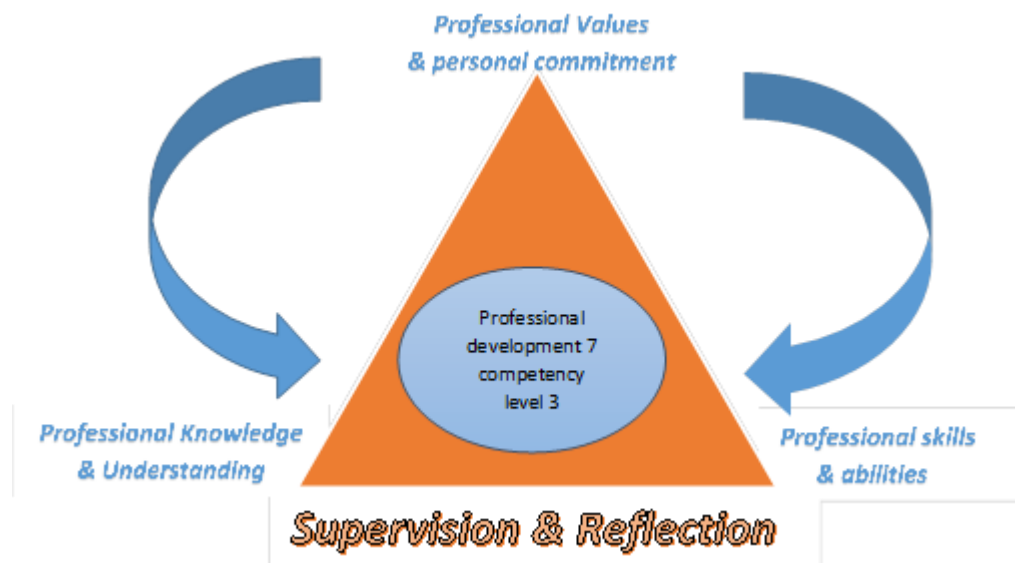




Professional Development

M2

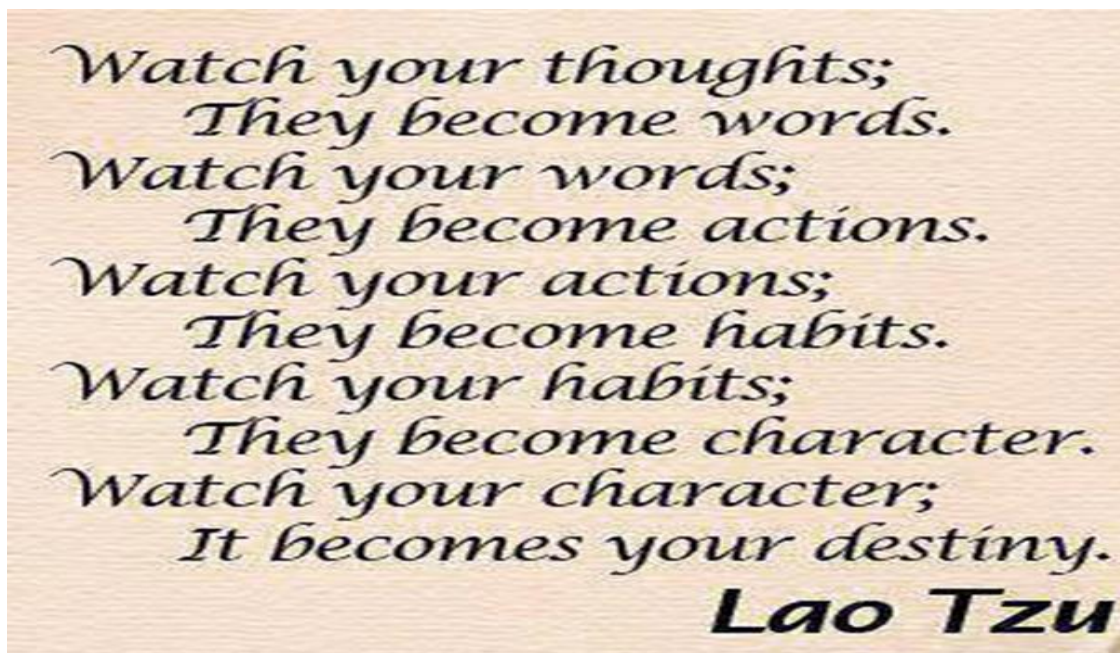
Student manual



Preface

In continuation for Professional Development competencies levels that will help you to deepen your professional action throughout your clerkship. Starting with level two in PD4, The Professional Development 5 (**PD5**) Module will help you to advance your competencies to level 3. This manual provides outline information on the various program components of PD5, such as the teaching window, the portfolio containing the route planner, the logbook requirements including PICO-CAT and the 6-step treatment plan, the individual progress interviews, and so on.

We expect you to check this course regularly. **Attendance & active participation for all activity is mandatory.**



The way That Professionalism Will Develop

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Background Information on Professional Development M2

Introduction

M2 is an intensive year for medical students, consisting of at least ten clerkships of four weeks each in hospitals. This means for you that, you will get used to a new ward every four weeks, finding out about the tasks you expected to perform, gaining lots of patient-related experience, being observed, receiving feedback and being assessed.

In addition to these four-weekly cycles, it is important to think about and work on your professional development in a longitudinal way. This is why the professional Development component forms part of M2. In M1 you start this longitudinal manner in professionalism to pass level 2. While PD5 is concerned to develop your competencies to level 3.

Through this year, PD5 course you will be able to increase your competencies level by more discussion for various ethical related themes in coach grouping, increase your scientific knowledge through preparing and presenting a problem to your colleges in **Clinical Work Conference**. Lastly increase your clinical thinking and interpretation of different investigations and treatment plan in the interdisciplinary teaching sessions. Also more and more training in writing your own route planner (This requires you to analyze your learning outcomes for each competence) and reflection through both **portfolio** and **progress interviews**. This comprises three interviews between the coach and the clerk, based on the portfolio and the clerk's performance in the coaching group. The introductory interview and the interim interview are of a formative nature. The final interview takes the form of an assessment interview.

In PD5 the main way to increase your level of competencies is through clinical supervision by your affiliated staff member or physician during hospital work in different clinical

weekly activities, their feedback and guide is the gold standard to increase your self-confident and your skills.

Overview of learning outcomes for level III competences

As mentioned before that in PD4 you developed your seven competencies to level II of professionalism. It is expected at the end of the second year of the Master's degree program, students are supposed to be proficient to level III for each competence. This table give you a background about the level of competency and what expected from you in PD5.

Competency	<i>Level II</i> <i>You able to</i>	<i>Level III</i> <i>You will be able to</i>
1. Communication	Use and combine basic communication skills in a general setting of a medical consultation with a patient, in collaboration with other care providers, and in training	Use basic communication skills and combine them in more complex circumstances in the setting of the medical consultation with a patient, in (multidisciplinary) cooperation with other care providers, during: <ul style="list-style-type: none"> • Teaching situation ILOs • Patient care • Collaboration with third parties
2. Problem Solving,	After Preparation and using decision – <ul style="list-style-type: none"> • Making techniques, to make a diagnosis • Prepare a general treatment plan for medical problems that occur in practice 	<ul style="list-style-type: none"> • Make a differential diagnosis and formulate a treatment plan in current patient contacts for all problems (including combinations of problems) • Take General principles of decision theory, problem recognition,

		formulation of problem definition • Diagnosis • Treatment
3. Applying. Knowledge and Science	<ul style="list-style-type: none"> • Place general clinical problems in a scientific framework. • Specify the similarities and differences between evidence-based medicine, empiricism and pathophysiological concepts. • Demonstrate knowledge of the foundations of scientific research. 	<ul style="list-style-type: none"> • Translate scientific medical information into adequate policy. • Integrate evidence-based medicine and empirical and pathophysiological concepts. • Displays a critical attitude towards scientific information on which medical treatment is based. • Able to track down relevant information in the literature or other data sources, rate its value critically and pass it on to others. This will be through ILOs
4. Patient Investigation	<ul style="list-style-type: none"> • Perform common diagnostic and therapeutic interventions • Perform simple laboratory tests. 	<ul style="list-style-type: none"> • Take a case history • Perform patient examinations in complex situations involving common pathologies • Perform the treatments required of a junior doctor in practice. • Request for general and special investigations

5. Therapeutic Management	<ul style="list-style-type: none"> • Prepare and carry out a treatment plan for common problems, • Monitor the effect and adjust the treatment if necessary 	<ul style="list-style-type: none"> • Independently draw up and implement a treatment plan for individual patients' problems. • Monitor the effect and adjust the treatment if necessary.
6. Social and Community Aspects of Healthcare	<ul style="list-style-type: none"> • Use epidemiological data to specify non-biological factors that play a role in disease and health • Bearing in mind cultural differences and how they can affect opinions on and the use of healthcare. • Aware of the preventions program at the level of society and considers this when formulating the treatment plan for an individual patient. • Know how the healthcare system is organized therefore acts as a guide for patients in the case of illness or an accident, taking into account the limitations set by health 	<ul style="list-style-type: none"> • The physician is able to name the non-biological causes of an individual patient's illness and influence these factors. • Analyze collective health problems, draw up a plan of preventative measures and evaluate them. • Place individual and community health problems in a broad context of political, sociological, cultural and economic factors, using his/her knowledge of health care. • Based on this analysis, contribute to solving problems identified and influencing (health) policy, taking (social) costs and the legal context of medical treatment into account.

	law, as well as the patient's personal background from a Cultural and social perspective.	
7. Reflection	<ul style="list-style-type: none"> • Specify aspects of their competence they excellent or are weaker at. • Indicate how they will develop the latter further. • Systematically work out moral issues relating to patient care. • Indicate how existential and cultural meanings of health and disease play a constitutive role in patient care. 	<ul style="list-style-type: none"> • State how he/she intends to monitor the quality of his/her professional actions during the course of his/her future career. • Reflect on his/her professional actions in terms of different hypotheses on health and morbidity, as well as on those of others in complex situations, e.g. mistakes, complications, illness taking an unexpected course. • Set up a multidisciplinary consultation in order to arrive at an appropriate decision

Learning Outcomes for Professional Development M2:

At the end of M2 In conjunction with the other parts of M2the clerk will:

1. Develop the seven competences to level 3
2. Expand their lifelong learning skills through:
 - a. Peer supervision,
 - b. Experiential learning
 - c. Peer group assessment

3. Developing an independent medical professional.
4. Arrived at a level at which he or she can perform the tasks of a clerk professionally.
5. Justifying certain points of view and choices.

Professional Development M2 program

1. Teaching Window:

This nomination is a new one for you. The term ‘teaching window’ is used to describe the teaching that takes place on Wednesday afternoons. As a senior intern, you must attend the college and not your clerkship location on these days. The teaching window has a fixed structure. In **an alternating weekly cycle**, the Wednesday afternoons start with a **coaching group** meeting and **interdisciplinary teaching** respectively and a **clinical work conference (CWC)**.

1.1- Coaching group Meeting:

As the entire previous coaching group meeting in professional development M2 course unit, you will be organized into coaching groups. Coaching groups comprise a maximum of 10 students and are supervised by a coach. There are 10 meeting all over the year on alternatively weekly basis (Agenda for each meeting will be presented later). The attendance and participation in coach meeting is **mandatory**.

Each meeting has the following structure:

1.1.1: The peer supervision part (one hour):

In your previous experience in the year 4 clerkship, you were faced by situations that are more difficult to deal with. This situation was a good source to improve your competencies through receiving the feedback and advice from your peers. Explore other experience and helped you to change your attitude and behavior in such situations.

Peer supervision is a form of learning in which problems are tackled in a structured way with a group of fellow students, designed to improve your own effectiveness. It follows the basic structure applied in M1 (Hendriksen 2004):

1. **Assessment of problems:** Discuss, review (how did you act on the advice given last time), and what has happened in the meantime? Then the subject of the meeting is agreed.
2. **Analysis:** By asking the person raising issue informative questions, everyone can get a clear understanding of the situation and the issue raised.
3. **Awareness:** The analysis often makes it clear that the problem or issue needs to be formulated differently, and that it actually concerns another subject or other aspects than was initially thought.
4. **Advice:** It is now up to the group members to give advice on how they would deal with the problem. The person who raised the problem summarizes the suggestions, makes a decision and explains what he/she intends to do.
5. **Other students' similar experiences:** Often other group members will also have experienced the problem being raised. These experiences can now be input and discussed.
6. **Evaluation:** Finally, the group evaluates the meeting. How did it go, what did it deliver, and how should we go about it next time?

As your previous experience from year 4, it is important to have good peer support topics. These are often things that you-a clerk- wonder at, or things that astonish or surprise you. Therefore, keep your eyes and ears open and learn to recognize such issues. It is not reliable to start thinking about an interesting peer support topic just a minute before the start of the coaching group meeting. During the session following the previous steps in peer, supervision is necessary.

1.1.2: Themes

A seven theme

In order to continue the 4th year activity. The second part of the coaching group deals with the so-called themes. In professional development year 5, there are Seven compulsory theme assignments, each of which is linked to a different competence. Each coach group meeting will handle one theme that is related to one competency. To guarantee sufficient depth in the theme discussion,

- Thorough preparation is required.
- One of you will create a simple pre-discussion MCQ test.
- This test will be redistributed at the end of the discussion to evaluate the effectiveness of the process.

This test is only to help your coach for session evaluation.

The process for preparation is the same as year 4.

- It usually comprises reading the accompanying chapter from the handbook and complete answering the learning questions related to the chapter and sending them to your coach before the meeting.
- Your answer should include your point of view in comparison to other various points of view. Discussion of your answers will take place during the meeting.

The discussion should include:

1. Which situations will involve physicians being confronted with the theme when practicing their profession?
2. Which questions play a role in these situations and the responsibilities that physicians have in these situations?
3. What is required of physicians to be able to take on these responsibilities?

The group interaction must be such that:

1. The discussion clarifies the various points of view
2. Every student will have the opportunity to develop his own view and to test this by comparing it to the view of others.

3. You must place the work you have done on the Seven compulsory assignments in your portfolio.

Before the coach meeting with sufficient time all should prepare will. To achieve the grantee during discussion of your theme, during writing your assignment you can follow the following steps:

1- Introduction :

- a. Determine the aspect of competencies that you will discuss and write a brief introduction about it

2- Procedures:

- a. During your clinical week try to pick up some situation that can help you to improve this competency
- b. Prepare a list of these situation
- c. Search for research has been done in this aspect
- d. Prepare your presentation

3- Presentation to Coach group meeting:

- a. Contact your coach to approve the presentation. And if you need someone help you in the presentation
- b. Prepare 5 to 10 MCQs about your them for pre and post discussion evaluation for your group

4- Reporting

- a. After the session write brief conclusion, attach your presentation and discussion evaluation for your peer to your Coach.
- b. Submit a copy of your assignment also to your portfolio

The theme assignments will be mentioned later (appendix 1).

In addition, communication among the chairperson and the other group members will be through WhatsApp and supervised by your coach to select a topic before the session.

1.2: Clinical work conference, CWC

A clinical work conference takes place once every other week, in alternative with Coach Meetings. All clerkships should attend and participate in these clinical work conferences. The aim of this **CWC** is to improve your communication and applying scientific knowledge competency. A team formed maximally by 4-5 students prepare every conference. In consultation with the clinical staff.

Student will arrange the themes of the conferences either from their clinical cases that had in there blocks or in arrangement with staff. (to arrange for a clinical case which they most probably to seen during their clerk's). **The responsible team will be responsible for choose the cases prepare the conference choose the faculty that will evaluate the CWC and sure of hall availability.** The conferences will be held for the entire groups of student at the college hall. An evaluation mark will be put for choose appropriate case and the smoothness of conduction of the conference. A roaster for responsible team (**appendix II**)

The conference will be conducted as follows:

- Each student presentation will be for maximally 15 minutes
- Discussion with others will take 15 minutes
- Discussion & reflection and conclusion by the staff for 30 minutes.

The team responsible for the conference should prepare:

- 1- They will present a PPT presentation of the work they have done on their case, or a scenario of suggested case.
- 2- They will present theoretical aspects epidemiology, pathophysiology, clinical presentation and management) of this case.
- 3- They will present recent advance in management of this problem.

Each presenting student will have feedback assessment form the staff. Each student should submit this evaluation form at least twice in his portfolio.

1.2 Portfolios

As all of you know that, your portfolio is an important teaching and assessment tool in all Professional Development line and especially in PD5.

In short, your portfolio is structured as follows:

1.2.1. Personal details

1.2.2 Route planner

1.2.3. Theme assignments

1.2.4. Work on logbook requirements

1.2.5. Copies of assessment forms

The requirement of each component will be described in detail below:

1.2.1 Personal details

As introductory part, you must submit your name, address, student number, your M2 specialization (Block) and a list of the marks you have achieved in M1.

1.2.2. Route planner

The best method to discover your power and weakness is to look to your inside. A very important part of the portfolio is what we call the route planner. To give you an understanding of your own professional development and to help you target your improvement efforts, you are required to answer the following four questions:

1. Where do I stand? (**SWOT analysis**)
2. What else do I want to focus on, and what do I want to improve? (**Personal learning goals**)
3. How do I get there? (**Plan of action and resources**)
4. How do I make my results visible? (**Evidence**).

As the route planner is very important assessment, it should be written in detail, should be outlined, organized and clear. The best method to detect where is the problem is to ask yourself **Where do I stand?** (SWOT analysis) in relation to each competence (Communication, Problem solving, Applying knowledge and science, Patient investigation, Therapeutic management, Social and Community contexts of health care, and reflection). You can obtain a real picture for your level from reflection and assessment of clinical tutors, supervisors, fellow students and patients.

The second Question is **what else do I want to focus on**, and what do I want to improve? Which reflecting your personal learning goals. In the section you will discuss how you want to progress based on the outcomes of question 1. Formulate at least two and no more than four learning goals for the second half of the M2 academic year. Do not forget that your goals should be formulated in The SMARTI model (**A good learning goal is specific, Measurable, Activating, Realistic, Time-based and Inspiring**). Be careful not to restrict your choice to very concrete, relatively easily achievable learning objectives. Try to choose only those learning objectives that are important to you.

How do I get there? In this part, you will mention how you hope to achieve your personal learning objectives, and what kind of activities you will need to undertake. You have to check what opportunities and resources are available to you. This opportunities and resources should be analysed to clarify what problems can you expect? When do you think you achieve these learning objectives? What evidence can you use to demonstrate that you have achieved? **How do I make my results visible?** It is very important to prove your achievement and this prove should be added to your route planner. When you submit your portfolio containing the route planner to your coach half way through the year, you must state here how you intend to make your results visible. When you submit your portfolio with your definitive route planner at the end of the year, you must also submit actual evidence, which visualizes the results of your learning goal. **Evaluation and assessment forms are of course ideal as hard evidence.** In addition, you can include handouts of

presentations and written reactions (such as personal reflections) to things you have done to achieve a particular learning goal.

1.2.3: Theme assignments

The third items that your portfolio will contain is the themes assignments. These assignment, which will be discussed in the Coach meeting 2nd hours. It is mentioned before that this themes is Seven compulsory which covering different aspects of competencies (Appendix I).

1.2.4: Work on logbook requirements

By logbook requirements, we mean a list of signed activities that must be performed or attended during M2 (Appendix VII). You must submit the followings:

- 1- **Twenty** (20) completed and signed 6Step treatment plan forms **2 for each clerk.**
- 2- **Two** completed assessment form on your presentation of the PICO-CAT **[marked]**

1.2.5: Copies of assessment forms

Add copies of the various assessment forms (**logbook forms, clinical assessments**) to your portfolio. Avoid collecting all the copies at the end of the year; make copies as you finish each internship. Make sure the forms are in the same order as the subjects in your course.

1.3: Individual progress interviews

As any other PD lines through your study you have three progress interviews.

1.3.1: Initial interview

The aim of this interview is to introduce yourself to your coach. It will be in second Coach meeting.

The following you should submit:

- 1- First part of the route planner (based on what you get in M1)
- 2- Copy of the Professional Development M1 assessment form to your coach.

- 3- Then attend your introductory interview at which this route planner is discussed.
- 4- The contents of the interview are recorded on a separate assessment form.
- 5- Copy of The content of the interview should be but in portfolio

1.3.2: Interm interview

It will be held in beginning of the second semester

The following you should submit:

Your up-to-date portfolio to your coach, which expected to contain

- 1- Part 2 of the route planner
- 2- Completed themes assignments
- 3- Copies of any assessment forms already received
- 4- Attend of your individual interview with your coach based on your portfolio and your performance in the coaching group to discuss your professional progress.
- 5- The contents of this interview are also recorded on a separate assessment form
- 6- Copy of The content of the interview should be but in portfolio

1.3.3: Final assessment interview

It will be at the end of the academic year

The following you should submit:

1. Your complete portfolio for the final assessment.
 - Part 3 of the route planner
 - All assignments on the themes
 - All copies of your assessment forms
2. You will then have an individual assessment interview with your coach based on your portfolio and your performance in the coaching group.
3. The assessment of the meeting and your portfolio + additional information will recorded on a separate assessment form.

2: Assessment

Assessment of professional development M2 comprises a number of aspects you have to get the pass mark in each of these aspects. These aspects include:

N	Assessment point	% of mark
1	Met the requirements for attendance at and participation in the CWC	10%
2	Met the requirements for attendance at and participation in the coaching groups	20%
4	Met the logbook requirements	10%
5	Portfolio assessment	30%
6	Selective final interview	30%
7	<u>Total</u>	100%

2.1 Attendance (Mandatory)

1. Coach keep records in register book
2. There may of course be circumstances whereby you cannot attend: illness, family Circumstances, etc. We expect you to deal with this in a professional manner

The professional way to deal with absence: Communicate clearly about your absence with your coach and fellow students, hand over tasks properly and find out about anything you have missed by asking other students.

Your coach contact the examiner if:

- Absent more than 2 times / semester
- Absent even one time but does not deal in professional way

2.2: Active participation:

This could be achieved by:

1. Good preparation
2. Complete answering all learning questions related to the theme or the chapter in any activity including CWC.

3. Communicate with your Coach or the staff responsible for CWC and sending them the objectives before the meeting.
4. Participate actively in theme discussion
5. Send a report by e-mail to your coach at the end of each session.

2.3: Portfolio assessment (30%)

The assessment of portfolio is depend upon

- | | |
|--|--------|
| 1. Complete and full fill all requirements (listed before) | (50%) |
| 2. Submitted on time | (10%) |
| 3. Contain authentic work that presented in good language and
in organized manner | (20%) |
| 4. Show complete and realistic reflection for your performance in PD5 | (20%) |
| Total | (100%) |

Appendix

Appendix I: Coach Group Meeting

<i>N</i>	<i>Week</i>	<i>Themes</i>
1	(4 rd week)	Satisfactory working relationships in the workplace
2	(6th Week)	Initial progress interview
3	(1q2 week)	Mass Gathering Medicine ,hajj and pilgrim Medicine
4	(3q2 week)	Prophet medicine & alternative medicine versus traditional one
5	(6q2 week)	The Patient File'
6	(2ndq3 week) 2nd semester	Interm progress interview
7	5 q3th week	'Coordination and valuation of new, innovative treatments'
8	1q4 week	Resource Allocation In Health Care
9	3q4 week	'Medical Tourism in KSA and different country'
10	(5q4th week)	Final assessment interview

Appendix I1: Compulsory Themes for Coach meeting;

Theme 1: Competence: Communication

‘Satisfactory working relationships in the workplace’

(Collaboration)

Theme 2: Competence: Applying knowledge and science

‘Mass Gathering Medicine ,hajj and pilgrim Medicine ’

Theme 3: Prophet Medicine & alternative medicine versus traditional one

Theme 4: Competence: Patient investigation

‘The Patient File’

Theme 5: Competence: Therapeutic management

‘Coordination and valuation of new, innovative treatments’

Theme 6: Competence: Handling the social and community contexts of health care

Resource Allocation in Health Care

Theme 7: Competence: Reflection

‘Medical Tourism in KSA and different country’

Appendix IV: Agenda for each coach meeting

<u>Time</u>	<u>Coach Meeting 1</u>	<u>Responsible</u>
0-05 min	Greeting and brief introduction by coach about PD5 activity and roles during the session	Coach
05-50 min	Student discussion & reflection their experience in M1 Did M1 experience improve their Competency and to how much extent	Students (4 Min for each student)
50-55	Introductory Theme Pertest	students in roaster
55-100 min	<p><u>Theme</u> 1: Satisfactory working relationships in the workplace discussion</p> <p>The third area of the competence of communication is collaboration. An essential learning outcome of this area is that an aspirant doctor realizes that it is important to be able to distinguish his/her own tasks from those of other medical disciplines and the nursing and paramedical professions. This theme focuses on developing satisfactory working relationships in the workplace. It is therefore about collaboration between intern, doctor, nurse and nurse practitioner, and possibly a physiotherapist, speech therapist, social worker, psychologist and many more (James et.al ,2015).</p> <p><i>Learning objectives:</i></p> <ul style="list-style-type: none"> • Know the distribution of tasks in terms of activities and responsibilities between the various disciplines • Describe in general terms the influence of personal, formal and professional aspects in the distribution of tasks. • Know some example in dealing with patients can collaboration affects their management 	Student according to roaster
<u>100-110min</u>	Theme post-test & Reflection on the session	Student according to roaster

<u>110-120 min</u>	Planning for the next session- final questions and closure.	Coach & student
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Agenda for each coach meeting

<u>Coach Meeting 3</u>		
0-5 min	Greeting	Coach
05-50 min	<i>Peer intervention Supervision part:</i> Student structured discussion for their experience during clinical work following steps basic analysis previously described (Hendriksen 2004):	Students
50-55	Introductory Theme Per-test	students in roaster
50-100 min	<u>Theme 2: Mass Gathering Medicine ,hajj and pilgrim Medicine</u> Mass Gathering Medicine has emerged as a new field in the medical and health service specialty that focuses on the health risks due to mass gatherings. The planned annual Hajj to the holy shrines in Makkah, is recognized as one of the largest recurring religious mass gatherings globally, and the outbreak of infectious diseases is of major concern. One of the crucial concerns regarding mass gatherings is the dissemination of infectious diseases that may result in outbreaks, especially at large events attended by visitors from different regions, nations, and cultures Learning Objectives: <ol style="list-style-type: none"> 1- Explore this new kind of medicine and know the type of mass gathering and examples 2- Identify health hazards that can faced during mass Gathering 3- Identify the efforts and resources that the The Supreme Hajj Committee planned to face these hazards 4- Your feedback about these efforts and your suggestions to improve these facilities 	Student according to roaster
<u>100- 110min</u>	Theme post-test & Reflection on the session	Student according to roaster
<u>110-120</u>	Planning for the next session- final questions and closure.	Coach & student

Agenda for each coach meeting

<u>Coach Meeting 4</u>		
0-5 min	Greeting	Coach
05-50 min	<i>Peer intervention Supervision part:</i> Student structured discussion for their experience during clinical work following steps basic analysis previously described (Hendriksen 2004):	Students
50-55	Introductory Theme Per-test	students in roaster
50-100 min	<p><u>Theme 3:</u> <i>Prophet medicine & alternative medicine versus traditional</i></p> <p>The biography (<i>sirah</i>) of Prophet Muhammad peace be upon him (pbuh) has been studied through the lens of various traditional and contemporary scientific fields. Among the diverse fields in which the Prophet (pbuh) directly contributed to, is that of traditional or Prophetic medicine (<i>al-tibb al-Nabawi</i>), The Prophet (pbuh) prescribed remedies for the preservation and restoration of one's health through herbal teachings, dietary practices and personal hygiene. The core message of Prophetic medicine is the integration of spiritual with physical for the well-being of a person wholly. While there is a difference between what our prophet (Pbuh) advice and what is known as traditional arab medicine which is indigenous knowledge , believes and practice that is traditionally used for diagnosis and treatment of some diseases. (<i>Bodeker etal. 2005</i>).</p> <p><i>Learning objectives:</i></p> <ol style="list-style-type: none"> 1- Explore your knowledge about Prophet Medicine 2- Mention some example of prophet medicine that you notice it is used with the patient during your intern 3- Example of traditional medicine in KSA and other country 4- Difference and similarities between the prophet medicine and traditional medicine. 5- Community awareness about the traditional and prophet medicine 	Student according to roaster
<u>100- 110min</u>	Theme post-test & Reflection on the session	Student according to roaster

<u>110-120</u>	Planning for the next session suggest a theme from the list for next session - final questions and closure.	Coach & student
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Agenda for each coach meeting

<u>Coach Meeting 5</u>		
0-5 min	Greeting	Coach
05-50 min	<i>Peer intervention Supervision part:</i> Student structured discussion for their experience during clinical work following steps basic analysis previously described (Hendriksen 2004):	Students
50-55	Introductory Theme Per-test	students in roaster
50-100 min	<i>Theme 4: The Patient File</i> An important aspect in day-to-day clinical practice is good, verifiable file management. The policy around setting up, maintaining and carefully managing the file is an important part of good patient care. In practice, however, there are factors that can make this policy difficult to implement. This theme is centred on that problem. Learning Objectives: Assess the file in terms of the levels of the various competences, focusing at least on the following aspects: 1-Communication of the patients 1- Scientific recording in the patients file 2- Did the therapeutic management described in the patients file in detail 3- The patient opinion is it recorded clearly 4- The confidentiality of the patient file etc.....	Student according to roaster
<u>100- 110min</u>	Theme post-test & Reflection on the session	Student according to roaster
<u>110-120</u>	Planning for the next session suggest a theme from the list for next session - final questions and closure.	Coach & student

Agenda for each coach meeting

<u>Coach Meeting 7</u>		
0-5 min	Greeting	Coach
05-50 min	<i>Peer intervention Supervision part:</i> Student structured discussion for their experience during clinical work following steps basic analysis previously described (Hendriksen 2004):	Students
50-55	Introductory Theme Per-test	students in roaster
50-100 min	<p><u>Theme</u> 3: 'Coordination and valuation of new, innovative treatments'</p> <p>When using new, innovative treatments for patients, there are not only objective considerations but also many other aspects that can play a compelling and sometimes dominant role. For example, in the case of the use of monoclonal antibodies. The accessibility of this treatment is being discussed from various angles by a range of involved parties, and it is hoped that knowledge, different skills and attitudes will ultimately lead to a balanced decision.</p> <p><i>Learning Objectives.</i></p> <ul style="list-style-type: none"> • Explore the problems arising from an innovative treatment based on a patient you have encountered in practice. Through varies competencies. • Communication of the patients • Problem solving • Scientific evidence • Treatment plan and cost effectiveness • Reflection about this innovative management 	Student according to roaster
<u>100- 110min</u>	Theme post-test & Reflection on the session	Student according to roaster
<u>110-120</u>	Planning for the next session- final questions and closure.	Coach & student

Agenda for each coach meeting

<u>Coach Meeting 8</u>		
0-5 min	Greeting	Coach
05-50 min	<i>Peer intervention Supervision part:</i> Student structured discussion for their experience during clinical work following steps basic analysis previously described (Hendriksen 2004):	Students
50-55	Introductory Theme Per-test	students in roaster
50-100 min	<p style="text-align: center;"><u>Theme 3: Resource Allocation In Health Care</u></p> <p>It is almost a fact in health care that there are never enough resources for everyone. This is true even in the richest countries. There are always health needs; some health care needs are basic, while other needs can be considered secondary or tertiary. Patients and the community in general expect the health care system, represented mainly by clinicians, to be fair. However, the standard of fairness is usually measured against the patient's expectations of the system, which might be idiosyncratic, rather than realistic. There have been many attempts to decide who should get what, i.e., how to allocate health care resources. Some of these approaches can help you decide which ones to utilize when facing similar problems related to allocation of scarce resources.</p> <p><i>Learning objectives:</i></p> <ol style="list-style-type: none"> 1 Know why resource allocation is important to your practice 2 Identify different approaches to solve the mystery of resource allocation. 3 Recognize ethical , legal, and social implication of the problem of resource allocation 4 How to use research allocation in your practice 	Student according to roaster
<u>100- 110min</u>	Theme post-test & Reflection on the session	Student according to roaster
<u>110-120</u>	Planning for the next session- final questions and closure.	Coach & student

Agenda for each coach meeting

<u>Coach Meeting 9</u>		
0-5 min	Greeting	Coach
05-50 min	<i>Peer intervention Supervision part:</i> Student structured discussion for their experience during clinical work following steps basic analysis previously described (Hendriksen 2004):	Students
50-55	Introductory Theme Per-test	students in roaster
50-100 min	<p>Theme 6: <i>'Medical Tourism in KSA and different country</i></p> <p>Medical tourism is the practice of travelling to another country with the purpose of obtaining health care. Medical tourism, primarily a late twentieth century phenomenon, is said to have recently and rapidly boomed. It seems to be an effective mean of economic growth. Identification of need is the first step in a sequential decision-making process toward engaging in medical tourism: subsequent decisions relate to the type of treatment sought and the location of treatment. Information about need, treatment modalities available and options for treatment abroad are core elements in the decision to seek treatment at home or abroad</p> <p>Learning objectives:</p> <ol style="list-style-type: none"> 1- Explore your knowledge about medical tourism 2- The attitude of Saudi population towards this kind of health care 3- Medical tourism in KSA (kind of health facilities can be done here) 4- Barriers to medical tourism in Kingdom of Saudi Arabia 5- Relation between traditional medicine and medical tourism 	Student according to roaster
<u>100- 110min</u>	Theme post-test & Reflection on the session	Student according to roaster
<u>110-120</u>	Planning for the next session- final questions and closure.	Coach & student

Appendix V: Roster for the Coach Meeting

Group of 9 students

Coach meeting	Chair (SN)	Secretary (SN)	Peer intervention (SN)	Theme (SN)	Reflection (SN)
CM 1	1	2	All	5,6	7,8
CM 3	2	3	1,5	4,7	5,9
CM4	3	4	2,8	1,5	6,7
CM5	4	5	3,6	7,8	1,2
CM 7	5	6	7,1	8,2	3,4
CM 8	6	7	9,4	3,9	2,5
CM 9	9	8	5,2	4,6	1,3

Group of 8 students

Coach meeting	Chair (SN)	Secretary (SN)	Peer intervention (SN)	Theme (SN)	Reflection (SN)
CM 1	1	2	All	5,6	7,8
CM 3	2	3	1,5	4,7	5,8
CM4	3	4	2,8	1,5	6,7
CM5	4	5	3,6	7,8	1,2
CM 7	5	6	7,1	8,2	3,4
CM 8	6	7	8,4	1,3	2,5
CM 9	7	8	2,5	6,4	1,3

Group of 7 students

Week	Chair (SN)	Secretary (SN)	Peer intervention (SN)	Theme (SN)	Reflection (SN)
CM 1	1	2	All	5,6	7,8
CM 3	2	3	1,5	4,7	5
CM4	3	4	2,6	1,5	7
CM5	4	5	3,6	7,2	1
CM 7	5	6	7,1	3,2	4
CM 8	6	7	5,4	1,3	2
CM 9	7	8	3,5	6,4	1

Appendix VI: Logbook requirements

By logbook requirements, this mean;

- A list of signed activities that you performed or attended during M2. These activities are linked to each clerkship. Nonetheless, as part of the logbook requirements you must always include the results of the 6Steps (2 per clerkship) and the PICO-CAT in your portfolio.
- Example for Log book requirements:

	Activities to be signed	Date	Signature of supervisor
1	Attend establishment of death from natural causes		
2	Write a referral letter		
3	Attend an ECG		
4	Give an injection		

5	Insert a catheter		
6	Attend deep and surface anaesthesia		
7	Treat wounds/bites/abscesses/splinters		
8	Prepare medication for use		
9	Attend consultation concerning tissue donation		
10	Attend a child delivery		
11	Take practical BLS/ALS training		
12	Feedback on the report for reporting side-effect of drugs		
13	Create 6Steps and have them signed (two per clerkship) (Add 20 signed 6Steps to your portfolio)		
14	Perform PICO-CAT in department (Add completed assessment form [at least pass mark] and approval Applying Knowledge and Science panel to portfolio)		

Referrneces:

- 1- **Veening E.P: Medical consultation and back grounds. 2009, ISBN: 978903136247**
- 2- **James W, Al Kaabba AF et.al (eds) : Doctors' Professional Relationships And Duties, Professionalism and ethics Hand book , MODULE 3 - Saudi Commission for Health Specialties, 2015.**
- 3- **Bodeker G, Ong CK , Grundy C et.al (eds) :WHO Global Atlas of Traditional, Complementary and Alternative medicine, 2005. Chappter 23, 171-175 .**