



MASTER OF MEDICINE (FAMILY MEDICINE)

*Department of Family Medicine
School Of Medical Sciences
Universiti Sains Malaysia
Health Campus
16150 Kubang Kerian
Kelantan*

TRAINING CURRICULUM FOR TRAINEES AND SUPERVISORS
UNIVERSITI SAINS MALAYSIA



KEMENTERIAN
PENDIDIKAN
MALAYSIA

**ACADEMIC
MASTER OF MEDICINE
(FAMILY MEDICINE)
PROGRAMME**

**SCHOOL OF MEDICAL SCIENCES
UNIVERSITI SAINS MALAYSIA**

**PPSP/PG/F.Med/IR2
Revised June 2022**

**MASTER OF MEDICINE
(FAMILY MEDICINE)**

PROGRAMME

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AIM

The programme is to increase knowledge, skills and to develop professional attitude to function as Family Medicine Specialists. They are to provide comprehensive and continuing services to family and community. Therefore, the programme needs to emphasize an integrated approach and comprehensive health care to the family as a unit and to the community in general.

1. INTRODUCTION

The Master of Medicine (Family Medicine) Programme has been developed to train medical graduates to become specialists in Family Medicine. It is to meet the national requirement in medical and health care for urban and rural areas.

2. BACKGROUND AND JUSTIFICATION

The School of Medical Sciences, Universiti Sains Malaysia has developed a postgraduate master program which is relevant to the national needs in general specialty. The programme has received approval from the Ministry of Health, Malaysia.

Among areas that has been proposed by the Ministry of Health includes:

- The programme is to increase the quality of services in health centers, polyclinics, district hospitals and general hospitals by improving the skills of their medical officers.
- The programme is to develop and provide health care services that emphasizes on disease prevention, health promotion, health care continuation and as well as cost effective for a family and the community.
- The programme implementation will not jeopardize the health care services to patients at the center when any of the medical officers are accepted into the programme.
- The programme has several flexible characteristics which consider the experience and qualification of the candidates.

- The graduates are expected to be competent in Internal Medicine, Pediatric, Psychiatry, Surgery and Obstetrics and Gynecology which are relevant in primary care services. The programme also emphasizes on community-based education and not merely hospital-based education.

3. OBJECTIVE

3.1 GENERAL OBJECTIVES

- To produce Family Medicine Specialists who are highly competent in areas of knowledge and skills, practice management, patient education and professional development and research skills in order to produce high quality primary care services.
- To produce Family Medicine Specialists with good leadership quality in order for them to practice independently according to professional code of conduct in primary care using resources in the community hence playing a key-role in health care.

3.2 SPECIFIC OBJECTIVES

To produce Family Medicine Specialists who:

- provide comprehensive and holistic care in accordance to family practice principles and values
- practise medicine in line with professional code of conduct (ethical values)
- have leadership qualities to be able to coordinate a team, managing and utilizing resources
- are able to change and upgrade the standard of care in primary care practice
- are competent in research skills in order to practise evidence-based medicine

Phase I objectives.

At the end of Phase I training, students should be able to:

- demonstrate clinical competence in adult medicine, child health and women's health

- demonstrate good communication and consultation skills
- define the principle of Family Medicine
- explain Malaysian health system and health service delivery
- apply evidence based practice
- utilize relevant information technology

Phase II objectives

At the end of the Phase II training, students should be able to:

- acquire the knowledge and skills in the areas of:
 - principles and practice of family medicine
 - leaderships skills in setting up and organization skills in primary care practice.
 - updated knowledge in minor postings in order to be implemented in primary care practice.
 - evaluating conditions that need office surgical procedure and developing appropriate skills in performing office procedures
 - comprehensive & holistic care
 - preventive medicine
 - health promotion
- have knowledge and skills in conducting research.

Phase III objectives

At the end of the Phase III year training, students should be able to:

- function as trainee Family Medicine Specialist
- have knowledge and skills in conducting research and audit in order to improve the management at health center
- obtain skills in handling clinical dilemmas, legal and ethical issues

- obtain skills in leaderships qualities in setting-up and organization skills in primary care practice.

4. STRUCTURE OF CURRICULUM

The programme is divided into 3 phases:

Phase I (Year 1) : Basic training and skills in Clinical Medicine

Phase II (Year 2 & 3) : Application of Principle of Family Medicine

: Enhancement of Clinical Skills in Primary Care

Phase III (Year 4) : Family Medicine Specialist in Training

Refer to Appendix 1

4.1. STRUCTURE OF CURRICULUM IN PHASE I (YEAR 1)

- **Basic training and skills in Clinical Medicine**

Candidates are exposed to basic medical sciences which incorporate clinical medicine, communication and management. The candidates will undergo supervised clinical training at the University Hospital/General Hospital/District Hospital. The clinical training, based on postings in the appropriate medical disciplines is essential to improve the relevant knowledge and clinical skills for the practice of Family Medicine.

4.2. STRUCTURE OF CURRICULUM IN PHASE II (YEAR 2 & 3)

- **Enhancement of Clinical Skills**

During this phase, candidates are expected to improve their basic knowledge and clinical skills that they had gained during the first phase. The candidates will be posted to various disciplines/departments to increase their clinical competence as Family Medicine Specialists. Every posting will be of a specific duration in order to achieve the objectives.

The candidates will be trained and supervised by a specialist in University Hospital/General Hospital/District Hospital or Health Centres who will act as a clinical supervisor.

For out-campus candidates, they must continue their study in Universiti Sains Malaysia campus starting from end of year 2 until the end of their candidature period unless otherwise as ordered by their sponsor (Ministry of Health).

During their second year, candidates are expected to attend courses organised by the Family Medicine Department or School of Medical Science. They are Biostatistics Course which is organized by the School of Medical Science, Research Proposal Workshop and Consolidation Course which are organized by the department. The candidates will also need to undergo two ultrasound attachments covering the basic as well as antenatal ultrasound during their second year of training.

In the third year, candidates will have elective and primary care posting. They will choose their own elective posting which benefits for primary care practices. There are two courses which are organized by the department which are Geriatric Course and Primary Care Advancement Course.

4.3. STRUCTURE OF CURRICULUM IN PHASE III (YEAR 4)

- **Specialist in Training**

In phase III, the candidates are to act as a family medicine specialist in training. They will be posted to health care centres and other approved family health facilities. The training will be supervised by senior lecturers/specialists.

There are also a few short courses for consolidating knowledge and skills during the final year.

5. SYLLABUS

5.1. EXPECTED LEVEL OF COMPETENCY

At the end of Phase I, they are able to integrate the concept of Family Medicine and able to strengthen basic clinical skills in patients management mainly in Internal Medicine, Obstetrics & Gynecology and Pediatrics.

At the end of Phase II, they are able to further strengthen their clinical skills in all areas of medicine to be applied at primary care level. The clinical skills required will enable them to make accurate diagnosis and implement relevant management including performing minor surgical procedures.

At the end of Phase III, they are able to demonstrate skills of Family Medicine specialists in patient management at family level and able to formulate community diagnosis through research and carry out suitable intervention. They are able to manage primary care services.

5.2. THEORY AND PRACTICE OF FAMILY MEDICINE

Principles of Family Medicine

The graduate should be able to demonstrate:

1. The ability to make diagnoses which are expressed simultaneously in physical, psychological, and social terms, using a problem-oriented approach.
2. Understanding of the stages of human development, in particular the different tasks and anxieties belonging to each stage of life, eg. childhood, adolescence, old age.
3. Understanding of normal and abnormal behaviour, in health, in sickness, in the family & community and towards the health care team; eg. be able to cope with manipulative patients.
4. Understanding of the effects of the culture and class among the population he/she serves; eg. aware of traditional medicine, culture, religious proscriptions and prescriptions.

5. Ability to work in a health care team, as a member or leader, in rural or urban setting, serving patients of all ages and social strata.

The Consultation

The graduate should be able to demonstrate:

- understanding of various approaches to the consultation.
- understanding of the tasks of the consultation; e.g. to include opportunistic health promotion.
- ability to use different styles of consulting appropriately.
 - E.g. sometimes an authoritative style, sometimes a counseling style.

Approach to Clinical Care

The graduate should be able to:

- recognize early, treat and/or manage emergencies, i.e. acute diseases threatening life.
- detect the early features of diseases which may be aborted or of which the complications may be reduced.
- recognize and treat a wide range of common conditions.
- recognize in chronic conditions the important factors requiring continuing care.

In studying diseases, the following aspects should be considered:

- Natural history and risk factors
- Preventive measures
- Methods of early diagnosis by history, physical examination, and appropriate, cost-effective investigations.

- Management options including indications for referral to specialists and/or community resources, but not including unnecessary detail of in-hospital care.

5.3. COMPETENCIES EXPECTED

Refer to Appendix 2

6. TEACHING METHODOLOGY

The philosophy of the Master of Medicine (Family Medicine) is to integrate the theory of knowledge and practice into the actual work environment. The programme will also improve the candidates' skills in various aspects of self-learning, problem-based learning and clinical skills within the context of community orientation.

6.1. Short Courses

There are short courses that provide opportunity for candidates to interact with lecturers and specialists as well as to develop the team spirit.

These courses also provide an opportunity for the lecturer/supervisor to assess, monitor and provide guidance to their students. These courses will focus on common clinical problem encountered in Family Medicine practice. Refer to Appendix 3

6.2. Distance Learning

In each posting, candidates will be given a log book that contains learning objectives and related topics to cover during their postings.

The candidates are required to search for relevant information and actively communicate with their academic supervisors or lecturers for discussion. This exercise becomes a personal auditing process. Candidates are encouraged to practice distance-learning and self-directed learning process one day in a week. All candidates will start their primary care attachment at the end of year 2 for which they may need to be in campus.

6.3. Clinical Posting

The objective of clinical posting is to increase skills in patients' management especially that are related at primary care level.

This posting will emphasize candidates in terms of

- Group discussion as a teaching-learning method.
- Improvement in knowledge and clinical skills
- Problem solving and clinical decision making (use of appropriate consultations style)
- Cost-effectiveness and rational of investigations ordered and medications prescribed
- Counselling skills
- Coordination and the disbursement of community health resources
- Functioning as a member in the health care team.
- Audit in clinical practice

6.4. Log Book

Candidates are required to record their activities, experiences problems encountered and management in a log book. This record will be assessed by the candidates' clinical supervisor at the end of each posting and academic supervisors.

6.5. Research Project

The candidates are required to understand and produce their own research. They will be taught on clinical epidemiological methods, research methodology, data analysis and the writing up of a research paper.

Candidates must attend three short courses organized by the School of Medical Sciences, USM to increase understanding and skills in research methodology and a research proposal course organized by the department during the second year.

At department level, candidates are required to present a research proposal on a topic which has been agreed by the candidates and their academic supervisor during the research proposal course. The supervisor is to guide and advise along the course of the research which must be completed by year four.

7. SUPERVISION AND PROGRESS REPORT

Each candidate will have supervisors during their candidature period. There are 2 types of supervisors:

a) Academic Supervisors

The academic supervisors are lecturers from the Family Medicine Department, School of Medical Sciences, Universiti Sains Malaysia. At least one main supervisor and co-supervisor for each candidate are appointed by the department.

b) Clinical Supervisor

The clinical supervisor must be a gazzeted specialist or a Family Medicine Specialist at the health centres where the candidates are posted. The clinical supervisor is to assess the candidates by end of posting and reported in an assessment form.

8. CONTINUOUS ASSESSMENT AND PREREQUISITES FOR EXAMINATION

8.1 PHASE I (YEAR 1)

a. Continuous Assessment

i.	Academic supervisors (Log book viva voce 15% +15%)	30%
ii.	Single Best Answer (SBA)	30%
iii.	Clinical examination	10%
iv.	Clinical supervisor report (hosp/clinic)	30%

Total 100%

- Candidates must arrange two viva voce sessions during their two intensive courses with the academic supervisor and to submit the log book on the first day of the courses.

- Continuous assessment report from each posting should be submitted to the department by March for June intake and September for December intake.
- SBA and Clinical examination will be assessed during intensive course

b. Pre- Requisite For Examination

- Candidates must have a satisfactory report in the continuous assessment.
- The candidate has to submit and pass a Family Case Study (FCS).

Refer to Appendix 4

8.2 PHASE II (YEAR 2)

a. Continuous Assessment

i.	Academic supervisors (Log book viva voce)	20%
ii.	Clinical supervisor report	40%
iii.	Research Progress	40%
	Total	100%

- Continuous assessment report from each posting should be submitted to the department by March for June intake and September for December intake.
- Candidates must prepare and present their research proposal during research proposal workshop at the department.

b. Pre- Requisite for Year Three Entrance

- Candidates must have a satisfactory report in the continuous assessment.
- Candidates need to get an ethical approval from the Human Research Ethics Committee of USM (JEPeM) for their research proposal (if applicable).

8.3 PHASE II (YEAR 3)

a. Continuous Assessment

1.	Academic supervisor report	
i.	Log book viva voce	20%
ii.	Clinical assessment	30%
iii.	Research Progress	20%
2.	Clinical supervisor report	
i.	Primary care posting	30%
	Total	100%

- Candidates must arrange two viva voce with their academic supervisor.
- All the assessment forms are required to be submitted to the department at least two weeks after each posting.

b. Prerequisite For Examination

- Candidates must have a satisfactory report in the continuous assessment.

8.4 PHASE III (YEAR 4)

a. Continuous Assessment

1.	Practice management project /audit	30%
2.	Clinical Supervisor report	40%
3.	Viva voce on practice diary	30%
	Total	100%

b. Pre-Requisite For Examination.

- Candidates must pass **TWO** case comentaries or had **ONE** case publication in ISI Journal or Scopus. Refer to Appendix 5
- Candidates must have a satisfactory assessment of their dissertation. Refer to Appendix 6
- Satisfactory continuous assessment.

9. EXAMINATION

9.1 PART I EXAMINATION (END OF PHASE I) - 100%

i) Theory 60%

SBA

ii) Clinical 40%

OSCE

Refer to Appendix 7

- **Criteria for passing Phase I Examination**

1. The overall marks must be 50% and above, AND
2. The candidate must pass each of the TWO sections (theory and clinical) separately with 50% and above.

- **Repeat examination**

A Candidate who fail the examination can re-sit a repeat examination in six months or one year.

- i. Part 1 examination is modular type examination. The candidates must pass the theory section to sit for the clinical section.
- ii. Total attempts are three (3) times for combination of theory and clinical examination.
- iii. The candidate only resit the failed component.

9.2 PART II EXAMINATION (END OF PHASE II) – 100%

i) Theory 40%

a. SBA 16%

b. KFQ 24%

ii) Clinical 60%

Total 100%

- Criteria for passing Phase II Examination:

1. The overall marks must be 50% and above, AND
2. The candidate must pass each of the TWO sections (theory and clinical) separately with 50% and above.

- Repeat examination

A candidate who fail the examination can re-sit a repeat examination in six month or one year.

- i. Part II examination is modular type examination. The candidates must pass the theory section to sit for the clinical section.
- ii. Total attempts are three (3) times for theory examination and three (3) times for clinical examination.
- iii. The candidate only resit the failed component.
- iv. A candidate who fail the same components of examination for three times or have spent maximum six years in the master program may have their candidature terminated by the University.

9.3 PART III EXAMINATION (END OF PHASE III) -100%

- i. Viva voce on practice diary (PD) - 100%. Refer to Appendix 8

- **Criteria for passing Part III Examination:**

Passing Viva voce with minimum marks of 50% and above.

- **Criteria for repeat examination:**

Candidates who fail the examination can re-sit a repeat examination in six months or one year.

Candidates who had fail the same examination for three times or have spent maximum of seven years in the master program may have their candidature terminated by the University.

10. CRITERIA FOR YEAR PROGRESSION

i. From Phase I (year 1) to Phase II (year 2)

- Pass the Part I Examination.
- Approved by the Board of Examiners and School Board.
- Confirmed by Senate.

ii. From Year 2 to Year 3 (Phase II)

- Satisfactory continuous assessment.
- Ethical approval from the ethics committee.

iii. From Phase II (Year 3) to Phase III (Year 4)

- Pass the Part II Examination.
- Approved by the Board of Examiners and School Board.
- Confirmed by Senate.

iv. Repeat Posting

Candidates who failed the professional examination or unable to proceed to the next academic year is permitted to re-sit for the professional examination in 6 months or one year. They will have to repeat the posting rotation. The repeat posting for a given candidate will be decided by the Family Medicine Department.

11. SUSPENSION FROM THE COURSE

The University Senate has the right to suspend a candidate from the course and or from taking the Professional Examination with or without penalty, with the advice from the Board of School of Medical Sciences, USM.

12. DEFERMENT OF STUDIES

Candidates may apply for studies deferment without penalty due to various reasons which are acceptable to the Board of Postgraduate Studies (MPSU) & Senate. This deferment is allowed twice during the entire course and the total period must not exceed 1 year.

13. TERMINATION OF CANDIDATURE

A candidate can withdraw from the course by submitting a written application to the Dean School of Medical Sciences through the Head of the Family Medicine Department which will be submitted further to the Board of Postgraduate Studies (MPSU) of Universiti Sains Malaysia.

A candidate may be terminated from his/her candidature by the Universiti Sains Malaysia Senate upon request to the School of Medical Sciences Board if:

- The School of Medical Sciences Board decides that the progress of the candidate during the course is unsatisfactory.
- An offence involving discipline, which violates the regulation of the University's Hospital regulations, has occurred.
- The candidate is convicted of malpractice or criminal offences.
- The candidate failed to register each year without permission from the University.
- The candidate failed 3 times at the same examination.
- The candidate's registration with the Malaysian Medical Council has been terminated.
- The physical and mental health of the candidate prevents him/her from effectively functioning during the course of study.

14. ENTRY REQUIREMENTS

- A candidate must have a Medical Qualification (MD, MBBS, MBChB) or equivalent qualification and registered with the Malaysian Medical Council or an equivalent qualification acceptable to the University Senate.
- A candidate must also have at least two years of postgraduate experience in hospitals or other institutions approved and accepted by the University Senate.
- A candidate must also undergo a satisfactory interview and pass the pretest examination.
- A candidate must obtain a credit in Bahasa Malaysia at the SPM level (for Malaysian citizens) or an equivalent grade.
- A candidate must be in good physical and mental condition.
- The candidate is required to fulfill other requirements as stipulated by the University from time to time

15. EXEMPTIONS

- A candidate accepted into the course can apply for exemptions as required below. A candidate can apply for exemption from Phase I if:
 - The candidate has passed other equivalent examinations from institutions approved by the University Senate which will be decided from time to time.
 - This exemption is subject to passing the examination within three years prior to the date of application. This endorsement will be forwarded to the Board of Postgraduate Studies (MPSU) / Senate by the School of Medical Sciences Board for approval. The exemption will only be given at entry level and will not be considered after the candidate has followed the course.

16. ENTRY APPLICATION

- Further information regarding application procedures, fees and other, please visit the postgraduate website at www.ips.usm.my (for foreign candidate and private candidate).
- All Ministry of Health candidates must refer to UPU online for detail information on application procedures.
- Each application must be accompanied with an academic document, clinical testimonials together with two passport size photos.
- There is an entrance exam and those who get satisfactory marks will be called for selection interview.
- Confirmation by the School of Medical Sciences Board for all applications must be approved by the University Senate which will make the final decision.
- Inquiries regarding course content, programme structure and other matters can be obtained directly from the Department of Family Medicine, School of Medical Sciences, Universiti Sains Malaysia, Health Campus, 16150 Kubang Kerian, Kelantan, Malaysia.
- All applications/main records will be handled by the Postgraduate Studies Institute (Institut Pengajian Siswazah).

17. REGISTRATION AND PAYMENT OF FEES

- The successful candidate can register with the University after the payment of all DUE fees.
- Entry registration will be done at the beginning of the course and renewed every academic year.
- Successful candidates must register personally at Universiti Sains Malaysia.
- Registration fees will be decided by the University in consonant with the University Postgraduate Studies Policy. Registration money will not be returned if the candidate withdraw from the course, fail in the course or the candidature terminated.

18. PERIOD OF CANDIDATURE

- The minimum period of candidature is 4 years whilst the maximum period is 7 years. However, for special circumstances, the candidate can be given exemption based on a case-to-case basis.

19. AWARD OF MASTER OF MEDICINE (FAMILY MEDICINE) DEGREE

- A candidate is to be awarded the Master of Medicine (Family Medicine) Degree, after completing the course satisfactorily and after fulfilling all the requirements and conditions as stipulated by the School of Medical Sciences, USM and the University.

20. INTERPRETATION

- Whatever factors or information deemed to be unclear or not stated in these regulations will be decided by the University Senate on the advice of the School of Medical Sciences Board.

21. ACADEMIC AND TEACHING STAFF

- Academic Staff of The School of Medical Sciences.
- All academic staff of the School of Medical Sciences will be expected to assist in the implementation of the proposed program. Beside academic staff, other staff members such as consultant specialists in Institutions as approved by the University will be appointed from time to time.
- Invited Lecturers
 - Several invited lecturers will be appointed to give lectures and demonstrations whenever necessary.

22. MASTER OF MEDICINE EXAMINATION COMMITTEE

- This committee, at the level of the School of Medical Sciences, USM prepares, coordinate, and implement all examinations with the assistance of external examiners.

Appendix 1: CURRICULUM STRUCTURE FOR M.MED (FAMILY MEDICINE)

FASA I		FASA II				FASA III	
Year 1		Year 2		Year 3		Year 4	
Posting	Week	Posting	Week	Posting	Week	Posting	Week
Medical	22	Dermatology	4	Research preparation	4	Intensive course	2
		Ophthalmology	4	Elective	4	Research writing	4
Paediatric	11	Ear Nose & Throat	4	Intensive course	4	Health Center	44
Obstetrics & Gynaecology	11	Office surgery	4	Primary care	36		
Intensive course	4	Behavioural Science	8				
		Office Orthopaedic	4				
		Accident & Emergency	6				
Exam preparation	2	Compulsory Courses and Ultrasound Skills Training	5 4	Exam preparation	2	Exam preparation	1
Professional examinations	2	Primary care	9*	Professional examination	2	Professional examination	1
TOTAL	52		52		52		52

* inclusive of GCP course for those who failed

Appendix 2: SYLLABUS FOR M. MED. (FAMILY MEDICINE) PROGRAM

A. *COMPETENCIES EXPECTED IN INTERNAL MEDICINE:*

The graduate is expected to know in detail about common problems seen in general practice. However, there are many disorders which the graduate needs only to recognize for appropriate and early referral.

<p>Cardiology</p> <ul style="list-style-type: none"> - Congenital heart diseases - Valvular heart diseases - Ischaemic heart diseases - Hypertension - Bacterial endocarditis - Coronary artery disease - Rheumatic heart disease - Cardiac arrhythmias - Heart failure - Peripheral vascular disease <p>Respiratory</p> <ul style="list-style-type: none"> - URTI - Asthma/COPD - Pneumonias - Pulmonary Tuberculosis - Lung cancer - Pleural effusion - Empyema - Lung abscess - Pneumothorax - Occupational lung disease - Pulmonary embolism - Respiratory failure <p>Hepatobiliary Disorder</p> <ul style="list-style-type: none"> - Hepatitis - Alcoholic hepatitis - Drug induced hepatitis - Liver cirrhosis - Liver abscess - Hepatomas - Liver failure - Gallstones, cholangitis and cholecystitis - Pancreatitis - Pancreatic malignancies <p>Common infectious disease</p> <ul style="list-style-type: none"> - Pyrexia of unknown origin - Leptospirosis - Dengue fever - Cholera - Tetanus - Scrub typhus - Worm infestations - Other common viral/ bacterial/ 	<p>Hematological disorders</p> <ul style="list-style-type: none"> - Anaemias - Thrombocytopaenia e.g ITP, TTP - Hemolytic disorders - Thalassemia - Leukemia - Lymphomas - Myelomatosis - Other hematological disorders <p>Gastrointestinal tract disease</p> <ul style="list-style-type: none"> - Food Poisoning - Acute gastroenteritis - Peptic ulcer disease - Dysphagia - Oesophageal disorder - Functional dyspepsia - Inflammatory bowel disease - Irritable bowel disease - Haematemesis/melaena - Obstructive jaundice - Haemorrhoids - Anal fissure <p>Metabolic and Endocrinological disorders</p> <ul style="list-style-type: none"> - Diabetes mellitus and its Complications - Pituitary disorder - Thyroid disorders - Cushing's syndrome - Addison's disease - Hyperlipidemia - Parathyroid disorder - Electrolyte imbalance - Obesity <p>Rheumatological disorder</p> <ul style="list-style-type: none"> - Gout - Rheumatoid arthritis - Seronegative arthritis - Systemic lupus erythematosus - Osteoarthritis - Osteoporosis - Soft tissue rheumatism - Giant cell arteritis
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<ul style="list-style-type: none"> - parasitic infections - Sexual transmitted diseases - Non-specific urethritis - Gonorrhoea - Syphilis - HIV/AIDS - Malaria - Typhoid fever - Amoebiasis - Leprosy <p>Geriatric problems</p> <ul style="list-style-type: none"> - Aging process - Drug prescription in the elderly - Special needs for the elderly - Psychosocial support - Epidemiology of aging - Role of other agencies - Unusual presentation of a common disorder - Alzheimer's disease - Dementia/delirium - Fall and syncope - Confusional state - Incontinence - Multiple pathology - Osteoporosis <p>Acute Medical Emergencies</p> <ul style="list-style-type: none"> - Acute myocardial infarction - Hypertensive crisis - Drug overdose - Or poisoning - The hypotensive patient - Anaphylactic shock - Acute pulmonary embolism - Diabetic emergencies e.g. DKA/HONK 	<ul style="list-style-type: none"> - Polymyalgia rheumatic - Chronic pain syndrome/ fibromyalgia - Other collagen disease <p>Neurological disease</p> <ul style="list-style-type: none"> - Migraine - Epilepsy - Cerebrovascular accidents - Transient ischaemic attacks - Intracranial space occupying lesions - Meningitis/encephalitis - Parkinsonism - Myasthenia gravis - Peripheral neuropathies - Bell's palsy - Spinal cord disorders - Inflammatory demyelinating polyneuropathy e.g GBS <p>Dermatology</p> <ul style="list-style-type: none"> - Eczema, dermatitis - Fungal infections - Scabies - Acne - Skin manifestations of systemic illness/ underlying malignancies - Vitiligo - Non-specific skin rash
<p>Palliative Care</p> <ul style="list-style-type: none"> - Principle of Palliative Care - Pain Management - End of Life Care 	<p>Renal and Genitourinary disorders</p> <ul style="list-style-type: none"> - Urinary tract infections - Acute/chronic renal failures - Acute nephritis - Nephrotic syndrome - Obstructive uropathy - Haematological disorder
<p>Poisoning and substance abuse</p> <ul style="list-style-type: none"> - Recognition, basic management and referral 	

Skills required/Observed - detailed out in log book

Skills required	
1. Perform and interpret ECG	21. Teach inhalation technique
2. Spirometry	22. Use nebulizer
3. CPR	23. Diagnostic pleural aspiration
4. Chest tube insertion	24. Skin scrapings
5. Nasogastric tube insertion	25. Skin biopsy
6. Anal speculum examination	26. Cauterization including cryotherapy and podophyllin application
7. Mini Mental State Examination	27. Glucose monitoring
8. Echocardiogram	28. Urine tests for sugar and protein
9. Stress ECG	29. Insulin injection technique
10. OGDS	30. ABO & Rh. Blood grouping technique
11. Bronchoscopy	31. Blood transfusion
12. Office Based Rehabilitation of Stroke	32. Venepuncture
13. Physiotherapy/Occupational Therapy/Appliances	33. Urine catheterization (M + F)
14. EMG	34. Suprapubic tap
15. EEG	35. Gram staining of urethral swabs
16. Intra-thecal injections	36. Local injection of joints
17. Nerve Conduction Test	37. Diagnostic aspiration of joints
18. Bone Marrow Aspiration	38. Office-based physiotherapy
19. Check peak expiratory flow rate	39. BMD and result interpretation
20. Renal biopsy	

B. COMPETENCIES EXPECTED IN SURGERY

The range of surgical conditions is very wide, and for many of them the graduate only needs to be able to recognise them, arrange preliminary investigations, and make appropriate referral. There are certain common conditions which the graduate should be able to evaluate more fully:

General surgery

1. Inguino-scrotal swelling	4. Prostatism
2. Breast lump and breast pain	5. Ureteric colic
3. Varicose vein	

Skills required/Observed- detailed out in log book

1. Toilet and suturing	7. Proctoscopy
2. Wound debridement and desloughing	8. Banding procedure for haemorrhoids
3. Management of minor burns	9. Stoma care
4. Excision of small lumps	10. Avulsion of toe nails
5. Incision and drainage of abscess	11. Insertion of chest drain
6. Circumcision	

The graduate should also be able to assess fitness for surgery, and to manage common post-operative complications.

Orthopaedics

The graduate should be able to evaluate and manage:

1. Soft tissue injuries	4. Acute and chronic back pain
2. Sports injuries	5. Dislocations of limb joints
3. Simple fractures requiring closed reduction and plaster immobilisation	6. Inflammatory conditions requiring injection

ORL-HNS

The graduate should be able to evaluate and manage:

1. Otitis media	8. Epistaxis
2. Otitis externa	9. Seasonal and perennial rhinitis
3. Loss of hearing	10. Sinusitis
4. Vertigo	11. Foreign body in nose or throat
5. Tinnitus	12. Hoarseness
6. Facial palsy	13. Mouth ulcers
7. Foreign body or wax in external auditory meatus	14. Dental abscess

Skills required/Observed- detailed out in log book

1. Ear syringing and toilet
2. Cauterisation of nasal polyp
3. Nasal packing

Ophthalmology

The graduate should be able to evaluate and manage:

1. Conjunctivitis	5. Dry eye
2. Keratitis	6. Flushing of naso-lacrimal duct
3. Iritis	7. Loss of vision, acute and gradual
4. Acute glaucoma	8. Blepharitis, pterygium, chalazion, hordeolum

Anaesthesiology

The graduate should be able to evaluate and manage:

1. Cardiopulmonary resuscitation, basic and advanced.	3. Emergency cricothyroidotomy
2. Endotracheal intubation for all age groups	4. Local anaesthesia for simple procedures

C. COMPETENCIES EXPECTED IN EMERGENCY MEDICINE:

Specific emergencies for which graduates need to know management include:

1. Cardiac arrest	9. Acute urinary retention
2. Acute severe chest pain	10. Head injury
3. Acute breathlessness	11. Spinal injury
4. Haemorrhage	12. Multiple injury
5. Shock	13. Burns
6. Unconscious patient	14. Aberrant behaviour, eg. Violent or suicidal.
7. Convulsion	15. Poisoning and substance abuse
8. Acute limb pain	

D. COMPETENCIES EXPECTED IN OBSTETRICS AND GYNAECOLOGY:

The graduate is expected to know in detail about common obstetrics and gynaecological problems seen in general practice. There are other disorders which the candidates need only to recognise for appropriate and early referral.

Obstetrics

The graduate should be able to evaluate and manage:

1. Antenatal care of normal pregnancy	
2. Recognition and primary – care management of high risk pregnancy	
3. Genetic counselling	
4. Management of normal labour:	
- Induction,	
- Analgesia,	
- Monitoring,	
- Indications for operative interventions	
5. Common obstetric problem:	
- vomiting	- IUGR
- GDM	- Isoimmunisation
- Multiple pregnancies	- Antepartum haemorrhage
- General medical disease in pregnancy	- Premature labour
- Hypertensive disease	- Malpresentation, including breech
- Anemia	- Postdates, uncertain dates

Skills required/Observed- detailed out in log book

Obstetrics:	
1. Urine pregnancy test	12. Post-natal care of mother
2. Ultrasound scan of pelvis (obstetric)	13. Psychological effects of pregnancy and puerperium, on the mother and her family
3. Partogram	14. Epidemiology of maternal and neonatal mortality and morbidity
4. Normal and low forceps deliveries	15. Emergency management in the absence of specialist help, of shoulder dystocia, breech or twins
5. Repair of episiotomy and lacerations	
6. Perineal infiltration and pudendal block	
7. Manual removal of retained placenta	
8. Management of post-partum haemorrhage	
9. Care of normal newborn	
10. Neonatal resuscitation	
11. Breast-feeding, promotion and support	

Gynaecology

The graduate should demonstrate knowledge of reproductive anatomy, physiology, and endocrinology at each stage of reproductive life.

The graduate should be able to evaluate and manage:

1. Menstrual disorders	7. Infections of reproductive tract
2. Disorders of early pregnancy, eg. abortion, ectopic	8. Sexuality problems
3. Fertility control	9. Genital tract neoplasia
4. Unwanted pregnancy	10. Menopausal problems
5. Infertility	11. Incontinence and prolapse
6. Congenital anomalies and paediatric gynaecological problems	12. Ethical and legal aspects, eg. sexual assault

Skills required/Observed- detailed out in log book

Gynaecology:	
1. Vaginal examination	7. Cervical punch biopsy and polypectomy
2. PAP smear	8. Endometrial biopsy/sampling
3. Counselling about contraception and methods available	9. Cautery of condylomata acuminata
4. IUCD /implant insertion	10. Marsupilisation of Bartholin's abscess
5. Evacuation of incomplete abortion	
6. Instructions/Advice on seminal fluid analysis	

E. COMPETENCIES EXPECTED IN PAEDIATRICS:

The graduate is expected to know in detail about common problems seen in general practice. There are other disorders which the candidates need only to recognise for appropriate and early referral. In Paediatrics, even more than other areas prevention should be emphasized.

The graduate should be able to provide primary care management of:

<ol style="list-style-type: none"> 1. Well baby care 2. Neonatal care, resuscitation, stabilization, and transport 3. Feeding and nutrition of infants 4. Assessment of growth and development 5. Immunization 6. Disorders of fluid and electrolyte balance 7. Common genetic disorders 8. Handicaps, cerebral palsy, mental retardation, blindness, deafness, physical handicap 9. Gastrointestinal problems, eg. Diarrhoea, vomiting 10. Meningitis 	
<ol style="list-style-type: none"> 11. Common problems in children <ul style="list-style-type: none"> - Pneumonia - Breath holding attacks - Epiglottitis - Croup/ALTB - Bronchiolitis - Gastroenteritis - Worm infestation - Febrile fits - Headache - Hydrocephalus - Epilepsy - Urinary tract infections - Encopresis - Enuresis - Viral exanthems - Congenital anomalies - Failure to thrive - Rheumatic fever - Congenital heart disease - Undescended testis - Hernia - Hydrocoele - Speech defects - Hearing defects - Visual defects - Nephritis - Nephrotic syndrome 	<ul style="list-style-type: none"> - Acute surgical problems - Cerebral palsy - Down's Syndrome - Muscular dystrophy - Constipation - Anemia - Leukemia - Thalassemia - Pyrexia of Unknown Origin - Typhoid - Dengue fever - Tuberculosis - Mumps - Rubella - HIV - Measles - Varicella zoster - Bleeding disorder - Effect of maternal health and disease on the newborn - Birth injuries - Premature infant - Pulmonary distress syndrome - Neonatal jaundice

The graduate should also demonstrate an understanding of the epidemiology of paediatric problems in Malaysia, and the various health care services available in the community.

Skills required/Observed- detailed out in log book

1. Measuring and charting height and weight, and interpreting changes	6. Lumbar puncture
2. Development assessment	7. Passing nasogastric tube
3. Resuscitation, including intubation of the newborn	8. Inserting chest tubes
4. Venepuncture	9. Counselling children and families
5. Providing iv fluids	10. Communication skills for health education

F. COMPETENCIES EXPECTED IN BEHAVIOURAL SCIENCE:

The graduate is expected to know in detail about common psychiatric problems seen in general practice. There are other disorders which the candidates need only to recognize for appropriate and early referral.

The graduate should demonstrate skill at interviewing and mental status examination

The graduate must know the presentation and primary care management of:

1. Anxiety	9. Somatizing disorder
2. Depression	10. Psychosexual problems
3. Schizophrenia	11. Mental retardation
4. Substance abuse	12. Psychiatric disorders of old age
5. Personality disorder	13. Organic mental disorder
6. Insomnia	14. Bereavement
7. Phobias	15. Culturally-determined syndrome in Malaysia
8. Emotional disorders of childhood and adolescence	16. Psychiatric emergencies, eg. Violent/amok or suicidal patient

Skills required/Observed- detailed out in log book

1. Counselling for individuals, couples, and families 2. Simple behavioural therapy 3. Supportive psychotherapy	4. Crisis intervention 5. Use of neuroleptics, antidepressants, and benzodiazepines
---	--

G. *COMPETENCIES EXPECTED IN USE OF THE LABORATORY:*

The graduate is expected to know in detail about common tests used in general practice.

Skills required/Observed- detailed out in log book

1. Cost-effective selection of tests 2. Interpretation of test results 3. Specimen collection, including blood culture	4. Office-based laboratory tests 5. Examination of blood film, urine, and stool 6. Interpretation of cytology and serology results
--	--

H. *COMPETENCIES EXPECTED IN RADIOLOGY AND IMAGING:*

The graduate should know the indications and interpretation of:

1. Chest XR 2. Skull XR 3. XR nasal sinuses and mastoid 4. XR of bones and joints
--

The graduate should also know the indications for, and preparations required for:

Contrast studies

1. CT scan 2. Radionuclide scan 3. MRI
--

I. COMPETENCIES EXPECTED IN BASIC AND ANTENATAL ULTRASOUND

The graduate is expected to be able to perform, interpret and manage the following:

<p>1. Antenatal</p> <ul style="list-style-type: none">▪ Accurate dating▪ Multiple pregnancy▪ Placental assessment▪ Amniotic fluid index▪ Fetal growth▪ Fetal anomalies▪ Extrauterine pregnancy▪ Molar pregnancies	<p>2. Basic</p> <ul style="list-style-type: none">▪ Abdominal▪ Hepatobiliary system▪ Kidney – ureter and bladder▪ Pelvic▪ Ovary▪ Uterus
--	--

J. COMPETENCIES EXPECTED IN COMMUNITY MEDICINE:

o EPIDEMIOLOGY / STATISTICS / HEALTH INFORMATION DATA

Skills required/Observed- detailed out in log book

- * Ability to use epidemiological data in primary care diagnosis, and community care
- * Ability to plan and carry out both audit and research
- * Statistical skills for planning research, in selecting and interpreting tests
- * Critical appraisal of other people’s research, and its application to clinical work
- * Use of a computer for word processing and communication by modem
- * Use of soft ware for data processing, including Epi-Info and SPSS

o MATERNAL AND CHILD HEALTH (MCH)

The graduate will need to demonstrate:

- * Understanding of the causes of morbidity and mortality of mothers and children in Malaysia.
- * The ability to use this knowledge to identify the health and nutritional needs of mothers and children in Malaysia.
- * Understanding of the MCH delivery systems, and of his/her role in improving the care of mothers and children in the local area.

o NUTRITION

The graduate should be able to evaluate and manage:

- * Nutritional problems of all age-group, including children and the elderly

- * Eating disorders, eg. obesity
- * Nutritional aspects of clinical conditions, eg. diabetes mellitus

The graduate should be able to provide health education for:

- * Healty eating for all age groups
- * Breast feeding promotion and support
- * Weaning practices

Skills required/Observed- detailed out in log book

- * Office-based anthropometric measurements
- * Interpretation of a nutritional survey

TEACHING AND LEARNING SKILLS

The graduate will be:

- * Committed to life-long learning, and able to use a variety of media, journals, meetings, and audio-visual materials.
- * Able to transfer skills and knowledge about health to students, colleagues, and in the community, especially to women, children and the elderly.
- * Able to use adult education methods in health education, including working with the media.

HEALTH CARE MANAGEMENT

The graduate should be able to show knowledge of:

- * The concept of health systems, specifically as applied to Malaysia
- * The variety of systems in Malaysia, eg. Government, private, traditional, and other community health services
- * The health programmes in Malaysia, eg. Factories and Machinery Act, 1967

The graduate should also be able to show how he/she applies principles of medical ethics to his/her work.

PRACTICE MANAGEMENT

The graduate needs to demonstrate knowledge of:

- * Setting up and managing a practice: finance, organization selection and training of personnel, legal aspects
- * Medical records and appointment systems
- * Use of age, sex and disease register
- * Use of the computer in family medicine

Appendix 3: LIST OF COURSES IN M. MED. (FAMILY MEDICINE)

BASIC DEPARTMENT COURSE

- **Year 2**

- 1. Research Proposal Preparation 2 weeks
- 2. Consolidation course 2 weeks

- **Year 3**

- 1. Geriatric/Palliative course 2 weeks
- 2. Primary Care Advanced Course 2 weeks

- **Year 4**

- 1. Practice Management course 2 weeks

SCHOOL ESSENTIAL COURSE

- **Year 1**

- 1. Intensive Courses }
- 2. Bioethics and Communication Course } 4 weeks
- 3. Good Clinical Practice Course }

- **Year 2**

- 1. Biostatistics Course 1 week

Appendix 4: GUIDELINES FOR FAMILY CASE STUDY (FCS) YEAR 1

The case write-up aims to assess the candidate on:

- an insight into the patient's problem
- identifying and assessing relevant background information
- planning and working together as a team.

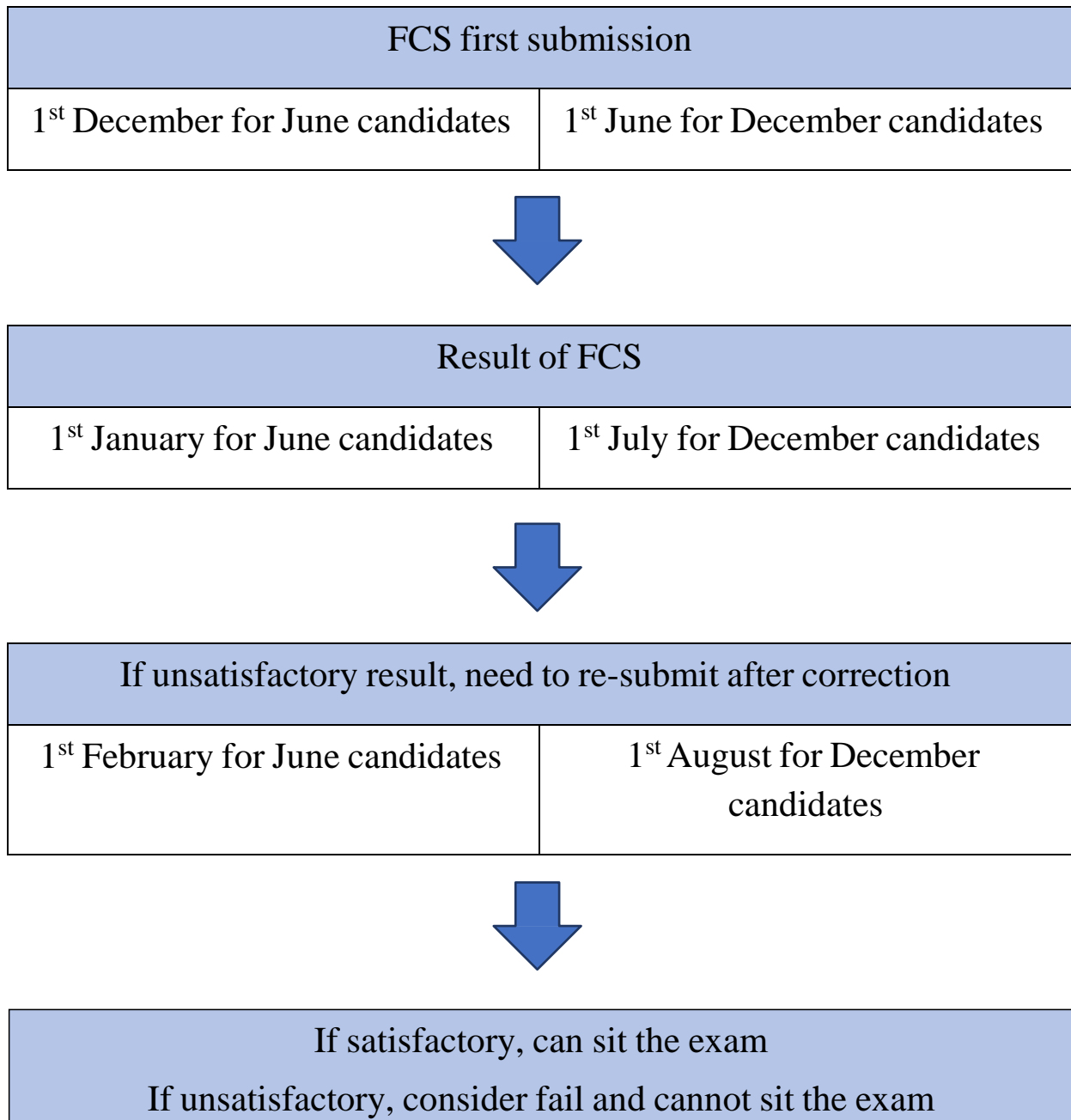
The case write-up needs:

- to have an introduction and abstract.
- to be blinded

The submission guideline:

- Dateline: 1st of December for June intake candidates or 1st of June for December intake candidates
- Result of the FCS will be ready by 1st January for June intake candidates or 1st of July for December intake candidates
- For candidates who fail the FCS, they are required to do correction and re-submit by 1st of February or 1st of August
- Only those who pass are eligible to sit for the exam
- Each FCS will be marked by two lecturers in the department

FLOW CHART FAMILY CASE STUDY



Appendix 5: GUIDELINES FOR FAMILY CASE STUDIES (FCS) YEAR 4

A. Criteria for the case commentaries selection

- i. The case selected for the FCS submission must be a case that the candidate himself / herself manage in a capacity of the attending doctor in the respective training centre.
- ii. The FCS should highlight salient points that the candidate learned from the case selected for the FCS.
- iii. Any selected title chosen for the FCS must be discussed in the FCS.
- iv. Abstract and introduction must be included in the opening section of the submitted FCS.
- v. Case chosen for submission should address certain aspects of; principles of family medicine, ethical issue, preventive care, health promotion etc.
- vi. Cases chosen for FCS must have long term aspects of care managed by the candidate her / himself.
- vii. References for FCS must be written in Vancouver style.

B. Submission guidelines of Family Case Studies (FCS)

- i. Candidates need to submit two hard copies of each FCS.
- ii. Candidates must use the blinded number provided on the cover and number the Case commentaries as FCS1 and FCS 2.
- iii. Candidates must submit the turnitin result with the supervisor's signature.
- iv. The first submission date is in January for May candidates and July for November candidates (at month-6 of year 4 posting).
- v. The final marks will be the average of 2 FCS, with the minimum passing marks of 50%. If the candidates fail to achieve the minimum passed mark, they need to re-submit after correction for re-examination. If still fails after re-examine, the candidate cannot sit for part III assessment.

C. Published/ Accepted case for publication

The case commentary must be published in SCOPUS or ISI journal. The **MAIN AUTHOR** should be the candidate as the main contributor and the supervisor will act as the **corresponding author***.

- i. Candidate can submit any case including case series. Cases can be chosen from any year and posting.
- ii. Case study that has been accepted by the journal **will not** undergo evaluation at department level.
- iii. The case needs to be at least **accepted** for publication **by submission date** for FCS. Evidence of acceptance (letter of acceptance and case report/ publication) has to be submitted to the department by January for May candidates or July for November candidates in their fourth year.
- iv. In case of failure to produce the evidence, the candidates need to submit 2 case studies as usual.

*The corresponding author should be from the PPSP as to make the incentive application from Research and Development applicable.

Appendix 6 : GUIDELINE FOR DISSERTATION

A. STANDARD FORMAT DISSERTATION:

1. Originality of Study:

- The study has not been done before or
- The study has been done before but may have significant changes over the years.

2. Aims, objectives and justifications of the study:

- The objectives are clearly stated.
- The research question is of clinical importance.
- The hypothesis or underlying assumptions are stated where relevant.
- Justification of the study is stated.

3. Literature Review

- The literature review is updated, adequate and relevant.
- The literature is cited from reliable sources.

4. Methodology

- The study design is appropriate to the research question.
- The sampling method is appropriate.
- The sample size is determined where appropriate and it should be adequate.
- The definitions of key variables are clearly defined.
- The research instrument is pilot-tested to ensure validity (face and content validity).
- The analysis method is clearly stated.

5. Results

- The research objectives are answered.
- Appropriate data analysis is done.
- The data presentation is systematic and clear.

6. Discussion

- Key findings are interpreted.
- Key findings are compared with relevant studies done previously.
- Clinical implications of findings are discussed.
- Study limitations are stated.

7. Conclusion & recommendations

- State application of research findings in clinical practice.
- Recommendations for future research if any, based on this study findings.

8. Reference

- Preferably Harvard style.

9. Writing style

- The title must be specific.
- Abstract in Bahasa Malaysia and English (should not exceed 400 words).
- The dissertation is written in clear language.
- Contains 15,000 words (Excluding figures, tables and references).
- 30% - 40% of the contents is on discussion.
- A4 size and one sided printed should be used.
- Dissertations should be typed, double-spaced.
- Single-spacing is for long tables, long quotations, notes, footnotes, multiline captions and bibliographic entries.
- Acceptable font size is 12 points.
- Every page must have a number except the title page and the cover sheets.

B. ALTERNATIVE FORMAT DISSERTATION

1. Preliminaries (pages in roman numerals)

- a. Title page/ cover
- b. Acknowledgements
- c. Table of contents (to state page numbers for item no 2 to no 7)
- d. Abstrak dalam bahasa Malaysia
- e. Abstract in English

2. Introduction (page number starts from here)

- The introduction to the study that effectively use current medical evidences (literature review)in the topic to identify the gaps of available evidence.
- It should also rationalize the study objectives and methodology base on medical evidences (literature review), working experiences , postulation etc.

3. Objectives of the study

4. Body (Manuscript ready for submission containing ten to 20 pages of double spacing format with size 12 font that follow the selected journal)

- i. Title page
- ii. Abstract (including key words)
- iii. Introduction (concise introduction according to manuscript format)
- iv. Methodology
- v. Results
- vi. Discussion
- vii. References

- viii. Table and figures
- 5. A copy of guide to author of selected journal format (recommended MJMS)
- 6. Study protocol
 - a. Study protocol that sent for ethical approval
 - b. Ethical approval letter
 - c. Any amendment from original protocol
- 7. Appendices (where appropriate)
 - a. Raw data in SPSS/other soft-ware in CD
 - b. Additional literature review with its references
 - c. Elaboration of the methodology with its references
 - d. Elaboration of the laboratory component
 - e. Additional tables/graphs
 - f. Additional information
 - g. Evidence of submission/ accepted for publication (optional)

Dissertation (A) AND (B) should be send in:

- Two (2) hard copies version:

Date of submission:

- Submit dissertation on the last working day of Nov (May Examination)/ May (November examination) in each year

Dissertation first submission	
November for June candidates	May for December candidates



Dissertation result	
February for June candidates	August for December candidates



If unsatisfactory result, need to re-submit after correction	
March for June candidates	September for December candidates

TIMELINE SUBMISSION CASE COMMENTARY/THESIS

	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
W1				Re-submit if applicable	Inform conjoint eligibility to sit for exam					Re-submit if applicable	Inform conjoint eligibility to sit for exam	
W2			Give marks to dept Result inform to candidate						Give marks to dept Result inform to candidate			
W3		Submit FCS		Give re-marked marks	Submit PD	Exam		Submit FCS		Give re-marked marks	Submit PD	Exam
W4		Distribute FCS for marking	Thesis result			Submit thesis PGO		Distribute FCS for marking	Thesis result			Submit thesis PGO

DISSERTATION MARKING SCHEME:

Components:

I.	Written	100 %
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Marking System:

	Allocated Marks	Candidate's Marks
1. Problems statement and objectives	10	
2. Literature Review	10	
3. Methodology	30	
4. Results	20	
5. Discussion	25	
6. Conclusion	5	
Total	100	

Satisfactory of research dissertaion is needed for the candidate to sit for final exam



EXAMINER'S DISSERTATION REPORT
School Of Medical Sciences, Universiti Sains Malaysia
MASTER OF MEDICINE (FAMILY MEDICINE)

Name of Candidate : *Dr. Nur Hafizah binti Yusoff*

Title of Dissertation :

Name of Examiner :

Instructions To The Examiner

1. The examiner is asked to attach a brief giving the grounds for his summary recommendation.
2. The report should contain a brief evaluation of the main strengths and weaknesses of the dissertation.
3. In the event that the examiner recommends that the candidate's dissertation not acceptable, the examiner is required to give a detailed report in support of his recommendation.

Completion and submission of a satisfactory dissertation is a requirement for the award of the Masters in Medicine Degree.

Summary Recommendations

Please Indicate your summary recommendation below by placing a tick (✓) against the appropriate paragraph:-

- () 1. The candidate's dissertation is acceptable unconditionally as partial fulfilment of the requirement for the Masters Degree.
- () 2. The candidate's dissertation is acceptable as partial fulfilment of the requirement for the Masters Degree subject to the candidate making such changes/corrections as listed by examiner*.
- () 3. The candidate should be permitted to resubmit the dissertation after the candidate has made changes/corrections as listed by examiner for re-examination**.
- () 4. The candidate's dissertation is not acceptable as partial fulfilment of the requirement for the Master of Medicine degree.

Date: Signature:

Note: * such as spelling and typing errors, use of terminologies, language and such other changes that are deemed minor or technical in nature.

** such as rewriting sections of the dissertation, provide additional clarification, redo tables and graphs, and such other changes which did not affect the overall quality of the thesis.

C. PUBLICATION OF RESEARCH PROJECT

Preliminaries (pages in roman numerals)

Title page/ cover

Acknowledgements

Table of contents (to state page numbers for item no 2 to no 7)

Abstrak dalam bahasa Malaysia

Abstract in English

Introduction (page number starts from here)

The introduction to the study that effectively use current medical evidences (literature review)in the topic to identify the gaps of available evidence.

It should also rationalize the study objectives and methodology base on medical evidences (literature review), working experiences, postulation etc.

Objectives of the study

Body : 1. Accepted paper of publication

2. unpublished results and discussion

Appendices (where appropriate)

Study protocol that sent for ethical approval

Ethical approval letter

Any amendment from original protocol

Evidence of acceptance for publication

Study questionnaire or any other important documents

PUBLISHED MANUSCRIPT ASSESMENT

Completeness of the document will be reviewed by

– PGC yr 4/ PGC/ HOD

DATE OF SUBMISSION NAME FOR PART 3 ASSESSMENT

Name of candidate eligible (passed pre-requisite criteria) for Part III assessment will be submitted to Conjoint Board Examination on 1st April/ 1st October (10th month of year 4 posting)

DISSERTATION FRONT COVER

(TITLE OF DISSERTATION)

A dissertation submitted for the
Degree of Master of Family Medicine

CANDIDATE NO : (BLINDED NO)

Appendix 7 : PROFESSIONAL EXAMINATION FOR M.MED (FAMILY MEDICINE)

Professional Examination	Phase I Year 1	Phase II Year 3	Phase III Year 4
Prerequisite	<ul style="list-style-type: none"> ▪ Candidates must have a satisfactory report in the continuous assessment. ▪ The candidate has to submit and pass one family case study 	<ul style="list-style-type: none"> • Candidates must have a satisfactory report in the continuous assessment. 	<ul style="list-style-type: none"> ▪ Candidates must have a satisfactory assessment on their dissertation. ▪ Candidates must pass 2 case studies or 1 case accepted for publication in ISI/Scopus Journal
Theory	60%	40%	Viva voce/Oral 100% - Practice diary
	MCQ (SBA) 60%	MCQ (SBA) 16% KFQ 24%	
Clinical	40%	60%	
	OSCE 40%	OSCE 60%	

Appendix 8 : GUIDELINE FOR PRACTICE DIARY

Candidate need to submit:

- Cases in TWO (2) hard copies version.
- Date of cases collections about FOUR (4) weeks before exam.
- Consecutive days in TWO weeks duration.
- Front page 'light blue in colour'.
- No University logo printed out at any parts of the document.
- Soft copy of practice diary (in PDF format) in one (1) CD.
- Candidate needs to bring to the Exam Hall one (1) hard copy of patient's case notes.

PRACTICE DIARY FRONT COVER

PRACTICE DIARY

CANDIDATE NO: (BLINDED NO)

REFERENCES

A. LIST OF BOOKS

I. General Medicine

1. Current Medical Diagnosis and Treatment 2014. Maxine Papadakis, Stephen J. McPhee, Michael W. Rabow. McGraw-Hill Medical. 2013
2. Oxford Handbook of Clinical Medicine, 8th Edition. Murray Longmore, Ian Wilkinson, Edward Davidson, Alexander Foulkes, Ahmad Mafi. OUP Oxford. 2010.
3. The ECG Made Easy, 7th Edition. John R. Hampton Churchill Livingstone. 2008
4. Chest X-Ray Made Easy, 3rd Edition. Jonathan Corne. Kate Pointon. 2009
5. Tierny L M et al. Current Medical Diagnosis & treatment. McGraw-Hill. 2000
6. Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology, Seventh Edition. Klaus Wolff, Richard Allen Johnson, Arturo P. Saavedra. McGraw-Hill Medical. 2013

II. Clinical examination

1. Clinical Examination, 7th Edition. A systematic guide to physical diagnosis. Nicholas J. Talley, Simon O'Connor. Churchill Livingstone. 2013
2. Macleod's Clinical Examination: 12th Edition. Ghamam Douglas, Fiona Nicol, Colin Robertson, Churchill Livingstone. 2009
3. Hutchison's Clinical Method. Swash M. W.B Saunders. 2002

III. Paediatric

1. Nelson Textbook of Paediatrics. Robert M. Kliegman etc. 19th Edition. Saunders. 2011

IV. Obstetrics & Gynaecology

1. A Practice of Obstetrics and Gynaecology: 3rd Revised Edition. A Textbook for General Practice and the DRCOG. [Geoffrey Chamberlain](#), [Peter Bowen-Simpkins](#). Churchill Livingstone. 2000

V. Trauma and Emergency

1. Hua-Huat Soo et al, Sarawak Handbook of Medical Emergencies (3rd Ed). CE Publishing. 2011
2. Guide to essential in emergency medicine. Shirley Ooi, Peter Manning. McGraw-Hill. 2004
3. Essentials of Musculoskeletal Care. 4th edition. John F Sarwark MD. Amer Academy of Orthopaedic; 4th Revised edition. 2010

VI. Surgery

1. 20 Common Problems: Surgical Problems and Procedures in Primary Care. Dana Christian Lyng, Barry D. Weiss. McGraw- Hill Professional. 2001
2. Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice, 19th Edition. Courtney M. Townsend Jr, R. Daniel Beauchamp. Saunders. 2012

VII. Psychiatry

1. Kaplan and Sadock's Pocket Handbook of Clinical Psychiatry, 5th Edition. Benjamin J. Sadock, Virginia A. Sadock. LWW. 2010.
2. The American Psychiatric Publishing Textbook of Psychiatry, Sixth Edition. Edited by Robert E. Hales, Stuart C. Yudofsky and Laura Weiss Roberts. Foreword by David J. Kupfer. 2014

VIII. Ophthalmology

1. Clinical Ophthalmology: A Systematic Approach: 7th Edition. Jack J. Kanski, Brad Bowling. Saunders. 2011

IX. Otorhinolaryngology

1. Otolaryngology Essentials for Primary Care: A Guide to the Head and Neck for the Physician and Physician Assistant. James F. Gunn, Jose C. Dutra. Springer London Limited. 2014

X. Patient centered Medicine

1. Patient-Centered Medicine: Transforming the Clinical Method. Moira Stewart. Radcliffe Medical Press Ltd. 2003

XI. Communication and Consultation skills

1. The Doctor's Communication Handbook. Tate P. Radcliffe Medical Press Ltd. 2003. W62T216
2. The Medical Interview. Coulehan J L & Block M R. F.A. Davis Company. 2005. WB290B855
3. Communication Skills for Medicine. Churchill Livingstone. Llyod M & Bor R. 2009. W62L793
4. The 5-Minute Clinical Consult 2014, Standard Edition Hardcover. Frank J. Domino, Robert A. Baldor, Jill A Grimes, Jeremy Golding LWW; Twenty-Second edition. 2013

XII. Principles of Family Medicine

1. A Textbook of Family Medicine 3rd Edition. Ian R. McWhinney. Oxford University Press. 2009

XIII. Family Medicine / General Practice

1. General Practice 5th Edition. J. Murtagh. McGraw-Hill. 2007
2. Essentials of Family Medicine. Sloane P D et al. LWW. 2002
3. Current Diagnosis & treatment in Family Medicine. South-Paul J E et al. McGraw-Hill. 2004
4. Textbook of Family Medicine, 8th Ed. Robert E. Rakel, David P. Rakel. Saunders. 2011
5. Fracture management in primary Care. M. Patrice Eiff, Robert Hatch. Saunders. 2011
6. Emergencies in General Practice, Moulds, Martin, Bouchier-Hayes, Update Publication, MTP Press, 1983

B. JOURNALS

1. The Journal of the Royal College of General Practitioners
2. Family Doctor - The Journal of College of Family Practice
3. Canada Current Therapy in Emergency Medicine
4. Australian Family Physician
5. Singapore Family Physician

C. SEARCH ENGINE

1. Hamdan Tahir Library
<http://www.kck.usm.my/pustaka/index.php/en/research/subscribed-databases>
2. <http://www.scopus.com/>
3. <http://www.bmj.com/search/advanced>
4. http://www.e-mjm.org/notice_contributors2.html
5. <http://www.biomedcentral.com/content>
6. <http://e-mfp.org/past-issues/>

D. RELEVANT WEBSITES

I. Statistics

- <http://www-users.york.ac.uk/~mb55/guide/size.htm>

II. Others

- Up to Date: www.uptodate.com
- Clinical Key- replacing MD Consult: www.clinicalkey.com

- BMJ clinical practice: **bestpractice.bmj.com**
- GP learning: gplearning@racgp.au.org
- <http://www.acadmed.org.my>
- <http://www.aafp.org>
- <http://www.nice.org.uk/guidance>
- <http://www.sign.ac.uk/guidelines/published/>
- <http://www.ahrq.gov>
- <http://care.diabetesjournals.org>
- <http://www.who.int>
- <http://www.cdc.gov/>
- <http://www.rcog.org.uk/>
- <http://www.aap.org/>
- <http://www.cochrane.org/reviews/>
- <http://www.racgp.org.au/>
- <http://depts.washington.edu/bioethx/topics/index.html>
- <http://www.guideline.gov/browse/index.aspx?alpha=A>
- <http://www.gponline.com/rcgp-curriculum>
- <http://www.rcog.org.uk/womens-health/guidelines>