Jordan University of Science and Technology  
Faculty of Medicine  
MD Program Curriculum

<table>
<thead>
<tr>
<th>Course title</th>
<th>Clinical Skills and Communications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Code</td>
<td>M411</td>
</tr>
<tr>
<td>Duration</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Credit hours</td>
<td>9 credit hours</td>
</tr>
<tr>
<td>Dates</td>
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<tr>
<td>Prerequisites</td>
<td>4th-year medical students who passed the Third year successfully</td>
</tr>
</tbody>
</table>

**Course objectives**

This course provides the first chance of contact between medical students and simulated or real patients, and will start the construction of proper doctor-patient relationship. This relationship is crucial for the future doctors, and it is proper building is highly warranted.

**The first week is designated as the general week**

During the first week the students are given a series of lectures covering the general history and examination, specific areas and systems of the body, general topics regarding the professionalism, communication skills and relevant ethical issues.

(Please look the attached example of the first week schedule).

**The following three weeks**

Students are divided into three major groups and each major group is divided into sub-groups, each major group spend one week in Internal Medicine, one week in general surgery and one week in Pediatrics.

During these three weeks the students will start getting exposure with real patients and start to apply the knowledge they gained in the first week.

Students work in pairs and take history and physical examinations from real patients then each sub-group gather and an attending staff for further discussion regarding the cases.

Students have exposure to many subspecialties and many clinical scenarios and each student is given the chance to discuss the case with the teaching staff and raise any questions.

(Please see the attached example of a weekly schedule)
1- General Surgery

The general surgery week is divided into four subjects.
1. Abdomen  2 days
2. Head & Neck
3. Peripheral Vascular
4. Genitourinary

Students apply the knowledge and skills given in the 1st week on real patients. Time is divided into 3 blocks
1 Hour: for the student to take history and physical examination.
2 Hours: The assigned teaching staff discusses the History and physical examination with the students and applies bedside teaching.
1 Hour: The teaching staff discussed in a seminar like setting (small group discussion) the assigned subject for that day.

2- Internal Medicine

The detailed description of activities during the 1 week period in the internal medicine department

History taking
1. Obtain a detailed history of the pertinent and necessary information regarding the patient presentation
2. Provide an accurate description of the relevant symptoms and events in the presenting illness and relate symptoms of other systems to the patient presentation
3. Interpret the information obtained in terms of a disorder of the function and structure and then in terms of pathology.
4. Present the patient history and generate a problem list or differential diagnosis
5. Summarize the history emphasizing the most relevant points

Proper history taking is the key to solve the majority of medical problems seen in clinical practice, and the only way to master this skill is by following certain guidelines together with seeing as many patients as possible. The student should observe the following principles whenever he is taking history from patients:

I. General guidelines
1. Introduce yourself to the patient
2. Be friendly
3. Start by talking about impersonal matters
4. Do not give impression of hurriedness
5. Address the patient by his/her name
6. Put the patient at ease
7. Give the patient chance to express himself
8. Be ready to interrupt the patient whenever desirable but in a tactful manner
9. Be careful about medical terms used by patients
10. Patients may exaggerate, suppress, or fake symptoms according to their personality
11. Questions should be clear and simple
12. Avoid leading questions or suggesting symptoms or answers to patients
13. Analyze symptoms thoroughly and in chronological order
14. Write notes while the patient is talking
15. If the patient is too sick give him a rest and complete later
16. In certain diseases history from eye witness or family member is very important
II. Contents of the history

**Complete history should cover the following aspects:**

1. Patient profile  
   Including: name, age, sex, marital status, occupation, address, date of admission, and date of history taking

2. Chief complaint  
   Which means the problem which brought the patient to the clinic/hospital. Most patients have one chief complaint but occasionally more than one. The chief complaint has to be in the patient’s own words and duration has to be specified

3. History of present illness  
   In this part of the history a thorough analysis of the chief complaint is done as well as associated symptoms in a chronological order. For each symptom the following points has to be clarified if applicable: onset, duration, site, severity, radiation, aggravating and relieving factors. Significant negatives has to be mentioned.

4. Review of systems  
   Here the student has to ask about the presence or absence of cardinal symptoms in all other systems which are probably not related to the present illness. Always start by mentioning the positives first

5. Past history  
   The student has to enquire about:
   - A. Childhood illnesses and immunization  
   - B. Operations and injuries  
   - C. Previous hospitalization  
   - D. Allergies including drug and food  
   - E. Blood transfusion  
   - F. Travel abroad  
   - G. Common medical problems such as diabetes mellitus and hypertension

6. Drug history:  
   Including name, dose, and duration of usage

7. Family history including:  
   - A. First degree relatives (father, mother, siblings, children)  
   - B. Second degree relatives (aunts, uncles, cousins)  
   - C. History of diabetes mellitus, hypertension, ischaemic heart disease, kidney diseases, cancers etc.  
   - D. Family pedigree

8. Social history  
   - A. Housing  
   - B. Income  
   - C. Occupation  
   - D. Personal interests, hobbies, and animal contact  
   - E. Smoking  
   - F. Alcohol

9. Psychological history  
   - A. Personality  
   - B. Emotional reactions  
   - C. Traumatic events (bereavement and separation)  
   - D. Anxieties regarding financial, occupational, sexual, or religious matters
Day 2. General examination
1. Detect signs of underlying disease reflected on the general appearance of the patient and exposed parts of his body including: hands, face, skin, skin appendages, and legs.
2. Understand the pathophysiology of common abnormal findings seen in general examination such as pallor, jaundice, and cyanosis.

Whenever the student is doing physical examination for any patient he should observe the following:
1. Greet the patient, introduce yourself, and take permission from the patient.
2. Stand on the right side of the patient.
3. Patient must be properly undressed, gowned, and positioned according to the part to be examined.
4. Patient privacy has to be respected.
5. Inform and explain to the patient each step in your examination.
6. Avoid exhaustion of the patient.
7. Make sure a female nurse is present whenever you are examining a female patient.
8. You see only what you look for and you recognize what you know.

General examination should include assessment of the following parameters:
1. Assess state of awareness and level of consciousness (orientation and Glasgow coma scale).
2. Assess apparent state of health:
   a. acutely or chronically ill
   b. frail
3. Identify signs of distress:
   a. pain
   b. anxiety
   c. cardio-pulmonary distress
4. Detect abnormal movements; tremors, tics etc.
5. Describe abnormal sounds; stridor, wheeze.
6. Describe color and complexion:
   a. pale
   b. cyanosed
   c. plethoric
   d. uremic
7. Assess weight and body built:
   a. obese
   b. underweight
   c. emaciated
   d. short
   e. giant or acromegalic.
8. Describe posture and position of the patient; sitting, leaning forward, standing, or hiding from light.
9. Assess state of skin, mucus membranes, and skin appendages (nails and hair).
10. Comment on dress and personal hygiene.
11. Identify abnormal odors of body and breath; acetone, uremia, liver failure, halitosis, smoking, and alcohol.
12. Examine the hands looking for:
   a. deformities
   b. clubbing
   c. temperature
   d. sweating
   e. joints and muscles.
14. Examine lower limbs for edema (pitting and non pitting edema) and abnormalities in the feet.
15. Assess vital signs:
   a. pulse
   b. temperature
   c. blood pressure
   d. respiratory rate.
Day 3. Examination of the Cardiovascular system

1. Take history from a patient or simulated patient with a common cardiovascular problem such as chest pain, dyspnea, or palpitation
2. Observe for signs of cardiovascular disease by general inspection of the patient such as position of the patient, tachypnea, cyanosis, pallor, body built, and diaphoresis
3. Examine the hands for signs of cardiovascular disease such as clubbing, splinter hemorrhages, Osler nodules, Janeway macules, palmar erythema, nicotine staining, and tendon xanthomas
4. Assess arterial pulse commenting on rate, rhythm, volume, character, state of artery wall, and radiofemoral delay
5. Examine face looking for malar flush, xanthelasma, and corneal arcus
6. Measure jugular venous pressure and identify differences between arterial and venous pulsations in the neck
7. Inspect the precordium and anterior chest wall for deformities, scars, dilated veins, pulsations, and gynecomastia
8. Identify apex beat and comment on location and character
9. Palpate precordium for thrills, left parasternal heave or lift, and palpable sounds
10. Identify important areas for auscultation in the precordium including apical, tricuspid, pulmonary, aortic, and second aortic area
11. Listen for first and second heart sounds using the stethoscope and know how they are produced and how to differentiate between them
12. Identify the timing, character, mechanism of production, and how to listen for third and fourth heart sounds
13. Understand how to listen, time, describe, and grade murmurs
14. Understand the mechanism of production, how and where to listen for pericardial rub
15. Look for other signs of congestive heart failure such as basal lung crepitations, hepatomegaly, sacral and lower limb pitting edema

Day 4. Examination of the Respiratory system

1. Take history from a patient or simulated patient with a common respiratory problem such as shortness of breath, cough, or hemoptysis
2. Examine the upper respiratory tract looking for:
   i. Nasal discharge and redness
   ii. Patency of each nostril
   iii. Tenderness over paranasal sinuses
   iv. Tonsils and pharynx
3. Examine the chest from the front in the following sequence:

   A. Inspection:
   1- Observe the rate, rhythm, depth, mode of breathing (thoracic or diaphragmatic) and effort of breathing
   2- Listen for obvious abnormal sounds with breathing such as wheezes or stridor
   3- Observe for use of accessory muscles and retractions
   4- Look for deformities (pectus carinatum, pectus excavatum), or increase in anteroposterior diameter
   5- Ask the patient to take deep breath and observe for asymmetry
   6- Look for any scars or skin lesions

   B. Palpation
   1- Check the tracheal position using the tip of the right index finger
   2- Locate the apex beat
   3- Palpate for any local tenderness
   4- Palpate any bulges, deformities, or skin lesions seen by inspection
   5- Assess chest expansion using both hands while patient is taking deep breath and observe for asymmetry
6- Check for tactile vocal fremitus using the ball of the hand on symmetrical areas on both sides of the chest and including the axillary regions feeling vibrations of transmitted sound while the patient saying 44 in arabic (this step can be skipped because checking the vocal resonance using the stethoscope will give better information)

C. Percussion
1. Start by percussing directly over the clavicles
2. Using both hands percuss symmetrical areas on both sides of the chest moving from infraclavicular region in the intercostal spaces along midclavicular line and over lateral chest wall from 4th to 7th intercostal spaces looking for asymmetry or abnormal percussion note (dullness, stony dullness, and hyperresonance)
3. Check for hepatic and cardiac dullness

D. Auscultation
1. Using the bell of the stethoscope for auscultation is better than the diaphragm
2. During auscultation ask the patient to breath deeply and fairly rapidly through the mouth
3. Auscultate alternately over symmetrical areas on both sides of the chest and compare findings starting from supraclavicular areas down to 6th intercostal space and alongside lateral walls
4. Avoid auscultation within 2-3 cm from midline as the stethoscope may pick up sounds transmitted directly from the trachea or major ronchi
5. Listen or breath sounds and observe whether they are normal (vesicular) or abnormal (bronchial)
6. Listen for additional sounds such as crepitations (note their timing in the respiratory cycle and whether they are cleared by coughing), rhonchi, and pleural rub)
7. Repeat auscultation while patient saying 44 in arabic to check vocal resonance
8. Check for whispering pectoriloquy and egophony if signs of consolidation are found

4- Examination of the posterior aspect of the chest
Examination of the posterior aspect of the chest follows the same sequence:

A. Inspection
1- Look for deformities (kyphoscoliosis)
2- Ask the patient to take deep breath and observe for asymmetry in chest movement
3- Look for scars and skin lesions

B. Palpation
1- Identify areas of tenderness or deformities
2- Palpate any skin lesions seen in inspection
3- Check chest expansion using both hands while the patient is taking deep breath looking for asymmetry in movement
4- Quantitative assessment of chest expansion is done by using a tape measure at the level of the nipples while the arms are raised above the head to eliminate scapular movement and ask the patient to take deep breath and take measurement and then ask him to exhale fully and see the difference
5- Check for tactile vocal fremitus

C. Percussion
1- Start percussion over trapezii and go down until you find Diaphragmatic dullness
2- Omit percussion over scapulae and areas close to the midline
3- Check for diaphragmatic excursion by percussing down until you reach the diaphragmatic dullness, then ask the patient to take deep inspiration and hold breath, percuss down until you reach dullness and then ask patient to exhale completely and hold breath and percuss up until you reach dullness and notice the difference
D. Auscultation

1. Auscultate over symmetrical areas starting from supraclavicular areas and go down comparing both sides and listening for abnormalities in breath sounds or presence of additional sounds.
2. Avoid auscultation close to midline.
3. Check for vocal resonance.

Day 5. Examination of the nervous system

For the proper examination of the nervous system the following equipment are needed:

1. Reflex hammer
2. Tuning fork
3. A Snellen eye chart
4. Pen light
5. Ophthalmoscope
6. Wooden handled cotton swabs
7. Paper clips

1. Take history from patient or simulated patient with a common neurological problem such as headache, loss of consciousness, or weakness.

2. Examination of the mental status and cranial nerves
   a. Mental status
      Assess level of consciousness, behavior, mood, and orientation.
   b. Cranial nerves
      Observe for:
      i. ptosis (III)
      ii. facial asymmetry (VII)
      iii. hoarseness of voice (X)
      iv. articulation of words (V, VII, X, XII)
      v. abnormal eye position (III, IV, VI)
      vi. abnormal or asymmetrical pupils (II, III)

3. Examine individual nerves:
   1. Olfactory for sense of smell
   2. Optic examine:
      a. fundi
      b. visual fields
      c. visual acuity
      d. pupillary reaction to light
      e. pupillary reaction to accommodation
   3. Oculomotor
      a. observe for ptosis
      b. test extraocular movements
      c. pupillary reaction to light
   4. Trochlear test for extraocular movements
   5. Trigeminal
      a. test motor part temporal and masseter muscles
      b. test 3 divisions for pain sensation
      c. test for corneal reflex
   6. Abducent test for extraocular movement
7- Facial
   a. test motor part
   b. corneal reflex
   c. taste sensation
8- Acoustic
   a. test hearing
   b. test lateralization (Weber test)
   c. compare bone and air conduction
   d. Check vestibular function
9, 10 Glossopharyngeal and Vagus
   a. observe speech (nasal or hoarse)
   b. check swallowing
   c. palatal movement
   d. gag reflex
11- Accessory
   Check motor power of trapezii and sternomastoids
12- Hypoglossal
   a. articulation
   b. tongue movements

4- Motor system
   Observe
   a. involuntary movements
   b. muscle symmetry left vs right and proximal vs distal
   c. atrophy
   d. gait
   Check muscle tone
   Normal, decreased (flaccid) or increased (rigid, spastic)

Muscle strength
   Check groups of muscles and remember nerve supply
   Grade 0-5

Pronator drift

Coordination and gait
   Rapid alternating movements
   Point to point movements
   Romberg test
   Gait

Reflexes
   Deep tendon reflexes
   Technique
   Grading 0-4 (absent-clonus)
   Nerve root for each reflex

Plantar response (Babinski)

5- Sensory system
   General
   Explain each test before doing it
   Patient’s eyes always closed
   Compare right with left and proximal with distal
Check superficial sensation
- Pain
- Temperature
- Touch

Deep sensation
- Vibration
- Position

Cortical sensation
- Graphesthesia
- Stereognosis
- Two point

3-Pediatrics Clinical and Communication Skills Course
Duration: One week

Course description in pediatrics

Day 1: History in pediatrics/to able to
a. Elicit the details of Perinatal history
   - Mother age
   - Parity
   - Previous pregnancy
   - Maternal diabetes
   - Maternal fever
   - Rupture of membrane
   - Apgar score
   - Neonatal admission
b. Take different components of the family history
   - Father age
   - Mother age
   - Consanguinity
   - Genetic disease
   - Early death in family
c. Draw a pedigree of a family with proband with a genetic disease
   - Write plan for children vaccination according to Jordanian national program.
   - Age of vaccination
   - Individual vaccine given at each visit
   - Summarize the difference between the Jordanian national programmed the program adopted by the UNRWA and that of the American Academy Of Paediatrics.

Day 2: History in Paediatrics/to be able to
a. To ask questions that elicits components of the nutritional history.
   - Breast-feeding
   - Bottle feeding
   - Frequency
   - Weight gain
   - Weaning
   - Supplements
   - Urination and stooping
b. To calculate the caloric requirement of different age groups
   • Caloric value in bottle-feeding
   • Caloric value in breast-feeding
   • Different way to increase calories
   • Differences in needs between premature and term infant.
c. Elicit the details of the growth history.
   • Birth weight
   • Head circumference
   • Height
   • Growth percentile

Day 3: physical examination in pediatrics/to be able to
a. Get the growth parameter for different age groups
b. Use growth curve for different age group and different sexes
   • Use height centile curves
   • Use head circumference centile curve
   • correlate the different values and percentiles of growth parameters to each other and to evaluate the nutritional status of a child
c. Do developmental assessment in four aspects of developmental milestones
   • Gross motor, fine motor & vision, Hearing & Language, and social.
   • To assess hearing in different age groups.
     Do distraction test
   • To assess vision in different age groups.
     Red reflex, Fixation
d. To perform different components of the examination of the neurological system in different age groups.
   • Tone
   • Power
   • Tendon reflex
   • General activity and alertness
   • Primitive reflexes

DAY 4: Physical examination in pediatrics/to be able to
a. To perform different components of the general examination of the newborn.
   • Head and neck
   • Cardiovascular
   • Respiratory
   • Gastroenteritis
   • Hip exam
   • Femoral pulses
   • Genitalia
   • Anal potency
b. Perform different component of Paediatrics physical examination
   • Cardiac
   • Respiratory
   • Gastroenterology

DAY 5: revision of history and physical examination
a. performance of full history taking and physical examination
   • neonatal
   • Paediatrics
   • developmental assessment
20
b. Write up of full history and physical examination
Sample to take for discussion.

The pediatrics Clinical and communication Skills Course
Duration : One week

1-History in pediatrics

Objective of history
a. to be able to identify the components and details of the Perinatal history.
b. To be able to identify the components and to elicit the details of the family history, and to be able to draw a pedigree of a family with a proband with a genetic disease
c. To identify the Jordanian national program of vaccination, and to identify the differences between the program adapted by the UNRWA and that of the American Academy of Pediatrics, And to be able to elicit the details of the vaccination history.
d. To identify the components and to elicit the details of the nutritional history
e. To be able to calculate the caloric requirement of different age groups.
f. To identify the disease status associated with malnutrition
g. To be able to elicit the details of the growth and developmental history.
h. To be able to identify the four aspects of development and the developmental milestones in each aspect. And the range of normal of each developmental milestone.

2. Physical examination in pediatrics

Objective of physical examination
a. To be able to get growth parameters for different age groups and to be able to identify the range of normal values of growth parameters and the percentiles.
b. To be able to correlate the different values and percentiles of growth parameters to each other and to evaluate the nutritional status of a child.
c. To be able to elicit the development milestones by examination, and to assess hearing and vision in different age groups
d. To identify the significant and different components of examination of the neurological system in different age groups.
e. To be able to elicit the primitive reflexes. And to know the normal range for the presence of each primitive reflex.
f. To identify the significant and different components of the examination of the cardiovascular system in different age groups.
g. To identify the significant and different components of the examination of the respiratory system in different age groups.
h. To identify the significant and different components of the examination of the newborn.
Pediatrics Clinical and Communication Skills Course
Duration: One week

Course description in pediatrics

Objectives of history
To be able to identify the components and details of the Perinatal history.

To be able to identify the components and to elicit the details of the family history, and to be able to draw a pedigree of a family with a proband of a genetic disease.

To identify the Jordanian national program of vaccination, and to identify the differences between the program adapted by the UNRWA and that of the American Academy of Pediatrics, and to be able to elicit the details of the vaccination history.

To identify the components and to elicit the details of the nutritional history.

To be able to calculate the caloric requirement of different age groups.

To identify the disease status associated with malnutrition.

To be able to elicit the details of the growth and developmental history.

To be able to identify the four aspects of development and the developmental milestones in each aspect. And the range of normal of each developmental milestone.

Objective of physical examination

To be able to get growth parameters for different age groups and to be able to identify the range of normal values of growth parameters and the percentiles.

To be able to correlate the different values and percentiles of growth parameters to each other and to evaluate the nutritional status of a child.

To be able to elicit the development milestones by examination, and to assess hearing and vision in different age groups.

To identify the significant and different components of examination of the neurological system in different age groups.

To be able to elicit the primitive reflexes. And to know the normal range for the presence of each primitive reflex.

To identify the significant and different components of the examination of the cardiovascular system in different age groups.

To identify the significant and different components of the examination of the respiratory system in different age groups.

To identify the significant and different components of the examination of the newborn.

Day 1: History in paediatrics/to able to
d. Elicit the details of Perinatal history
   • Mother age
   • Parity
   • Previous pregnancy
   • Maternal diabetes
   • Maternal fever
   • Rupture of membrane
   • Apgar score
   • Neonatal admission

e. Take different components of the family history
   • Father age
   • Mother age
   • Consanguinity
   • Genetic disease
   • Early death in family

f. Draw a pedigree of a family with proband with a genetic disease
   • Write plan for children vaccination according to Jordanian national program.
   • Age of vaccination
   • Individual vaccine given at each visit
   • Summarize the difference between the Jordanian national programme and that of the American Academy Of Paediatrics.

Day 2: History in Paediatrics./to be able to

e. To ask questions that elicits components of the nutritional history.
   • Breast-feeding
   • Bottle feeding
   • Frequency
   • Weight gain
   • Weaning
   • Supplements
   • Urination and stooping

f. To calculate the caloric requirement of different age groups
   • Caloric value in bottle-feeding
   • Caloric value in breast-feeding
   • Different way to increase calories
   • Differences in needs between premature and term infant.

g. Elicit the details of the growth history.
   • Birth weight
   • Head circumference
   • Height
   • Growth percentile
Day 3: physical examination in pediatrics/to be able to
   a. Get the growth parameter for different age groups
   b. Use growth curve for different age group and different sexes
      - Use height centile curves
      - Use head circumference centile curve
      - Correlate the different values and percentiles of growth parameters to each other
      and to evaluate the nutritional status of a child
   c. Do developmental assessment in four aspects of developmental milestones
      - Gross motor, fine motor & vision, Hearing & Language, and social.
      - To assess hearing in different age groups.
      - Do distraction test
      - To assess vision in different age groups.
      - Red reflex, Fixation
   h. To perform different components of the examination of the neurological system in different
      age groups.
      - Tone
      - Power
      - Tendon reflex
      - General activity and alertness
      - Primitive reflexes

DAY 4: Physical examination in pediatrics/to be able to
   c. To perform different components of the general examination of the newborn.
      - Head and neck
      - Cardiovascular
      - Respiratory
      - Gastroenteritis
      - Hip exam
      - Femoral pulses
      - Genitalia
      - Anal potency
   d. Perform different component of Paediatrics physical examination
      - Cardiac
      - Respiratory
      - Gastroenterology

DAY 5: Revision
Jordan University of Science and Technology  
Faculty of Medicine  
Clinical Skills and Communication Course-Fourth Year Introductory course 2009  
**FIRST WEEK**

1. Students are requested to be in the main auditorium **KAUH** at 8:00 am sharp, with Dr's coat on.

2. The first week applies to all major groups

<table>
<thead>
<tr>
<th>8:00-9:00</th>
<th>9:00-9:20</th>
<th>9:20-10:20</th>
<th>10:20-10:40</th>
<th>10:40-12:00</th>
<th>12:00-1:00</th>
<th>1:00-2:00</th>
<th>2:00-2:20</th>
<th>2:20-3:30</th>
</tr>
</thead>
</table>
| General History  
Prof. Niazi Abu Farsakh | Break | General History  
Prof. N. Abu Farsakh | Break | General Examination  
Dr. Ammar Daoud | Break | General Examination  
Dr. Ammar Daoud | Break | Breast History & Examination  
Prof. Rami Yagan |
| Respiratory History  
Dr. Mousa Malkawi | Break | Respiratory Exam.  
Dr. Bashir Khasawneh | Break | Cardiovascular History  
Dr. Moh'd Jarrah | Break | Cardiovascular Exam  
Dr. Moh'd Jarrah | Break | GI/Abdomen History  
Dr. Khaled Jadallah |
| Neurological History & Examination  
Dr. Ali Refa'e | Break | Abdominal Exam  
Prof. Kamal Bani Hani | Break | Abdominal Exam  
Prof. Kamal Bani Hani | Break | Abdominal Exam  
Prof. Kamal Bani Hani | Break | Head & Neck History & Examination  
Dr. Gazi Gasaymeh |
| Genito-Urinary I  
Dr. Rami Al-Azab | Break | Genito-Urinary II  
Dr. Rami Al-Azab | Break | Pediatrics  
Growth and Development  
Dr. Samah Abu Rahman | Break | Pediatric General History  
Prof. Hala Reemawi | Break | Peripheral Vascular  
Dr. Nawaf Shatnawi |
## Jordan University of Science and Technology
### Faculty of Medicine
#### Clinical Skills and Communication Course-Fourth Year Introductory course 2009
### Location: main auditorium- KAUH
### SECOND WEEK

<table>
<thead>
<tr>
<th>Date</th>
<th>8:00-12:</th>
<th>12:00-1:00</th>
<th>1:00-2:00</th>
<th>2:00-2:40</th>
<th>3:00-4:00</th>
<th>3:00 pm</th>
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<tbody>
<tr>
<td>Sun 17/9/010</td>
<td>Break</td>
<td>Musculoskeletal Division of orthopedics</td>
<td>Moderated Video session</td>
<td>Break</td>
<td>Gynecology History and Examination Prof. Zuhair Ammarin</td>
<td>Feedback</td>
</tr>
<tr>
<td>Mon 18/9/010</td>
<td>2nd, 3rd and 4th week will be managed by the concerned departments</td>
<td>Break</td>
<td>Communication and Ethics Dr. Khaled Jadallah</td>
<td>Moderated Video session</td>
<td>Break</td>
<td>Professionalism in Medicine Dr. Khaled Jadallah</td>
</tr>
<tr>
<td>Tue 19/9/010</td>
<td>Break</td>
<td>Skin Hist/Exam Dr. Firas Gargaz</td>
<td>Moderated Video session</td>
<td>Break</td>
<td>Ulcers and wound healing Dr. Fahmi Eqab</td>
<td>Feedback</td>
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<tr>
<td>Wed 20/9/010</td>
<td>Break</td>
<td>Infection Control Dr. Wa'el Hayajneh</td>
<td>Moderated Video session</td>
<td>Break</td>
<td>King Abdullah University Hospital presentation</td>
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<td>Thu 21/9/010</td>
<td>Break</td>
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