The University of Jordan

Accreditation & Quality Assurance Centre

Course Syllabus

Selective Medicine/ Family Medicine

1	Course title	Selective Medicine/ Family Medicine
2	Course number	0500502
3	Credit hours (theory, practical)	Total of 10 hours for all selective medicine subspecialties
	Contact hours (theory, practical)	
4	Prerequisites/corequisites	Passing fourth year
5	Program title	Doctor of Medicine
6	Program code	
7	Awarding institution	University of Jordan
8	Faculty	School of Medicine
9	Department	Department of Family and Community Medicine
10	Level of course	Bachelor
11	Year of study and semester (s)	Fifth year.
12	Final Qualification	MD
13	Other department (s) involved in teaching the course	---
14	Language of Instruction	English
15	Date of production/revision	6-11-2014/ 20-9-2021

16. Course Coordinator:

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17. Other instructors:

Prof. Dr. Farihan Barghouti
Prof. Dr. Nada Yasein
Dr. Ruba Jaber

18. Course Description:

Students spend a four-week rotation in family medicine clinics at Jordan University Hospital and at the Ministry of Health. They are expected to attend general and special family medicine clinics on both sites. They are, also, asked to prepare seminars and presentations covering all the main topics in family medicine in addition to small groups of problem-based learning under direct consultant supervision.

19. Course aims and outcomes:

A- Aims:

1. To introduce the concept of family medicine as a specialty
2. To be able to diagnose patients using the Hypotheticodeductive approach in the context of family and community and considering whole person medicine
3. To understand how to deal efficiently with acute, chronic and psychological diseases
4. To be able to provide a comprehensive patient-centered management plan and be able to deal with uncertainty in diagnosis
5. Recognize when and how to refer patients
6. To grasp the ability to anticipate potential health problems and provide national health maintenance and disease prevention
7. To be able to apply communication skills with children, adolescents, adults and older adults and lay the foundation for a longitudinal doctor-patient relationship
8. To know the difference between consultation and counseling and to understand the basic principles of counseling
9. To identify the basic elements of medical records and documentation
10. To understand the basic principles of evidence-based medicine

B- Intended Learning Outcomes (ILOs): Upon successful completion of this course students will be able to …

1. Apply the concepts of whole patient care in terms of social, pathological and psychological aspects of health and disease
2. Recognize the difference between disease and sickness and understand illness behavior
3. Communicate appropriately with different patients and in complex situations and cases
4. Integrate the clinical and basic medical knowledge to reach a proper diagnosis and an individualized management plan
5. Diagnose and manage common medical and psychological conditions, and recognize which acute cases need urgent care or referral
6. Communicate efficiently with different groups of patients including women, children and older adults
7. Apply the concepts of Evidence-Based medicine and Evidence based practice to every day medical encounter
8. Formulate a well-designed health care plan to the whole community, keeping in mind the importance of prevention, health promotion and education.
9. Lead a medical group in discussions about cases and decision-making

20. Topic Outline and Schedule:

Students are to attend daily family medicine clinics including after-hours clinics. Orientation seminar is given on the first day of the rotation by the program director. Some of the seminars are uploaded on the website (e.learning).

Detailed seminar schedule is usually announced the week before the beginning of the rotation.

I- The Introduction- Dr. Lana Halaseh	
	1. To know the concept of Family Medicine vs. General Practice vs. Primary Health Care
	2. To know the European, American and Canadian core competences
	3. To recognize the role of family medicine in the community and health care system
	4. To emphasize the rules and expectations of the rotation
II- The Consultation- Dr. Lana Halaseh	
	1. To name the different models of the consultation
	2. To know the main tasks of the consultation as per Stott and Davis model and Pendleton.
	3. To know the required consultation skills and competences during different phases of the consultation: <u>Opening</u>, <u>Interviewing</u> (history taking, physical exam), <u>Exposition</u> (management), and <u>Termination</u>.
	4. To identify the style of the consultation
	5. To know the reasons behind failure of the consultations.
III- Communication Skills among adults & adolescents- Dr. Lana Halaseh	
	1. To understand the importance of communication skills
	2. The know the different communication skills needed during each part of the consultation
	3. Specific communication skills for different people including children and adolescents
	4. For adolescents: Students should be able to ✓ State the reasons why adolescents attend the clinic (major & minor illnesses) ✓ Know the clinical approach needed in dealing with adolescents especially ensuring confidentiality ✓ Establish rapport with adolescents utilizing the HEEADSSS guide
IV- Special communication skills with women & children- Dr. Ruba Jaber	
	1. Identify the differences when dealing with women and children
	2. Discuss the cultural issues when dealing with women and children
	3. Define the elements of informed consent
	4. Recognise the importance of the clinic sitting when dealing with children including toys and safety issues
	5. Discuss the importance and barriers to chaperon
	6. Discuss special issues including privacy
V- Diagnostic Process- Dr. Nada Yasein (Appendix I is included)	
	1. Identifying how to reach a patient-centred diagnosis
	2. To differentiate between Inductive and Hypotheticodeductive methods of Problem-Solving

	3. To know the “masquerades” in general practice
	4. To generate and rank “appropriate” diagnostic possibilities for common complaints including: LBP, headache, abdominal pain, tiredness, dizziness, etc.
	5. To apply Prediagnostic interpretation and “checklists” in generating diagnostic hypotheses
	6. To know the difficulties that medical students face in making diagnoses
	7. To recognize the “Triple diagnosis” and apply it during clinical encounters
VI- Patient-Centred Medicine- Dr. Nada Yasein (including Appendix 1)	
	1. To recognise the term patient centred medicine
	2. To apply patient cantered approach to patient encounter and diagnostic process
	3. To verify the importance of patient cantered approach in both diagnostic and management process
	4. To stress the importance of patient engagement in patient adherence to management and treatment plan
VII- Management Plan- Dr. Farihan Barghouti	
	1. Know the principles of management plan in general
	2. Apply the acronym RAPRIOP whenever possible
	3. Apply and tailor principles of management to common complaints.
VIII- Anticipatory Care (preventive medicine & health promotion)- Dr. Ruba Jaber	
	1. Define anticipatory care.
	2. Classify anticipatory care.
	3. Describe the concept of health promotion.
	4. Discuss the principle and levels of prevention.
	5. Discuss the general guidelines of disease prevention according to US Preventive Task Forces, including chronic diseases and cancers (Hypertension, dyslipidemia, obesity, thyroid diseases, osteoporosis, depression, and cancers of the breast, lung, cervix, prostate and colorectal). http://www.uspreventiveservicestaskforce.org/
	6. Identify the role of family physicians in prevention.
IX- Counseling- Dr. Nada Yasein	
	1. Define counseling.
	2. Discuss counseling in general practice.
	3. List the advantages and disadvantages of counseling.
	4. Discuss the application of counseling in clinical practice.
	5. Know communication skills needed in counseling.
	6. Describe the stages of counseling.
X- Evidence-Based Medicine (EBM)- Dr. Farihan Barghouti	
	1. Define evidence-based medicine.
	2. Explain the rationale of EBM

	3. Discuss the concepts and steps of EBM
	4. Classify and grade evidence (from most to least reliable) and understand EBM pyramid and studies' methodology.
	5. Discuss the limitations of EBM
	6. Develop the skills of formulating clinical questions that can be transformed into research key words applicable on day-to-day clinical work.
XI- Doctor-patient relationship (DPR)- Dr. Lana Halaseh	
	1. To recognize the importance of doctor-patient relationship in general practice
	2. To understand the three elements of DPR as per Brown and Pedder
	3. To identify the practical uses of DPR including diagnosis, compliance and whole-person medicine
	4. To know the reasons of failing DPRs
	5. To identify the main problems of dysfunctional DPR including frequent attendance and dependence
XII- Breaking Bad News (BBN) and dealing with difficult patients - Dr. Ruba Jaber	
	1. Define bad news
	2. Discuss different approaches in braking bad news in different setting (including SPIKES, ABCDE, etc.)
	3. Discuss in details the element of each step in breaking bad news
	4. Identify ethical parts of BBN
	5. Identify and Deal with grief reaction
	6. Define a “difficult patient”
	7. Identify the types of difficult patient
	8. Understand strategies in dealing with difficult patient (angry, somatizing, and manipulative).
XIII- Geriatrics Health- Dr. Lana Halaseh	
	1. Define “ageing” (aging) and compare with “senescence” and know the WHO’s definition and components of “Healthy Aging”.
	2. Describe theories of ageing and know what *homeostenosis* is.
	3. Identify and discuss common changes that occur with age in the following systems: musculoskeletal, skin, cardiovascular, respiratory, gastrointestinal, central nervous, special senses, and endocrine.
	4. Understand the principles (Indications of) and components of the comprehensive problem list “Comprehensive Geriatric Assessment” and its use in office-based care. N.B. should know how to do mental status assessment using the mini-cog test
	5. Understand the importance of overall function, including Activities of Daily Living (ADLs):{**Katz Index**}, Instrumental Activities of Daily Living (IADLs): {**Lawton Scale**}, and Advanced Activities of Daily Living (AADLs).
	6. Outline the geriatric review of systems as it pertains to older patients, with attention to “geriatric syndromes/giants”, multimorbidity and comorbidity.
	7. Describe the necessary physical office characteristics that address the special needs of older patients.
	8. Describe the characteristics of an initial office-based physical examination of the older patient, including attention to specific key physical examination findings and observations.

	9. Apply preventive-medicine measures on geriatric patients including screening tests and vaccines (influenza, pneumococcal, Herpes zoster, Tetanus and diphtheria, and Pertussis vaccines) in addition to falls assessment

Crash Course Schedule

Day	*Consultant*	*Seminar*	*Students*
Sunday	Dr. Halaseh	Introduction to Family Medicine	
	Dr. Halaseh	The Consultation	
Monday	Dr. Barghouti	Management Plan (PBL)	
	Dr. Barghouti	Evidence- Based Medicine (EBM)	
	Dr. Halaseh	Communication Skills for adults AND Adolescents	
Tuesday	Dr. Yasein	Diagnostic Process (include Appendix 1 in the course outline)	
	Dr. Yasein	Patient-Centered Medicine	
Wednesday		Breaking Bad news and grief	
Thursday	Dr. Halaseh	Approach to geriatric patients (ILOs # 1,2,4,5,6,9)	

Other seminars on *e.learning are also required. These include:*

1. Introduction to geriatric health (ILOs #3,7,8)	2. Counseling
3. The theory behind Evidence-Based Medicine	4. Anticipatory care
5. Doctor- patient relationship and the difficult patient	6. Communication skills with children and women

21. Teaching Methods and Assignments:

• **Teaching Method**	**ILO/s**
1. Observed consultation in the outpatient clinic	Be able to perform a successful consultation applying the principles of patient-centered medicine and whole-person medicine
	Reaching a diagnosis and tailoring a management plan
	Applying the necessary communication skills in each consultation
	Ability to audit oneself and other colleagues

2. After-hours clinic coverage	Be able to manage different cases during different times of the day
3. Case presentation: PowerPoint presentation+ white board	To apply all the aforementioned objectives in formulating a patient-centered case presentation
• **Assignments:** PowerPoint Presentations and homework	Ability to conduct and present a seminar /case Handing in homework

22. Evaluation Methods and Course Requirements:

1. Students are assessed on daily basis during clinical encounters by residents running the clinic who mark the following skills: Attendance, Clinical skills (history-taking and physical exam), Attitude & professionalism, Clinical reasoning, and Communication skills.
2. Consultants assess students attached to them during their clinics through observed consultation, in addition to the seminars/ cases presented.
3. Home-works are also assessed by the consultant to whom they are submitted.
4. Logbook filled out daily.
5. The final evaluation mark (out of 100) is determined as per the School of Medicine Deanship regulations.

23. Course Policies:

- Concerns or complaints should be expressed in the first instance to the module lecturer; if no resolution is forthcoming, then the issue should be brought to the attention of the module coordinator (for multiple sections) who will take the concerns to the module representative meeting. Thereafter, problems are dealt with by the Department Chair and if still unresolved the Dean and then ultimately the Vice President. For final complaints, there will be a committee to review grading the final exam.
- For more details on University regulations please visit: http://www.ju.edu.jo/rules/index.htm

A- Attendance policies: Daily attendance checks by the chief resident in each clinic+ another check during the seminar.

B- Absences from exams and handing in assignments on time: Make-up exams need to be done.

C- Health and safety procedures: Explained at bed side

D- Honesty policy regarding cheating, plagiarism, misbehavior: see above

E- Grading policy: **Intended Grading Scale**

0-39	**F**
45-49	**D-**
50-54	**D**
54-69	**D+**
60-64	**C-**
65-69	**C**
70-73	**C+**
74-76	**B-**
77-80	**B**
81-84	**B+**
85-89	**A-**
90-100	**A**

F- Available university services that support achievement in the course: see above

24. Required equipment:

Equipment used during clinical evaluation in general including, but not exclusive to, sphygmomanometer, otoscope and ophthalmoscope.

25. References:

A- Required book (s), assigned reading and audio-visuals:

Clinical Method: A General Practice Approach, 3e Robin C. Fraser, 1999

B- Recommended books, materials, and media:

1. Textbook: "John Murtagh's General Practice". Published: April 26, 2007
2. Patient-Cantered Medicine. Transforming the Clinical Method Moira Stewart et al, 1995
3. Evidence-Based Medicine: How to Practice and Teach EBM. By David L. Sackett
4. American Academy of Family Physicians/www.aafp.org
5. Canadian Family Physician/ www.cfp.ca
6. United States Preventive Services Task forces: http://www.uspreventiveservicestaskforce.org/
7. ETHICAL ISSUES IN OBSTETRICS AND GYNECOLOGYby the FIGO Committeefor the Study of Ethical Aspects of Human Reproduction and Women's Health https://www.figo.org/sites/default/files/uploads/wg-publications/ethics/English%20Ethical%20Issues%20in%20Obstetrics%20and%20Gynecology.pdf (use general section parts 6, 7 and 9)
8. CETL 2010, Feedback Opportunities, A Training Resource for Healthcare Professionals. Handout: Breaking bad news: http://www.cetl.org.uk/learning/feedback_opportunities/data/downloads/breaking_bad_news.pdf
9. Primary Care Geriatrics. A Case-Based Approach. Fifth Edition. Richard J. Ham, M.D., Philip D. Sloane, M.D., M.P.H., Gregg A. Warshaw, M.D., Marie A., and Ellen Flaherty, Ph.D., A.P.R.N., B.C.ISBN:978-0-323-03930-7.

10. Transference and countertransference in communication between doctor and patient. Patricia Hughes & Ian Kerr. Advances in Psychiatric Treatment (2000), vol. 6, pp. 57–64

26. Additional information:

Handouts, in addition to seminars and calls schedules, are uploaded on the e.learning

Name of Course Coordinator: Dr. Lana Halaseh Signature: ---

Date of last update: -20/9/2021

Head of curriculum committee/Department: ------------------------ Signature: --------------------

Head of Department: ------------------------ Signature: -------------------------------

Head of curriculum committee/Faculty: ------------------------ Signature: -------------------------

Dean: -- -Signature: -------------------------------

Copy to:

Head of Department
Assistant Dean for
Quality Assurance
Course File

Appendix 1

Prof. Nada Yasein
Senior Consultant
Head of Family Medicine Department
Jordan University Hospital

Cognitive skills in history taking

(Hypothetico-deductive method)

Patient's Interview

Chief Complaint

Duration

File information

The differential diagnosis is based on

1. Probability
2. Seriousness
3. Treatability
4. Novelty

(At least seven differential diagnoses arranged from most likely to the least likely).

♦ History

Taking a proper history is the single most important step.
An ideal history must cover all of the following:

a. SOCRATES (for all complaints)

- **S**ite (can be ignored in certain situations such as dizziness)
- **O**nset
- **T**iming, Duration, Frequency
- **C**haracter
- **R**adiation
- **E**xacerbation and Relieving factors
- **S**everity

- **A**ssociated symptoms: pertinent clues for each one of probability, seriousness, treatability and novelty.

b. 4 Ds:

√ Disease

Previous similar attacks: including Dx and Mx
Past medical/ surgical history

√ Drugs

For the current disease
Any other drugs/Herbs
Allergy
Vaccines
Addiction

√ Diet

Appetite
Any specific diet
Current weight and significant changes
Certain diseases; celiac…
Hydration

√ Dokhan (Smoking)

Marital status
Level of education
Job
Alcohol consumption
Financial status
Insurance
Psychological status
Sexual activity
Social history
Family history and genetics
Life cycle:
(teenage until menopause)

Whole patient medicine

c. Patient centered medicine

➔<u>ABC</u>

- Anxiety
- Beliefs
- Concerns

➔<u>FEFI</u>

- Function
- Expectations (Cause of the problem AND management)
- Feelings
- Ideas

Why is the patient coming today? (An essential question in each consultation**)**

♦**Physical Examination**

- **General appearance**; mouth breathing, paleness, jaundiced, distressed…
- **Vital signs**

ℵ Temperature
ℵ Respiratory rate
ℵHeart rate
ℵ Blood pressure

- **Focused physical examination**: related to the DDx list

♦**Management plan: RAPRIOP**

Reassurance
Advice
Prescription
Referral
Investigations
Observation
Prevention

♦Patient- doctor interaction: explaining the DDx; the cause, course and available management options, and sharing all these info with the patient.

Noting that all of the above is taking into consideration patient's concerns and worries.

This is the ideal approach to Family Medicine patients

Appendix 2

Outline for Patient-centered case presentation

- In patient-centered case presentation, you need to present patient's profile followed by the chief complaint.
- Then you have to present your Pre-Diagnostic Interpretation (PDI) of that specific chief complaint (before taking your history), based on probability, seriousness, treatability and novelty.
- After that, you need to explore the HPI including illness behavior and patient-centered- medicine views explaining your patient's ideas, concerns, expectations, and possible effects of the problem. Finally, this should lead you into your list of differential diagnoses (DDx). Note that your DDx list might be different from your PDI list.
- At last, you need to come up with a specific management plan as summarized by the acronym RAPRIOP.

An example of illness behavior:
Mr. Naser is a 42-year-old teacher. He has chest pain.

- **Possible ideas**

- He may think it is from his heart
- He may think it could be a result of heavy meal
- He may think it could be (bad eye) or (black magic)
- He may think it could be trauma

- **Possible concerns**

- His main concern could be his work
- His main concern could be his image as a distinguished teacher
- He might be worried his fitness
- He might be worried about his family, what will happen to them if he died

- **Possible expectations**

- His main expectation could be just explanation and reassurance
- He may expect ECG or X-Ray or cardiac catheterization
- He may expect referral for more reassurance
- He may expect medical report or just a sick leave

- **Possible effects of the problem**

- This problem may affect him physically and prevent him from doing his daily activities
- It may affect him socially and make him isolated
- It may affect him psychologically and make him anxious and depressed

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