
Kuwait Institute for Medical Specialization

Educational Guide

Kuwait Institute for Medical Specialization
Kuwait

Published by Kuwait Institute for Medical Specialization, 10th Floor, Behbehani Complex, Al-Sharq, P.O. Box 1793, Kuwait 13018.

First published 2002. Revised reprint 2004.

© Kuwait Institute for Medical Specialization, 2004.

No part of this publication may be reprinted or reproduced, or stored in any form, without the prior permission of Kuwait Institute for Medical Specialization.

Preface

The past two years have been a period of considerable development in the educational activities of Kuwait Institute for Medical Specialization (KIMS). Among the new postgraduate training programs that have been planned and are either running at present or ready for implementation are those in Dermatology, Ophthalmology, ENT and Head & Neck Surgery, GI/Hepatology, Diabetology, Anesthesia, and Dentistry. The Continuing Medical Education Program of KIMS, started in September 2000, too, has seen significant evolution in its implementation. The scheme has expanded to include pharmacists among its target population, while the program itself has seen a change of its name to Maintenance of Professional Competence Program, aimed at emphasizing the overall aim of continuing medical education.

This revised reprint of the *Educational Guide* highlights the recent educational developments introduced by KIMS and outlines the range of educational activities that the institute is engaged in. We have also included a

selection of websites related to postgraduate specialization. These links would prove useful especially to new medical graduates by providing guidance on postgraduate training and career choice.

I am confident that the publication would continue to serve as a comprehensive single source of basic information about postgraduate training, including internship training, continuing medical education and continuing professional development in Kuwait, research support infrastructure at the Ministry of Health, and learning resources made available by KIMS to postgraduate trainees.

The information that is included in this document will be updated, when necessary. The changes will appear initially in the KIMS website at <www.kims.org.kw>.

Dr. Khaled Al-Jarallah
FRCPC, FACP, FACR, FRCP
Secretary General
Kuwait Institute for Medical Specialization
2004.

□ □ □ □ □

Preface to the First Edition

The Kuwait Institute for Medical Specialization (KIMS) of the Ministry of Health is responsible for providing further training for medical and dental graduates at institutions in Kuwait and abroad, administering the continuing medical education program, assisting research in the health professions and conducting medical and dental licensing examinations. During the recent past, it had published a number of documents, both via the printed as well as the electronic media, giving details of its activities. This *Educational Guide* constitutes a comprehensive compilation of this material so that practitio-

ners, residents, trainees, administrators, and medical educators would be able to readily obtain relevant information from a single source. It would thus inform the reader about the educational activities, programs, courses, and examinations that are conducted or administered by KIMS for fulfilling the objectives of the institute.

We plan to issue revised editions of the *Guide* as and when necessary. In the interim, any updates of information related to programs or rules and regulations would be available at our website <www.kims.org.kw>.

Dr. Khaled Al-Jarallah
FRCPC, FACP, FACR, FRCP
Secretary General
Kuwait Institute for Medical Specialization
2002.

Table of Contents

Preface

Kuwait Institute for Medical Specialization

Mission statement	1
Objectives	1

Internship training program

Learning objectives	4
Interaction Card	4
Outcome objectives of internship training	5
General objectives	5
Specialty objectives	5
Medicine, Surgery, Obstetrics & Gynecology, Pediatrics	
Record of formative and summative evaluations	9

Postgraduate training programs

Internal Medicine	12
Subspecialties in Internal Medicine	14
Cardiology, GI/Hepatology, Diabetology	
General Surgery	15
Pediatrics	17
Obstetrics & Gynecology	19
Family Practice	21
Laboratory Medicine	23
Radiology	26
Nuclear Medicine	28
Dermatology	30
Ophthalmology	32
ENT and Head & Neck Surgery	35
Anesthesia	38
Public Health	41
Dentistry	43

Continuing Medical Education

Mission statement of the CME Center	46
Continuing Medical Education and Continuing Professional Development	46
Participation in CME/CPD activities	46
Registration in MPC Program, Categories of CME/CPD activities, Credit point system, Menu of CME/CPD activities, Annual returns, CME Certificate, Portfolio of CME/CPD participation	
Monitoring of MPC Program	50
Organizing CME/CPD activities	50
CME Providers, Application for accreditation, Announcements of activities, Evaluation report, List of participants, Certificate of participation	
Scheme of CME in Kuwait	52
CME/CPD, MPC Program and the Internet	52
Frequently Asked Questions	53
Educational issues in planning effective CME/CPD	55

Membership examinations

MRCP - Medicine and Pediatrics	58
MRCPPath	58
MRCOG	58
MRCS	58

Licensing Examination Center

Kuwait Medical Licensing Examination

Objectives	60
Eligibility	60
Validity of the examination	60
Board of Examiners	60
Format and content of examination	60
Examination schedule	60
Results	61
Re-sit for examination	61
Registration fees	61
Application procedures	61
Recommended textbooks for KMLE	61

Kuwait Dental Licensing Examination

Objectives	62
Eligibility	62
Validity of the examination	62
Board of Examiners	62
Format and content of examination	62
Examination schedule	62
Results	62
Re-sit for examination	63
Registration fees	63
Application procedures	63
Recommended textbooks for KDLE	63

Bulletin of KIMS

Objectives	66
Readership	66
Format and frequency of publication	66
Editorial Board	66
Guidelines to authors	67

Research

Objectives of the Research Unit	70
Medical Research Ethics Committee	70
Organization of work	70

Medical Learning Resources Center

Central Medical Library, Hospital libraries and Electronic Library	74
Internet stations	74
Medical Illustration Unit	74

Appendix

Important contact information	
Websites on postgraduate specialties and training	

Kuwait Institute for Medical Specialization

Introduction

Kuwait Institute for Medical Specialization (KIMS) of the Ministry of Health, State of Kuwait is the authority responsible for organizing all aspects of postgraduate training of medical practitioners and other health professionals in Kuwait.

KIMS was established in 1984 under a decree issued by HH the Amir of Kuwait. The institute is engaged in a variety of activities, including the organization of internship training of pre-registration medical graduates, specialty training at various levels in different medical fields, and continuing medical education and continuing professional development activities for health professionals practicing in Kuwait.

Mission Statement

The main aims of KIMS are to:

- Enhance the level of competence of health professionals, enabling them to keep abreast of the developments in the medical specialties and patient management,
- Prepare graduates in the health professions for specialization in the different branches of medicine, and

- Provide facilities and opportunities for continuing professional development, and monitor practitioners' progress and achievement.

Objectives

KIMS is engaged in a variety of activities aimed at achieving the following objectives:

1. Formulating the general policy for training doctors and other health professionals in different fields of specialization, and supervising the implementation and the evaluation of the training programs;
2. Designing and monitoring the implementation of professional training for medical graduates who have obtained basic medical qualifications;
3. Initiating and coordinating the implementation of programs for specialty training at various levels for medical practitioners and other health professionals;
4. Planning and conducting activities aimed at maintenance of professional competence for health professionals in Kuwait;
5. Awarding of certificates for trainees who have successfully completed designated training programs in the specialties in medicine.



Internship Training Program

Introduction

Learning objectives

Interaction Card

Outcome objectives of internship training

General objectives

Specialty objectives

Medicine

Surgery

Obstetrics & Gynecology

Pediatrics

Record of formative and summative evaluations

Internship Training Program

Introduction

Newly qualified medical graduates follow a basic training program (rotating internship) conducted at various hospitals of the Ministry of Health, under the supervision of KIMS. At present, training is offered at the following hospitals: Mubarak Al-Kabeer Hospital, Amiri Hospital, Adan Hospital, Sabah Hospital, Jahra Hospital, Farwaniya Hospital, and Maternity Hospital. In addition to formal internship training, the interns follow courses in Medical Ethics and in Cardiac Life Support during this one-year period.

At the time of registration in the internship training program, every intern is issued a copy of the *Trainee Guide*. It indicates the competencies that interns are expected to acquire before completing the rotations during the internship year. Additionally, it outlines the mechanism that is to be used for recording a sample of the abilities that the intern gained, and the level at which they were completed. It also lists the procedures that the intern is expected to perform under each rotation.

Learning Objectives

A set of learning objectives has been listed for each rotation. They specify the minimum level that the trainee is expected to achieve by the time the attachment is completed. The objectives are written in the form of outcomes from the viewpoint of the learner, rather than as intentions of the teacher. Additionally, these expected competencies fall into three broad categories: (i) knowledge, (ii) procedural skills, and (iii) attitudes and values. As this classification is only a means to ensuring that the essential competencies are indicated, no attempt has been made to identify the category into which a given objective would fall. An additional reason for this approach is that many objectives deal with competencies that come within more than one category.

Interaction Card

Each *Trainee Guide* that the intern receives has 30 interaction cards. These cards enable

the trainee to arrange for the evaluation of his performance by the supervisor.

Page 1 of the card gives a format for the supervisor to evaluate the trainee's performance. Six categories of clinical performances are listed, with space for an additional one. On any occasion, the evaluator would focus on one of the seven areas stated. A 5-point scale is given for rating the performance.

Page 2 of the card has space for the trainee to write the relevant patient notes.

The trainee is expected to have a minimum of 20 of his or her clinical encounters evaluated during each rotation. The evaluations should reflect a variety of clinical conditions, and all need to be in relation to patients.

When the trainee is ready for an evaluation, he informs the supervisor or trainer for an evaluation to be scheduled. The trainee writes the essential data regarding the patient on page 2 of a card, and presents the card, without detaching it from the *Guide*, to the supervisor or trainer. The trainer then fills in the relevant cages.

On completing the evaluation, the trainer would conduct a review session with the trainee to show the latter's strengths and weaknesses. This encounter would constitute a *formative evaluation*, giving the trainee an opportunity to pay additional attention to topic areas that need to be improved. The trainer hands the *Trainee Guide* with the completed card back to the trainee. Before completing the rotation, the trainee is required to show all the completed cards pertaining to the rotation to the designated supervisor so that a final meeting could be arranged for discussing the overall performance. This end-of-rotation summing up of abilities forms a *summative evaluation*. On this occasion, the supervisor averages the ratings of the previous performances, and records the data in the appropriate section in the *Trainee Guide*. The *Trainee Guide* with its cards is then forwarded, under confidential cover, to the Training Division of KIMS. The responsibility for sending it to KIMS lies with the designated supervisor in the specialty at the hospital.

Outcome Objectives of Internship Training

The abilities that the trainees are expected to have gained by the time they complete internship training are described below as *outcome objectives*. They are grouped under two categories:

General objectives, which are common to more than one specialty, and can therefore be achieved under different rotations.

Specialty objectives, which are the expected outcomes in the individual specialties during the rotations. Four different specialties are included:

- Medicine
- Surgery
- Obstetrics & Gynecology
- Pediatrics

In addition, under each specialty a set of procedures that the trainee is expected to perform satisfactorily has been listed.

General Objectives

At the end of internship training, the intern is expected to have a level of knowledge, skills, and attitudes and behaviors needed to embark on a career as a health care provider, or to pursue further training in a medical specialty.

On conclusion of internship training, the intern will:

1. Be aware of the implications of the principles of medical ethics, clinical epidemiology, outcomes of research and the patient's social and cultural background on medical decisions;
2. Be able to evaluate the quality of information, and to utilize analytical and data-synthesizing skills appropriately;
3. Be able to interact effectively with patients, and all members of the health care team;
4. Understand the roles and relationships of primary care and specialty care providers;
5. Be able to outline the administrative procedures related to patient admissions, in-patient care, and discharge plan of patients;
6. Be aware of medico-legal issues in relation to births, mortality, abortion, and accidental injuries, with specific reference to the regulations of the Ministry of Health and the procedures in Kuwait;
7. Possess a sense of responsibility for patient care, and respect patient and family confidentiality;
8. Be able to make presentations on practical problems in medicine at clinical meetings, grand rounds, journal clubs and other similar gatherings, using appropriate media;
9. Be aware of own limitations, and be willing to ask for assistance when necessary.

Specialty Objectives - Medicine

On completion of the training program, the intern will:

1. Be able to clerk patients upon admission, which includes taking a relevant history and conducting an appropriate physical examination;
2. Be able to select and request for relevant diagnostic tools, and interpret the findings of investigations;
3. Be able to undertake problem identification and arrive at a logical differential diagnosis;
4. Be able to arrive at a working diagnosis and develop a management plan;
5. Be able to educate patients making them aware of their illnesses;
6. Be able to perform specified diagnostic and therapeutic procedures (to be listed);
7. Be able to manage acute medical patients under supervision, sharing in the concerned duties and responsibilities;
8. Be able to administer cardio-pulmonary resuscitation when needed;
9. Be able to provide emergency management in acute myocardial infarction, acute respiratory insufficiency, anaphylaxis, intoxication, status epilepticus, diabetic coma, pulmonary embolism, and septicemia/meningitis;
10. Be able to write relevant discharge summaries, medical reports and death certificates;

Internship Training Program

11. Be able to communicate effectively with patients and relatives and win their confidence;
12. Be motivated to engage in ethically acceptable medical practice;
13. Be motivated to establish productive and harmonious relationships with colleagues and other health professionals.

Procedural Skills

The procedures that the intern is expected to be able to perform satisfactorily in the specialty of Medicine are listed below. The supervisor/tutor would observe directly and check each of them during the evaluation.

- Administering cardio-pulmonary resuscitation
- Securing airway
- Artificial ventilation
- Endotracheal intubation
- Insertion of central venous catheter

- Arterial puncture for blood gas analysis
- Treatment of tension pneumothorax
- Insertion of thoracic drainage
- Pericardiocentesis
- Cardiac defibrillation
- Needle aspiration of the knee joint

Laboratory procedures and special investigations that the intern is expected to be able to perform satisfactorily are listed below. The supervisor/tutor would observe directly and check each of them during the evaluation.

- Blood sampling
- Microbiological sampling
- Examination of blood film
- Microscopic examination of microbiological specimens
- Urine examination
- Basic ECG interpretation
- Basic X-ray interpretation

Specialty Objectives - Surgery

On completion of the training program, the intern will:

1. Be able to clerk the surgical patient, through relevant history taking and appropriate physical examination;
2. Be able to plan appropriate investigation protocols to assist in making a definitive diagnosis;
3. Be able to interpret the results of common radiographic and laboratory investigations, relating them to the clinical problem at hand;
4. Be able to describe the pre-operative preparation of patients for major surgical procedures;
5. Be able to assist in the pre-operative and post-operative management of surgical patients;
6. Be able to provide primary treatment of trauma wounds, and undertake suturing of wounds and removing sutures;
7. Be able to provide first aid, debridement, excision and dressing of wounds;
8. Be able to provide emergency management of trauma, shock, and burns;
9. Be able to provide emergency on-call services, with assistance where necessary;
10. Possess desirable bedside manners that would facilitate the clinical interaction with the patient and the relatives;
11. Be able to use appropriate strategies when breaking bad news to the patient;
12. Be able to write discharge summaries, medical reports, sick leave and death certificates;
13. Be able to write admission notes, follow-up notes, requests for investigations and their results, and notes for preoperative and postoperative care including prescription of relevant drugs;
14. Be aware of investigations carried out in associated departments, e.g. in Radiology, Pathology, Gastroenterology;
15. Value observing punctuality in discharging clinical and administrative duties;
16. Be able to write adequate clinical notes on patients seen on emergency duties, for follow-up surgical management.

Procedural Skills

The procedures that the intern is expected to be able to perform satisfactorily in the specialty of Surgery are listed below. The supervisor/tutor would observe directly and check each of them during the evaluation.

- Examination of post-operative wounds
- Treatment of ingrown toenail
- Cardio pulmonary resuscitation
- Irrigation of the ear
- Collection of specimens for lab investigations
- Insertion of intravenous line
- Anorectoscopy, proctoscopy/sigmoidoscopy
- Insertion of central venous catheter
- Scrubbing, gowning and suturing
- Insertion of Foley's catheter

- Incision and closure
- Intubation – drainage in OR
- Tissue handling
- Circumcision
- Endotracheal intubation
- Treatment of epistaxis
- Assisting in minor and major operations
- Venous cut-down
- Indirect laryngoscopy
- Removal of foreign body
- Assisting in appendectomy
- Catheterization – NGT
- Performing appendectomy
- Skin biopsies, excision of small lumps, and removal of superficial tumors
- Incision and drainage of abscesses, and collection of suppurations

Specialty Objectives - Obstetrics & Gynecology

On completion of the training program, the intern will:

1. Be able to take a relevant history and perform a basic physical examination in relation to obstetric & gynecological complaints;
2. Be able to perform a pelvic examination;
3. Be able to record the data obtained through history and physical examination in accepted format;
4. Be able to develop a plan of initial management of the patient, including appropriate investigations;
5. Be able to recognize abnormalities of labor and be familiar with their management;
6. Be able to diagnose and provide the initial management of common obstetric & gynecological conditions;
7. Be able to assist in common obstetric & gynecological operations and common gynecological procedures;
8. Be able to state the principles of pre-operative and post-operative care;
9. Be able to outline the management of common medical disorders of pregnancy (e.g. diabetes, hypertension, UTI);
10. Be able to provide antenatal care to low-risk pregnant patients and manage the common antenatal complaints;
11. Be able to state the management of patients after normal delivery and cesarian section and undertake the management of puerperal complications;
12. Be able to function as an effective member of the team in providing care in obstetric emergency situations;
13. Be committed to engaging in medical practice giving adequate consideration to the ethical and medico-legal aspects of obstetrics & gynecology.

Procedural Skills

The procedures that the intern is expected to be able to perform satisfactorily in the specialty of Obstetrics & Gynecology are listed below. The supervisor/tutor would observe directly and check each of them during the evaluation.

- High vaginal swab
- Collection of cervical smear
- Conducting normal deliveries
- Repair of episiotomy
- Artificial rupture of membranes
- Application of fetal electrodes

Specialty Objectives - Pediatrics

On completion of the clinical rotation in Pediatrics, the intern will:

1. Be able to conduct a focused patient interview to obtain a relevant pediatric history;
2. Be able to perform an accurate and appropriate physical examination of children including neonates;
3. Be able to formulate a prioritized and comprehensive problem plan, including a clinical diagnosis;
4. Be able to describe pertinent testing, conduct common bedside investigative procedures, and interpret common laboratory investigations;
5. Be able to outline plans of management for common pediatric problems;
6. Be able to record the information collected and management plans in the form of an organized medical record;
7. Be able to present the information in a succinct, focused oral discussion;
8. Be able to assist the patient or family members to make informed decisions pertaining to medical recommendations and choices;
9. Be able to describe normal growth and development during fetal life, neonatal period, childhood and adolescence, and outline deviations from the normal;
10. Be able to describe the epidemiology, etio-pathogenesis, clinical manifestations, diagnosis, rational therapy, and rehabilitation of common pediatric disorders and emergencies;
11. Be able to state age-related requirements of calories, nutrients, fluids, drugs, etc. in health and disease;
12. Be able to outline the approaches and procedures used in pediatric advanced life support systems in pediatric and neonatal intensive care units;
13. Be able to advise patients and their guardians on preventive strategies for common infectious disorders, malnutrition, genetic and metabolic disorders, poisoning, accidents and child abuse;
14. Be able to outline the national immunization program;
15. Be able to recognize a child or adolescent at risk and when to intervene;
16. Be able to recognize abnormal behavioral conditions in children and adolescents;
17. Be aware of parental and family opinions, attitudes, behavior and lifestyle different from his/her own, and of their effect on clinical interactions.

Procedural Skills

The procedures that the intern is expected to be able to perform satisfactorily in the specialty of Pediatrics are listed below. The supervisor/tutor would observe directly and check each of them during the evaluation.

- Taking anthropometric measurements
- Resuscitation
- Starting an intravenous line
- Lumbar puncture
- Inserting urethral catheter
- Pleural tap
- Nasogastric feeding
- Common bedside investigative procedures

Record of Formative and Summative Evaluations

For each of the specialties of Medicine, Surgery, Obstetrics & Gynecology, and Pediatrics, the intern's *Trainee Guide* provides space for indicating formative and summative assessments of the performances of the trainee. At the end of each individual evaluation, the supervisor/tutor would assign an *Overall Rating* to the performance of the intern using

the 5-point Rating Scale provided in the Interaction Card. This rating is also recorded in an appropriate box under *Individual Evaluations* for the concerned specialty. At the time of the final evaluation at the end of the rotation, the individual evaluation ratings are averaged, and this mean value is entered against *Average Rating*.

I. Date Trainee name: Trainee I.D:

Evaluator's name: Evaluator's signature:

Designation: Consultant Faculty member Senior Registrar Registrar Other
(Specify)

Hospital: Department: Unit:

EVALUATION OF PERFORMANCE

II. FOCUS OF INTERACTION (Give a rating from 1 to 5, using the scale given below for *overall rating*. Also check in the relevant box.):

	YES	NO	
[A] Clinical skills: History - Directly observed?	<input type="checkbox"/>	<input type="checkbox"/>	(D) Diagnosis (clinical judgment)
..... Clinical skills: Case sheet - Directly observed?	<input type="checkbox"/>	<input type="checkbox"/>	(E) Therapy (interpretation of investigations)
..... Clinical skills: Physical exam - Directly observed?	<input type="checkbox"/>	<input type="checkbox"/>	(F) Handling of emergencies
(B) Professional behavior: Directly observed?	<input type="checkbox"/>	<input type="checkbox"/>	(G) Other (describe):
(C) Case presentation: written <input type="checkbox"/> verbal <input type="checkbox"/>			

OVERALL RATING OF ENCOUNTER – PERFORMANCE RATED AS:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNSATISFACTORY	BELOW expected standard	AT expected standard	ABOVE expected standard	EXCELLENT
(1)	(2)	(3)	(4)	(5)

COMMENTS ON TRAINEE PERFORMANCE

.....

.....

1

Sample Interaction Card



Postgraduate Training Programs

Internal Medicine

Subspecialties in Internal Medicine

Cardiology Fellowship

GI/Hepatology Fellowship

Diabetology Fellowship

General Surgery

Pediatrics

Obstetrics & Gynecology

Family Practice

Laboratory Medicine

Radiology

Nuclear Medicine

Dermatology

Ophthalmology

ENT and Head & Neck Surgery

Anesthesia

Public Health

Dentistry

Internal Medicine Training Program

Certificate: Specialization Certificate in Medicine (SCM, KIMS)

Objectives

The single major objective of the program is in developing the trainee doctors into highly competent specialists in the branch of Internal Medicine. It will be achieved through a structured and supervised training program where the candidate will receive hands-on experience in the practice of clinical medicine, performed independently but under the guidance and supervision of highly competent senior teachers and specialists. The training which will encompass all branches and sub-specialties in medicine will be closely evaluated and performances assessed. Such clinical training will be supplemented with theoretical (didactic) teaching, self motivated computer-based access to information and involvement in research. At the end of the training period, the candidates will be assessed for their competence through a series of clinical and theoretical examinations given by internal and external assessors.

Eligibility for Admission

Candidates who have completed their one-year Internship, and those who would be completing their Internship within three months but before the start of the postgraduate program, are eligible to apply.

Admission Procedure

The First Year batch of trainees commences the Postgraduate Training Program at the beginning of January every year.

During September, the Faculty of Internal Medicine of the Kuwait Institute for Medical Specialization (KIMS) will announce in all the hospitals in Kuwait through circulars calling for applications to admission to the First Year of the Postgraduate Training Program. The Postgraduate Committee of KIMS will screen the applications during November, and the short-listed candidates will be called for interview. The committee would have by then received two confidential reports from the personal referees of each candidate

regarding their suitability to join the postgraduate training program.

On the basis of assessment reports from the referees and a successful interview, the applicants are selected for admission to the program. Trainees will be allocated to one of the two Hospitals, Al-Amiri Hospital or Mubarak Al-Kabeer Hospital.

Activities of the Program

The duration of the Postgraduate Training Program is 4 years.

The program consists of rotations in General Medicine (2 years) and related sub-specialties (2 years). Candidates who successfully complete the program are eligible to sit for the Certifying Examination of Kuwait Board of Internal Medicine (KIMS).

During the first two years the candidates will rotate through different units of General Medicine. Each rotation is of three months' duration.

On completion of two years in General Medicine, the trainees will start major specialty rotations of three months' duration, minor specialty rotations of four weeks' or six weeks' duration, as well as elective periods of four weeks' duration.

At the end of each rotation, the Supervisor or Unit Head will send to the postgraduate office an evaluation of the performance of the candidate in a format/evaluation sheet approved by KIMS.

During the four years of training it is compulsory for all trainees to attend the following activities:

Clinical sessions (bedside teaching) once weekly.

One candidate will present the cases at each Clinical Session. The candidate's performance will be evaluated by the staff moderator;

Journal session once weekly.

Two or three original articles will be

presented by the assigned candidate during this session. The candidate's performance is evaluated by the staff moderator.

The above sessions are over and above the regular grand rounds (twice weekly) held in each hospital.

10 MCQs are distributed once a month to all postgraduate candidates to be answered and returned for assessment.

A problem-solving computer course of 30 hours' duration will be conducted during the first year of training.

A review course in Internal Medicine is conducted every year during October to December for examination candidates. We invite an international visiting consultant doctor for each specialty from UK for a week's period to contribute to this course.

Eligibility for Part I Examination

A trainee will be eligible to take the Part I Examination when he/she:

- Has completed two years of training in Internal Medicine;
- Has satisfactory evaluation reports from the Program Director/Coordinator for each year of training in a format approved by KIMS, which should include knowledge, clinical skills and ethical conduct.

The candidate should not have failed in the Part I Examination previously on more than a maximum of two occasions.

A candidate who fails on three occasions, will be excluded from the training program.

No candidate can proceed to the fourth or the final year of the program unless he has passed the Part I Examination.

Examination Procedure for Part I Examination

The examination consists of 100 Multiple Choice Questions of the True/False type with 5 choices each, on applied basic sciences. The

duration of the examination is two and a half hours. Each incorrect answer will result in a negative mark when scoring.

Eligibility for Part II Examination

A trainee is eligible to take the Part II Examination when he/she:

- Has completed a minimum of 4 years in the Internal Medicine training program of KIMS;
- Has passed the Part I Examination at least one year before the date of the Part II Examination;
- Has a satisfactory evaluation report from the Program Director/Coordinator for each year of training in a format approved by KIMS which should include knowledge, clinical skills and ethical conduct.

A candidate who fails the Part II (Final) Examination on three occasions may be permitted, upon the approval of the Examination Committee, to re-appear for one further examination, providing he produces satisfactory evidence of having spent at least one additional year of further training in a recognized center within a period of two years from the date of the last failed Final Examination.

Examination Procedure for Part II Examination

The examination consists of 60 multiple choice questions (MCQs), of the True/False type. The questions are clinically-oriented.

Part II consists of data management cases (Grey cases and data interpretations).

Clinical Examination

The clinical examination will be based on long cases and short cases. The candidate would also be examined at a viva, at which ECGs, X-rays and clinical slides will be presented. External and internal examiners will assess the competency of the candidate.

Subspecialty Training Programs in Internal Medicine

Cardiology Fellowship Training Program

The Cardiology Fellowship program will aim to provide a comprehensive and current background for the understanding, investigation, evaluation, management and prevention of cardiovascular disease. The training experience in clinical cardiology is fundamental to the development of the specialist in Cardiovascular Medicine. It would provide a broad exposure to acute and chronic cardiovascular diseases emphasizing accurate bedside clinical and ambulatory diagnosis, appropriate utilization of diagnostic studies and integration of all data with sensitivity to the unique features of each individual patient. In addition, active participation in research projects will provide further experience in critical thinking.

GI/Hepatology Fellowship Training Program

The program is organized to provide training and clinical experience to create competent consultants in GI/hepatology. The length of training is 18 months, which can be extended to three years if the candidate wishes to do luminal gastroenterology as well. The trainees will be given the opportunity to assume continuous responsibility for the care of patients with a variety of hepatobiliary disorders. The mechanisms of disease processes as well as the clinical manifestations and therapy will be emphasized during the training program. The trainee will also learn to appro-

priately and cost effectively utilize the laboratory and other resources. The trainee will participate in at least two research projects to know how new knowledge in hepatology is acquired. Experience with liver transplant patients is an essential part of training.

Diabetology Fellowship Training Program

The Diabetology Fellowship training program, which is of two years' duration, aims to train highly competent specialists in the branch of Diabetology. Through a structured and supervised training program, the trainee will receive hands-on clinical experience in the practice of clinical diabetology, under the guidance and supervision of senior teachers and specialists. It will be supplemented with formal teaching, computer-based access to information, and involvement in research.

On admission to the program, the trainees will receive training at hospital-based adult Diabetes Units and pediatric Diabetes Units, and in the subspecialties of Ophthalmology, Neurology, Nephrology, Cardiology, and Community Medicine. In addition to undergoing training in research methodology, the trainees will be responsible for presenting seminars and literature reviews. The training program also includes the participation in community education and awareness activities on diabetes.

The certification of the trainee will be based on the assessment of the Log Book/Portfolio maintained by the trainee, and written, clinical bed-side, and viva examinations dealing with basic sciences, applied diabetology, and specialties related to clinical diabetology.

General Surgery Training Program

Certificate: Specialization Certificate in Surgery (SCS, KIMS)

Objectives

The Postgraduate Surgical Training Program (PSTP) is structured to train doctors in the fields of general surgery and its sub-specialties. The primary objective of the program is to prepare the trainees to meet the academic and clinical standards required to work at Junior Consultant or Senior Registrar level.

Eligibility for Admission

Applications will only be accepted from those who have obtained a basic medical qualification from a recognized medical college, and have completed a 12-month post-qualification internship. Candidates fulfilling the above are also required to attend an in-depth interview. The interviewing committee is comprised of senior surgical and academic staff of the Faculty of Medicine of Kuwait University, Ministry of Health, and Kuwait Institute for Medical Specialization (KIMS).

Six applicants are admitted to the program each year.

Description of Program

The combined program involves 5 years of theoretical and clinical training in general surgery. It is designed to provide progressively increasing experience and responsibilities, and takes into account experience in specific surgical specialties, i.e. cardio-thoracic, pediatric, vascular, neurosurgical, trauma and orthopedic, by providing specially designed courses and rotations in these specialties.

The 5-year PSTP is sub-divided into two distinct programs; Basic Surgical Training (BST, 2 years) and Higher Surgical Training (HST, 3 years).

Basic Surgical Training

The Basic Surgical Training (BST), is the Surgical Core Program, of 2 years' duration. The trainees are assigned rotations in accredited departments of general surgery and units of specialized nature pertinent to the

proposed program, in hospitals in Kuwait. Lectures, symposia, seminars, etc., which are mandatory, are organized for them. At the end of 2 years of training, the trainees are eligible to appear for the Kuwait Surgical Board - Basic Examination. Upon passing this examination, they would enter the Higher Surgical Training (HST) Program.

BST Final Examination

In addition to a continuous assessment policy, the trainees are required to be successful in the Final Examination for this level, which is composed of:

1. Two MCQ Papers

Paper 1 offers 60 questions in applied basic sciences and principles of surgery.

Paper 2 offers questions specific to general surgery and its specialties.

2. Oral Examinations

Each examination is of 20 minutes' duration:

Station 1 examines critical care and applied physiology.

Station 2 examines the principles of surgery and operative surgery.

Station 3 examines clinical surgery and pathology.

3. Clinical Examination

This examination is conducted for 40 minutes, and tests the candidate's ability to take a good history, clinical examination technique and ability to establish a differential diagnosis. Interpersonal skills are also observed.

Higher Surgical Training in General Surgery

The program aims to provide a comprehensive and structured training program in general surgery for those who have completed Basic Surgical Training and passed the Kuwait Surgical Board - Basic Examination (BST). The duration of training will be 3 years. By the end of HST, the trainees are expected to be dependable, knowledgeable, and competent general surgeons. The resi-

dent will reach the level of Senior Registrar in general surgery, and will be able to run outpatient clinics independently. The residents should also develop clinical and operative competence in both emergency and elective general surgery. Upon successful completion of HST rotations in general surgery, the trainee is eligible to apply for the Kuwait Surgical Board – Final examination.

HST Final Examination

The Final Examination for HST is composed of:

1. Written Examination
 - Paper 1 - offers 100 MCQs in General Surgery and related subspecialties.
 - Paper 2 - offers 60 MCQs in General Surgery.
2. Oral Examination
 - Consists of 2 stations of 30 minutes' duration each.

Station 1 - This samples the whole of general surgery and associated basic sciences. Surgical pathology may be included in this station.

Station 2 - Critical Care and Operative Surgery. The candidate's logbook may be reviewed by an examiner and be referred to in the discussion.

3. Clinical Examination

A minimum of 8 cases will be given to each candidate. The duration of the examination is about 1 hour. The clinical examination will cover the full range of general surgery.

Certification

On successful completion of the Kuwait Surgical Board – Final Examination, the candidate will be awarded the Specialization Certificate in Surgery (SCS, KIMS).

Pediatrics Training Program

Certificate: Specialization Certificate in Pediatrics (SCP, KIMS)

Overall Objectives

The Pediatrics Specialty Training Program provides comprehensive professional training in pediatrics to medical graduates in Kuwait so that they are able to perform as knowledgeable, competent, safe and practical pediatricians in all aspects relating to child health and illness, and parent counseling.

Application and Enrolment

Eligibility

The following candidates are eligible to enter the training program:

- i. Kuwaiti graduates of Kuwait University who have completed internship training and one year as Assistant Registrar in pediatrics.
- ii. Kuwaiti graduates of universities outside Kuwait fulfilling the requirements in (i) above, and serving in any of the hospitals in the Ministry of Health in Kuwait.
- iii. Non-Kuwaiti pediatrics Registrars and Assistant Registrars with recognized potential for higher training, provided training positions are available.

Application Procedure

Application Forms may be collected from KIMS when announcements calling for applications are made, usually in February.

Method of Selection

Applicants will be interviewed by a committee appointed by the Faculty of Pediatrics of KIMS. Selection will be based upon performance at the interview, manpower needs of the country, criteria such as age, length of service, previous performances, qualifications, and future goals and objectives of the candidate.

Organization of Training

The program will include clinical training in inpatient, outpatient and emergency services, the study of relevant literature, attendance at specific meetings, and training in investigations and research.

Rotation and Period of Training

The training program is of 4 years' duration, and consists of the following rotations:

- First year - General pediatrics, including pediatric casualty.
- 21 months - Rotations in the following subspecialties:
- 6 months - Neonatology/perinatology
 - 2 months - Cardiology
 - 2 months - Pediatric intensive care
 - 1 month - Pediatric surgery
 - 1 month - Hematology/Oncology
 - 1 month - Gastroenterology
 - 1 month - Nephrology
 - 1 month - Neurology
 - 1 month - Endocrinology
 - 1 month - Pulmonology
 - 1 month - Developmental pediatrics
 - 2 weeks - Genetics
 - 2 weeks - Dermatology
 - 2 months - Elective
- Last 15 months in General Pediatrics as second on-call.

Evaluation and Examination

In-course Evaluation

Evaluation of the trainee will be based on work-up and management of patients in the casualty and outpatient clinics, performance during duty rotas, attitude towards patients and senior staff, and attendance and active participation at clinical meetings and teaching rounds, in addition to utilization of available training resources.

General Assessment

General assessment will be carried out at 3 monthly intervals in General Pediatrics and neonatology, and at the end of each shorter subspecialty rotation.

Part I - Written Examination

Trainees should have satisfactorily completed twelve months of training before appearing

for the Part I - Written Examination.

The examination will consist of one MCQ paper on applied basic sciences in pediatrics.

The pass mark is 60 percent.

Final Written Examination

The trainee becomes eligible to appear for the Final Examination on completing the four-year program, including any periods that needed to be compensated, has an assessment of at least *average* in the in-course evaluation, and has completed the portfolio satisfactorily.

The Final Written Examination consists of an MCQ paper and data interpretation stations.

Trainees should pass the Final Written Examination before being allowed to appear for

the Final Clinical Examination, which consists of one Long Case, Short Cases, and a Viva Voce.

Trainees will be allowed to retake the examination a maximum of four times. They will not be allowed to continue with the program after six years since admission into the program.

Certification

Trainees who have satisfactorily completed the rotation programs and have passed the Final Examination will be awarded the Specialization Certificate in Pediatrics, Kuwait Institute for Medical Specialization.

Obstetrics & Gynecology Training Program

Certificate: Specialization Certificate in Obstetrics and Gynecology (SCOG, KIMS)

Objectives

The general objective of the Obstetrics & Gynecology training program in Kuwait is to enroll the doctors presently in this field and new medical graduates in Kuwait in a training program whereby by the completion of this program, including success in the Final Examinations, the residents will qualify to be recognized as specialists in Obstetrics & Gynecology.

Eligibility

The following candidates are eligible to enter the Obstetrics & Gynecology specialty training program:

1. Graduates of Kuwait University who have successfully completed their 1 year pre-registration professional internship training.
2. Graduates of other universities fulfilling the above requirement stated in 1.

Selection Criteria

Applications must be submitted to the Director of Obstetrics & Gynecology program. Trainees will be selected for the specialty training program by a selection committee on the basis of the number of training posts available (maximum 5 per year) as well as other criteria.

Qualifications

- Above-average academic record;
- A proven interest in Obstetrics & Gynecology;
- Two reference letters from an academic specialist, at least one of whom is in Obstetrics & Gynecology.

Passing the Entrance Examination is mandatory to enter the Residency training program.

Curriculum

In order to achieve the program objectives the training period will last 5 calendar years. At its completion, the trainee is expected to be a

competent specialist in Obstetrics & Gynecology. Training in the specialty would reflect the breadth of contemporary Obstetrics & Gynecology, including an understanding of the principles of Medicine, Surgery, Human Behaviors, Laboratory Medicine and Pediatrics as they apply to Reproductive Medicine. The trainee must acquire competence for independent consultant practice in the specialty. The 5 post graduate years (PGY) are divided as follows:

PGY 1 - Basic Obstetrics & Gynecology

PGY 2 - Advanced Obstetrics & Gynecology

PGY 3 and PGY 4

- 3 months maternal fetal medicine
- 3 months Obstetrical and Gynecological ultrasound
- 3 months Reproductive Endocrinology and infertility
- 3 months Gynecological Oncology
- 6 months of service electives
- 3 months research
- 3 months I.C.U and Anesthesia

PGY 5 - Chief Resident position

At the beginning of the training program each resident will receive information on its objectives, the method of training and the procedures adopted in supervision and evaluation.

During the period of training, each resident will be assigned to a teaching staff supervisor who will provide guidance and support in all issues regarding the program.

Additional Curriculum Information

Teaching Half-Days

A structured formal teaching program complements the hospital-based clinical training. The core of the formal teaching program consists of weekly seminars covering all major topics in Obstetrics & Gynecology throughout the 2 years. During this period residents are exempted from clinical responsibilities.

Peer and Junior Teaching

At all levels of training, but especially at the Senior and Chief levels, all residents are expected to participate actively in the department's teaching program, and to lead clerkship seminars on a regular basis.

Residents will also be asked to make formal teaching presentations to other residents, and may be called upon to speak to allied health or non-medical groups.

Teaching Rounds

Under the direction of the supervisor at each hospital, residents at all levels of training are required to participate in the presentation of hospital Grand Rounds.

Research

As part of residency training, a minimum of a three-month period dedicated to research is required. Each resident is obliged to complete at least one research project during his residency where he can present his data in local or international conferences.

Specific Postgraduate Courses

A minimum of two such courses will be conducted by the faculty each year. Attendance at these by the resident will be compulsory.

Resident Evaluation

The most important element of the evaluation process is the mentor/resident relationships and the ongoing communication between faculty members and residents during their day to day work in the wards.

An evaluation interview between the resident and chief of service is conducted near the end of each clinical rotation. During the off-service or elective blocks, a formal evaluation is completed by the supervisor.

Each resident is also required to appear for a short examination each June or each December, based on the material covered in the previous block of training.

A Log Book is to be kept by the resident summarizing his daily program activities, especially the surgical procedures. This must be validated by the immediate supervisor on a daily basis.

The annual discussion papers and research presentations provide another means of assessment of resident performance.

At the end of each academic year, the Program Director meets with each resident to discuss his/her progress through the year.

Examination

Satisfactory completion of the prescribed rotation program and examination is a prerequisite for acceptance as a candidate for the Obstetrics & Gynecologic Specialty Certification Examinations Part I and Part II.

Part I Examination

To be eligible to appear for the Part I Examination candidates should have satisfactorily completed 2 years of training.

The examination will be on Obstetrics & Gynecology with special emphasis on applied basic science.

The trainee will be allowed three attempts to appear for the examination, at the end of the second year and two more at six month intervals. Failure to satisfy the examiners at three attempts will automatically disqualify the candidate from continuing in the program.

Part II Examination

The Part II Examination will take place at the end of 5 years of satisfactory training. The candidate must have passed the Part I Examination to be allowed to appear at the Part II Examination.

The examination will cover all issues (basic and advanced) related to the specialty of Obstetrics & Gynecology.

The candidates would be assessed by an external examiner during the clinical examination.

Certification

Residents who have satisfactorily completed the rotation program, and have passed the Final Examination will be awarded a certificate by the Kuwait Institute for Medical Specialization (KIMS) stating that they are recognized as specialists in Obstetrics & Gynecology.

Family Practice Training Program

Certificate: Diploma in Family Medicine (RCGP/KIMS)
Specialization Certificate in Family Medicine (SCFM, KIMS)

Introduction

The Family Practice Specialty Training Program (FPSTP) aims to produce competent Family Practitioners, who are able to provide personal, primary and continuing care to individuals, families and a practice population. The practitioners would be able to make early diagnoses, integrating physical, psychological and social factors in their considerations about health and illness, and undertake continuing management through treatment, prevention and education.

Objectives

The training program is intended to produce a doctor who is:

- Able to see a variety of patients in the same clinic setting, irrespective of age, sex or medical condition;
- Safe to practice medicine;
- Sound in clinical judgment and organization of practice;
- Sensitive to what patients are saying and feeling;
- Able to communicate effectively with patients and colleagues;
- Committed to making his/her practice and facilities accessible;
- Self-aware and critical of own professional standards;
- Committed to continuing self-education;
- Aware of and committed to the need to practice opportune anticipatory care.

Admission Requirement and Procedures

Medical graduates who have completed the one-year internship are eligible to apply through the Secretary General, KIMS. Selection will be based on satisfactory performance in a written assessment and at interviews.

Training Program

The program consists of two parts, each of two years' duration. Before the end of the

second year an Audit course will be offered, following which the trainee is expected to plan and start an audit project, to be presented before appearing for the Final Examination in Year 4.

Schedule for First Two Years

Duration	Location
6 months	FP Training Health Center
12 months*	Hospital rotation
6 months	FP Training Health Center

*Includes 2 months annual leave

Interim Regulatory Assessment

Trainees who satisfactorily complete the first two years of training requirements are eligible to sit for the Part I Examination. The score at this examination contributes 20% to the score at the Final Examination.

Hospital Rotations

All residents will be required to complete the following hospital rotations:

Hospital Specialty	Duration
General Medicine (including diabetes)	8 weeks
Pediatrics	8 weeks
Obstetrics & Gynecology	4 weeks
Psychiatry	3 weeks
Dermatology	2 weeks
Ear, Nose and Throat	2 weeks
General Surgery	3 weeks
Ophthalmology	2 weeks
Orthopedics	4 weeks
Casualty and Emergency	4 weeks

Training Period in a FP Training Center

The overall aims are to ensure the acquisition of basic Family Practice competency and to help lay a sound foundation for further professional development. To achieve these aims the Family Practice Training Centers would provide the trainee with a clinic setting where:

- Comprehensive care is offered to patients;
- Adequate clinical records, especially computer-based records, are maintained;

Postgraduate Training - Family Practice Training Program

- Sufficient consultation rooms are available for the trainee to practice alongside the trainer in the later stages of training;
- Adequate clinical and office equipment, rooms for group teaching and discussions, secretarial and reception staff, and ready access to the Internet and the literature on Family Practice and related disciplines are available.

Trainee's Timetable and Workload

Initially the trainee will sit with the trainer during the consultations, and accompany him/her on visits to patients' homes. After a few weeks, the trainees will normally be able to see patients on their own, but the trainer would be available for discussion and advice. The trainer is expected to carry out an initial assessment of the trainee and subsequently monitor the latter's progress, ensuring that the teaching is relevant to the trainee's needs. Teaching consists of different activities such as tutorials, case discussions, spot checks of referral letters, review of prescriptions, X-ray and laboratory requests, and direct observation of consultations.

Formal Assessment

A formal assessment would be carried out towards the end of the initial six-month period. It would involve the direct observation of a minimum of ten consultations. The trainee would be provided with verbal and written feedback based on the *Kuwait Board Assessment Package*.

One Day Study Course

The One Day Study Course is held once a month during the hospital phases, is led by the local trainers, and has the following aims:

- To ensure coverage of topics which may not have been dealt with adequately in either the hospital or practice-based phases of the specialty program;
- To provide opportunities for continuing assessment of trainees;
- To familiarize the trainees with peer group discussion and learning.

Formal Courses (Integral to FPSTP)

The formal courses are an integral part of FPSTP. They are full-time, and attendance is obligatory.

Course No.	Course Title	Year	Duration
1	Diagnosis and patient management in Family Practice	1	2 weeks
2	Enhancement of consultation skills - 1	1	Individual instruction
3	Audit in GP	2	3 days
4	Pediatrics in Family Medicine	2	2 weeks
5	Enhancement of consultation skills - 2	2	Individual instruction

Final Examination

The Diploma in Family Practice (RCGP/ Kuwait) is the formal postgraduate qualification in Family Practice, and is recognized by both the Royal College of General Practitioners, UK, and the Kuwait Institute for Medical Specialization. A trainee must first obtain this Diploma before proceeding to independent practice as a recognized Family Practitioner. The Diploma Examination consists of the following components:

- Multiple Choice Questions
- Short Answer Questions
- Modified Essay Questions
- Oral Examination
- Clinical Examination

Program Evaluation

The training program is subject to continuing review, both internally and externally. The quality and equity of the Diploma qualification is ensured by the routine involvement of external examiners in FP, nominated by RCGP, UK.

Laboratory Medicine Training Program

Certificate: Member of the Royal College of Pathology (MRCPATH)

Introduction

Laboratory Medicine serves a central role in all fields of medical science—patient care, medical education, and basic and applied health research. Rapid advances in scientific technology make this role all the more important and crucial. Since patient management strategies are largely determined by the exact pathological abnormalities and the stage of the disease, for proper patient care the clinician has to lean heavily on advice from consultants in laboratory medicine and constantly interact with them. Opinions by specialists in different branches of laboratory medicine are essential in proper diagnosis, management and prognosis of diseases met in the entire spectrum of community health care—primary to tertiary. In any health care team, therefore, specialists in laboratory medicine constitute a vital component.

As in other branches of clinical medicine, specialization in Laboratory Medicine to higher specialist level (consultant) requires spending adequate time in a properly structured residency training program of acceptable international standard. The program currently made available in Kuwait by the Kuwait Institute for Medical Specialization is recognized by the Royal College of Pathologists (RCPATH) of the UK, and physicians in the program are eligible to appear at the RCPATH examinations and for the award of the MRCPATH.

Diploma

The specialization diploma in different fields of laboratory medicine is called the Membership of the Royal College of Pathologists, UK (MRCPATH), and is offered by the College in the following areas of specialization (*Indicates approved programs in Kuwait):

1. Chemical Pathology*
2. Clinical Immunology*
3. Forensic Pathology/Medicine
4. Genetics
5. Hematology*
6. Histocompatibility

7. Histopathology* including Cytopathology and Pediatric Pathology
8. Microbiology*
9. Neuropathology
10. Oral Pathology
11. Toxicology
12. Transfusion Medicine*
13. Veterinary Pathology
14. Virology

MRCPATH is recognized internationally for appointment to consultant staff position in high level tertiary care hospitals, academic institutions and research organizations.

MRCPATH Program

The MRCPATH Program is a 5-year, high level apprenticeship training geared to develop professionally qualified physicians who practice as consultants in various fields of Laboratory Medicine in tertiary care hospitals, and as academics and researchers.

Training in the first three years is at a general specialist level, and is certified by success in a Part I Examination comprising a set of theory papers, which the candidate must pass to be eligible to later sit the practical and oral examinations in the UK. Candidates successful at the Part I Examination are admitted as Diplomates of the Royal College of Pathologists, and are eligible for appointment as Senior (specialist) Registrar in the UK.

Training in the last two years is at a Higher Specialist level. At this stage the candidate may opt to train in a subspecialty or go on a research tract, usually along a sub-specialty, or train further as a general specialist. The program is completed by a Part II Examination that comprises Orals and Practicals. Candidates who pass the Part II Examinations are admitted as Members of the Royal College of Pathologists and are eligible for appointment as Consultants in the UK. The MRCPATH is thus an Exit Specialist Diploma, awarded on completion of General and Higher Specialist Training.

The MRCPATH holder thus possesses sufficient clinical, scientific information, statistics, epidemiological and administrative skills to function as a consultant pathologist.

Objective

At the end of the 5 years of training in the MRCPATH program the physician will:

1. Possess skill and knowledge to correctly diagnose most diseases using laboratory techniques in his/her own specialty;
2. Be able to advise on the optimal management of diseases on the basis of the laboratory results and findings;
3. Be able to advise on the correct and optimal use of laboratory tests, their interpretation and limitations;
4. Have sound knowledge of the etiology, pathogenesis, pathology and sequelae of diseases in the area of specialty;
5. Understand the importance of research in the practice of medicine and the contribution of laboratory medicine to research;
6. Be competent in organizing, administering and monitoring the quality of the particular laboratory services.

Admission to the Program

Requirements

Medical graduates of Kuwait University and other recognized universities who have completed the Internship training as specified by KIMS are eligible to apply for admission into the program. Prior experience in the specialty of Laboratory Medicine or any other clinical specialty is not mandatory.

Selection

After review of the applications, short-listed candidates will be interviewed as arranged by the Selection Committee of KIMS Faculty of Laboratory Medicine.

Training Center

Staff of the Departments of Pathology and Microbiology of the Faculty of Medicine, Kuwait University direct and supervise the training at the laboratories of the Mubarak Al-Kabeer Teaching Hospital. However, trainees are obliged to rotate through laborato-

ries in other hospitals recognized by the RCPATH for training purposes: Al-Amiri, Al-Sabah, KCCC, and Ibn Sina.

Training Program

The MRCPATH Program in Kuwait is a residency program and residents are required to work as full-time laboratory physicians throughout their training period, and get trained on the job rather than through formal teaching courses. Learning should be undertaken in a continuous, stepwise, but all-round manner with acquisition of skills and expertise through personal experience, exposure to experience of seniors in the field, and simultaneous reading of texts and literature. Continuous documentation of experience is mandatory, and for this purpose all residents are supplied with Log Books in which they record their training experience. The Training Record must be kept safe and up to date.

Working Hours

Working hours are normally those of the Faculty of Medicine, i.e. 8.00 a.m. to 4.00 p.m. Saturday through Wednesday. Residents are, however, on mandatory emergency on-call duties as for other physicians.

Vacation time is as for other Ministry of Public Health employees subject to the approval of the Head of the Training Unit and the Director of the Program. Records of duty attendance and vacation time are maintained.

Professional Training

Rotational postings in subspecialties and elsewhere are organized by the consultants in the specialty as per guidelines of the RCPATH.

The principal modus of teaching and learning is on-the-job experience and case discussions with Senior Registrars and consultants, supplemented by relevant day-to-day reading of general and specialized texts.

Attendance at all professional intra- and interdepartmental conferences is mandatory since these are ideal learning experiences.

Residents in Hematology, Clinical Immunology and Chemical Pathology have direct responsibility for patient care, and are required to attend clinics and perform ward duties. Residents in these specialties are

encouraged to spend rotational periods in Internal Medicine or Pediatrics, and to already hold, or acquire basic specialist certificates in these areas, e.g. MRCP.

Academic Activities

Residents are required to attend and actively participate in Journal Clubs, seminars, symposia, special courses, guest lectures and other academic activities recommended or organized by the Department.

Resident doctors are required to attend practical classes for medical students as honorary demonstrators and, wherever possible, participate in graduate lectures and seminars.

Research Exposure

Participation in research projects of consultants and faculty staff is to be greatly encouraged. Whenever possible residents who have passed the Part I Examinations will be encouraged to take a project for a PhD/MD dissertation along with their Higher Specialist training.

Monitoring the Program

Continuous monitoring of learning and other achievements of all residents is undertaken

by supervising consultants, and the results reported regularly to the Council of the Faculty of Laboratory Medicine.

1. In addition to the on-job assessment, each training unit conducts periodic written, practical, and oral examinations, based on the general pattern of the MRCPath examinations for each resident doctor.
2. The first year of training is probationary, and new entrants into the program are required to achieve satisfactory performance during this period. Residents whose performances are unsatisfactory may have to leave the program.
3. Resident doctors are required to leave the program:
 - a. On successful completion of Parts I and II Examinations;
 - b. In case of failure to pass the Part II Examinations after 8 years;
 - c. In case of failure to pass the Part I Examinations after 5 years;
 - d. If the performance in the first year of probation is unsatisfactory.

Radiology Training Program

Certificate: Specialization Certificate in Radiology (SCR, KIMS)

Introduction

The training program is structured, and leads to the Fellowship of the Faculty of Radiology of the Royal College of Surgeons of Ireland (FFR, RCSI) or of the Royal College of Radiologists, United Kingdom (FRCR) or both. The Departments of Radiology at Mubarak, Al-Amiri and Al-Sabah Hospitals have been recognized for postgraduate fellowship training since 1986. The specialty of Clinical Radiology includes all aspects of medical imaging and interventional radiology. The training consists of two parts.

Admission Requirement

All applicants must be medically qualified and must have had a minimum of 2 years post-qualification experience including the pre-registration house officer appointment. They must also be successful in an interview conducted jointly by KIMS and the Faculty of the Royal College of Surgeons of Ireland.

Part I Training

At the end of the Part I training, the trainee should:

- Be fully familiar with concepts and terminology of diagnostic and interventional radiology;
- Have knowledge of the various contrast media and drugs, their indications and contraindications, and in the treatment of their reactions and complications;
- Be fully conversant with the principles of radiation protection, cardiopulmonary resuscitation, ultrasonography, computed tomography (CT) and Magnetic Resonance Imaging (MRI);
- Be competent in performing radiological and radiographic procedures, in basic reporting, and basic clinical audit.

The period of training lasts for a minimum 9 months, and comprises Physics, Radiological Anatomy and Radiological techniques.

The important aspects of the training are:

- Clearly defined structure with constant supervision of the trainee by tutors;

- Didactic lectures and teaching sessions by lecturers from the Royal College, supplemented by recognized local tutors;
- Short periods of rotation in the various subspecialties, e.g. Interventional radiology, Nuclear Medicine etc.
- Log Books
These are mandatory for documenting all procedures conducted and/or observed by the trainee. They play a very important role in the assessment of trainees.
- Continuous assessment
The progress of trainees is evaluated by regular assessment. Evaluation is by a points system, based on the following criteria: attendance, punctuality, enthusiasm, diligence, MCQs, Log Book, and a mock examination. Any trainee who scores less than 50 points out of a maximum possible of 100, after a period of 3 months will be required to withdraw from the program.
- A mock examination is conducted by the Faculty of the Royal College of Surgeons of Ireland one month before the Part I Examination.

Part I FFR/FRCR Examination

The trainee will be examined in Physics, Radiology, Anatomy and Radiological techniques. The examination consists of MCQs, essay questions, film viewing and orals, and is held in Dublin and Kuwait simultaneously.

Part II Training

The Part II training commences after the successful completion of Part I.

The training is structured and is conducted in the 3 recognized hospitals. During this period, training is given in all specialties of Clinical Radiology, the framework of which includes the following:

1. Didactic lectures and teaching sessions in all aspects of clinical radiology, i.e. General Radiology, system-based specialties and technique-based specialties. Lecturers from

the Royal College and local tutors participate in these teaching sessions.

2. Rotation in designated hospitals for the acquisition of experience in the various subspecialties. The period of rotation varies, but is usually between 4 to 8 weeks. The present rotation schedule is as follows:

Hospital*	Subspecialty
KCCC	Nuclear Medicine, Oncology
Mubarak	Interventional Radiology, Nuclear Medicine
Amiri	MRI
Ibn Sina	Neuro-radiology, Pediatric Radiology
Chest Disease	Cardiovascular Radiology including Echocardiography
Maternity	Obstetric and Gynecologic Radiology
Razi	Trauma and Musculoskeletal Radiology

*The Chairman of Faculty and the Program Coordinator may designate any other hospital for rotation and subspecialty training, if appropriate.

3. Regular assessment of all trainees to determine the experience gained and skill developed, to identify and correct any deficiencies in knowledge and experience, and to offer appropriate counseling. Standard assessment forms are available.
4. Daily Departmental Duties
These form an integral and very important part of the structured training. At all stages, the trainee is supervised by tutors and senior members of staff. Through this, the trainee would achieve confidence in interpreting radiographs and in performing radiological and radiographic procedures including modern cross-sectional imaging. Morning departmental and other inter-departmental meetings form part of this training.
5. On-Call Rota
The trainee participates in his or her department's on-call rota, and he or she is responsible to the Senior colleague or consultant on-call.
6. Reading
The trainee is expected to supplement his/her standard reading (Sutton and/or Allison and Grainger) with journals, e.g. Radiologic Clinics of North America, Clinical Radiology etc., and other appropriate texts.

7. AFIP

Trainees may attend the six week AFIP course in the United States as part of the Part II Training.

Part II FFR/FRCR Examination

At the end of the 2-year Part II training, the trainee is eligible to sit for the Part II FFR/FRCR Examination. The FFR Part II (Ireland) involves Clinical Radiology, and consists of MCQs, Essay, Reporting Session, Film viewing and Orals. The Part II FRCR (United Kingdom) consists of two parts, A and B. Part A (Written) is MCQs only. Part B, which can be taken 6 months after Part A, consists of Reporting Session, Film Viewing Session and Orals.

Trainees taking the Part II examination must:

- a. Have attained the appropriate level of knowledge in all aspects of Clinical Radiology, Interventional Radiology and Nuclear Medicine;
- b. Have good knowledge in Clinical Medicine, Pathology and Physiology relevant to Radiology;
- c. Be familiar with current trends and recent advances in Clinical Radiology;
- d. Be familiar with basic research methodology, clinical audit, medical ethics and communication skills.

Post-Fellowship Training

After obtaining the FFRCSI and/or the FRCR, which are *exit* qualifications, a further 2 years of post Fellowship structured training is required to qualify as a Consultant Radiologist/Specialist. Thus, a minimum period of 5 years of structured training is required to qualify for a specialist/consultant post.

During the 2-year period, the trainee continues to acquire further wide experience in Clinical Radiology. Six months of this training period are spent in one or two subspecialties. Trainees who wish to be committed full time to only one subspecialty will spend a minimum of one year, or preferably 2 years, in the selected subspecialty.

Post-fellowship training in Kuwait depends on the availability of suitable resources.

Nuclear Medicine Training Program

Certificate: Specialization Certificate in Nuclear Medicine (SCNM, KIMS)

Introduction

Nuclear Medicine is one of the most recently established medical specialties. It involves the use of radioactive material in the human for the purpose of diagnosis or treatment of disease. Procedures performed in Nuclear Medicine can be best described as functional, non-invasive and quantitative. The services provided by the Nuclear Medicine department have become indispensable for the management of patients in modern clinical practice.

The Nuclear Medicine Subcommittee of the KIMS Faculty of Radiology and Nuclear Medicine is the official body that overlooks the specialist training of physicians in the field of Nuclear Medicine in Kuwait. All matters related to this function including the organization of the postgraduate specialty training programs in Nuclear Medicine fall within its capacities and responsibilities.

Aim of the Program

The aim of the program is to provide specialist training for physicians in Nuclear Medicine.

Admission Requirements

Medical graduates with a minimum of 2 years of postgraduate experience, of which 1 year is in Internal Medicine, are admitted.

Applicants holding an MSc degree or equivalent in Nuclear Medicine, and who have been in service for at least 2 years in Kuwait in Nuclear Medicine after the MSc may be accepted. They will be eligible for up to 2 years credit.

Structure and Content of the Program

The training in the program will last 4 calendar years, leading to the certification of the Kuwait Board of Nuclear Medicine (KBNM).

The program content is covered by didactic lectures, practicals and clinical rotations at various hospitals in Kuwait.

First Year

The program for the first year aims to cover the basic science of Nuclear Medicine especially nuclear physics, radiation detectors and radio-pharmacy. In addition, the essential clinical Nuclear Medicine procedures are taught.

The clinical rotations in the first year of the program take place in the Nuclear Medicine departments to provide the residents hands-on experience in what they learnt in the didactic part.

At the end of the first year, the trainees are evaluated based on a written examination. The examination score, in addition to satisfactory individual performance at the clinical sites, including activities such as preparation of case reports will all count toward promotion to the second year. If the performance is unsatisfactory, the trainee may be dismissed from the program.

Second Year

Theoretical and practical teaching in the second year aim at providing advanced knowledge of the various techniques used in Nuclear Medicine, in addition to research tools and applications. The clinical part in this year includes non-nuclear medicine rotations in the disciplines of Radiology, Medicine, Surgery, Pediatrics and Pathology, as well as rotations in Nuclear Medicine, thus providing a comprehensive exposure to current trends in clinical practice and the role of nuclear medicine procedures in addressing specific issues in each field.

Third Year

In the third year, the residents will be performing under supervision most Nuclear Medicine procedures, and would become fully conversant with the underlying principles of each method. Interpretation of each test is emphasized and the ability to generate meaningful reports on the findings stressed. During this year the residents choose a research project and submit a proposal for its implementation

during the third and fourth years of the training program.

Fourth Year

The residents assume an increased range of responsibilities in the final year of the program. They are expected to exercise independent judgment on the suitability of a Nuclear Medicine investigation for a given clinical problem. They should also be fully confident about how the test is performed as well as providing an accurate report. The research projects are submitted before the Final Examination at the end of the year.

KIMS Nuclear Medicine Symposia

Short courses focusing on certain problems relevant to Nuclear Medicine practice are conducted to supplement teaching in the training program.

Level of Training

The level of training is such that the program confers the trainees the qualification of the Kuwait Board of Nuclear Medicine. This qualification enables its holder to be recognized as a Nuclear Medicine specialist in the State of Kuwait.

Assessment and Evaluation

At the end of the first year, the candidates will be evaluated based on a written examination on basic and clinical principles, in addition to periodic evaluation at the clinical sites and credit for presentation of case reports. During the other years regular evaluations are performed in the clinical rotations and on the submission of case reports. The research project will be evaluated by an Examination Committee.

Candidates who successfully complete all the requirements including submission of the research project are eligible to sit for the Final KBNM Examination in its two parts, the Written and the Oral.

Policies

Attitude and Conduct of the Resident during the Program

A professional attitude and high sense of responsibility are expected from the residents during their training in Nuclear Medicine. The value of the performance of clinical duties and the attendance at all the didactic sessions cannot be overemphasized. Respect and compliance with the guidance of the senior staff are paramount to effective performance of the duties and gaining optimal benefit from the training.

Dermatology Training Program

Certificate: Specialization Certificate in Dermatology (SCD, KIMS)

Aims of the Program

On completion of the program the trainee should possess sound knowledge of the principles of dermatology and related specialties and the technical skills necessary for practice. He/she should be able to diagnose, assess and safely manage dermatology and STD patients independently.

Program Objectives

General Objectives

The trainee must acquire detailed knowledge and understanding of:

- Sciences basic to dermato-venereology;
- Clinical skills in diagnosing cutaneous diseases;
- Cutaneous manifestations of systemic diseases;
- Dermatologic therapy, dermatopathology, immunodermatopathology, mycology, and laser surgery;
- Dermatological literature and its analytical and critical interpretation;
- Technical skills of dermatologic surgical procedures and related aspects and the use of light therapy and laser treatment.

The trainee should, in addition, be able to:

- Communicate effectively with patients and their families;
- Understand the patient's psychological, occupational and social needs;
- Understand ethical and medico-legal aspects of dermatology;
- Interact effectively with other health care professionals;
- Update himself/herself through continuing medical education.

Admission Requirements

To be accepted in the training program, the applicant has to:

- Possess a medical degree from a recognized university;
- Have successfully completed his/her internship year;

- Pass the admission examination and an interview;
- Submit three Recommendation Letters from referees who have supervised the applicant, confirming his/her suitability for training in dermatology;
- Be registered at the Kuwait Institute for Medical Specialization.

Program Structure

At the beginning of the training program each resident will receive information on the program objectives, the training method, and the procedures of supervision and evaluation. During the training period, a teaching staff supervisor will provide guidance and support in all issues regarding the program.

The program comprises five academic years.

PGY I

The trainee will do one year rotation as follows:

Internal Medicine	6 months
Pediatrics	4 months
Plastic Surgery	1 month
Infectious Diseases	1 month

A minimum of 6 courses of basic sciences relevant to dermatology will be conducted by external faculty staff each year. They will be scheduled as afternoon lectures. Each course will last one week and will be held every two months covering the following topics:

- Embryology, Biochemistry, Physiology and Histology of the skin and mucous membrane;
- Basic immunology as related to skin diseases;
- Basic pharmacology as related to skin disease therapy.

PGY 2

The training is for 12 months in general clinical dermatology. The candidate should participate actively in education by preparing talks, journal clubs, seminars, and basic sciences lectures relevant to dermatovenerology.

PGY 3

Dermatopathology	4 months
Pediatric dermatology	4 months
General dermatology	4 months

PGY 4

General	6 months
Medical dermatology	3 months
Laser surgery and Surgical Dermatology	2 months
Phototherapy	1 month

PGY 5

Chief Resident position in:	
Dermatopathology	2 months
General dermatology	10 months

Training during PGY2, PGY3, PGY4 and PGY5 will take place in outpatient dermatology clinics and inpatient facilities under the supervision of clinical tutors.

During the sub-specialty dermatology rotation, the candidate will do two days clinic in general dermatology.

Method of Evaluation

A regular in-training assessment and evaluation of the progress of the resident will be done in the following manner:

- At the end of each training rotation, the clinical tutors would discuss with the trainee his/her evaluation report and then submit it to the Program Director;
- The trainee should pass an examination at the end of each academic year. The performance of the candidate will be reported to the Board Committee to consider his/her promotion to the next phase.

The residents are encouraged to appear for the annual In-training Practice Examination of the American Academy of Dermatology.

Board Examination

The Board Examination consists of two parts:

Part I Examination

The Part I Examination is held once a year, at the end of the third year of the training program. It is a written examination of two MCQ Papers, with each paper of 60 questions allowed 2 hours. The examination would cover:

1. Basic sciences related to dermatovenereology;

2. General Dermatology.

The minimum passing score is 60%. If the candidate fails to pass the examination after three attempts (the first attempt at the end of PGY3 and two more at six month intervals from then on) the trainee will be dismissed from the program.

Part II Examination

The Part II Examination is held at the end of the fifth year, two years after passing the Part I Examination and having been certified as satisfactory in all reports. The examination will include written, clinical and oral tests, with weightage assigned as follows:

1. 50% of total - Written examination
2. 50% of total - Clinical, Dermatopathology and Oral examinations

Written Examination

- Paper I - MCQ, 2 hours, consists of 60 questions (40%)
- Paper II - MCQ, 2 hours, consists of 60 questions (40%)
- Paper III - Problem-solving in dermatology (20%)

The candidate should score a minimum of 60% in each paper.

Clinical and Oral Examinations

- Clinical cases (50%)
- Dermatopathology slides (20%)
- Oral Examination (30%)

The minimum passing score is 60% in the written examination, and 60% in the Clinical, Dermatopathology, and Oral examinations. External examiners would assess the candidate during the clinical examination. Candidates who fail are allowed a maximum of 3 attempts to appear for Repeat Examinations that will be conducted at six month intervals from the first attempt.

Certification

Trainees who have satisfactorily completed the rotations and have passed the Final Examination will be awarded the Specialization Certificate in Dermatology, Kuwait Institute for Medical Specialization (SCD, KIMS), which grants them the privileges of specialists in dermatology.

Ophthalmology Training Program

Certificate: Specialization Certificate in Ophthalmology (SCO, KIMS)

Overall Aim

The program is designed to train the residents to gain relevant academic knowledge, clinical experiences and surgical skills required to work as senior registrars and to be eligible for promotion to consultant status after gaining further research, teaching and subspecialty experiences.

The program is divided into 2 parts:

- Part I (2 years) - Basic Specialty Training (BST) qualifies the successful residents to be promoted to the registrar level in the Ophthalmology Department and to continue with Part II of the postgraduate training program;
- Part II (3 years) - Higher Specialty Training (HST) qualifies the successful candidates to be awarded the Specialization Certificate in Ophthalmology by KIMS (SCO, KIMS) and promoted to work as senior registrars in the Ophthalmology Department.

Training Center

The accredited Department in Al-Bahar Ophthalmic Center at Ibn Sina Hospital will serve as the training center. It has 104 beds and fully equipped outpatients and casualty clinics, 4 major theaters, 2 minor theaters, Ocular Pathology lab, general medical clinic run by a full-time Physician, Library, Conference Auditorium and Internet room.

Admission Requirements

The applicants for admission to the training program should:

- Have a basic medical degree approved by the Ministry of Higher Education, Kuwait, and by KIMS, preferably with above average academic record;
- Have completed the internship period administered by KIMS or comparable training abroad acceptable to KIMS, preferably with satisfactory reports from the supervisors;
- Be employed by a Ministry of the State of Kuwait, or by another institution outside Kuwait, subject to approval by KIMS and

the licensing Authority of the State of Kuwait. Priority will be given to applicants with previous experience in ophthalmology;

- Pass the interview and assessment that would be conducted by the Residents Selection Committee appointed by KIMS.

Program Description

The program starts in October every year and lasts for 5 years. It is divided into:

1. Basic Specialty Training (BST) of 2 years' duration;
2. Higher Specialty Training (HST) of 3 years' duration.

Basic Specialty Training (BST)

General Objectives

On completion of the BST (the first 2 years) and passing the BST Final Examination every candidate must have:

- Comprehensive knowledge of the basic sciences including embryology, anatomy, histology, physiology, biochemistry, pathology, microbiology and pharmacology of the eye and its adnexa, the visual pathways and the visual system;
- Comprehensive knowledge of physical, geometric and applied optics and errors of refraction and their measurement and correction;
- Registrar level clinical experiences in Ophthalmology for competent performance in the emergency and outpatient clinics;
- Satisfactory skills in minor surgical procedures, regional anesthesia, periorbital injections and preoperative and postoperative management;
- Comprehensive knowledge and skills in harvesting, preserving and transporting eyes for corneal transplantation.

Training Program

Every trainee will be required to maintain a Surgical Log Book during training. A format for the Log Book will be provided at the beginning of the training period.

The residents will spend 2 years in Al-Bahar Ophthalmic Center rotating in the different subspecialty units of the Department as given below, to study the different subjects of Clinical Ophthalmology:

4 months each in:

Cornea and External eye diseases
Vitreoretinal disorders
Oculoplasty and Orbital diseases

2 months each in:

General Ophthalmology
Glaucoma
Uveitis
Pediatric Ophthalmology
Neuro-Ophthalmology
Strabismus

In addition, the residents will have regular duties in the casualty clinic for at least 18 hours a week.

During each rotation period the resident will be attached to one tutor under the supervision of the Head of the Unit.

In-training Evaluation

At the end of each rotation period a formal in-training report will be filled and signed by the tutor, the Head of the unit and the Head of the Department, and given to the Program Director to be kept in the file of the resident.

One *Unsatisfactory* or two *Borderline* in-training reports will place the resident on probation during the next rotation period. If the resident's performance continues to be unsatisfactory during that period, he/she is dismissed from the program.

At the end of BST a report will be written and signed by the program director and the Chairman of the PGTP Committee as an end-of-training evaluation. The report will be based on the overall attendance, behavior and participation of the resident in the scientific activities in the Department and PGTP, e.g. clinical meetings, Journal Clubs, symposia, courses, lectures etc. The Surgical Log Book, too, will be evaluated.

BST Final Examination

The BST Final Examination will be held every 6 months and is composed of:

Module 1 - Basic Sciences Examination: 60 MCQs (2 hours);

Module 2 - Optics and Refraction
Examination: 60 MCQs (2 hours);

Module 3 - Basic Clinical Ophthalmology
Examination:

- a. 60 MCQs (2 hours);
- b. Oral Examination (40 minutes) in 2 stations;
- c. Clinical Examination (40 minutes).

The resident is permitted to sit the 3 module examinations at the end of the second year (end of BST).

The resident will be considered as having completed the BST and will be allowed to start HST if he/she:

1. Obtains satisfactory in-training and end-of-training reports;
2. Passes the 3 module examinations.

Any resident who fails will be suspended from the program for one year. He/She will be allowed a maximum of 2 attempts to re-sit the failed module examination. If successful, the candidate will proceed to start HST at the beginning of the following academic year. The residents who fail will be dismissed from the program.

Higher Specialty Training (HST)

General Objectives

On completion of the HST and passing the HST Final Examination, the graduate will be able to perform the following:

- Full ophthalmologic examination and relevant investigations including field examination, fluorescein angiographies, electrophysiology, ultrasonography etc.;
- Diagnosis and management of all common eye disorders in Kuwait and the Gulf area;
- Diagnosis and management of all ocular emergencies;
- Excision of lesions of the cornea, conjunctiva and ocular adnexa;
- Surgical procedures on the nasolacrimal passage;
- Corrective surgery, i.e. trichiasis, entropion, ectropion and other common disorders;
- Management of strabismus medically and surgically.

Postgraduate Training - Ophthalmology Training Program

- Intraocular procedures, i.e. cataract surgery, filtering procedures, iridectomy and anterior vitrectomy;
- Simple retinal procedures like cryopexy and uncomplicated retinal detachment;
- Evisceration and enucleation;
- Application of cryotherapy and different types of laser therapy.

The graduate will also be able to:

- Make independent decisions and undertake patient management with a high ethical standard;
- Give consultations to patients, junior ophthalmologists and other medical specialists;
- Give legal opinions;
- Do research work and write scientific papers;
- Share in teaching and training of the nursing staff, medical students and junior ophthalmologists.

Training Program

Candidates successful at BST will spend 3 years at the Al-Bahar Center to complete their Higher Specialty Training. They will rotate in the subspecialty units as in BST and will be given a higher level of training and more responsibilities for longer periods, as indicated below:

4 months each in:

Cornea and External eye diseases
Vitreoretinal disorders
Oculoplasty and Orbital diseases

3 months each in:

General Ophthalmology
Glaucoma
Uveitis
Pediatric Ophthalmology
Neuro-Ophthalmology
Strabismus

In addition, the residents will have regular duties in the casualty clinic. They will be given the chance to assist in and practice the different emergency surgical procedures under supervision.

During each rotation period the candidate will be attached to one tutor under the supervision of the Head of the Unit, and given a higher level of training and a chance to do

the assigned surgical procedures and laser therapy under supervision.

During the 1st and 2nd years of HST the candidate will spend 2 months in each of the following departments:

- Neurology Department, Ibn Sina Hospital;
- Rheumatology Department;
- Endocrinology Department (including Diabetology).

In these departments the candidate will share in the outpatient and inpatient activities and be involved in the regular duties. He/She will learn the methods of investigations and management modalities of the different diseases that have ophthalmic complications. The candidate will be attached to one tutor as arranged with the Head of the department.

In-training Evaluation

The tutor will write an end-of-training report to the Program Director.

The in-training and end-of-training evaluations are undertaken at the HST level as in BST but with a higher standard expected of the trainee.

Final Examination

The HST Final Examination will be held every year. It consists of:

1. MCQ paper of 100 questions (3 hours);
2. Long and short questions (3 hours);
3. Oral Examination (30 minutes each at)
Station 1 - Medical Ophthalmology;
Station 2 - Surgical Ophthalmology;
4. Clinical Examination (1 hour).

The candidate will be considered as having completed the training if he/she:

1. Obtains satisfactory in-training and end-of-training reports, and
2. Passes the Final Examination.

Certification

The candidates successful at HST Final Examination will be awarded the Specialization Certificate in Ophthalmology by KIMS (SCO, KIMS).

Candidates who fail will have the opportunity to re-sit the Final Examination at a maximum of 3 attempts, provided they get satisfactory reports from their consultants.

ENT and Head & Neck Surgery Training Program

Certificate: Specialization Certificate in ENT and Head & Neck Surgery (SCORL HN)

Mission and Objectives

The aim of the ENT and Head & Neck Postgraduate Training Program is to produce practitioners who are capable of meeting the health care needs at the specialist level. The graduate of the program is expected to:

- Possess relevant knowledge, clinical judgment and surgical skills;
- Be able to maintain appropriate medical records and undertake reporting, presentation and research;
- Be able to interpret the results of special investigations such as CT scan, MRI, pure tone audiometry (PTA), tympanometry, audiometric evoked brain response (ABR), and caloric test;
- To undertake self-learning and life-long learning.

Selection

Selection Criteria

Candidates who satisfy the following criteria are eligible to enter the training program:

- Graduate of a recognized university;
- Completed one year of internship, with one month's training in the specialty of ENT.

Method of Selection

Candidates who apply to enter the training program will be selected based upon:

- Performance at an interview;
- Performance at an MCQ test;
- Internship reports provided by his/her supervisors.

The final results of medical school would be considered in selection.

The program will be conducted annually, starting in October. The selection interviews will be held every year on dates that would be announced by the Program Director.

Duration of Training

The training program will last five years. During this period, the trainee will undertake specified training as given below:

- First year - Resident 1
- Second year - Resident 2
- Third year - Resident 3
- Fourth year - Senior Resident
- Fifth year - Chief Resident

Parallel courses will be offered in related specialties and relevant non-medical disciplines.

Organization of Training

Basic Surgical Training (BST)

The period of BST will be of two years' duration. During the first year, the trainee will undertake rotations in general surgery and related surgical subspecialties. During the second year, the training will be in general and basic ENT and head & neck surgery.

First Year Rotation

The training program consists of the following rotations, during which the trainee is expected to acquire basic knowledge of common surgical diseases:

- 3 months - General surgery (including Emergency Room)
- 1 month - Facial plastic surgery
- 1 month - Maxillofacial surgery
- 2 months - Thoracic surgery
- 1 month - Medical oncology
- 1 month - Neurosurgery
- 2 months - SICU
- 1 month - Pediatric surgery

The trainee is required to:

- Maintain a Log Book;
- Attend and contribute to the department teaching activities.

On completing BST, the trainee will appear for an examination.

Second Year Rotation

General and Basic ENT and Head & Neck Surgery

Training will be offered in the following areas:

- Management of emergency cases: Epistaxis, stridor, trauma, foreign body removal, complicated CSOM;
- Basics of radiology, pathology, audiology and speech therapy, and related anatomy, pathology and physiology;
- Medical recording;
- Patient assessment and taking a relevant history;
- Reading X-rays, CT and MRI scans, PTA, tympanometry, ABR and caloric test results.

The program will consist of both theoretical and practical components. The trainee is required to maintain a Log Book during the rotation.

Higher Surgical Training (HST)

Third Year - Resident

1st Year ENT

The trainee will receive training under an attachment to a senior staff member, and is expected to:

- Undertake casualty management;
- Use diagnostic tools: Oscope, Fiber optic endoscopy etc.;
- Assist in the operating room;
- Perform minor surgery;
- Perform surgical procedures: Adenotonsillectomy, EUAPNS biopsy;
- Attend out-patient services;
- Manage otolaryngologic emergencies.

The trainee will follow a comprehensive Basic Science Course, which provides the necessary scientific background and clinical fundamentals, and a Temporal Bone Training Course.

The trainee is additionally required to participate in the scientific activities of department.

Fourth Year - Senior Resident

2nd Year ENT

The trainee is expected to assume greater responsibilities in patient care and surgery, and would:

- Manage emergencies;
- Actively participate in clinical and scientific meetings;
- Provide care for surgical out-patients;
- Undertake medical recording;

- Interpret results of investigations;
- Perform surgical procedures: Septoplasty, Nasal polypectomy, Correction of fracture NB, DL & microlaryngosurgery, Tracheostomy.

The trainee will receive clinical experience in rhinology and training in relevant aspects of:

- Pediatric otolaryngology;
- Allergy in otolaryngology;
- Otology and otosurgery;
- Audiology;
- Speech pathology;
- Microlaryngosurgery;
- Vestibular pathophysiology.

Fifth Year - Chief Resident

The final year of the program is a clinical year of senior experience. The trainee is directly responsible for patients under his/her care, and is in charge of surgery. The responsibilities include:

- Active participation in symposia held once per month;
- Publication of at least 2 papers;
- Head and neck surgery;
- Facial plastic and reconstructive surgery;
- Functional endoscopic sinus surgery; (FESS)
- Radiology of the head and neck.

Evaluation

Evaluation of BST

In-training evaluation (ITE) will be held every year.

An examination consisting of oral, clinical and written tests will be conducted on completion of the two-year BST. All in-training evaluation reports from the rotations should be satisfactory. Trainees who do not have a 90% attendance score or higher are not eligible to sit for the examination.

Evaluation of HST

Examinations will be held at the end of the first and second years of training. Trainees who are successful would proceed to the next year of training. Candidates failing will be suspended from the program for one year.

The examination will be held once a year, and will consist of Oral, MCQ, Clinical and Written tests.

The maximum number of attempts allowed at the examination is three. Failure at three attempts will result in the candidate being expelled from the program.

All in-training evaluation reports from the training faculty should be satisfactory. Trainees who do not have a 90% attendance score or higher are not eligible to sit for the examination.

Final Examination

The Final Examination will be held at the end of the five-year period of training. Trainees who do not have a 90% attendance score or higher are not eligible to sit for the examination. The examination will consist of the following components:

1. Clinical presentations

2. Written examination

- Anatomy
- Pathology
- Basic audiology and speech

- ENT and H & N
Short questions
Essay questions

- Commentary and problem solving
- MCQ

3. Oral examination, including instrument identification, usage and radiology film spot diagnosis.

4. Clinical examination

- One long case
- 3 short cases

5. Operative skills

Certification

Trainees who complete the training program satisfactorily and pass the stipulated examinations will be awarded the Certificate of Kuwait Board in ORL & Head and Neck Surgery.

Further details may be obtained from:

Program Director
PGTP ORL & Head and Neck Surgery
Kuwait Institute for Medical Specialization
10th Floor, Behbehani Building, Al-Sharq
P.O. Box 1793, Safat, 13018, Kuwait.

Anesthesia Training Program

Certificate: Specialization Certificate in Anesthesia (SCA, KIMS)

Mission Statement

The Postgraduate Training Program in Anesthesia (PGTP Anesthesia) is intended to match the overall health policy of the State of Kuwait and contribute to the enhancement of the quality of anesthesia services on a medium-term and long-term basis.

Selection of Candidates

Applicants seeking admission into the training program must fulfill the following requirements:

- Possess a basic medical degree from Kuwait University, or equivalent;
- Successfully completed internship;
- Be registered with the Kuwait Institute for Medical Specialization.

The applicants should submit three Letters of Recommendation from referees who have supervised them in their departments.

The selection will be based on the grades obtained at medical school and the results of a mandatory interview.

Kuwaiti nationals who have graduated from Kuwait University or other recognized universities will be given priority in the selection.

A maximum of 4 applicants will be selected to enter the program every year.

Overall Aims

PGTP Anesthesia aims to:

- Enhance the recruitment of Kuwaiti graduates into the specialty of Anesthesia;
- Train Kuwaiti graduates in the areas of knowledge, skills and attitudes specific to Anesthesia, Intensive care medicine and pain management to current international standards.

Each resident who completes the training program satisfactorily will become eligible to be appointed as a Senior Registrar in anesthesia, possessing the requisite technical abilities combined with sound clinical reasoning.

General Objectives

The program will ensure that the resident is capable of giving the best care to patients during the peri-operative period as well as dealing with critical illness, emergencies and the management of acute and chronic pain.

On successful completion of the training program, the graduate will:

- Be able to undertake pre-operative assessment, obtain consent for anesthetic procedures and prescribe premedication;
- Be able to undertake routine induction, maintenance and recovery from general anesthesia and the safe discharge of the patient from the recovery room;
- Be able to use anesthetic equipment in a safe manner, and understand the interpretation and limitations of monitoring equipment;
- Be able to recognize ASA III, IV, and V patients, the potential for difficult intubation, and the timing and need for assistance and consultation;
- Be able to assess, resuscitate and manage trauma patients, and stabilize and prepare them for transfer;
- Be able to resuscitate patients following respiratory or cardiac arrest;
- Be able to establish and manage different regional anesthetic techniques;
- Be able to understand the implications of pregnancy, childhood, old age and infectious diseases in the peri-operative period;
- Be able to diagnose and manage critically ill patients and perform practical invasive procedures;
- Possess the necessary knowledge, skills and attitudes relevant to pain management;
- Be able to use the knowledge of human physiology, anatomy, biochemistry, pharmacology, physics and clinical measurement in the clinical practice of Anesthesia, Intensive care medicine and pain management;
- Be able to understand the statistical fundamentals upon which clinical research is based;

- Possess attitudes, judgment and behavior appropriate to the specialty of Anesthesia.

A separate manual describing the curriculum and program content is being prepared. It outlines a list of the broad areas and subjects that will be covered in this program.

Structure of the Training Program

The training program is of 5 years' duration. The resident will spend this period as follows:

- 36 months in Anesthesia
- 12 months in Critical Care
- 6 months in Medicine
- 6 months in Pain Management

The five-year program is divided into two parts: Basic Training and Advanced Training.

Basic Training Program

The Basic Training Program will be of 30 months' duration. The trainee will be expected to develop the necessary competencies relevant to Anesthesia in the following areas:

- Preoperative assessment
- Premedication
- Anesthesia, HDU and ICU equipment and safety
- Induction of general anesthesia
- Intraoperative care (including sedation)
- Postoperative and recovery room
- Intensive care medicine and high dependency care
- Regional anesthesia
- Management of trauma, stabilization and transfer patients
- Obstetric anesthesia and analgesia
- Pediatric anesthesia
- Anesthesia and the elderly
- Pain management
- Infection control
- Critical incidents
- Management of respiratory and cardiac arrest
- Attitudes towards patients and behavior in the workplace

Advanced Training Program

The Advanced Training Program will be of 30 months' duration. The trainee should develop competency in the following areas:

Key Units of Training

- Cardiac and Thoracic Anesthesia

- Intensive care medicine
- Neuroanesthesia
- Obstetrics anesthesia
- Pediatric anesthesia
- Acute and chronic pain management
- Anesthesia for vascular surgery

Units of General Training

- Day surgery
- Ear, Nose and Throat surgery
- General surgery/gynecology/urology/transplantation
- Orthopedics
- Regional anesthesia
- Trauma and accidents

Additional Units of Training

- Diagnostic imaging, anesthesia and sedation
- Maxillo-facial/dental surgery
- Ophthalmic anesthesia
- Plastic surgery/Burns
- Applied Basic sciences
- Applied physiology
- Applied clinical pharmacology
- Statistical basis of clinical trial management and clinical measurement

Learning Resources

Library and Computer Facilities

The residents will have access to the libraries at the training hospitals, Faculty of Medicine and KIMS. Computer and internet access will be provided for the residents to enable them to prepare presentations, write reports, draft referral letters and have online access to learning material and communication. Steps will also be taken to provide training in basic computer skills, where deemed necessary.

Clinical Material

All the training hospitals have an adequate number of patients for the resident to receive optimum opportunities for learning. The minimum number of cases and the period of rotation needed to ensure comprehensiveness of content will be specified.

Research Facilities and Training in Research

The trainee will have the opportunity to undertake a research project under the guidance of the tutor. He/She will also receive specific training in the critical review of research and research publications.

Method of Evaluation

A regular in-training assessment and evaluation of the progress of the candidate will be carried out. At the end of each rotation, the clinical tutors will discuss with the trainee his or her evaluation report and then submit it to the Program Director. At the end of the year, the performance of each trainee will be reported to the Board Committee for consideration of advancement to the following year.

Board Examination

The Board Examination consists of two parts, Primary Examination and Final Examination.

Primary Examination

The Primary Examination will be held once a year. It consists of Multiple Choice Questions, two Oral Examinations, and an OSCE (Objective Structured Clinical Examination).

Trainees are eligible to sit the examination after 18 months of basic training.

Final Examination

The Final Examination will be held once a year. The examination consists of Multiple Choice Questions, two Oral Examinations, and a Clinical Examination.

Trainees are eligible to sit the examination after completion of the advanced training.

Certification

Trainees who have satisfactorily completed the training program and have passed the Final Examination will be awarded the Board Certification by the Kuwait Board in Anesthesia (KBA), Kuwait Institute of Medical Specialization. This will grant them the privileges of a Specialist in Anesthesia.

Further details may be obtained from:

Program Director
PGTP Anesthesia
Kuwait Institute for Medical Specialization
10th Floor, Behbehani Building, Al-Sharq
P.O. Box 1793, Safat, 13018, Kuwait.

Diploma in Public Health Training Program

Certificate: Diploma in Public Health (Dip. P H)

Introduction

This one year academic program is offered by the Faculty of Public Health (FoPH). The problem-based learning is designed to provide training to policy-makers, administrators and care providers, and thereby improve their capabilities and capacity to provide affordable quality care. Upon successful completion of the program, the participants shall be awarded a diploma in Public Health (Dip. P H).

Objectives

Upon successful completion, the trainees shall be able to:

1. Demonstrate a proper knowledge of health-care systems structures, administration, planning, funding, and evaluation;
2. Address structural and functional problems in health care by proposing alternative plans of action;
3. Gather and utilize information and data towards healthcare planning and administration

Structure and Curriculum

The program consists of five core modules and two elective modules. In addition, each participant has to complete a research and management project by collecting and analyzing data, from his/her place of work, and reporting the results.

The program comprises 420 hours (lectures, laboratory exercises and field practice). In addition, a research and management project is to be completed. For that 6 weeks of supervised study and a maximum of 8 weeks of self study shall be allowed.

Each module is of 3 credit hours and each shall be covered in 15 weeks.

The core modules are:

1. Health care delivery system
2. Population growth, sustainable development, and health
3. Foundations of epidemiologic research methods: Basic applied epidemiology and biostatistics

4. Health services administration and planning
5. Health care financial management

Elective Modules (2 required)

- Methods of Problem Solving
- Public Health Communication
- Hospital data: collection, interpretation, and presentation
- In-service Education
- Health Information System
- Environmental and Occupational Health, Health Education, Nutrition in Public Health, and Maternal and Child Health
- Quality Management: Continuous Quality Improvement (CQI)/Total Quality Management (TQM)

Research Project

Each participant shall have to complete a research project. It shall deal with an operational problem that the participant or his/her organization has experienced.

Target Audience

Potential participants shall be upper middle management healthcare professionals, directly involved in policy formulation, planning and administration, who are interested in improving their abilities and in acquiring the needed tools and skills to motivate others to function more effectively.

Assessment and Degree

Candidates shall be subjected to continuous assessment as it pertains to specific requirements for each module. On completion of the requisite modules and the Project, successful candidates will be awarded a Diploma in Public Health (Dip. P H).

The design and implementation modalities of the program shall act as a filter for management behavior and conduct. Consequently, the graduates shall have a higher level of competence, efficiency and effectiveness, and shall therefore be responsive administrators.

Admission Criteria

- A TOEFL score of 500 (or equivalent competence through an acceptable test)
- Computer literacy in terms of ability to use Microsoft Word, Excel and PowerPoint
- A satisfactory essay of 300 – 500 words on long-term professional objectives
- A successful interview with the designated Faculty members
- A written letter of approval and support from the employer

Schedule

Semester I

1. Healthcare Delivery System
2. Foundations of Epidemiologic Research Methods: Basic Applied Epidemiology and Biostatistics
3. Population Growth, Sustainable Development, and Health

Summer Semester

4. Health Care Financial Management
5. Elective 1

Semester II

6. Health Services Administration and Planning
7. Elective 2
8. Project

Applications

Applications on the prescribed form, and supported with the following, shall be entertained:

- A letter of approval and support from the employer
- A typed essay of 300-500 words on long-term professional objectives (hand written essay shall not be accepted)
- Certified copies of university degree(s)
- Three photographs

Further information may be obtained from:

Dr. Makhdoom Ali Shah

Director, Dip. P H and

Chairman, Faculty of Public Health, KIMS

Tel No: 4833563

e-mail address: makhdoom@hsc.kuniv.edu.kw
makhdoomshah@hotmail.com

□ □ □ □ □

Updates and Forthcoming Training Programs

Updates on the postgraduate training programs that are conducted by Kuwait Institute for Medical Specialization (KIMS) at present, as well as information about new programs that will be introduced will appear in the KIMS website at <http://www.kims.org.kw>.

MFDRCSI KU Training Program in Dentistry

Certificate: Membership of the Faculty of Dentistry RCSI KU

Overall Aims of Program

The program is aimed at providing dental graduates a postgraduate training program in Kuwait that would lead to the conferral of the internationally recognized Diploma of the MFD/SRCSI. It is expected that appropriately trained, enthusiastic and dedicated Kuwaiti general dental practitioners could be produced, who will raise the standard of dentistry in the government polyclinics. Those completing the training program successfully, it is hoped, would either enter specialty training in dentistry abroad or proceed to obtaining a higher degree in advanced General Dentistry locally.

General Objectives

The graduate is expected to have achieved clinical expertise in dentistry commensurate with the competencies of a diplomate of Member of the Faculty of Dental Surgery of the Royal College of Surgeons in Ireland (MFDRCSI).

By the end of the training period, the graduate will have acquired competencies in the following:

- Critical assessment of literature;
- Statistical evaluation of scientific data;
- Medical emergencies relevant to the practice of dentistry;
- Basic sciences of relevance to clinical dentistry;
- Cross infection control relevant to dentistry;
- Human diseases of relevance to dentistry;
- Medical ethics;
- Medico-legal aspects of dentistry;
- Practice management;
- Computer skills of relevance to the practice of dentistry;
- Basic elements of research methodology.

Program Content

The syllabus for the MFD/S Diploma is laid down in the Regulations Booklet published by the four Royal Colleges in UK and Ireland.

The syllabus for the Internship Rotation Program is described in the Information Guide prepared by the Faculty of Dentistry, KIMS.

The program will include a series of lecture topics that would be presented by visiting RCSI Faculty. These would take the form of intensive sessions, and will be held annually over four days during November, February, May and July.

The clinical training will be at the recognized centers under the standard internship rotations, and will be provided by local trainers approved by the RCSI.

Selection of Residents

Applications for enrollment in the program are called for primarily in September.

The Royal College issues a maximum of 48 training numbers each year.

All in-training residents are eligible to apply to enter the program. Priorities will be determined by an interview panel, if necessary.

Program affiliates are welcome to attend the courses, provided they apply to appear for the next scheduled examination.

Learning Resources

Physical Facilities

The clinical training of the residents is conducted at the recognized specialty dental centers.

The lectures and seminars are conducted at the Hawalli School Oral Health Program Center.

Clinical Material

The departmental internship protocols that have been adopted stipulate the minimum number of cases that would be completed by each resident.

Reference and Reading Material

The MFD/S syllabus included in the Regulations Booklet of the RCSI contains a list of the recommended disciplines and topics.

Each Resident will receive a copy of the PASS study planner prepared by the four Royal

Colleges. The document is designed to serve as an aid towards the MFD/S examinations.

A recommended reading list for the examinations has been prepared by FoD/RCSI.

Two hard copies of all the books in the reading list will be available at the Medical Library of KIMS.

Residents are encouraged to keep up to date in current literature in the different aspects of dentistry through available relevant journals, e.g. Dental Update, BDJ, Clinical Oral Implants Research etc.

Computer Facilities and Internet Access

Candidates are expected to develop experience in the use of computers for word processing, presentations, database handling, on-line accessing of educational materials and communications.

Evaluation of Residents

I. In-Training Evaluation

Residents must obtain a Pass standard in the Overall Performance Appraisal Report provided by the Ministry of Health.

II. Examinations and Certification

The requirements for eligibility to sit each of the 3 parts of the MFD/S Examination are listed in the Regulations Booklet of the RCSI.

All three parts (A, B and C) of the MFD/S examinations will be conducted in Kuwait.

MFD/S Examination - Part A

Part A of the MFD/S Examination is an intercollegiate written examination, conducted simultaneously throughout the world, twice a year, in April and September.

A minimum of 12 months of satisfactory experience in any field of dentistry is required for eligibility.

The examination consists of an MCQ paper of 2 hours' duration and an MSA paper of one and half hours' duration.

The results are declared within 3 to 4 weeks.

MFD/S Examination - Part B

Part B of the MFD/S Examination is an intercollegiate written examination, conducted

simultaneously throughout the world, twice a year, in April and September.

Passing the MFD/S Examination - Part A is a pre-requisite to appear for the examination.

In addition, a minimum of 20 months of satisfactory experience is required for eligibility. Of this period, 8 months must have been spent in approved clinical posts at one of the centers recognized by the RCSI (currently Bnaid Al-Gar, Al-Adan, Al-Farwaniya, and Al-Jahra). The clinical posts should be of a minimum of 3 months' duration, and should cover at least two specialties.

The examination consists of an MCQ paper of two and half hours' duration and an MSA paper of one and half hours' duration.

The results are declared within 3 to 4 weeks.

MFD/S Examination - Part C

Part C of the MFD/S Examination is a collegiate combined clinical and oral examination. It is held in Kuwait once a year, in June. Passing the MFD/S Examination - Part B is required for eligibility.

The examination consists of two sections:

- OSCE (Objective Structured Clinical Examination) style examination of at least 45 minutes' duration;
- 2 Vivas of 15 minutes' duration each.

Candidates will be graded as Pass or Fail.

The results are declared on the same day the as the examination concludes.

Program Evaluation

The MFD/RCSI KU Program Committee is responsible for the evaluation of the progress of the program. The completion of the evaluation forms by the residents after each course comprises a major component of the evaluation process.

Further details may be obtained from the KIMS website www.kims.org.kw or from:

Program Director's Office
Dental Administration
11th Floor, Behbehani Building, Al-Sharq
P.O. Box 28600, Safat, 13146, Kuwait.
e-mail: dentistry@kims.org.kw

Continuing Medical Education — MPC

Mission statement of the CME Center

Continuing Medical Education and Continuing Professional Development

Participation in CME/CPD activities

- Registration in MPC Program
- Categories of CME/CPD activities
- Credit point system
- Menu of CME/CPD activities
- Annual returns
- CME Certificate
- Portfolio of CME/CPD participation

Monitoring of MPC Program and review of participation

Organizing CME/CPD activities

- CME Providers
- Application for accreditation
- Announcements of activities
- Evaluation report
- List of participants
- Certificate of participation

Scheme of CME in Kuwait

CME/CPD, MPC Program and the Internet

Frequently Asked Questions

Educational issues in planning effective CME/CPD

Continuing Medical Education

Mission Statement of the CME Center

The CME Center aims to enhance the performance of health professionals by assisting them to keep abreast of the developments in their specialties. With this objective in mind, it implements the Maintenance of Professional Competence (MPC) Program. At its inception, the scheme was known as the CME Program, but has since been renamed to highlight the expectation from continuing medical education (CME) and continuing professional development (CPD) activities. The overall goal of CME and CPD is the improvement of the care that patients and the community ultimately receive.

The MPC program is aimed at achieving the following objectives:

1. To ensure that all health professionals engage in accredited educational activities so that the care provided to the community is of high standard;
2. To demonstrate to patients, the public and peers that health professionals are committed to participating in accredited educational activities throughout their careers;
3. To improve the performance of all health professionals, instead of limiting educational opportunities to those identified as under-performing;
4. To provide a standardized and easily accessible mechanism to health professionals for documenting their participation in accredited continuing medical education and continuing professional development activities.

Continuing Medical Education and Continuing Professional Development

Continuing medical education (CME) consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, professional performance and relationships that physicians and other health professionals use to provide services to patients, the public, or the profession. The term continuing professional development (CPD) is an alternative to CME, which furthermore

emphasizes the development of a wider range of professional skills than learning in medical subjects. The various learning opportunities falling under the MPC Program are referred to as CME/CPD activities. The broad aim of both CME and CPD is to enhance the performance of the practitioner so that the patient and the community receive optimum care.

The Kuwait Institute for Medical Specialization (KIMS) oversees the organization of formal CME/CPD activities in Kuwait. Its CME Center handles the routine administration of the scheme, while organizations or institutions designated as CME Providers are responsible for the individual courses, symposia, conferences and other learning activities.

Participation in CME/CPD Activities

The MPC Program at present has medical, dental and pharmacy practitioners as the target audience. It would be expanded to include other categories of health professionals in due course. The scheme runs in five-year cycles, with the first five-year cycle extending from 2001 to 2006.

All medical, dental and pharmacy practitioners have been encouraged to register in the MPC Program. An on-line Registration Form is available for this purpose.

Medical and dental practitioners are required to acquire a total of 250 credit points within the five year cycle. Credit points acquired during the introductory year 2000/01 could be added to credits gained during the academic year 2001/2002. For pharmacists, the minimum required within the five-year cycle has been set at 125 points.

Registered practitioners who acquire the stipulated minimum of credit points within the five-year cycle would receive a Certificate of Satisfactory Completion of CME/CPD, which would count in progress through their professional careers in Kuwait.

The CME Center provides menus and lists of CME/CPD activities that have been scheduled so that prospective participants may choose those that are of interest to them, and which

would satisfy the requirements of CME/CPD needs. Activities may be selected from two broad groups:

- i. CME activities in own specialty;
- ii. Activities that would improve performance, though the topics are outside own specialty.

Basic information about the registered activities is given in the CME Center Internet web page (<http://www.kims.org.kw/cme>).

Organizers of accredited CME/CPD activities have been requested to give adequate publicity in advance regarding the proposed events, indicating that participants would receive CME/CPD credit. Each participant who satisfactorily completes the activity receives a letter of attendance from the organizer for use as evidence of participation. Additionally, the organizer maintains a participant list, and prepares an Evaluation Report. This documentation is used in the verification of CME participation and in monitoring the implementation of the MPC Program.

A portfolio where all the relevant documents and other details of CME/CPD involvement may conveniently be kept is available through the authorized supplier. The CME Center undertakes verification of participation at specific stages that would be announced, and would request the practitioners to make the documentation available to it.

Registration in MPC Program

All physicians, dentists and pharmacists serving in the Ministry of Health are expected to register with the CME Center. Registration in the MPC Program is also available to their counterparts in the military, Kuwait University and in the private sector.

Registration in the MPC Program is done online. First-time registration as well as updating of registration data already submitted may be undertaken through this channel.

Exemption from CME/CPD Requirement

Trainees enrolled in approved postgraduate training programs and practitioners registered in advanced degree programs in relevant fields of study are exempted from satisfying

the CME/CPD credit point requirement. They may instead cite such training or registration in lieu of involvement in CME. However, trainees who wish to attend any CME/CPD activities may do so, through application to the respective organizers.

First Time Registration

The registration procedure is simple, and the steps are listed below:

You need access to the Internet.

1. Enter the CME Center web site:
http://www.kims.org.kw/cme/cme_obj.htm
2. Click Registration in MPC Program.
3. Click Online Registration.
4. Enter the relevant data.
5. Print the form with data, for future reference.
6. Press Submit button.

The data entry is now complete.

When the information has been successfully sent to the CME Center, a message will be displayed, showing the data that would be entered in the database.

Updating Registration Data

If a practitioner registered in the MPC Program wishes to modify the information that had previously been sent, the updates should be forwarded to the CME Center. The steps involved are similar to those above:

Proceed as in *First Time Registration* above.

At Step 3, click Updating Registration Data.

Registration Card

Every practitioner who registers in the MPC Program receives a Registration Card. The card would prove useful when registering in forthcoming CME/CPD activities, and as ID for participating in CME activities arranged by accredited CME/CPD Providers.

Categories of CME/CPD Activities

The CME/CPD activities that come under the MPC Program fall into two categories. The classification is based on the type of CME Provider, the amount of planning and other

inputs required of the CME/CPD organizers for conducting the programs, and the degree of structured involvement of the participants in the learning opportunities offered.

Category 1

Category 1 CME activities comprise formal and structured learning opportunities provided by recognized institutions or professional bodies accredited as CME Providers. Symposia, conferences, workshops, seminars and lecture series would normally receive registration under Category 1.

For a CME activity to be classified as Category 1, the CME Provider should be listed as an accredited institution, the learning opportunities should be structured, and the venue and scheduling should, in general, allow all concerned practitioners to participate.

Category 2

Category 2 activities are those that are essentially of a self-learning nature or are planned and conducted with a local participant group in mind. Many self-instructional formats, reading scientific papers in journals, and undertaking research and professional publications would also be included under this category. Some conferences, symposia, lecture series, group learning sessions, seminars etc. may also be classified under this group, based on the information available to the CME Center.

Many of the ongoing educational and scientific activities conducted at health care institutions or by affiliated bodies also qualify for CME/CPD accreditation under Category 2.

Credit Point System

Category 1

Category 1 activities, on the whole, entitle the participants to claim 1 credit point of CME per contact hour of education. Participants at lectures, symposia, group learning, seminars etc. in this category may claim credit at this rate. Practical/clinical training sessions in this category are worth 0.5 credit point per contact hour.

The resource persons for the individual sessions may claim an additional equivalent amount of credit.

For participants to claim CME credit points under Category 1, the organizer of the activity should have registered it with the CME Center in advance. The announcements circulated by the organizer indicate the credit points allocated and the Registration Number, and this information is included in the document issued to certify attendance.

Category 2

Activities that would come under Category 2 entitle the participants to claim 0.5 credit for every hour of education.

Where applicable, the resource persons for the individual sessions may claim an additional equivalent amount of credit

A menu of CME/CPD activities and their credit point values appear on page 47.

Combining Credit Points from Category 1 and Category 2

The stipulated credit points total for a five-year cycle may be gained by combining the credits from activities falling solely within Category 1, or by a combination of credits from Category 1 and Category 2 activities. However, the maximum accepted under Category 2 activities is 40% of the total requirement within the five-year cycle. Medical and dental practitioners may include a maximum of 100 credits from Category 2 activities within the 250 credit requirement. For pharmacists, the corresponding Category 2 maximum is 50 credits.

Recognition of Credit Points Granted by External Agencies

Credit points obtained by participating in approved programs organized by institutions such as the Royal Colleges in UK, Canada and Australia, the American College of Physicians, the American Medical Association, the British Medical Association, the Saudi Council for Health Specialties and other similar organizations could be considered as evidence of CME/CPD participation. To claim recognition, applicants are required to submit copies of the relevant certificates at least six weeks prior to applicable deadlines. The credit point value (and category, where relevant) needs to be clearly mentioned in the certificates.

Accreditation of KIMS CME/CPD Activities by The Royal College of Physicians and Surgeons of Canada

The Royal College of Physicians and Surgeons of Canada accepts credits gained through CME/CPD activities of the CME Center, KIMS, in its Maintenance of Certification Program. Medical specialists who practice in Kuwait holding the Fellowship of the College may submit credit points from the local activities in satisfying the requirements of the Maintenance of Certification Program of the College under Section 1 of the framework of CPD activities.

Accreditation of KIMS CME/CPD Activities by The Royal College of Pathologists of UK

The Royal College of Pathologists, UK has endorsed the MPC Program as suitable for its members within Kuwait. Members and Fellows of the College practicing in Kuwait may participate in the KIMS scheme and submit credits gained in satisfying the requirements of the Continuing Professional Development Program of the College.

Menu of CME/CPD Activities

Credit points are allocated as given below for every hour of educational activity in the following:

Category 1

Workshops	1 credit
Lecture series	1 credit
Symposia	1 credit
Seminars	1 credit
Group learning sessions	1 credit
Practical training sessions	0.5 credit
Clinical training sessions	0.5 credit

Category 2

Patient care review meetings	0.5 credit
Teaching of medical and other health professionals	0.5 credit
Writing questions for examinations	0.5 credit
Mortality/morbidity meetings, Case conferences or Clinical meetings	0.5 credit
Journal Clubs	0.5 credit
Self-assessment examinations	0.5 credit
Recognized self-instruction	0.5 credit

Computer assisted instruction	0.5 credit
Audio-visual instruction	0.5 credit
Distance learning/web-based learning	0.5 credit
Reading scientific papers in journals	0.5 credit
Research in health-related disciplines	0.5 credit
Self-directed study for examinations	0.5 credit
Conferences, symposia, group learning sessions and seminars classified under Category 2	0.5 credit

Credits for the following Category 2 activities vary, and are not related to time spent:

Scientific papers published in refereed journals:	
1 st (or single) author	5 credits
2 nd author	3 credits
3 rd author (and beyond)	2 credits
Review articles in area of specialization	
1 st (or single) author	5 credits
2 nd author	3 credits
3 rd author (and beyond)	2 credits
Chapters in a book in area of specialization	
1 st (or single) author	5 credits
2 nd author	3 credits
3 rd author (and beyond)	2 credits
Writing a book/monograph in area of specialization	10 credits

Annual Returns

Data on the CME credit status, based on the CME/CPD activities undertaken during the year, have to be forwarded by the practitioner to the CME Center annually. An on-line form is provided (<http://www.kims.org.kw/cme>).

CME Certificate

Practitioners who acquire the stipulated minimum total of credit points during the five year cycle would receive a CME Certificate from KIMS. It would remain valid for five years from the date of issue.

Practitioners who wish to obtain a statement of the CME status before a five-year cycle is completed, for administrative purposes or on termination of service in Kuwait, may do so by contacting the CME Center.

When practitioners claim Category 2 credits, the Credit Returns should be supported by a

statement from the KIMS CME/CPD Officer appointed for the specialty, or from the Head of the Unit or Department of the applicant, authenticating the data.

Portfolio in CME/CPD Participation

The CME Center has designed a format for a portfolio for maintaining records, which may be used as evidence of CME/CPD participation. The portfolio enables the practitioners to conveniently keep all documentation related to plans and achievement in continuing medical education and continuing professional development. Organizing the documents in this fashion becomes important as the CME Center would request the participants to make the documentation available for perusal at specified dates. Verification of CME/CPD participation of the practitioners is a component of the scheme of monitoring the implementation of the MPC Program.

The main features and uses of the portfolio are outlined below:

1. Documentation

Documents describing the plans that have been drawn up, and the activities that were aimed at professional development:

- Plans for involvement in accredited CME/CPD activities provided by CME Providers;
- Dates, titles of courses, credit point values, and names of course organizers of CME/CPD activities that have been undertaken;
- CME/CPD activities that were included in the initial plans but which could not be undertaken, reasons for not being able to implement the plans, and actions taken or proposed for dealing with the situation.

2. Constituent Elements

The CME/CPD portfolio consists of the following sections:

- Forms used in the implementation of the MPC Program;
- CME/CPD Logbook comprising:
 - Record of Category 1 activities;
 - Record of Category 2 activities;
 - Credit Return Forms, CME/CPD plans including calendar of activities;
 - Certificates of CME/CPD participation.
- Notes and critical self-review.

The results of research and publications in the field of CME/CPD, too, would be included in the portfolio.

3. Uses of the Portfolio

The portfolio would prove useful to the health professional in reviewing performance in the following areas:

- Annual appraisal of performance;
- Planning participation in CME/CPD activities;
- Review of achievements made in CME/CPD;
- Planning own professional development.

The portfolio may be purchased from the accredited supplier (details in KIMS website).

Monitoring of MPC Program and Review of Participation

All practitioners who attend accredited CME/CPD activities should maintain records of their participation, including information on the CME credits gained. Credit points are accumulated on the basis of a five-year cycle. A portfolio format to assist in such documentation may be purchased from the supplier (www.kims.org.kw/cme/cme_portfolio.htm).

Organizing CME/CPD Activities

CME Providers

The following institutions and organizations function as CME Providers. They take overall responsibility for organizing conferences, symposia, workshops, courses, and other CME/CPD activities:

1. Faculties and special committees of KIMS;
2. Health Sciences Centre and its Faculties: Faculties of Medicine, Dentistry, Pharmacy and Allied Health Sciences & Nursing;
3. Specialty Divisions of the Ministry of Health;
4. Kuwait Medical Association and Specialty societies, Kuwait Dental Association, Kuwait Pharmaceutical Association, Kuwait Nursing Association and other health professions organizations.

CME/CPD organizers may use the assistance offered by private establishments in conducting activities under the MPC Program. The

scientific and academic content of the activity, however, would remain the responsibility of the accredited CME Provider.

Application for Accreditation

CME/CPD organizers who intend to conduct activities need to submit an application with all relevant details, at least three weeks prior to commencement, to the CME Center for them to be accredited. Application online is the preferred option. On receipt of the application, the CME Center assigns a credit value to the activity, based on the CME/CPD Provider, objectives, content covered and the type and duration of sessions. The announcement of the activity as an accredited CME/CPD event with its credit value may be made only after the letter of registration is received.

CME/CPD Forms

CME/CPD Providers and organizers need the following forms for applying for accreditation and for conducting CME/CPD activities:

- Form I: Application for Accreditation of CME/CPD Activity—Administration Details;
- Form II: Application for Accreditation of CME/CPD Activity—Academic Details;
- Evaluation of instructor and program;
- Attendance sheet;
- Evaluation by instructor;
- Letter of certification.

The forms are available at the CME Center web site (<http://www.kims.org.kw/cme>). *Form I: Application for Accreditation of CME/CPD Activity—Administration Details* allows for relevant information on the administration to be submitted. In most cases, and especially for Category 1 activities, the organizer should forward additional information on the academic and scientific aspects of the activity. *Form II: Application for Accreditation of CME/CPD Activity—Academic Details* has been provided for this purpose, and it calls for information under the following headings:

- Title of activity;
- Frequency of conducting activity (if to be repeated);
- Aims and objectives;
- Content outline;

- Scheduling of sessions;
- Target audience - number and background;
- Resource persons (lecturers, demonstrators, instructors etc.);
- Plans for program evaluation.

With respect to frequent or ongoing activities, which are classified under Category 2, a series of comparable events to be conducted over an extended period of time may be included in one application form.

Announcements of Activities

Organizers of activities are requested to ensure that prospective participants are informed of the proposed events well in advance. This would give the opportunity for interested practitioners to make appropriate arrangements to deal with other commitments. The notice of announcement should also indicate the CME Credit point value that has been assigned.

Evaluation Report

The CME Center requires an evaluation of the activity to be carried out. The degree of sophistication of the evaluation would depend on the overall program objectives, the practical feasibility, and the expected benefits of the results. The main aim of this evaluation is for the CME organizer and the instructors to receive feedback regarding the strengths and weaknesses of the activity so that similar events that may be conducted in the future could be modified. Sample evaluation forms are available at the CME Center website.

List of Participants

When a given activity is completed, the organizer is expected to maintain a list of the participants who completed it satisfactorily. The CME Center would call for this list during the verification of activities and monitoring of the MPC Program that it would undertake at specified stages.

Certificate of Participation

The organizer of the activity should arrange to issue a Letter of Attendance to every participant who completed the CME/CPD activity satisfactorily.

Scheme of CME in Kuwait

Planning and Conducting CME/CPD Activities

Institutions accredited as CME Providers are responsible for the conferences, courses, symposia, seminars and other educational activities. Organizers of CME/CPD activities, who would function under the authority of a CME Provider, deal with the routine administrative aspects of the activities. Once the CME Center receives an application for registration, it assigns a credit value to the activity and registers it. The CME/CPD organizer is informed, with copy to the CME/CPD Officer.

The organizer of the activity announces the event, and makes the necessary arrangements to conduct it. On completion, the organizer issues a certificate (or an official letter) to the participant to certify attendance, and maintains a list of participants' names. An Evaluation Report on the program, too, is prepared. The relevant documents are submitted to the CME Center when requested.

Participating in CME/CPD Activities

Registration in MPC Program

Prospective CME/CPD participants register with the CME Center under the MPC Program. Each applicant is issued a Registration Card, indicating the Registration Number.

Enrolment in Activities

When an activity is announced by a CME/CPD organizer, interested practitioners apply direct to the organizer for enrolment in the

program. Every practitioner should maintain a record pertaining to his/her CME/CPD status. Credit data are submitted to the CME Center annually, for updating the database on CME/CPD status. At the end of the five-year cycle, the CME Center would issue a Certificate of Satisfactory Completion of CME/CPD for the period.

Credit points obtained by participating in approved programs organized by recognized institutions outside Kuwait are considered for acceptance by the CME Center.

Verification of Documentation

During review of participation and monitoring of the MPC Program, the CME Center would call for the documentation maintained by the practitioners registered in the MPC Program and by the CME/CPD organizers.

Documentation that reports credit points claimed on Category 2 self-learning activities needs to be supported by a signed statement from the practitioner's Head of Unit/Division/Department or from the KIMS CME/CPD Officer for the concerned specialty.

Administration of MPC Program

The MPC Program is administered by Director, CME Center, assisted by the CME/CPD Officers of KIMS, who represent the different medical and dental specialties. Director, Department of Pharmaceutical Services, Ministry of Health deals with the immediate administration of the scheme for pharmacists.

CME/CPD, MPC Program and the Internet

The Internet is a facility that is widely available today, and the health professional could use it as an effective medium for CME. It offers two major types of services. Firstly, there are addresses (URLs) of institutions or organizations that provide opportunities for CME. Secondly, some Internet sites give access to lessons on selected topics, so that the ensuing interaction becomes a learning experience. Other ways in which the Internet may be used in CME are for electronic mail and discussion groups.

The CME Center of KIMS uses the Internet as the main medium for communication with CME/CPD organizers and practitioners registered in the MPC Program. Information about the overall objectives of the MPC Program and how it is administered appears in the website maintained by the CME Center at <<http://www.kims.org.kw/cme>>. Also provided are contact details of all CME/CPD Officers of KIMS. Basic information about the CME/CPD activities that have been scheduled, too, are announced in the website.

CME Providers have the opportunity to obtain all the forms required for accreditation of proposed activities via the Internet. Additionally, they may get printouts of forms required for evaluating the activities that would be conducted.

Practitioners targeted in the MPC program are expected to register in it. Registration involves sending in relevant details to the CME Center so that a record could be created in the database. At the end of the calendar year the practitioners would send data on credit points acquired, for entry against each. Both procedures are undertaken online.

A short introductory course or a few interactive sessions coached by an experienced user would be sufficient for the beginner to get a basic understanding of how the Internet can be used as an additional resource in CME.

The CME Center webpage provides access to a sample of the Internet CME web sites that show what is available in the field. The CME Center would decide on a case-by-case basis whether these sites could be accredited and the CME points gained under them could be accepted under the MPC Program.

Frequently Asked Questions

What is CME?

Continuing medical education (CME) consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, professional performance and relationships that physicians and other health professionals use to provide services to patients, the public, or the profession.

Is CPD different from CME?

The term continuing professional development (CPD) is often used as an alternative to CME. It signifies the emphasis on professional development, and encompasses activities undertaken by many categories of health professionals and aimed at a wider range of competencies and attributes.

The Ministry of Health, State of Kuwait has designated the Kuwait Institute for Medical Specialization (KIMS) as the authority for overseeing the organization of formal CME/CPD activities. The CME Center manages the routine implementation of the scheme.

Why CME?

The basic purpose of CME is to improve the performance of the health professional in his practice, and thus enhance the care that patients and the community receive.

Who organizes CME/CPD activities?

Institutions and organizations possessing the requisite academic and scientific expertise

would function as CME Providers, after accreditation by KIMS. The Faculties of KIMS, the Health Sciences Centre and its Faculties, Specialty Divisions of the Ministry of Health, and professional associations and specialist societies are the CME Providers accredited at present.

How do I benefit from the MPC Program?

The MPC Program will facilitate health professionals to keep abreast of the developments in their specialties, and enable them to provide care of a high standard to the community.

The Ministry of Health in Kuwait gives recognition to participation in accredited CME/CPD activities when making administrative decisions in selected situations. Furthermore, other institutions and organizations, too, insist that practitioners are registered in the MPC Program to satisfy some of the specified requirements and for eligibility for privileges.

Every practitioner has the opportunity to acquire credit points for participation, qualifying for the receipt of a Certificate of Satisfactory Completion of CME. This document would remain valid for a five-year cycle.

What is the procedure for participation in CME/CPD activities?

Enrolment in CME/CPD activities is open to all concerned. The prospective participant

would select the activity depending on whether the subject matter to be dealt with would help in improvement of practice.

Organizers of accredited CME/CPD activities inform the selected target group about the events. The CME center furnishes basic information about them via the *Bulletin of the Kuwait Institute for Medical Specialization* and in its website (www.kims.org.kw/cme).

Health professionals who participate in accredited CME/CPD activities would be issued a certificate by the program organizer. Practitioners who complete CME/CPD activities are expected to maintain relevant documentation throughout the five-year cycle. For use in proper documentation, a portfolio has been developed through a commercial supplier.

How do I calculate participation in CME/CPD activities?

All accredited CME/CPD activities would have a credit point value assigned to them. They would fall in either Category 1 or Category 2, based on a number of factors (See page 46). In general, programs in Category 1 carry credit at the rate of 1 point for every hour of educational activity, while those in Category 2 would be worth half that amount.

Participation in activities organized by accredited institutions abroad would be considered for recognition by KIMS. The exact quantum of credit to be assigned to such programs would depend on the standing of the institution responsible and the documentation on the activity available to the CME Center. Practitioners are advised to contact the

organizer and consult the concerned CME Officer appointed by KIMS, for clarification of the CME aspects of activities conducted abroad.

I have already gained more than 250 credits, within the first year. Do I need to collect additional points during the current cycle?

It is possible that you reach the total required within 1 or 2 years. You still need to engage in appropriate CME/CPD activities every year during the balance period in the 5-year cycle, and show evidence of it when requested. The goal of the MPC Program is maintenance of professional competence through continuing education—collecting credit points is only a practical indicator but not its primary aim.

Additional information

The website www.kims.org.kw/cme, maintained by the CME Center, and the publications *MPC Program, Guidelines to CME Organizers*, and *Bulletin of the Kuwait Institute for Medical Specialization*, give additional information about the MPC Program and the activities scheduled.

Specific queries that require information beyond that available in the above sources may be directed to:

CME Center
Kuwait Institute for Medical Specialization
10th Floor, Behbehani Complex, Al-Sharq
P.O. Box 1793, Safat 13018, Kuwait
Tel.: 965 2410027 Ext. 107/159
Fax: 965 2467140
e-mail: cmecenter@kims.org.kw

Educational Issues in Planning Effective CME/CPD

An important aspect of planning any CME activity is to give due consideration to the educational principles which form the basis of learning and assessment. In this discussion, the following topics are dealt with:

1. Identifying educational needs of practitioners;
2. Role of educational objectives in planning CME activities;
3. Background and the expectations of the participants;
4. Approaches to assessing the effectiveness of learning.

In this discussion, the term effective CME refers to learning activities that enable the participants to reach the learning goals for which the sessions are being planned. Whether the widely used formats of CME such as conferences, seminars, workshops or lecture series lead ultimately to improvement in health care services is outside its scope.

1. Educational Needs of Practitioners

The thrust of CME should be on defined educational needs. The Schön model, which is often cited as the appropriate basis for planning continuing education (CME) and professional development (CPD), describes the areas that need to be given attention in CME and CPD as those that are identified by practitioners as most demanding and difficult. They would identify them through contact with patients in their clinical practice, and through reading, discussion and teaching. The needs of individual practitioners cannot be defined by CME organizers who are remote from the demands and pressures of the practice setting. It may be concluded, therefore, that such educational needs are unlikely to be met by the mere attendance at 'CME sessions' of the types often presented.

2. Educational Objectives

To be useful to the participants and to the resource person, learning objectives need to describe the abilities that the participants would gain from the sessions. In other words, what would the participants be able to 'do' as a result of the proposed interaction? Such

learner-centered objectives enable the prospective participant to assess beforehand whether a given CME activity is likely to benefit him or her. In addition, they help the tutor to select the most appropriate teaching/learning method to be employed.

As a means of analyzing objectives, it is useful to classify them into three *domains*. Though the categories often overlap to varying degrees, the division helps to emphasize the different facets of learning.

Knowledge

Learning objectives that are related to knowledge are grouped under the *cognitive domain*. Within it they can be further subdivided into a hierarchy: the outcomes may range from *recall/recognition* (stating signs and symptoms, or naming appropriate antibiotics for a given disease condition), through *data interpretation* (interpreting a laboratory report or identifying a lesion in a radiograph) to *problem-solving* (arriving at a diagnosis, or reviewing the progress of a patient). Problem-solving involves making judgments, and the ability to recall or interpret data is a prerequisite for it to be carried out satisfactorily.

For achieving objectives in the cognitive domain, which requires the participant to acquire information, some learning methods that may be used are lecture, discussion and reading assignments. Each of these has its advantages and disadvantages, and the seminar or symposium instructors would choose one or more in a given situation. A point worth keeping in mind is that the attention span of the average adult 'listening' to a lecture is 15 to 20 minutes. Therefore, the subject matter has to be relevant and interesting, and the instructor skilled in presenting. One approach in planning effective CME sessions is to rely on smaller groups and to give adequate opportunity for interaction. Additionally, the presentation itself could deal with highlights of the topic or one or two important aspects, leaving the rest to be dealt with in a well-written handout.

Procedural Skills

The *psychomotor domain* is concerned with the performance of skills. These involve doing

manual procedures. Some common examples are measuring the blood pressure of a patient, setting up an intravenous drip, and doing a lumbar puncture.

None of the tasks mentioned above can satisfactorily be undertaken unless the practitioner has the required knowledge. But that alone is no guarantee that the skill has been mastered. This argument shows that it is not sufficient to state how a task is done: it is essential that the practitioner performs it.

When learning objectives state specifically that the CME activity is to enable the participants to perform specified procedures, lecturing is not the appropriate method of instruction. The procedures have to be demonstrated, and the participants need to be given an opportunity to practice, initially under supervision. With today's technology, the demonstration may be conducted with a large group, but the second, of practice under supervision, makes smaller groups imperative.

Values and Attitudes

Practitioners are expected to possess many desirable attitudes, which are grouped under the *affective domain*. Many factors influence them, knowledge in the related topics being only one. However, knowledge by itself does not produce the attitudes towards the attitudinal object. A practitioner may give all the appropriate responses when questioned, but the behavior on a long term basis is the only indicator of the presence of the attitude. Therefore, lecturing or giving reading materials aimed at increasing the participant's knowledge is bound to be unproductive. Role modeling, role playing, discussion of issues in small groups, or undertaking specific assignments are preferred instead.

3. Background of Participants

The background of the participants who attend the CME activity would have an overriding influence on the learning objectives and the subject content that may be defined for a course or a session. This pre-requisite level of the participant could be analyzed with respect to the educational level in the subject area, prior experience in the specialty or sub-specialty, and the relevance of content of the program to one's own practice needs.

A fallacy that also needs to be dealt with is the view often held by CME organizers that the number of participants at an activity is a valid indicator of its success—that CME events attended by hundreds of practitioners are highly successful. The educational needs of individual practitioners can only be defined by an analysis of their practice patterns, and by matching patient outcomes with expectations at an individual patient level or through analysis of data collected over a period. CME activities that practitioners attend or are offered to them would be effective only when they match the perceived want with the needs of the practice.

In nearly all situations, it is unlikely that large groups of participants, running into hundreds, would benefit from the same presentation. Furthermore, such excessive numbers prevent the participants from being involved in any useful form of interaction.

It is essential for the CME organizer to clearly indicate the type of target audience that should attend the proposed activity. When necessary, sessions aimed at different ability levels may have to be conducted so that participants receive optimum benefit.

4. Assessing Effectiveness of CME/CPD Activities

Assessing Short-term Effectiveness

Whether the CME activity helped to achieve the objectives may be assessed at the end of a session or activity, or within a few days of concluding it. Questionnaires, specially designed or modified from those already available, may be used for soliciting opinions about the process and overall satisfaction.

Assessing Effectiveness on a Medium-term and a Long-term Basis

Assessment of the long-term impact would be carried out after a few months of completing the program, and also later on. The setting in which the health professional practices would be the appropriate one for this to be undertaken. The aim of the assessment would be to review whether the newly gained competencies are retained and whether they are being put into practice continually. In addition, the relevance to the practice needs could be analyzed at this stage.



Membership Examinations

MRCP - Medicine and Pediatrics

MRCPath

MRCOG

MRCS

Membership Examinations

Introduction

KIMS in collaboration with the Royal College of the United Kingdom organizes the Royal College Examination in different specialties through the year. For further information about the examination, please contact the respective coordinators.

MRCP - Medicine and Pediatrics

The MRCP(UK) Examination consists of three parts. In the UK it is usually taken during the period of general professional training (GPT) in medicine which follows Registration with the General Medical Council of the United Kingdom. GPT normally lasts at least two years. The MRCP(UK) Diploma does not, therefore, confer specialist status: in the UK it is recognized as an entry qualification for higher specialist training.

Both examinations are divided into Part 1 and Part 2.

Organizer: Medicine

Prof. K.V. Johnny
e-mail: kvjohny@hsc.kuniv.edu.kw

Organizer: Pediatrics

Dr. Mazen Al-Essa
e-mail: mazen@hsc.kuniv.edu.kw

MRCPath

The MRCPath Program is a 5-year, high level apprenticeship training geared to develop professionally qualified physicians who practice as consultants in various fields of laboratory medicine in tertiary care hospitals, and as academics and researchers.

The Part I Examination comprises a set of theory papers which the candidate must pass to be eligible to later sit the practical and oral examinations in the UK. Successful candidates at the Part I Examination are admitted as Diplomates of the Royal College of Pathologists. The last two years of training are at a Higher Specialist level. At this stage the candidate may opt to train in a subspecialty or go on a research tract, usually along a subspecialty, or train further as a general specialist. The program is completed with a Part II Examination that comprises Orals and Practicals. Candidates who pass the Part II

Examinations are admitted as Members of the Royal College of Pathologists and are eligible for appointment as Consultants in the UK.

Organizer

Prof. T. Junaid
e-mail: taj@hsc.kuniv.edu.kw

MRCOG

The Membership examination (MRCOG) is intended for those who wish to specialize in Obstetrics & Gynecology.

Organizer

Prof. Alexander Omu
e-mail: omu@hsc.kuniv.edu.kw

MRCs

The Membership Examination is designed to identify those surgeons in training who have a broad knowledge of surgery in general, and who can recognize and deal safely with the wide range of problems which may be met by the trainee surgeon. He/She should be able to take responsibility for emergency surgical admissions, deal independently with life threatening situations due to trauma or critical illness, and be able to accurately diagnose and plan treatment of a wide variety of surgical complaints. Successful candidates will be ready to go on to formal higher training in any of the surgical specialties. Those who meet the above criteria and have completed the required rotations, can apply for the above examination. The examination is held three times a year in Kuwait, in collaboration with the Royal College of Surgeons of Edinburgh and Kuwait Institute for Medical Specialization, Kuwait.

The application forms for the above examination can be obtained from the Royal College of Surgeons of Edinburgh, UK.

Full information is available at the website, <http://www.rcsed.ac.uk>.

Organizer

Dr. Budde Prakash
Telephone: 2464727; Pager: 9174191
e-mail: budde39@yahoo.com

Licensing Examination Center

Kuwait Medical Licensing Examination (KMLE)

- Objectives
- Eligibility
- Validity of the examination
- Board of Examiners
- Format and content of examination
- Examination schedule
- Results
- Re-sit for examination
- Registration fees
- Application procedures
- Recommended textbooks for KMLE

Kuwait Dental Licensing Examination (KDLE)

- Objectives
- Eligibility
- Validity of the examination
- Board of Examiners
- Format and content of examination
- Examination schedule
- Results
- Re-sit for examination
- Registration fees
- Application procedures
- Recommended textbooks for KDLE

Kuwait Medical Licensing Examination

Introduction

Most countries have laws and regulations governing the practice of medicine. Although licensing provisions vary among industrialized countries, requirements commonly include successful completion of a licensing examination. To ensure minimal professional standards for those who wish to practice medicine in Kuwait, a licensing examination has been established and recognized by the Ministry of Health, State of Kuwait.

Objectives

The objectives of the Kuwait Medical Licensing Examination (KMLE) are to:

1. Institute standardized methods of evaluating medical graduates from different medical schools for the practice of medicine in Kuwait;
2. Ensure that doctors have the required medical knowledge, clinical judgment and skills to practice medicine consistent with contemporary standards of care;
3. Assure the public that doctors intending to practice in Kuwait are professionally qualified.

Eligibility

The KMLE is a pre-requisite for the practice of Medicine in Kuwait. All medical school graduates who do not currently hold a license to practice in Kuwait are required to successfully complete this examination in order to practice medicine in the public or private sectors. A doctor who holds a professional medical degree conferred by a medical school recognized by the Ministry of Higher Education, Kuwait (as listed in the most recent issue of the World Directory of Medical Schools, published by the World Health Organization) is eligible to apply for the KMLE.

Validity of the Examination

The results of the KMLE are valid for five years subsequent to the date of passing the examination. If a doctor has not practiced medicine for more than five years after passing this examination, successful comple-

tion of a new examination, under its current format at the time of re-examination, will be required for licensure.

Board of Examiners

The examination is set by the Board of Examiners who are members of staff of the Faculty of Medicine of Kuwait University and the Ministry of Health.

Format and Content of Examination

KMLE is a one day written examination conducted in English, composed of two MCQ papers. The professional competencies of candidates are evaluated by means of the following examination formats:

Paper 1

Paper 1 is an MCQ test of 100 questions. Twenty five questions are derived from each of the 4 major disciplines (Medicine, Pediatrics, Surgery and Obstetrics & Gynecology). Questions on Psychiatry, Community Medicine and Primary Care are included under the major disciplines. Each question has 5 answers of which one is correct. The candidate has to identify only the correct one on the special answer sheet provided. The total mark for this paper is 100. There is no negative marking. The time allowed is 2.5 hours.

Paper 2

Paper 2 consists of 40 questions, 10 from each of the major disciplines, and deals with clinical problem-solving exercises. Each question has 5 answers, each of which may be *True* or *False*. Each has to be marked as *True* or *False* on the special answer sheet. The total mark for this paper is 200. There is no negative marking. The time allowed is 2.5 hours.

Examination Schedule

The KMLE is administered three times per year, generally in October, February and June. The dates for the examination and deadlines for the application procedures are set by the Kuwait Institute for Medical Specialization (KIMS).

Results

The results will be announced within 2 weeks of sitting for the KMLE.

The pass mark for the entire examination will be determined by the Board of Examiners.

Re-sit for Examination

There is no limit to the number of attempts at the KMLE.

Registration Fees

The fee for the KMLE will be determined by the Ministry of Health. This fee must accompany the Application Form, and must be paid for each attempt at the examination. Any candidate who fails to appear for the examination will forfeit the registration fee. The fee may be revised based on the costs of the examination.

Application Procedures

Candidates must submit:

- A completed application form
- The full fee for the examination
- A certified true copy of the candidate's diploma for the basic medical degree
- Two passport size photos

Recommended Textbooks for KMLE**Medicine**

Souhami, AL, Moxam J. eds. *Text Book of Medicine*.

Or equivalent text book.

Supplementary Revision Guides

1. Stoller JK, Ahmed M, Longworth D. eds. *The Cleveland Clinic Intensive Review of Internal Medicine*.
2. Pretest Medicine: *Pretest Self-assessment and Review*.
3. *Pretest Step 2 Simulated Exam*. Latest Edition. McGraw Hill.

Obstetrics & Gynecology

1. Cunningham F. G, Macdonald PC, Norman FG, Leveno KJ, Gilstrap III LC. *Williams Obstetrics*. 19th ed. 1993.
2. Herbst AL, et al. *Comprehensive Gynecology*.

Pediatrics

1. Lissauer T, Clayden G. *Illustrated Textbook of Paediatrics*.
2. Robinson MJ, Robertson DM. *Practical Pediatrics*.

Surgery

1. Daly, Shires, Spencer, Fischer, Galloway, eds. *Principles of Surgery – Schwartz*, 7th ed.
2. RCG Russell, WS Williams, CJK Bulstrode, eds. *Bailey and Love's Short Practice of Surgery*, 23rd ed.

Kuwait Dental Licensing Examination

Introduction

Most countries have laws and regulations governing the practice of dentistry. Although licensing provisions vary among industrialized countries, requirements commonly include successful completion of a licensing examination. To ensure minimal professional standards for those who wish to practice dentistry in Kuwait, a licensing examination has been established by the Ministry of Health, State of Kuwait.

Objectives

The objectives of the Kuwait Dental Licensing Examination (KDLE) are to:

1. Institute standardized methods of evaluating dental graduates from different dental schools for the practice of dentistry in Kuwait;
2. Ensure that dentists have the required knowledge and understanding of biomedical and clinical dental sciences to practice dentistry consistent with contemporary standards of care;
3. Assure the public that dentists intending to practice in Kuwait are professionally qualified.

Eligibility

The KDLE is a prerequisite for the practice of Dentistry in Kuwait. All dental school graduates who do not currently hold a license to practice in Kuwait are required to successfully complete this examination for practice in the public or private sector. A dentist who holds a professional dental degree conferred by a dental school recognized by the Ministry of Higher Education, Kuwait (as listed in the most recent issue of the World Directory of Dental Schools, published by the World Health Organization) is eligible to apply for the KDLE.

Validity of the Examination

The results of the KDLE are valid for five years subsequent to the date of passing the examination. If a dentist has not practiced

dentistry for more than five years after passing this examination, successful completion of a new examination, under its current format, will be required for licensure.

Board of Examiners

The examination is set by the Board of Examiners who are members of staff of the Faculty of Dentistry of Kuwait University and the Ministry of Health.

Format and Content of Examination

The KDLE is a one day written examination conducted in English, composed of 200 multiple choice questions (MCQs) and is divided into two parts.

Part I: Biomedical Sciences (2½ hours, morning session)

This part will contain 100 MCQs related to Anatomical Sciences, Biochemistry, Physiology, Microbiology, Pharmacology, Dental Anatomy, Occlusion and General Pathology.

Part II: Dental and Clinical Sciences (2½ hours, afternoon session)

This part will contain 100 MCQs related to Endodontics, Oral Pathology, Oral Medicine, Oral Radiology, Oral Diagnosis, Operative Dentistry, Oral and Maxillofacial Surgery, Pain Control, Management of Emergencies, Orthodontics, Periodontics, Preventive Dentistry, Public Health Dentistry, Prosthodontics and Pediatric Dentistry.

Examination Schedule

The KDLE is administered three times per year, generally in October, February and June. The dates for the examination and deadlines for the application procedures are set by the Kuwait Institute for Medical Specialization (KIMS).

Results

The results will be announced within 2 weeks of sitting for the KDLE.

The pass mark for the entire examination will be determined by the Board of Examiners.

Re-sit for Examination

There is no limit to the number of attempts at the KDLE.

Registration Fees

The fee for the KDLE will be determined by the Ministry of Health. This fee must accompany the Application Form, and must be paid for each attempt at the examination. Any candidate who fails to appear for the examination will forfeit the registration fee. The fee may be revised based on the costs of the examination.

Application Procedures

Candidates must submit:

- A completed application form
- The full fee for the examination
- A certified true copy of the candidate's diploma for the basic dental degree
- Two passport size photos

Recommended Textbooks for KDLE

1. Ash MM. *Wheeler's Dental Anatomy, Physiology and Occlusion*. 7th ed. Philadelphia: Saunders; 1993.
2. Kidd EAM, Smith BGM. *Pickard's Manual of Operative Dentistry*. Oxford: Oxford University Press; 1996.
3. Lindhe J, Karring T, Lang NP. eds. *Clinical Periodontology and Implant Dentistry*. 3rd ed. Copenhagen: Munksgaard; 1997.
4. Mathewson RJ, Primosch RE. *Fundamentals of Pediatric Dentistry*. 3rd ed. Illinois: Quintessence; 1995.
5. McGivney GP, Carr AB. *McCracken's Removable Partial Prosthodontics*. 10th ed. St Louis: Mosby; 1999.

6. Proffit WR, Fields HW. *Contemporary Orthodontics*. 2nd ed. St. Louis: Mosby; 1993.
7. Shillingburg HT, Hobo S, Whitsett CD, Jacobi R, Brackett SE. *Fundamentals of Fixed Prosthodontics*. 3rd ed. Chicago: Quintessence; 1997.
8. Soames JV, Southam JC. *Oral Pathology*. Oxford: Oxford University Press; 1998.
9. Ten Cate AR. *Oral Histology: Development, Structure and Function*. 5th ed. St. Louis: Mosby; 1998.
10. Walton RE, Torabinejad M. *Principles and Practice of Endodontics*. 2nd ed. Philadelphia: Saunders; 1995.
11. White SC, Pharoah MJ. *Oral Radiology—Principles and Interpretation*. 4th ed. St. Louis: Mosby; 2000.
12. Zarb GA, Carlsson GE, Bolender CL. *Boucher's Prosthodontic Treatment for Edentulous Patients*. 11th ed. St Louis: Mosby; 1997.

Additional suggested sources include:

1. Anusavice KJ. *Phillips' Science of Dental Materials*. 10th ed. Philadelphia: Saunders; 1996.
2. Murray JJ. ed. *Prevention of Oral Disease*. 3rd ed. New York: Oxford University Press; 1996.
3. Peterson LJ, Hupp JR, Ellis E, Tucker MR. *Contemporary Oral and Maxillofacial Surgery*. 3rd ed. St. Louis: Mosby; 1997.
4. Pine CM. ed. *Community Oral Health*. Oxford: Wright/Butterworth-Heinemann; 1998.
5. Scully C, Cawson RA. *Medical Problems in Dentistry*. 4th ed., Oxford: Wright; 1998.
6. Tyldesley WR, Field EA. *Oral Medicine*. Oxford: Oxford University Press; 1997.



Bulletin of the Kuwait Institute for Medical Specialization

Objectives

Readership

Format and frequency of publication

Editorial Board

Guidelines to authors

Bulletin of the Kuwait Institute for Medical Specialization

Introduction

The *Bulletin of the Kuwait Institute for Medical Specialization* is published under the auspices of the Ministry of Health of the State of Kuwait. KIMS, the Ministry's postgraduate education, training and research arm handles the associated editorial and production tasks.

The journal aims to promote excellence in postgraduate education, continuing medical education (CME) and clinical practice in Kuwait and the Arabian Gulf region. It is the first of its kind in the region dealing primarily with medical education and CME. Subject matter of special interest to the medical community in the region receives emphasis when content is selected. An added feature that would be of interest is the series of articles specifically designated as CME. Studying them and responding to the related questions would allow the reader to acquire CME credits through the MPC Program of KIMS. A readership comprising clinicians, teachers and trainees in postgraduate training programs, practitioners engaged in formal CME activities, and administrators of health care facilities would find the publication useful.

Objectives

The journal is aimed at achieving the following objectives:

- To constitute a medium for disseminating subject matter of interest to the health professional community in Kuwait and the Arabian Gulf region;
- To provide a forum for publishing results of surveys and research studies undertaken by health professionals serving at the health care service institutes and units of the Ministry of Health and at medical educational institutions;
- To serve as a link between Ministry of Health and the health professional practitioners, regarding measures that are being introduced for promoting health care;
- To inform the health professionals in Kuwait of steps that would be taken in CME and to serve as a supplementary learning medium for CME;

- To provide health professionals with the tools of health research and encourage publication of their experiences.

Readership

The journal emphasizes topics of interest to health professionals practicing in Kuwait and the Arabian Gulf region, and is distributed among practitioners in Kuwait and the other GCC countries, and selected academic and health care service institutions abroad. The *Bulletin of the Kuwait Institute for Medical Specialization* is indexed in the Index Medicus for the WHO Eastern Mediterranean Region (IMEMR).

Format and Frequency of Publication

The journal appears bi-annually in print and on-line formats.

Editorial Board

Honorary Editor

Mohammed A. Al-Jarallah

Editor

Khaled F. Al-Jarallah

Tel: 965 2418782; Fax: 965 2410028

e-mail: kjarallah@kims.org.kw

Deputy Editor

I.G. Premadasa

Tel: 965 2410027 Ext 107; Fax: 965 2467140

e-mail: premadasa@kims.org.kw

Assistant Editor

Mohamed A.A. Moussa

Tel: 965 2410027 Ext 168; Fax: 965 2467140

e-mail: moussa@kims.org.kw

Editorial Assistant

Ashish T. Mathews

2410027 ext 165/107; Fax: 965 2467140

e-mail: bulletin@kims.org.kw

Editorial Office

Bulletin of KIMS

Kuwait Institute for Medical Specialization

9th Floor, Behbehani Complex

P.O. Box 35365, Shaab, Kuwait 36054

e-mail: bulletin@kims.org.kw

Fax: 965 2467140

Guidelines to Authors

These guidelines are in accordance with the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* (revised November 2003), a document issued by the International Committee of Medical Journal Editors. The complete document is available at <<http://www.icmje.org>>.

The *Bulletin of the Kuwait Institute for Medical Specialization* has as its theme the promotion of postgraduate education in medicine and continuing medical education (CME) and continuing professional development (CPD), and excellence in clinical practice in Kuwait and the Arabian Gulf region. The publication deals with topics of interest to a broad audience, the readership comprising clinicians, teachers and trainees in postgraduate training programs, practitioners engaged in formal CME/CPD activities, and administrators of health care facilities. The journal, which is peer-reviewed, publishes review articles, self-assessment quizzes, letters to the editor, reports from conferences and special features pertaining to the above areas. Original research and short reports on research in progress in the fields of postgraduate education and continuing medical education would also be accepted. The publication is distributed among selected academic and health care service institutions in the Arabian Gulf and other geographical regions. The journal appears bi-annually.

Preparing a Manuscript

The manuscript must be typed double spaced, on A4 paper, with margins of at least 25 mm. A word-processing software such as *MS Word* is preferred. All text, including headings and sub-headings must be left-aligned, each section or component beginning on a new page. Follow the sequence: title page, abstract and key words (maximum of 5 words), body text, acknowledgments, references, tables (each on a separate page, with no internal horizontal or vertical lines), figures, and legends. Text related to observational and experimental studies should be divided into sections with the headings Introduction, Methods, Results, Discussion, References, Tables, Figures and Figure Legends. Use only standard abbreviations. Number all pages consecutively, star-

ting with the title page. Avoid abbreviations in the title and abstract. The Editor reserves the right to make modifications to suit format, style and editorial policy.

Title Page

The title should be informative. The name(s) of author(s), institutional affiliation, the institution to which the work should be attributed, sources of support of grants, equipment, drugs etc., and a short title (not more than 30 characters) for use as a running head must be included. Indicate the full address of the author for correspondence, including telephone and fax numbers and e-mail address.

Figures and Tables

Photographs, line diagrams, and graphs should be prepared to professional standards, and submitted as three sets of original or as glossy, black-and-white photographic prints, approximately 125 × 175 mm (5 × 7 inches). Each figure should have a label pasted on its back indicating the number of the figure, first author's name, and an arrow showing the top of the figure. Illustrations in electronic format should be saved as separate files, without being embedded in the text.

References

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in superscript.

Articles in Journals

The titles of journals should be abbreviated according to the style used in *Index Medicus*. List the first six authors followed by et al. For example:

Simpson M, Buckman R, Stewart M, Maguire P, Lipkin M, Novack D, et al. Doctor-patient communication: the Toronto consensus statement. *Br Med J* 1991;303:1986-7.

Books and Other Monographs

Personal author(s):

Strauss A, Corbin J. *Basics of Qualitative Research*. 2nd ed. London: Blackwell; 1990.

Editor(s), compiler(s) as author:

Norman IJ, Redfern SJ, editors. *Mental health care for elderly people*. New York: Churchill Livingstone; 1996.

Chapter in a book:

Grant J. Service-based learning in hospital medicine: integrating patient care and training in the early years. In: Jolly B, Rees L, editors. *Medical Education in the Millennium*. Oxford: Oxford University Press; 1998. p.156-68.

Consent

When reporting on experiments involving human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000.

Submitting Manuscripts

A covering letter signed by all authors must accompany the manuscript. The principal author must ensure that it has a statement that the manuscript has been read and approved by all the authors meeting the requirements of authorship, and a statement of any financial or other relationship that might lead to a conflict of interest. It must also include a declaration that the manuscript is not under consideration by any other journal nor that it has been accepted for publication elsewhere. Presentation of an extract at a seminar or conference does not violate this requirement.

The manuscript should be sent to the Editor, *Bulletin of the Kuwait Institute for Medical Specialization*, P.O. Box 35365 Shaab, Kuwait 36054, (e-mail: bulletin@kims.org.kw). A copy should be retained for future reference. If accepted, one hard copy of the manuscript and a copy in electronic form are required. When submitting on disk, label the disk with the format of the file and the file name, and provide information on the software used. Enclose transfer of copyright and other forms. Proofs will be sent via e-mail as a PDF file.

Manuscript Categories

Original Articles

Original articles are usually up to 3000 words long with a maximum of 6 tables or illustrations and 30 references. Where applicable, the text should be structured under Objectives, Methods, Results and Conclusions. The abstract should state concisely what was done, the main findings and how the work was interpreted, and should not exceed 250 words.

Reports

Reports should be novel and should not exceed 1500 words, inclusive of structured abstract, introduction, report and discussion. Up to 10 references and 2 tables or illustrations will be accepted.

Self Assessment Quizzes

Self assessment quizzes may take several formats, including multiple choice questions, photographic material, or data interpretation with clinical information, concluded with a discussion of the correct answers.

Reviews

The Editor welcomes review articles of up to 3000 words, provided they contain a clear educational message. The use of boxed case histories, bullet points, and structured tables is encouraged. An abstract is also requested.

Editorials

The Editor will be pleased to consider for publication editorials of up to 800 words.

Letters to the Editor

Letters to the Editor, especially those related to articles published in the *Bulletin of the Kuwait Institute for Medical Specialization*, are welcome. The text should not exceed 500 words and five references. Only one copy need be sent.



Research

Objectives of the Research Unit

- Priorities of health research in Kuwait

Medical Research Ethics Committee

Organization of work

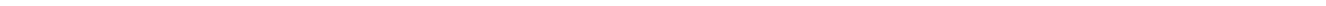
- Proposal preparation

- Evaluation procedures

- Research implementation

- Research reports

- Publication of the outcome of research



Research

Introduction

KIMS became responsible for the overall administration of research in the Ministry of Health in March 2000. The Research Unit of KIMS is concerned with providing guidance and monitoring the evaluation and implementation of health research projects. The Unit does not serve as a funding agency.

Objectives of the Research Unit

1. Promotes scientific and clinical interests of health workers through guidance and monitoring research projects which lead to advancement of medical research and application of recent clinical technologies, and ensures that such projects are compatible with the priorities of health research in Kuwait.
2. Ascertains that projects submitted meet human ethics standards through their review by the Medical Research Ethics Committee.
3. Ensures the establishment of a health research database, and publication of scientific and applied findings of health research projects.

Priorities of Health Research in Kuwait

1. Applied research aimed at management and prevention of common diseases in Kuwait.
2. Applied research related to the health of the larger strata of the population.
3. Basic health research that serves the developmental strategies of the country, in particular those with industrial and economic applications.
4. Field surveys aimed at the determination of the magnitude of common diseases in Kuwait in order to assist the health administration to develop preventive and management plans for such diseases.
5. Research aimed at the evaluation of existing health systems and procedures, and testing new health systems and protocols.
6. Multidisciplinary research involving health sciences and other disciplines like environment and safety.

7. Promote health and health education in relation to leading causes of death in Kuwait, common causes of morbidity in Kuwait, and healthy behavior and lifestyle.

The Blue Ribbon Committee, nominated by the Board of Directors of the Kuwait Foundation of the Advancement of Sciences (KFAS) for making its recommendations on the Scientific Research Priority Program, held extensive consultations with researchers and clinical scientists in Kuwait. The recommendations were based on information gathered through a questionnaire circulated among researchers and physicians in Kuwait, group discussions with local experts in identified priority health areas and a review of the current local morbidity and mortality statistics. The following 10 specific health topics have been identified for priority in research (KFAS, 1994): diabetes mellitus, road traffic accidents, ischemic heart disease, allergic diseases and bronchial asthma, malignancy diseases, pregnancy-related and child-related diseases, infections, child health, nutrition, and brain research.

Medical Research Ethics Committee

The Research Unit, KIMS, has established the Medical Research Ethics Committee for ethical review of biomedical research proposals involving human subjects. This procedure is essential for integrating the process of research with the aim of protecting the rights of the subjects involved. Members of this committee undertake comprehensive ethical review of the plan, including the research protocol, Consent Form and the Letter of Information to participating subjects. They may exempt some research proposals from satisfying the requirements of research on human subjects.

The Committee ensures that:

1. Patients are clearly informed about the procedures proposed in the project;
2. Medicines and lab tests and other procedures to which subjects will be exposed are safe;

3. Participation in the research is voluntary, and that investigators will not exert any kind of pressure to force the patients to participate, and that participants will have the right to withdraw from the research at any time without being penalized;
4. The Consent Form and the Letter of Information for Participants include adequate information about stages and procedures of the research, as well as the right of the patient to withdraw;
5. Additional safeguards have been provided if potentially vulnerable subjects are to be studied (e.g. elderly, children, pregnant women, persons with disabilities, mentally disabled and people with severe illnesses).

This committee consists of 6 members (3 academicians, 2 consultants from the Ministry of Health and a lawyer), and is chaired by the Head of the Research Unit, KIMS. It meets on an ad hoc basis.

Organization of Work

Since 1996, there has been an agreement among agencies awarding research grants that the Ministry of Health, represented by the Research Unit, should first approve health research grant proposals submitted by investigators whether from inside or outside the Ministry. Hence, the Research Unit receives health research proposals, evaluates them, ascertains that proposals submitted are complete and compatible with the priorities of health research in Kuwait, and ensures the feasibility of conducting them in Kuwait taking into account the norms and traditions of the community.

The Unit is responsible for monitoring the evaluation and implementation of health research projects according to the following stages:

1. Proposal Preparation

All research support applications are submitted on the standard KIMS Research Project Proposal Form available at the Research Unit, at <http://www.kims.org.kw>, the KIMS web site, or in the *Manual for Health Research Procedures*. In addition to the special requirements of the grant awarding agencies, e.g. KFAS, this form takes into account the research requirements of estab-

lished research supporting institutions such as Kuwait University.

3. Evaluation Procedures

All applications, completed and endorsed by the Unit, are sent to the Medical Research Ethics Committee for ethical review. After approval by the Ethics Committee, applications are sent to the grant awarding agencies for comprehensive scientific reviewing. All proposals are evaluated on the basis of referees' comments, institutional health priorities and budgetary considerations. Once the awarding agency accepts to support a proposal, the Research Unit is notified to resume its responsibility for monitoring, evaluation and implementation of the project.

3. Research Implementation

Payment for approved projects is made in accordance with the financial rules and regulations of the awarding agencies. The first payment is credited to the Financial Department, Ministry of Health under the name of the Undersecretary according to the dates agreed in the approved protocol, conditional upon successful submission of the semi-annual progress reports. The principal investigator receives the first payment upon submitting an official letter from a bank showing the account number and the title of the research project.

4. Research Reports

Researchers of funded projects are required to submit two types of reports:

The *semi-annual progress report* provides an update of progress in research implementation activity during the course of 6 months, including any results already published or which may be published in the future.

The *final project report* provides a comprehensive and complete report of the entire project at its completion, including the resource utilization, research results, papers published, as well as manuscripts in preparation and those submitted for publication.

When the first report is submitted, it is reviewed by the Research Unit and, if approved, is sent to the awarding agency for scientific review. If accepted, the second payment is transferred to the Financial Depart-

ment, Ministry of Health after the expenditure receipts are received at the Office of the Assistant Undersecretary for Financial Affairs. The Research Unit continues to monitor the implementation of the administrative and financial aspects of the project until the final report is submitted.

All project reports, whether semi-annual or final, are subjected to standard review procedures. The evaluation reports of referees are considered as the basis for funding new grant applications for the concerned researchers.

Researchers should acknowledge the grant awarding agency in all published papers or reports that result from the approved projects, by citing the grant number and the name of the agency.

5. Publication of the Outcome of Research

The Research Unit releases brochures and information on research findings and publica-

tions on the KIMS web site documenting essential information on approved projects, research subject areas, research newsletter, etc. These publications provide access to the latest research news and information on the extent and the range of research development to prospective researchers, as well as for the global dissemination of research results, scientific achievements and the level and quality of research.

The Research Unit also deals with the organization of periodic scientific updates, conferences, symposia and seminars to present the outcome of research and reveal its contribution to science and society. These are convenient media for researchers to publicly present the findings of their projects.



Medical Learning Resources Center

Central Medical Library, Hospital Libraries and Electronic Library

Internet stations

Medical Illustration Unit

Medical Learning Resources Center

The Medical Learning Resource Center of KIMS possesses a postgraduate medical library and a patient simulator, and offers an Internet and electronic library service. These serve health professionals attached to the University and hospitals in Kuwait, as well as those at other institutions in the Eastern Mediterranean region.

Central Medical Library, Hospital Libraries and Electronic Library

The Central Medical Library is attached to KIMS, and acts as the central acquisition and distribution agency. It also functions as the apex body of the MEDLINE Network. The library provides training in medical information technology, and looks after the other library needs of the medical scientists in Kuwait. It has a collection of over 5300 books and subscribes to 550 periodicals. Those serving in the Ministry of Health have access to the latest information in the field of Medicine via this material and the MEDLINE Network.

Besides maintaining its own library facilities, the Library offers the following services:

1. Obtaining books and periodicals to be distributed to the various hospital and departmental libraries;
2. Training the members of staff who are appointed to the peripheral libraries in Medical Library Techniques;
3. Visiting the hospital and departmental libraries to support and guide the local librarians;
4. Assisting in maintaining the MEDLINE Network.

The Library is open from 8.00 a.m. to 2.00 p.m. and from 4.00 p.m. to 8.00 p.m. for users.

Books, periodicals and workstations for the MEDLINE Network, provided by the Central Medical Library, are also available in the libraries of the major hospitals.

In addition to the abstracting services provided by the MEDLINE Network, full texts of articles from 83 periodicals are also included in the library collection. The CD-ROM database is located in the Central Medical Library, and is connected to the various hospitals through the Network. It is based on the OVID System of software.

Patient Simulator

For use in CPR training, a patient simulator (*Ambu Megacode Trainer System*) is available. Trainees and tutors are in a position to use the equipment after making arrangements in advance with the Office of KIMS.

Internet Stations

KIMS provides Internet access free of charge to postgraduate trainees and other health professionals. The Internet stations are located in the KIMS Library. Two main areas in which this facility may be used is planning and undertaking research, and as a communication and learning resource in CME/CPD.

Medical Illustration Unit

The Medical Illustration Unit of KIMS provides services in a variety of categories of media for teaching and research activities.

Appendix

Important contact information

Important Contact Information

Office of Secretary General

Tel: 965 2418782, 965 2412210
Fax: 965 2410028

Dr. Khaled F. Al-Jarallah
Secretary General, KIMS
e-mail: kjarallah@kims.org.kw

CME Center

Tel: 965 2410027/9 Ext. 107/159
Fax: 965 2467140
e-mail: cmecenter@kims.org.kw

Dr. I.G. Premadasa
Director, CME Center
e-mail: premadasa@kims.org.kw

Internship Training Program

Tel: 965 2410027/9 Ext. 111
Fax: 965 2410028

Postgraduate Training Programs

Directors

Family Medicine

Dr. Abeer Al-Baho
Tel: 965 2562372
e-mail: abeerkhaled@hotmail.com

Laboratory Medicine

Prof. T. Junaid
Tel: 965 5319476
e-mail: taj@hsc.kuniv.edu.kw

Internal Medicine

Dr. Moussa Khadadah
Tel: 965 5319596
e-mail: moussa@hsc.kuniv.edu.kw

Nuclear Medicine

Prof. Abdelhamid Elgazzar
Tel: 965 5319592
e-mail: aelgazzar49@hotmail.com

Obstetrics & Gynecology

Dr. Eyad Al-Saleh
Tel: 965 3967649
e-mail: dr.eyad@lycos.com

Pediatrics

Dr. Amal Al-Eisa
Tel: 965 5319486
e-mail: amal@hsc.kuniv.edu.kw

Radiology

Dr. Tariq Sinan
Tel: 965 5317038
e-mail: drtariq@yahoo.com

Surgery

Dr. Adel Khader Ayed
Tel: 965 4843885
e-mail: adel@hsc.kuniv.edu.kw

Research Unit

Tel: 2410027/9 Ext. 160/168
Fax: 965 2434015
e-mail: research@kims.org.kw

Prof. Mohammed A.A. Moussa
Head, Research Unit
Tel: 965 2421984
e-mail: moussa@kims.org.kw

Bulletin of KIMS - Journal Office

Tel: 965 2410027/9 Ext. 165
Fax: 965 2467140
e-mail: bulletin@kims.org.kw

Central Medical Library/Electronic Library

Tel: 2410027/9 Ext. 118
Fax: 965 2434015

CME/CPD Officers

CME/CPD Officers function in the following specialties and sub-specialties to coordinate the CME/CPD activities, and to serve as a link between the CME Center and the practitioners:

Anesthesia	Pharmacy
Dentistry	Physical Medicine & Rehabilitation
Dermatology	Primary Health Care
Internal Medicine	Psychological Medicine
Laboratory Medicine	Public Health
Obstetrics & Gynecology	Radiology & Nuclear Medicine
Pediatrics	Surgery

The names and contact details of the CME/CPD Officers are available at the CME Center web site, <<http://www.kims.org.kw/cme>>.

□ □ □ □ □

Contact Information Updates at KIMS Website

Updates of Important Contact Information presented on these pages, as well as other relevant details regarding Kuwait Institute for Medical Specialization (KIMS) will appear in the KIMS website at <<http://www.kims.org.kw>>.

Websites on Postgraduate Specialties and Training

Given below is a selection of external websites related to medical and dental specialties and postgraduate specialization. These links would provide guidance on postgraduate training and career choice, and are bound to be especially useful to new medical and dental graduates.

American Board of Allergy & Immunology
<http://www.abai.org/>

American Board of Anesthesiology
<http://www.theaba.org/>

American Board of Colon and Rectal Surgery
<http://www.abcrs.org/>

American Board of Dermatology
<http://www.abderm.org/>

American Board of Emergency Medicine (ABEM)
<http://www.abem.org/public/>

American Board of Internal Medicine
<http://www.abim.org/>

ABIM Foundation, American Board of Internal Medicine
<http://www.abimfoundation.org/>

American Board of Medical Genetics
<http://www.abmg.org/>

American Board of Medical Specialties
Maintenance of Certification (MOC)
<http://www.abms.org/MOC.asp>

American Board of Neurological Surgery
<http://www.abns.org/>

American Board of Nuclear Medicine
<http://www.abnm.org/>

American Board of Obstetrics and Gynecology
<http://www.abog.org/>

American Board of Ophthalmology
<http://www.abop.org/>

American Board of Orthopedic Surgery
<http://www.abos.org/>

American Board of Otolaryngology
<http://www.aboto.org/>

American Board of Pathology
<http://www.abpath.org/>

American Board of Pediatrics
<http://www.abp.org/>

American Board of Physical Medicine and Rehabilitation
<http://www.abpmr.org/>

American Board of Plastic Surgery
<http://www.abplsurg.org/>

American Board of Preventive Medicine
<http://www.abprevmed.org/>

American Board of Psychiatry and Neurology
<http://www.abpn.com>

American Board of Radiology
<http://www.theabr.org/>

American Board of Surgery
<http://www.absurgery.org/>

American Board of Thoracic Surgery
<http://www.abts.org/>

American Board of Urology
<http://www.abu.org/>

The Royal Australian College of General Practitioners
www.racgp.org.au/www.racgp.org.au/

Royal Australian and New Zealand College of Obstetricians
and Gynaecologists
www.ranzcog.edu.au/

The Royal Australian and New Zealand College of
Psychiatrists
www.ranzcp.org/

The Royal Australasian College of Physicians
www.racp.edu.au/

The Royal Australian and New Zealand College of
Ophthalmologists
<http://www.ranzco.edu/link/>

Royal Australasian College of Surgeons
www.racs.edu.au/

The Royal College of Anaesthetists
<http://www.rcoa.ac.uk/>

Royal College of Dentists of Canada
<http://www.rcdc.ca/>

Royal College of General Practitioners
<http://www.rcgp.org.uk/>

Royal College of Obstetricians and Gynaecologists
<http://www.rcog.org.uk/>

The Royal College of Ophthalmologists
<http://www.rcophth.ac.uk/>

Royal College of Paediatrics and Child Health
<http://www.rcpch.ac.uk/>

The Royal College of Pathologists
<http://www.rcpath.org/>

The Royal College of Pathologists of Australasia
<http://www.rcpa.edu.au/>

The Royal College of Physicians
<http://www.rcplondon.ac.uk/>

The Royal College of Physicians and Surgeons of Canada
<http://rcpsc.medical.org/>

The Royal College of Psychiatrists
<http://www.rcpsych.ac.uk/>

The Royal College of Radiologists
<http://www.rcr.ac.uk/>

The Royal College of Surgeons of Edinburgh
<http://www.rcsed.ac.uk/>

The Royal College of Surgeons of England
<http://www.rcseng.ac.uk/>

The Royal College of Surgeons in Ireland
<http://www.rcsi.ie/>

The Royal College of Physicians of Edinburgh
<http://www.rcpe.ac.uk/>

Royal College of Physicians & Surgeons of Glasgow
<http://www.rcpsglasg.ac.uk/>

Royal College of General Practitioners (Scotland)
<http://www.rcgp-scotland.org.uk/>

The Royal New Zealand College of General Practitioners
<http://www.rnzcp.org.nz/>

The Saudi Council for Health Specialties
<http://www.saudimedicine.net/SCHS/default.htm>

KIMS Webpage
<http://www.kims.org.kw>
for
Updates of Information in
KIMS Educational Guide

Please visit <<http://www.kims.org.kw>>, the website of Kuwait Institute for Medical Specialization (KIMS) for updated information on:

- Internship training program
- Postgraduate training programs
- Continuing Medical Education
- Membership examinations
- Licensing examinations
- *Bulletin of Kuwait Institute for Medical Specialization*
- Research
- Medical learning resources

and other relevant details on educational and training activities of KIMS.
