



## Course Specifications

<b>Course Title:</b>	Communication Skills
<b>Course Code:</b>	PRO115
<b>Program:</b>	Bachelor of Medicine, Bachelor of Surgery (MBBS)
<b>Department:</b>	NA
<b>College:</b>	College of Medicine
<b>Institution:</b>	Alfaisal University

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## A. Course Identification

<b>1. Credit hours:</b> 2 (0+4+0)
<b>2. Course type</b>
a. University <input type="checkbox"/> College <input checked="" type="checkbox"/> Department <input type="checkbox"/> Others <input type="checkbox"/>
b. Required <input checked="" type="checkbox"/> Elective <input type="checkbox"/>
<b>3. Level/year at which this course is offered:</b> Sem 2, Year 1
<b>4. Pre-requisites for this course (if any):</b> None
<b>5. Co-requisites for this course (if any):</b> None

### 6. Mode of Instruction (mark all that apply)

No	Mode of Instruction	Contact Hours	Percentage
1	Clinical Skills Training Small group sessions	30	100%

### 7. Contact Hours (based on academic semester)

No	Activity	Contact Hours
1	Lecture	
2	Laboratory/Studio	
3	Tutorial	30
4	Others (specify)	
	<b>Total</b>	30

## B. Course Objectives and Learning Outcomes

### 1. Course Description

This course is designed to assist the student in developing fundamental communication skills and professional behavior upon which they will build their future medical practice. This course highlights the communicative methodology and professional behavior as practiced by senior physicians, residents, interns, and medical students during their daily interaction with patients, health care teams, nurses, and supervising consultants.

### 2. Course Main Objective

By the end of this course, students are expected to understand the importance of communication skills for physicians and describe the basic principles of both verbal and non-verbal communication skills. We expect our students to demonstrate the ability to conduct patient-centered interviews by using basic communication skills effectively in a simulated setting. This course is the steppingstone, upon which students will build their skills to use in their future careers.

### 3. Course Learning Outcomes

CLOs		Aligned PLOs
<b>1</b>	<b>Knowledge and Understanding</b>	
1.1	Discuss common strategies of communication skills.	PLO24
1.2	Describe the importance of communication effectively in medical practice.	PLO24
1.3	Understand how communication skills (verbal and non-verbal) are essential tool for physicians.	PLO24
<b>2</b>	<b>Skills :</b>	
2.1	Apply the principles of effective communication in daily life.	PLO24
2.2	Identify the barriers to effective communication and ways to overcome these barriers	PLO24
2.3	Demonstrate appropriate non-verbal communication skills	PLO24
2.4	Practice different ways to approach the patient.	PLO24
2.5	Outline the components of the health history of a patient	PLO24
2.6	Practice history taking focusing on the components of the history of presenting illness	PLO21,24
2.7	Practice taking pain history using SOCRATES.	PLO24
2.8	Demonstrate the ability to summarize and close the interview with the patients.	PLO21,24
2.9	Explain the four dimensions of illness – “FIFE” (feelings, ideas, impact on function, expectations)	PLO24
2.10	Apply/ demonstrate the FIFE method when taking history from the patients in the given case.	PLO24
2.11	Implement this technique while managing the time limits.	PLO24
2.12	Demonstrate the Teach back method with the patients in the given scenario.	PLO24
2.13	Practice validation of the patient’s feelings and experience.	PLO24
2.14	Employ the different components of reflection while actively listening to the patients.	PLO24
2.15	Demonstrate the ability to break bad news sensitively and effectively.	PLO24
2.16	Apply SPIKES technique when breaking bad news to patients.	PLO24
2.17	Practice counselling the patients using 5As and the CAGE in the given case.	PLO24
2.18	Practice responding with empathy towards an angry and crying patient.	PLO24
2.19	Practice communicating with the healthcare team using ISBAR in the given scenario.	PLO24
2.20	Demonstrate effective handover of care using ISBAR	PLO24
<b>3</b>	<b>Values:</b>	
3.1	Adhere to the attendance policy.	
3.2	Maintain professional conduct with colleagues, faculty, and staff.	PLO27

### C. Course Content

No	List of Topics	Contact Hours
1	The concepts of communication skills in medicine	2

2	Non-verbal communication skills	2
3	Communication skills using history of presenting illness	2+2
4	Exploring the patient's perspective (FIFE)	2
5	Communication techniques (teach back, validation and reflective listening)	2
6	Breaking bad news (SPIKES)	2+2
7	Patient counselling- smoking/ alcohol abuse (5As + CAGE)	2
8	Dealing with difficult patient	2+2
9	Communication with the healthcare team IPE using (ISBAR)	2
10	Review sessions	2+2
11	Mock OSCE	2
<b>Total</b>		<b>30</b>

## D. Teaching and Assessment

### 1. Alignment of Course Learning Outcomes with Teaching Strategies and Assessment Methods

Code	Course Learning Outcomes	Teaching Strategies	Assessment Methods
<b>1.0</b>	<b>Knowledge and Understanding</b>		
1.1	Discuss common strategies of communication skills.	Small group activities, De-briefing	Formative assessment
1.2	Describe the importance of communication effectively in medical practice.	Small group activities, De-briefing	Formative and summative assessment
1.3	Understand how communication skills (verbal and non-verbal) are essential tool for physicians.	Small group activities, De-briefing	Formative and summative assessment
<b>2.0</b>	<b>Skills</b>		
2.1	Apply the principles of effective communication in daily life.	Small group activities	Formative and summative assessment – namely OPE (Observed Performance Evaluation) during the sessions and OSCE (Objective Structured Clinical Examination), respectively.
2.2	Identify the barriers to effective communication and ways to overcome these barriers	Small group activities	
2.3	Demonstrate appropriate non-verbal communication skills	Small group activities	
2.4	Practice different ways to approach the patient.	Small group activities	
2.5	Outline the components of the health history of a patient	Small group activities	
2.6	Practice history taking focusing on the components of the history of presenting illness	Small group activities	
2.7	Practice taking pain history using SOCRATES.	Small group activities	
2.8	Demonstrate the ability to summarize and close the interview with the patients.	Small group activities	
2.9	Explain the four dimensions of illness – “FIFE” (feelings, ideas, impact on function, expectations)	Small group activities	

Code	Course Learning Outcomes	Teaching Strategies	Assessment Methods
2.10	Apply/ demonstrate the FIFE method when taking history from the patients in the given case.	Small group activities	
2.11	Implement this technique while managing the time limits.	Small group activities	
2.12	Demonstrate the Teach back method with the patients in the given scenario.	Small group activities	
2.13	Practice validation of the patient's feelings and experience.	Small group activities	
2.14	Employ the different components of reflection while actively listening to the patients.	Small group activities	
2.15	Demonstrate the ability to break bad news sensitively and effectively.	Small group activities	
2.16	Apply SPIKES technique when breaking bad news to patients.	Small group activities	
2.17	Practice counselling the patients using 5As and the CAGE in the given case.	Small group activities	
2.18	Practice responding with empathy towards an angry and crying patient.	Small group activities	
2.19	Practice communicating with the healthcare team using ISBAR in the given scenario.	Small group activities	
2.20	Demonstrate effective handover of care using ISBAR	Small group activities	
<b>3.0</b>	<b>Values</b>		
3.1	Adhere to the attendance policy.		Continuous assessment
3.2	Maintain professional conduct with colleagues, faculty, and staff.		Continuous assessment

## 2. Assessment Tasks for Students

#	Assessment task*	Week Due	Percentage of Total Assessment Score
1	Quiz 1	8	5%
2	Mock OSCE	9	Formative 0%
3	Reflection	All	Formative 0%
4	Midterm OSCE	10	20%
5	Quiz 2	11	5%
6	Final OSCE	14	60%
7	OPE	All	10%

\*Assessment task (i.e., written test, oral test, oral presentation, group project, essay, etc.)

## E. Student Academic Counseling and Support

Arrangements for availability of faculty and teaching staff for individual student consultations and academic advice:

The CoM program established its own mentorship program that employs all full-time faculty as mentors. Through this program, every medical student in the program is assigned a mentor at the beginning of their first semester of studies. The program has a broad scope covering academic advising and counseling. The mentors handle all aspects related to academic advising, including academic planning, academic performance review, advice on course drop or withdrawal, study skills, and time management.

## F. Learning Resources and Facilities

### 1. Learning Resources

<b>Required Textbooks</b>	Bates' Guide to Physical Examination & History Taking, Ed 11, Lippincott Williams & Wilkins Inc.
<b>Essential References Materials</b>	Alfaisal eLearning Portal
<b>Electronic Materials</b>	Alfaisal eLearning Portal
<b>Other Learning Materials</b>	Skills checklists, handouts, videos and video links

### 2. Facilities Required

Item	Resources
<b>Accommodation</b> (Classrooms, laboratories, demonstration rooms/labs, etc.)	11 rooms on 2 <sup>nd</sup> floor, 3 rooms on 1 <sup>st</sup> floor & 4 rooms on ground floor of the department of clinical skills
<b>Technology Resources</b> (AV, data show, Smart Board, software, etc.)	AV (Audio-Visual), Smartboard, Moodle (E-learning Management)
<b>Other Resources</b> (Specify, e.g. if specific laboratory equipment is required, list requirements or attach a list)	List of Updated inventory attached

## G. Course Quality Evaluation

Evaluation Areas/Issues	Evaluators	Evaluation Methods
Course and Faculty Evaluation Survey	Students	Survey

**Evaluation areas** (e.g., Effectiveness of teaching and assessment, Extent of achievement of course learning outcomes, Quality of learning resources, etc.)

**Evaluators** (Students, Faculty, Program Leaders, Peer Reviewer, Others (specify))

**Assessment Methods** (Direct, Indirect)

## H. Specification Approval Data

Council / Committee	
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<b>Reference No.</b>	
<b>Date</b>	