

Specific learning objectives per year of training

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	1.1 Demonstrate competent problem solving skills (Information gathering, clinical examination, investigations, analysis and decision making) 1.2 Able to practice safely and independently. 1.3 Able to manage patient at home during home visit
2. Communication	2.1 Adopt a person-centered approach (i.e., sharing patient in the whole consultation) 2.2 Able to establish effective doctor–patient relationship. 2.3 Embrace a holistic approach, taking into account cultural dimensions
3. Health Promotion	3.1 Formulate and individualize appropriate prevention plans. 3.2 Able to apply health promotion and disease prevention strategies appropriately and effectively
4. Evidence based practice	4.1 Understand the rationale for an evidence-based approach to clinical practice. 4.2 Justify their practice by applying evidence base medicine principles.
5. Working as a team 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	<p>6.1 Apply and follow rules and regulations to deal with the medico-legal, ethical and organizational aspects.</p> <p>6.2 Able to audit different aspects of care provided to the patients.</p> <p>6.3 Able to appropriately fill death certificates and related documents.</p> <p>6.4 Obtain and document informed consent explaining the risks and benefits of a proposed procedure or therapy.</p> <p>6.5 Effectively report patient safety related incidents in the practice by filling MOH incident reports.</p> <p>6.6 Knows and applies principles of quality and safety and risk management in primary care.</p> <p>6.7 Able to recognize & managing sever-life-threatening emergencies, provide CPR, use AED in timely & effective manner.</p>
7.Personal and professional growth	<p>7.1 Able to disseminate the information learnt to other colleagues.</p> <p>7.2 Recognize personal educational needs and create an individual developmental plan accordingly.</p> <p>7.3 Demonstrate an explicit commitment to high ethical standards (autonomy, beneficence, non- maleficence, confidentiality, equity and doctors' probity).</p> <p>7.4 Maintain and develop his skills in applying ethical framework during consultation and during contact with the primary health care team members.</p>

Learning /Teaching Opportunities in FMRP

Year of training	Teaching/ learning methods	Courses
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<p>PGR4</p>	<ul style="list-style-type: none"> • 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 • Directing Leadership activity • Community Health activities 	<ol style="list-style-type: none"> 1. Geriatric course 2. How to run geriatrics clinic/ Home visit 3. Psychiatry course 4. Suicidal first aid workshop 5. Men's health 6. Life support (BLS & ACLS) certifications. 7. (Re-validation of the certificate) 8. SG teaching: video case analysis & critical appraisal workshop.
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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.

Residency year	Rotations and Courses	Reports
<p>PGR4</p>	<p>Attendance of all / passing 75% of the Rotations and Courses of 4</p>	<p><u>Clinic:</u></p> <p>Minimal required number of teaching session per academic year:</p> <p>9 COTs, 5 CBDs, 30 Joint Consultations, 3 Random case analyses, 5 Problem Case Discussion.</p>

		<p>1 Reflection feedback academic year</p> <p>1 DOPS per month</p> <p>1 Examination per month</p> <p>2 Tutorials</p> <p>5 Small group teaching sessions (video sessions/ EBM)</p> <p>Mid rotation feedback</p> <p>KIMS forms (trainee + tutor+ clinic) evaluation form at the end of rotation</p> <p>Leadership assessment</p> <p>ITER</p> <p><u>Hospital:</u></p> <p>Cases seen and Discussed 10 cases per month</p> <p>Mid rotation feedback</p> <p>Prescribing Assessment</p> <p>KIMS forms (trainee + tutor+ clinic) evaluation form at the end of rotation</p> <p>Quality Improvement Project</p>
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