First group: (A1 and A2) Prof. Sulaiman Al-Shammari 1.30 hr. (8:30-10.00)

(B1 and B2) Dr. Hussein Saad 1.30 hr. (10:00 – 11.30)

Second group: (C1 and C2) Prof. Jamal 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
* Headache
* I.B.S.
* Diabetes Mellitus\*
* Backache
* Allergic Rhinitis/Sinusitis
* Otitis media
* I.H.D.
* Osteoarthritis
* Hypertension\*
* Hyperlipidaemia
* Acne vulgar is (common skin diseases)
* Conjunctivitis (common eye diseases)
* Abdominal pain (Diarrhea)
* 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 Mullay 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) Week No. ……………….

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr.  No | Sex  M  F | Age | Chief  Complaint | Diagnosis | **MANAGEMENT**  R&A\* RX\*\* Investigation Referral | | | |
|  |  |  |  |  |  |  |  |  |
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\* R & A = Reassurance and advice \*\* RX = Treatment

Name of the Doctor:- ……………………………….

Signature: ……………………….. Date: …………………………

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.

Appendix (9)

**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.

1. **Warning:**

As it is not a sign of courtesy and keenness, in addition to its bad effect on the teaching course plan, please try not to enter the class if you arrived late after teacher starts his lecture. You should never enter the class if you arrived 15 minutes or more later.

1. **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. Yousef Al-Turki, DPHC, ABFM Course Organizer

Assistant Professor and

Consultant of Family Physician

2. Dr. Hussein Saad Consultant

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,Associate Professor

DPHC, ABFM, MHSc (Med)

5. Dr. Hamza Abdulghani, DPHC, ABFM Consultant Physician

6. Dr. Ahmed Al-Taweel, DPHC, ABFM Assistant Professor

7. Dr. Mohamed Al-Rukban, DPHC, SBFM Assistant Professor

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*