Royal College of General Practitioners

Kuwait Institute for Medical Specialization
Faculty of Primary Healthcare

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

Updated MARCH 2023

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
Founder of the faculty of primary healthcare

A word from the faculty chairperson

The journey of creating the curriculum of the Kuwait family medicine residency program goes back to the eighties of the previous century. With the innovative efforts of a group of highly dedicated family doctors that I was honored to lead in the period from 2008 to 2015; the Kuwait family medicine competency framework was created. This curriculum was transformed from being a teacher-centered document to a learner-centered dynamic document, therefore it went through many stages of innovations; here again under the leadership of Dr. Deena Aldubaib and her team of amazing family doctors it is going into another stage of transformation and will continue to be so as it is a dynamic and complex document that will change and develop as medicine and learning methods change and develop.

The Kuwait family medicine competency framework is unique competency framework because it was inspired from a cross-fertilization of the RCGP curriculum which is the accredited body of our FMRP and Can-med the accredited body of KIMS, in addition to our desire to develop a curriculum that reflects our unique local characteristics and needs.

This curriculum is not intended to be a scientific reference rather it was created with the concept of promoting self-directed independent learning in mind.

In the end, I urge you to use this document as a companion that will help you develop the different competencies that you need to acquire in order for you to be a highly qualified exceptional family doctor who is capable of providing high standards comprehensive health care that keeps pace with the escalating challenges of health system and community.

Dr. Samia Almusallam

Chairwoman of Faculty of Primary Healthcare

2023

Foreword

Family Medicine provides accessible, high standard and cost-effective healthcare that is patient centered, evidence based, family focused, and problem oriented.

Family physicians are expert at managing common complaints, recognizing important diseases, uncovering hidden conditions, and managing most acute and chronic illnesses. They play a significant role in health promotion and disease prevention. The scope of the discipline has been grounded in the core values of continuing, comprehensive, compassionate, and personal care provided within the context of family and community.

Kuwait's primary health care system need for family physicians is enormous, where only 34 % of all current primary health care physicians (PHCP) are board certified family physicians.

The Kuwait Institute for Medical specializations (KIMS) - in affiliation with the Royal College of General Practitioners (RCGP) - established family medicine residency program (FMRP) almost 39 years ago in 1983, as a three-year residency program. Since 2010, the program duration evolved into five years changing from a four-year duration commenced since the year of 2001. MRCGP (INT) exit exam accreditation was awarded in 2005.

Family medicine residents need to meet the standards by learning and demonstrating new skills across a spectrum of clinical domains in order to provide initial, continuing, comprehensive and coordinated medical care for all individuals, families and communities which integrates current biomedical, psychological and social understandings of health. Therefore, there is a need to develop a comprehensive updated curriculum for family physicians so that they can offer a full range of care to meet the latest needs of the community and to provide a varied range of clinical competencies and adequate training as essential requirements for family physicians. Also, the curriculum being updated is substantial for building a foundation for career-long development. In addition, it emphasizes on improving a wide range of life-skills and capabilities of general practitioners even outside the range of their clinics – e.g. leadership, professionalism, and engagement in commissioning activities.

Moreover, Over the last 20 years the number of family medicine program graduates has reached 514 by October 2022.

The Scientific committee sincerely thanks the working group of the previous curriculum (2008) led by Dr Samia Almusallam (former director of FMRP) for their effort and excellent work. A large part of the current update of the curriculum work was based on the previous curriculum.

The group is deeply indebted for all who contributed to the development of this current update of the curriculum, for their hard work and commitment.

Dr. Deena Aldhubaib
Director of the Family Medicine Residency Program

Table of Contents

Vision

The vision of the Family Medicine Residency Program in Kuwait is to be a premier training program in the region which ensures the provision of highly qualified family physicians who can deliver an exemplary standard comprehensive primary health service and meet the increasing demand of the community.

Mission

The mission of the residency program is to provide an extensive and innovative high standard training for the family medicine residents. This is achieved by advocating evidence-based practice and promoting research and scholarly activities. We incorporate our core values of health care equity, teamwork, patient-centered care, and compassion in our clinical practice and education. Our program adopts a learner-centered approach encouraging self-reliance and professional growth. In addition, the program works to prepare family physicians as leaders who are equipped to deal with the growing challenges in the community.

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Introduction

Residents will find family medicine specialty challenging yet exciting. It is well known that family medicine is the cornerstone of the healthcare system. It is unique and differs from other medical specialties by being the point of first contact within the organized 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 relies largely on the subjectivity of patient's personal health beliefs and cultural influences in the different aspects of intervention. In addition, the doctor-patient relationship that is established over time, through effective communication between doctor and patient, plays an essential role of the discipline.

There are some common misperceptions of primary health care saying that it only provides "basic" care, when, in fact, it provides essential care that can cover the majority of a person's health needs throughout their lives. Another misperception is that primary health care is about simple illnesses while in fact it is about acute and chronic health conditions involving all ages as well as its major role in prevention, health promotion, treatment, rehabilitation, and palliation.

Moreover, primary health care is the only health care available to people from all socio-economic statuses and the goal is to work through multidisciplinary teams with strong referral systems to secondary and tertiary care when needed.

Nowadays, our aim in the primary health care is to go beyond providing health care services to individuals. It is a whole-of-society approach that seeks to address the broader determinants of health, such as community level disease prevention efforts, and to empower individuals, families and communities to get involved in their own health.

During the family medicine program, the curriculum will help the residents to learn how to correct those misperceptions and make efficient use of limited healthcare resources through coordinating care and working with other professionals to manage illnesses presenting in an undifferentiated way at an early stage and how to master consultation skills.

Also, the curriculum is intended as a guide to both residents and trainers. It went through progressive stages of evolution. It is designed to address the wide-ranging knowledge, competencies, 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.

The Curriculum Working Group:

1. Deena Aldhubaib
2. Sawsan Albannai
3. Amal Aljuhaidli
4. Maleka Serour
5. Tahani Alansari
6. Dalal Alhajri
7. Yasmeen Ahmad
8. Shaikha Alkandari
9. Sara Alabdulhadi
10. Sara Alhammouri
11. Mohammed Sharkawy

This curriculum will be updated and reviewed every 2 years.

Goals

By the end of the five years residency training we aim to develop family physicians who:

1. Are safe, 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 research 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 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 40 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 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. During the years of training, each resident will be exposed to different trainers in different health regions, to ensure adequate exposure to a variety of cultural and ethnic groups in the society.

Residents will spend a total of 20 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.

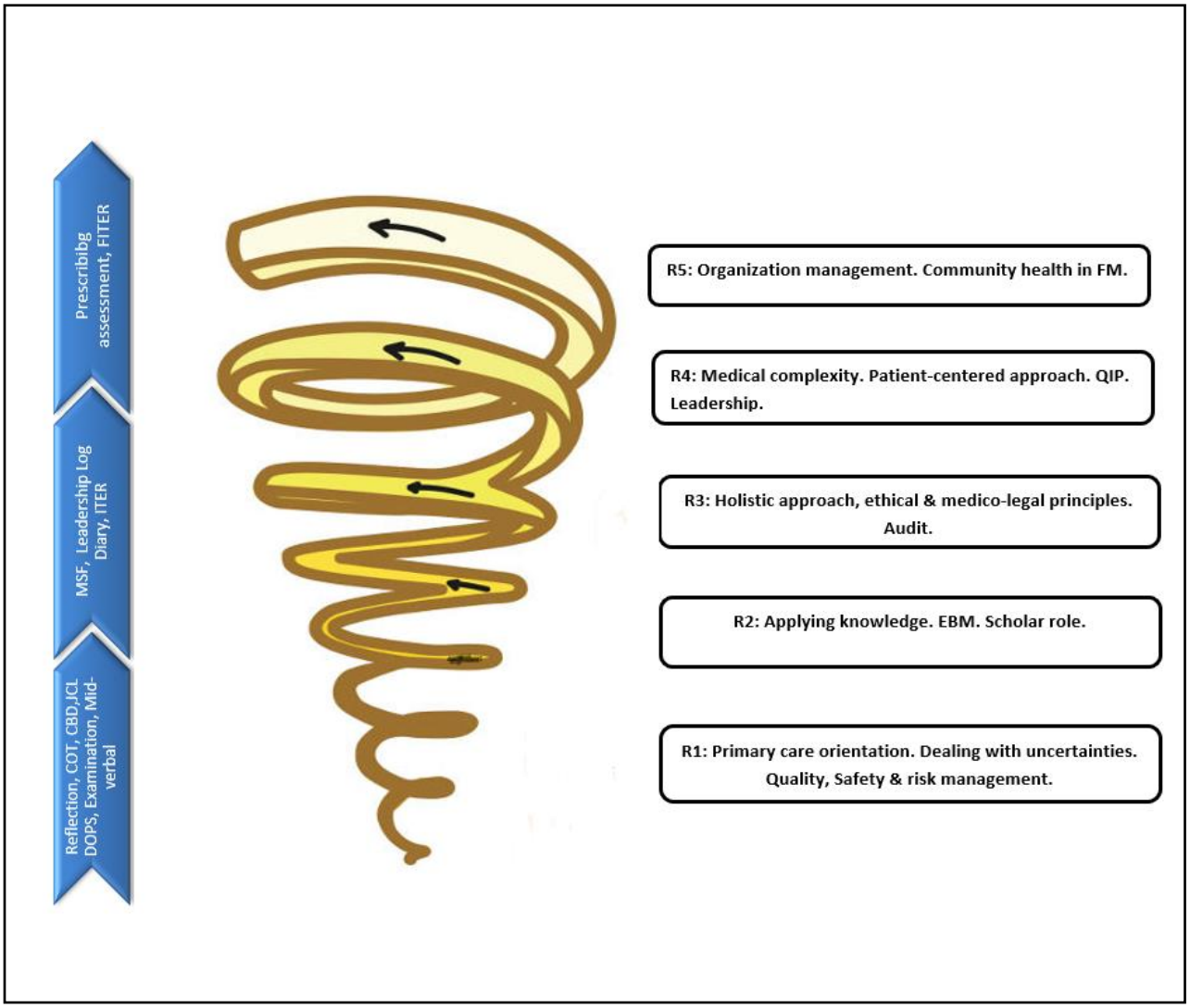
Mandatory rotations in the family medicine residency program:

PGR1	Family medicine 7m				ER 2m	Pediatrics 3m (including 1 wk genetics)	
PGR2	Family med. 6 months		Medicine 3 m		Surgery 1 m	OB/GYN 1 m	Ortho 1 m
PGR3	Family med. 7 m	Opth. 1 m	Derma 1 m	ENT 1 m	Psych. 1 m	Palliative 2 wks	Pead. Surgery 2 wks
PGR4	Family med. 11 m and 2 wks						Infecious 2 wks
PGR5	Family medicine 12 m						

An elective opportunity is offered during PGR4.

Residents are offered to spend a 1 month elective Geriatrics rotations in PGR4.

KFMRP Spiral Curriculum



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.

Upon completion of the five years residency, the resident should be able to demonstrate proficiency in the Kuwait Family Medicine Competencies acquired through their residency which are essential for family physicians.

The curriculum is formulated according to the Triple C Competency based curriculum which provides the relevant learning contexts and strategies to enable residents to integrate competencies, while acquiring evidence to determine that a resident is ready to begin to practice in the specialty of family medicine.

The Triple C.s:

1. Comprehensive Care and Education: Family medicine residency programs have a responsibility to society that requires them to educate physicians to meet community needs through the delivery of comprehensive care. This necessitates the establishment of a comprehensive curriculum which enables the learner to achieve the full range of required competencies.

2. Continuity of Education and Patient Care: Family medicine residency program should ensure the continuity of care and continuity of education. Continuity of care includes follow patients over time, follow patients in different settings, experience relationship and responsibility of care. The continuity of education encompasses continuity of supervision and assessment, continuity of learning environment, continuity of curriculum and continuous integration.

3. Centered in family medicine: Family medicine residency program should control the goals and curricular elements by family medicine contexts and teachers (Augmented as required with other experiences). The content should be relevant to the needs of family medicine trainees and opportunities to develop professional identity as a family physician

Kuwait Family Medicine Competency Framework

Fig 1 Kuwait Family Medicine Competency Framework

These aspects ensure that the Family Medicine Resident excels in the KIMS adopted Can Meds roles framework (Professional, Communicator, Collaborator, Manager, Health advocate, Scholar)

Clinical proficiency & Medical complexity	
Definition	• Apply clinical knowledge, problem solving skills, and appropriate clinical examination to reach a diagnosis and manage accordingly. • Provide care beyond the acute problem, including the management of ambiguity, uncertainty, multiple complaints and comorbidities.
Standard	• Demonstrate competency in all aspects of consultation including data gathering, problem solving, and provide general clinical care to patients of all ages and backgrounds. • Deal with complexities and move beyond guidelines when managing poorly understood or multiple problems and adjust management accordingly.
Supporting evidence	1.1 Cover a full range of knowledge in health conditions 1.2 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 1.3 Build diagnostic hypotheses based on prevalence, community incidence and consideration of urgent treatable problems 1.4 Develop analytical and clinical reasoning skills to identify patients' problems with consideration of ethical principles and professional responsibilities. 1.5 Manage patients safely and in a cost-effective way. 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. **Just passing candidates:** **R2** a. Recognize a fair range of knowledge in health conditions. b. Identify the key information to include or exclude likely relevant significant conditions. c. Demonstrate attention to patient safety. d. Justify a clinically appropriate working diagnosis. e. Provide a fair management plan (including any prescription) that is appropriate for the working diagnosis. **R5** a. Obtain an adequate range of knowledge in health conditions. b. Obtain sufficient information to include or exclude likely relevant significant conditions. c. Provide attention to patient safety d. Create a clinically appropriate working diagnosis. e. Provide an adequate management plan (including any prescription) that is appropriate for the working diagnosis. f. Demonstrate an ability to consider multiple clinical issues and complexities

Communication & culture	
Definition	Communicate with patients effectively using recognized consultation techniques, to establish partnership and manage challenging consultations, third-party consultations in the context of cultural dimensions.
Standard	Use various consultation skills to overcome any communication barriers and reach a shared understanding with patients to encourage collaborative relationships in the background of cultural values & believes.
Supporting evidence	2.1 Develop rapport, and ethical therapeutic relationships with patients and families that are characterized by understanding, trust, respect, honesty and empathy 2.2 Apply appropriate communication techniques to resolve conflict and balance physician and patient to ensure safety of both 2.3 Adopt a patient-centered approach in the consultation with sensitivity to each patient's expectations, needs and health beliefs. 2.4 Communicate management options clearly to the patient and provides appropriate support and information to patients and their care givers. (Share management plan) 2.5 Bring about an effective doctor–patient relationship, with respect for patient's autonomy 2.6 Use bio-psycho-social models, taking into account cultural dimensions (Holistic approach) 2.7 Demonstrate an ability to break bad news clearly and empathically including the communication of a terminal prognosis. 2.8 Consider common medico-legal, ethics and conflict using appropriate communication skills. 2.9 The ability of a person to effectively interact, work, and develop meaningful relationships with people of various cultural backgrounds. 2.10 Demonstrates cultural empathy by seeking to understand the persons cultural and spiritual values needs practices and perspectives. 2.11 Demonstrates how to access an interpreter (if required). 2.12 Discuss how the life expectancy of expatriates can impact their health and well-being

	Just passing candidates: **R2:** a. Understand the importance of building good relationship with the patient and the family using communication skills. b. Recognize and respond safely to any conflict or medicolegal issues. c. Consider patients ICE in the management plan. d. Consider the biopsychosocial elements in the consultation. e. Show sympathy and empathy while breaking bad news. f. Show respect to different cultural values, believes and health practices **R5:** a. Build relationship with the patient and family using appropriate communication skills. b. Resolve any patient conflict or medicolegal issues using communication skills insuring doctor and patient safety. c. Apply patient center approach and shared management plan. d. Embrace holistic approach. e. Apply appropriate communication skills in challenging situations. f. Understand the cultural diversity within the practice g. Adapt practice to accommodate the persons cultural needs and values

Health Promotion	
Definition	Encourage health improvement considering psycho-social history, self-management and preventative medicine.
Standard	Obtain information relating to the psychosocial, cultural, and socioeconomic background of the patients, using it to formulate an individualized health promotion and prevention plan.
Supporting evidence	3.1 Improve health and quality of life by applying health promotion and disease prevention strategies appropriately. 3.2 Demonstrate ability to apply the three categories of prevention: primary, secondary and tertiary at consultation and practice levels. Definition of levels -Primary prevention: intervening before health effects occur, through measures such as vaccination, altering risky behaviors (poor eating, habits, tobacco smoking) -Secondary prevention: reduce the impact of disease or injury that has already occurred. This is done by detecting and treating disease or injury as soon as possible to halt or slow its progress for example screening program. -Tertiary prevention: involve the prevention of complications in people who have already developed disease for example fundoscopy for diabetic patients. a. Identify the determinants of health within their communities, including barriers to accessing care and resources. b. Encourage the patient's awareness of self-responsibility in obtaining optimal health and readiness to change. c. Show basic understanding of current public health issues and concerns on global and local levels. d. Advocate for health equity ensuring health care to all patients regardless of their backgrounds e. Collaborate with other health care professionals including allied health and secondary care physicians

	f. Lead an awareness activity for community health promotion **Just passing resident:** **R2** a. Demonstrate the ability to take a psycho-social history asking about life style and alcohol/ drugs/ tobacco b. Able to understand the principals of disease promotion and the difference between primary, secondary, and tertiary prevention c. Communicate with other health professionals regarding health promotion d. Participate in a community-based health promotion activity **R5** a. Able to obtain a comprehensive psycho-social history to identify the individual determinants of health b. Formulate and individualize appropriate prevention plans c. Able to apply health promotion and disease prevention strategies appropriately and effectively d. Promote lifestyle modification and disease prevention in their practice e. Collaborate with other health care professionals for patient health f. Plan a community-based health promotion activity

Evidence-based Practice& Data Analysis	
Definition	Use evidence-based principles & interpreting statistical data in decision making
Standard	Demonstrate the ability to search for the best evidence to manage patients' problems. Judge the weight of evidence, using critical appraisal skills, analyze the data with reflection to inform decision making.
Supporting evidence	4.1 Have a firm grasp of the principles of epidemiology and statistics 4.2 Able to formulate a well-built clinical question in order to search for the EBM resources and choose the best evidence. 4.3 Able to search for the best evidence to manage patients' problems. 4.4 Able to apply the principles of evidence base medicine in the management of patients 4.5 Demonstrate ability to monitor and improve the quality of care by performing evidence based clinical audits and researches 4.6 Able to critically appraise articles and studies-as needed- and apply this information to practice decisions using relevant tools 4.7 Demonstrate ability to understand and interpret the various standard critical appraisal measures 4.8 Able to analyze the results of the data collection (in audit & QIP), considering the followings: a) Express the resulted data in numbers & percentage (use Excel sheet &graphs) b) Compare the result to the aim c) Reflect the results & learned lessons 4.9 Able to use time as an important variable for judging the success of audit/QI initiative as pre–post analysis then adopt and sustain changes. **Just passing candidate** **R2** a. Demonstrate comprehension of general principles of epidemiology and basic statistics b. Demonstrate the ability to formulate a well-built evidence based clinical question

	c. Demonstrate the ability to search for evidence information d. Demonstrate the ability to perform evidence based clinical audits. e. Demonstrate the understanding of general principals of critical appraisal. **R5** a. Apply the principles of epidemiology and statistics b. Demonstrate the ability to search for the best evidence to manage patients' problems. c. Apply evidence base medicine in the management of patients. d. Demonstrate the ability to perform evidence based clinical audits. e. Demonstrate the ability to critically appraise articles and studies-as needed f. Analyze and interpret the result of the data collection. g. Proper use of the electronic records (PCIS) for collecting data, considering ethical aspects mainly confidentiality for patient information. h. Representing the data in numbers & percentages, demonstrating it in tables (with title) & comparing it with the aim & standard i. Apply this information to practice decisions using relevant tools

Leadership & teamwork	
Definition	Work collaboratively with other professionals to ensure good patient care, including the sharing of information with colleagues Understand how to develop clinical leadership skills.
Standard	Work as an effective team member, understanding others' roles and capabilities as part of coordinated care. Recognize their core responsibility for leadership in various forms. Play a role in situations other than patient care, such as participation in health care management, policy development and planning, and quality projects.
Supporting evidence	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. 5.2 Coordinate and facilitate care with other professionals within primary care and with other specialties. 5.3 Ensure respect to colleagues in the practice. 5.4 Able to apply leadership skills to improve quality, safety and efficiency of care in work environments including cost effective care. 5.5 To create new & innovative services and adopt transformative change. 5.6 To consider future development that reflect needs of busy primary care professionals and the reality of team working to deliver integrated services at local level. 5.7 Demonstrate understanding of primary care center systems, including the appropriate use of administration systems, MOH policies rules & regulations. 5.8 Understand the roles of the multi professional staff available in the health care institution. 5.9 Accountability for justice, acting as patient's advocate for children, young people and geriatric, with sharing information & keep recording especially safety aspects e.g., criminal issues, neglects… 5.10 Demonstrate ability to document incident report, communicating respectfully with health care

	workers and affected patient considering dealing with complaint procedure. 5.11 Demonstrate the ability and enthusiasm in participating in quality & accreditation in health care system **Just passing candidates:** **R2** a. Involve in team work and to act in collaboration with colleagues b. Able to understand the importance of collaboration with specialists in secondary care for best patients' outcome c. Able to write comprehensive referral letter when indicated and provide appropriate follow up for the cases d. Able to understand comprehensive record-keeping e. Consider issues of patient safety in the provision of care f. Ensure respect to colleagues in the practice. **R5** a. Appreciate the importance of teamwork and to act in collaboration with colleagues both as a leader and as part of the team. b. Coordinate and facilitate care with other professionals within primary care and with other specialties, including sharing of information with colleagues. c. Ensure respect to colleagues in the practice. d. Effectively report patient safety related incidents in the practice by filling MOH incident reports. e. Use the required administrative skills to deal with the medico-legal, ethical and organizational aspects of general practice in Kuwait. f. Able to demonstrate comprehensive record keeping skills g. Play a role in situations other than patient care, such as participation in health care management, policy development and planning, and quality projects h. Acknowledge his/her own limitations and seek consultation with other health care providers.

Organization Management	
Definition	Understand how primary care is organized within the MOH rules and regulations.
Standard	Outline and apply the general principles of administrative management and quality assessment Works in well organized manner and demonstrate cost effective practice
Supporting evidence	6.1 Understand the nature of primary health care system in Kuwait with respect to medico-legal, ethical and organizational aspects (MOH policies, rules and regulations) 6.2 Implement processes to ensure continuous quality improvement within the practice: 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. 6.4 Recognize the importance of appropriate allocation of healthcare resources, including referral to other health care professionals and community resources. 6.5 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 6.6 Consider issues of patient safety in the provision of care and other professional responsibilities 6.7 Ability to apply ethical principles to other parties' e.g. pharmaceutical companies, staff and colleagues. **Just Passing Candidate** **R2** a. Apply understanding of basic medicolegal & ethical aspects b. Able to apply audit project (R2) c. Demonstrate the ability to use electronic medical record for patient care d. Adopt cost-effective practice (referrals, investigations, prescription)

	e. Acknowledge patient safety **R5** a. Apply concepts of medicolegal and ethical practice b. Able to apply quality improvement project and showing basic leadership skills. c. Utilize electronic medical record to ensure good practice d. Demonstrate cost-effective practice (appropriate referrals, investigations and prescription) e. Justify prioritization of patient safety while managing practice aspects

Personal and Professional Growth	
Definition	Maintain performance and effective professional development for oneself and others
Standard	Commit to continuously improving professional performance in self and colleagues. Participates in and supports others with reflective practice and structured learning activities.
Supporting evidence	7.1 Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life 7.2 Maintain and enhance professional activities and identify their own learning needs through ongoing self-directed learning based on reflective practice, seek ways to meets these needs and evaluate outcome. 7.3 Show commitment to continuous professional development through CME, audit, QIP…etc. to improve patient care 7.4 Facilitate the education of resident, colleagues and other health professionals as appropriate and develop their skills in teaching (leadership) 7.5 Able to maintain the quality of care to the level of national and international standards according to the updated approved guidelines. 7.6 A self-awareness regarding personal ethical strengths and vulnerabilities as they affect one's own professional practice. 7.7 Apply appropriate ethical dimensions in clinical decision making, taking into account patient's dignity, age, mental capability, social, cultural and religious diversities. 7.8 Ability to deal with different ethical dilemmas appropriately: 7.9 Able to work within a multidisciplinary team so that the views and knowledge of the whole team are applied when discussing the care of a patient 7.10 Able to demonstrate the competences of shared leadership to improve healthcare delivery 7.11 Resident wellbeing: Deal with stress and burn out to ensure safe practice

	Just passing candidate **R2**: a. Acknowledge the importance of time management skills and the balance between social life and clinical practice. b. Recognize the importance of personal development plane in order to mention his ongoing leering process to meet the educational needs. c. Recognize the importance of participating in the education of all health proficiently. d. Recognize the importance of keeping knowledge Up to date managing the patient. e. Recognize the importance of applying ethical issues in resolving ethical dilemmas. f. Recognize the importance of teamwork and leadership in clinical practice. **R5:** a. Demonstrate skills of time management and the balance between social life and clinical practice. b. Address learning needs through an appropriate personal development. c. Contribute to the education of all health proficiently. d. Follow the updated guideline in management the patient. e. Apply the principle of ethics in the clinical practice f. Contribute as a part of the team and demonstrate leadership skills.

N.B: The followings are descriptors for the previous competencies:

Excellent	Clear pass	Just pass	Just fail	Clear fail
Consistently exceeds	Sometimes exceeds	Generally, meet	Incessantly meets	Rarely meets

Assessment of Learners

Samples observable competencies: Within all seven Kuwait Family Medicine Competency Framework, across the Domains of Clinical Care guided by the work place-based assessment evaluation objectives (which are WPBA evaluation objectives and reports e.g., COT, CBD, DOPS, Physical Examination assessment, Random case analysis, Problem Case Discussion, Joint consultation log, Mid-verbal feedback, Multi-source feedback, monthly WPBA feedback, reflection, prescribing assessment, leadership, ITER and FITER) resulting in consistent and continuous demonstration of competence

The domains assessed are: data gathering, problem solving skills, selectivity, communication Skills, patient-centered approach, holistic approach, evidence-based management, professionalism, procedure Skills, feedback given and judgment of the performance (Mid-verbal feedback, ITER and FITER).

Processes and methods of assessment are integrated into the curriculum, assessment is an ongoing, formative process, progress is monitored, educational planning, including remediation, is individualized, promotion criteria and summative decisions are competency-based

Specific learning objectives per year of training

Residency Year-1

Kuwait Family Medicine Competencies	Details
1.Clinical proficiency and medical complexity	1.1 Being able to differentiate 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 Show ability to make initial management decisions about common acute and chronic problems encountered 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 Show ability to manage appropriately emergency cases before transferring patients (e.g., resuscitation and stabilization) 1.7 Show ability to prioritize tasks to manage acute illness and trauma effectively
2.Communication	2.1 Able 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 Able to understands the principle of disease prevention and the importance of partnership between doctors and patients to promote optimal health.
4.Evidence based practice	4.1 Able to apply the principles of evidence base medicine in the management of patients.
5.Working as a team and leadership	5.1 Involve in team work and to act in collaboration with colleagues both as a leader and as part of the team 5.2 Able to understands the importance of collaboration with specialists in secondary care for best patients' outcome 5.3 Able to write comprehensive referral letter

6.Organization management	6.1 Able to understands principles of organization management, medical ethics, administrative regulations and teamwork. 6.2 Able to understands comprehensive record-keeping
7.Personal and professional growth	7.1 Commitment to educational activities and recognition of continuing educational needs 7.2 Show capabilities and limitations, then work on meeting those needs and inadequacies. 7.3 Able to apply medico-legal & ethical issues encountered in the primary care setting.

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 and medical complexity	1.1 Show 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 acquiring appropriate and adequate history from patients, performing appropriate and sensitive physical examination and performing 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 Able to identify 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 Apply principles of health promotion and disease prevention strategies relevant to the corresponding hospital discipline.
4.Evidence based practice	4.1 Develop an understanding of the principles of evidence-based medicine and critical appraisal 4.2 Applies up-to-date clinical guidelines to common problems encountered in the corresponding discipline.

5.Working as a team and leadership	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 Able to refer to hospital specialist when indicated and provide appropriate follow up for the cases 5.4 Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care
6.Organization 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 and medical complexity	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 emergencies encountered in their daily work in the clinic 1.4 Able to provide initial management to patients at home during home visits.
2.Communication	2.1 Adopt a person- centered approach, paying attention to communication and effective doctor–patient relationship 2.2 Use a psycho-social model (holistic approach), taking into account cultural dimensions 2.3 Extends applying his/her communication skills to include other parties e.g., patients' relatives
3.Health Promotion	3.1 Promote life style modification and disease prevention in their practice
4.Evidence based practice	4.1 Understand and analyze epidemiological and statistical data. 4.2 Critically appraise medical literature 4.3 Apply evidence-based medicine in the management of patients 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.

5.Working as a team and leadership	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. 5.2 Coordinate and facilitate care with other professionals within primary care and with other specialties. 5.3 Ensure respect to colleagues in the practice. 5.4 Cooperates with other colleagues to ensure better patient care, including sharing of information with colleagues.
6.Organization management	6.1 Use the required administrative skills to deal with the medico-legal, ethical and organizational aspects of general practice in Kuwait. 6.2 Knows how to fill death certificates and related documents.
7.Personal and professional growth	7.1 Maintain and enhance professional activities through ongoing self-directed learning based on reflective practice. 7.2 Awareness that continuous development process is a successful tool to improve the patient's care 7.3 Show commitment to continuous professional development through CME, audit…etc. 7.4 Able to understand and apply the full range of ethical framework during work, whether during consultation or during contact with primary health care team members

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 and medical complexity	1.1Demonstrate competent problem solving skills (Information gathering, clinical examination, investigations, analysis and decision making) 1.2Able to practice safely and independently. 1.3Able 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 and leadership	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. 6.3 Able to appropriately fill death certificates and related documents. 6.4 Obtain and document informed consent explaining the risks and benefits of a proposed procedure or therapy. 6.5 Effectively report patient safety related incidents in the practice by filling MOH incident reports. 6.6 Knows and applies principles of quality and safety and risk management in primary care. 6.7 Able to recognize & managing sever-life-threatening emergencies, provide CPR, use AED in timely & effective manner.
7.Personal and professional growth	7.1 Able to disseminate the information learnt to other colleagues. 7.2 Recognize personal educational needs and create an individual developmental plan accordingly. 7.3 Demonstrate an explicit commitment to high ethical standards (autonomy, beneficence, non- maleficence, confidentiality, equity and doctors' probity). 7.4 Maintain and develop his skills in applying ethical framework during consultation and during contact with the primary health care team members.

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 and medical complexity	1.1 Demonstrate competency in all aspects of consultation including diagnosis and management. 1.2 Recognize and deal with complexities like ambiguity, uncertainty, multiple complaints and comorbidities. 1.3 Record work clearly, accurate and legibly. 1.4 Show competency in managing patient at home during home visit.
2.Communication	2.1 Demonstrate competent communication skills. 2.2 Provide appropriate counseling skills in dealing with patients.
3.Health Promotion	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. 3.2 Offer continuous, coordinated and comprehensive care on the level of the patients, their families and the community. 3.3 Work as a catalyst for health promotion and prevention by recommending and supporting positive lifestyle changes and appropriate screening programs.
4.Evidence based practice	4.1 Able to appraise trials and guidelines. (Refer to main framework table) 4.2 Develop and maintain the professional performance by applying evidence base medicine principles.
5.Working as a team and leadership	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 6.3 Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety
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

Year of training	*Teaching/ learning methods*	*Courses*
PGR1	• Observing trainers and other experienced family practitioners. • Joined consultations followed by independent supervised consultations • Direct observed consultations with feedback (Joint consultation log) • Reflection on learning (reflective diaries). • Learning through case analysis (PCD) • Learning through random case selection from the candidate work time sheet (RCA) • Formal tutorials. • Opportunity to work as assistant registrars in pediatrics department • Opportunity to work as assistant registrars in emergency department • Clinic and hospital direct observation of procedural skills (DOPS) • Leadership • Community Health activities	ODSC: Mastering consultation skills course (5 days) 1. Emergencies in General Practice course (3 day) 2. Pediatrics Problems in GP (1 day) 3. Understand the theory of reflection & reflective diary (1 day) *
PGR2	• Opportunity to be exposed to different hospital attachments by	ODSC: 1. EBM & critical appraisal of study designs (5 days)

	working as assistant registrar in medicine, surgery, OBGYN and orthopedics. • Independent supervised consultations • Independent self-directed learning. • Direct observed consultations with feedback (Joint consultation log) • Reflection on learning (reflective diaries). • Learning through case analysis (PCD) • Learning through random case selection from the candidate work time sheet (RCA) • Formal tutorials • Clinic and hospital direct observation of procedural skills (DOPS) • Prescribing assessment • Leadership • Community Health activities	2. Dilemmas in DM diagnosis and management (2 days) 3. Orientation for OSCE & Part I exam (2 hours) 4. Life support (BLS & ACLS) certifications.
PGR3	• Independent supervised consultations • Opportunity to be exposed to different hospital attachments by working as assistant registrar in psychiatry, ophthalmology, dermatology, ENT, pediatric surgery and palliative care. • Independent self-directed learning. • Direct observed consultations with feedback (Joint consultation log) • Reflection on learning (reflective diaries). • Learning through case analysis (PCD) • Learning through random case selection from the candidate work time sheet (RCA) • Formal tutorials • Clinic and hospital direct observation of procedural skills (DOPS) • Prescribing assessment • Leadership • Community Health activities	1. Clinical audit (3 days) 2. QIP course in GP (2 day) 3. Women's problems (1 day) 4. Ethical and medico-legal issues (3 days)

PGR4	• Independent supervised consultations • Independent self-directed learning. • Direct observed consultations with feedback (Joint consultation log) • Reflection on learning (reflective diaries) • Learning through case analysis (PCD) • Learning through random case selection from the candidate work time sheet (RCA) • Formal tutorials • Clinic and hospital direct observation of procedural skills (DOPS) • Video case analysis. • Small group teaching • Prescribing assessment • Leadership • Community Health activities	1. Geriatric course (3 days) 2. Psychiatry course (3 days) 3. Men's health (1 day) 4. Life support (BLS & ACLS) certifications. 5. (Re-validation of the certificate) 6. SG teaching: video case analysis & critical appraisal workshop.
PGR5	• Independent supervised consultations • Independent self-directed learning. • Direct observed consultations with feedback (Joint consultation log) • Reflection on learning (reflective diaries) • Learning through case analysis (PCD) • Learning through random case selection from the candidate work time sheet (RCA) • Formal tutorials • Clinic and hospital direct observation of procedural skills (DOPS) • Video case analysis. • Small group teaching • Prescribing assessment • Leadership • Community Health activities	1. Quality & safety management (2 Days) 2. Written exam preparation workshop (3 Days) 3. Obesity & nutrition (1 day) 4. How to open a well-baby clinic (1day) 5. AKT online (2 hours) 6. SG teaching: video case analysis

Topics covered in the E-learning/Webinars:

A. Cardiovascular problems in GP
B. Respiratory problems in GP
C. Orthopedic problems in GP
D. ENT problems
E. Eye problems in GP
F. Dermatology in GP

Self-directed learning based on reflective practice

Self-Directed Learning: A key component of adult learning theory. The best tool to empower it in the program is by developing reflection skills of the residents.

R 1

Methods: ODSC, 1 day course (introduction to reflection skills)

Tools:

- Tutors for the course
- guided writing template,
- preferably initially to be supervised by the site trainer.
- Schedule for submission (once yearly)
- Not to be considered as formal assessment but as a requirement

R2, R3

- Schedule for submission (once yearly)
- To be discussed by the site trainers
- A feedback sheet to be used

R4, R5

- Schedule for submission (once yearly)
- To be discussed by the site trainers

✓ Submission of reflection form is monitored by WPBA

*** Understand the theory of reflection**

Element	Description
Connection to Experience	Makes clear the connection(s) between the experience and the dimension being discussed.
Accuracy	Makes statements of fact that are accurate and supported with evidence; for academic articulated learning statements, accurately identifies, describes, and applies appropriate academic principle(s).
Clarity	Consistently expands on and expresses ideas in alternative ways, provides examples/illustrations.
Relevance	Describes learning that is relevant to the articulated learning statement category and keeps the discussion specific to the learning being articulated.
Depth	Addresses the complexity of the problem; answers important question(s) that are raised; avoids over-simplifying when making connections.
Breadth	Gives meaningful consideration to alternative points of view and interpretations.
Logic	Demonstrates a line of reasoning that is logical, with conclusions or goals that follow clearly from it.
Significance	Draws conclusions, sets goals that address a (the) major issue(s) raised by the experience.

Evidence-based clinical audit project (ECAP)
and
Quality improvement project (QIP)

Introduction

In 2019, the Kuwait Family Medicine Residency Program (KFMRP) embraced the inclusion of quality improvement (QI) within its academic mission for the residents in year 4 (PGY 4) to participate in teaching, practice management, strategic leadership, empowered teams, and an emphasis on data, and professional development.

Goals

1. To teach the residents PGY3 with evidence-based clinical audit project (ECAP) and residents PGY4 with quality improvement project (QIP) in their training centers.
2. Have the required knowledge and skills to conduct evidence-based clinical audit project (ECAP) and quality improvement projects (QIP) that contribute to raise the standard and professionalism in the health care system.

Objectives of Evidence-based clinical audit project (ECAP)

1.To familiarize participants with the principles of evidence based clinical audit and its place in improving the quality of patient care.
2.To enable participants to undertake and complete a meaningful clinical audit in practice. Objectives: To enable participants:

- To decide on priority and topics of audit.
- To distinguish between criteria and standards.
- To help participants set realistic standards.
- To advise participants on suitable audit topics.
- To understand the problems encountered while performing an audit project.

Objectives of Quality improvement projects (QIP)

To enable the residents PGY4 to undertake and complete an important QIP in practice. In addition, to aspires toward enabling the residents to:

- Re-enforce and build a positive QI team in the centers.
- Understand basics (not detail/complicated) QI tools.
- Discuss and provide feedback about the QI tools being conducted in the PHC centers.
- Help the residents to apply the model for improvement using PDSA cycle for change.
- Facilitates leadership skills for the residents in their working place
- Clarify the facilities & challenges while conducting QIP & sharing the solutions.
- Evaluation process of QIP

By the end of the training, the residents should demonstrate the ability to apply knowledge and show the following skills:

		Evidence-based clinical audit (ECAP)	Quality Improvement Project (QIP)
		PGY3	**PGY 4**
Data Analysis	**Skills**	• Define the goal & aims • Set up the criteria & the standard for the ECAP • Proper use of the electronic records in the centre (PCIS) for collecting data, considering ethical aspects mainly confidentiality for patient information. • Analyse and interpret the result of the data collection. • Representing the data in numbers & percentages, demonstrating it in tables (with title) & comparing it with the criteria & standard • Identify the changes & its effects on the outcome care.	• Define the goal of the QIP • To use QI tools to measure, and collect the data and introduced some of the key tools and methods for assessing and maintaining quality the control chart, the Plan-Do-Study-Act (PDSA) approach, the Pareto diagram, and the Ishikawa (fishbone) diagram • Analyse and interpret the result of the data collection. • Recognize the changes to be made in case to reach a better outcome. • Address the challenges to sustaining the goal
	Knowledge	• Piloting process & results interpretation • Data (1) & (2) collection, results in tables.	• The quality improvement project & QI tools • PDSA cycle • How to use Excel sheet & graphs

Patient Safety	**Skills**	• A capability to identify clinical errors e.g., PCIS & leading staff to make immediate changes. • Able to use patient registry list to record the data safely and confidentially. • Ensure good time management and scheduling for auditing during clinical working hours.	• Able to detect danger or errors that might affect patient safety. • Accurately entering an error report e.g., incident report. • Able to interpret incident report. • Able to disclose the error in a professional manner to the team and communicate effectively. • Able to discuss and make a root cause analysis for the problem raised • Able to format a task or steps to participate in solving the problem in QIP setting. • Able to analyze and criticize the outcome and suggest
	Knowledge	• In the context of patient care, describe how technology and information management can impact patient outcome (benefits and limitations) • Describe the role of human factors in assuring safety (e.g., physical, psychological limitations of human, interactions between human and instrument e.g., PCIS)	• Acknowledge that patient safety is a high priority • aware of possible risk that can jeopardize patient safety • distinguishing between errors adverse events near miss and hazard • defining the key dimensions of patient safety culture
Culture	**Skills**	• Foster the implementation of the audit project relevant to the local community and practice structure e.g., staff with different languages, values… • Able to promote the cultural needs to achieve the agreed standard for patient care	• Acknowledge cultural differences. • Understand your own culture • Acquire cultural knowledge and skills

	Knowledge	• Understand the cultural diversity within the practice • Aware of the available resources that support cultural needs	• Respect culture differences • Know how to deal with patients coming from different backgrounds • Adapt the working practises according to culture need if appropriate
Leadership	**Skills**	• Shows directness to new ideas toward implementing changes and fosters organisational learning • Empowers the staff for sharing and implementation of audit cycles to reach the agreed standard.	• Able to show good leadership skills in quality improvement project meetings • Able to show appropriate conflict management skills if conflict arises • Able to accept constructive criticism
	Knowledge	• Leading the staff and the organisation through managing changes and clinical work • Leading the self through demonstrating ethics, displaying the drive toward standard, and adaptability in the organisation	• Describes attributes of good leadership skills • Discuss the importance of conflict management and how to attain it • Discuss owns strengths and limitations as an individual and team
Communication	**Skills**	• Set frequent meeting to express ideas, both orally and in writing, to consider the target audience. • Has a good command of language(s) and write objective, • Listens actively; asks clarifying questions and summarizes or paraphrases what others have said to verify understanding.	• Able to show good communication skills when interacting with staff and patients • Shows integrity and good ethical wellbeing

	Knowledge	• Able to use & adapt the knowledge in various contexts • Articulate the thoughts and express the ideas effectively using oral (e.g., meeting), written (e.g., posting reminders), and verbal communications	• Describes attributes good communication skills • Discuss the importance of good communication skills
Teamwork	**Skills**	• Establishes and maintains positive working relationships with a diverse group of contacts. • Works effectively as a team member during the auditing process and in collaboration with staff members. • Recognizes roles and considers input from health care workers stakeholders.	• Able to show good understanding of the roles of each member in the quality improvement team • Seeks and value the perspective of all team members • Shows effective time management and resource utilizing skills
	Knowledge	• Recognises the team effectiveness through team knowledge of audit cycles. • Understanding the importance of sharing the audit project practically • Able to be a good player for a successful teamwork.	• Describes the roles and responsibilities of each member of the quality improvement team • Discuss the importance of effective leadership skills on the quality improvement team dynamic

E-learning

Definition of E-learning:

E-learning is an educational process (learning and teaching process) in which information and communication technology is used, contributing thus to quality improvement of the process and quality of its result.

Vision:

All learners, in KIMS residency programs, can thrive in digital classrooms that are engaging, learning-focused and inclusive.

Mission:

• E-learning Committee of the KFMRP, are leading the development and delivery of innovative digital learning experiences through building the E-learning platform.
• We are building the capacity of trainers and system leaders, training the trainers, for the purposeful integration of teaching and learning with technology.

Aim of Integrating E-learning into KFMRP's Curriculum:

To provide a supportive online learning experience to the KFMRP that is efficient and convenient in terms of time and place.

Objectives:

• Providing easy access to updated evidence-based online sources of educational materials.
• Creating and communicating new training materials and policies in a more efficient way.
• Enhancing the ability to implement learnt knowledge at the workplace (Hospital and/or primary healthcare centers).
• Encouraging continuous clinical learning through an effective and efficient learning system.
• Monitoring the progress of each trainee through efficient utilization of the eLearning site (lectures, discussion forums, quizzes…etc).

Introduction to Workplace Based Assessment (WPBA)

Definition

The evaluation of resident's performance in the work place throughout their 5 years training period based on specified areas of competence.
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. It also helps to reveal areas of deficiency early in training and prompt learning.
End of year training report is issued for each resident to indicate the fulfillment of training requirement and eligibility to move to the next level of training.

Vision

To gain accreditation and enhance the quality of WPBA to be a reliable module in the summative assessment process for residents in family medicine residency program.

The aims of WPBA

1. Connects assessment tools from both the hospitals and primary care centers to create a complete reflection of the true performance.
2. Enables residents to know what objectives and skills expected of them according to their year of residency.
3. Facilitates a safe teaching environment in practice.
4. Ensures that the training is as close as possible to the real situations in which doctor's work.
5. Monitors resident's performance in order to pass or fail the training year based on multiple assessments and multi-source feedback.
6. Provides feedback to the resident on strengths and areas for improvement.

7. Effectively assesses some competences that are not well assessed in any other way, e.g. physical examination skills, procedural skills, ethical principles, team work and practice organization management.
8. Opens communication with residents regarding any arising issues or difficulties.
9. Allocation of residents in different rotations.
10. Follow up of residents' rotations, leaves and completion of training requirements.
11. Identification and follow up for residents with issues by remediation and probation in collaboration with post graduate training committee.

Mission and Process of the WPBA

The main responsibility of WPBA Committee is follow up of residents throughout the residency program. Multisource feedback is gathered for evidence indicating areas of strengths and development needs thus deciding those who are eligible to proceed to the next level of training.

WPBA evaluation is based on the Kuwait Family Medicine Competency Framework against which evidence is gathered through validated tools. These tools ensure that evaluation is robust and fair for each resident and promote consistency among trainers and hospital tutors. The committee uses the tools to document evidence about the performance of the resident. All assessment reports are submitted within 2 weeks of completing the training through the KFMRP portal. ITERs & FITERs are sent through WPBA e-mail *(kfmrp.wpba@gmail.com)*.

Residents' have access to their reports through the portal as well as uploading and submitting documents required from them.

WPBA Committee Members in the FMRP (Kuwait):

- Dr. Deena ALDhubaib (Program Director)
- Dr. Sawsan Al Bannai (WPBA convener)
- Dr. Walaa Alkandari
- Dr. Alya Husain
- Dr. Ameena Alatwan
- Dr. Rawan Alturki
- Dr. Esraa Hasan
- Dr. Sara Al Abdulhadi
- Dr. Sara Al Hammouri
- Dr. Hessa Al Ansari
- Dr. Lulwa Al Asousi
- Dr. Fatma Al Najdi
- Dr. Maram Jarkhi
- Dr. Fay Al Ajeel
- Dr. Hanouf Al Mutairi
- Dr. Maryam Al Qattan
- Dr. Mohammed Sharkawy

Work Place Based Assessment Tools

The Tools for WPBA includes the following:

1. Case Based Discussion **(CBD)** (General Practice)
2. Consultation Observation Tool **(COT)** (General Practice)
3. Joint consultation logbook (General Practice)
4. Random case analysis Form (General Practice)
5. Trainee evaluation forms (End of Rotation in General Practice and Hospital)
6. Direct observation of procedural skills **(DOPS)** (General Practice and Hospital).
7. Clinical examination evaluation form (General Practice and Hospital)
8. Learning assessment log **(LAL)**
9. Tutorials (General Practice)

10. Reflective diary & feedback. (General Practice)
11. Missed teaching session report. (General Practice)
12. Monthly workplace feedback. (General Practice)
13. Small Group teaching sessions **(SGT)** (General Practice)
14. Mid-rotation trainee verbal feedback. (General Practice and Hospital)
15. Annual in-training evaluation report (ITER) final in-training evaluation report (FITER)
16. Incident report form.
17. Resident award forms.
18. Handover form.
19. Prescribing assessment
20. Leadership activity assessment
21. Multisource Feedback. (General Practice)
22. Enhanced learning plan

1) Case Based Discussion (CBD) Tool

The Case-based Discussion (CBD) is a structured interview designed to assess the resident's professional judgment in clinical cases. CBD is one of the tools used to collect evidence for Trainee Portfolio, as part of the Workplace Based Assessment component. The cases are selected by the resident and presented for evaluation by the trainer. It should be performed at least once per month

The trainer should ensure that a diversity of cases is represented including those involving children, older adults, chronic diseases, emergencies, psychosocial cases etc., across varying contexts i.e., clinic and home visits. The CBD report includes the following:

1. Demographics and case description.
2. Curriculum domain and case complexity level.

3. Professional Competencies:

a) Data gathering and generation of differential diagnosis.
b) Making diagnosis/ interpretation and justifies decision.
c) Clinical management appropriate to the sources available.
d) Cost effective use of health care resources.
e) Demonstrate health promotion when appropriate.
f) Managing complexities like uncertainty/ multiple complaints/ co-morbidities.
g) Able to provide long term continuity of care.
h) Applies evidence-based medicine.
i) Practicing Holistically.
j) Communication skills.

4. Feedback:

a) Strength

b) Areas needing improvement with examples

5. Entrustable decision statement (Assessment of Performance)

2) The Consultation Observation Tool (COT)

Trainers use the Consultation Observation Tool (COT) to support holistic judgments about the resident's practice on primary care placements. COT is one of the tools used to collect evidence for Trainee Portfolio. It should be performed at least once per month, and provide the resident with structured feedback to improve performance. Each session should consist of one case or video case.

The components of the COT are:

1. Demographics and case description.
2. Curriculum domain and case complexity level.
3. Data gathering
4. Examination
5. Defining the clinical problem
6. Management and health promotion
7. Interpersonal communication skills
8. Feedback:

a) Strength

b) Areas needing improvement with examples

9. Entrustable decision statement (Assessment of Performance)

3) Joint Consultation Logbook

It is a teaching form that include the cases seen by the resident along with their trainer. Aiming for continuous evaluation of the resident's performance and identifying the areas needing improvement. The logbook should include 6 cases of various clinical presentations each month.

4) Random Case Analysis Form

It is an educational tool. The cases in the random case analysis form are chosen for discussion either from the resident timesheet, daily report or selected by the trainer/resident.

Problem Case Discussion

It is an educational tool. The cases used are chosen by the resident (case with difficulty) and discussed with the trainer.

5) Trainee Evaluation Forms

This evaluation form was prepared and distributed by KIMS to support holistic judgments about the trainee practice in the workplace setting. It is one of the tools used to collect evidence for Trainee's Portfolio, as part of the Workplace Based Assessment component. It was modified by WPBA team to suit the primary care setting as well as family medicine-based training in hospital rotations according to

family medicine curriculum.

The trainee evaluation form: the trainers assess the trainee's competencies (medical expert, communicator, collaborator, manager, scholar, and professional) at the end of each rotation.

6) Direct observation of procedural skills (DOPS)

The assessment of procedural skills is an important part of training. Competence in these skills is integral to the provision of good clinical practice and it is one of the tools used to collect evidence for trainee Portfolio, as part of the Workplace Based Assessment component. The procedures have been selected as sufficiently important and/or technically demanding to warrant specific assessment. The skills are categorized into mandatory and optional. Two DOPS per month are required from each resident and at the end of the residency, the resident should fulfil all the mandatory DOPS whether in the clinic or the hospital.

Mandatory DOPS:

- IV line
- Suturing
- Removal of suture
- Application of dressing
- Direct ophthalmoscope
- Foreign body removal
- Performance and interpretation of ECG
- Spirometer
- Injections
- Death certificate
- Incident report
- Home visit
- Police report
- Examination includes joint, back, CNS, cardiovascular, respiratory, special examination for vertigo, hearing loss & other conditions.

Hospital DOPS include:

- IV line
- Airway management
- Direct ophthalmoscope
- Performance and interpretation of ECG
- Blood collection
- Excision of skin lesions
- Suturing
- Application of dressing
- Foreign body removal
- CPR
- Injections
- Incision and drainage of abscess
- Foley's catheter
- Cervical cytology
- Fluorescein staining of cornea
- Joint and peri-articular injections
- Episiotomy
- Ear wash
- NG tube insertion
- Vaginal swab
- Spirometer
- Proctoscopy
- Conduct labor
- Tympanogram / audiogram

7) Clinical Examination Evaluation Form

This form is aimed to evaluate the resident's physical examination skills of different systems and organs. The resident's overall performance is rated based on the trainer's /assigned senior's observation during the consultation.

8) Learning Assessment Log (LAL)

This document is intended to help identify areas for further development and creation of specific learning needs. It should be completed by the resident at the end of each academic year, and discussed with the trainer at the beginning of each academic year to help the resident create a baseline from which he/she can monitor their progress during their clinic rotation.

9) Tutorial

Mini lectures are held by the trainer according to knowledge needs of the trainee. It should be done once per week.

10) Reflective Diary and Feedback Form

This form is performed to discuss one of the reflective diaries written by the resident to ensure the ability of the resident to master the reflection cycle.

11) Missed teaching session report.

This report is to document a missed teaching session when the resident is not able to attend for different reasons to ensure commitment & continuity of training as required.

12) Monthly workplace feedback.

This is to monitor punctuality of the resident in terms of attendance as well as number of afternoon shifts, chronic disease attendance and complaints if any.

13) 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.

14) Mid-rotation trainee verbal feedback.

The trainer gives verbal feedback on the trainee's competencies (medical expert, communicator, collaborator, manager, scholar, and professional) to reflect the trainee's performance at this point of the rotation based on strength, weakness and areas for improvement. A form is filled and signed by both the trainer and trainee. A meeting is held with the board director and each resident to discuss the mid rotation feedback reflection.

15) Annual in training evaluation of residents

Annual in-training evaluation reports (FITER/ITER) are prepared by WPBA committee members for each resident in the program, which is then sent to KIMS.

1) These reports are based on multi-source feedback:

    a. Exam results if applicable.

    b. KIMS trainee evaluation from hospital and clinic trainers.

    c. Verbal feedback from trainer.

    d. Attendance reports of all teaching activities (ODSC, small group teachings sessions)

    e. Leaves and absent days.

    f. BLS and ACLS certification.

    g. Audit and quality improvement project completion.

2) FITER (final in-training evaluation report) is done for all R5, R6 residents by mid of March of each year.

3) ITER (in-training evaluation report) for all residents from R1 to R4 is prepared and sent mid of March each year.

Both ITER's and FITER's are discussed and signed in a formal meeting between each trainee and the program director in the presence of WPBA member allocated for each batch.

16) Incident report form.

This is used for residents with issues related to Professionalism in terms of patient care, ethical/legal aspects and behavioral misconduct.

17) Resident Award

it is a form used by the trainer to nominate the resident for a specific award in the following categories: scholarly, leadership, hero, best resident and teacher.

18) Handover Form

This form is filled by the resident's current trainer, describing the resident level of performance, areas needing improvement and any current issues noted. It should be sent to the WPBA and forwarded to the resident following trainer.

19) Prescribing assessment

This form is used to review prescribing in a sample of prescription. The assessment is done once in the 5th residency year before the FITER due date.

20) Leadership Activity

This form is used to assess the leadership activity done by the resident either as part of a team or as the leader of the activity. It includes assessment on the organizational skills, willingness to take responsibility and their actions, communication with the team members, ability to delegate and ability to adapt to changing circumstances.

R1-R2: At least one leadership activity.

R3-R4-R5: At least one leadership activity

21) Multisource Feedback

The multisource feedback is a tool to assess the resident's performance and professionalism in the workplace. It includes feedback from the trainer and from other staff members (clinician and non-clinicians).

22) Enhanced Learning Plan

This form is used to identify residents with difficulty and those with some defects in consultation skills such as knowledge, evidence-based medicine, communication or collaboration. This form helps highlight the issue and formulate a plan to improve with a structured shared plan between the trainer and the resident.

Residents Portfolio:

1) Hospital Portfolio

The resident hospital portfolio includes:

1. Tutor evaluation form: the trainees assess their tutor's competencies (scholar, medical expert, communicator, collaborator, manager, advocate, professional).
2. Evaluation of clinical rotation: the trainees assess the clinic/hospital according to the clinical exposure, education, supervision, feedback, system-based practice and overall rating of rotation.
3. DOPS
4. Cases Seen and Discussed
5. Tutorial forms
6. Reflection form
7. Mid Rotation Verbal Feedback

2) Clinic E-Portfolio

The resident clinic portfolio includes:

1. Tutor evaluation form: the trainees assess their tutor's competencies (scholar, medical expert, communicator, collaborator, manager, advocate, professional).
2. Evaluation of clinical rotation: the trainees assess the clinic/hospital according to the clinical exposure, education, supervision, feedback, system-based practice and overall rating of rotation.
3. DOPS
4. Examination
5. Cases Seen and Discussed
6. Tutorial forms
7. Reflection form
8. Mid Rotation Verbal Feedback

WPBA Requirements for Each Residency Year

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

Residency year	Rotations and Courses	Repots
PGR1	**Attendance of all/passing 75% of the Rotations and Courses of R1**	**<u>Clinic:</u>** **Minimal required number of teaching session per academic year:** **4 COTs, 4 CBDs, 6 Joint Consultation logbook each with 6 cases, 4 Random case analysis or Problem Case Discussion.** **1 Reflection feedback academic year** **1 DOPS per month** **1 Examination per month** **6 Tutorials** **Mid rotation verbal feedback** **KIMS forms (trainee + tutor+ clinic) evaluation form at the end of rotation** **ITER** **<u>Hospital:</u>** **DOPS 1 per month** **Cases seen and Discussed 10 cases per month** **Mid rotation verbal feedback** **KIMS forms (trainee + tutor+ clinic) evaluation form at the end of rotation**

PGR2	**Attendance of all/passing 75% of the Rotations and Courses of R2**	**<u>Clinic:</u>** **Minimal required number of teaching session per academic year:** **5 COTs, 5 CBDs, 6 Joint Consultation logbook each with 6 cases, 4 Random case analysis or Problem Case Discussion.** **1 Reflection feedback academic year** **1 DOPS per month** **1 Examination per month** **6 Tutorials** **Mid rotation verbal feedback** **KIMS forms (trainee + tutor+ clinic) evaluation form at the end of rotation** **Life support (BLS & ACLS) certifications** **ITER** **<u>Hospital:</u>** **DOPS 1 per month** **Cases seen and Discussed 10 cases per month** **Mid rotation verbal feedback** **KIMS forms (trainee + tutor+ clinic) evaluation form at the end of rotation**

PGR3	**Attendance of all/passing 75% of the Rotations and Courses of R3**	**<u>Clinic:</u>** **Minimal required number of teaching session per academic year:** **5 COTs, 5 CBDs, 6 Joint Consultation logbook each with 6 cases, 4 Random case analysis or Problem Case Discussion.** **1 Reflection feedback academic year** **1 DOPS per month** **1 Examination per month** **4 Tutorials** **Mid rotation verbal feedback** **KIMS forms (trainee + tutor+ clinic) evaluation form at the end of rotation** **ITER** **<u>Hospital:</u>** **DOPS 1 per month** **Cases seen and Discussed 10 cases per month** **Mid rotation verbal feedback** **KIMS forms (trainee + tutor+ clinic) evaluation form at the end of rotation** **Audit Project Report (Pass)**

PGR4	**Attendance of all / passing 75% of the Rotations and Courses of 4**	**<u>Clinic:</u>** **Minimal required number of teaching session per academic year:** **9 COTs, 9 CBDs, 9 Joint Consultation logbook each with 6 cases, 9 Random case analysis or Problem Case Discussion.** **1 Reflection feedback academic year** **1 DOPS per month** **1 Examination per month** **2 Tutorials** **2 Small group teaching sessions (video sessions/ EBM)** **Mid rotation verbal feedback** **KIMS forms (trainee + tutor+ clinic) evaluation form at the end of rotation** **ITER** **<u>Hospital:</u>** **DOPS 1 per month** **Cases seen and Discussed 10 cases per month** **Mid rotation verbal feedback** **Prescribing Assessment** **KIMS forms (trainee + tutor+ clinic) evaluation form at the end of rotation** **Quality Improvement Project**

PGR5	**Attendance of all/ passing 75% of the Rotations and Courses of R5**	**<u>Clinic:</u>** **Minimal required number of teaching session per academic year:** **8 COTs, 8 CBDs, 6 Joint Consultation logbook each with 6 cases, 6 Random case analysis or Problem Case Discussion.** **1 Reflection feedback academic year** **1 DOPS per month** **1 Examination per month** **2 Tutorials** **2 Small group teaching sessions (Video sessions)** **Mid rotation verbal feedback** **Prescribing Assessment** **KIMS forms (trainee + tutor+ clinic) evaluation form at the end of rotation** **ITER** **FITER**

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

WPBA Blue print

Key: Clinical Proficiency (CP); Communication (CM), Health Promotion (HP); Evidence-based practice (EBM); Organisation, management and leadership (OML); Personal and Professional Growth (PPG); Teamwork (TM)

WPBA assessment tools							
Assessment tool	**Competency tested**						
	Clinical Proficiency	Communication	Health Promotion	Evidence-based practice	Organization management	Personal and Professional Growth	Teamwork and leadership
Consultation observation tool	√	√	√	√		√	
Case based discussion	√			√		√	
KIMS evaluation report	√	√	√	√	√	√	√
Examination skills evaluation form	√	√				√	
ITER/FITER	√	√	√	√	√	√	√
Prescribing assessment Under development	√			√	√		
Audit project				√	√	√	√
MSF		√			√		√
Quality improvement project		√			√	√	√

Teaching Tools Grade Descriptors

Teaching tools grade descriptors		
Excellent	Satisfactory	Borderline
The candidate demonstrates impressive performance in the domain both in principle and in detail. Highly consistent and rational approach. An exceptional candidate who consults very effectively.	The candidates demonstrates adequate grasp of the principle of the domain rather than the details. Competent but not sophisticated performance. Mostly consistent and rational approach. Able to practice safely and independently. Fulfills the minimum standard required for college membership.	The candidate performance is not quite competent nor consistent or rational. This grade is just below the standard required for college membership. On balance any negative behaviors observed are not thought to be of concern.

Family Medicine Residency Program
Training Guide

Aim

To ensure that the quality and quantity of training and supervision are sufficient, addressing the curriculum, and preparing the residents adequately for Kuwait MRCGP (Int.).
This is clearly important for patient's safety, to be able to deliver a family medicine workforce from the recruits to the program, and to ensure a high quality-training program for attracting high quality residents to the profession. Failure to prepare the residents sufficiently for the exams will result in a higher failure rate with consequent implications for the already stretched resources.

R1 training schedule

- Residents start with an induction period for every new clinic they attend (approximately one week) followed by 2-3 weeks of joint surgeries.
- Following the induction period, residents are aware that they would be closely supervised to establish the ongoing supervision necessary to ensure patient safety. With increasing experience of the resident, a reduced level of supervision is expected.
- The resident should be aware of supervision arrangements so that they are supervised in a particular way at all times (this includes periods when the trainer is on leave or away from the clinic). A named deputy should be informed to the resident during trainer's absence.
- Minimum afternoon duty should be twice per week.

1st week	**2nd -4th week**	**3rd week-end of rotation**
Induction period	Joined consultation	Minimum of 4 hours teaching/week

The FMRP References:

1. **For Background information**
2. **For Foreground information**
3. **Family medicine resources**
4. **Pharmacology**
5. **Online Calculator**

1. Background information

- Is general knowledge of the disease or condition.
- It identifies resources to answers a broad question e.g. What, Who, When, Where, How and why? e.g., What is diabetes? What are symptoms of diabetes? Why patient has hyperglycemia? What are the signs?...

Suggested FMRP Background References: Textbooks & Narrative reviews

[A]- Helpful Reference Books (*use the Latest edition*):

1. General Practice: Murtagh,J -McGraw Hill .
2. Primary care medicine: office evaluation and management of the adult patient by: Allan H Goroll; Albert G Mulley.
3. Textbook of family medicine. by: Robert E Rakel; David Rakel.
4. Practical General Practice: Guidelines for Effective Clinical Management, by: Alex Khot; Andrew Polmear
5. Taylor's manual of family medicine. by: Paul M Paulman; Audrey A Paulman; Kimberly Jarzynka; Nathan P Falk.
6. Essentials of Family Medicine: by Philip D Sloane; Lisa M Slatt7. Current diagnosis & treatment: family medicine, by: Jeannette E South-Paul; Samuel C Matheny; Evelyn L Lewis.
8. Oxford handbook of general practice. by: Chantal Simon; Hazel Everitt; Francoise van Dorp; Matt Burkes. (Only use it as a vade mecum in the consultation BUT NOT as the only resource for main readings)
9. Symptom Sorter. by: Keith Hopcroft; Vinvent Forte (helpful for generating Hypotheses)

10. The 10 minutes consultation assessment. By: Knut Schroeder 11.CSA Symptom Solver, clinical frameworks for the MRCGP CSA exam. by: Muhammed Akunjee; Nazmul Akunjee

12. Cases and concepts for the MRCGP. By: Naidoo

13. The Inner Consultation: How to Develop an Effective and Intuitive Consulting Style. By: Roger Neighbour

14. Macleod's clinical Examination. By J. Alastair Innes Anna Dover Karen Fairhurst

2. Foreground Information

- Is a focus information.
- It identifies valid evidence to answer a specific PICO question.

Example of PICO question: In a patient with acute migraine, does NSAIDs more effective than simple analgesics in aborting migraine attack.

Suggested FMRP Foreground References:

2.a Secondary sources:

- Summaries: evidence-based guidelines
- Synthesis: Systematic Review & Meta-analysis
  Resources: Cochrane Data Base for Systematic Review (CDSR) & PubMed (PMC)

2.b. Primary sources:

- Primary study designs: Observational & experimental.
  Resources: PubMed (PMC, MESH)

2.a Secondary Sources for Foreground Information: Summaries:

[A] Evidence-Based Clinical Guidelines
[B] Online resources
[C] Evidence-Based Resources

[A]- For Evidence Based Clinical Guidelines:

1. https://www.nice.org.uk/guidance/published?type=cg
2. http://www.sign.ac.uk/our-guidelines.html

Topic	Suggested Guidelines (Most recent)
Bronchial asthma Tobacco dependance treatment Diabetes Diabetes & Ramadan HTN Hyperlipidemia Hypothyroidism Osteoporosis COPD Obesity	Chronic diseases in primary health care clinical practice guidelines. (NCD in Primary Health Care, Central department of primary health care, July 2022)
Bronchial asthma	Gina Asthma
COPD	Gold COPD
Diabetes	ADA
HTN	Nice / ACC
Hyperlipidemia	ESC
Osteoporosis	Kuwait Guidelines for the management of osteoporosis

Emergency in primary health care	Emergency cases, a quick reference guide (Central department of primary health care, November 2021)
Depression GAD OCD	Primary Mental Health Guideline (Primary Health Care Mental Health Committee, Central department
Trauma & stressors Somatisation Suicide Psychotic patients Sleep disorders Personality disorders Neurocognitive disorders	of primary health care, Second edition, August 2021)

[B]- Online Resources: (To ease, complement & facilitate your original readings)

1. InnovAiT: http://www.rcgp.org.uk/publications/innovait.aspx OR http://journals.sagepub.com/loi/inoa

2. American Academy of Family Physicians: (https://www.aafp.org/journals/afp.html) [*Latest articles*]

3. https://guidelines.ecri.org/

4. Canadian Family Physician: (http://www.cfpc.ca/CanadianFamilyPhysician/) [*Latest articles*]

5. GP Notebook: https://www.gpnotebook.co.uk/

[C]- Evidence based resources:

1. Up-to-Date:(https://www.uptodate.com/home)

N.B: for discounted rates contact Kuwait Medical association.

2. BMJ BEST PRACTICE: http://www.bestpractice.bmj.com/

3. Patient.info: https://patient.info/patientplus

4. Dynamed: http://www.dynamed.com/home/

5. Cochrane Data Base for systematic Review: https://www.cochranelibrary.com/cdsr/reviews

6. Trip database: https://www.tripdatabase.com/

2.b. Primary sources:

1. PubMed: http://pubmed.ncpi.nlm.nih.gov

3-Family Medicine Resources:

- Evidence-Based Medicine Guidance for Primary Health Care Physicians.
- Mental Health Screening in Primary Health Care.
- Primary Mental Health Guideline.
- Comprehensive Geriatric Assessment (CGA) Toolkit.
- Comprehensive Geriatric Assessment File in Primary Health Care.
- Common Geriatric Problems in Primary Care.
- Adolescent Health in Primary Health Care.
- Common Obstetric and Gynecological Problems in Primary Care.
- Summary Guidance of Antimicrobial prescribing in the Management of Common Infections in General Practice.
- Acne Vulgaris in Primary Healthcare.
- Emergencies in Primary Healthcare.
- Primary Health Care Emergency Medication Formulary.
- How to reach an ECG.
- Indications of Referral to Secondary Care.
- Chronic Diseases in Primary Health Care.
- Pediatric Obesity Guidelines.
- Clinical Practice Guideline Series-Well Baby Clinic.
- Obesity (Screening, Prevention, and Management).

- For more updated guidelines, refer to https://portal.cdphc.com/login/guidelines
- Out of the League Family medicine 2023

4. Pharmacology:

- Kuwait Drug Index (KDI), second edition, 2017: Textbook
  (NOTE: Do NOT use the KDI first edition, 2005, it's outdated)
- Primary health care emergency medication formulary (Central department of primary health care, March 2021)
- British National Formulary (BNF) for adults & pediatrics: Textbook & online: https://www.bmf.org
- Up-To-Date: Lexicomp (online) :(https://www.uptodate.com/home)

5. Online Medical Calculator

- Patient. info: https://www.patient.info/medical-calculators
- ASCVD Risk Estimator + https://tools.acc.org/ascvd-risk-estimator-plus/#!/calculate/estimate/
- Score2 and Score2-op risk calculator
- https://www.heartscore.org/en_GB/heartscore-europe-risk-regions
- Diabetes Ramadan (risk of fasting) Calculator: https://daralliancehcp.org/public/risk-test

Contacts

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***Family Medicine Residency Program*:**

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The curriculum is last reviewed and updated on March, 2023 by the Scientific & WPBA committee members