

# **Kuwait Family Medicine Residency Program Rotations Objectives**

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## Emergency Medicine Objectives

### Objectives:

- **In the appropriate setting, the resident should demonstrate the ability to apply Knowledge of the followings among all age group:**
  - **The principles of care & the initial stabilization of patients.**
  - **Assessment and management of conditions in the following content areas:**
    - **Trauma: e.g. Blunt, penetrating, burns, drowning and near drowning, bites, stings**
    - **Acute neurologic disorders: e.g. CVA, coma, meningitis, seizure disorders etc.**
    - **Acute respiratory disorders: e.g. Pulmonary embolism/ infections, pneumothorax, asthma...etc.**
    - **Acute cardiovascular disorders: e.g. acute coronary syndrome, dysrhythmias, heart failure...etc.**
    - **Acute endocrine disorders: e.g. diabetic ketoacidosis, acute adrenal insufficiency etc.**
    - **Acute gastrointestinal disorders: e.g. acute appendicitis, acute abdomen etc.**
    - **Acute urinary system disorders: e.g. urinary retention, nephrolithiasis etc.**
    - **Acute musculoskeletal disorders: e.g. fracture, dislocated joints etc.**
  - **Recognition and management in the following areas:**
    - **Toxicologic emergencies and their treatment: e.g. acute overdose, accidental poisonings and ingestion, treatments and antidotes etc.**
    - **Special circumstances:**
      - **Resuscitations (e.g., coordination, communication, recording)**
      - **Metabolic disorders and acid/base imbalance.**
      - **Shock and initial resuscitative measures required for each unique condition of different types of shock.**
      - **Acute infectious emergencies (e.g. encephalitis, septicemia...etc.)**
      - **Heat injuries**
      - **Hypersensitivity reactions and anaphylaxis**

**Indications and interpretation of diagnostic tests pertinent to the urgent and emergent setting e.g.: ECG, Blood laboratory chemistry and hematologic studies...etc.**

- **Skills: In the appropriate setting, the resident should demonstrate the ability to independently perform / observe / or appropriately refer:**
  - **Airway management:**
    - Heimlich maneuver
    - Ensuring airway patency and the use of advanced airway techniques
    - Needle thoracentesis and tube thoracotomy
    - Cricothyroidotomy
  - **Anesthetic techniques: e.g. Local anesthesia**
  - **Diagnostic and therapeutic procedures:**
    - **Repair of skin lacerations: methods and techniques.**
    - **Management of wounds/ foreign bodies in the skin and body orifices**
    - **Use of Automated Electrical defibrillator (AED)**
    - **Management of acute cardiorespiratory arrest in all age groups. (e.g. BLS)**

## **Pediatrics Rotation**

## **Objectives:**

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

- **Demonstrate the ability to take proper history and perform appropriate clinical Examination for pediatric patients at different age groups.**
- **Formulate an appropriate diagnosis and treatment plan for common pediatric conditions.**
- **Be aware of his/her own practice limitations and seek consultation with other health care providers and resources when necessary to optimize patient care.**

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

- **Child feeding, immunization, developmental stages and delay, milestones, growth chart, learning disorders, injury prevention, sudden infant death syndrome and child abuse.**
- **Major Medical problems of infants and child**
- **Medical problems of infants and children: recognition, management and appropriate referral:**
- **Common conditions in neonates: Formulate an appropriate diagnosis and treatment plan for common neonatology conditions.**
- **Fetal and neonatal period: Pathophysiology of the neonatal period including: Infectious and non-infectious conditions: e.g. jaundice, anemia, sepsis, respiratory distress/ Newborn and child care.**
- **Allergic: asthma, atopy, and allergic rhinitis.**
- **Inflammatory: juvenile rheumatoid arthritis, Kawasaki diseases.**
- **Renal and urologic: GN, UTI, Vesicoureteral reflux, and enuresis.**
- **Endocrine/metabolic and nutritional problems: thyroid disorders, diabetes mellitus, obesity, failure to thrive, abnormal growth patterns.**
- **Neurologic problems: seizure disorders, headache, syncope, psychomotor delay, cerebral**



**palsy and movement disorders.**

- **Common skin problems: skin rash (viral, bacterial, parasitic and fungal), bites, stings and burns.**
- **Gastrointestinal problems: Gastroenteritis, constipation, encopresis, hepatitis, colic, gastro-esophageal reflux, food intolerance, malabsorption, pyloric stenosis, recurrent and chronic abdominal pain, hernia and GI emergency (intussusception, appendicitis).**
- **Cardiovascular problems: heart murmurs, congenital heart diseases and valvular diseases.**
- **Respiratory problems: upper and lower respiratory tract infections, reactive airway disease and asthma, cystic fibrosis, bronchiolitis, foreign body aspiration, snoring and obstructive sleep apnea.**
- **Ear problems: AOM, CSOM.**
- **Other serious infections: sepsis, meningitis, encephalitis and osteomyelitis**
- **Childhood malignancies; leukemia, lymphoma, neuroblastoma and others.**
- **Children with special needs.**
- **Child abuse:**
  - a. **Training about recognition and diagnosis of child abuse**
  - b. **Training about signs and symptoms of child neglect**
  - c. **Management of child abuse and neglect (notification letter)**

## **Internal Medicine Rotation**

## **Objectives:**

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

### ***1. Cardiovascular system***

- ***Knowledge:*** By the end of training the resident should demonstrate the ability to apply knowledge of:
  1. Normal cardiovascular anatomy and physiology.
  2. Cardiovascular disease risk factors.
  3. Specific diseases/conditions:
    - a. Coronary artery disease / acute coronary syndromes
    - b. Syncope, cardiogenic and non-cardiogenic
    - c. Dysrhythmias
    - d. Hypertension
    - e. Pulmonary heart disease
    - f. Heart failure
    - g. Thromboembolic disease
    - h. Valvular heart disease
    - i. Congenital heart disease
    - j. Dissecting aneurysm
    - k. Heart murmurs
    - l. Peripheral vascular disease
    - m. Cardiomyopathies
    - n. Pericardial disease
    - o. Infective endocarditis
    - p. Dyslipidemia
    - q. Cardiovascular pharmacology
- ***Skills:*** In the appropriate setting, the resident should demonstrate the ability to perform / observe / refer appropriately:
  1. Diagnostic procedures:
    - a. Performance of history taking and physical examination. Calculating atherosclerotic cardiovascular disease (ASCVD) risk using ASCVD risk calculator.
    - b. Performance and interpretation of ECG
    - c. Interpretation of chest X-ray
    - d. Awareness of:
      - i. Stress testing.

- ii. Echocardiography.**
- iii. Ambulatory BP monitoring**
- iv. Holter monitoring**
- v. CT coronary angiogram**
- vi. Coronary calcium score**
- vii. Radioisotope imaging.**
- viii. Vascular Doppler examination**
- ix. Invasive investigations: e.g. diagnostic cardiac catheterization**
- x. Therapeutic Cardiovascular interventions: e.g. coronary artery bypass, implantable cardioverter-defibrillator etc.**
- xi. Relevant laboratory interpretation, including serum enzymes, isoenzymes and lipids.**
- xii. Therapeutic procedures:**
  - i. Detection & management of cardiovascular risk factors.**
  - i. Cardiopulmonary resuscitation (CPR)**
  - ii. Treating dysrhythmias / conduction disturbances.**
  - iii. Management of acute coronary syndrome, post infarction care, and complications.**
  - iv. Congestive heart failure.**
  - v. Hypertensive urgencies /emergencies.**
  - vi. Supervision and management of cardiovascular rehabilitation**
  - vii. Management of patients after an intervention (e.g. coronary artery bypass surgery, valve surgery, congenital heart disease surgery): e.g. Lifestyle adjustments.**

## **2. Neurology**

- **Knowledge:** The resident should demonstrate the ability to apply knowledge of pathological neurological disorders among all age groups, including:
  - 1. Headache (types, differential diagnoses & management)**
  - 2. Multiple sclerosis**
  - 3. Disorders of motor function: Upper and lower motor neuron disorders, coordination & movement disorders.**
  - 4. Cerebrovascular diseases: e.g. Ischemic stroke, hemorrhagic stroke, vasculitis, transient ischemic attacks.**
  - 5. Infections (e.g., meningitis, encephalitis)**

6. **Epilepsy: Types & treatment**
  7. **Dementia (e.g. Alzheimer's, vascular, Parkinson's disease etc.**
  8. **Brain tumors**
  9. **Disorders of consciousness: Syncope, stupor and coma: E.g. Toxic, metabolic etc.**
  10. **Head and spinal cord trauma: Evaluation, management and prevention.**
  11. **Encephalopathy (acute, chronic): Toxic & Metabolic.**
  12. **Aphasia & apraxia.**
  13. **Recognition of increased intracranial pressure.**
  14. **Spinal cord disorders.**
  15. **Disorders of peripheral nerve, neuromuscular junction and muscle:  
E.g. Muscular dystrophy, Peripheral neuropathy, Myopathy, Guillain-Barre syndrome etc.**
  16. **Congenital disorders**
  17. **Cranial nerves disorders**
- **Skills: In the appropriate setting, the resident should demonstrate the ability to independently perform / observe / or appropriately refer:**
    1. **Evaluation skills:**
      - a. **Early detection and defining the neurological problem.**
      - b. **To be able to take an appropriate focused and comprehensive history for patients presenting with neurological complaints.**
      - c. **To be able to perform thorough neurological examination including mental and physical e.g. mental status examination etc.**
      - d. **Localization of neurologic lesions based on clinical examination data and differential diagnosis.**
      - e. **Assessing the severity and prognosis of clinical problems, determining for urgent care and specialist referral.**
      - f. **Formulating a rational plan for further investigation and management.**
      - g. **Awareness regarding indications and significance of additional tests:**
        - i. **Lumbar puncture.**
        - ii. **Electroencephalogram (EEG).**
        - iii. **Muscle and nerve biopsy.**
        - iv. **Carotid ultrasound.**
        - v. **MRI, CT-scan etc.**



## vi. Nerve conduction studies and EMG

- **Management skills:**

1. **Formulating a diagnostic and management plan of common neurological problems and assessing the need for expert advice with an awareness of the risks, benefits and costs of evaluation.**
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.**
3. **Managing emergent neurology problems and obtaining urgent consultation when appropriate, e.g. Stroke, coma, Meningitis etc.**

### 3. *Respiratory System*

- **Knowledge:** By the end of training the resident should demonstrate the ability to apply knowledge of the followings among all age groups:

1. **Normal respiratory system anatomy and physiology.**
2. **Prevention of respiratory disease (e.g. Bronchial asthma, COPD)**
3. **Specific diseases and conditions:**
  - a. **Asthma**
  - b. **Chronic obstructive airway disease**
  - c. **Pulmonary embolism**
  - d. **Upper respiratory tract infections**
  - e. **Lower respiratory tract Infections (Acute bronchitis, Pneumonia, lung abscess, TB)**
  - f. **Bronchiectasis**
  - g. **Interstitial lung diseases**
  - h. **Sarcoidosis**
  - i. **Environmental pulmonary diseases (e.g. occupational asthma)**
  - j. **Pulmonary hypertension**
  - k. **Mediastinal and pleural disorders (e.g. pleural effusion, pleural fibrosis)**
  - l. **Pneumothorax**
  - m. **Aspiration of a foreign body**
  - n. **Sleep apnea**
  - o. **Lung cancer**
  - p. **Respiratory pharmacology**

- **Skills:**

1. **Diagnostic procedures:**

- a. **Performance of history taking and physical examination.**
- b. **Interpretation of chest X-ray**

- c. Performance and interpretation of peak flow meter (PFM) and spirometry
  - d. Interpretation of pulmonary function test (flow rates, lung volume etc.)
  - e. Interpretation of blood gas analysis
  - f. Indications and interpretations of lab investigations (CBC, gram stain, culture and sensitivity etc.)
  - g. Performance and understanding of the indications of thoracentesis
2. Awareness of the indications/interpretation of:
- a. CT scan
  - b. Ventilation perfusion scanning
  - c. MRI and other imaging studies
  - d. Bronchoscopy
  - e. Sleep studies
3. Management skills:
- a. 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.
  - b. 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.
  - c. Managing emergent respiratory problems and obtaining urgent consultation when appropriate, e.g. pneumonia, acute attacks of asthma and COPD, pneumothorax, pulmonary embolism etc.
4. *Gastro Intestinal and hepatobiliary System*
- **Knowledge:** By the end of training the resident should demonstrate the ability to apply knowledge of the followings among all age groups:
    1. Normal Gastro Intestinal and hepatobiliary system anatomy and physiology.
    2. Prevention of gastrointestinal and hepatobiliary disease (e.g. Gastroenteritis, hepatitis).
    3. The effects of liver disease on drug metabolism and liver damage caused by drugs.
    4. Specific diseases/conditions:
      - a. Esophageal disorders: Gastroesophageal reflux, hiatus hernia, motility disorders etc.
      - b. Gastritis and peptic ulcer disease.
      - c. Gastroenteritis: e.g. traveller's diarrhea.
      - d. Functional gastrointestinal disorders: e.g. Irritable bowel

disease.

- e. Mal-absorption syndromes e.g. Celiac disease
  - f. Inflammatory bowel disease: Crohn's, ulcerative colitis.
  - g. Diverticular diseases
  - h. Constipation
  - i. Ano-rectal disorders: e.g. Anal fissure, hemorrhoids, abscess.
  - j. Gall bladder and bile duct disorders: e.g. gall stone, acute cholecystitis
  - k. Pancreatitis
  - l. Hepatitis: viral, chronic
  - m. Liver fibrosis & cirrhosis
  - n. Colorectal cancer
  - o. Other tumors of the GI: pancreas and hepato-biliary systems etc.
  - p. Fatty liver disease: Non-alcoholic and alcoholic steatohepatitis (NAFLD-AFLD)
- **Skills:** In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:
    1. **Diagnostic procedures:**
      - a. Performance of history taking and physical examination.
      - b. Performance and understanding the indications/ contraindications of diagnostic procedures: e.g. nasogastric intubation, abdominal paracentesis
      - c. Understanding the indications/ contraindications and Interpretation of abdominal X- rays (with/ without contrast)
      - d. Understanding the indications/ contraindications and interpretation: Abdominal ultrasound, endoscopy, sigmoidoscopy, colonoscopy, ambulatory PH monitoring
      - e. Indications and interpretations of lab investigations (CBC, LFT, blood biochemistry, culture and sensitivity, H. pylori test, fecal occult blood etc.)
      - f. Awareness of the indications of:
        - i. CT scan, PET scan
        - ii. MRI
        - iii. ERCP, PTC
    2. **Management skills:**

- a. **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.**
- b. **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.**
- c. **Managing emergent gastrointestinal problems and obtaining urgent consultation when appropriate, eg. acute GI bleeding, acute hepatitis etc.**

#### **4. Rheumatology**

- **Knowledge:** By the end of training the resident should demonstrate the ability to apply knowledge of the followings among all ages:
  1. **Normal musculoskeletal system anatomy and physiology.**
  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.**
  3. **The clinical presentation, diagnostic criteria and initial treatment for the common rheumatologic conditions. Prevention of rheumatological disease (e.g. osteoarthritis, osteoporosis)**
  4. **Specific diseases/conditions:**
    - a. **Osteoarthritis**
    - b. **Rheumatoid arthritis (RA)**
    - c. **Spondyloarthropathy (Ankylosing spondylitis, Reiter's disease, Psoriatic arthritis, inflammatory bowel disease)**
    - d. **Infections that cause direct and indirect forms of arthritis (Acute rheumatic fever, Subacute bacterial endocarditis, Post-dysenteric)**
    - e. **Hyperuricemia**
    - f. **Crystal-induced arthropathies (Gout & others)**
    - g. **Connective tissue disorders: (e.g. SLE, polymyalgia rheumatic, etc.)**
    - h. **Vasculitis.**
    - i. **Osteoporosis and Osteopenia**
    - j. **Fibromyalgia and chronic fatigue syndrome**
- **Skills:** In the appropriate setting, the resident should demonstrate the ability to independently perform / observe / or appropriately refer:

### 1. Diagnostic procedures:

- a. The basic elements of a rheumatic assessment (including a targeted history, musculoskeletal examination and functional assessment).
- b. 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.
- c. Evaluation of limitations in activities of daily living and effect on social and psychological status of the patient.
- d. A focused history, musculoskeletal exam and laboratory evaluation to evaluate disease progression.

### 2. Management skills:

- a. The ordering of appropriate laboratory tests and radiographic images based on initial evaluation and interpretation of the results.
- b. Recognition of urgent joint conditions such as “the red hot joint” and performing appropriate management.
- c. Treatment of rheumatologic conditions and the monitoring of the laboratory, physical exam and potential side effects in consultation with a rheumatologist.

## 6. Endocrine and metabolic problems

- **Knowledge:** By the end of training the resident should demonstrate the ability to apply knowledge of:
  1. Prevention of common endocrine disease (e.g. Diabetes mellitus, dyslipidemias)
  2. The family medicine resident is required to demonstrate the knowledge of the followings:
    - a. Diabetes mellitus:
      - i. Pathophysiology, Epidemiology, Type 1 diabetes mellitus (diagnosis, presentation, principles of care and management, nutrition)
      - ii. Type 2 diabetes mellitus (pathophysiology, epidemiology, diagnosis, presentation, principles of care and management, nutrition)
      - iii. Diabetes across the age spectrum (children, adolescents, adults, elderly, pre- pregnancy/pregnancy)

- iv. **Diabetes emergencies (hypoglycemia, diabetic ketoacidosis, hyperosmolar hyperglycemic syndrome)**
- v. **Prevention, early detection and management of the complication of diabetes**
- vi. **Drugs & life style measurements relevant to patients with diabetes across their age & disease stage spectrum**
- vii. **Psychosocial impact of diabetes.**
- b. **Thyroid disorders:**
  - i. **Hypothyroidism, Hyperthyroidism, Approach to the patient with a thyroid nodule, Thyroid cancers**
  - ii. **Thyroid emergencies (myxoedema, hyperthyroid crisis)**
  - iii. **Medications prescribed in primary care setting.**
- c. **Dyslipidemia (prevention, screening, detection & medications.**
  - i. **Obesity (prevention, screening, Diagnosis & management)**
  - ii. **Metabolic syndrome (screening, diagnosis & management)**
  - iii. **Osteoporosis (screening, diagnosis & management)**
  - iv. **Adrenal disorders (Cushing's syndrome, hyperaldosteronism, Addison's disease, pheochromocytoma)**
  - v. **Pituitary disorders (prolactinoma, acromegaly, diabetes insipidus)**
  - vi. **Fluid and electrolyte metabolism e.g. Hypo and hypernatremia, Hypo and hyperkalemia, Hypo and hypercalcemia.**
- **Skills:**
  - 1. **Diagnostic procedures:**
    - a. **Clinical history, data gathering, and following the current literature in diagnosis common metabolic disorders, specifically, diagnostic criteria for diabetes mellitus, hypo & hyperthyroidism.**
    - b. **Physical examination assessment especially for the following areas:**
      - i. **Body mass index calculation, and weight circumference**
      - ii. **Diabetic foot examination.**
      - iii. **Thyroid examination.**
      - iv. **Visual acuity and retinal photography (diabetic retinopathy).**
      - v. **Diabetic neuropathy**
      - vi. **The use of blood glucose measuring devices**
      - vii. **The technique of using different insulins and injectable anti-**

**diabetic medication.**

- c. **The ability to interpret the following laboratory results:**
  - i. **Fasting, Random & postprandial blood sugar.**
  - ii. **Hemoglobin A1c**
  - iii. **Albumin: creatinine ratio, dipstick for microalbuminuria.**
  - iv. **Estimated glomerular filtration rate**
  - v. **Serum electrolyte and urate results.**
  - vi. **Thyroid function tests and understand their limitations – TSH, T4, free T4, T3, auto-antibodies.**
  - vii. **Lipid profile tests – total cholesterol, HDL, LDL, triglycerides.**
  - viii. **Awareness of the investigations in the secondary care e.g. thyroid and abdominal ultrasound, fine needle aspiration, and other endocrine procedures.**
- ***Therapeutic procedures:*** At the completion of residency training, the resident should be able to:
  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.**
  2. **Decide a management plan for patients with a metabolic problem at initial stage.**
  3. **Demonstrate a logical, incremental approach to investigate and diagnose metabolic problems.**
  4. **Understand principles of treatment of common metabolic conditions managed commonly in primary care (obesity, diabetes mellitus, hypothyroidism, hyperlipidemia)**
  5. **Develop strategies to simplify medication regimens in case of polypharmacy and encourage concordance with treatment.**
  6. **Work in a multidisciplinary team with other health care providers for managing metabolic diseases encountered in primary health care setting.**
  7. **Understand the indications for referral to an endocrinologist for management or investigation of complex metabolic problems.**
  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.**
  9. **Show competence in the management of the common endocrine disorders like: diabetes, hypothyroidism, dyslipidemia etc.**

**6. Hematology**

- **Knowledge:** By the end of training the resident should demonstrate the ability to apply knowledge of the followings among all age groups:
  1. Normal hematological laboratory values
  2. Prevention of hematological diseases like iron deficiency anemia and other types of anemia
  3. Specific diseases/conditions:
    - a. Iron deficiency anemia (etiology, diagnosis, treatment)
    - b. Sideroblastic anemia
    - c. Anemia of chronic disease
    - d. Megaloblastic macrocytic anemia: Vitamin B12 deficiency, Folate deficiency
    - e. Anemias caused by hemolysis: Sickle cell anemia, Glucose-6 Phosphate Dehydrogenase Deficiency, Thalassemia
    - f. Neutropenia, Lymphocytopenia
    - g. Thrombocytopenia, Thrombocytosis
    - h. Polycythemia
    - i. Eosinophilia
    - j. Leukemias (AML, ALL, CLL, CML)
    - k. Lymphomas (Hodgkin, non-Hodgkin)
    - l. Multiple myeloma
    - m. Common Drugs with hematological effect.
- **Skills:** In the appropriate setting, the resident should demonstrate the ability to independently perform / observe / or appropriately refer:
  1. Ensures appropriate history taking and relevant physical examination.
  2. Ensures rational requesting of hematology tests, considering yield, cost & resources.
  3. Interprets results of common hematological laboratory tests (e.g. CBC, ESR, Hemoglobin electrophoresis, coagulation profile, Blood grouping and rhesus factors).
  4. Recognizes uncommon but serious diseases e.g. acute and chronic leukemia, myeloma and lymphomas.
- **Management skills:**
  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.
  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.





3. **Manages emergent hematological problems and obtaining urgent consultation when appropriate, e.g. acute hemolysis, acute complications of sickle cell diseases etc.**
4. **Recognizes the risk & benefits of blood transfusion.**
5. **Appropriately counselling patients on the benefits and risks of screening for hematological diseases.**
6. **Awareness of referral criteria to hematologist.**
7. **Participates in liaison between laboratory and clinical staff e.g. Team Working.**
8. **Consults where necessary to obtain appropriate advice in reporting findings.**
9. **Understands the sensitivities around the diagnosis of a familial disorder, for example, premarital counseling.**
10. **Exhibits understanding of the impact of hemoglobin disorders on the patient and their family.**

## **Obstetrics & Gynecology Rotation**

### **Objectives:**

**a. Competencies:**

- **A family medicine resident should:**
  - **Be able to perform a comprehensive women's health assessment and develop appropriate treatment plan for women.**
  - **Be able to communicate effectively with the patients and their families. 4.1.3 Be aware of the ethical & medico-legal issues related to consulting female patients.**
  - **Awareness of the local community resources that is available for Women's wellbeing & care**
  - **Recognize the red flags for women health conditions**

**b. Attitudes:**

- **The resident should demonstrate attitudes that encompass:**
  - **Realizing that women need sensitive approach as they are often more conservative in dealing with issues e.g. mental health, sexual dysfunction, alcohol, smoking etc.**
  - **Recognize that a woman's health is affected by biological, psychological, occupational and social factors.**
  - **A gender-specific understanding of the importance of disease prevention, wellness and health promotion for adding quality years to women's lives.**
  - **Understand the importance of involving women in solving their own health problems.**
  - **Being professional & non-judgmental during consultation of female patients with gender dysphoria, all within the legal boundaries of the state of Kuwait.**

**C. Knowledge:**

- **In the appropriate setting, the resident should have appropriate:**
  - **Knowledge of diagnosis and management:**
    - **Appropriate history and physical examination for women of all age groups**
    - **Gynecology:**
      - **Disease prevention, health promotion and periodic health evaluation**
      - **Physiology of menstruation**
      - **Abnormal uterine bleeding**
      - **Gynecologic problems in adults & children (e.g. Vaginal Discharge)**
      - **Infections and diseases of the female reproductive and urinary systems**
      - **Breast health and diseases of the breast**
      - **Sexual assault/ Domestic violence: Recognition, management &**

**channels of reporting.**

- **Pelvic pain**
- **Benign and malignant neoplasms of the female reproductive system**
- **Menopause and geriatric gynecology**
- **Indications for surgical intervention**
- **Cervical lesions and abnormal cytology**
- **Ectopic pregnancy**
- **Obstetrics:**
  - **Pre-pregnancy planning and counseling**
  - **Prenatal care (including risk assessment)**
  - **Labor and delivery**
  - **Postpartum care**
  - **Indications for cesarean delivery**
  - **Obstetric complications and emergencies**
  - **Lactation**
- **Family life education:**
  - **Family planning**
  - **Fertility problems**
  - **Inter-conceptional care**
  - **Family and sexual counseling**
- **Consultation and referral:**
  - **The role of the obstetrician, gynecologist and subspecialist**
  - **Women's health care delivery systems**
  - **Collaboration with other health care providers (i.e., dietitian. etc.)**

**d. Skills:**

- **Emotional preparation for and thorough performance / observation of the gynecologic examination and appropriately refer in patients of all ages:**
- **Gynecology:**
  - **Appropriate screening e.g. breast, cervical etc.**
  - **Awareness regarding:**
    - **Obtaining vaginal and cervical cytology**
    - **Colposcopy**
    - **Cervical biopsy and polypectomy/Endometrial biopsy**
    - **Cryosurgery and cautery for benign disease**
    - **Microscopic diagnosis of urine and vaginal smears**
    - **Bartholin duct cyst drainage**



- **Dilation and curettage for incomplete abortion**
- **Family planning and contraception:**
  - **Contraceptive counseling and prescribing including emergency contraception.**
  - **Intrauterine contraceptive device counseling**
  - **Parenteral contraceptives and counseling.**
  - **Pregnancy:**
    - **Pre-pregnancy evaluation**
    - **Initial pregnancy visit**
    - **Risk assessment**
    - **Counseling throughout pregnancy**
    - **Management of common postpartum problems.**

## **Orthopedics Rotation**

### **Objectives:**

#### *a. Competencies:*

- **At the completion of residency training, a family medicine resident should:**
  - **Perform an appropriate musculoskeletal history and physical examination.**
  - **Formulate an appropriate diagnosis and recommend treatment.**
  - **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.**
  - **Recognize his or her practice limitations and seek consultation with other health care providers when necessary to provide optimal care.**
  - **Perform an evidence-based, age-appropriate and activity-specific pre-participation physical evaluation and provide guidance for an appropriate exercise prescription.**
  - **Be aware of the ethical & medico-legal issues related to orthopedic conditions in the state of Kuwait.**
  - **Recognize the red flags for orthopedics' conditions.**

**b. Attitudes:**

- **The resident should develop attitudes that encompass:**
  - **The importance of shared management between family physician and orthopedic surgeon and other team members regarding the care of orthopedic patients as appropriate.**
  - **The importance of prevention of musculoskeletal problems and the benefits of exercise for patients' lives.**
  - **Emphasis of the involvement of patient and his/her family in prevention of complications and post-operative care management.**
  - **Awareness of the special needs of patients who have acute injuries.**
  - **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.**

**c. Knowledge:**

- **The resident should demonstrate the ability to apply knowledge of the followings among all age group:**
  - **Normal anatomy and physiology of locomotor system.**
  - **Normal growth and development of locomotor system.**
  - **Pathogenesis/pathophysiology and recognition of:**
    - **Joint pain, Muscular pain**
    - **Musculoskeletal trauma and common sport related injuries (e.g.**

**Fractures, dislocations, tendon ruptures and nerve injury etc.)**

- **Tendinopathy**
- **Bone and joint deformities**
- **Bone and joint infections**
- **Metabolic bone diseases**
- **Compartment syndrome**
- **Avascular necrosis**
- **Overuse syndromes**
- **Back pain syndromes**
- **Bone neoplasms: Benign and malignant.**
- **Pediatric problems:**
  - **Joint dislocation**
  - **Legg-Calvé-Perthes disease**
  - **Osgood-Schlatter disease**
  - **Slipped capital femoral epiphysis**
  - **“Clubfoot” (talipes equinovarus)**
  - **In-toeing (metatarsus adductus, tibial torsion, femoral anteversion)**
  - **“Bowleg” (genu varum) and “knock knee” (genu valgum)**
  - **Epiphyseal injuries**
  - **Transient synovitis**
  - **Child abuse patterns of injury**
  - **Rickets**
  - **Osteogenesis imperfecta**
  - **Thoracolumbar scoliosis.**

**d. Skills**

- **In the appropriate setting, the resident should demonstrate the ability to independently perform / observe / or appropriately refer:**
  - **Musculoskeletal history taking & physical examination**
  - **Indications, contraindications and interpretation of laboratory data (e.g., inflammatory markers: RF, CRP etc.)**
  - **Indications, limitations, contraindications of musculoskeletal procedures such as: Common joint aspirations and intra articular injections**
  - **Imaging & other tests:**
    - **Interpretation of radiographs**
    - **Awareness regarding use of magnetic resonance imaging(MRI), computed tomographic scanning (CT-scan) and bone scanning**

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

**Exercise Prescription: Evidence based, age appropriate and tailored exercise prescription, in partnership with patient.**

## Surgery Rotation

### Objectives:

#### a. Competencies:

- **At the completion of residency training, a family medicine resident should:**
  - **Be knowledgeable of the following:**
    - **Basic surgical scientific knowledge**
    - **Undescended testes, hydrocele**
    - **Types of hernia**
    - **Urethral abnormality**
    - **Anal fissure/ anal atresia**
  - **Clinical knowledge**
  - **Data gathering (history and physical examination)**
  - **Choice and use of ancillary tests (eg. Lab tests)**
  - **Soundness of judgement and clinical decision**
  - **Self- assessment ability (insight)**

**b. Skills**

- **Establish therapeutic relationship with patient and family**
- **Delivers understandable information to patients/families**
- **Maintains professional relationship with other health care providers**
- **Provides effective counseling to patients/families**
- **Provides clear and complete records and reports**
- **Works effectively in a team environment**

## **Dermatology Rotation**

### **Objectives:**



**a. Competencies:**

- **By the end of residency training, a family medicine resident should:**
  - **Provide compassionate and culturally appropriate patient centered care**
  - **Be proficient in the diagnosis and treatment of common dermatologic conditions**
  - **Utilize diagnostic and evidence-based treatment guidelines as well as maintain up to-date knowledge of appropriate usage of evolving dermatologic treatment technology**
  - **Communicate effectively with patient having dermatologic problems.**
  - **Know his limitation and refer appropriately & understand how to coordinate needed referrals to specialty providers**
  - **Aware of the ethical & medico-legal issues related to dermatological practice in the state of Kuwait**
  - **Recognize the red flags for dermatologic conditions**

**b. Attitudes:**

- **The resident should demonstrate attitudes that encompass:**
  - **A willingness to manage the majority of dermatologic conditions**
  - **A positive approach to psychosocial issues in patients who have skin disorders**
  - **The consideration of counseling of patients who have dermatologic conditions as appropriate**
  - **A willingness to learn and perform common dermatologic procedures as appropriate**
  - **A constructive collaboration with dermatologists when appropriate**
  - **A professional & non-judgmental approach to patients presenting with dermatological manifestations of STIs**
  - **Ability to self-reflect on performance and act promptly**

**c. Knowledge:**

- **By the end of training the resident should demonstrate the ability to apply knowledge of:**
  - **Specific diseases/conditions (*among all age groups*):**
    - **Dermatitis: Atopic, contact, seborrheic etc.**
    - **Psoriasis and scaling diseases Acne and rosacea**
    - **Infections (bacterial, viral and fungal)**
    - **Infestations including scabies and head lice**
    - **Leg ulcers and lymphedema**

- **Disorders of hair and nails**
- **Cornification disorder: calluses, corns etc.**
- **Reaction to sunlight**
- **Pigmentation disorders: vitiligo, hyperpigmentation etc.**
- **Hypersensitivity and inflammatory disorders: Erythema multiforme, urticaria, vasculitis, drug eruptions etc.**
- **Bullous diseases**
- **Prevention of skin diseases**
- **Management of common skin condition**
- **Prevention, recognition and management of skin cancers: Melanoma, basal & squamous cell carcinoma etc.**
- **Dermatologic medications; systemic & topical**
- **Basic awareness regarding common aesthetic procedures to guard patient's safety: i.e. precautions & post-procedure complications e.g. Injectables: fillers & Botox; Skin Rejuvenation etc.**

**d. Skills:**

- **In the appropriate setting, the resident should demonstrate the ability to perform / observe / appropriately refer:**
  - **History and physical examination appropriate for dermatologic conditions**
  - **Preventive skin examination**
  - **Biopsy of skin lesions**
  - **Scraping and microscopic examination**
  - **Destruction of lesions: Cryosurgery, electrodesiccation & curettage**
  - **Formulating a diagnostic and management plan for common dermatological diseases and assessing the need for expert advice etc.**
  - **Counseling for dermatologic disorders.**
  - **Identifying & promptly referring dermatologic problems that need urgent referral.**

## **ENT Rotation**

### **Objectives:**

**a. Competencies:**

- **At the completion of residency training in ENT, a family medicine resident should:**
  - **Be able to recognize the early presentation of common ENT problems**
  - **Be competent in managing common ENT problems encountered in the primary care setting**
  - **Demonstrate an understanding of the impact of ENT illnesses on patients and their families**
  - **Demonstrate an understanding of the role of each member of the ENT team (ENT surgeons, technicians etc.)**
  - **Recognize his/her own practice limitations and seek consultation with other healthcare providers when necessary**
  - **Be aware of the ethical & medico-legal issues related to ENT problems in the state of Kuwait**
  - **Recognize red flags of ENT conditions**

*b. Attitudes*

- **The resident should demonstrate attitudes that encompass:**
  - **A supportive and compassionate approach to the care of patients with ENT disease, especially in cases of deteriorating hearing and incurable disabling ENT conditions**
  - **Describing strategies for effective communication with patients with hearing impairment and deafness**
  - **Demonstrating effective strategies for dealing with parental concerns regarding ENT conditions, e.g. recurrent tonsillitis and glue ear**
  - **Empowering patients to adopt self-treatment and coping strategies where possible, e.g. hay fever, epistaxis, chronic sinusitis, dizziness, vertigo and tinnitus**

*c. Knowledge*

- **The family medicine resident is required to demonstrate the knowledge of the following among all age groups:**
  - **Inner ear disorders: ENT causes of dizziness/vertigo e.g.: benign paroxysmal positional vertigo, drug induced ototoxicity, Labyrinthitis and vestibular neuritis, Meniere's disease and acoustic neuroma**
  - **Middle ear and tympanic membrane disorders: acute otitis media (serous, suppurative), chronic otitis media, otosclerosis, presbycusis, tympanic membrane perforation, mastoiditis, barotrauma and eustachian tube dysfunction.**
  - **External ear disorders; dermatitis of the ear canal, otitis externa, external ear obstructions**
  - **Oral and pharyngeal disorders: salivary stones and sialadenitis, adenoid disorders,**

**tonsillitis, pharyngitis and obstructive sleep apnea, uvulitis**

- **Nose and sinus disorders: infections, foreign bodies, nasal polyps, allergic rhinitis, septal deviation and sinusitis (acute and chronic)**
- **Laryngeal disorders: laryngitis, laryngocele, vocal cord disorders (paralysis), polyps and nodules**
- **ENT malignancies**
- **Emergencies: epistaxis, epiglottitis, peritonsillar and retropharyngeal abscess, sudden sensorineural hearing loss, foreign bodies**
- **Prevention: screening for hearing impairment in adults and children**
- **Basic awareness regarding common Aesthetic procedures to guard patient's safety: i.e. precautions & post-procedure complications e.g. Injectables: fillers & Botox; Skin rejuvenation etc.**

**a. Skills:**

- **In the appropriate setting, the resident should demonstrate the ability to perform, observe, and interpret:**
  - **Otoscopy**
  - **Tuning fork tests (Weber and Rinne's tests)**
  - **Dix-Hallpike maneuver**
  - **Interpretation of tympanometry and audiometry**
  - **Watchful waiting and use of delayed prescriptions**

## Ophthalmology Rotation

### **Objectives:**

**a. Competencies:**

- **At the completion of residency training, a family medicine resident should:**
  - **Demonstrate an understanding of the impact of ocular illness and dysfunction on patients and their families.**
  - **Demonstrate an understanding of the ophthalmic consultant's role, including the different responsibilities of ophthalmologists and optometrists.**
  - **Recognize own practice limitations & importance of consulting ophthalmologists and others when necessary to provide optimal patient care.**
  - **Be aware of the ethical & medico-legal issues related to dermatological conditions in the state of Kuwait.**
  - **Recognize the red flags for ophthalmological conditions**

**b. Attitudes:**

- **The resident should demonstrate attitudes that encompass:**
  - **Recognizing the importance of supportive and sympathetic attitude towards the patients with impaired vision and an awareness of the impact on their lives**
  - **Recognizing the effects of loss of visual function and the importance of support systems in the health of patients who have ocular disease.**

**c. Knowledge:**

- **In the appropriate setting, the resident should demonstrate the ability to apply knowledge of the followings among all age groups:**
  - **Normal anatomy and physiology of the eye, age- specific changes in the visual function. Impact of medication and toxins on the eyes and visual function. In addition to the effects of ocular drugs on systemic function.**
  - **Understanding of geriatric ocular problems & importance of regular assessment.**
  - **Ocular complications of systemic illness.**
  - **Guidelines for appropriate vision evaluation.**
  - **Initial diagnosis, management and appropriate referral criteria for common eye problems:**
    - **Diseases of the Conjunctiva: Trachoma, conjunctivitis, pinguecula and pterygium.**
    - **Corneal diseases: Superficial trauma and infection e.g. corneal abrasion, keratitis, corneal ulcers, Dry eye and associated diseases**
    - **Disease of sclera: episcleritis and scleritis**
    - **Disease of iris and ciliary body: hyperemia, hemorrhage and Iritis, synechia, mydriasis, meiosis.**

- **Disease of choroid: hemorrhage, choroiditis, degeneration and Atrophy (myopic, senile, colloid) and detachment.**
- **Disease of retina: retinitis (If due to syphilis, malaria, tuberculosis, etc., or due to diabetes or due to effects of sunlight or electric light), diseases 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, detachment and optic neuritis**
- **Disease of lens: cataract (If due to diabetes, toxic conditions, traumatism or due to keratitis)**
- **Affections of the eyeball: glaucoma, diplopia (binocular, uniocular) and ametropia: myopia (simple), hyperopia (simple), astigmatism, anisometropia and presbyopia; contact eye lenses**
- **Disease of the lid: blepharitis, abscess, tarsitis, chalazion, emphysema (When due to injury), trichiasis, entropion and ectropion, blepharitis, ptosis**
- **Disease of the lacrimal apparatus: dacryocystitis, obstruction of duct**
- **Disease of the ocular muscle: myositis and strabismus.**
- **Disease of the orbit: cellulitis and exophthalmos**
- **Affection of organs on eye: disorders of associated movements (Paralysis of convergence, spasm of convergence, nystagmus), optic neuritis, orbital cellulitis, optic-nerve atrophy, eczema of lids, cranial nerve palsies**
- **Macular degeneration and age-related changes**
- **Trauma: Blunt & Penetrating.**
- **Pediatrics eye conditions**
- **Appropriate indications for special procedures in ophthalmology Awareness of: Indications, limitations and follow-up care of elective eye procedures e.g. refractive surgery**
- **Basic awareness regarding common Aesthetic procedures to guard patient's safety: i.e. precautions & post-procedure complications e.g. Injectables: fillers & Botox etc.**

**d. Skills:**

- **In the appropriate setting, the resident should demonstrate the ability to independently perform / observe / or appropriately refer:**
- **Evaluation:**

- **Perform specific procedures and interpret results:**
  - **Tests of visual acuity, visual fields and ocular motility.**
  - **Direct ophthalmoscopy.**
  - **Flashlight examinations.**
  - **Fluorescein staining of the cornea.**
  - **Awareness of: Tonometry / Slit- lamp examination**
  - **Perform physical examination in patients of all ages, with emphasis on understanding normal neurologic and motor responses as well as appearance.**
  - **Localize the problem and generate an appropriate differential diagnosis and management planning.**
- **Management:**
  - **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.**
  - **Manage and recognize the common prevalent and treatable diseases.**
  - **Familiar with the use of different medications e.g. mydriatics, topical anesthetics, corticosteroids, antibiotics and glaucoma agents**
  - **Prevention and screening of eye problems among different age groups**

## **Palliative Care Rotation**

### **Objectives:**

#### **a. Competencies**

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

- **Understanding for both concepts of palliative care and end-of- life care and impact into the social well being.**
- **Promotion for palliative care approach in the primary health care centres, home visits and different communities.**
- **Demonstration of whole person approach in caring for terminally ill patients and their families / caregivers.**
- **Acknowledgement of the ethical & medico-legal issues related to terminally ill patients and their caregivers / family.**
- **Recognition of the terminally ill patient's red flags.**

**b. Attitudes:**

- **The resident should demonstrate attitudes that encompass:**
  - **Show compassion and empathy towards dying patients and members of their families.**
  - **Keep ethical rules in relationship with patients and their relatives and caregivers.**
  - **Understand the importance of confidentiality as the basis for establishing trusting relationship with patients and their relatives.**
  - **Pay special attention to issues of care, pain and symptoms control, patient's choice and control over treatment decisions and the patient's dignity.**
  - **Appreciate the diverse of specific family and community traditions related to death and mourning rituals.**
  - **Pay special attention to psychological condition of children and adolescents who have experienced the loss of one of their family members.**

**c. Knowledge**

- **The Family Medicine resident is required to demonstrate the knowledge of the following:**
  - **Basics of palliative care: end-of- life complexity; physician's role in terminal**



**care and the multi-professional and interdisciplinary approach of Palliative Care.**

- **Pain and symptom management: in different settings like: curative therapy versus palliative therapy and palliative medicine**
- **Recognition of chronic pain features: the concept of "total pain", principles of pharmacological treatment, pharmacodynamics of opioids, non-opioids & adjuvant analgesics.**
- **Interventional pain management: oncological interventions (chemotherapy, radiotherapy), neurolytic procedures (anesthetic or neurosurgical).**
- **Non-pharmacological pain management: nursing, psychotherapy and counselling, physiotherapy, alternative therapy.**
- **Gastrointestinal symptoms: nausea and vomiting, constipation, diarrhea, Malignant bowel obstruction.**
- **Nutrition: anorexia and cachexia syndrome, weight loss, fatigue and role of artificial nutrition.**
- **Oral health: oral and denture hygiene, thirst and artificial hydration, xerostomia and halitosis, sore mouth and stomatitis, oral infections and swallowing problems.**
- **Pulmonary symptoms: dyspnea, cough, hemoptysis, Hiccups, pulmonary embolism, oedema and terminal respiratory congestion (death rattle)**
- **Psychological and psychiatric Distress: Adjustment disorder, Major anxiety disorders, major depressive and other mood disorders.**
- **Delirium & Neuropsychiatric symptoms: Delirium types, confusional states, dementia disorders.**
- **Dermatologic symptoms: bedsores, wound breakdown, lymphedema, itching.**
- **End of life care (terminal phase): signs of death, comfort measures, end of life discussions, pronouncement of death and writing death certificate.**
- **Psychosocial and spiritual aspects: psychological reactions to chronic illness, loss of independence and grief, impact on the patient and family, appearance and perceived self- worth during a terminal illness, family dynamics, ethnic,**

**social and religious differences.**

- **Grief and bereavement: in caregivers and family, anticipatory mourning, risk factors for difficult mourning**
- **Ethical and legal Issues: related to terminal care.**
- **Communication: Differentiation: verbal vs. non- verbal communication**
- **Difficult discussions and communications: patient’s information, prognosis, decision-making, conflicts and conflict resolution and talking with relatives.**
- **Teamwork and Self-reflection:” Burn-out” avoidance and prophylaxis**

#### **d. Skills**

- **In the appropriate setting, the resident should demonstrate the ability to independently perform / observe / or appropriately refer:**
  - **Assessing the physical status of a terminally ill patient – consciousness, neurological reflexes, vital signs, medical causes of discomfort and pain and the ability for self-service.**
  - **Communicating with patients and their families, ability to “share the bad news” including choice of appropriate place, time, words and expression of thoughts.**
  - **Psychological counselling to patients and members of their families.**
  - **On-going communication and work with patients and their families, including the period following patient’s death.**
  - **Education of care givers and family members on providing appropriate home medical treatment and care.**

## **Pediatrics Surgery Rotation**

### **Objectives:**

- c. **Competencies:**
  - **At the completion of residency training, a family medicine resident should:**
    - **Be knowledgeable of the following:**
      - **Basic surgical scientific knowledge**

- Undescended testes, hydrocele
  - Types of hernia
  - Urethral abnormality
  - Anal fissure/ anal atresia
  - Clinical knowledge
  - Data gathering (history and physical examination)
  - Choice and use of ancillary tests (eg. Lab tests)
  - Soundness of judgement and clinical decision
  - Self- assessment ability (insight)
- d. Skills
- Establish therapeutic relationship with patient and family
  - Delivers understandable information to patients/families
  - Maintains professional relationship with other health care providers
  - Provides effective counseling to patients/families
  - Provides clear and complete records and reports
  - Works effectively in a team environment

## Psychiatry Rotation

### Objectives:

#### *a. Competencies:*

- By the end of residency training, a family medicine resident should:
  - Understand normal and abnormal psychosocial development and behavior.
  - Ability to effectively interview and evaluate patients for mental health

**disorders using appropriate techniques and skills.**

- **Recognize, initiate treatment for and appropriately refer for mental health disorders to optimize patient care.**
- **Rational & evidence-based management (drug & non-drug) for patients with mental health problems.**
- **Be aware of the ethical & medico-legal issues related to mental health problems**
- **Recognize red flags of mental health conditions**

***b. Attitudes:***

- **The resident should demonstrate attitudes that encompass:**
  - **Appreciate the common frequency of psychological problems in general practice.**
  - **Ability to manage psychological problems within the primary health care system and when to refer as appropriate.**
  - **Recognize the importance of interaction between family and social factors and individual health.**
  - **Understanding the issue of patient's autonomy for patients with psychiatric problems.**
  - **Appreciate the psychosocial dynamics that influence human behavior and the doctor/patient relationship.**
  - **Recognition of the prevalence of abuse in society and willingness to help patients to prevent abusive situations.**
  - **Awareness about the importance of a multidisciplinary approach to the care of patients with psychiatric problems, when indicated.**
  - **Have sensitivity to and knowledge of the emotional aspects of organic illness.**
  - **Awareness about the ethical & medicolegal boundaries related to dealing with patients having mental health problem(s) e.g. drug addicts, psychosis...etc.**
  - **Awareness of role of mental health clinics in PHC in Kuwait.**

***c. Knowledge:***

- **In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:**
  - **Basic behavioral knowledge:**
    - **Normal, abnormal and variant psychosocial growth and development across the life cycle**

- **Recognition of interrelationships among biologic, psychologic and social factors in all patients**
- **Mutual effects of acute and chronic illnesses on patients and their families.**
- **Factors that influence adherence to a treatment plan.**
- **Family functions and common interactional patterns in coping with stress**
- **Ethical issues in medical practice, including informed consent, patient autonomy, confidentiality and quality of life**
- **Mental health disorders:**
  - **Mood disorders: depression, dysthymia & bipolar disorders**
  - **Anxiety disorders: Panic attack, phobias, obsessive compulsive disorder, post- traumatic stress disorder, acute stress disorder, generalized anxiety disorder**
  - **Disorders principally diagnosed in infancy, childhood or adolescence: e.g. Mental retardation, learning disorders, pervasive developmental disorders (e.g. autism), attention deficit and disruptive behavior disorders**
  - **Delirium, dementia, amnesic and other cognitive disorders**
  - **Substance-related disorders: e.g. Alcohol, Cannabis, Opioids etc.**
  - **Schizophrenia and other psychotic disorders.**
  - **Somatoform disorders: Conversion disorder, pain disorder, hypochondriasis**
  - **Dissociative disorders**
  - **Sexual and gender dysphoria.**
  - **Eating disorders: Anorexia nervosa, bulimia nervosa**
  - **Sleep disorders**
  - **Personality disorders: e.g. paranoid, schizoid, antisocial etc.**
  - **Problems related to abuse or neglect**
  - **Others: e.g. malingering, factitious disorders, bereavement**
  - **Commonly abused drugs with potential risk for addiction e.g. bupropion, tramadol, barbiturates, pregabalin etc.**

*d. Skills:*

- **In the appropriate setting, the resident should demonstrate the ability to independently perform, observe / appropriately refer:**
  - **Use of evaluation tools and interviewing skills, which enhance data collection in short periods of time and optimize the doctor/patient relationship**
  - **Mental status examination and assessment particularly in common**

**psychiatric problems e.g. Depression and anxiety**

- **Elicit and recognize the common signs and symptoms of the psychiatric disorders.**
- **Management of emotional aspects of non- psychiatric disorders**
- **Techniques for enhancing compliance with medical treatment regimens**
- **Initial management of psychiatric emergencies: e.g. the suicidal patient, the acutely psychotic patient etc.**
- **Proper use of common psychopharmacologic agents:**
  - **Diagnostic indications and contraindications**
  - **Dosage, length of use, monitoring of response, side effects and compliance**
  - **Drug interactions**
  - **Associated medical problems**
- **Behavioral modification techniques:**
  - **Stress management**
  - **Smoking cessation, obesity management and other lifestyle changes**
  - **Chronic pain management**
- **Appropriate referral procedures to ensure continuity of care, provide optimal information sharing and enhance patient compliance.**

## **Infectious Diseases Rotation**

### **Objectives:**

- a. **Familiarize the residents with the facilities and services available in infectious diseases hospital.**



- b. Diagnosing and managing the most common infectious diseases that can be encountered in family medicine practice (e.g. Chicken pox, Shingles, Measles, Mumps, Rubella, Hand foot mouth disease, slapped cheek diseases, animal bites, Brucellosis)**
- c. Immunization (schedule, indications, side effects)**
- d. Notifiable diseases and the policy for notification**
- e. Family and close contact inductions and policies for screening**
- f. Indications for direct referral (emergency/OPD)**
- g. Actions and management taken before referral**
- h. Residents personal protection equipment against droplet diseases (e.g. Ebola/SARS ..)**
- i. Overview of the protocols available in dealing with blood born infections (HIV) cases**

## Geriatrics Rotation

### Objectives:

**Competencies: At the completion of residency training, a Family Medicine resident should:**

- 1. Be able to execute a broad, comprehensive geriatric assessment, tailor a long-term management plan, and maintain continuity of care.**

2. **Be able to demonstrate the basic scientific and clinical knowledge required by a competent family practitioner in older adults' care.**
3. **Be able to communicate effectively with family and caregiver to reach mutual, safe and pragmatic management plan.**
4. **Awareness of own limitation and inquire other colleague as teamwork for best possible geriatric care.**
5. **Ability to conduct geriatric home visit assessment (evaluating the indication for home visit, assessing the home environment, conducting a brief home safety assessment, making basic advice and recommendations, evaluate social environment, detect signs of neglect and abuse).**
6. **Considers the capabilities of caregivers, and can assess for stress or burden**
7. **Establishes good working relationships with peers and other health professionals**
8. **Awareness of role and locations of geriatric clinics in PHC in Kuwait.**
9. **Ability to appropriately complete and document a death related certificate.**
10. **Awareness of the local community resources that are available for geriatric care as a multidisciplinary approach aiming for optimizing the older adult's care.**
11. **Be aware of the ethical & medico-legal issues related to geriatric patients and their caregivers.**
12. **Recognize the red flags for geriatric's health conditions.**

- **Attitudes: The resident should demonstrate attitudes that encompass:**

1. **Practices with integrity, honesty, compassion and respect for diversity.**
2. **Applies the principles of ethics in clinical situations.**



3. **Recognition of own attitude toward patient, family or caregiver and as well, their attitude towards diversity of situation as disability, handicap, or death.**
  4. **The promotion of the patient's dignity through self-care.**
  5. **Recognition of the importance of family and home in the overall lifestyle and health of patients.**
  6. **Appropriate selection, performance and interpretation of necessary investigations or treatment for the elderly and avoid unneeded stress for Older Adults and their caregivers.**
  7. **Commitment to lifelong learning and knowledge about aging, health and the medical management of geriatrics.**
  8. **Awareness of the importance of coordinating a multidisciplinary approach with different team members to enhance older adult's care.**
  9. **Accessibility and accountability for elderly patients.**
  10. **Acknowledging the Older Adults management costs and limitations to the patients and their caregivers.**
  11. **Awareness of the ethical & medico-legal issues related to Older Adults patients and their families.**
- **Knowledge: The resident should demonstrate the ability to apply knowledge (based on local & international evidence-based guidelines) of:**
    1. **Functional, physical performance and frailty assessment.**
    2. **Falls risk, Bone Health and Functional disabilities.**
    3. **Polypharmacy and Medication optimization.**
    4. **Nutrition assessment.**
    5. **Mental Health Assessment Tools.**
    6. **Cognitive Assessment Tools.**
    7. **Delirium, Depression and Dementia Syndromes.**
    8. **Parkinson's disease and Parkinson plus syndromes.**
    9. **CVA/ Strokes and other vascular risks.**
    10. **Infections.**
    11. **Bed sores.**
    12. **Osteoporosis, Osteoarthritis and MSK pain.**
    13. **Urinary Incontinence.**
    14. **Chronic Constipation.**
    15. **Visual and Hearing problems.**
    16. **Home visit assessment.**
    17. **Geriatric abuse/ neglect.**

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

1. **Essential domain of the comprehensive geriatric assessment, using validated and standardized tools for assessing**

**daily functions, physical performance, falls, nutrition, cognitive, mood, and social functioning as appropriate.**

- 2. Elicits a comprehensive, relevant, and accurate geriatric history that includes collateral history.**
- 3. Performs a comprehensive medication review with appropriate recommendations.**
- 4. Obtain a comprehensive history including reviewing of all geriatrics systems like evaluation of sleeping habits, pain, energy level, hearing, vision, bladder and bowel habits.**
- 5. Screening examinations for cognition, mood, and functional status, falls, orthostatic vitals.**
- 6. Performs a relevant, accurate and well-organized physical examination, including a thorough neurological exam.**
- 7. Orders appropriate, cost effective, and ethically justifiable investigations.**
- 8. Evaluates the relative benefits and risks of investigations/ interventions proposed for frail or vulnerable seniors.**
- 9. Provides clear and thorough explanations of diagnosis, investigation and management.**
- 10. Presents comprehensive assessments with clearly justified recommendations in oral form.**

**• Physical diagnosis including:**

- 1. Recognition of normal and abnormal signs of aging.**
  - 2. Mobility, gait, and balance assessments (physical performance).**
  - 3. Evaluation of the appropriate use of assistive devices (e.g. canes, walkers, wheel or power chairs, hearing aids etc.)**
  - 4. Frailty assessment.**
  - 5. Nutritional assessment.**
  - 6. Cognitive and Mood assessment.**
  - 7. Quick Hearing and Vision assessment.**
  - 8. Orthostatic Vitals and falls risk assessment.**
  - 9. Thorough Neurological assessment.**
  - 10. Careful joint assessment (when indicated).**
- 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.**
  - Provide health care services and education aiming to prevent common presentations and maintaining healthy lifestyle.**

