

## Specific learning objectives per year of training

### *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
<b>1. Clinical proficiency and medical complexity</b>	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
<b>2.Communication</b>	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)
<b>3.Health Promotion</b>	3.1 Apply principles of health promotion and disease prevention strategies relevant to the corresponding hospital discipline.
<b>4.Evidence based practice</b>	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.

<b>5.Working as a team and leadership</b>	<p>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.</p> <p>5.2 Collaborate with specialists in secondary care, using the diagnostic and treatment resources available in hospitals.</p> <p>5.3 Able to refer to hospital specialist when indicated and provide appropriate follow up for the cases</p> <p>5.4 Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care</p>
<b>6.Organization management</b>	<p>6.1 Understand the nature of secondary and tertiary health care system in Kuwait with respect to medico-legal, ethical and organizational aspects.</p> <p>6.2 Recognize the importance of appropriate allocation of healthcare resources, including referral to other health care professionals and community resources.</p> <p>6.3 Plays an active role in situations other than patient care, such as participation in health care management, policy development and planning</p> <p>6.4 Consider issues of patient safety in the provision of care</p>
<b>7.Personal and professional growth</b>	<p>7.1 Understand their capabilities and limitations, then work on meeting those needs and inadequacies.</p> <p>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.</p>

### Learning /Teaching Opportunities in FMRP

<b>Year of training</b>	<b>Teaching/ learning methods</b>	<b>Courses</b>
<b>PGR2</b>	<ul style="list-style-type: none"> <li>• Opportunity to be exposed to different hospital attachments by</li> </ul>	<p>ODSC:</p> <ol style="list-style-type: none"> <li>1. Orientation for OSCE &amp; Part I exam</li> <li>2. EBM epidemiology &amp; critical appraisal</li> <li>3. Audit in GP</li> </ol>

	<p>working as assistant registrar in medicine, surgery, OBGYN and orthopedics.</p> <ul style="list-style-type: none"> <li>• Independent supervised consultations</li> <li>• Independent self-directed learning.</li> <li>• Direct observed consultations with feedback (Joint consultation log)</li> <li>• Reflection on learning (reflective diaries).</li> <li>• Learning through case analysis (PCD)</li> <li>• Learning through random case selection from the candidate work time sheet (RCA)</li> <li>• Formal tutorials</li> <li>• Clinic and hospital direct observation of procedural skills (DOPS)</li> <li>• Leadership activity participation</li> <li>• Community Health activities</li> </ul>	<ol style="list-style-type: none"> <li>4. Dilemmas in DM diagnosis and management</li> <li>5. Life support (BLS &amp; ACLS) certifications.</li> </ol>
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***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.

<b>Residency year</b>	<b>Rotations and Courses</b>	<b>Reports</b>
<b>PGR2</b>	<b>Attendance of all/passing 75% of the Rotations and Courses of R2</b>	<p><b><u>Clinic:</u></b></p> <p><b>Minimal required number of teaching session per academic year:</b></p> <p><b>5 COTs, 3 CBDs, 30 Joint Consultation, 3 Random case analysis, 5 Problem Case Discussion.</b></p>

		<p><b>1 Reflection feedback academic year</b></p> <p><b>1 DOPS per month</b></p> <p><b>1 Examination per month</b></p> <p><b>4 Tutorials</b></p> <p><b>Mid rotation feedback</b></p> <p><b>KIMS forms (trainee + tutor+ clinic) evaluation form at the end of rotation</b></p> <p><b>Leadership assessment</b></p> <p><b>Life support (BLS &amp; ACLS) certifications</b></p> <p><b>ITER</b></p> <p><b><u>Hospital:</u></b></p> <p><b>DOPS 2 per month</b></p> <p><b>Cases seen and Discussed 10 cases per month</b></p> <p><b>Mid rotation feedback</b></p> <p><b>KIMS forms (trainee + tutor+ clinic) evaluation form at the end of rotation</b></p>
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