



**Kuwait Institute for Medical Specialization
Faculty of Primary Healthcare**

**Family Medicine Residency Program
Trainers' & Residents' Guide to the curriculum**

Preface

Our vision at The Kuwait Family Medicine Academic Program is to improve the health of the people of Kuwait through leadership in family medicine education, clinical practice, and research. To fulfill this vision, our mission is to develop and maintain exemplary family medicine educational programs for medical students, resident physicians, physician assistants, other faculty and practicing physicians who train healthcare providers for Kuwait. Furthermore, we thrive to provide comprehensive, high quality, cost effective and humanistic healthcare in our family medicine clinical education centers through interdisciplinary cooperation. In our mission we will promote the discovery and dissemination of knowledge that is important to teaching, clinical practice, and organization of healthcare. Finally, we will work in partnership with individuals, community organizations, and governmental institutions to address unmet primary care needs through education, community service, and contributions to help in improving health care delivery systems, while providing a nurturing educational and work environment where creativity is encouraged and diversity is respected.

This publication demonstrates the Family Medicine Curriculum in depth for the family medicine trainers, residents, medical students, and other faculty and practicing physicians who train in Family Medicine Centers.

Dr. Huda Alduwaisan
Chairman of the faculty of primary healthcare

Foreword

Family medicine is a distinctive academic and scientific discipline, with its own educational content, research, evidence base and clinical activity. It is a clinical specialty orientated to primary care. Kuwait has long since recognized family medicine as a key element to health care system in the country and is considered as one of the pioneers in the Middle East region to realize the necessity of vocational training program in family medicine. The Kuwait Institute for Medical specializations (KIMS) has instigated the Family Practice Specialty Training Program to train family physicians in 1983 in affiliation with the Royal College of General Practitioners as a three year vocational training program. Since then the program has passed through a process of evolution. Beginning the year 2001, the program was extended to 4 years training and in 2002 a system was developed for enhanced evaluations and assessment of residents. The Kuwait Board of Family Medicine Exam achieved the MRCGP (INT) accreditation in 2005.

Currently, The Family Medicine Residency Program is considered the prevalent postgraduate residency program with around 200 residents at different levels of training, and it is by far, one of the most popular among the KIMS programs (1). The program went through another stage of evolution in which the program transformed from a four-year training program to a 5-year residency starting the year 2010.

The Kuwait Family Medicine Residency program is designed to prepare the medical school graduate for the delivery of comprehensive health care to patients of all ages. Our residency program has a strong base in the main medical specialties with excellent training facilities that provide diverse training opportunities for residents. The underlying goal of our program is to ensure that the graduate will be an exceptional family physician.

Dr. Samia Almusallam
Director of the Family Medicine Residency Program

Vision

The family practice residency program aims to be a premier training program in the region, by providing an extensive and innovative high standard training for the family medicine residents. It also aims to be the primary destination of medical school graduates.

Mission

To improve the primary health care system by ensuring the development of a highly qualified family physicians who are capable of providing a high standard and comprehensive health care. In addition, to produce family physicians that are equipped to deal with the growing challenges in the community.

Introduction:

Residents will find family medicine specialty challenging yet exciting. It is unique and differs from other medical specialties by being the point of first contact within the healthcare system, dealing with all health problems regardless of the age, sex or any other characteristic of the person concerned. It is a specialty that is committed to the person first rather than to a particular body of knowledge, group of diseases or interventions. What makes it distinctive is that it depends in a big part of it on the subjectivity of patient's health beliefs, the family and cultural influences in the different aspects of intervention. In addition, doctor patient relationship that is established over time, through effective communication between doctor and patient; plays an essential role of the discipline (2-3).

Residents will learn how to makes efficient use of limited healthcare resources through coordinating care and working with other professionals, how to manage illnesses presenting in an undifferentiated way at an early stage and how to master consultation skills (4-5).

This curriculum is intended as a guide to both residents and trainers. It went through progressive stages of evolution (6-9). It is designed to address the wide-ranging knowledge, competences, clinical and professional attitudes considered appropriate for a doctor intending to commence a profession of family medicine. This curriculum is a dynamic and complex document that will change and develop as medicine changes and develops (10-11).

Dr. Samia Almusallam

The Curriculum Working Group:

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Goals

By the end of the five years residency training we aim to develop family physicians who (4-5):-

1. Are competent & confident in managing a variety of health problems ranging from minor self-limiting illnesses to those more serious or life threatening, irrespective of age and gender. As well as being skilled at dealing with ambiguity and uncertainty.
2. Embrace a holistic and a comprehensive approach to the management of disease and illness in patients and their families.
3. Have a unique consultation process that establishes a working relationship, through effective communication between doctor and patient on the long term, thus maintaining continuity of care.
4. Provide high-quality, cost-effective care in collaboration with other healthcare providers.
5. Adopt a systematic preventive care approach for the practice population as a whole.
6. Are responsive and adaptive to the community's changing needs and circumstances. Moreover, have the ability to advocate a public policy that promotes their patients' health in society.
7. Take responsibility for continuously monitoring, maintaining and if necessary improving clinical aspects, services and organization, patient safety and patient satisfaction of the care they provide.
8. Apply evidence-based medicine in their daily work to improve patients care with validated, up to-date and high quality literature.
9. Have the required knowledge and skills to conduct researches and audits that contribute to raise the standard and professionalism in the health care system.
10. Have effective strategies for a self-directed, lifelong learning process and be able to demonstrate the highest standard of professional conduct and ethical practice.

Learning/Teaching & Rotations during the residency program:

Most of the resident's knowledge, attitudes and skills which will be attained through caring for patients in the family medicine centers (Family Practice Based Training FPBT) where residents are expected to spend a total period of 32 months. The moment the resident is accepted in the residency program, he/she is allocated to a trainer. From there, the journey of teaching and learning begins. The teaching and learning process during the FPBT period is unique, in which the primary relationship is between the trainer (educator) and the resident (learner), a relationship that is embedded in active and professional practice.

Residents will spend a total of 24 months in different hospital attachments (Hospital Based Training HBT) with different specialties to reinforce and refine their knowledge, skills and attitudes in the different medical specialties and subspecialties. It is considered as a fundamental part of the training experience in our residency program. We provide our residents with diverse training prospects by experienced hospital consultants. We offer them the chance to practice as an integrated part of the hospital team under full supervision.

Mandatory & Elective rotations in the family medicine residency program:

PGR1	Fam Med Foundation 4 Months		Emergency Medicine 2 Months		Pediatrics 3 Months		Fam Med 2 Months	
PGR2	Internal Medicine 4 Months		Obs/Gyn 2 Months		Orthop 1 Months	Surgery /urology 2 Months		Fam Med 2 Months
PGR3	Psyc h 2 Mont hs	Opht h 1 Mont h	Derm a 1 Mont h	ENT 1 Mont h	Neona t/ ped surger y 2 Wks	Nutritio n 2 Wks	Diabete s DDI 2 Wks	Fam Med 4 ½ Month s
PGR4	Fam Med 9 Months						Electives as needed 2 Months	
PGR5	Fam Med 11 Months							

A variety of elective opportunities are offered during PGR4.

Residents are offered the following specialties to be spent as elective rotations in PGR4:

- Palliative care

- Allergy & Immunology
- Preventive medicine
- Infectious disease
- Genetics

The Kuwait Family Medicine Competency framework:

The Kuwait family medicine competency framework for the residents describes the different competencies; skills and professional attitudes that residents in the family medicine residency program need to acquire and develop during their five residency years. It is a result of extensive review of internationally well-acclaimed curricula. (4,12-13)

Upon completion of the five years residency, the resident should be able to demonstrate that he/she has gained the Kuwait Family Medicine Competencies acquired through their residency which are essential to them as family physicians.



Fig 1 Kuwait Family Medicine Competency Framework

Kuwait Family Medicine Competencies	Description
1.Clinical proficiency	<ul style="list-style-type: none"> 1.1 Cover a full range of knowledge in health conditions 1.2 Master the skills of history taking and physical examination 1.3 Selectively gather and interpret information from history-taking, physical examination and investigations and apply it to an appropriate management plan in collaboration with the patient 1.4 Build diagnostic hypotheses based on prevalence, community incidence and consideration of urgent treatable problems 1.5 Develop analytical and clinical reasoning skills to identify patients' problems with consideration of ethical principles and professional responsibilities. 1.6 Manage patients with random and unfiltered problems which include common, serious and undifferentiated conditions. 1.7 Manage simultaneously multiple clinical issues and complexities, both acute and chronic, often in a context of uncertainty 1.8 Recognize personal limits in knowledge, skills and attitudes 1.9 Adopt appropriate working principles (e.g. incremental investigation, using time as a tool) within the available resources in collaboration with patient. 1.10 Prioritize the management plan, based on the patient's perspective, medical urgency and context 1.11 Able to provide long term continuity of care as determined by the individual need of the patient. 1.12 Able to apply the principles of safe prescription in everyday practice with particular attention to those with poly pharmacy. 1.13 Recognize occasions when referral to hospital specialist is indicated and act accordingly. 1.14 Use time effectively in assessment and management 1.15 Appropriately document procedures performed and their outcomes, and ensure adequate follow-up. 1.16 Reach clinical decisions according to best available evidence, patient's perspective and past experience.

<p>2.Communication</p>	<p>2.1 Develop rapport, and ethical therapeutic relationships with patients and families that are characterized by understanding, trust, respect, honesty and empathy</p> <p>2.2 Apply appropriate communication techniques to resolve conflict and balance physician’s performance and patient’s expectations.</p> <p>2.3 Adopt a patient-centered approach in the consultation with sensitivity to each patient’s expectations, needs and health beliefs.</p> <p>2.4 Communicates management options clearly to the patient and provides appropriate support and information to patients and their care givers.</p> <p>2.5 Bring about an effective doctor–patient relationship, with respect for patient’s autonomy</p> <p>2.6 Use bio-psycho-social models, taking into account cultural dimensions (holistic approach)</p> <p>2.7 Demonstrates an ability to break bad news clearly and empathically including the communication of a terminal prognosis.</p>
<p>3.Health Promotion</p>	<p>3.1 Relate the health needs of individual patients with the health needs of the community in which they live, balancing these against available resources.</p> <p>3.2 Improve health and quality of life by applying health promotion and disease prevention strategies appropriately.</p> <p>3.3 Provide preventive care through application of current standards for the practice population.</p> <p>3.4 Identify the determinants of health within their communities, including barriers to accessing care and resources.</p> <p>3.5 Able to optimize health prevention and promotion as well as the traditional concept of diagnosis and treatment of disease.</p> <p>3.6 Aware of the importance of a physician’s own health behavior in fostering quality in his or her personal life to function as a positive role model.</p> <p>3.7 Encourage the patient’s awareness of self-responsibility in obtaining optimal health and readiness to change.</p> <p>3.8 Recognize the importance of family structure and support systems in health behavior.</p> <p>3.9 Able to assess risks for preventable disease in each patient.</p> <p>3.10 Assess, monitor and communicate chronic disease care plans to patients as a means of secondary prevention.</p> <p>3.11 Recognize the importance of health care maintenance and disease prevention with regard to age- and gender appropriate screening guidelines and immunizations.</p>

	<p>3.12 Able to address a diverse range of patient behaviors that adversely affect health, such as tobacco, alcohol and drug misuse, overeating, and sedentary lifestyle, with compassion and empathy.</p> <p>3.13 Show basic understanding of current public health issues and concerns on global and local levels.</p> <p>3.14 Demonstrate ability to apply the three categories of prevention: primary, secondary and tertiary at consultation and practice levels:</p> <ul style="list-style-type: none"> 3.14.1 Aware about age-specific dietary recommendations for nutrition, weight management and exercise guidelines for fitness 3.14.2 Recognize the influences on psychosocial well-being, including internal perceptions, external stressors and significant life events 3.14.3 Injury prevention at home and while driving 3.14.4 Safe sexual practices regarding sexually transmitted infections and pregnancy planning 3.14.5 Periodic health screening 3.14.6 Cancer screening (eg: mammography, Pap tests, colorectal cancer screening) 3.14.7 Physical assessment of BMI and blood pressure....etc 3.14.8 Recognize community resources for health promotion
<p>4.Evidence based practice ⁽¹⁴⁾</p>	<p>4.1 Have a firm grasp of the principles of epidemiology and statistics</p> <p>4.2 Able to formulate a well-built clinical question in order to search for the EBM resources and choose the best evidence.</p> <p>4.3 Able to search for the best evidence to manage patients' problems.</p> <p>4.4 Able to critically appraise articles and studies and apply this information to practice decisions using relevant tools</p> <p>4.5 Able to apply the principles of evidence base medicine in the management of patients</p> <p>4.6 Demonstrate ability to monitor and improve the quality of care by performing clinical audits and researches</p> <p>4.7 Demonstrate ability to understand and interpret the following critical appraisal measures e.g.:</p> <ul style="list-style-type: none"> 4.7.1 P value 4.7.2 Confidence interval 4.7.3 Publication bias 4.7.4 Funnel & Forest plot graphs, Test for heterogeneity 4.7.5 Specificity and sensitivity

	<p>4.7.6 Positive predictive value & Negative predictive value</p> <p>4.7.7 Likelihood ratios</p> <p>4.7.8 Relative Risk (RR)</p> <p>4.7.9 Absolute Risk Reduction (ARR)</p> <p>4.7.10 Relative Risk Reduction (RRR)</p> <p>4.7.11 Number Needed to Treat (NNT)</p>
5.Working as a team	<p>5.1 Appreciate the importance of team work and to act in collaboration with colleagues both as a leader and as part of the team.</p> <p>5.2 Coordinate and facilitate care with other professionals within primary care and with other specialties.</p> <p>5.3 Ensure respect to colleagues in the practice.</p> <p>5.4 Act appropriately when aware of unethical conduct by a colleague.</p> <p>5.5 Work proficiently with other colleagues to ensure patient care, including sharing of information with colleagues.</p>
6.Organization management	<p>6.1 Understand the nature of primary health care system in Kuwait with respect to medico-legal, ethical and organizational aspects</p> <p>6.2 Implement processes to ensure continuous quality improvement within the practice:</p> <p style="padding-left: 40px;">6.2.1 Ability to select the aspect of care to be audited, monitored and improved.</p> <p style="padding-left: 40px;">6.2.2 Ability to implement the necessary changes to achieve the required standards.</p> <p>6.3 Employ information technology and acquire the necessary skills to deal with the electronic medical records to provide a better patient care and follow up.</p> <p>6.4 Recognize the importance of appropriate allocation of healthcare resources, including referral to other health care professionals and community resources.</p> <p>6.5 Show effective leadership skills</p> <p>6.6 Demonstrate an awareness of the role of the family physician in situations other than patient care, such as participation in health care management, policy development and planning</p> <p>6.7 Consider issues of patient safety in the provision of care and other professional responsibilities</p> <p>6.8 Ability to apply ethical principles to other parties' e.g. pharmaceutical companies, staff and colleagues, health system resource allocators and researchers.</p>
7.Personal and professional	<p>7.1 Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life</p>

<p>growth</p>	<p>7.2 Aware of the effects of stress on perception, integration and decision-making by physicians and other health care team members and deal with it appropriately.</p> <p>7.3 Maintain and enhance professional activities through ongoing self-directed learning based on reflective practice.</p> <p>7.4 Awareness that continuous development process is a successful tool to improve the patient's care</p> <p>7.5 Show commitment to continuous professional development through CME, audit...etc</p> <p>7.6 Facilitate the education of trainees, colleagues and other health professionals as appropriate.</p> <p>7.7 Able to maintain the quality of care to the level of national and international standards.</p> <p>7.8 A self-awareness regarding personal ethical strengths and vulnerabilities as they affect one's own professional practice.</p> <p>7.9 Apply appropriate ethical dimensions in clinical decision-making; taking into account patient's dignity, age, mental capability, social, cultural and religious diversities.</p> <p>7.10 Ability to deal with different ethical dilemmas appropriately:</p> <ul style="list-style-type: none"> 7.10.1 Physician error (identification and coping with own and others errors) 7.10.2 Act appropriately if a patient is only partially competent, or is incompetent 7.10.3 Decide when it is ethically justified to breach confidentiality 7.10.4 Self-monitor one's own professional behavior 7.10.5 Autonomy—patients' rights and physicians' rights 7.10.6 Equity and justice 7.10.7 Beneficence— acting in the best interest of patients. Non-maleficence—to do no harm (or the least harm possible) 7.10.8 Honesty as an absolute vs. situational good— when withholding information is appropriate in the context of culture, patient emotional and cognitive status, etc.
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Specific learning objective per year of training:

Residency Year-1

Kuwait Family Medicine Competencies	Details
1.Clinical proficiency	1.1 Awareness of the difference between the primary care setting and the hospital setting 1.2 Developing problem solving skills : history taking & Clinical examination skills, discriminative of the wide range of interventions available (including investigations) and Interpretation and analysis of data 1.3 Ability to make initial management decisions about common and unselected problems seen in family medicine. 1.4 Recognize occasions when referral to hospital specialist is indicated and act accordingly. 1.5 Adequate knowledge and skills for dealing with common pediatrics problems with particular awareness of the unique vulnerabilities of infants and children that may require special attention, consultation and/or referral. 1.6 Ability to manage appropriately emergency cases before transferring patients (e.g. resuscitation and stabilization) 1.10 Ability to prioritize tasks to manage acute illness and trauma effectively
2.Communication	2.1 To understands the importance of patient-centered approach in the consultation with sensitivity to each patient’s expectations, needs and health beliefs 2.2 Initial integration of the holistic approach when dealing with patients
3.Health Promotion	3.1 Awareness of the principle of disease prevention and the importance of partnership between doctors and patients to promote optimal health.
4.Evidence based practice	4.1 Understands the importance of applying the principles of evidence base medicine in the management of patients.
5.Working as a team	5.1 To appreciate the importance of team work and to act in collaboration with colleagues both as a leader and as part of the team 5.2 Understand the importance of collaboration with specialists in secondary care for best patients’ outcome 5.3 Ability to write comprehensive referral letter
6.Organization management	6.1 Awareness of principles of organization management, medical ethics, administrative regulations and team work.
7.Personal and professional	7.1 Commitment to educational activities and recognition of continuing educational needs

growth	7.2 Aware of their capabilities and limitations, then work on meeting those needs and inadequacies. 7.3 Awareness of medico-legal & ethical issues encountered in the primary care setting
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Residency Year-2

In addition to the previously mentioned competencies, at the completion of PGR2, the residents should demonstrate ability to:

Kuwait Family Medicine Competencies	Details
1.Clinical proficiency	1.1 Have a good understanding and clinical knowledge of the causes, pathophysiology, clinical manifestations and management of common and important medical diseases (refer to particular specialty). 1.2 Demonstrate competency in Acquire appropriate and adequate history from patients, perform appropriate and sensitive physical examination and perform appropriate and discriminative investigations 1.3 Competently manage conditions encountered during the different hospital rotations. 1.4 Competently perform the required practical procedural skills that are pertinent to the primary care setting 1.5 Recognizes the red flags of serious and potentially serious presentations in the corresponding specialties 1.6 Provide appropriate care in emergencies related to the different specialties
2.Communication	2.1 Develop rapport and ethical therapeutic relationships with patients and families. 2.2 Apply appropriate communication techniques during consultation. 2.3 Adopt a patient-centered approach in the consultation with sensitivity to each patient's expectations, needs and health beliefs. 2.4 Use whole person approach (holistic approach)
3.Health Promotion	3.1 Applies principles of health promotion and disease prevention strategies relevant to the corresponding hospital discipline.
4.Evidence based	4.1 Develop an understanding of the principles of evidence based medicine and critical appraisal

practice	4.2 Applies up-to-date clinical guidelines to common problems encountered in the corresponding discipline.
5.Working as a team	5.1 Be able to recognize his/her own practice limitations and seek consultation with other health care providers to provide optimal care by embracing a multi-disciplinary approach . 5.2 Collaborate with specialists in secondary care, using the diagnostic and treatment resources available in hospitals. 5.3 Recognize occasions when referral to hospital specialist is indicated and act accordingly
6.Organizational management	6.1 Understand the nature of secondary and tertiary health care system in Kuwait with respect to medico-legal, ethical and organizational aspects. 6.2 Recognize the importance of appropriate allocation of healthcare resources, including referral to other health care professionals and community resources. 6.3 Plays an active role in situations other than patient care, such as participation in health care management, policy development and planning 6.4 Consider issues of patient safety in the provision of care
7.Personal and professional growth	7.1 Understand their capabilities and limitations, then work on meeting those needs and inadequacies. 7.2 Ability to apply ethical principles to patients and other parties' e.g. pharmaceutical companies, staff and colleagues, health system resource allocators and researchers.

Residency Year-3

In addition to the previously mentioned competencies, at the completion of PGR3, the residents should demonstrate ability to:

Kuwait Family Medicine Competencies	Details
1.Clinical proficiency	1.1 Selectively gather, prioritize and interpret information and apply it to an appropriate, justified management plan in collaboration with the patient 1.2 Deal with unselected problems and cover a full range of health conditions. In addition to providing long-term continuity of care according to the patients' needs 1.3 Confidently provide appropriate management of

	<p>emergencies encountered in their daily work in the clinic</p> <p>1.4 Able to provide initial management to patients at home during home visits.</p>
2.Communication	<p>2.1 Adopt a person- centered approach , paying attention to communication and effective doctor–patient relationship</p> <p>2.2 Use a bio-psycho-social model (holistic approach), taking into account cultural dimensions</p> <p>2.3 Extends applying his/her communication skills to include other parties e.g. patients relatives</p>
3.Health Promotion	<p>3.1 Promote life style modification and disease prevention in their practice</p>
4.Evidence based practice	<p>4.1 Understand and analyze epidemiological and statistical data.</p> <p>4.2 Critically appraise medical literature</p> <p>4.3 Apply evidence based medicine in the management of patients</p> <p>4.4 Acquire the required knowledge and skills to conduct researches and audits that contribute to professionalism, accountability and quality assurance in the health care system.</p>
5.Working as a team	<p>5.1 Appreciate the importance of team work and to act in collaboration with colleagues both as a leader and as part of the team.</p> <p>5.2 Coordinate and facilitate care with other professionals within primary care and with other specialties.</p> <p>5.3 Ensure respect to colleagues in the practice.</p> <p>5.4 Cooperates with other colleagues to ensure better patient care, including sharing of information with colleagues.</p>
6.Organization management	<p>6.1 Use the required administrative skills to deal with the medico-legal, ethical and organizational aspects of general practice in Kuwait.</p>
7.Personal and professional growth	<p>7.1 Maintain and enhance professional activities through ongoing self-directed learning based on reflective practice.</p> <p>7.2 Awareness that continuous development process is a successful tool to improve the patient’s care</p> <p>7.3 Show commitment to continuous professional development through CME, audit...etc.</p> <p>7.4 Able to understand and apply the full range of ethical framework during work, whether during consultation or</p>

	during contact with primary health care team members
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Residency Year-4

By the end of the end of PGR4 , residents should expand their consultation competencies, from the level of ability and adequacy to the level of high competency in the following areas:

Kuwait Family Medicine Competencies	Details
1.Clinical proficiency	1.1 Demonstrate competent problem solving skills (Information gathering, clinical examination, investigations, analysis and decision making) 1.2 Able to practice safely and independently. 1.3 Able to manage patient at home during home visit
2.Communication	2.1 Adopt a person-centered approach (i.e. sharing patient in the whole consultation) 2.2 Able to establish effective doctor–patient relationship. 2.3 Embrace a holistic approach, taking into account cultural dimensions
3.Health Promotion	3.1 Formulate and individualize appropriate prevention plans. 3.2 Able to apply health promotion and disease prevention strategies appropriately and effectively
4.Evidence based practice	4.1 Understand the rationale for an evidence-based approach to clinical practice. 4.2 Justify their practice by applying evidence base medicine principles.
5.Working as a team	5.1 Coordinate patient care with other professionals in other areas of the health system in Kuwait. 5.2 Able to communicate effectively with, staff and other health professionals in providing quality health care and work as part of a team in providing a professional service 5.3 Work collaboratively with colleagues to maintain and improve patient care.
6.Organization management	6.1 Apply and follow rules and regulations to deal with the medico-legal, ethical and organizational aspects. 6.2 Able to audit different aspects of care provided to the patients.
7.Personal and	7.1 Able to disseminate the information learnt to other

professional growth	<p>colleagues</p> <p>7.2 Recognize personal educational needs and create an individual developmental plan accordingly.</p> <p>7.3 Demonstrate an explicit commitment to high ethical standards (autonomy, beneficence, non-maleficence, confidentiality, equity and doctors' probity)</p> <p>7.4 Maintain and develop his skills in applying ethical framework during consultation and during contact with the primary health care team members</p>
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Residency Year-5

By the end of PGR5, residents should expand the previously mentioned competencies, from the level of ability and adequacy to the level of high competency and/or mastery.

Kuwait Family Medicine Competencies	Details
1. Clinical proficiency	<p>1.1 Demonstrate competency in all aspects of consultation including diagnosis and management.</p> <p>1.2 Recognize and deal with complexities like ambiguity, uncertainty, multiple complaints and co-morbidities.</p> <p>1.3 Record work clearly, accurate and legibly.</p> <p>1.4 Show competency in managing patient at home during home visit</p>
2. Communication	<p>2.1 Demonstrate competent communication skills</p> <p>2.2 Provide appropriate counseling skills in dealing with patients.</p>
3. Health Promotion	<p>3.1 Provide the appropriate health promotion care considering the needs, potentials and limitations of the community in terms of its' socio-economic characteristics and health features, balancing these issues against available resources</p> <p>3.2 Offer continuous, coordinated and comprehensive care on the level of the patients, their families and the community.</p> <p>3.3 Work as a catalyst for health promotion and prevention by recommending and supporting positive lifestyle changes and appropriate screening programs</p>
4. Evidence based practice	<p>4.1 Able to appraise the updating trials and guidelines (refer to main framework table)</p> <p>4.2 Develop and maintain the professional performance by applying evidence base medicine principles.</p>

5. Working as a team	5.1 Maintain and lead collaboration as part of a team to provide a professional and high quality health care 5.2 Actively participate in teaching and education of others (junior residents, general practitioners ...etc.)
6. Organization management	6.1 Maintain safe practice and apply risk avoidance strategies 6.2 Outline and apply the general principles of administrative management and quality assessment with regard to the latest evidence based guidelines
7. Personal and professional growth	7.1 Able to set a personal development plan in order to maintain his ongoing learning process so to meet his educational needs 7.2 Preserve high ethical standards within the practice 7.3 Demonstrate competency in applying ethical principles during consultation and during contact with the primary health care team members

Learning /Teaching Opportunities in FMRP

<i>Year of training</i>	<i>Teaching/ learning methods</i>	<i>Courses</i>
<i>PGR1</i>	<ul style="list-style-type: none"> • Observing trainers and other experienced family practitioners. • Joined consultations followed by independent supervised consultations • Direct observed consultations with feedback • Reflection on learning (log book, reflective diaries). • Learning through case analysis • Formal tutorials. • Opportunity to work as assistant registrars in pediatrics department • Opportunity to work as assistant registrars in emergency department 	<ol style="list-style-type: none"> 1. Diagnosis and Management course (5 days) 2. Presentation skills for residents workshop (1day) 3. Emergencies in General Practice (5 Days) 4. Pediatrics Problems in General Practice (5 Days)
<i>PGR2</i>	<ul style="list-style-type: none"> • Reflection on learning (log book, reflective diaries). • Learning through case analysis • Formal courses. • Opportunity to be exposed to different hospital attachments by 	<ol style="list-style-type: none"> 1. Epidemiology & Evidence Based Medicine (5 Days) 2. OSCE orientation day 3. CVS Problems in GP (2 Days)

	<p>working as assistant registrar</p> <ul style="list-style-type: none"> • Clinical Skill enhancements (Clinical skill lab- Dasman Diabetes institute) • Independent supervised consultations • Direct observed consultations with feedback • Independent self-directed learning. 	<ol style="list-style-type: none"> 4. Respiratory Problems in GP (2 Days) 5. Dilemmas in DM (1 Day) 6. Orthopedic problems in GP (2days) 7. Thyroid Problems & osteoporosis(1 Day)
PGR3	<ul style="list-style-type: none"> • Observing trainers and other experienced family practitioners. • Direct observed consultations with feedback • Independent supervised consultations • Reflection on learning (log book, reflective diaries). • Learning through case analysis • Formal tutorials. • Opportunity to be exposed to different hospital attachments • Independent self-directed learning. 	<ol style="list-style-type: none"> 1. Clinical Audit in GP (3 Days) 2. GIT Problems (1 Day) 3. Women's problems (1 Day) 4. Men's problems (1 Day) 5. Neurological problems (1 Day) 6. Infectious diseases (1 Day) 7. AKT preparation workshop (1 Day)
PGR4	<ul style="list-style-type: none"> • Independent supervised consultations • Direct observed consultations with feedback • Reflection on learning (log book, reflective diaries). • Learning through case analysis • Independent self-directed learning. • Video case analysis. • Small group teaching 	<ol style="list-style-type: none"> 1. Dermatology problems in GP (2 days) 2. Hematology Problems (1 Day) 3. ENT problems (1 Day) 4. Eye Problems (1 Day) 5. Oncology /terminal care (1 Day) 6. Psychiatry & counseling (2 days)
PGR5	<ul style="list-style-type: none"> • Independent supervised consultations • Direct observed consultations with feedback • Reflection on learning (log book, reflective diaries). • Learning through case analysis 	<ol style="list-style-type: none"> 1. Health promotion & disease prevention (1 Day) 2. Geriatric problems (2 Days) 3. Ethical & medico-legal issues (1 Day) 4. Written exam

	<ul style="list-style-type: none"> • Formal tutorials. • Independent self-directed learning. • Video case analysis. • Small group teaching 	<p>preparation workshop (2 Days)</p> <p>5. CPD & introduction to quality measures (1 Day)</p> <p>6. Principles of practice management & organization (1 Day)</p> <p>7. MOCK exam</p>
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Detailed Residents and Trainers Guide to Training in Different Specialties

In addition to the previously mentioned competencies, residents need to gain specific knowledge, attitudes and skills in the following areas:

1. Internal medicine including subspecialties:

1.1 Competencies:

At the completion of residency training in internal medicine, the resident should:

1.1.1 Have good understanding and clinical knowledge of the causes, pathophysiology, clinical manifestations and management of common and important medical diseases.

1.1.2 Be able to perform proper history and perform appropriate clinical examination and develop an appropriate working diagnosis.

1.1.3 Develop appropriate management plan for patients with medical conditions based on knowledge of best available evidence & local resources.

1.1.4 Be able to recognize his/her own practice limitations and seek consultation with other health care providers to provide optimal care by embracing a multi-disciplinary approach.

1.2 Attitudes:

The resident should demonstrate attitudes that encompass:

1.2.1 A considerate and comprehensive approach to the care of patients with medical disease especially those with chronic problems, including the support of their families

1.2.2 Empathy, compassion and respect in discussing diagnosis and treatment (Communication within a Consultation).

1.2.3 Ability to break bad news clearly and empathically including the

communication of a terminal prognosis.

1.2.4 Communication of management options clearly to the patient and provides appropriate support and information to patients and their carers.

1.2.4 Respect of the patient's autonomy when negotiating management particularly when dealing with chronic diseases(e.g. diabetes)

1.2.5 A multidisciplinary approach to the care of individuals with chronic disease or multiple co-morbidities.

1.2.6 The recognition of the importance of social support in the overall life of patients who have chronic disease.

1.2.7 The consideration of the polypharmacy issue in patients with multiple co-morbidities.

1.2.8 Patient's education about the risk of complications from chronic conditions e.g. obesity and diabetes mellitus clearly and effectively in a non-judgmental manner.

1.2.9 Emphasis on the importance of health promotion conducted among different age groups.

1.2.10 Patient-centered approach for life style modification especially among patients with non- communicable diseases

By the end of training in internal medicine, residents should achieve specific knowledge and skills in the following areas:

1.3 Cardiovascular system:

1.3.1 Knowledge:

By the end of training the resident should demonstrate the ability to apply knowledge of:

1.3.1.1 Normal cardiovascular anatomy and physiology.

1.3.1.2 Cardiovascular disease Risk factors.

1.3.1.3 Specific diseases/conditions:

1.3.1.3.1 Coronary artery disease / acute coronary syndromes

1.3.1.3.1.2 Syncope, cardiogenic and non-cardiogenic.

1.3.1.3.1.3 Dysrhythmias

1.3.1.3.1.4 Hypertension

1.3.1.3.1.5 Pulmonary heart disease

1.3.1.3.1.6 Congestive heart failure

1.3.1.3.1.7 Thromboembolic disease

1.3.1.3.1.8 Valvular heart disease

1.3.1.3.1.9 Congenital heart disease

1.3.1.3.1.10 Dissecting aneurysm.

1.3.1.3.1.11 Innocent heart murmurs.

1.3.1.3.1.12 Peripheral vascular disease

- 1.3.1.3.1.13 Cardiomyopathies:
- 1.3.1.3.1.14 Pericardial disease.
- 1.3.1.3.1.15 Infective endocarditis.
- 1.3.1.3.1.16 Dyslipidemia
- 1.3.1.4 Cardiovascular pharmacology

1.3.2 Skills:

In the appropriate setting, the resident should demonstrate the ability to perform:

- 1.3.2.1 Diagnostic procedures:
 - 1.3.2.1.1 Performance of history taking and physical examination.
 - 1.3.2.1.2 Performance and interpretation of ECG
 - 1.3.2.1.3 Interpretation of chest X-ray
 - 1.3.2.1.4 Awareness of:
 - 1.3.2.1.4.1 Stress testing.
 - 1.3.2.1.4.2 Echocardiography.
 - 1.3.2.1.4.3 Radioisotope imaging.
 - 1.3.2.1.4.4 Vascular Doppler examination.
 - 1.3.2.1.4.5 Invasive investigations: e.g diagnostic cardiac catheterization
 - 1.3.2.1.4.6 Therapeutic Cardiovascular interventions: e.g coronary artery bypass, implantable cardioverter-defibrillator...etc
 - 1.3.2.1.5 Relevant laboratory interpretation, including serum enzymes, isoenzymes and lipids.
 - 1.3.2.1.6 Therapeutic procedures:
 - 1.3.2.1.6.1 Detection & management of cardiovascular risk factors.
 - 1.3.2.1.6.2 Cardiopulmonary resuscitation (CPR)
 - 1.3.2.1.6.3 Treating dysrhythmias / conduction disturbances.
 - 1.3.2.1.6.4 Management of acute myocardial infarction, post infarction care, and complications.
 - 1.3.2.1.6.5 Congestive heart failure.
 - 1.3.2.1.6.6 Hypertensive emergencies.
 - 1.3.2.1.6.7 Supervision and management of cardiovascular rehabilitation
 - 1.3.2.1.6.8 Management of patients after an intervention (eg Coronary artery bypass surgery, Valve surgery, congenital heart disease surgery):eg Lifestyle adjustments.

1.4 Neurology

1.4.1 Knowledge:

The resident should demonstrate the ability to apply knowledge of pathological neurological disorders, including:

- 1.4.1.1 Headache (types, differential diagnoses & management)
- 1.4.1.2 Multiple sclerosis
- 1.4.1.3 Disorders of motor function: Upper and lower motor neuron disorders, coordination & movement disorders.
- 1.4.1.4 Cerebrovascular diseases: e.g Ischemic stroke, hemorrhagic stroke, vasculitis, transient ischemic attacks.
- 1.4.1.5 Infections (e.g., meningitis, encephalitis)
- 1.4.1.6 Epilepsy: Types & treatment
- 1.4.1.7 Dementia.(e.g. Alzheimer's, vascular, Parkinson's disease ...etc)
- 1.4.1.8 Brain tumors
- 1.4.1.9 Disorders of consciousness: Syncope, stupor and coma: E.g. Toxic, metabolic...etc
- 1.4.1.10 Head and spinal cord trauma: Evaluation, management & prevention.
- 1.4.1.11 Encephalopathy (acute, chronic): Toxic & Metabolic.
- 1.4.1.12 Aphasia & apraxia.
- 1.4.1.13 Recognition of increased intracranial pressure.
- 1.4.1.14 Spinal cord disorders
- 1.4.1.15 Disorders of peripheral nerve, neuromuscular junction and muscle: E.g. Muscular dystrophy, Peripheral neuropathy, Myopathy, Guillain-Barre syndrome...etc
- 1.4.1.16 Congenital disorders

1.4.2 Skills:

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

1.4.2.1 Evaluation skills:

- 1.4.2.1.1 Early detection and defining the neurological problem.
- 1.4.2.1.2 To be able to take an appropriate focused and comprehensive history for patients presenting with neurological complaints.
- 1.4.2.1.3 To be able to perform Thorough neurological examination including mental and physical e.g. mental status examination..etc
- 1.4.2.1.4 Localization of neurologic lesions based on clinical examination data and differential diagnosis.
- 1.4.2.1.5 Assessing the severity and prognosis of clinical problems, determining for urgent care and specialist referral.
- 1.4.2.1.6 Formulating a rational plan for further investigation and management.
- 1.4.2.1.7 Awareness regarding indications and significance of additional tests:
 - 1.4.2.1.7.1 Lumbar puncture.

- 1.4.2.1.7.2 Electroencephalogram (EEG).
- 1.4.2.1.7.3 Muscle and nerve biopsy
- 1.4.2.1.7.4 Carotid ultrasound.
- 1.4.2.1.7.5 MRI,CT-scan...etc

1.4.2.2 **Management skills:**

- 1.4.2.2.1 Formulating a diagnostic and management plan and assessing the need for expert advice with an awareness of the risks, benefits and costs of evaluation.
- 1.4.2.2.2 Understanding the role of a neurology specialist and the implications of special testing in patients who have neurologic disease and the implications of the test results for the patient.
- 1.4.2.2.3 Managing emergent neurology problems and obtaining urgent consultation when appropriate, e.g. Stroke, coma, Meningitis...etc

1.5 **Respiratory System:**

1.5.1 **Knowledge**

By the end of training the resident should demonstrate the ability to apply knowledge of:

- 1.5.1.1 Normal respiratory system anatomy and physiology.
- 1.5.1.2 Prevention of respiratory disease(e.g. Bronchial asthma, COPD)
- 1.5.1.3 Specific diseases/conditions:
 - 1.5.1.3.1 Asthma
 - 1.5.1.3.2 Chronic obstructive airway disease
 - 1.5.1.3.3 Pulmonary embolism
 - 1.5.1.3.4 Upper respiratory tract infections
 - 1.5.1.3.5 Infections (Acute bronchitis, Pneumonia, lung abscess)
 - 1.5.1.3.6 Bronchiectasis
 - 1.5.1.3.7 Interstitial lung diseases
 - 1.5.1.3.8 Sarcoidosis
 - 1.5.1.3.9 Environmental pulmonary diseases (e.g. occupational asthma)
 - 1.5.1.3.10 Pulmonary hypertension
 - 1.5.1.3.11 Mediastinal and pleural disorders (e.g. pleural effusion, pleural fibrosis,
 - 1.5.1.3.12 Pneumothorax
 - 1.5.1.3.13 Aspiration of a foreign body
 - 1.5.1.3.14 Sleep apnea
 - 1.5.1.3.15 Lung cancer
- 1.5.1.4 Respiratory pharmacology

1.5.2 **Skills:**

1.5.2.1 **Diagnostic procedures:**

- 1.5.2.1.1 Performance of history taking and physical examination.
- 1.5.2.1.2 Interpretation of chest X-ray
- 1.5.2.1.3 Performance and interpretation of PFM and spirometry
- 1.5.2.1.4 Interpretation of pulmonary function test (flow rates, lung volume....etc)
- 1.5.2.1.5 Interpretation of blood gas analysis
- 1.5.2.1.6 Indications and interpretations of lab investigations (CBC, gram stain, culture and sensitivity...etc)
- 1.5.2.1.7 Performance and understanding of the indications of thoracocetisis

1.5.2.2 Awareness of the indications/interpretation of:

- 1.5.2.2.1 CT scan
- 1.5.2.2.2 Ventilation perfusion scanning
- 1.5.2.2.3 MRI and other imaging studies
- 1.5.2.2.4 Bronchoscopy
- 1.5.2.2.5 Sleep studies

1.5.3 Management skills:

- 1.5.3.1 Formulating a diagnostic and management plan for common respiratory diseases e.g. asthma and COPD, and assessing the need for expert advice with an awareness of the risks, benefits and costs of evaluation.
- 1.5.3.2 Understanding the role of a pulmonologist and the implications of special testing in patients who have respiratory disease and the implications of the test results for the patient.
- 1.5.3.3 Managing emergent respiratory problems and obtaining urgent consultation when appropriate, e.g. pneumonia, acute attacks of Asthma and COPD, pneumothorax, pulmonary embolism ...etc

1.6 Gastro Intestinal and hepatobiliary System:

1.6.1 Knowledge

By the end of training the resident should demonstrate the ability to apply knowledge of:

- 1.6.1.1 Normal Gastro Intestinal and hepatobiliary system anatomy and physiology.
- 1.6.1.2 Prevention of gastrointestinal and hepatobiliary disease(e.g. Gastroenteritis, hepatitis...)
- 1.6.1.3 The effects of liver disease on drug metabolism and liver damage caused by drugs
- 1.6.1.4 Specific diseases/conditions:

- 1.6.1.4.1 Esophageal disorders: Gastroesophageal reflux, hiatus hernia, motility disorders...etc.
- 1.6.1.4.2 Gastritis and peptic ulcer disease
- 1.6.1.4.3 Gastroenteritis: e.g. traveller's diarrhea
- 1.6.1.4.4 Functional gastrointestinal disorders: eg. Irritable bowel disease
- 1.6.1.4.5 Mal-absorption syndromes e.g. Celiac disease
- 1.6.1.4.6 Inflammatory bowel disease : Chron's , ulcerative colitis
- 1.6.1.4.7 Diverticular diseases
- 1.6.1.4.8 Ano-rectal disorders: e.g. Anal fissure, hemorrhoids, abscess
- 1.6.1.4.9 Gall bladder and bile duct disorders: e.g. gall stone, acute cholecystitis
- 1.6.1.4.10Hepatitis: viral, chronic...
- 1.6.1.4.11Liver fibrosis & cirrhosis
- 1.6.1.4.12Tumors of the GI and hepato-biliary systems

1.6.2 Skills:

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

1.6.2.1 Diagnostic procedures:

- 1.6.2.1.1 Performance of history taking and physical examination.
- 1.6.2.1.2 Performance and understanding the indications/ contraindications of diagnostic procedures: e.g. nasogastric intubation, abdominal paracentesis
- 1.6.2.1.3 Understanding the indications/ contraindications and Interpretation of X- rays (with/ without contrast)
- 1.6.2.1.4 Understanding the indications/ contraindications: Abdominal ultrasound, endoscopy, sigmoidoscopy, colonoscopy, ambulatory PH monitoring.....
- 1.6.2.1.5 Indications and interpretations of lab investigations (CBC, LFT, blood biochemistry, culture and sensitivity...etc)
- 1.6.2.1.6 Awareness of the indications of:
 - 1.6.2.1.6.1 CT scan, pet scan
 - 1.6.2.1.6.2 MRI
 - 1.6.2.1.6.3 ERCP, PTC

1.6.2.2 Management skills:

- 1.6.2.2.1 Formulating a diagnostic and management plan for common gastrointestinal diseases e.g. gastroesophageal reflux, Peptic ulcer disease, functional gastrointestinal diseases....etc. and assessing the need for expert advice with an awareness of the risks, benefits and costs of evaluation.
- 1.6.2.2.2 Understanding the role of a gastroenterologist and the implications of special testing in patients who have

gastrointestinal disease and the implications of the test results for the patient.

- 1.6.2.2.3 Managing emergent gastrointestinal problems and obtaining urgent consultation when appropriate, eg acute GI bleeding , acute hepatitis ...etc.

1.7 Rheumatology:

1.7.1.1 Knowledge

By the end of training the resident should demonstrate the ability to apply knowledge of:

- 1.7.1.1 Normal musculoskeletal system anatomy and physiology.
- 1.7.1.2 The appropriate focused history for joint and soft tissue symptoms, screening, a complete musculoskeletal examination, functional assessment and use of laboratory and imaging modalities
- 1.7.1.3 The clinical presentation, diagnostic criteria and initial treatment for the common rheumatologic conditions
- 1.7.1.4 Prevention of rheumatological disease (e.g. osteoarthritis, osteoporosis...)
- 1.7.1.5 Specific diseases/conditions:
 - 1.7.1.5.1 Osteoarthritis
 - 1.7.1.5.2 Rheumatoid arthritis (RA)
 - 1.7.1.5.3 Spondyloarthritis (Ankylosing spondylitis, Reiter's disease, Psoriatic arthritis)
 - 1.7.1.5.4 Arthritis associated with inflammatory bowel disease
 - 1.7.1.5.5 Infections that cause direct and indirect forms of arthritis (Acute rheumatic fever, Subacute bacterial endocarditis, Post-dysenteric, drug induced)
 - 1.7.1.5.6 Crystal-induced arthropathies (Gout & others)
 - 1.7.1.5.7 Connective tissue disorders: (e.g. SLE, polymyalgia rheumatica etc.)
 - 1.7.1.5.8 Vasculitis.
 - 1.7.1.5.9 Osteoporosis and Osteopenia
 - 1.7.1.5.10 Fibromyalgia and chronic fatigue syndrome

1.7.2 Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

1.7.2.1 Diagnostic procedures:

- 1.7.2.1.1 The basic elements of a rheumatic assessment (including a targeted history, musculoskeletal examination and functional assessment).
- 1.7.2.1.2 Development of a differential diagnosis based on the pattern of joint and soft tissue involvement such as symmetrical small joints, non-symmetrical large joints and axial skeleton.
- 1.7.2.1.3 Evaluation of limitations in activities of daily living and affect on social and psychological status of the patient.
- 1.7.2.1.4 A focused history, musculoskeletal exam and laboratory evaluation to evaluate disease progression.
- 1.7.2.2 Management skills:**
 - 1.7.2.2.1 The ordering of appropriate laboratory tests and radiographic images based on initial evaluation and interpretation of the results.
 - 1.7.2.2.2 Recognition of urgent joint conditions such as “the red hot joint” and performing appropriate management.
 - 1.7.2.2.3 Treatment of rheumatologic conditions and the monitoring of the laboratory, physical exam and potential side effects in consultation with a rheumatologist.

1.8 Endocrine and metabolic problems

1.8.1 Knowledge

By the end of training the resident should demonstrate the ability to apply knowledge of:

- 1.8.1.1 Prevention of common endocrine disease(e.g Diabetes mellitus, dyslipidemias)
- 1.8.1.2 The family medicine resident is required to demonstrate the knowledge of the followings:
 - 1.8.1.2.1 Diabetes mellitus:
 - 1.8.1.2.1.1 Pathophysiology, Epidemiology, Type 1 diabetes mellitus (diagnosis , presentation , principles of care and management , nutrition)
 - 1.8.1.2.1.2 Type 2 diabetes mellitus (pathophysiology, epidemiology, diagnosis , presentation , principles of care and management , nutrition)
 - 1.8.1.2.1.3 Diabetes across the age spectrum (children, adolescents, adults, elderly, pre-pregnancy/pregnancy)
 - 1.8.1.2.1.4 Diabetes emergencies (hypoglycemia, diabetic ketoacidosis, hyperosmolar hyperglycemic syndrome)
 - 1.8.1.2.1.5 Prevention, early detection and management of the complication of diabetes

- 1.8.1.2.1.6 Drugs & life style measurements relevant to patients with diabetes across their age & disease stage spectrum
- 1.8.1.2.1.7 Psychosocial impact of diabetes.
- 1.8.1.2.2 Thyroid disorders :
 - 1.8.1.2.2.1 Hypothyroidism, Hyperthyroidism, Approach to the patient with a thyroid nodule, Thyroid cancers
 - 1.8.1.2.2.2 Thyroid emergencies (myxoedema, hyperthyroid crisis),
 - 1.8.1.2.2.3 Medications prescribed in primary care setting.
- 1.8.1.2.3 Dyslipidemia (prevention, screening, detection & medications.
- 1.8.1.2.4 Obesity (prevention, screening, Diagnosis & management)
- 1.8.1.2.5 Metabolic syndrome (screening, diagnosis & management)
- 1.8.1.2.6 Osteoporosis (screening, diagnosis & management)
- 1.8.1.2.7 Adrenal disorders (Cushing's syndrome, hyperaldosteronism, Addison's disease, phaeochromocytoma)
- 1.8.1.2.8 Pituitary disorders(prolactinoma, acromegaly, diabetes insipidus)
- 1.8.1.2.9 Fluid and electrolyte metabolism e.g. Hypo and hypernatremia, Hypo and hyperkalemia, Hypo and hypercalcemia.....

1.8.2 Skills:

- 1.8.2.1 Diagnostic procedures:
 - 1.8.2.1.1 Clinical history, data gathering, and following the current literature in diagnosis common metabolic disorders, specifically, diagnostic criteria for diabetes mellitus , hypo & hyperthyroidism.
 - 1.8.2.1.2 Physical examination assessment especially for the following areas:
 - 1.8.2.1.2.1 Body mass index calculation, and weight circumference
 - 1.8.2.1.2.2 Diabetic foot examination.
 - 1.8.2.1.2.3 Thyroid examination.
 - 1.8.2.1.2.4 Visual acuity and retinal photography.
 - 1.8.2.1.2.5 Neurological examination
 - 1.8.2.1.2.6 The use of glucometer and updated in its sensitivity.
 - 1.8.2.1.3 The ability to interpret the following laboratory results:
 - 1.8.2.1.3.1 Fasting, Random & postprandial blood sugar.
 - 1.8.2.1.3.2 Haemoglobin A1c
 - 1.8.2.1.3.3 Albumin: creatinine ratio, dipstick for microalbuminuria.
 - 1.8.2.1.3.4 Estimated glomerular filtration rate
 - 1.8.2.1.3.5 Serum electrolyte and urate results.
 - 1.8.2.1.3.6 Thyroid function tests and understand their limitations – TSH, T4, free T4, T3, auto-antibodies.
 - 1.8.2.1.3.7 Lipid profile tests – total cholesterol, HDL, LDL, triglycerides.
 - 1.8.2.1.3.8 Awareness of the investigations in the secondary care e.g. thyroid and abdominal ultrasound, fine needle aspiration, and other endocrine procedures.

1.8.3 Therapeutic procedures:

At the completion of residency training, the resident should be able to:

- 1.8.3.1 Recognize that patients with metabolic problems are frequently asymptomatic or have nonspecific symptoms and that diagnosis is often made by screening or recognizing symptom complexes.
- 1.8.3.2 Decide a management plan for patients with a metabolic problem at initial stage.
- 1.8.3.3 Demonstrate a logical, incremental approach to investigate and diagnose metabolic problems.
- 1.8.3.4 Understand principles of treatment of common metabolic conditions managed commonly in primary care (obesity, diabetes mellitus, hypothyroidism, hyperlipidemia)
- 1.8.3.5 Develop strategies to simplify medication regimens in case of polypharmacy and encourage concordance with treatment.
- 1.8.3.6 Work in a multidisciplinary team with other health care providers for managing metabolic diseases encountered in primary health care setting.
- 1.8.3.7 Understand the indications for referral to an endocrinologist for management or investigation of complex metabolic problems.
- 1.8.3.8 Understand the systems of care for metabolic conditions, including the roles of primary and secondary care, shared-care arrangements, multidisciplinary teams and patient involvement.
- 1.8.3.9 Show competence in the management of the common endocrine disorders like: diabetes, hypothyroidism, dyslipidaemia.....

1.9 Hematology

1.9.1 Knowledge:

By the end of training the resident should demonstrate the ability to apply knowledge of:

- 1.9.1.1 Normal hematological laboratory values
- 1.9.1.2 Prevention of hematological diseases like iron deficiency anemia and other types of anemia
- 1.9.1.3 Specific diseases/conditions:
 - 1.9.1.3.1 Iron deficiency anemia (etiology , diagnosis , treatment)
 - 1.9.1.3.2 Sideroblastic anemia
 - 1.9.1.3.3 Anemia of chronic disease
 - 1.9.1.3.4 Megaloblastic macrocytic anemias : Vitamin B12 deficiency, Folate deficiency
 - 1.9.1.3.5 Anemias caused by hemolysis : Sickle cell anemia, Glucose-6-Phosphate Dehydrogenase Deficiency, Thalassemias
 - 1.9.1.3.6 Neutropenia, Lymphocytopenia
 - 1.9.1.3.7 Thrombocytopenia, Thrombocytosis
 - 1.9.1.3.8 Polycythemia

- 1.9.1.3.9 Eosinophilia
- 1.9.1.3.10 Leukemias (AML, ALL, CLL, CML)
- 1.9.1.3.11 Lymphomas (Hodgkin, non-Hodgkin)
- 1.9.1.3.12 Multiple myeloma.

1.9.2 Skills:

- 1.9.2.1 Ensures appropriate history taking and relevant physical examination.
- 1.9.2.2 Understands the importance of indications of requesting haematology tests, considering cost & resources.
- 1.9.2.3 Interprets results of common haematological laboratory tests (e.g. CBC, ESR, Haemoglobin electrophoresis, coagulation profile, Blood grouping and rhesus factors).
- 1.9.2.4 Recognizes uncommon but serious diseases e.g. acute and chronic leukaemia, myeloma and lymphomas.

1.9.3 Management skills:

- 1.9.3.1 Formulates a diagnostic and management plan for common hematological diseases e.g. iron deficiency anemia, G6PD deficiency etc....and assessing the need for expert advice.
- 1.9.3.2 Understands the role of a hematologist and the implications of special testing in patients who have hematological disease and the implications of the test results for the patient.
- 1.9.3.3 Manages emergent hematological problems and obtaining urgent consultation when appropriate, e.g. acute hemolysis, acute complications of sickle cell diseases.....
- 1.9.3.4 Recognizes the risk: benefits of blood transfusion.
- 1.9.3.5 Demonstrates competence: Counsels patients appropriately on the benefits and risks of screening.
- 1.9.3.6 Awareness of referral criteria to hematologist.
- 1.9.3.7 Participates in liaison between laboratory and clinical staff e.g. Team Working.
- 1.9.3.8 Consults where necessary to obtain appropriate advice in reporting findings.
- 1.9.3.9 Understands the sensitivities around the diagnosis of a familial disorder, for example, premarital counseling.
- 1.9.3.10 Exhibits understanding of the impact of hemoglobin disorders on the patient and their family.

2. Children's health:

2.1 Competencies:

At the completion of residency training, a family medicine resident should:

- 2.1.1 Demonstrate the ability to take proper history and perform appropriate clinical examination for pediatric patients at different age groups.
- 2.1.2 Formulate an appropriate diagnosis and treatment plan for common pediatric conditions.
- 2.1.3 Communicate effectively with the patient / family /caregiver(s).
- 2.1.4 Be aware of his / her own practice limitations and seek consultation with other health care providers & resources when necessary to optimize patient care.

2.2 Attitudes:

The resident should demonstrate attitudes that encompass:

- 2.2.1 Empathic concern for the health of the child in the context of the family.
- 2.2.2 Promotion of healthy lifestyles in children and families.
- 2.2.3 An awareness of the unique vulnerabilities of infants and children that may require special attention, consultation and/or referral.
- 2.2.4 Emphasis of the awareness of social, cultural and environmental factors that impact children's health and welfare.
- 2.2.5 Emphasis of the importance of educating children, family and society on environmental factors that impact children's health and welfare.
- 2.2.6 The importance of obtaining information about school performance and learning disabilities.

2.3 Knowledge:

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

- 2.3.1 Fetal and neonatal period: Pathophysiology of the neonatal period; including infections and non-infectious conditions: e.g. jaundice, anemia, sepsis, respiratory distress.....
- 2.3.2 Well newborn and child care:
 - 2.3.2.1 Anticipatory guidance appropriate to age and developmental stage:
 - 2.3.2.1.1 Feeding: options & variations
 - 2.3.2.1.2 Developmental stages and milestones
 - 2.3.2.1.3 Developmental screening tests
 - 2.3.2.1.4 Normal growth and variants, including dental development
 - 2.3.2.1.5 Temperament and behavior
 - 2.3.2.1.6 Family and social relationships
- 2.3.3 Prevention and screening:

- 2.3.3.1 Developmental disabilities: Developmental delay, learning disorders
- 2.3.3.2 Injury prevention: e.g. drowning, choking, burns and poisoning...
- 2.3.3.3 Child abuse
- 2.3.3.4 Immunization
- 2.3.3.5 Screening: e.g. Anemia, hypertension...etc
- 2.3.3.6 Sudden infant death syndrome (SIDS)
- 2.3.4 Genetics:
 - 2.3.4.1 Screening issues
 - 2.3.4.2 Appropriate referral for necessary genetic diagnosis and counseling.
- 2.3.5 Medical problems of infants and children: recognition, management and appropriate referral:
 - 2.3.5.1 Allergic: Asthma, atopy, allergic rhinitis...etc.
 - 2.3.5.2 Inflammatory: Juvenile rheumatoid arthritis ,kawasaki disease, hench-schonleinpurpura...etc
 - 2.3.5.3 Renal and urologic: Glomerulonephritis, urinary tract infections, vesico –ureteric reflux, enuresis, hypospadias, urethral prolapse, fused labia, enuresis and undescended testis..etc
 - 2.3.5.4 Endocrine/metabolic and nutritional problems: Thyroid disorders, diabetes mellitus, obesity, failure to thrive, abnormal growth patterns..etc
 - 2.3.5.5 Neurologic problems: Seizure disorders, headache, syncope, psychomotor delay, cerebral palsy and movement disorders...
 - 2.3.5.6 Common skin problems: Skin rash (Atopic dermatitis, diaper rash, urticarial & erythema multiform), skin infections (Viral , bacterial, parasitic and fungal), bites, stings and burns
 - 2.3.5.7 Musculoskeletal problems: see orthopedic section
 - 2.3.5.8 Gastrointestinal problems: Gastroenteritis, constipation, encopresis, hepatitis, colic, gastro-esophageal reflux, food intolerance, malabsorption, pyloric stenosis, recurrent and chronic abdominal pain, hernia and GI emergencies (Intussusception, appendicitis,).
 - 2.3.5.9 Cardiovascular problems: Evaluation of heart murmurs, congenital heart disease and valvular disease and others e.g hypertension
 - 2.3.5.10 Respiratory tract problems: Upper & lower respiratory tract infections, reactive airway disease and asthma, cystic fibrosis, bronchiolitis, foreign body aspiration, snoring and obstructive sleep apneaetc
 - 2.3.5.11 Ear problems: see ENTsection
 - 2.3.5.12 Eye problems: see ophthalmology section
 - 2.3.5.13 Other serious infections: Sepsis, meningitis, encephalitis and osteomyelitis....
 - 2.3.5.14 Childhood malignancies: Leukemia ,lymphoma, neuroblastoma and others.
 - 2.3.5.15 Children with special needs

2.1 Skills:

In the appropriate setting, the resident should demonstrate the ability to independently perform / appropriately refer:

- 2.1.1 Resuscitation of newborns, infants and children
- 2.1.2 Age-appropriate history and physical examination, and use of growth charts, with proper documentation.
- 2.1.3 Developmental screening tests administration and interpretation.
- 2.1.4 Appropriate recognition & approach of child abuse.
- 2.1.5 Assessment of attention/deficit problems.
- 2.1.6 Formulating a diagnostic and management plan for common pediatrics conditions and assessing the need for expert advice
- 2.1.7 Coordination of patient care and specialty services when required.

3 Adolescent's health:

3.1 Competencies:

At the completion of residency training, a family medicine resident should:

- 3.1.1 Be able to establish rapport with the patients and their families, and obtain a focused history, perform appropriate examination and develop patient-centered treatment plans for adolescents .
- 3.1.2 Be knowledgeable of the available adolescent care resources in the community
- 3.1.3 Demonstrate the ability to communicate effectively with the adolescent and his / her family.

3.2 Attitudes:

The resident should demonstrate attitudes that encompass:

- 3.2.1 Realize the importance of adolescent's relationship with peers, parents, school and community, for adolescent's successful development.
- 3.2.2 Being aware that adolescence is a time of invulnerability, confrontational attitudes toward society and tendencies toward experimentation and high-risk behavior.
- 3.2.3 Confidentiality and the encouragement of the adolescent to communicate with his or her parents (and other supportive adults).
- 3.2.4 Utilizing each consultation as an opportunity to act as a caring adult and to promote healthy living.

3.3 Knowledge:

The resident should demonstrate the ability to apply knowledge of:

- 3.3.1 Normal growth and development in the adolescent years that include physical, mental, emotional and sexual milestones.
- 3.3.2 Assessment and prevention of primary behavioral risks affecting health and life of adolescents.
- 3.3.3 Provision of preventive services, immunizations and health promotion to adolescents during both annual visits and routine acute care visits.
- 3.3.4 The challenges facing an adolescent to establish his or her identity and to learn responsible behaviors, including self-care, attention to mental health, sexual health and reproductive health.
- 3.3.5 The core conditions that may affect the health of an adolescent, such as family problems, poverty, depression, school failure, obesity, eating disorders, violence, drug use & sexually transmitted diseases.

3.4 Skills:

The resident should demonstrate the ability to perform / appropriately refer:

- 3.4.1 In the general care of the adolescent patient:
 - 3.4.1.1 Effective communication
 - 3.4.1.2 Familiar with use of common assessment tools eg HEADSSS questionnaire (Home, Education, Activities, Drugs, Sex, suicide/Depression, Safety).
 - 3.4.1.3 Perform a complete exam and a focused adolescent exam.
 - 3.4.1.4 Assess for eating disorders /obesity
 - 3.4.1.5 Assess well-being at home and counsel regarding family relationships.
 - 3.4.1.6 Assess progress at school and counsel regarding school failure.
 - 3.4.1.7 Assess peer relationships and counsel about healthy and ethical decision making (e.g. STD, abuse...etc)
 - 3.4.1.8 Assess tobacco, alcohol, drug experimentation and illicit drug use (including anabolic steroids) and counsel accordingly.
 - 3.4.1.9 Assess mental health status.
 - 3.4.1.10 Assess exposure to violence, accident and safety risks and counsel accordingly.
 - 3.4.1.11 Appropriate approach of adolescents with conduct disorders (eg delinquency, vandalism, stealing, lying...etc)
- 3.4.2 In the community:
 - 3.4.2.1 Promote educational programs in schools that advocate healthy teen behavior
 - 3.4.2.2 Promote quality teen health services in schools.
 - 3.4.2.3 Promote the support of adolescents clinical & social services in the community.

4 Women's problems:

4.1 Competencies:

A family medicine resident should:

- 4.1.1 Be able to perform a comprehensive women's health assessment and develop appropriate treatment plan for women.
- 4.1.2 Be able to communicate effectively with the patient/ family / caregivers.

4.2 Attitudes:

The resident should demonstrate attitudes that encompass:

- 4.2.1 Realizing that women need sensitive approach as they are often more reserved in dealing with issues of mental health and sexual dysfunction.
- 4.2.2 Recognize that a woman's health is affected by biological, psychological and social factors.
- 4.2.3 A gender-specific understanding of the importance of disease prevention, wellness and health promotion for adding quality years to women's lives.
- 4.2.4 Understand the importance of involving women in solving their own health problems.

4.3 Knowledge:

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

- 4.3.1 Knowledge of diagnosis and management:
 - 4.3.1.1 Appropriate history and physical examination for women of all age groups
 - 4.3.1.2 Gynecology:
 - 4.3.1.2.1 Disease prevention, health promotion and periodic health evaluation
 - 4.3.1.2.2 Physiology of menstruation
 - 4.3.1.2.3 Abnormal uterine bleeding
 - 4.3.1.2.4 Gynecologic problems in children (e.g. Vaginal Discharge)
 - 4.3.1.2.5 Infections and diseases of the female reproductive and urinary systems
 - 4.3.1.2.6 Breast health and diseases of the breast
 - 4.3.1.2.7 Sexual assault/ Domestic violence
 - 4.3.1.2.8 Pelvic pain
 - 4.3.1.2.9 Benign and malignant neoplasms of the female reproductive system
 - 4.3.1.2.10 Menopause and geriatric gynecology
 - 4.3.1.2.11 Indications for surgical intervention

- 4.3.1.2.12 Cervical lesions and abnormal cytology
- 4.3.1.2.13 Ectopic pregnancy

4.3.1.3 Obstetrics:

- 4.3.1.3.1 Pre-pregnancy planning and counseling
- 4.3.1.3.2 Prenatal care (including risk assessment)
- 4.3.1.3.3 Labor and delivery
- 4.3.1.3.4 Postpartum care
- 4.3.1.3.5 Indications for cesarean delivery
- 4.3.1.3.6 Obstetric complications and emergencies
- 4.3.1.3.7 Lactation

4.3.1.4 Family life education:

- 4.3.1.4.1 Family planning
- 4.3.1.4.2 Fertility problems
- 4.3.1.4.3 Inter-conceptional care
- 4.3.1.4.4 Family and sexual counseling

4.3.1.5 Consultation and referral:

- 4.3.1.5.1 The role of the obstetrician, gynecologist and subspecialist
- 4.3.1.5.2 Women's health care delivery systems
- 4.3.1.5.3 Collaboration with other health care providers (i.e., dietitian.. etc.)

4.4 Skills:

Emotional preparation for and thorough performance of the gynecologic examination in patients of all ages:

4.4.1 Gynecology:

- 4.4.1.1 Appropriate screening examination of the female (including breast examination)
- 4.4.1.2 Awareness regarding:
 - 4.4.1.2.1 Obtaining vaginal and cervical cytology
 - 4.4.1.2.2 Colposcopy
 - 4.4.1.2.3 Cervical biopsy and polypectomy/Endometrial biopsy
 - 4.4.1.2.4 Cryosurgery and cautery for benign disease
 - 4.4.1.2.5 Microscopic diagnosis of urine and vaginal smears
 - 4.4.1.2.6 Bartholin duct cyst drainage
 - 4.4.1.2.7 Dilation and curettage for incomplete abortion

4.4.2 Family planning and contraception:

- 4.4.2.1 Oral contraceptive counseling and prescribing
- 4.4.2.2 Intrauterine contraceptive device counseling
- 4.4.2.3 Injectable long term contraceptives and counseling

4.4.3 Pregnancy:

- 4.4.3.1 Pre-pregnancy evaluation
- 4.4.3.2 Initial pregnancy visit
- 4.4.3.3 Risk assessment
- 4.4.3.4 Counseling throughout pregnancy
- 4.4.3.5 Management of common postpartum problems .
- 4.4.3.6 Acting as first assistant to the surgeon at cesarean delivery

5 Men's health:

5.1 Competencies:

At the completion of residency training, a family medicine resident should:

- 5.1.1 Have a good knowledge regarding Specific health problems and their unique characteristics in men.
- 5.1.2 Be able to take a comprehensive men's health history e.g. sexual & occupational histories.
- 5.1.3 Perform male physical examination e.g. urogenital, rectal and prostate examination.
- 5.1.4 Communicate effectively and sensitively with the patient / others involved in his care as appropriate.
- 5.1.5 Appropriate application of relevant guidelines regarding men's health.

5.2 Attitudes:

The resident should develop attitudes that encompass:

- 5.2.1 Being aware that men visit the physicians less frequently and usually at the late stages of problems.
- 5.2.2 Realizing that men need sensitive approach as they are often more reserved in dealing with issues of mental health and sexual dysfunction.
- 5.2.3 Recognize that a man's health is affected not only by biological, psychological, social and occupational factors.
- 5.2.4 A gender-specific understanding of the importance of disease prevention, wellness and health promotion for adding quality years to men's lives.

5.3 Knowledge:

The resident should demonstrate the ability to apply knowledge of:

- 5.3.1 Health promotion and disease prevention:
 - 5.3.1.1 Nutritional needs
 - 5.3.1.2 Exercise programs
 - 5.3.1.3 Weight management and obesity

- 5.3.1.4 Substance abuse /performance enhancing drugs eg anabolic steroids
- 5.3.1.5 Avoidance of sexually transmitted infections
- 5.3.1.6 Occupational health and injury prevention.
- 5.3.1.7 Coronary artery disease
- 5.3.1.8 Cancer screening guidelines (e.g. skin, colon, prostate, ..etc)
- 5.3.1.9 Oral health
- 5.3.2 Reproductive tract infections and problems:
 - 5.3.2.1 Sexually transmitted infections
 - 5.3.2.2 Urethritis/ epididymitis/orchitis/prostatitis
 - 5.3.2.3 Benign diseases of the male ano-genital tract/ breast
 - 5.3.2.4 Lower urinary tract symptoms
 - 5.3.2.5 Bladder dysfunction
 - 5.3.2.6 Kidney diseases
 - 5.3.2.7 Genital trauma
 - 5.3.2.8 Inguinal hernias
 - 5.3.2.9 Neoplastic disease of the male genital tract and breast
 - 5.3.2.10 Reproduction: Normal physiology and anatomy, infertility, effects of aging...
 - 5.3.2.11 Sexuality: Erectile/ Ejaculatory dysfunction, changes in libido, variety of sexual behaviors.....

5.4 Skills:

The resident should demonstrate the ability to independently perform / appropriately refer:

- 5.4.1 Careful and thorough genito -urinary examination
- 5.4.2 Counseling skills:
 - 5.4.2.1 Alcohol and other substance use and abuse
 - 5.4.2.2 Smoking
 - 5.4.2.3 Sexually transmitted diseases
 - 5.4.2.4 Exercise prescription
 - 5.4.2.5 Performance-enhancing drugs
 - 5.4.2.6 Sexual behavior
- 5.4.3 Foley catheter placement

6 Geriatric problems

6.1 Competencies

At the completion of residency training, a family medicine resident should:

- 6.1.1 Be able to execute a broad, consistent geriatric assessments and extend the management plan toward long-term with considering continuity of care.

- 6.1.2 Achievement of effective communication skills with the geriatric patients and amplify it to the family and caregiver as well, to certain mutual management plan.
- 6.1.3 Awareness of own limitation and inquire other colleague as teamwork for best possible geriatric care.
- 6.1.4 Ability to conduct home visit for geriatric assessment (dealing with reason of visit and assessing the environment and home situation).
- 6.1.5 Awareness of role of forensic medicine.
- 6.1.6 Ability to document a death certificate.
- 6.1.7 Awareness of the local community resources that is available for geriatric care as multidisciplinary approach aiming optimizing care.

6.2 Attitudes

The resident should demonstrate attitudes that encompass:

- 6.2.1 Recognition of own attitude toward patient, family or care giver and as well, their attitude of diversity of situation as disability, handicap, or death.
- 6.2.2 The promotion of the patient's dignity through self-care.
- 6.2.3 Recognition of the importance of family and home in the overall lifestyle and health of patients.
- 6.2.4 Appropriate selection, interpretation, and performance of investigation or treatment for the elderly and evade unnecessary ones.
- 6.2.5 Commitment to lifelong learning and knowledge about aging, health and the medical management of geriatrics.
- 6.2.6 Awareness of the importance of coordinating a multidisciplinary approach to enhance elderly care.
- 6.2.7 Accessibility and accountability for elderly patients.
- 6.2.8 An awareness of the importance of limiting cost when treating elderly patients.

6.3 Knowledge

The resident should demonstrate the ability to apply knowledge of:

- 6.3.1 Functional assessment of geriatrics according to local guideline.
- 6.3.2 Home visit assessment
- 6.3.3 Dementia
- 6.3.4 CVA
- 6.3.5 Confusion
- 6.3.6 Mental health
- 6.3.7 Infections
- 6.3.8 Bed sores
- 6.3.9 Mobility problems and risk of falls
- 6.3.10 Parkinson's disease
- 6.3.11 Osteoporosis

- 6.3.12 Incontinence
- 6.3.13 Visual and hearing problems
- 6.3.14 Constipation
- 6.3.15 Polypharmacy
- 6.3.16 Geriatric abuse/ neglect

6.4 Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

- 6.4.1 Basic elements of geriatric assessment, including the standardized methods for assessing physical, cognitive, emotional, and social functioning as appropriate
- 6.4.2 Screening examinations for mental status, depression, and functional status
- 6.4.3 Physical diagnosis, including:
 - 6.4.3.1 Recognition of normal and abnormal signs of aging
 - 6.4.3.2 Obtain a comprehensive history including evaluation of hearing and vision and mental status examination
 - 6.4.3.3 Mobility, gait, and balance assessments
- 6.4.4 Evaluation of the appropriate use of assistive devices (e.g. canes, walkers, wheel or power chairs)
- 6.4.5 Counsel and educate patients and their families about age-related psychological, social, and physical stresses and changes of the normal life cycle of aging, dying, and death
- 6.4.6 Provide health care services aimed at preventing health problems or maintaining health

7 Emergency care:

7.1 Competencies:

At the completion of residency training, a family medicine resident should:

- 7.1.1 Take proper history and perform appropriate clinical examination for emergency medical and surgical conditions presented to the family practitioner.
- 7.1.2 Recognize the importance of timely and efficient evaluation and appropriate care in emergency cases.
- 7.1.3 Accurately and efficiently diagnose and manage common and important acute serious illnesses and traumatic conditions. In addition to the ability

to use common emergency drugs appropriately (e.g. adrenaline, diazepam, narcotics...etc).

- 7.1.4 Work effectively within multidisciplinary teams to request appropriate investigations and initiate management for acute emergency cases.
- 7.1.5 Demonstrate decision-making skills in the effective management of acute illness and trauma presentations

7.2 Attitudes:

The resident should demonstrate attitudes that encompass:

- 7.2.1 Prioritize tasks to manage acute illness and trauma effectively
- 7.2.2 Recognize their own limitations in the care of patients with acute and traumatic presentations and refer appropriately.
- 7.2.3 An ability to work effectively with other members of the health care team, including consultants, nursing and other staff (eg administrative staff, investigator, social services..etc)
- 7.2.4 Awareness regarding doctor's emergency bag (importance, contents)

7.3 Knowledge:

In the appropriate setting, the resident should demonstrate the ability to apply Knowledge of:

- 7.3.1 The principles of care & the initial stabilization of patients
- 7.3.2 Assessment and management of conditions in the following content areas:
 - 7.3.2.1 Trauma: e.g. Blunt, penetrating , burns, drowning and near-drowning, bites, stings
 - 7.3.2.2 Acute neurologic disorders: eg CVA, coma, meningitis ,seizure disorders ...etc
 - 7.3.2.3 Acute respiratory disorders: eg Pulmonary embolism/ infections, pneumothorax ,asthma...etc
 - 7.3.2.4 Acute cardiovascular disorders: eg Ischemic heart disease, dysrhythmias,heart failure...etc
 - 7.3.2.5 Acute endocrine disorders: e.g. diabetic ketoacidosis, acute adrenal insufficiency ...etc
 - 7.3.2.6 Acute gastrointestinal disorders: eg acute appendicitis, acute abdomen...etc
 - 7.3.2.7 Acute urinary system disorders: eg urinary retention, nephrolithiasis ...etc
 - 7.3.2.8 Acute musculoskeletal disorders:eg fracture, dislocated joints ...etc
- 7.3.3 Recognition and management in the following areas
 - 7.3.3.1 Toxicologic emergencies and their treatment: e.g. acute overdose, accidental poisonings and ingestion, treatments and antidotes..... etc.

- 7.3.3.2 Special circumstances:
 - 7.3.3.2.1 Resuscitations (e.g., coordination, communication, recording)
 - 7.3.3.2.2 Metabolic disorders and acid/base imbalance
 - 7.3.3.2.3 Shock and initial resuscitative measures required for each unique condition of different types of shock.
 - 7.3.3.2.4 Acute infectious emergencies.(e.g. encephalitis, septicemia...etc.)
 - 7.3.3.2.5 Heat injuries
 - 7.3.3.2.6 Hypersensitivity reactions and anaphylaxis
- 7.3.4 Indications and interpretation of diagnostic tests pertinent to the urgent and emergent setting e.g.: ECG , Blood laboratory chemistry and hematologic studies...etc.
- 7.3.5 Awareness of the medico-legal aspects of the health system in Kuwait

7.4 Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

- 7.4.1 Airway management:
 - 7.4.1.1 Heimlich maneuver
 - 7.4.1.2 Ensuring airway patency and the use of advanced airway techniques
 - 7.4.1.3 Needle thoracentesis and tube thoracostomy
 - 7.4.1.4 Cricothyroidotomy
- 7.4.2 Anesthetic techniques:eg Local anesthesia
- 7.4.3 Diagnostic and therapeutic procedures
 - 7.4.3.1 Repair of skin lacerations (including plastic closure)
 - 7.4.3.2 Management of wounds/ foreign bodies in the skin and body orifices
 - 7.4.3.3 Use of Automated Electrical defibriliator (AED)
 - 7.4.3.4 Management of acute cardiorespiratory arrest in all age groups. (eg CPR)

8 Care of surgical patient:

8.1 Competencies:

By the end of residency training, a family medicine resident should:

- 8.1.1 Be able to perform a surgical assessment and develop an appropriate treatment plan, ensuring that the diagnosis and treatment plan are clearly understood.
- 8.1.2 Demonstrate the ability to communicate effectively with the surgeon about the patient's symptoms, physical findings, test results and proposed management.
- 8.1.3 Recognize his or her practice limitations and seek consultation with other health care providers when necessary to provide optimal care.

8.2 Attitudes:

The resident should develop attitudes that encompass:

- 8.2.1 Recognize the importance of shared management between family physician and surgeon regarding the care of surgical patients as appropriate.
- 8.2.2 Being sensitive to concerns and anxieties of the patient and his family regarding the need for surgical intervention.
- 8.2.3 Recognize importance of prevention of surgical problems and patients' responsibility for his/her own health promotion and improvement.
- 8.2.4 Emphasize involvement of patient and his/her family in prevention of complications and post-operative care management.

8.3 Knowledge:

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

- 8.3.1 Basic principles of surgical diagnosis: e.g. basic surgical anatomy, wound physiology and healing processes
- 8.3.2 Differential diagnosis of key signs and symptoms of surgical conditions
- 8.3.3 Recognition of surgical emergencies.
- 8.3.4 Ethical & legal considerations of surgical interventions.
- 8.3.5 Preoperative assessment.
- 8.3.6 Intra-operative care: for minor surgical interventions e.g basic principles of asepsis, sterile technique, use of basic surgical instruments...etc
- 8.3.7 Postoperative care: e.g. wound care, pain management, infection, follow-up care ...etc.

8.4 Skills:

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

- 8.4.1 Clinical assessment, including history, physical examination, X-Rays & laboratory evaluation. Invasive versus noninvasive diagnostic tests

- 8.4.2 Patient counseling on indications and contraindications for surgical or medical management of given cases.
- 8.4.3 Psychological and physical preparation of patients for surgical interventions.
- 8.4.4 Recognition and management of common post-operative complications.
- 8.4.5 Management of common conditions in the primary care setting: e.g. lumps, wounds, abscesses, lacerations, burns...etc.
- 8.4.6 Carrying out common minor surgical interventions in family physicians clinics (e.g. abscess drainage, suturing, foreign body extraction...etc.)

9 Orthopedics & physical medicine

9.1 Competencies:

At the completion of residency training, a family medicine resident should:

- 9.1.1 Perform an appropriate musculoskeletal history and physical examination.
- 9.1.2 Formulate an appropriate diagnosis and recommend treatment.
- 9.1.3 Demonstrate the ability to communicate effectively with the orthopedic surgeon and other team members about the patient's symptoms, physical findings, test results and proposed management.
- 9.1.4 Recognize his or her practice limitations and seek consultation with other health care providers when necessary to provide optimal care.
- 9.1.5 Perform an evidence-based, age-appropriate and activity-specific pre-participation physical evaluation, and provide guidance for an appropriate exercise prescription.

9.2 Attitudes:

The resident should develop attitudes that encompass:

- 9.2.1 The importance of shared management between family physician and orthopedic surgeon and other team members regarding the care of orthopedic patients as appropriate.
- 9.2.2 The importance of prevention of musculoskeletal problems and the benefits of exercise for patients' lives.
- 9.2.3 Emphasis of the involvement of patient and his/her family in prevention of complications and post-operative care management.
- 9.2.4 Awareness of the special needs of patients who have acute injuries.
- 9.2.5 Understanding of the importance of proper rehabilitation of acute musculoskeletal injuries to help speed recovery, maximize function and minimize the risks of re-injury, chronic pain and chronic disability

9.3 Knowledge:

The resident should demonstrate the ability to apply knowledge of:

- 9.3.1 Normal anatomy and physiology
- 9.3.2 Normal growth and development
- 9.3.3 Pathogenesis/pathophysiology and recognition of:
 - 9.3.3.1 Joint pain, Muscular pain
 - 9.3.3.2 Musculoskeletal trauma (Fractures, dislocations, tendon ruptures and nerve injury)
 - 9.3.3.3 Tendinopathy
 - 9.3.3.4 Bone and joint deformities
 - 9.3.3.5 Bone and joint infections
 - 9.3.3.6 Metabolic bone diseases
 - 9.3.3.7 Compartment syndrome
 - 9.3.3.8 Avascular necrosis
 - 9.3.3.9 Overuse syndromes
 - 9.3.3.10 Back pain syndromes
 - 9.3.3.11 Pediatric problems:
 - 9.3.3.11.1 Joint dislocation
 - 9.3.3.11.2 Legg-Calvé-Perthes disease
 - 9.3.3.11.3 Osgood-Schlatter disease
 - 9.3.3.11.4 Slipped capital femoral epiphysis
 - 9.3.3.11.5 “Clubfoot” (talipes equinovarus)
 - 9.3.3.11.6 In-toeing (metatarsus adductus, tibial torsion, femoral anteversion)
 - 9.3.3.11.7 “Bowleg” (genu varum) and “knock knee” (genu valgum)
 - 9.3.3.11.8 Epiphyseal injuries .
 - 9.3.3.11.9 Transient synovitis
 - 9.3.3.11.10 Child abuse patterns of injury
 - 9.3.3.11.11 Rickets
 - 9.3.3.11.12 Osteogenesis imperfecta
 - 9.3.3.11.13 Thoracolumbar scoliosis

9.4 Skills:

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

- 9.4.1 Musculoskeletal history taking & physical examination
- 9.4.2 Indications, contraindications and interpretation of laboratory data (e.g., inflammatory markers: RF, CRP...etc.)
- 9.4.3 Indications, limitations, contraindications of musculoskeletal procedures such as: Common joint aspirations and intra articular injections
- 9.4.4 Imaging & other tests:
 - 9.4.4.1 Interpretation of radiographs
 - 9.4.4.2 Awareness regarding use of magnetic resonance imaging(MRI), computed tomographic scanning (CT-scan) and bone scanning

- 9.4.4.3 Awareness regarding indications for arthrogram, myelogram and arthroscopy
- 9.4.4.4 Awareness regarding application of electromyography (EMG) and nerve conduction studies
- 9.4.5 Basic management of:
 - 9.4.5.1 Fractures / Ligament sprains & tears/ Muscular strains/ Dislocations.
 - 9.4.5.2 Other problems (Acute and chronic low back pain, nerve entrapment syndromes, Overuse syndromes..etc.)
 - 9.4.5.3 Procedures (indications, contraindications and complications e.g. Joint injection, aspiration, splint, Dislocation reduction ... etc.).
 - 9.4.5.4 Orthopedic emergency recognition and stabilization (e.g. Spinal cord injury, fractures & dislocations)
 - 9.4.6 Functional rehabilitation (Prescription of home exercise programs and referral for physical therapy)

10 Skin:

10.1 Competencies:

By The end of training, a family medicine resident should:

- 10.1.1 Provide compassionate and culturally appropriate patient centered care
- 10.1.2 Be proficient in the diagnosis and treatment of common dermatologic diseases.
- 10.1.3 Utilize diagnostic and evidence-based treatment guidelines as well as maintain up to-date knowledge of appropriate usage of evolving dermatologic treatment technology.
- 10.1.4 Communicate effectively with patient having dermatologic problems.
- 10.1.5 Know his limitation and refer appropriately & understand how to coordinate needed referrals to specialty providers

10.2 Attitudes:

The resident should demonstrate attitudes that encompass:

- 10.2.1 A willingness to manage the majority of dermatologic conditions.
- 10.2.2 A positive approach to psychosocial issues in patients who have skin disorders.
- 10.2.3 The consideration of counseling of patients who have dermatologic conditions as a priority.
- 10.2.4 A willingness to learn and perform common dermatologic procedures as appropriate.
- 10.2.5 A constructive collaboration with dermatologists when appropriate.

10.3 Knowledge:

By the end of training the resident should demonstrate the ability to apply knowledge of:

10.3.1 Specific diseases/conditions:

- 10.3.1.1 Dermatitis: Atopic, contact, seborrheic.....etc.
- 10.3.1.2 Psoriasis and scaling diseases
- 10.3.1.3 Acne and rosacea
- 10.3.1.4 Infections (bacterial, viral and fungal)
- 10.3.1.5 Infestations including scabies and head lice
- 10.3.1.6 Leg ulcers and lymphedema
- 10.3.1.7 Disorders of hair and nails
- 10.3.1.8 Cornification disorder: calluses , corns.....
- 10.3.1.9 Reaction to sunlight
- 10.3.1.10 Pigmentation disorders: vitiligo, hyperpigmentation.....
- 10.3.1.11 Hypersensitivity and inflammatory disorders: Erythema multiforme, urticaria and vasculitis, drug eruptions.....
- 10.3.1.12 Bullous diseases
- 10.3.1.13 Prevention of skin diseases
- 10.3.1.14 Management of common skin condition
- 10.3.1.15 Prevention, recognition and management of skin cancers: Melanoma, basal & squamous cell carcinoma.....
- 10.3.1.16 Dermatologic medications; systemic & topical

10.4 Skills:

In the appropriate setting, the resident should demonstrate the ability to perform / appropriately refer:

- 10.4.1 History and physical examination appropriate for dermatologic conditions
- 10.4.2 Preventive skin examination
- 10.4.3 Biopsy of skin lesions
- 10.4.4 Scraping and microscopic examination
- 10.4.5 Destruction of lesions: Cryosurgery, electrodesiccation & curettage
- 10.4.6 Formulating a diagnostic and management plan for common dermatological diseases and assessing the need for expert advice..
- 10.4.7 Counseling for dermatologic disorders.
- 10.4.8 Identifying the dermatologic problems that need urgent referral.

11 EYE:

11.1 Competencies:

At the completion of residency training, a family medicine resident should:

- 11.1.1 Demonstrate an understanding of the impact of ocular illness and dysfunction on patients and their families.
- 11.1.2 Demonstrate an understanding of the ophthalmic consultant's role, including the different responsibilities of ophthalmologists and optometrists.
- 11.1.3 Recognize own practice limitations & importance of consulting ophthalmologists and others when necessary to provide optimal patient care.

11.2 Attitudes:

The resident should demonstrate attitudes that encompass:

- 11.2.1 Recognition the importance of supportive and sympathetic attitude towards the patients with impaired vision and an awareness of the impact on their lives
- 11.2.2 Recognition of the effects of loss of visual function and the importance of support systems in the health of patients who have ocular disease.

11.3 Knowledge:

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

- 11.3.1 Normal anatomy and physiology of the eye, age-specific changes in the visual function.
- 11.3.2 Impact of medication and toxins on the eyes and visual function. In addition to the effects of ocular drugs on systemic function.
- 11.3.3 Understanding of geriatric ocular problems & importance of regular assessment.
- 11.3.4 Ocular complications of systemic illness.
- 11.3.5 Guidelines for appropriate vision evaluation.
- 11.3.6 Initial diagnosis, management and appropriate referral criteria for common eye problems:
 - 11.3.6.1 Refractive errors: Myopia, hyperopia & Presbyopia
 - 11.3.6.2 common eye disorders: e.g. Hordeolum, cellulitis, dacryocystitis, Chalazion, entropion ,extropian, ptosis , blepharitis and squint
 - 11.3.6.3 Conjunctival disorders: Different types of Conjunctivitis ,keratitis, pterygium, pinguecula, episcleritis and scleritis
 - 11.3.6.4 Corneal diseases: Superficial trauma and infection e.g corneal abrasion, keratitis, corneal ulcers, Dry eye and associated diseases
 - 11.3.6.5 Iritis& uveitis
 - 11.3.6.6 Cataracts
 - 11.3.6.7 Glaucoma

- 11.3.6.8 Retinal disease: Associated with visual loss: e.g. central retinal vein & artery occlusion and retinal detachment and those associated with medical conditions: e.g. hypertension & diabetes mellitus
- 11.3.6.9 Macular degeneration and age-related changes
- 11.3.6.10 Optic nerve disorder & cranial nerve palsies
- 11.3.6.11 Trauma: Blunt & Penetrating.
- 11.3.6.12 Pediatrics eye conditions
- 11.3.6.13 Appropriate indications for special procedures in ophthalmology
Awareness of : Indications , limitations and follow-up care of elective eye procedures e.g. refractive surgery

11.4 Skills:

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

11.4.1 Evaluation:

- 11.4.1.1 Perform specific procedures and interpret results:
 - 11.4.1.1.1 Tests of visual acuity, visual fields and ocular motility.
 - 11.4.1.1.2 Direct ophthalmoscopy.
 - 11.4.1.1.3 Flashlight examinations.
 - 11.4.1.1.4 Fluorescein staining of the cornea.
 - 11.4.1.1.5 Awareness of: Tonometry / Slit-lamp examination
 - 11.4.1.1.6 Perform physical examination in patients of all ages, with emphasis on understanding normal neurologic and motor responses as well as appearance.
 - 11.4.1.1.7 Localize the problem and generate an appropriate differential diagnosis and management planning.

11.4.2 Management:

- 11.4.2.1 Formulate a plan for management, investigation and the need for expert advice with regard to the expected potential risks, costs and value of information that can be obtained.
- 11.4.2.2 Manage and recognize the common prevalent and treatable diseases.
- 11.4.2.3 Familiar with the use of different medications e.g. mydriatics, topical anesthetics, corticosteroids, antibiotics and glaucoma agents
- 11.4.2.4 Prevention and screening of eye problems among different age groups

12. ENT

12.1 Competencies:

At the completion of residency training in ENT, a family medicine resident should:

- 12.1.1 Be able to recognize the early presentation of common ENT problems.

- 12.1.2 Be competent in managing common ENT problems encountered in the primary care setting
- 12.1.3 Demonstrate an understanding of the impact of ENT illnesses on patients and their families
- 12.1.4 Demonstrate an understanding of the role of each member of the ENT team (ENT surgeons, technicians,...etc.)
- 12.1.5 Recognize his/her own practice limitations and seek consultation with other healthcare providers when necessary

12.2 Attitudes:

The resident should demonstrate attitudes that encompass:

- 12.2.1 A supportive and compassionate approach to the care of patients with ENT disease, especially in cases of deteriorating hearing and incurable disabling ENT conditions
- 12.2.2 Describing strategies for effective communication with patients with hearing impairment and deafness
- 12.2.3 Demonstrating effective strategies for dealing with parental concerns regarding ENT conditions, e.g. recurrent tonsillitis and glue ear
- 12.2.4 Empowering patients to adopt self-treatment and coping strategies where possible, e.g. hay fever, nosebleeds, chronic sinusitis, dizziness and tinnitus

12.3 Knowledge

The family medicine resident is required to demonstrate the knowledge of the following:

- 12.3.1 Inner Ear Disorders: Benign paroxysmal positional vertigo, Drug-induced ototoxicity, Labyrinthitis and vestibular neuritis , Meniere's disease and acoustic neuroma
- 12.3.2 Middle Ear and Tympanic Membrane Disorders: Acute otitis media (serous, suppurative), chronic otitis media, otosclerosis, presbycusis, tympanic membrane perforation, mastoiditis, otic Barotrauma and eustachian tube dysfunction.
- 12.3.3 External Ear Disorders; Dermatitis of the Ear Canal, external otitis, external ear obstructions
- 12.3.4 Oral and Pharyngeal Disorders: salivary stones and sialadenitis, adenoid disorders, tonsillitis , pharyngitis and obstructive sleep apnea
- 12.3.5 Nose and Sinus Disorders: Infections, foreign bodies, nasal polyps, allergic rhinitis, septal deviation and sinusitis (acute and chronic)
- 12.3.6 Laryngeal Disorders: Laryngitis, laryngocele, vocal cord Paralysis, polyps and nodules
- 12.3.7 ENT malignancies
- 12.3.8 Emergencies: Epistaxis, Epiglottitis , Peritonsillar and retropharyngeal

abscess , sudden sensorineural hearing loss, foreign bodies
12.3.9 Prevention: Screening for hearing impairment in adults and children

12.4 Skills:

In the appropriate setting, the resident should demonstrate the ability to perform :

- 12.4.1 Otoscopy
- 12.4.2 Tuning fork tests (Weber and Rinne's tests)
- 12.4.3 Dix-Hallpike maneuver
- 12.4.4 Interpretation of tympanometry and audiometry
- 12.4.5 Watchful waiting and use of delayed prescriptions

13. Mental health

13.1 Competencies:

By the end of residency training, a family medicine resident should:

- 13.1.1 Understand normal and abnormal psychosocial development and behavior.
- 13.1.2 Ability to effectively interview and evaluate patients for mental health disorders using appropriate techniques and skills .
- 13.1.3 Recognize, initiate treatment for and appropriately refer for mental health disorders to optimize patient care.

13.2 Attitudes:

The resident should demonstrate attitudes that encompass:

- 13.2.1 Appreciate the common frequency of psychological problems in general practice.
- 13.2.2 Ability to manage psychological problems within the primary health care system and when to refer as appropriate.
- 13.2.3 Recognize the importance of interaction between family and social factors and individual health.
- 13.2.4 Understanding the issue of patient's autonomy for patients with psychiatric problems.
- 13.2.5 Appreciate the psychosocial dynamics that influence human behavior and the doctor/patient relationship.
- 13.2.6 Recognition of the prevalence of abuse in society and willingness to help patients to prevent abusive situations.
- 13.2.7 Awareness about the importance of a multidisciplinary approach to the care of patients with psychiatric problems, when indicated.
- 13.2.8 Have sensitivity to and knowledge of the emotional aspects of organic illness.

13.3 Knowledge:

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

13.3.1 Basic behavioral knowledge:

- 13.3.1.1 Normal, abnormal and variant psychosocial growth and development across the life cycle
- 13.3.1.2 Recognition of interrelationships among biologic, psychologic and social factors in all patients
- 13.3.1.3 Mutual effects of acute and chronic illnesses on patients and their families.
- 13.3.1.4 Factors that influence adherence to a treatment plan.
- 13.3.1.5 Family functions and common interactional patterns in coping with stress
- 13.3.1.6 Ethical issues in medical practice, including informed consent, patient autonomy, confidentiality and quality of life

13.3.2 Mental health disorders:

- 13.3.2.1 Mood disorders: depression, dysthymia & bipolar disorders
- 13.3.2.2 Anxiety disorders: Panic attack, phobias, obsessive-compulsive disorder, post-traumatic stress disorder, acute stress disorder, generalized anxiety disorder
- 13.3.2.3 Disorders principally diagnosed in infancy, childhood or adolescence: e.g. mental retardation, learning disorders, communication disorders, pervasive developmental disorders (e.g. autism), attention deficit and disruptive behavior disorders
- 13.3.2.4 Delirium, dementia, amnesic and other cognitive disorders
- 13.3.2.5 Substance-related disorders: e.g. Alcohol, Cannabis, Opioids ...etc.
- 13.3.2.6 Schizophrenia and other psychotic disorders.
- 13.3.2.7 Somatoform disorders: Conversion disorder, pain disorder, hypochondriasis
- 13.3.2.8 Dissociative disorders
- 13.3.2.9 Sexual and gender identity disorders.
- 13.3.2.10 Eating disorders: Anorexia nervosa, bulimia nervosa
- 13.3.2.11 Sleep disorders
- 13.3.2.12 Personality disorders: e.g. paranoid, schizoid, antisocial ...etc.
- 13.3.2.13 Problems related to abuse or neglect
- 13.3.2.14 Others :e.g. malingering, factitious disorders, bereavement

13.4 Skills:

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

- 13.4.1 Use of evaluation tools and interviewing skills, which enhance data collection in short periods of time and optimize the doctor/patient relationship
- 13.4.2 Mental status examination and assessment particularly in common psychiatric problems e.g. Depression and anxiety
- 13.4.3 Elicit and recognize the common signs and symptoms of the psychiatric disorders.
- 13.4.4 Indications for psychiatric consultation
- 13.4.5 Management of emotional aspects of non-psychiatric disorders
- 13.4.6 Techniques for enhancing compliance with medical treatment regimens
- 13.4.7 Initial management of psychiatric emergencies: e.g. the suicidal patient, the acutely psychotic patient...etc
- 13.4.8 Proper use of psychopharmacologic agents:
 - 13.4.8.1 Diagnostic indications and contraindications
 - 13.4.8.2 Dosage, length of use, monitoring of response, side effects and compliance
 - 13.4.8.3 Drug interactions
 - 13.4.8.4 Associated medical problems
- 13.4.9 Behavioral modification techniques.
 - 13.4.9.1 Stress management
 - 13.4.9.2 Smoking cessation, obesity management and other lifestyle changes
 - 13.4.9.3 Chronic pain management
- 13.4.10 Appropriate referral procedures to ensure continuity of care, provide optimal information sharing and enhance patient compliance.

Workplace Based Assessment (WPBA):

Definition

To evaluate the resident's progress over a period of time in their performance in specified areas of professional practice. It is a process through which evidence of competence in independent practice is gathered in a structured and systematic framework. WPBA ensures that what residents do in controlled assessment situations correlates positively with their actual performance in real life, on a day-to-day basis. Here, we are assessing performance *in vivo* using samples of data gathered from the working practice of the resident.

The aims of WPBA

- a) Connects teaching methods, reports and collected and attained from the hospital and primary care centres with assessments to create a complete explanation of the performance.
- b) Enables residents to know what is expected of them and demonstrates attainment over time.
- c) Facilitates a safe teaching environment in practice
- d) Ensures that the practice is as close as possible to the real situations in which doctor's work.
- e) Judges resident's performance either as adequate or inadequate (not pass/fail) assessments.
- f) Provides feedback to the resident on areas of strengths and weaknesses.
- g) Allows the overall evaluation to get as close as possible to the real situations in which doctors work.
- h) Effectively assesses some competences that are not well assessed in any other way, e.g. physical examination skills, procedural skills, ethical principles, team working and practice organization.

Process of the WPBA

The follow up of residents through the residency program is the responsibility of WPBA Committee. Its main task is to collect evidence indicating the need for further training and deciding those who are eligible to proceed to the next step of assessment.

The WPBA depends on the Kuwait Family Medicine Competency Framework of different areas of professional competencies against which evidence is gathered through validated tools. These tools ensure that evidence is collected in the same way for each resident, and promote consistency amongst trainers and hospital tutors. The committee uses the tools (reports) to provide evidence about the performance of the resident. The reports about resident's performance should be collected within 2 weeks of completing the training through e-mail (kfmrp.wpba@gmail.com). The reports are downloaded in computerized folders for each resident. A copy of the reports should be kept in the resident's file and his/her personal WPBA portfolio. Residents' signature is required to indicate that the resident has read the report.

The Tools for WPBA

- a) Clinical Supervisor's Report (**CSR**) (General practice and Hospital)(At the end of each placement period)
- b) Consultation Observation Tool (**COT**) (General Practice)
- c) Case Based Discussion (**CBD**) (General Practice)
- d) Audit project (General Practice)
- e) Completion of courses report (**CCR**) (General Practice)
- f) Small Group teaching sessions (**SGT**)
- g) Direct observation of procedural skills (**DOPS**) (Hospital)
- h) AUDIT project

Clinical Supervisor Report (CSR):

Should be completed by either the trainer or the hospital tutor at the end of each training period. CSR forms part of the evidence which is gathered through WPBA. In this report there is a section for the clinical supervisor to write a short structured report on the resident at the end of each training post (clinic/hospital). This covers:

- The knowledge base relevant to the post.
- Physical examination skills relative to the post
- The practical skills relevant to the post.
- The professional competences.

Consultation Observation Tool Report (COT):

Formal Observed Consultations should be performed on monthly bases, and provide him/her with a structured feedback to improve performance. Each session should consist of at least five cases.

Case Based Discussion (CBD):

CBD is a structured interview designed to explore professional judgment exercised in clinical cases which have been selected by the resident and presented for evaluation on a monthly bases. The trainer should ensure that a balance of cases are represented including those involving children, older adults, chronic diseases, emergencies, psychosocial cases etc., across varying contexts i.e. clinic and home visits.

The Audit Project:

The aim of the Audit project is to introduce the residents to the future responsibilities towards improving the health services in the primary healthcare setting. The Audit project is considered as a pre requisite to the final assessment. It must be completed, submitted, and passed by the end of R4. All residents need to sign a document that validates the authenticity of their Audit project.

Completion of course report (CCR):

Reports about residents' performance during (participation & punctuality) should be fulfilled and submitted at the end of each course by the course tutors to the WPB coordinator.

Small Group Teaching Session (SGT)

The aim is to enhance consultation skills of residents and to expose residents to different style of teaching by different trainers for the PGR4 and PGR5 residents. All residents' are required to prepare a video case for analysis & discussion. The group teaching sessions are part of the WPBA. Therefore, attendance & punctuality are mandatory.

Direct Observation of Procedural Skills (DOPS):

Direct Observation of Procedural Skills (DOPS) is designed to provide feedback on procedural skills essential to the provision of good clinical care. Each hospital placement will have mandatory and optional procedures. The mandatory procedures have been selected as sufficiently important and/or technically demanding to warrant specific assessment. In addition to that residents are expected to attend Clinical skills enhancement workshops provide residents with the opportunity to master certain procedural skills under professional supervision to help residents to acquire competencies in performing some common procedural clinical skills needed in general practice

WPBA requirements for each residency year

Residents should achieve adequate performance in the WPBA in order to ensure readiness of the resident to proceed to the next level of training.

Residency Year	Examination entrance Eligibility Requirements			
	Rotations and Courses	Time off training	Duties	Reports
PGR1	Attendance of all/passing 75% of the Rotations and Courses of R1	45 days/ year	Minimum 220 hours / Year.	3 COT 3 Cbd GPBT CSR 10 DOPS (2 /month) HPBT CSR For each rotation CCR for each course
PGR2	Attendance of all /passing 75% of the Rotations and Courses of R2	45 days/ year	Minimum 220 hours / Year	16 DOPS (2/month) HPBT CSR For each rotation CCR for each course CSE
PGR3	Attendance of all /passing 75% of the Rotations and Courses of R3	45 days/ year	Minimum 220 hours / Year	4 COT 4 Cbd GPBT CSR 12 DOPS (2 /month) HPBT CSR For each rotation CCR for each course
PGR4	Attendance of all /passing 75% of the Rotations and Courses of R4	45 days/ year	Minimum 220 hours / Year	8 COT 8 Cbd GPBT CSR 5SGT CCR for each course Audit Project Report (Pass)
PGR5	Attendance of all /passing 75% of the Rotations and Courses of R5	45 days/ year	Minimum 220 hours / Year	8 COT 8 Cbd GPBT CSR 5 SGT CCR for each course

Training & Teaching staff of The Family Medicine Residency Program

Name of Center	District	Trainer
SalehAlhumaidhyHealthcare center	Capital	Samia Almusallam Sawsan Albannai
Khalid Algunaim Healthcare center		Maleka Serour Abudlrahman Mustafa Aliaa Sadek
Abdulla Abdulhadi health center		Huda Alduwaisan
FutoohAlsabahHealthcare center		Huda Abduljalil Ibrahim Majdi
Qurtuba Healthcare center		Sameera Alkandari
Sulaibikhat		Deena Aldubaib
AlnafeesyHealthcare center		Sana Almansour
Aldasma Healthcare center		Fareeda Mokaddam
Alsawaber Healthcare center		Ghaidaa Almutairi
DasmanHealthcare center		Sawsan Madhi
AlqayrawanHealthcare center		Amel Aljuhaidli
Alsurra healthcare center		Amani Alsaqabi
Alihqaki healthcare center		Nadia Jumaa
Abdulgugni healthcare center		Anwaar Buhamra
Almehri healthcare center		Ameena Alatwan
Alayyar healthcare center		Dalal Alhajeri
Alsager healthcare center		Dalia Alsanea
Mishref		Hawally
Sabah Alsalem	Amel Alsaqabi Israa Hassan	
Alsalam	Khaled Alzayed	
Hadiya	Ahmadi	Amel Almehzaa
Alqurain		Basma Alqallaf
Alrehab	Farwaniya	Anwaar Alnajjar Tahani Alansari
Alferdous		Ibrahim Almousa Walaa Alkandari
Saad Alabdalla	Jahra	Malik Alnabhan

Name of Site
1. Internal Medecine (Mubarak)
2. Surgery(Mubarak)

Name of Site
3. General Pediatrics(Mubarak)
4. Emergency (Mubarak)
5. Internal Medicine(Adan)
6. Surgery (Adan)
7. General Pediatrics(Adan)
8. Emergency (Adan)
9. Orthopedics (Adan)
10. Obstetrics &Gynecology(Adan)
11. Neonatology (Adan)
12.General Pediatrics(Sabah)
13.Obstetrics &Gynecology(Sabah)
14.Internal Medicine (Sabah)
15.Orthopedics (Razi)
16.Dermatology (Asaad Alhamad)
17.Psychiatry
18.Internal Medicine (Farwanya)
19.Surgery(Farwaniya)
20.General Pediatrics(Farwaniya)
21.Emergency (Farwaniya)
22.Obst/Gyn (Farwaniya)

Name of Site
23. Internal Medicine (Amiri)
24. Surgery (Amiri)
25. General Pediatrics (Amiri)
26. Emergency (Amiri)
27. Internal Medicine (Jahra)
28. General Pediatrics (Jahra)
29. Emergency (Jahra)
30. Obstetrics Gynecology (Jahra)
31. ENT (Sabah)
32. Ophthalmology (Albahar)

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