



**Ministry of Health**

**Kuwait Institute for Medical Specialization**

# **Internship Training Trainer Guide**

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## Preface

The internship year, also called the pre registration house officer (PRHO) year in some countries, constitutes an important phase in the transformation of the student doctor in his undergraduate days to the fully-fledged medical practitioner. In the UK and many other countries, internship training has been the focus of close scrutiny during the recent past, and a number of changes have been introduced aimed at improving the training program.

Kuwait Institute for Medical Specialization (KIMS) has recently issued a Trainee *Guide*, specifically to meet the needs of the intern. It indicates the competencies that interns are expected to acquire before completing the different rotations during the internship year. At the time of registration in the internship training program, every intern is issued a copy of this Trainee Guide.

The present publication, designed aimed at the trainer, is complementary to the Trainee Guide mentioned above. It lists the outcome objectives that are already given in the manual received by the interns. Additionally, it outlines the mechanism that is to be used for recording a sample of the abilities that the intern gained, with the level at which they were completed. It also lists the procedures that the

intern is expected to perform in each rotation. The trainer would observe these skills individually and check them in the Trainee Guide. A further feature that is provided under *record of formative and summative evaluations* is a mechanism for giving feedback to the trainee while there is still time available for making mid-rotation adjustments.

We are certain that the two publications would serve to indicate to both the trainees as well as the trainers the learning expectations in the internship training program. We also hope they would contribute to effective planning and conduct of internship training in Kuwait, and ultimately, to optimum use of the opportunities available during the internship year.

Feedback on the implementation of the internship training program as well as comments on the Trainer Guide are welcome. Please email them to us through Contact us in our web site <<http://www.kims.org.kw>>| Additional copies of this Guide may be downloaded as an *Acrobat* file from the same site.

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## 1. Review and Development of Internship Training in Kuwait

On obtaining the MBChB degree from the University of Kuwait, medical graduates are required to enter a one-year period of closely-monitored practice. This interphase between learning as an undergraduate and choice of practice in a selected specialty of medicine comes within the administrative purview of the Kuwait Institute of Medical Specialization (KIMS)

Some of the topic areas that had been reported in the literature as important in internship training, in addition to learning medical content, are personal development, acquisition of skills (including learning skills), appraisal and assessment, team working, and career orientation. KIMS has initiated action for developing internship training taking these views into consideration. These measures are among the steps that have been taken during the past two years, aimed at strengthening postgraduate medical training in Kuwait.

At commencement of training, the interns are given specific orientation to the medico-legal issues that are important in the practice of medicine in Kuwait. They also receive a copy each of a booklet, published in Arabic, that outlines the pertinent rules and regulations.

KIMS conducts a workshop for trainers in the internship program, and an Orientation Day for the senior medical students and the interns annually. The orientation program gives an opportunity to the prospective trainees to widen their knowledge about the content and the scope of the different medical specialties.

An additional step that has been taken is to institutionalize the training process, with greater inputs having been made by KIMS to the planning and conduct of internship training. This includes the issue of a *Trainee Guide*, especially targeting the intern (Fig. 1).

The KIMS website (<http://www.kims.org.kw/>) provides a wealth of information on postgraduate education, continuing medical education and research in medicine. While giving details of the training activities that KIMS is involved in, the site also lists, and in some cases provides access to, a series of booklets on the different specialty training programs administered by it. Trainers in the internship program as well as the trainees are advised to browse through the KIMS web pages to view the opportunities available for updating their knowledge in the respective areas.

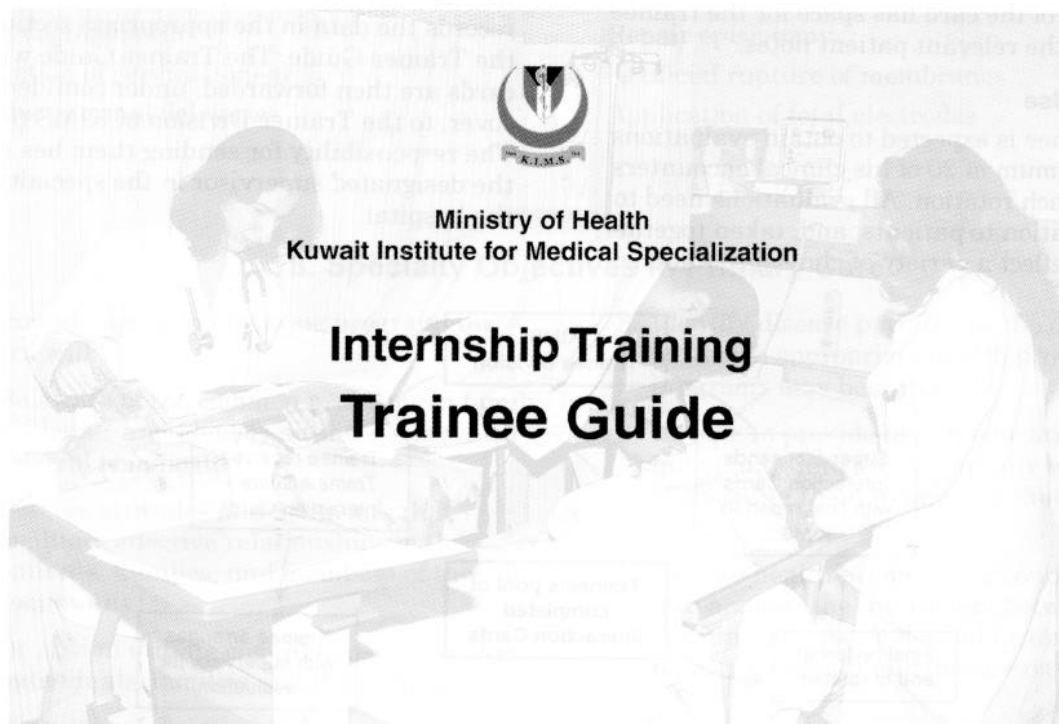


Fig. 1. Trainee Guide

## 2. Trainer Guide — Its Features and Role

### 1. Learning Objectives

A set of learning objectives, which state the abilities that the trainee is expected to achieve, has been listed for each rotation. They are written as *outcome objectives* from the viewpoint of the learner, rather than what the teacher intends to do. Additionally, these expected competencies would fall into three broad categories: (i) knowledge, (ii) procedural skills, and (iii) attitudes and values. This classification is only a means to ensuring that the essential competencies are defined. It would also become clear that many objectives deal with competencies that would come within more than one category.

### 2. Interaction Card

This guide has a sample Interaction Card and an illustration of how it may be completed (pages 9 and 10). Each Trainee Guide has 30 interaction cards. These cards enable the trainee to arrange for evaluation of his performance.

Page 1 of the card gives a format for evaluation of the trainee's performance by the supervisor. Six categories of clinical performances are listed, with room for an additional one. 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.

#### How to Use

The trainee is expected to obtain evaluations of a minimum of 20 of his clinical encounters during each rotation. All evaluations need to be in relation to patients, and, taken together, should reflect a variety of clinical conditions.

When the trainee is ready for an evaluation, he informs the supervisor or trainer of his wish so that an evaluation could be scheduled. The trainee then 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 fills in the relevant cages in Section I on page 1, and checks in the appropriate spaces in Section II. Space is provided under *Comments on trainee performance* for the trainer to make additional observations.

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 Trainee Guide with the completed card is handed 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 at which the overall performance is discussed. 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 are then forwarded, under confidential cover, to the Trainee Division of KIMS (Fig 2). The responsibility for sending them lies with the designated supervisor in the specialty at the hospital.

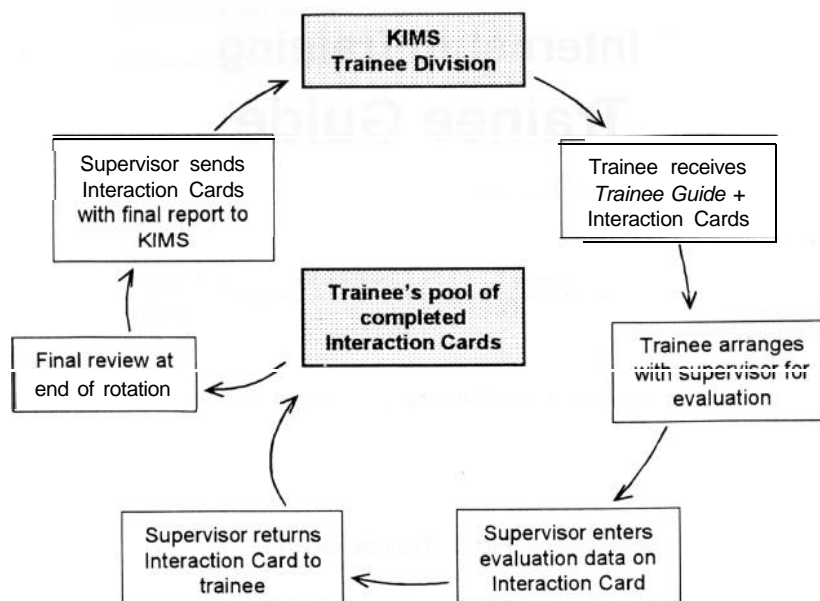


Fig. 2. Use of Interaction Card

### 3. Outcome Objectives of Internship Training

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

**General objectives**, which are common to more than one specialty, and therefore, can be achieved during multiple attachments (Some of these may appear again under specialty objectives);

**Specialty objectives**, which are the expected outcomes in the individual specialties during the rotations.

In addition, under each specialty a set of procedures that the trainee is expected to perform satisfactorily is 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, inpatient 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. Posses 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.

#### 4. Specialty Objectives in Medicine

At the 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 management for common medical emergencies (e.g. 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;
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 in Medicine

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

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

## 5. Specialty Objectives in 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- 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 their 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 in Surgery

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

Endotracheal intubation

Skin biopsies, excision of small lumps, and removal of superficial tumors

Incision and drainage of abscesses, collection of suppurations

## 6. Specialty Objectives in 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, etiology, 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 in Pediatrics

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

## 7. Specialty Objectives in 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 Caesarian section and undertake the management of puerperal complications;
12. Be able to function as a 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 in Obstetrics & Gynecology

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

Conduct normal deliveries

Repair episiotomy

Artificial rupture of membranes

Application of fetal electrodes

## 8. Specialty Objectives in Primary Care

On completion of the training program, the intern will:

1. Be aware of the common problems in family medicine, and identify situations in which referral is indicated;
2. Possess attitudes and behaviors that facilitate effective relationships with patients, families, and members of the community;
3. Be able to initiate comprehensive care for individuals, families and the community;
4. Be aware of the essential principles of health services planning, organization, administration and quality assurance as they become applicable in the primary health care delivery system;
5. Identify disease patterns in the community for which appropriate health promotion programs may be initiated;
6. Be able to provide health education to individuals and the community with the aim of assisting them to improve their health status;
7. Initiate health promotion activities taking into account the interaction between social, cultural, and psychological factors on the one hand, and health and disease on the other.

## 9. In-training Evaluation Methods

There are several in-training evaluation (ITE) forms that have been designed and used by institutions supervising internship training programs. The use of a Global Evaluation-Scale Form (Fig. 3) is a common approach adopted by many institutions. However, global evaluation possesses many limitations, the main ones among them being:

- i. Evaluations are often conducted infrequently (monthly or bi-monthly);
- ii. Behaviors are not frequently documented;

iii. A significant time lag occurs between when the performance is observed and when the feedback is given;

iv. ITE assessment scales have poor reliability, making them unsuitable for summative evaluation.

As an alternative, Interaction (Encounter) Cards have been introduced into some training programs, and on testing, they have been found to be superior to global evaluation scales on a number of dimensions.

**BASIC TRAINING PROGRAMME  
PERFORMANCE EVALUATION FORM**

Name of the Trainee: .....

Hospital: ..... Dept: ..... Unit: .....

Immediate Supervisor (Tutor) .....

Period : From ..... To: .....

• FIRST YEAR       \*SECOND YEAR

**\*\*A) ATTITUDE :**

	V.Poor	Poor	Average	Good	Excellent
Attendance :	1	2	3	4	5
Cooperation with colleagues and other personnel:	1	2	3	4	5
Relationship with his patients:	1	2	3	4	5
Maturity :	1	2	3	4	5
Interaction with superiors:	1	2	3	4	5
Professional integrity:	1	2	3	4	5

**\*\*B) PROFESSIONAL COMPETENCE:**

	V.Poor	Poor	Average	Good	Excellent
Professional knowledge as required by the programme:	1	2	3	4	5
Ability to interview patients	1	2	3	4	5
Thoroughness in physical examination:	1	2	3	4	5
Ability to write case-sheets:	1	2	3	4	5
Ability to evolve a reasonable plan of patient management	1	2	3	4	5
Clinical judgement	1	2	3	4	5
Ability to present cases:	1	2	3	4	5
Appropri selection and interpretation of investigations:	1	2	3	4	5
Manual dexterity:	1	2	3	4	5
Ability to cope with emergencies:	1	2	3	4	5

Have you observed the Trainee examining a patient?      YES/NO

Have you observed a Trainee writing a case-sheet?      YES/NO

Have you reviewed the Trainee's records?      YES/NO

**\*\*C) PROFESSIONAL ACTIVITIES:**

	1	2	3	4	5
Involvement in the Dept's academic activities:	1	2	3	4	5

**OVERALL TUTORS ASSESSMENT AND REMARKS:**

.....  
IMMEDIATE SUPERVISOR / TUTOR

.....  
CO-ORDINATOR

• Put X as appropriate.  
\* Place circle round the given grade for each components of the sections A, B, C.  
P.S. This form should be returned to K.I.M.S. not later than the last three days of the Training period.

Fig. 3. Example of a Global Evaluation Scale Form currently used

## 10. Record of Formative and Summative Evaluations

At the end of individual evaluations in the concerned specialty, the trainee supervisor would assign an Overall Rating to the performance of the intern using the 5-point Rating Scale provided in the Interaction Card (Fig. 4). (For each of the specialties of Medicine, Surgery, Obstetrics & Gynecology, Pediatrics and Primary Care, the Trainee Guide provides a means, on pages 26 to 30, for indicating formative and

summative assessments). The trainee supervisor or tutor would use an Interaction Card for the individual evaluations. The Overall Rating assigned is also recorded in an appropriate box under Individual Evaluations for the specialty (Fig. 5). At the time of the final evaluation on completing the rotation, the individual evaluations are averaged, and this mean value is entered against Average Rating.

I. Date: <u>22 Mar 02</u> Trainee name: <u>Ali Yousof</u> Trainee I.D: _____ Evaluators name: <u>Dr. Abdullah Khalid</u> Evaluator's signature: _____ Designation: Consultant <input type="checkbox"/> Faculty member <input type="checkbox"/> Senior Registrar <input checked="" type="checkbox"/> Registrar <input type="checkbox"/> Other (Specify) _____ Hospital: <u>Mubarrak</u> Department: <u>Medicine</u> Unit: _____																																															
<b>EVALUATION OF PERFORMANCE</b>																																															
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):																																															
<table border="0"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>(A) <u>4</u></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>(D) .....</td> <td>Diagnosis (clinical judgment)</td> <td></td> </tr> <tr> <td>.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>(E) .....</td> <td>Therapy (interaction of investigations)</td> <td></td> </tr> <tr> <td>... Clinical skills: Physical exam - Directly observed?</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>(F) .....</td> <td>Handling of emergencies</td> <td></td> </tr> <tr> <td>(B) .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>(G) .....</td> <td>Other (write)</td> <td></td> </tr> <tr> <td>(C) .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table>		YES	NO				(A) <u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(D) .....	Diagnosis (clinical judgment)		.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(E) .....	Therapy (interaction of investigations)		... Clinical skills: Physical exam - Directly observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(F) .....	Handling of emergencies		(B) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(G) .....	Other (write)		(C) .....	<input type="checkbox"/>	<input type="checkbox"/>				<p style="text-align: center; font-weight: bold;">OVERALL RATING OF ENCOUNTER - PERFORMANCE RATED AS:</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">UNSATISFACTORY (1)</td> <td style="text-align: center;">BELOW expected standard (2)</td> <td style="text-align: center;">AT expected standard (3)</td> <td style="text-align: center;">ABOVE expected standard (4)</td> <td style="text-align: center;">EXCELLENT (5)</td> </tr> </table> <p>COMMENTS ON TRAINEE PERFORMANCE</p> <p><u>Need to improve CNS examination.</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UNSATISFACTORY (1)	BELOW expected standard (2)	AT expected standard (3)	ABOVE expected standard (4)	EXCELLENT (5)
	YES	NO																																													
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UNSATISFACTORY (1)	BELOW expected standard (2)	AT expected standard (3)	ABOVE expected standard (4)	EXCELLENT (5)																																											
PATIENT NOTES <span style="float: right;">KIMS RU/02</span> <p><u>60 year old diabetic, hypertensive male presents with sudden onset of left sided weakness of one day duration</u></p> <p><u>? stroke</u></p> <p><u>? infection vs. hemorrhagic</u></p>																																															

Fig. 4. Completed Interaction Card

**Formative and Summative Evaluation**

**Medicine**  
Record of Formative and Summative Evaluations

Instructions to assessor: At the end of each individual evaluation, record the rating assigned to it in a box under *Individual Evaluations* below. At the time of the final evaluation at the end of the rotation, calculate the average of all the ratings, and record this mean value against *Average Rating*.

**Individual Evaluations**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MP●	MP●	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MP●	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	MP●	<input type="checkbox"/>	<input type="checkbox"/>	MP●	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Average Rating**

**Medicine**  
Record of Formative and Summative Evaluations

Instructions to assessor: At the end of each individual evaluation, record the rating assigned to it in a box under *Individual Evaluations* below. At the time of the final evaluation at the end of the rotation, calculate the average of all the ratings, and record this mean value against *Average Rating*.

**Individual Evaluations**

<input type="checkbox" value="3"/>	<input type="checkbox" value="4"/>	<input type="checkbox" value="3"/>	<input type="checkbox" value="3"/>	<input type="checkbox" value="4"/>	<input type="checkbox" value="2"/>	<input type="checkbox" value="4"/>	<input type="checkbox" value="3"/>	<input type="checkbox" value="1"/>
<input type="checkbox" value="4"/>	<input type="checkbox" value="3"/>	<input type="checkbox" value="3"/>	<input type="checkbox" value="4"/>	<input type="checkbox" value="4"/>	<input type="checkbox" value="2"/>	<input type="checkbox" value="4"/>	<input type="checkbox" value="4"/>	<input type="checkbox" value="2"/>
<input checked="" type="checkbox"/>	<input type="checkbox" value="4"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MP●	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MP●	MP●	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Average Rating**

Fig. 5. Example of a Recording of Formative and Summative Evaluations in a Specialty: Individual Evaluations within the rotation would constitute formative evaluation, and the Average Rating at the end of the rotation would be classified as summative evaluation.

## 11. Internship training: some educational considerations

An important aspect of planning any educational activity, whether it is undergraduate, postgraduate or continuing, 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:

- i. the role of educational objectives in planning internship training;
- ii. approaches to assessing the effectiveness of learning;
- iii. continuing medical education (CME).

### 11 Educational Objectives

To be useful, learning objectives need to describe the abilities that the trainees are expected to gain from the learning sessions. Thus, the emphasis in the statements should shift from teacher intent to learner outcome. In other words, what would the trainee be able to 'do' as a result of the proposed interaction? Such learner-centered objectives enable the trainer to select the most appropriate teaching 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, they help 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 divided into a hierarchy. The outcomes may range from recall/recognition (e.g. stating signs and symptoms, or naming appropriate antibiotics for a given 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. Being able to recall or interpret data is a pre-requisite for problem-solving to be carried out satisfactorily.

#### Procedural Skills

The *psychomotor domain* is concerned with performance of skills. These involve the performance of a manual procedure. Common examples are measuring the blood pressure of a patient, setting up an intravenous drip or doing a lumbar puncture.

None of the tasks mentioned above can satisfactorily be undertaken unless the trainee has the required knowledge base. But that alone is no guarantee that the skill has been mastered. The implication of this argument is that it is not sufficient if the trainee states how to do a task: it is essential that he performs it.

When learning objectives state specifically that the learning activity is to enable the trainees to perform specified procedures, lecturing is not the appropriate instructional method. The procedures have to be demonstrated, and the trainees need to be given an opportunity to practice, initially under supervision. With today's technology, the demonstration phase may be carried out even with a large group, but the second, of practice under supervision, makes relying on small groups essential.

#### Values and Attitudes

Medical practitioners are expected to possess many desirable attitudes, which fall within the *affective domain*. They may be influenced by many factors, one of which is knowledge in the related topics. However, knowledge by itself does not lead to the desired attitudes towards the attitudinal object. A trainee 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 material aimed at increasing the trainee's knowledge is bound to be unproductive. Role modeling, role playing, discussion of issues in small groups, or undertaking specific assignments are preferred instead.

Educational objectives describe the outcome in the learner: not what the teacher intends to do.

Educational objectives fall into three categories:

- Knowledge
- Skills
- Attitudes and values

Values and attitudes can be acquired, and assessed, only on a long-term basis.

## II. Assessing Effectiveness of Learning Activities

Written tests are useful for assessing knowledge. Observation, using checklists, is necessary for assessing practical and clinical skills. Assessing attitudes should be done on a long-term basis.

Whether a learning activity helped to achieve the objectives may be assessed using one or more of the assessment tools available. The important consideration is that it is the type of learning objective that determines which category of tests is selected.

Written tests such as MCQs or short answer questions may be used for assessing what the trainee has gained in the area of knowledge. It is equally, if not more, important, though, to assess practical and clinical skills and the acquisition of desired attitudes. These can be assessed only through direct observation with the help of checklists or observation guides. In the case of attitudes, performance on a long-term basis needs to be observed, to ensure that the behavior exhibited is not transient or occurs only in the examination setting.

## III. Continuing Medical Education

CME is a means to ensure that practitioners stay in touch with the new developments in their specialties.

Continuing medical education (CME) aims to enhance the performance of health professionals by assisting them to keep abreast of the developments in their specialties, and ultimately to improve the care that patients and the community receive. This is usually undertaken through educational programs organized by experts in the different medical specialties. The learning activities need to encompass subject content beyond that on purely medical topics. This view justifies the use of the term *continuing professional development* (CPD), so that the programs would include 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. Two other aspects of organized CME are that the health professionals are committed to participating in accredited educational activities throughout their careers, and the opportunities provided target all health professionals, instead of limiting them to those identified as under-performing.

In Kuwait, the CME Center of KIMS administers the conduct of accredited CME activities. The schedules are announced in the CME Center website (<http://www.kims.org.kw/cme>) after the respective organizers inform it of the arrangements. Interested practitioners register directly with the organizers for attendance, and once completed, they maintain documentation for submitting CME credits and for review at a future date.

### Additional reading

Brennan BG, Norman GR. Use of Encounter Cards for evaluation of residents in obstetrics *Acad Med.* 1999;74(Suppl):S 118-S 120.

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