

**Kuwait Institute for  
Medical Specialization  
Ministry of Health, Kuwait**

Kuwait Institute for Medical Specialization (KIMS) is the authority of the Ministry of Health, State of Kuwait, that is responsible for planning all aspects of postgraduate training of medical and other health professionals in Kuwait. It organizes the internship training of recently qualified medical graduates, and specialty level and continuing education programs for all health professionals.

In fulfilling its aim of providing specialty level training in the different fields of medicine, KIMS has established a number of Faculties and Committees, which initiate and coordinate postgraduate training. They are in Internal Medicine, Surgery, Pediatrics, Obstetrics & Gynecology, Family Medicine, Laboratory Medicine, Radiology, Nuclear Medicine, Anesthesia, and Dentistry. This booklet gives an outline of the Postgraduate Training Program in Rheumatology. Registration in the programs is open to doctors practicing in Kuwait as well as those based in institutions in the other GCC countries subject to availability. Interested readers are requested to contact KIMS for additional information on the program described here, or for details of other activities organized in the specialty.

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## **INTRODUCTION**

During the past few decades major advances have taken place in the understanding of joint diseases, the mechanisms underlying the inflammatory response and the molecular basis of the diversity of the immune response. The population of Kuwait, too, demands that the subspecialty of rheumatology has an adequate number of physicians who possess appropriate training in the field. These factors make it desirable that a training program in rheumatology be established in Kuwait.

The Rheumatology Units at Mubarak Al-Kabeer and Al-Amiri Teaching Hospitals are equipped with the necessary resources of personnel and physical facilities for conducting a program that provides in-depth subspecialty training to suitable candidates. The postgraduate training program in rheumatology will be implemented under the overall administrative supervision of the Kuwait Institute of Medical Specialization (KIMS).

## **AIMS AND OBJECTIVES**

The overall aim of the Rheumatology Sub-specialty Training Program (RSTP) is the training of the future leaders in the field of rheumatology. Fellows completing the training successfully will possess comprehensive theoretical knowledge and clinical skills to function as consultants in rheumatology. Additionally, they will be skilled in research methodology.

The objectives of RSTP are that the trainee on completion of the program will:

1. Be knowledgeable about the clinical features and natural history of rheumatic diseases.
2. Be competent in performing clinical skills, especially the technique of examination of the musculo-skeletal system, as well as intra-articular injection techniques.
3. Be knowledgeable of the comprehensive management of common rheumatic diseases.
4. Understand the important concepts of basic sciences that have a bearing on rheumatology and immunology.
5. Be motivated and possess the interest to pursue life-long continuing medical education.

## **ELIGIBILITY FOR ADMISSION**

Applicants for admission to the training program are expected to:

1. Possess a recognized postgraduate qualification in Internal Medicine approved by KIMS, which includes:
  - 1.1. Internal Medicine Postgraduate Board. KIMS;
  - 1.2. American Board of Internal Medicine;
  - 1.3. Canadian Board of Internal Medicine;
  - 1.4. MRCP (Internal Medicine);
  - 1.5. Any equivalent postgraduate qualification approved and recognized by KIMS.
2. Pass the Admission Interview.

## **PROGRAM DESCRIPTION**

The program consists of a core curriculum of two years of general clinical training and a third year of selective modules based on the trainee's career goals.

During the first and second years, the trainee will have six-month rotations at the Rheumatic Disease Unit (RDU) divisions at Mubarak Al-Kabeer and Al-Amiri Hospitals. During the second year, the resident is expected to conduct a clinical or basic research project in the field of rheumatology.

The third year of training is individually tailored to the resident's choice of selective modules. For those intending to enter into careers in clinical rheumatology, a variety of options are available. Clinical rotations may emphasize consultative practice, and electives can be taken in Diagnostic Immunology, Musculoskeletal Radiology, Rehabilitation Medicine, Orthopedic Medicine, Pediatric Rheumatology, Clinical Dermatology, Community based clinical training (Family Medicine) or Elective module. The trainee will work independently in specialty clinics and as a consultant. Trainees who intend to pursue a career in rheumatology are expected to be involved in teaching undergraduate and medical resident staff.

## **SUMMARY OF TRAINING SCHEDULE**

### **First Year**

Clinical Rheumatology training

12 months (including 1 month vacation)

Inpatient, outpatient, consultative services

### **Second Year**

Clinical Rheumatology training

12 months [including 5 months for Clinical or Basic Research Project(s) and one month vacation]

Inpatient, outpatient, consultative services

### **Third Year**

Selective Modules

12 months (including 1 month vacation)

- Diagnostic Immunology
- Musculoskeletal Radiology
- Rehabilitation Medicine
- Orthopedic Medicine
- Pediatric Rheumatology
- Clinical Dermatology
- Community based clinical training (Family Medicine)
- Elective module abroad

## **GENERAL OBJECTIVES AND CONTENT**

### **1. Core Knowledge**

A. Trainees are expected to acquire comprehensive knowledge of the clinical features, natural manifestations and management of diseases such as:

- Rheumatoid Arthritis and other Immuno-inflammatory systemic rheumatic diseases;
- Degenerative joint disease;
- Crystal-induced Arthritis;
- Systemic Lupus Erythematosus and other related systemic rheumatic diseases;
- Scleroderma;
- Myositis;

- Systemic Vasculitis;
- Spondyloarthropathies;
- Non-articular Rheumatism/Fibrositis;
- Regional Soft-tissue Syndrome - Low Back Pain, Shoulder Periarthritis, etc.;
- Bone and joint infections;
- Musculoskeletal manifestations of systemic disease;
- Juvenile Rheumatoid Arthritis.

B. The trainee should understand and be able to apply the following laboratory or basic science concepts as they pertain to rheumatic diseases:

- Serologic testing in rheumatic diseases;
- Basic concepts in cellular and humoral immunity;
- Basic concepts of the inflammatory response including mediators;
- Current concepts of pathogenesis for the diseases listed above under A.

C. Units on Related Content

- Basic clinical epidemiology
  - critical appraisal of the literature
  - design of research protocols
- Pharmacology of commonly used drugs
- Medical ethics, particularly with regard to clinical trials
- Knowledge of the interdisciplinary approach involved in the care of the patient with a chronic rheumatic disease

## **2. Clinical Skills**

During clinical training, the trainee should acquire skills to:

- Take a history with particular reference to features important in rheumatic diseases;
- Perform a detailed musculoskeletal examination;
- Perform joint aspiration and injection;
- Perform synovial analysis for crystal identification;
- Interpret x-rays and other imaging pertinent to rheumatic diseases;
- Interact effectively with patients and their relatives or guardians to obtain relevant information and to advise them, and communicate effectively in small or large group clinical sessions.

## **3. Attitudes**

The trainee should espouse and emphasize the humane and respectful care of patients. He or she should develop awareness of, and ability to deal with, the psychosocial aspects of chronic, disabling disease.

The trainee should develop interpersonal skills that will enable him/her to function effectively as a member of a team, respecting the role of other health professionals such as nurses, therapists, social workers and medical secretaries in the total care of the patients. At completion of the residency, the trainee should reflect the independence, critical problem-solving ability, clarity of decision making, and effective communication skills of a consultant physician.

The trainee should be actively engaged in Continuing self-education. Additionally, he or she should develop an attitude of responsibility and leadership to the medical community.

### **INSTRUCTIONAL METHODS**

- a. In-patient and out-patient clinical rotations
- b. Interactive tutorials/journal clubs/seminars/workshops
- c. Lectures (Clinical Grand Rounds)
- d. Computer and multimedia-based self-learning using online materials, CDs, etc.
- e. Participation in local, regional and international CME/CPD meetings
- f. Community-based clinical rotations

### **IN-TRAINING EVALUATION**

1. In-Training Evaluation will be conducted after each rotation and the results discussed with the trainee by the education director at each institution. The summative evaluations will be discussed with the trainee by the Divisional Director every six months.
2. Written examinations will be held once a year and the results discussed with the trainees.
3. Clinical skills examinations, either of the format of the 'long-case', 'short case' and oral or an OSCE, will be held annually.

## **FINAL CERTIFICATION EXAMINATION**

### **GENERAL GUIDELINES**

1. Candidate should have successfully completed 3 years of training in clinical rheumatology to become eligible for the Final Certification Examination.
2. The Final Certification Examination shall be conducted under the guidelines approved by KIMS.
3. The examination shall be conducted once a year.
4. The examination will be conducted by a Board of Examiners comprising internal faculty and external examiners.
5. Candidates who fail at the Final Certification Examination will be allowed a maximum of 2 attempts to appear at a Re-sit Examination.

### **CONSTITUENT COMPONENTS**

#### **I. Written Examination**

The Written Examination will consist of multiple choice question (MCQ) and modified essay question (MEQ) formats.

The examination will be conducted after the first 24 months of training and will deal primarily with basic sciences and applied clinical rheumatology.

The candidate should pass both components of the written examinations (MCQ and MEQ). A re-sit examination will be conducted not earlier than six months.

A pass in the Written Examination is necessary to become eligible to appear for the Clinical Examination.

Only a maximum of 3 attempts will be allowed at the Written Examination.

## **II. Clinical Examination**

The resident who successfully completed 3 years of training, obtained a satisfactory Final In-training Evaluation Report, and passed the Written Examination is eligible to sit the Final Certification Clinical Examination.

Clinical assessment will be chosen from the following two formats.

The first format is one 'long case' and 6 or more 'short cases' conducted over one day. The 'long case' will involve history taking and detailed clinical examination. This is followed by a discussion on the diagnosis and management including the investigations performed on the patient. The 'short cases' will be selected to cover a wide spectrum of the clinical problems in rheumatology.

In place of the above, an examination of the OSCE format may be used for clinical assessment.